SVSD Staff COVID Health & Safety Handbook

Introduction

The goal of the SVSD Health and Safety Plan is to prioritize the health and safety of our students, staff and school community as we return for the 20-21 school year. A concurrent goal is to support a model of instruction that allows for as much face-to-face instruction as possible while following the guidelines and mandates put forth by OSPI, the Department of Health, and the Department of Labor & Industries. Foundational to our plan, district leadership researched and utilized best practices from national and international resources on the most up-to-date scientific information known about COVID-19 while endeavoring to respect the capacity of our district's resources . Additionally, input from stakeholders was sought in formulating the plan to ensure an equity lens and an understanding that this pandemic, and subsequent closure of schools, has impacted everyone differently.

The District Health & Safety Plan is divided into three sections which include mitigation strategies to reduce transmission, response actions to look for and respond to illness and administrative oversight to ensure an overarching accountability and quality assurance. The District Health and Safety Plan is written to provide structure, recommendations and foundational uniformity for safely re-opening during the COVID-19 pandemic. Within our district however, each school, department and worksite is unique and faces differing challenges when planning for health and safety and therefore no single plan could adequately address the individualized needs of each. Instead, each school/work site/department has adopted and adapted the recommendations from the District Health & Safety Plan, utilizing as many strategies as is feasible, for each unique situation/site and took into consideration alternative strategies when challenges were faced. Emphasis is on strategies working together as part of a multi-layered defense to reduce exposure and limit transmission of COVID-19. No one strategy in isolation is adequate to prevent transmission. At the core however, the success of any plan rides on the collaboration of our entire school community in embracing and following the guidelines and in doing so, ensuring the best chance for our school buildings being open for face to face instruction.

Primary Reopening Guidance Resources

- OSPI School Planning Guide https://www.k12.wa.us/sites/default/files/public/workgroups/Reopening%20Washington%20Schools%202020%20Planning%20Guide.pdf
- WA state DOH Department of Health's (DOHs) K-12 Fall Health and Safety Guidance
- King County Tool Kit https://www.kingcounty.gov/depts/health/covid-19/schools-childcare/toolkit.aspx
- CDC https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html
- World Health Organization https://www.who.int/emergencies/diseases/novel-coronavirus-2019

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Mitigation Strategies

Mitigation strategies are the steps taken to reduce risk. The strategies in the SVSD COVID-19 Health and Safety Plan aim to reduce transmission through healthy practices and environments. Specific interventions are based upon what is known about the spread of COVID-19. As stated previously however, the emphasis is on strategies working together as part of a multi-layered defense to reduce exposure and limit transmission of COVID-19. No one strategy in isolation is adequate to prevent transmission.

To be able to most effectively implement the mitigation strategies, it is important for staff to understand the rationale behind them which is based on how people become infected with COVID-19. There are three routes of transmission for COVID-19 that are supported by models and case studies of outbreaks.
- **Close-contact transmission** can occur via droplets or aerosols.
- **Fomite transmission** refers to viral transmission via inanimate objects, like desks, tables, or water fountains that are contaminated with the virus.
- **Long-range transmission** refers to transmission of virus in aerosols, which may be generated when an infectious person exhales, speaks, sneezes, or coughs, and then travels out of the immediate 6-foot vicinity of the infectious person via airflow patterns.
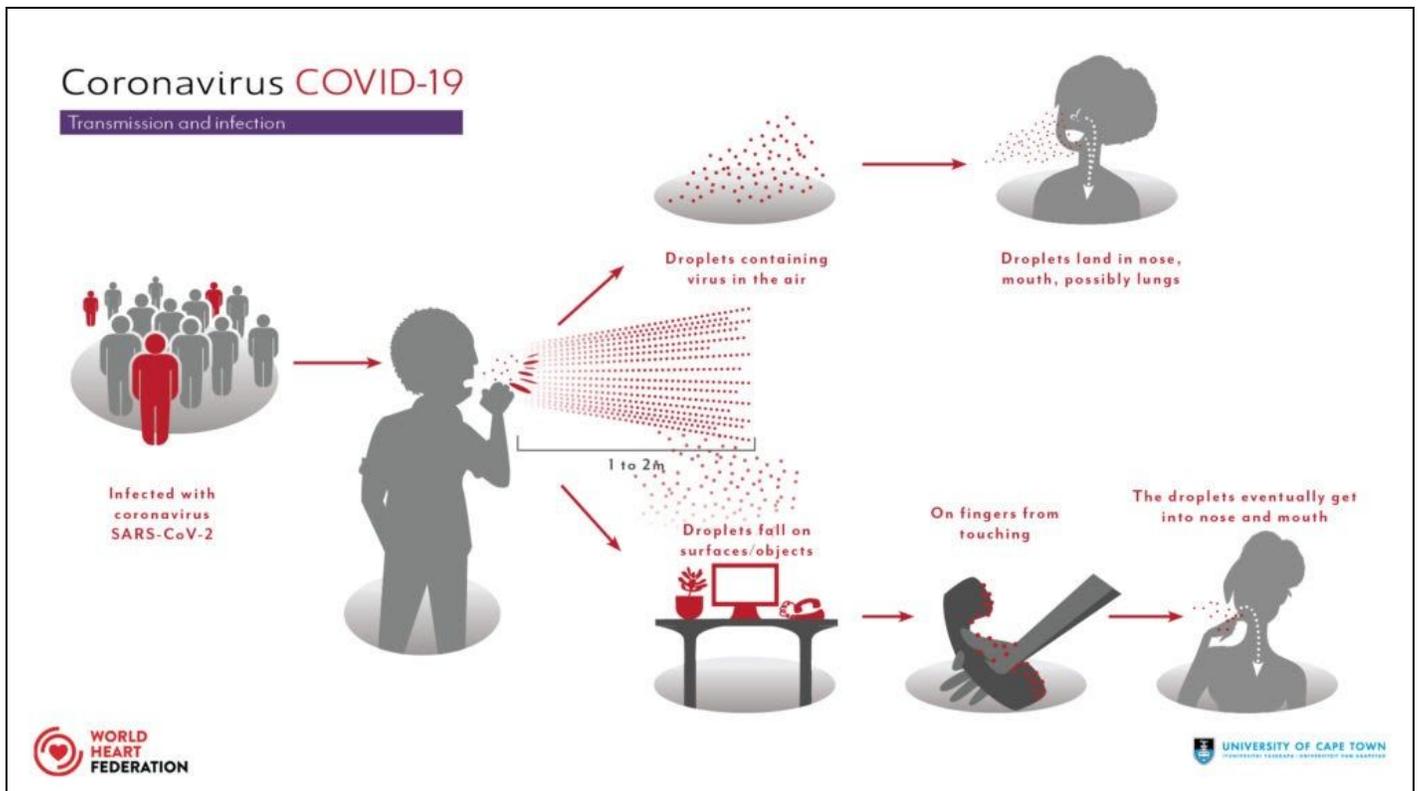
In addition to the route of transmission, exposure is largely a function of intensity, frequency and duration. For a pathogen to infect someone there must be a certain amount of the agent. Generally, a few viral particles cannot make you sick — the immune system would vanquish the intruders before they could. But how much virus is needed for an infection to take root? And the answer is, that depends - different organisms require different amounts. Whereas some require very little, others require substantially more. For example SARS, also a coronavirus, the estimated infective dose is just a few hundred particles. For MERS, the infective dose is much higher, on the order of thousands of particles. For COVID-19, we don't yet know how the exact infective dose so the mitigation strategies aim to reduce intensity as much as possible (i.e. frequent cleaning, being outside). Frequency has to do with how often you are exposed and therefore increasing your chances of getting enough of the "dose" to make you sick (i.e. how often you are breaking the 6 foot distancing rule). Duration is similar in that the longer you are exposed the more chance of getting that "dose" amount (i.e. why brief passings such as in the hallway are lower risk). Based on what we know of COVID, exposure is currently defined as being within 6 feet of a person with COVID for 15 minutes or more.

The SVSD COVID Health and Safety Plan mitigation strategies to reduce transmission include:

- physical distancing (including barriers and PPE when distancing is not possible)
- grouping / cohorting
- cloth face coverings
- personal hygiene practices (washing hands, keeping hands away from face)
- limiting common touch items
- cleaning and
- ventilation

Physical Distancing

Physical distancing is the practice of staying 6 feet or more between individuals, groups and classrooms as much as possible. Physical distancing is supported by creating space between people and reducing the amount of time they are close with each other. It is understood that the feasibility of this will depend on students' ages and developmental and physical abilities.

Maintaining six feet of distance is most important when students or staff will be engaged in something for more than a few minutes, like during class, reading or quiet time, or eating lunch.There may be brief moments, such as passing by others in the hallway or during play at recess when students are less than six feet apart from each other.

SVSD physical distancing strategy examples:

In the classroom:
- physical spaces arranged to accommodate six feet of distance when all students and staff are seated (6 feet measured from head to head when seated)
- individual desks used where possible versus group tables
- student desks arranged to face the same direction
- When feasible and weather permitting, move class outdoors
- reduce time standing in lines where possible
- Limit the number of students going into the bathroom to the number of stalls/urinals plus one on deck, in view of anyone entering

Some short duration tasks and movements will require proximities closer than 6 feet in the classroom, including a teacher or student moving around in the classroom. Class routines should be structured to limit this movement as much as possible. If the teacher needs to have sustained several minutes of 6-foot distance broken several times a day, other mitigation strategies should be used such as wearing a face shield combined with a cloth face covering. As this would describe many school work environments, staff will be provided face shields and cloth face coverings.

In the health room
Unlike school pre-COVID, teachers will need to be more selective when choosing to send a student to the health room. The normal volume of health room visitors would create challenges to social distancing and needs to be avoided. Health services is creating a cheat sheet that will be provided to teachers to help with deciding which health needs should be handled in the classroom verus rising to the level of coming to the heath room. Additionally, teachers are encouraged to try "tele-health" models of care for their students where the teacher and/or the student calls to the health room to be triaged over the phone by the nurse.

For arrival and dismissal
Staggered times and locations are planned depending on schools' physical space and transportation limitations. Students will go directly to their classroom upon arrival. For dismissed, students will be dismissed from their classroom at their

appropriate staggered times based on their travel home method (i.e. bus, car, walk). School campuses will remain closed to non-essential visitors. Those dropping off / picking up students will be asked to remain in their cars and/or not go beyond the walking exchange area.

For school meetings (i.e. IEP/504, staff, evaluation) - consider risk/benefit of having virtual vs. in person meetings.
- Use virtual meetings when possible (i.e staff/department meetings). If benefit does not outweigh risk, conduct a virtual meeting instead of in person
- If needed to be held in person, limit participants as much as possible and ensure space for all to be 6 feet apart and follow other mitigation measures (i.e. masks)

Staff Breakroom
Many of our staff lounges were closed off during remote learning to reduce groups gathering and to encourage distancing. With the return of in-person services, many of these will remain closed for the same reasons and/or they are being re-purposed for other needs (i.e. offices, isolation rooms, etc.). This necessitates schools and staff to think outside the box for the best way to keep staff safe and allow for break areas. Some schools are re-purposing other areas in the school to allow for smaller groups of staff to eat while still distanced. Others are encouraging staff to break in their cars, outside when the weather allows or off-site as safe options. Staff are encouraged to be creative and flexible as each school determines the best available options for finding safe break space.

Special Education
The Special Education Department provides unique services in unique instructional settings that require additional consideration when developing health and safety plans including those for when social distancing cannot be maintained and especially for extended periods of time. See the Special Education Supplemental Health & Safety Plan.

Personal Protective Equipment (PPE)

General PPE Rules of Practice
Staff should always attempt to maintain when possible, a six-foot distance from students. The goal should **always** be to maintain distance. Each less than 6 foot interaction should be considered a risk and weighed against the need (educational / safety). PPE **should not** be considered a substitute for distancing - it is an added layer of protection when there is no other choice. It is understood however that some school/ work environments will often require closer proximity and that some of the students served will be unable to wear cloth face coverings.

PPE is designed to protect the wearer and/or those nearby from the spread of illness-causing germs. When used properly, PPE acts as a barrier between infectious materials such as viral contaminants and the wearer's skin, mouth, nose, or eyes (mucous membranes). The barrier has the potential to block transmission of contaminants from blood, bodily fluids, or respiratory secretions. There are different kinds of PPE for different situations. PPE is not always required, and it is important to thoughtfully utilize available resources when necessary for protection. In the school setting, PPE should primarily be used by nurses and designated staff. Those staff with duties requiring PPE use will be provided the necessary supplies and training by the district.

School Transmission Risk Categories
OSPI, WA Labor & Industries and WA Department of Health published "Employer Health & Safety Requirements for School Scenarios" on September 30, 2020. The rules and guidance for school staff health and safety were developed by representatives from these organizations as well as labor organizations. This publication is intended to clarify and build upon the worksite safety guidance embedded in the June reopening guidance ([Reopening Washington Schools 2020: District Planning Guide](#)).

Key Points from this document:

- The overall health risk for the typical K–12 in-person instructional setting is classified as low risk. There are other scenarios in the school setting where the risk level may be higher or lower.
- In low risk situations, staff may wear a cloth face covering.
- In medium risk situations, L&I's long-standing guidance allows for several different protection options, including a face shield with a cloth face mask, a surgical-style mask, a hobby dust mask, a KN95 mask, or a KN90 mask.

- For high risk or extremely high risk situations, an N95 respirator or equivalent should be used. If an employer cannot reasonably obtain an N95 or equivalent, they may use a face shield plus an FDA approved surgical mask, procedural mask, or a KN95 mask until a respirator can be obtained.
- N95 respirators or equivalent protection are only required in high risk or extremely high risk situations.

Employer Health & Safety Requirements for School Scenarios
https://www.k12.wa.us/sites/default/files/public/communications/Employer-Health-and-Safety-Requirements-for-School-Scenarios.pdf

L&I guidance on face masks:
- Which Mask for Which Task? https://www.lni.wa.gov/forms-publications/F414-168-000.pdf? and
- Washington Coronavirus Hazard Considerations for Employers: Face Coverings, Masks, and Respirator Choices https://www.lni.wa.gov/agency/_docs/wacoronavirushazardconsiderationsemployers.pdf

Understanding non-FDA approved surgical/procedural mask:
To help expand the availability of face masks and surgical masks, the FDA is providing regulatory flexibility (called Emergency Use Authorization [EUA]), that is in effect during the COVID-19 pandemic.
- For people and organizations who are new to working with the FDA:Face Masks and Surgical Masks for COVID-19
- The FDA's Emergency Use Authorization (EUA) for face masks (PDF-98KB) (issued April 24, 2020)
- The FDA's policy on face masks and surgical masks that is in effect during the COVID-19 public health emergency

SVSD Guidelines for PPE:
SVSD took the L&I guidelines, CDC guidelines (hospital oriented) and any available research and adapted it as logically as possible to the educational settings our staff face. Below are the basics of PPE including what and when it may be necessary. The important thing to remember is that no ONE mitigation factor (even PPE) is adequate protection - risk reduction should always rely on LAYERS of protection.

The overall health risk for the typical K–12 in-person instructional setting is classified as *low risk transmission* and only requires a cloth face covering (i.e. general group instruction and/or office setting with 6 feet of distance easily maintained. School staff whose job responsibilities necessitate close contact (< 6ft and > brief/infrequent such as passing in the hallway) and/or anticipated contact with body fluids should use PPE and be trained in safe usage including donning and removal.

- **Face shields** - Although staff should always attempt to maintain when possible, a six-foot distance from students, it is understood that staff may need closer proximity to their students for certain teaching tasks. These instances should be kept as short and in-frequent as possible but if job tasks require sustained (several minutes) of 6-foot distance broken several times a day (without sneeze guards or other mitigations), these would be considered a *moderate transmission risk* and staff will be provided a face shield to wear with their cloth face covering.
    - L&I example: individual or small group instructional setting.
    - face shield tips and tricks. https://docs.google.com/document/d/1VqBpBueMkfuvPQc2zeczKrhj7N1CYtyYzrY7pyU4BNU/edit?usp=sharing
    - See more on face shields used NOT as PPE below.

- **Disposable procedure/surgical mask** used instead of cloth face covering **combined with a face shield** should be used when job tasks require sustained (more than 10 minutes in an hour multiple times per day without other mitigation factors) close contact (less than 3 feet) and are considered *high risk transmission*.
    - L&I example: some in-person educational settings with sustained close contact.
    - Food Service staff are required by L&I to wear disposable masks when working in the kitchens and distributing meals to parents and students.

- **N95 masks** should be reserved, and provided by the district, for those staff that are working in extremely high transmission risk which would include working directly (within 3 feet) with symptomatic individuals for a sustained period of time (i.e. in the isolation room) and/or potentially some limited high risk special education setting.

- If respirators are needed, they must be used in the context of Washington Administrative Code 296-842 – Respirators including fit testing.

- If touching body fluids and/or surfaces likely contaminated with body fluids, **disposable gloves** should be worn. Disposable gloves can also be used where applicable to help prevent transmission on tools or other items that are shared. Examples of when to wear disposable gloves would include:
  - helping students wash their hands
  - cleaning the nose, mouth or eyes of a student
  - touching manipulatives that the student has contaminated with bodily fluids (i.e. been in their mouth, sneezed on them)
  - changing a diaper/assisting a student with using the bathroom

- If there is likelihood for body fluids to contaminate your clothing, an **isolation gown** should be worn. Examples of times when an isolation gown should be considered would include:
  - when changing a diaper
  - holding a child especially if they are crying / drooling
  - working in close contact with someone not able to wear a face covering
  - disposable - discarded after each close interaction.

Training in addition to understanding the above:

- Basic for low/moderate risk

  - CDC steps for putting on and taking off PPE https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
  - proper procedure for removing gloves

- Specialized for higher risk (i.e. some specialty special education and health services staff) - the above plus in-person (zoom) training with the nurse.

- Sample simplified PPE decision tree for some moderate transmission risk situations

*Plexi barriers may be used instead of face shields if it is reasonably assured that it can be maintained between individuals.

** Ventilation is important in all situations to prevent the transmission of COVID-19. It is highlighted in the above situation of a student not able to wear a cloth face covering because that is removing a foundational mitigation layer and necessitates replacing it with others to maintain a proper level of protection - ventilation would be such a layer and if feasible, should be considered - if not, other layers need to be considered.
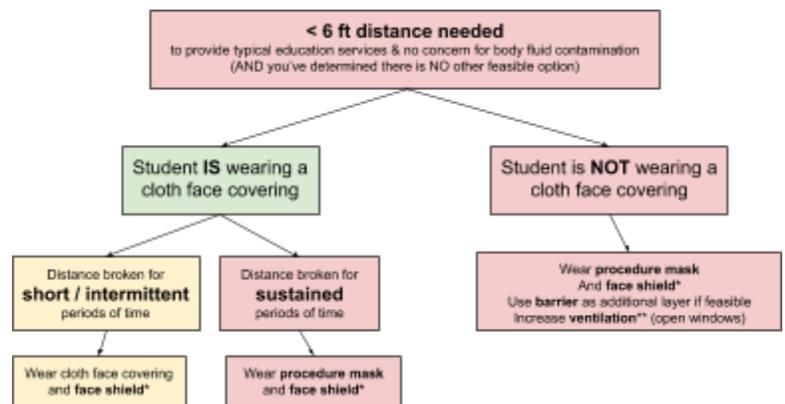
PPE supplies - stored at each school site with the custodian. For any issues accessing PPE, contact the site coordinator.

Plexiglass Barriers (AKA "sneeze guards")
Plexiglass is a clear, solid material that acts to block transmission of large droplets between two people in close contact and can help block transmission when physical distancing cannot be adequately ensured. Barriers should not be considered an alternative to physical distancing but instead a mitigation factor when distancing is absolutely not feasible or unpredictable. Additionally, face coverings still must be worn when barriers are used.

Specifications for Barriers
Plexiglass Barriers are not considered PPE but can be an added layer of protection however there is limited guidance on what constitutes a "sneeze guard". The Canadian National Collaborating Centre for Environmental Health (NCCEH) however did publish some guidance for use of such partitions. Partitions are proposed to function by intercepting the respiratory droplets that are thought to transmit the virus and re-enforcing physical distancing requirements. The

dimensions of the barrier should take into account the breathing zone areas of both users and reflect the posture (sitting or standing) of the users. The height of the partition needs to be greater than the tallest standing user. The partition should be as wide as possible. There usually will need to be an opening in the plexiglass or other barrier to permit the transfer of paperwork or other items. These openings should be as small as possible and should be placed to the side of the sitting user, i.e., not directly in front of the staff person's breathing zone. Because partitions are intercepting respiratory droplets, they must be treated as contaminated surfaces and should be cleaned regularly.

Examples of when a plexiglass barrier may be used (as resources allow; not a mandatory requirement):
● Between the receptionist and the public at the greeting desk
● Between a staff member and student for educationally imperative close instruction / supervision (this would typically be within special education instructional settings)
● for temperature taking with screening as one possible option (other options may be more feasible)

Grouping / Cohorts

Cohorts (or grouping) are groups of students, preferably with dedicated staff, who remain together throughout the day. Ideally, these groups would remain consistent from day to day and not be combined or mixed. Staying in small groups limits the amount of contact between individuals. Reducing the mixing of students, teachers and staff through groups:
● decreases the opportunities for exposure or transmission of COVID at school
● makes contact tracing easier in the event of a positive case
● simplifies the testing, quarantine and isolation to a single cohort

During hybrid in-person learning, the A/B groups are considered cohorts. Additionally, consider the below practices to cohort classes within each group.

SVSD grouping/cohorting strategy examples:
● Efforts will be made to keep class groups as distinct and separate as possible by avoiding bringing separate groups together when possible.
  ○ Where feasible, meals will be served/eaten in the classroom (nurses are working on accommodations for students with life threatening allergies).   If the cafeteria is used, cohorting (i.e. grade level) will be the goal when feasible.
  ○ Recess will be cohorted with play areas divided to the extent possible based on school resources.
● Student movement between different classrooms will be limited - i.e. sometimes, teachers, such as specialists, will rotate between classrooms instead of students moving between classrooms. This will be weighed against the activity to be done, lowest risk available space to do this and if students need to move.
● Large groups and gatherings will be avoided, both in and outside of school -
  ○ no assemblies,
  ○ evacuation drills will be modified **(note that during an true emergency - the immediate risk outweighs the need to follow COVID rules (i.e. gathering close together in a lock down or for rapid evacuation would be more important safety wise than maintaining distance).**
  ○ Drop off and pick up areas will be separated to the extent possible based on route (bus, car, walk).
● If feasible, assign seating in classrooms to be able to more quickly identify close contacts of COVID-19 cases when they occur, and limit walking about the classroom.
● Create a barrier with equipment such as cones, chairs, or tables to maintain separation between groups.

Cloth Face Coverings

The Department of Health requires everyone in a school building, on school grounds or on a school bus to wear a face covering, with specific exemptions identified in the guidance. Any printing on a face mask must meet all school and district rules and regulations.

Tighten the loops or ties so it's snug around your face, without gaps.

Mask should cover from just under the bridge of your nose to under your chin.

What counts as a cloth face covering?

Cloth face coverings are a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. This is called source control. The requirement for everyone to wear a face covering is based on what we know about the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with emerging evidence from clinical and laboratory studies that shows cloth face coverings reduce the spray of droplets when worn properly. Even when cloth face coverings are worn, other mitigation strategies, such as physical distancing, should continue to be practiced.

A cloth face covering is fabric that covers the nose and mouth. It can be:
- A sewn mask secured with ties or straps around the head or behind the ears
- A piece of fabric tied around the person's head
- Made from a variety of materials, such as fleece, cotton or linen
- Factory-made or made from household items such as scarfs, t-shirts or towels

Face coverings with **exhalation valves** should NOT be worn. The CDC updated its guidance Aug. 7, urging the public to avoid these masks: "Masks with exhalation valves or vents should NOT be worn to help prevent the person wearing the mask from spreading COVID-19 to others." Valved masks are advertised frequently online and often look both functional and fashionable. The buyer, meanwhile, probably doesn't know they defeat the intended purpose — to protect other people.

Wearing, caring for and storing face coverings correctly
- Cloth face coverings for school should fit snugly to cover the nose bridge, mouth, and chin
- Hands should be washed prior to putting on a face mask
- Avoid touching the mask while it is being worn
- Change masks if it becomes wet.
- To take off the mask,
    - handle only the ear loops or ties
    - fold the outside corners together
    - if reusable, store in an individual bag or put in the washing machine
    - wash hands
- Face covering may be removed to eat and drink and when going outdoors for activities **when physically distancing** can be maintained. If students cannot be physically distanced during the activity (i.e. recess), face coverings should be worn.
- Wash your cloth face covering frequently, ideally after each use or at least daily. Masks should be washed with detergent and hot water and dried on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face.
- Discard cloth face coverings that:
    - No longer cover the nose and mouth
    - Have stretched out or damaged ties or straps
    - Cannot stay on your face
    - Have holes or tears in the fabric
- There are many "mask helpers" that can make cloth face coverings fit better and more comfortable to wear
    - Mask extenders - keep ear loops off of the ear for comfort and allow for fit adjustment.
    - Mask brackets - a structural frame that creates a space between the mask and mouth.
    - Anti-fog products - Wearing glasses with a mask poses the problem of fogging due to condensation. Linked here are some solutions that may help to mitigate this.
      [https://docs.google.com/document/d/1o4Mn_kGdGiK761jsP8QLbLv-o_XcKdlW1C9fVDxUOw0/edit?usp=sharing]

Cloth Face Covering Exemptions

Cloth face coverings are a critical preventive measure and are most essential in times when social distancing is difficult. SVSD recognizes however that wearing cloth face coverings may not be possible in every situation or for some people. In some situations, wearing a cloth face covering may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever

possible to increase the feasibility of wearing a cloth face covering or to reduce the risk of COVID-19 spreading if it is not possible to wear one.

Cloth face coverings should not be worn by:
- Those with a disability that prevents them from comfortably wearing or removing a face covering
- Those with certain respiratory conditions or trouble breathing
- Those who are deaf or hard of hearing and use facial and mouth movements aspart of communication
- Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person

These individuals should consult with their healthcare provider as part of the decision to wear a cloth face covering.   If cloth face coverings cannot be used, discuss the possibility of a face shield and, make sure to take other measures to reduce the risk of COVID-19 spread, including social distancing, frequent hand washing, and cleaning and disinfecting frequently touched surfaces.

Face shields

In rare circumstances when a cloth face covering cannot be worn, students and staff may use a clear face covering or a face shield with a drape as an alternative to a cloth face covering. Face shields should extend below the chin, to the ears and have no gap at the forehead (DOH guidance update August 4). Disposable face shields should only be worn for single use. Reusable face shields should be cleaned and disinfected after each use per manufacturer guidelines.
- **Students** can use a face shield instead of a cloth face covering although cloth face coverings have a superior ability to capture more droplets from speaking, coughing, sneezing, etc.
- **Staff** can use face shields instead of cloth face coverings in certain circumstances. L&I has updated their guidance to allow staff to wear face shields when a face covering reduces the effectiveness of instruction (for example, during speech therapy, demonstrating enunciation, or language instruction). This is determined by the educator leading the instruction. For all other activities (staff meetings, hallway monitoring, playground or cafeteria monitoring, etc.), staff must wear a cloth face covering unless they fit into one of the exemption categories. L&I strongly recommends using a face shield combined with minimum face coverings to lower the risk category where work or job tasks allow.

Other Considerations for Face Coverings

- **Mask Fatigue and Mask Breaks**

Wearing a mask all day long, each and every day will be challenging and frustrating. Over time, 'mask fatigue' may set in, and compliance may drop. To limit this, classrooms can incorporate 'mask free' time during the day. For example, consider taking masks off during time spent outside when distancing can be maintained, or during quiet classroom time when there is no talking and students can stay distanced, or have half the class leave the room for activities so the remaining group can distance and take masks off. Choosing lower-risk times for breaks from masks may help ensure masks are worn during higher-risk scenarios. The risks of viral transmission during mask breaks will be lower when other interventions, such as healthy building strategies and physical distancing, are in place.

- **Less or more protection for staff**

For staff, cloth facial coverings must be worn by every individual not working alone* at the location unless their exposure dictates a higher level of protection under the Department of Labor & Industries safety and health rules and guidance. See PPE section. It is important to understand that wearing a cloth face covering will help protect people around you and are not personal protective equipment (PPE).

*What does it mean to be "working alone"? (L&I)
(https://lni.wa.gov/agency/outreach/coronavirus-covid-19-worker-face-covering-and-mask-requirements-questions)
Someone is considered to be working alone when they're isolated from interaction with other people and have little or no expectation of in-person interruption. How often a worker is able to work alone throughout the day may vary.
Examples of working alone include:
- A person by themselves inside an office with 4 walls and a door.

- A lone worker inside of a cubicle with 4 walls (one with an opening for an entryway) that are high enough to block the breathing zone of anyone walking by, and whose work activity will not require anyone to come inside of the cubicle.
- A worker by themselves outside in an agricultural field, the woods, or other open area with no anticipated contact with others.

- **Younger children (e.g., preschool)**

Younger children/preschool students may be unable to wear a cloth face covering properly, particularly for an extended period of time. Wearing of cloth face coverings may be prioritized at times when it is difficult to maintain a distance of 6 feet from others. Ensuring proper cloth face covering size and fit and providing children with frequent reminders and education on the importance and proper wear of cloth face coverings may help address these issues.

- **Wet cloth face coverings**

Individuals should not wear cloth face coverings while engaged in activities that may cause the **cloth face covering to become wet**, like when swimming or playing outside in a heavy downpour. A wet cloth face covering may make it difficult to breathe. Wet face coverings should be changed.

- **Tips for helping children get used to wearing cloth face:**
    - https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx
    - https://publichealthinsider.com/2020/06/25/face-coverings-and-children/

- **Labeling and extras**

    Encourage parents to
    - label their students' masks with their name (and the inside versus outside if not obvious) in indelible ink
    - send spare face coverings in the backpack

    Teachers will have spare masks in their classrooms to give to students that need them.

- **Special Education instructional settings**

The Special Education Department provides unique services in unique instructional settings that require additional consideration when developing health and safety plans including those for face coverings cannot be worn by students and/or staff. Linked here are recommendations for mitigation adaptations for special education.

Hygiene

Hand washing

Washing hands frequently with soap and water for at least 20 seconds is a simple but effective preventative precaution that addresses transmission both to prevent an infectious individual from contaminating a shared surface and to protect others from being infected by a contaminated surface.

STAY HEALTHY!

Cover your coughs and sneezes | Wash your hands for at least 20 seconds | Avoid touching your face

When to wash hands (for students and staff)
Scheduled hand washing times - teachers should incorporate these into the daily classroom routine
- upon arrival to school
- every time someone enters or leaves the classroom (i.e. before and after recess)
- before eating
- before going home

Additional times hands should be washed:
- before/after touching face (i.e. cloth face covering, sneezing, blowing nose)
- after using the bathroom
- before and after touching a common touch object

- between instructional areas
- after cleaning an area/object
- before and after directly working with a student

Although washing with soap and water is best, each student classroom should have alcohol-based hand gel (60%) as a time saving effective alternative - if not, contact your custodian.

Keeping hands away from face

Teach children and adults not to touch their eyes, nose, and mouth with unwashed hands. This is especially important with mask wearing which can inadvertently lead to the touching of the face. Ideally hands should be washed prior to putting on and/or removing a face mask and touching only the ear loops.

Respiratory etiquette

Normally, students and staff should cover coughs and sneezes with a tissue, then throw the tissue in the trash and wash hands. While wearing a mask, individuals should still cover their sneezes and coughs (tissue or elbow) and turn away from others both to remain in this good habit but to also contain any potential spray that may escape the mask. Should masks become wet from cough or sneeze secretions, they should be changed.

Cleaning

Cleaning should be increased at school to the extent possible to reduce fomite transmission. Cleaning will need to be an all hands on deck activity for all school staff.

Increased school cleaning practices for COVID
- Areas between groups - If groups of students are moving from one area to another in shifts, finish cleaning before the new group enters the area
- Cafeteria - Clean and sanitize tables before and after each group eats
- Shared/Common touch surfaces **-** Shared equipment, spaces, materials, and surfaces should be cleaned and disinfected throughout the school day and between uses if feasible (i.e. toys, games, art supplies, instructional materials, sports equipment, keyboards, phones, printers, copy machines). Children's books and other paper-based materials are not high risk for spreading the virus. (see "Limiting Common Touch Items" section for more details)
- Staff face shields - reusable face shields will be cleaned per the manufacturer recommendations
- Sneeze guards - cleaned daily if possible
- Outdoor Areas - outdoor areas, like playgrounds in schools do not require disinfection due to UV exposure.

Who will clean

In addition to custodians, school staff will be needed to assist with basic cleaning.
- Custodial staff is limited and will be focusing on common area cleaning versus classroom cleaning.
- Teachers and staff are responsible for cleaning personal work areas (including inside the classroom) during the school day.
- Older students may be involved in helping with cleaning - they will clean areas they have touched/used. No aerosoles (a substance enclosed under pressure and able to be released as a fine spray, typically by means of a propellant gas) or disinfectants (chemical agents designed to limit microorganisms on inert surfaces by inactivating or destroying) should be used by students per CDC guidelines - use only soap and water or minimal hazard chemicals without health restrictions. If students wipe down/clean their desk areas, then a teacher or custodian can follow with a spray disinfectant and allow toair dry when students are not present, for a more effective cleaning/disinfecting.

What to clean

Priorities for non-custodial staff cleaning are:
- Cleaning to protect your students:

- - Areas between groups - If groups of students are moving from one area to another in shifts, finish cleaning before the new group enters the area (i.e. table tops and chairs). This will be an important practice between cohorts (i.e. at the end of the day after one group and before the next the following day).
    - Shared/Common touch surfaces
      - Shared equipment, spaces, materials, and surfaces should be cleaned and disinfected throughout the school day and between uses if feasible
      - Examples: toys, games, art supplies, instructional materials, sports equipment, keyboards, phones, printers, copy machines.
      - Children's books and other paper-based materials are not high risk for spreading the virus.
      - [Custodial and teacher/staff responsibilities for cleaning Common Touch Items (10/1//20 memorandum from Operations Department](https://drive.google.com/file/d/1IYNc7nLw2BbAB4L7Iux9udKBGRB86QER/view?usp=sharing)) https://drive.google.com/file/d/1IYNc7nLw2BbAB4L7Iux9udKBGRB86QER/view?usp=sharing
- Cleaning to protect yourself:
  - Sneeze guards - cleaned daily if used
  - Staff face shields - reusable face shields should be cleaned at least daily and more often if become soiled. See [face shield tips and tricks](https://docs.google.com/document/d/1VqBpBueMkfuvPQc2zeczKrhj7N1CYtyYzrY7pyU4BNU/edit?usp=sharing) for how to clean your face shield. https://docs.google.com/document/d/1VqBpBueMkfuvPQc2zeczKrhj7N1CYtyYzrY7pyU4BNU/edit?usp=sharing
  - Cloth face coverings washed daily
- Cleaning to protect your family at home - [WA Dept of Health "After you are done with work" poster](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/AfterWorkCOVID19-English.pdf)
  https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/AfterWorkCOVID19-English.pdf

How to clean

Understanding the general principles of cleaning - Differences between cleaning, sanitizing and disinfecting:
- **Cleaning** removes germs, dirt, food, body fluids and other material. Cleaning increases the benefit of sanitizing or disinfection
- **Sanitizing** reduces germs on surfaces to levels that are safe. If you sanitize without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.
- **Disinfecting** kills germs on surfaces of a clean object. If you disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

District-approved cleaner: [Alpha-HP](#) at a dilution concentration of 1:64.
- Hydrogen peroxide based cleaner and disinfectant
- For Use as a One-Step Cleaner/Disinfectant for non-mouth touch items
  - Pre-clean heavily soiled areas
  - Apply use solution to hard, nonporous inanimate surfaces
  - To disinfect, all surfaces must remain wet for a max 10 minute* dwell/contact time
    (see **COVID specific 5 minute dwell time** info below) *
  - Air Dry, wipe surfaces to dry and remove any residue. Rinsing not necessary.
- For Use as a Cleaner/Degreaser
  - Apply to hard, nonporous surfaces
  - Air Dry, wipe surfaces to dry and remove any residue, or rinse with potable water as necessary
  - Not for use on food contact surfaces or on food preparation areas.

  *Dwell / contact time (= amount of time the product needs to remain wet on the surface to be effective)
  Dwell time varies and is dependent on both the product and the organism.
  - [For Alpha HP, dwell time ranges from 1-10 minutes depending on the organism.](#)
 - **[For disinfecting against SARSCoV-2 (COVID-19), Alpha-HP needs a 5 minute dwell/contact time.](#)**

Instructions for Use of Disinfectant v2 (3/2020)From Operations Department:
https://drive.google.com/file/d/1I8efsDO_83elg5r3hVqsLj_uPvzwkGoS/view?usp=sharing

Ventilation

Understanding the District HVAC systems and settings pre-COVID
- Each of our district sites have different HVAC (Heating, Ventilation and Air Conditioning) systems with different capacities.
- Pre-COVID, our building HVAC systems were set to pull in a minimum of 10% outside air with a trigger threshold of 1000PPM CO_2 for increasing the flow (i.e. increased CO_2 level with more people breathing). This setting is typically (pre-COVID) balanced with energy efficiency (i.e. higher the percentage = lower the energy efficiency)
- Building HVAC systems were utilizing recommended filters for each system (i.e what fits/functional with the system). MSHS used a MERV13 whereas the other schools with older systems used a MERV8.
- Each district HVAC system has a built in alarm system that alerts operations at the DO if it is unable to push enough air through the filter.
- Operations standarly changes each building's HVAC system filter twice per year on a schedule (summer and mid school year) which is more often than the manufacturer recommended and before the system would typically alert of an air flow problem.
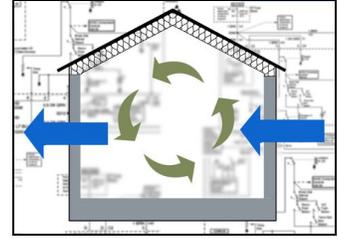
Airborne transmission consideration for COVID-19
Consider veue, ventilation and vocalization. Most super-spreader events occur at an indoor venue, especially a poorly ventilated one where lots of people are talking, singing, breathing hard.Outdoors has natural ventilation and no closed air space. Those talking, singing, breathing heavily are the ones spreading more virus via respiratory droplet and likely at a longer distance than breathing

SVSD increased ventilation practices for COVID
SVSD HVAC system updates:
- Bringing in more fresh outdoor air to dilute viral particles' presence through increased outdoor air ventilation (increasing percentage of outside air and air exchange rates lower the dose of particles which matters for the possibility and the severity of infection). In our SVSD buildings, HVAC systems have been increased
    - to 30% minimum outside air at the least. The outside air is set to maximize as conditions allow (heating and cooling can be achieved to keep set point temperature of classrooms)
    - Air exchange rates or "air changes per hour," simply refer to the number of times that air gets replaced in each room every hour and have been evaluated and maximized at each school
- Remove viral particles from the air with filtering indoor air:
    - District filters were evaluated to ensure the highest filtration filter allowable by the system. Those with MERV 8 were able to be increased to MERV 11.
    - District vacuums already stocked with HEPA bags & filters
    - Each building HVAC system was inspected and filters changed last summer 2020.
    - SVSD maintains and changes filters more often than the manufacturer's recommendation - currently increased to three times per year.
- There is no special COVID-19 cleaning or disinfection needed for HVAC systems however each building HVAC system was inspected/cleaned over summer 2020.

Other examples of ways SVSD encourages staff to help with increased ventilation:
- offer more outside time
- if able, open windows often
- Use of fans for cooling is acceptable. They should blow away from people. Best to be at the windows and pushing air OUT (i.e. blowing out).

Common Touch Areas/Items

Common touch areas and items are those things within a school where many individuals within a course of the school day would touch with their hands. If sufficiently contaminated, these common touch objects could be a source of fomite transmission for COVID-19. To mitigate this, the SVSD Health & Safety Plan directs for
- limiting common touch areas/objects
- cleaning & disinfecting common touch items throughout the school day and between uses when feasible
- supporting frequent hand-washing as the best defense against transmission from contaminated surfaces
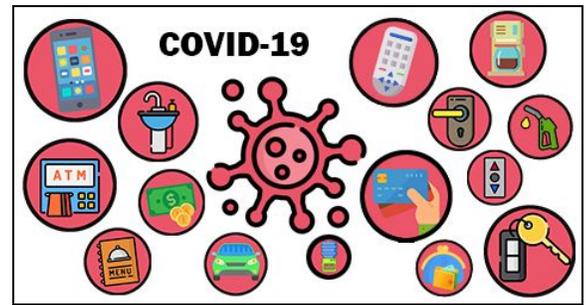
Examples of Implementation Practices for Common Touch Areas/Items

Limiting common Touch Areas/Objects
- within the **classroom:**
    - Try to select lessons and activities that do not require shared equipment or close contact.
    - Limit shared teaching materials to those you can easily clean and sanitize or disinfect. Children's books and other paper-based materials are not high risk for spreading the virus
    - When possible, provide each student their own supplies (e.g., art supplies) that they will use for all activities and avoid group supply bins (i.e. group pencil bin)
    - If each classroom has limited supplies, consider pooling resources and then rotating supplies between different classrooms on different days, while ensuring adherence to strict cleaning and disinfection policies.
- within the **school building:**
    - Consider having entrances to the school open during arrival and dismissal so that door handles are not touched.
    - Writing instruments in common areas (i.e. office, work room) should be used once and then cleaned (have a bin for clean pens/used pens).
    - Water fountains - depending on age served, these may be disabled.
    - Common touch communication process:
        - Lunch count - whenever possible, teachers should use electronic reporting of student lunch choices versus re-used wipeable sheets.
        - attendance- whenever possible, teachers should use electronic reporting of student attendance versus versus re-used wipeable sheets.
    - Meals - Individually plate food for each student. No buffet served food items and eliminate group buckets of needed items (silverware) or food (i.e. bowl of apples)

Cleaning Shared/Common Touch Surfaces
In a classroom setting, it may be difficult to limit sharing objects, like books, pencils, electronics, and art supplies. When avoiding shared items is not possible, then shared equipment, spaces, materials, and surfaces should be cleaned and disinfected throughout the school day and between uses if feasible (i.e. toys, games, art supplies, instructional materials, sports equipment, keyboards, phones, printers, copy machines). Children's books and other paper-based materials are not high risk for spreading the virus.
- there should be access to cleaning supplies in classrooms and throughout the school so individuals can disinfect objects before use.
- Frequent hand-washing, including before and after using shared materials, is an important control strategy that should be reinforced when objects and materials will be shared.

Special Education Instructional Settings (i.e. cleaning mouthed toys such as in the early childhood program)
The Special Education Department provides unique services in unique instructional settings that require additional consideration when developing health and safety plans including those for limiting common touch objects. Special

Education instructional settings where limiting common touch items requires additional consideration and adaptation are testing and specialty classes such as preschool, Life Skills and TLC. Linked here are recommendations for mitigation adaptations for special education.

Response Plan

The SVSD COVID-19 Health and Safety response plan outlines actions for identifying and responding to illness among our school community. These response interventions, as well as the above mitigation strategies, are based on the principles of exposure – intensity, frequency, and duration. In general, more intense, more frequent, and/or longer duration exposures have the potential to cause more harm. In the case of COVID-19, we can reduce the risk of illness through interventions that reduce these three characteristics. The response plan interventions aim to reduce these by health screening our school population daily, isolating and excluding those that are ill or become ill at school, tracking and monitoring the health of our school community and quickly responding to COVID-19 cases with a Response Team.

Health Screening / Attestation

Daily health screening is one strategy for identifying potential illness. As the safest method with the least educational impact, SVSD will use a hybrid model relying primarily on daily at home screening and attestation for staff and students with monitoring and enforcement at the school level along with supplemental temperature taking, screening questioning and visual checks at school where needed. Daily health screening, with temperature check and attestation, is a condition of attendance for school and/or work for students and staff and for all essential visitors on school campuses.

Daily Health Screening

All students and staff should have their health screened at home each morning before coming to school/work.
This screening includes:

- Taking one's temperature
- Checking for ill symptoms (see specific questions below)
- Considering COVID-19 exposures and/or COVID-19 testing (see specific questions below)

Parents/guardians/caretakers MUST screen their students at home each day prior to school. Secondary students may screen themselves if needed (i.e. parent not home in AM). This health screening and attestation is a condition of attendance for school and work.

Students and/or staff that have any symptoms of being ill, have been exposed to COVID-19 through close contact or have tested positive for COVID-19 should NOT come to in-person school/work. These individuals should report their absence to the school and the building school nurse will follow up as to when the individual would be cleared to return to school/work.

Daily Attestation

Following each daily morning health screening, all students and staff will then need to attest (declare) that they have done this screening and the results. Attestation will be done primarily through our new Qualtric Attestation App. The app will send families and staff an email (and text if opt-in) each morning that is linked to a specific individual (i.e. families with multiple children will have individual links sent for each). Each staff member and/or student will need to attest to having none of the below symptoms, exposures and/or positive COVID tests in order to be cleared to come to school. Attesting to health screening each day is a condition of attendance for school and work.

Attestation Questions (8/27/20 recommendations from SKCPH)
1. Review the following questions daily and STAY HOME if the answer is "YES".
    ➢ For staff or students (grades 6-12): Do you have any of the following symptoms that are not caused by another condition?

➢ For families (grades 5 or below): Does your child have any of the following symptoms not caused by another condition?

➢ For anyone returning from a break or for new staff/student: Have they had any of the following symptoms in the past 24 hours?

COVID-19 symptoms are currently defined (updated last 9/3/20) by Public Health as:

- Fever 100.40F / 38°C or higher
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Other signs of new illness that are unrelated to a preexisting condition (such as seasonal allergies)

2. Have you been in close contact with anyone with confirmed COVID-19? Close contact means being within 6 feet (2 meters) of an infected person for 15 minutes or more. (Exception: Health care providers, EMS workers, and educational staff associates who wore proper personal protective equipment (PPE) are OK to attend).

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

4. Within the past 14 days, has a public health or medical professional told you to self monitor, self-isolate, or self-quarantine because of concerns about COVID-19?

If you answer YES to any of these questions, stay home and contact your school.

Monitoring and Enforcement of Daily Screening and Attestation

The COVID site coordinator will be responsible for the oversight of ensuring each student and staff member on-site has completed and cleared attestation each day. Following attendance and with the assistance of our attestation app, staff will identify any individuals on-site not cleared for attending on-site. Those individuals without attestation will be screened and follow up communication underscoring the mandate for screening and attestation as a condition of attendance.

Limitations of Symptom Screenings (from CDC)

- Symptom screenings will fail to identify some students who have SARS-CoV-2 infection.
  Symptom screenings are not helpful in identifying individuals with SARS-CoV-2 infection who are asymptomatic or pre-symptomatic (they have not developed signs or symptoms yet but will later). Others may have symptoms that are so mild, they may not notice them. In fact, children are more likely than adults to be asymptomatic or to have only mild symptoms. The exact percentage of children with SARS-COV-2 infection who are asymptomatic is still unknown, but recent large studies have suggested around 16% of children with SARS-CoV-2 infection do not develop symptoms. [4] This means that even when schools have symptom screenings in place, some students with SARS-CoV-2 infection, who can potentially transmit the virus to others, will not be identified.

- Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19.
  Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies.

Much like the theory of body substance isolation, staff should consider all individuals outside of their home to be potentially COVID-19 positive and act in accordance with wearing cloth face coverings, social distancing, washing hands regularly and keeping hands away from their face.

Illness Tracking & Monitoring

Tracking and monitoring illness related data within our SVSD population and COVID-19 data at the local and state levels is an important component of the SVSD COVID-19 Health and Safety Plan to ensure that quarantined individuals remain out of school until cleared and to inform decision making for the safety of our school community.   Additionally, this data will help our leadership anticipate potential problems and assist public health with contact tracing.

Examples of Illness Tracking and Monitoring Practices that are part of our SVSD plan:
- Individual illness tracking and monitoring
  - Individuals identified as potentially ill will be contacted by the school nurse and notified of criteria that needs to be met in order to return to school.
  - Detailed daily attendance tracking will be cross referenced for those individuals who have yet to clear their return to school criteria.

- Illness trend tracking and monitoring with ongoing awareness and interpretation of
  - School and district attendance trends
  - City, county and state community spread rates - King County DataDashboard

- Known movement patterns of student groups and staff that can be called upon when assisting public health with **contact tracing f**or COVID Cases within our school community.

Ill/Exposed & Exclusion

Although ill individuals should stay home from school/work, SVSD is prepared with response and communications plans for the potential of student or staff showing symptoms while at school. Those who become ill at school will be isolated until they can be picked up from school and excluded until the return to school/work criteria are met as outlined by the Department of Health. Additionally, perfect attendance award programs will be suspended.

Unlike during pre-COVID school, there will be a much lower threshold for sending home students and/or staff that appear ill at school. This is not to say that individuals will be sent home for occasional sneezing or cough as these are the body's natural mechanism for getting rid of irritants in our nose and throat such as allergens, dirt or dust. However when we have a cold, sneezing and coughing increases in frequency beyond the normal occasional clearing. Staff should send ill students to the health room to be assessed by health room staff.

Response to Ill Student/Staff Member at school with symptoms of COVID-19
If a student/staff member develops potential symptoms of COVID-19 during the school day, the below steps will be taken:
- **Separate** the individual with symptoms away from others until they can leave. Each school will designate an isolation room where individuals showing signs of potential illness can be kept separated from others while waiting to go home. The isolation room will be separated from the areas where injured or other non-illness related care occurs and will be equipped with additional filtration and ventilation as feasible. For multiple people needing isolation, ill individuals will be spaced at least 6 feet apart with privacy curtains between cots.
- **Supervise** at a distance of six feet
- While waiting to leave school, the individual with symptoms will wear a **cloth face covering or mask** if tolerated.
- If the ill person needs to use the **bathroom**, a face mask should be worn when traveling to and from the communal bathroom. The bathroom will be cleaned and disinfected after use/before used by others.
- Provided the ill individual's family **guidance** on COVID-19 and exclusion rules.
- **Exclude** the individual from school/work until they have met the criteria for discontinuing home isolation below.
- **Air out** and then **clean and disinfect** the areas where the person was after they leave.

Exclusion related to COVID symptoms, exposure and testing

Unlike school pre-COVID, individuals with symptoms of illness, however minor, will not be allowed to attend in-person school and public health guidelines will be used to determine when those individuals will be allowed to return.

Exclude students, staff and/or visitors if they:
- Are showing symptoms of COVID-19. Unless reasonably determined to be related to a known underlying condition.
- Have been in close contact with someone who has confirmed COVID-19 in the last 14 days. Close contact is defined as having been within 6 feet for at least 15 minutes with someone who has confirmed COVID-19 in the last 14 days.Exception: Health care providers, EMS workers, and educational staff who wore proper personal protective equipment (PPE) are OK to attend.
- Have tested positive for COVID-19 in the past 10 days
- Have had medication to reduce a fever before coming to school (Tylenol/acetaminophen, Ibuprofen, aspirin)
- Are showing visual signs of being sick, such as flushed cheeks or tiredness.

Criteria for Returning to School/Work

Updated September 2, 2020 DOH.

Returning to school after having SUSPECTED signs of COVID-19
- **WITHOUT known exposure:** For ill persons **without known exposure to a confirmed COVID-19 cases,** follow DOH guidance for what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19.
    - If PCR testing for COVID-19 is not performed, stay home for at least 10 days after symptom onset, and at least 24 hours after fever has resolved and symptoms have improved. (People with severe disease or immunocompromised may need to be isolated at home for longer.)
    - If PCR testing for COVID-19 is negative, stay home until 24 hours after fever resolves and symptoms are improving.
- **WITH known exposure:** People who are ill and had known exposure to a person with confirmed COVID-19 should be encouraged to be tested for COVID-19 and
    - should stay out of school until at least 10 days after symptom onset, **and**
    - at least 24 hours after fever has resolved and symptoms have improved. (People with severe disease or immunocompromised may need to be isolated at home for longer.)

Returning to school after TESTING POSITIVE for COVID-19
A staff member or student who had confirmed COVID-19 can return to the program when:
- At least 24 hours have passed since recovery – defined as no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath; AND
- At least 10 days have passed since signs first showed up.

Returning to school after being in close contact to someone with COVID-19
If a person believes they have had close contact to someone with COVID-19, **but they are not sick**, they will need to quarantine for 14 days after the last day they were in close contact with the person sick with COVID-19 and should watch their health for signs of fever, cough, shortness of breath, and other COVID-19 symptoms. They should not go to work, child care, school, or public places during the 14 days of quarantine. If a person develops symptoms of COVID-19 during their quarantine, they should seek testing for COVID-19, and follow guidance above for confirmed COVID-19 cases.

Fact Sheet: When Can I return to School? from SKCPH toolkit

Responding to a positive COVID Case / Exposure on-site

Our district is prepared for COVID-19 outbreaks in our local communities as well as for individual exposure events to occur in our facilities, regardless of the level of community transmission. As situations evolve rapidly, SVSD has a designated team to coordinate the response called the Response Team that includes district and building administrators, the district and site COVID coordinators, nurses, the district communication officer and maintenance/operations.

COVID Response Team

COVID-19 Response Team is responsible for ensuring:
- rapid implementation of response plans
- Mitigation of the effects of exposure as much as possible for our school community.
- privacy policies regarding disclosure of COVID-19 status are followed.

The COVID Response Team is activated for all positive COVID cases through notification to the District Site Coordinator either by the site coordinator, public health or the COVID positive individual.

Response to COVID-19 Case(s)

1. **Reporting**
   ➢ **school staff members** should notify the Site Coordinator immediately if they receive notification of a school community member testing positive for COVID-19. The site coordinator should then notify the District Covid Coordinator to activate the response team.
   ➢ We ask **families students and/or staff** to notify the school of illness symptoms, testing or testing results.
   ➢ **Department of Health**
      ■ All positive COVID-19 cases are reported to the Department of Health and contact tracing conducted. If the individual is identified as having been at school while contagious, the Department of Health will notify the school district via the District COVID Coordinator who will notify the site coordinator.
      ■ If the school received notification from the individual of their positive COVID-19 result (i.e. not by DOH), the District Coordinator informs PHSKC using the online reporting system..

2. **Investigation**
   Following the report of a positive COVID case, the site and district COVID coordinators and building school nurse will determine if the COVID positive individual was at school during their infectious period by interviewing the individual and consulting with Public Health.

3. **Containment** - should it be determined from the investigation that the individual was on-site while infectious, the following actions will be initiated:
   ➢ Site coordinator & school nurse - conduct contact tracing within school to identify potential exposed individuals and areas
   ➢ Operations Director -mobilizes building cleaning teams
   ➢ Public Relations Officer - formulates communications to staff and students and those exposed

Authority: If a student or staff member tests positive for COVID-19, the local health jurisdiction will determine and advise administrators on the necessary course of action for their school(s)

Contact tracing and quarantine of close contacts of confirmed COVID-19 cases
- Identify and provide to local public health all likely school-based close contacts of the COVID-19 case from 2 days before symptoms started (or date of positive test if asymptomatic) until the time the case was no longer in school. Close contacts are defined as persons who were within six feet of the confirmed cases for approximately 15 minutes and would include
   ○ Siblings who attend the same school
   ○ Some or all of the students and teachers in the infected person's group (classroom, cohort)
   ○ Others sitting close to the student on the school bus
- Public health will advise close contacts, but the school may help quickly communicate important information to exposed students and staff who should be advised to self monitor and quarantine for 14 days from the last exposure.

Environmental Cleaning after a confirmed COVID-19 case is identified:
When a school learns a confirmed case of COVID-19 has been on the premises, the areas where the ill person spent time while infectious will be cleaned and disinfected unless it has been more than 7 days since this time, then additional cleaning and disinfecting is not needed.

Communication: If a COVID positive individual was at school while infectious,
- All individuals identified as being exposed as a close contact at school will be immediately notified by the school district, advised by public health and quarantine out of school for at least 14 days from the date of last exposure.
- The involved school community will be notified that there has been a confirmed case of COVID-19 in the school and that after investigation, it has been determined that you/your child is not a close contact of the confirmed case. The purpose of this communication will be to notify the involved school community of the situation and remind everyone of prevention measures with a COVID fact sheet.

SVSD will follow all privacy laws related to protected health information and NO identifying information about the COVID positive individual will be shared.

SVSD will NOT send notifications for COVID related cases that, after investigation and in consultation with public health, pose NO exposure risk to the school community. This is private health information and does not rise to the level allowed by law for public notification because there is no exposure risk to the school community.

COVID-19 outbreaks in school
Current Department of Health Definition: Two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

The local health jurisdiction will determine and advise administrators on the necessary course of action for their school(s) including if the school will need to close and switch to remote learning.

Administration: COVID-19 Site Coordinator

The Administration section addresses the oversight of the overall health and safety plan with a key component of this being a designated COVID-19 Site Coordinator for each district site. Each Site Coordinator is supported by the COVID-19 District Coordinator.

Site coordinators administrative responsibilities include
- Create their site specific supplemental health and safety plans in coordination with the COVID District Coordinator and ensure that it stays aligned with anticipated changes to the District Health and Safety Plan which will be updated to meet current state and federal guidelines.
- Implementing and maintaining the **Health and Safety plan** at the individual school level.
- Coordinating with the Public Relations officer, a strong **communication plan** for his or her school
- Monitoring of the **health and safety of the school** including attendance, resources and the need for plan changes to stay consistent with up-to-date information/guidelines/best practices (see tracking & monitoring plan)
- **Ensuring compliance and enforcement** of their school community in following the details of this plan including screening, face covering, distancing, exclusion and mandatory staff training
- Responding to COVID-19 cases as amember of the **COVID Response Team**

As with the wider community, our schools will have members that are ill with some being tested for COVID and some not, some testing positive for COVID and some being exposed to COVID. With many of our staff living and working within our community, we will likely become aware of different COVID related personal information that may be true or may be misguided. It is important to understand that this is often personal health information, protected by privacy laws and needs to be handled as such. The law allows for some sharing, under very strict guidelines, of communicable conditions (such as COVID) when there is a community health risk/concern. Below are some of the guidelines about what we would ask staff to share and with who and not beyond that. **It is important for our staff to understand the processes in place (see response section above) and trust that information passed to the site coordinator will be investigated and if it rises to the level of needing to be shared (i.e. a true exposure) that it will be shared with the individuals that it needs to be shared with.** Additionally, besides protecting privacy, it is important that we are not causing undue panic related to the inevitable COVID related situations we will likely find ourselves in as the school year progresses. It is

important that we are communicating accurate information in a timely manner, not inflammatory conjectures rooted in misinformation. This involves our entire school community, focusing on facts and following the established processes.

What should I communicate / report to the Site Coordinator?
- A Positive Covid-19 test results (staff, students, family members)
- An exposure / close contact (i.e. student / staff member lives with them) to someone with a positive COVID-19 test.
- Health & Safety concern

What do I NOT need to communicate / report to the Site Coordinator?
- A student or staff member being tested for COVID (although if symptomatic, they should not be at work/school).
- An exposure / close contact to someone being tested for COVID
- A student or staff member with an ill family member at home, even if they are waiting for test results (but not tested positive yet).

Enforcement

The site coordinator is responsible for enforcing the health and safety plan.   This includes but not limited to:
- Addressing non-compliance of students and staff with their individual roles and responsibilities related to following the health and safety plan/mandates (i.e. screening, face covering, social distancing, health education/training)
- Immediately following up with all parents/guardians/caretakers/older students who did not fill out the screening to ensure their understanding that filling out the screening each day is a condition of attendance and not doing so reduces the students face-to-face instruction time.
- Enforcing student and staff exclusion based on illness/exposure/clearance to return criteria set forth by OSPI and/or the Department of Health.
- Responding to and taking corrective action when students with ill symptoms are not picked up in a timely manner.

Limitations of enforcement
- Face coverings (see below)
- High risk employees
- Employees who do not feel safe

Staff Member's Role in Enforcement
Each Site Coordinator ensures their staff are aware of their individual role and limitations on enforcing the health and safety plans. School staff other than the site coordinator should not enforce safety guidelines but instead remind, support and if needed, report those not following the guidelines. School staff should have a positive presupposition that the individual not following the guideline may not know/understand the guideline, might have a valid waiver excusing them from following the guideline or may need assistance with following the guideline (i.e. they forgot to bring a mask to school). Should the individual not fall into these categories and refuse to follow the guideline, report the individual / incident to the site coordinator for follow-up and enforcement if needed.

Example: What steps will the school take if a student will not wear a face covering?
For students who are not exempt from the face covering requirement, schools should take steps to educate the student on safety compliance, implement positive behavior interventions, recommend alternative face coverings (such as a face shield instead of a mask, which can feel more comfortable), and, when appropriate, consult with the student's parent or guardian. Only as a last resort may the district consider excluding a student for refusing to wear a face covering. If a student is excluded, the school must provide the student with an opportunity to receive educational services during the exclusion and then return the student to their regular educational setting when the exclusion ends. Students who are unable to consistently wear a face covering due to sensory, behavioral, or other disabilities must not be disciplined or denied access to educational services as a result.

Appendices

- Staff Reporting Signals Poster
- Teacher Checklist
- Who is my site Coordinator?
- Cloth Face covering tips and Tricks
- Face Shield Tips and Tricks

Staff Reporting Signals

Pass-on to your site coordinator if you are notified of:
- A Positive Covid-19 test results (staff, students, family members)
- An exposure / close contact (i.e. student / staff member lives with them) to someone with a positive COVID-19 test.
- Health & Safety concern

Pass-over (no need to report)
- A student or staff member being tested for COVID (although if symptomatic, they should not be at work/school).
- An exposure / close contact to someone being tested for COVID
- A student or staff member with an ill family member at home, even if they are waiting for test results (but not tested positive yet).

COVID status is personal health information, protected by privacy laws and needs to be handled as such.

- Staff that should pass on only the above information and only to the site coordinator.

- The law allows for some sharing, under very strict guidelines, of communicable conditions (such as COVID) when there is a community health risk/concern.

- Please trust in our process - that information passed to the site coordinator will be investigated and if it rises to the level of needing to be shared (i.e. a true exposure), it will be shared with those that it should be (i.e. those at risk).

Please do your part to help prevent panic.

- COVID is in our communities and will likely make its way into our schools at various points throughout the year. It is for this very reason that we are utilizing all of our preventative health practices.

- It is important that we are communicating accurate information in a timely manner, not inflammatory conjectures rooted in misinformation.

- This effort involves our entire school community, focusing on facts and following the established processes.

Sample Teacher Checklist

For yourself each morning,
- ❏ Screen your own health and take your temperature. Then attest with the school app.
- ❏ Bring a properly fitting cloth face covering (and spares)
- ❏ Bring a refillable water bottle
- ❏ Hands are washed upon arrival to school.

Classroom supplies/set-up
- ❏ Physical space set up to support physical distancing of 6 feet (i.e. desks)
- ❏ Signage to help remind students of COVID guidelines and rules
- ➢ Adequate supply of
    - ❏ hand washing items (soap, paper towels, hand sanitizer)
    - ❏ PPE (i.e. face shield)
    - ❏ Cleaner
    - ❏ Spare masks for students
    - ❏ Mask helpers (extenders and anti-fog wipes)
- ❏ Plan in place for common touch items - limiting,individuals have their own or cleaned between uses.

Classroom Routine/Schedule
- ❏ Classroom door open at 9:40 and ready to begin to greet students arriving.
- ❏ students wash their hands upon arrival (is this set up so students can maintain distance?)
- ❏ Students have cloth face coverings on that fit - if not, assisting with spare mask or mask helpers
- ❏ Students do not appear ill - if so, send to health room.
- ❏ Take attendance first thing so that it can be cross referenced with attestations and exclusion
- ❏ Windows open to allow for maximum ventilation, consider outside classroom time if feasible.
- ➢ Classroom routines limit
    - ❏ movement about the class
    - ❏ time lining up (less than 6 feet apart)
    - ❏ Mixing of cohorts
- ➢ Recess
    - ❏ Hands are washed before going out to recess.
    - ❏ Students are reminded to distance as possible, wear masks and stay with their cohort.
    - ❏ Cohort recess equipment accessible
    - ❏ Hands are washed upon coming back in from recess
- ➢ Lunch
    - ❏ Students eat as desks/distanced 6 feet
    - ❏ Consider any necessary accommodations for food allergies
    - ❏ Students wash hands before eating
    - ❏ masks taken off to eat (limit this as much as possible) and stored properly
    - ❏ Ventilation increasingly important with masks off - open windows if feasible
    - ❏ Hands washed after eating and masks put back on
    - ❏ Students can pick up their lunch garbage and clean their own desk with soap and water
- ❏ Mask Breaks built into routine if needed and under proper conditions
- ❏ Hands are washed before leaving the classroom for the day.

For yourself each afternoon,
- ❏ Clean face shield
- ❏ Clean common touch areas and student desks
- ❏ Wash hands before leaving to go home
- ❏ Remove clothing after arrive home and wash
- ❏ Wash your cloth face covering daily

Who is My Site Coordinator?

Site	Site Coordinator
FCE	Katelyn Long
SES and Preschool	John Norberg
NBE	Stephanie Shepherd
OES	Gregg Forrest
TRES	Kaaren Kim
CVES	Jim Frazier
MSHS	Greg Hart
TLC @ TR	
TR @ MSHS	Rhonda Schmidt
PPP @ SMS	
SMS	Shawn Lawrence
TFMS	Andre Glover
CKMS	Mark Allen
Special Education Department	Nicole Fitch
Transportation Department/Building site	Belle Tromp
Operations/Technology Departments/Building site	Bill Davis
Food Services Department	Pam Chambers
Main District Office Building Site	Beth Porter
Health Services Department	Anne McGavran

Cloth Face Covering Tips and Tricks

A Good Fit is Key

There are many good cloth face coverings out there and better ones coming out all the time. Because our faces are all different shapes and sizes, what works well for one person might not for another. It may take experimenting with a few different ones to find a good fit (no gaps) and that also feels comfortable to you (so you'll be able to wear it all day). There are no regulations on manufacturing cloth face coverings which can make choosing one challenging (i.e. they can claim just about anything). A few must-haves in my book are: a moldable nose bridge and multi-layered. I've also come to look for those that have a strategy for staying up under the chin. Here are a couple of my newest favorites:

- DNA masks https://www.dnamasksandmore.com/
  What I like - although there is no regulation on face coverings, these folks are medical and seem to know what they are talking about (for what that's worth :-)) when discussing the standards they used to create this mask. The mask itself is well built for a good fit - moldable nose, elastic under the chin and back strap. The fabric is thick so does not suck in when talking but is easy to breath with it on.
- Proper cloth "The Everyday Mask" https://propercloth.com/products/the-everyday-mask-v1.5---charcoal-performance-(single-mask)-1062.html
  I purchased the V1.5 with the performance fabric (a poly-elastane blend). There are other fabrics I haven't tried. What I like - well it's a high end custom clothing company and although no medical background they absolutely seem to understand fabric and quality construction. For me, this was a very comfortable mask with a great fit. I really liked the over the head elastic band feature for getting a snug mask. It also comes in 2 sizes which was great for my young adult daughter with a smaller face. It does suck in with talking however so if wearing at work, I typically use it with a mask bracket.

If you are using a disposable face mask, make sure to utilize the built in nose bridge and form it to your face.

Mask Helpers

Sometimes mask helpers can make those almost good face coverings great!

- Mask extenders - there are many of these on the market and most work great. Although sold as relief for the ear with mask loops (which they do!), they also help customize a tighter fit.
- Mask brackets - there are many of these on the market as well that seem to all work equally well. These are sold as lipstick savers (?!?!) but really work to keep the mask off of your mouth to prevent the sucking in effect of the fabric which can make talking difficult. The important thing with these is that you ensure that they do not compromise the integrity of your mask (i.e. they don't pull it away from your face at the edges and create gaps). For some of my masks, I've used them with the extenders and been able to achieve a great fit. Note the little side tabs for disposable cloth masks are not needed - I've used these with all sorts of masks.
- Nose bridge - I've not used these as I've always looked to order cloth coverings with moldable nose bridges built-in but if not, I would have tried these (they look well rated). Having a good fit at the nose is important.

Anti- Fogging Tips - because the struggle is real.

Why you fog -when you wear a mask and your warm breath hits the relatively cool surface of your glasses, the result will be fog.

- Getting a better fit is first and foremost - If your mask fits loosely over your nose, your breath is certain to escape up to your glasses. Using the above mask helpers may alleviate fogging for you.
- Sealing your mask at the top can also be helpful. Nerdwax.com - can be used on the nose bridge of the mask to help create a seal (19.99 for a 4 sticks). There is also mask tape commercially available.
- PUT YOUR GLASSES OVER YOUR MASK - Pull up your mask so the top sits higher on your nose, and wear your glasses on top of the material. Any escaping breath should miss your glasses.
- USE SOAP AND WATER -If you don't have a special coating on your glasses, you could try washing them in soapy water and then letting them air dry or very gently drying them. The idea is that the soap leaves behind a film that prevents glasses from fogging. It's best to avoid soaps that are made with lotion.
- PUT A TISSUE ON THE INSIDE OF THE MASK - If you tape a folded tissue under your mask at the bridge of your nose, it may absorb escaping moisture.
- BUY A COMMERCIAL ANTI-FOGGING PRODUCT -There are a number of commercially available anti-fogging products.
  - FogBlocker Eyeglass anti-fog cloth
  - Opti-plus lens fogging wipes
  - Nerdwax fog block (cloth) ($10)
  - Optix 55 Anti-fog Spray ($10)
  - Z Clear Anti-fog Spritz ($10)

Face Shield Tips & Tricks

District Provided Staff Face Shields
- → Always use with a face covering or mask
- → Use for suspected, unavoidable sustained close contact (less than 6 feet)
- → To don, expand elastic with both thumbs and place around head so that the foam rests on your forehead and shield covers the entire front side of face.
- → To clean, wear gloves and begin with inside of shield followed by outside.

When using your shield for the first time, remove the **protective film from both the <u>inside and outside</u>.** It's a bit hard to see that there is one on the outside of the shield and easy to miss.

Preventing Fogging:
https://docs.google.com/document/d/1o4Mn_kGdGiK761jsP8QLbLv-o_XcKdlW1C9fVDxUOw0/edit
You will likely need some sort of solution for fogging as the face shield fog A LOT for most! If you wear glasses, this will be twice as difficult. Fogging occurs because of your warm breath escaping from your mask and hitting the relatively cool surface of your shield and or glasses. The hotter you run, the worse it will be.

To help reduce fogging-
- Try and stay cool - i.e. dress in layers you can remove, open windows and doors for cool fresh air (balanced with making the shield cold too of course!). If using a fan, see ventilation section of the plan for safe placement
- Improve the fit of your face mask - we want your face mask to fit snuggly for many reasons (including increased protection) but this will also help with fogging. Using mask helpers can aid with this including nose bridges, mask brackets, extenders and tape/wax.

Anti-fogging Solutions
- There are many on the market commercial with mixed reviews - Anne ordered several to try but none worked perfectly and I continue to try and find a good one. If folks find something that works really well, please share!
- DIY solutions with what we have on hand in the SVSD classroom/bathroom - dampen paper towel, add a good amount of SVSD hand soap and wipe all over the inside of your shield. Then dry with a another paper towel - rough one's might leave soap marks, a finer towel/cloth will remove these.
- http://www.kelownadailycourier.ca/life/article_59e7b39a-a04d-11ea-9b5a-e33235a325e4.html
- https://people.com/lifestyle/optix-55-anti-fog-spray-amazon/

Putting On Your Face Shield
- Wash hands
- After your mask but before gloves.
- Touch only the elastic and be most careful of not contaminating the inside/face side of your shield with your hands.
- It should fit snugly against your forehead and cover your entire face.

Taking it off Your Face Shield
- Remove your gloves first and then your shield
- Touch only the elastic and be most careful of not contaminating the inside/face side of your shield with your hands.
- Consider where you are putting it down to not cross contaminate it or another surface with it.
- Wash your hands

Cleaning/Disinfecting your face shield
- Wear gloves
- Clean the inside of the shield first and then the outside. This can be done with district provided Alpha HP and/or soap and water.
- Disinfect your face shield after you clean it, by spraying both sides with Alpha-HP. It will likely need to be wiped with a paper towel wet with Alpha-HP to spread the solution over all of the surface - wipe the inside first and then outside. The shield must stay wet for at least 5 minutes to disinfect against COVID. Consider where you will hang your shield for this time - you want it to be away from possible contamination by others.
- Remove gloves and wash hands
- Store your shield in a clean/protected area, like a bag.