



Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year

Updated March 2, 2022

***Effective date: March 11, 2022 at
11:59 pm***

Table of Contents

Overview	2
Authority and Effective Dates	2
Local Decision Making.....	2
Monitoring Local Data.....	3
Safeguarding Student Opportunity	6
2021–2022 Additions to Existing Rules	7
Educator Vaccinations	7
Operational Plan/Safe Return to In-Person Instruction and Continuity of Services Plan	8
Individualized COVID-19 Recovery Services	8
Oregon Revised Statute and Oregon Administrative Rule.....	8
Communicable Disease Management in School Settings	9
Instruction, Attendance and Enrollment.....	9
ODE’s Integrated Model of Mental Health	11
Prioritize Student and Staff Health and Well-being.....	11
School Safety and Prevention	12
Access to Mental Health Services and Crisis Services.....	12
COVID-19 Vaccination	13
Face Coverings.....	14
Physical Distancing	15
Cohorting.....	15
OHA Sponsored COVID-19 Testing in Schools.....	16
Diagnostic Testing for K–12 Students and Staff	16
Screening Testing for Unvaccinated K–12 Teachers/Staff	16
Screening Testing for Unvaccinated Students.....	17
Ventilation and Airflow	17
Handwashing and Respiratory Etiquette	19
Communicable Disease Management Plan for COVID-19 Required by OAR 581-022-2220	21
Isolation Protocols Required by OAR 581-022-2220 and Response to Outbreak.....	22
Primary and Non-primary Symptoms of COVID-19.....	24
<i>Primary COVID-19 symptoms:</i>	<i>25</i>
<i>Non-primary COVID-19 symptoms:</i>	<i>25</i>
Where to Go for More Information	25

For the 2021-2022 school year, schools must plan to provide full-time, in-person education for all students every school day.¹ Districts will make decisions with their boards to determine local implementation of COVID-19 mitigation measures, as laid out in this document.

Overview

Authority and Effective Dates

This **Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year** replaces [Ready Schools, Safe Learners: Guidance for School Year 2020-21](#) version 7.5.2 issued on May 28, 2021. The **Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year** becomes effective on June 30, 2021. The Resiliency Framework may be used for summer school 2021 as well as school year 2021-22.

Changes in the amount of community transmission of COVID-19 or the severity of illness associated with new variants of the SARS-CoV-2 virus that causes COVID-19 may warrant changes to the state's recovery efforts during the school year. The Resiliency Framework will be updated to reflect any changes.

The vast majority of health and safety measures in this Resiliency Framework are *advisory*, and are offered to schools to support successful full-time, in-person instruction for the 2021-22 school year. Where this framework does not require a specific action by a school district, a district may choose whether to consider or implement advisory information or recommendations.

Prior to the COVID-19 pandemic, state law and rules included several components related to managing communicable disease in schools, including required school exclusion for certain diseases. These requirements continue to exist in state law and rule.

Nothing in this framework is intended to provide legal advice. ODE encourages districts to consult with their own legal counsel and to consider other state and federal guidance and laws when implementing any recommendations.

ODE and OHA will continue to monitor guidance updates from the CDC, and will continue to align this recommendation framework as needed.

Local Decision Making

This Resiliency Framework was developed jointly by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA) and is informed by U.S. Department of Education and

¹ Schools that are virtual or online schools are not required to provide daily in-person instruction.

CDC guidance along with information from many other sources. **Except where compliance is mandated by existing state law, this Resiliency Framework is *advisory*. Requirements are followed by the rule reference for ease of identification.**

Decisions about when or how schools respond to an outbreak of COVID-19 involve collaboration across multiple actors. If part of or an entire school needs to close to in-person instruction as a matter of public health, it is important that educators, students, families, and the general public have a clear understanding of how decisions are made and who makes those decisions.

When determining how to best support in-person learning during the 2021-22 school year, schools should work in a collaborative manner with local public health authorities (LPHAs). LPHAs are vital partners to advise and consult on health and safety in schools with school officials. In general, **decisions of school health and safety reside with school and district officials**. ODE's updated [Decision Tools](#) may be a useful resource. There can be exceptions within local law and any additional authorities should be clarified by schools and LPHAs at the local level. Additionally, the authority of an educational governing body or school leader to close a school facility may vary depending on what governance structure is in place and the type of school.

If a local public health authority has concerns about public health in a given school in response to an outbreak and the school or district disagree, these concerns may be elevated to the State Public Health Director or the Director of the Oregon Department of Education.

The State Public Health Director at the Oregon Health Authority has broad authority to close a facility that presents a public health risk.

The Director of ODE has authority to close a school facility within existing state laws.

Oregon OSHA enforces workplace safety rules and statutes. Oregon OSHA will address employee and other inquiries and complaints, and provide advice to employers related to any potential violation of existing Oregon OSHA rules if they involve potential workplace exposure. If you believe a school is not in compliance with the RSSL guidance, you can file a named or confidential complaint with Oregon OSHA at 1-833-604-0884 or [online](#).

Monitoring Local Data

Together with local public health officials, school administrators should consider multiple factors when they make decisions about implementing layered prevention protocols against COVID-19. Since schools typically serve their surrounding communities, decisions should be based on the school population, families and students served, as well as their communities.

ODE has worked to create the "[Oregon Data for Decisions Guide](#)" which is a resource for school leaders to use to inform decision-making at the local level. The guide suggests data points for communities to consider along with a clear format for conducting a comprehensive review of

information and data. ODE has partnered with Willamette ESD to create a new “[Data for Decisions Dashboard](#),” a tool to provide up-to-date data that will continue to grow over the coming weeks and months.

*On February 25, 2022, the Centers for Disease Control and Prevention (CDC) released [COVID-19 Community Levels](#)—a measure of the impact of COVID-19 on counties. These data are updated weekly and recommendations for individual prevention behaviors (e.g., masking) and community prevention strategies (e.g., vaccine distribution and testing access) are presented for low, medium and high COVID-19 community levels. Of note, **CDC now recommends universal masking in K-12 during high community levels. At all levels, individuals may also choose to mask based on their individual risk assessment (e.g., increased risk for severe disease or family or community members at increased risk for severe disease).***

Schools will gather people who are up to date with their COVID-19 vaccine and people who are not up to date. Some schools – including elementary, middle and or high schools - may have a low percentage of students and staff up to date with their vaccines despite vaccine *and booster* eligibility. These variations require K-12 administrators to make decisions about the use of COVID-19 prevention strategies in their schools to protect people who are not *up to date*.

The primary factors to consider include:

- [Level of community transmission of COVID-19](#).
- [COVID-19 vaccination coverage in the community](#) and among students, teachers, and staff.
- *Availability* of COVID-19 [diagnostic and screening](#) testing programs for students, teachers, and staff.
- [COVID-19 outbreaks or increasing trends in the school](#) or surrounding community.
- Ages, sociodemographics, and developmental status of children served by K–12 schools and the associated cognitive, social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.
- Students and staff who warrant extra precautions due to being at increased risk of severe COVID-19 illness.

ODE, OHA and Willamette ESD have created the [Oregon Data for Decisions Dashboard](#) where district and schools can find much of the information above, along with important district and county data, available in one place.

COVID-19 Health and Safety

The Resiliency Framework focuses on *advisory* health and safety recommendations that provide for flexibility to:

- Return to full-time, in-person instruction for all students,

- Honor and recognize the uniqueness of communities across Oregon, and
- Support schools in health and safety planning to meet community-specific needs and strengths.

As schools plan for the in-person school year, it is important to remember:

- Our communities will be living with the virus *for the indefinite future*.
- COVID-19 continues to change with new variants, our knowledge of mitigation efforts grows over time. For these reasons the guidance for responding to COVID-19 also changes.
- Right now, the best tools to protect individuals are vaccination for those eligible, face coverings, physical distancing, ventilation and airflow, hand hygiene, and staying home if ill.
- Opportunity for transmission decreases with each mitigation effort that is implemented.

As districts plan and implement the recommendations included in this document, they will necessarily need to consider a continuum of risk levels when all recommendations cannot be fully implemented. It will be necessary to consider and balance the mitigation strategies described in these recommendations to best protect health and safety while ensuring full time in person learning.

Equity

The Oregon Department of Education is committed to promoting educational systems that support every child's identity, health and well-being, beauty, and strengths. As such, equity must not be a standalone consideration and should inform every decision. Much of this document is technical in nature; however, every decision has the potential to disproportionately impact those whom existing systems most marginalize and historically underserved communities by exacerbating existing conditions of inequity. ODE and OHA sought to apply an equity-informed, anti-racist, and anti-oppressive lens across all sections of the Resiliency Framework.

ODE remains committed to the guiding principles introduced in spring 2020 to generate collective action and leadership for efforts to respond to COVID-19 across Oregon. These principles are updated to reflect the current context:

- **Ensure safety and wellness.** Prioritizing basic needs such as food, shelter, wellness, supportive relationships and support for mental, social, and emotional health of students and staff.
- **Center health and well-being.** Acknowledging the health and mental health impacts of this past year, commit to creating learning opportunities that foster creative expression,

make space for reflection and connection, and center on the needs of the whole child rather than solely emphasizing academic achievement.

- **Cultivate connection and relationship.** Reconnecting with one another after a year of separation can occur through quality learning experiences and deep interpersonal relationships among families, students and staff.
- **Prioritize equity.** Recognize the disproportionate impact of COVID-19 on Black, American Indian/Alaska Native, and Latino/a/x, Pacific Islander communities; students experiencing disabilities; students living in rural areas; and students and families navigating poverty and houselessness. Apply an equity-informed, anti-racist, and anti-oppressive lens to promote culturally sustaining and revitalizing educational systems that support every child.
- **Innovate.** Returning to school is an opportunity to improve teaching and learning by iterating on new instructional strategies, rethinking learning environments, and investing in creative approaches to address unfinished learning.

Safeguarding Student Opportunity

Maintaining rigorous expectations and support to [accelerate learning](#) for all students is part of providing an equitable education. As such, any decision for students related to progression within a course sequence; grade entry, grade promotion or retention; placement in advanced courses, dual credit courses or accelerated learning; or participation in extra-curricular activities should include the following:

- A priority for the student to enter school at the grade level associated with their age (compulsory attendance does not begin until age 6 in Oregon) and to be promoted to the next grade level regardless of opportunity to access and fully participate in school during the pandemic and any impact that had on the student’s attendance and academic performance.
- A priority for the student to be included in every possible educational and school opportunity (advanced courses, extra-curricular activities, etc.) regardless of opportunity to access and fully participate in school during the pandemic and any impact that had on the student’s attendance and academic performance.
- Review of multiple data sources.
- Meaningful engagement with families, educators/staff that considers:
 - Short- and long-term unintended consequences of retention or exclusion on the student’s social-emotional well-being, academic success, and status.
 - Cultural implications and stigma associated with retention or exclusion for the student and family.
 - Student voice and input.

A student’s academic performance and/or attendance during the spring of 2020 or the 2020-21 school year should not be the sole determinant for decision making.

Requirements in Federal and State Statute and Rule

Existing federal law includes the following requirements for school districts:

Face Coverings

Effective February 25, 2022, CDC does not require wearing masks on buses or vans operated by public or private school systems, including early care and education/childcare programs. The requirement to mask on K-12 transport in Oregon will end when Oregon's indoor masking mandate is lifted at 11:59 pm on March 11, 2022. School systems at their discretion may choose to require that people wear masks on buses or vans as part of their local decisions on the use of face coverings in school settings.

On November 30, 2021, the Children and Families Administration released an [interim final rule with comment](#) (IFC) which adds new provisions to the Head Start Program Performance Standards to mitigate the spread of COVID-19. This IFC requires universal masking for all individuals two years of age and older, with some noted exceptions. Further information is available in ODE's [Considering Reasonable Accommodation of Face Covering Requirements for Head Start and Oregon Prekindergarten](#). *On February 28, 2022 Office of Head Start announced that it will not evaluate compliance with the mask requirement in its program monitoring. This pause on monitoring for compliance with the mask requirement will apply to all programs. Before resuming monitoring for compliance with the mask requirement, OHS will provide the grant recipient community with at least two weeks' notice prior to implementing any changes.*

Existing state law and rule include the following requirements for schools and districts:

2021–2022 Additions to Existing Rules

Educator Vaccinations

On August 25, 2021, OHA adopted [OAR 333-019-1030](#) COVID-19 Vaccination Requirements for Teachers and School Staff. ODE and OHA have created a set of [FAQs](#) to answer district and school questions about this rule.

Effective October 18, 2021, teachers, school staff and volunteers may not teach, work, learn, study, assist, observe, or volunteer at a school unless they are fully vaccinated or have provided documentation of a medical or religious exception. And, a school may not employ, contract with, or accept the volunteer services of teachers, school staff or volunteers who are teaching, working, learning, studying, assisting, observing, or volunteering at a school unless the teachers or school staff are fully vaccinated against COVID-19 or have a documented medical or religious exception. This is also true for school-based program staff and volunteers.

The rule also includes those who are not employed but are otherwise engaged to provide goods or services to a school or school-based program through any formal or informal agreement,

whether compensated or uncompensated; who provide goods or services at or for a school-based program that includes direct or indirect contact with children or students. It does not include short-term visitors or individuals making deliveries. It also does not include district office, facility or ESD staff who never work at or volunteer in a school setting.

Individuals who request a [medical](#) or [religious](#) exception must use the OHA forms. Schools that grant an exception to the vaccination requirement must take reasonable steps to ensure that unvaccinated teachers, school staff and volunteers are protected from contracting and spreading COVID-19.

At the June 17, 2021 meeting, the State Board of Education took action on two rules:

[Operational Plan/Safe Return to In-Person Instruction and Continuity of Services Plan](#)

[This plan, available on the ESSER III webpage](#), replaces the Ready Schools, Safe Learners Operational Blueprint required under Executive Order 21-06. Districts submitted their Safe Return to In-Person Instruction and Continuity of Services plan to ODE on **August 25, 2021** to fulfill the requirements of American Rescue Plan Elementary and Secondary School Emergency Relief (ESSER III) State plan. Districts are required to **update the plan as needed and to review it every six months** to remain in compliance with ESSER III regulations. ([OAR 581-022-0106](#)). A similar date and submission process for public charter schools is communicated to charter school leaders each time an update is needed.

[Individualized COVID-19 Recovery Services](#)

OAR [581-015-2229](#) requires that districts and programs ensure that IEP teams determine the need for [Individualized COVID-19 Recovery Services](#) for each eligible student based on their individual circumstances. Districts are required to:

- Ensure that the IEP team for each eligible student considers the need for Individualized COVID-19 Recovery Services at least at each initial IEP meeting and each regularly scheduled annual review meeting while OAR 581-015-2229 is in effect.
- Provide written notice to the parents of each eligible student regarding the opportunity for the IEP team to meet to consider Individualized COVID-19 Recovery Services.
- Provide written notice to the parent and/or adult student with a disability regarding the determination of need for Individualized COVID-19 Recovery Services.

[Oregon Revised Statute and Oregon Administrative Rule](#)

For the 2021-22 school year, schools and districts will be returning to the existing requirements listed below. The following information is intended to serve as a reminder, and highlight of some of those existing standards that districts need to be aware of as the state transitions away from previous guidance.

Communicable Disease Management in School Settings

- Maintain a **communicable disease management plan** to describe measures put in place to limit the spread of COVID-19 within the school setting. ([OAR 581-022-2220](#))
- School administrators are required to **exclude staff and students from school** whom they have reason to suspect have been exposed to *certain communicable diseases*. ([OAR 333-019-0010](#))
- School administrators should **plan for and maintain health care and space** that is appropriately supervised and adequately equipped for providing first aid, and **isolates** the sick or injured student. ([OAR 581-022-2220](#))

Instruction, Attendance and Enrollment

- Districts must meet all standard **instructional time requirements in Division 22** ([OAR 581-022-0102\(30\)](#) and [OAR 581-022-2320](#)).

Districts must ensure that all instructional time, regardless of the program model, meets the definition of instructional time in [OAR 581-022-0102\(30\)](#) and is under the direction or supervision of a licensed or registered teacher, licensed CTE instructor, licensed practitioner, or appropriately assigned Educational Assistant.

During the 2020-21 school year, districts were allowed to include in the calculation of required instructional time of up to an additional 60 hours for staff professional development and up to an additional 60 hours for parent teacher communication to facilitate student learning, including parent teacher conferences, training, and support for distance learning. This flexibility **will not continue into 2021-22** in an effort to maximize time students are directly engaged in classroom learning. It is still appropriate to provide additional professional learning time and additional family engagement time, but not more than 30 hours of each may be counted as instructional time. ([OAR 581-022-2320\(6\)](#))

Instructional Materials

Districts that use digital content as core curriculum for a course of study or any part thereof must complete an independent adoption of the digital instructional materials. ([OAR 581-022-2350](#)) If districts did not do this process last year, they will need to indicate this in their Division 22 reporting in fall 2021 and complete the process to resolve this non-compliance. Districts must provide their local school board with the information in sections 1 through 7 of [OAR 581-022-2350](#) to inform the local school board's review and independent adoption of instructional materials.

All adopted materials must comply with the most current National Instructional Materials Accessibility Standard specifications regarding accessible instructional materials. Adopted materials must provide equitable access to all learners, including Emergent Bilingual students, students identified as Talented and Gifted, and students who experience disability. ([OAR 581-022-2350](#); [581-022-2355](#); [581-015-2060](#))

State Assessments

School districts are responsible for having a plan for and administering the state assessments to its students as required by state and federal law. (**ORS 329.485**; [OAR 581-022-2100](#)) The Essential Skills requirement has been waived for the class of 2022 ([OAR 581-022-0106](#)).

Attendance and Enrollment

The 10-day drop rule will be reinstated and schools and districts must use the active and inactive roll as required under [OAR 581-023-0006\(4\)](#). For virtual schools, there is a requirement to provide notice of a student's withdrawal to the sponsoring district. (**ORS 338.120(1)(n)**) Students who may be gone for more than 10-days and return to school should be easily re-engaged and re-entered without a full re-enrollment process.

For On-Site Instructional Models, ODE's pre-pandemic attendance and reporting practices are unchanged. A "Day in session" means a scheduled day of instruction during which students are under the guidance and direction of teachers ([OAR 581-023-0006\(1\)\(f\)](#)) Session day requirements described in the cumulative ADM manual are unchanged; session days may not be claimed for weekends or holidays or any other day during which a licensed or registered teacher is not available to students. ([OAR 581-023-0006\(f\)](#); **ORS 336.010**; **ORS 187.010**)

For remote instructional models, schools and districts must take daily attendance. Attendance should be demonstrated in a set 24 hour window that the school establishes and communicates to families prior to the school year. The 24 hour window is not required to be from 12:00 a.m. to 11:59 p.m.

Attendance for all instructional models will be defined to include both participation in class activities and substantive interaction with a licensed or registered teacher during a school day or substantive interactions with educational assistants, paraprofessionals, and TAPP family advocates that support meaningful learning and/or attend to student mental health and well-being.

Substantive interactions can be evidenced by any of the following or reasonable equivalents:

- Active participation in a video class;
- A meaningful series of two-way communications between student and teacher via chat, text message, communication app or email;
- A sustained phone call between the teacher or educational assistants/paraprofessionals and the student, or, for younger students, with the parent or guardian of the student.

Schools have a foundational responsibility to notify parents and families of their student's attendance. **ORS 339.071** remains in place in both in-person and distance learning/online instruction to inform parents and families if a student is unexpectedly absent (not pre-excused) by the end of the school day to verify safety of the student. Schools should design systems for both in-person and distance learning that allow the end of the school day to fall at a reasonable

time for this notification.

Planning Mental Health Supports

ODE's Integrated Model of Mental Health

ODE recognizes that mental health, which encompasses emotional, social, cognitive and behavioral functioning, is one of the cornerstones of public education, and central to building school cultures and climates where every student, and all who serve them, thrive.

Research has [convincingly shown](#) that children and teens do better in school when [student](#) and [school staff](#) mental health and well-being needs are being met. ODE's [Integrated Model of Mental Health](#), [Mental Health Toolkit](#) and [Mental Health website](#) were designed to assist districts, schools and ESDs in promoting the mental health and well-being of their school communities.

ODE's Model centers health and well-being in the confluence of four interconnected pillars of practice: 1) trauma informed care, 2) social emotional learning, 3) racial equity, and 4) strengths-based, culturally relevant prevention and intervention programs within a system of care.

Central to this effort is a commitment to focus on health rather than “fixing what is broken.” This means recognizing the inherent strengths, agency, voice, courage and determination of individuals, families, and communities, and asking what strategies they use to thrive in the face of difficult challenges, and how we can celebrate that resilience. To that end, ODE strongly discourages the use of school or district wide mental health screenings, particularly where there may be insufficient services and supports to meet mental health service demands. Instead, we recommend assessing each student on an as-needed basis when questions or concerns regarding their well-being have been identified.

Prioritize Student and Staff Health and Well-being

- Prioritize cultivating care, connection and community to support the mental, emotional and social health and well-being of students, families, staff and administrators utilizing care and connection recommendations.
- *Take steps to ensure the school environment is safe and welcoming to every student and staff member and honors their individual decisions around COVID-19 safety, including the use of masks.*
- Devote several days of time and space at the beginning of the school year, and ample opportunities throughout the year for students and staff to connect and build relationships in and out of the classroom.
- Provide ample class time at the beginning of the school year, as well as ongoing time, space, and creative opportunities and outlets (art, music, movement/dance, creative writing, clubs

and interest groups etc.) for students and staff to make sense of their experiences, and to process personal and professional stresses, emotions, trauma, and grief.

- Prioritize linking students and families with culturally responsive mental health services and supports.
- Foster peer/student led initiatives on social-emotional well-being and mental health.

School Safety and Prevention

Oregon's School Safety and Prevention System (SSPS) is designed to provide school districts with a multi-tiered system of supports ranging from curriculum-based universal prevention programs, to safety-based crisis interventions. These offerings include suicide prevention services, behavioral safety assessments, access to the SafeOregon Tip Line, and positive school culture and climate support that includes programs to prevent bullying, cyberbullying, harassment, and intimidation, and to promote mental health and well-being in school districts statewide.

All of these services and supports align with ODE's Integrated Model of Mental Health in that they are equity and racial equity-centered, trauma and SEL-informed, and strengths-centered.

- Create welcoming schools, recognizing that students, families and staff of color may not feel safe in school settings at this time.
- Recognize that the current culture of polarization may increase incidents of bullying, harassment, racism, victimization, and violence within schools.
- Contact your regional ESD School Safety and Prevention System (SSPS) Specialist for assistance with SSPS services or supports.

Access to Mental Health Services and Crisis Services

- Strengthen communication throughout communities and school networks via newsletters, district website, social media, etc.
- Ensure school community members have full information regarding available local services including contact information.
- Develop strong relationships, partnerships and contracts (as applicable) with local/county systems of care, coordinated care organizations (CCOs), SBHCs community-based mental health providers, community health workers and others to ensure access to a comprehensive array of culturally-responsive services for students and families.

Advisory Health and Safety Strategies

Everyone in our communities shares in the responsibility to keep our communities safe and healthy. In order to *continue* full-time, in-person instruction, this responsibility asks each

person to both maintain their own health and take actions to protect the health of those with whom they interact. All staff need encouragement, training, support and clear guidelines to meet the health and safety expectations set out by the district, charter, or private school.

KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS

The mainstays of reducing exposure to the coronavirus and other respiratory pathogens are:



Vaccination – The most powerful tool available to stop the spread of COVID-19.



Protective Equipment – Use of face coverings and barriers.



Cohorts – Conducting all activities in small groups that remain together over time with minimal mixing of groups.



Physical Distancing – At least three feet with other people.



Isolation – Isolation separates people who have a contagious disease from people who do not.



Airflow & Circulation – Outdoor activities are safer than indoor activities; maximize airflow in closed spaces.



Environmental Cleaning & Disinfection – Especially of high touch surfaces.

Testing – Offer diagnostic testing, and enhanced exposure testing.

Hand Hygiene – Frequent washing with soap and water or using hand sanitizer.

COVID-19 Vaccination

Getting vaccinated against COVID-19 is the best way *to protect individuals and communities, slow* the pandemic, and return society to more typical functioning. Many communities are offering vaccination at school. Everyone age 5 and up is eligible for the free COVID-19 vaccine.

Under Oregon law, youth 15 years and older may give consent to receive medical treatment, including vaccinations, when provided by a physician, physician assistant, naturopath, nurse practitioner, dentist or optometrist, or other professionals operating under the license of these providers. Under OHA guidance, these COVID-19 vaccine registered providers may not require consent from a parent or guardian to vaccinate someone age 15, 16, or 17 years. With the exception of pharmacies, most locations where COVID-19 vaccinations are provided have oversight by a medical provider on this list.

Families trust information they receive from their school. Polling from the Kaiser Family Foundation in August found parents whose children attended a school that provided information on the vaccine or encouraged its uptake were more likely to say their child had been vaccinated.

Parental or guardian consent is required to vaccinate people 5–14 years old, but the parental or guardian consent requirement does not necessarily mean a parent or guardian must go with the youth to receive the vaccination. Written consent may be obtained in advance.

If you are interested in offering a COVID-19 vaccine clinic or event for your school, please [contact your LPHA](#) to discuss options for the kind of event you'd like to host.

OHA and ODE strongly advise schools and districts to offer *regular* vaccination clinics throughout the school year.

Schools and other OHA partners [can now find tools and resources](#) to make vaccination and vaccination events more accessible for everyone. [Accessibility Kits](#) support communication and information access for people with disabilities, those who primarily use a language other than English, and anyone who could benefit from accommodations at vaccination sites. Inspired by a prototype from OHSU and in partnership with FEMA's Disability Integration Team, the Accessibility Team at OHA has been working hard to develop and roll out these kits, which are currently being used by partners throughout the state.

Face Coverings

*On February 28, 2022, OHA announced that it would lift the statewide indoor face covering rule (OAR 333-019-1025) as well as the statewide K12 indoor face covering rule (333-019-1015) on March 11, 2022 at 11:59 PM. **This means that beginning March 12, the decision to require universal masking in school settings will rest with local decision makers in school districts, charter schools, private schools, and local public health authorities.***

*The Center for Disease Control and Prevention (CDC), OHA and ODE continue to strongly advise the universal use of face coverings in schools in order to reduce the spread of COVID-19 and minimize the lost time learning in school due to illness when county [COVID-19 Community Levels](#) are high. **At all levels, individuals may choose to mask based on their individual risk assessment** (e.g., increased risk for severe disease or family or community members at increased risk for severe disease). Masking should be normalized and welcomed within the school community.*

Students are required to attend school, which is a congregate setting where COVID-19 can spread easily if precautions are not taken, *in particular when community transmission is high. Vaccination and the use of face coverings are the most effective tools for COVID-19 prevention.* ODE, OHA, the CDC and the American Academy of Pediatrics (AAP) all agree that full-time, in-person learning is best for our children. The CDC guidance on [Types of Masks and Respirators](#) has additional details about *face coverings* that protect against transmission of COVID-19. *ODE and OHA have updated this [Face Covering Effectiveness document](#) and [FAQ](#).*

Physical Distancing

Many students, like adults, love to embrace, give high-fives, fist bumps, and receive positive adult attention. When students falter in adhering to the new operating procedures, center grace and patience and reteach the expectation. Refrain from implementing consequences that deny access to instruction as a result of these challenges. Schools and teams should continually provide instruction and positive reinforcement to help all students adapt to the changes in school facilities while ensuring punitive measures are not the methodology to remind, motivate and reinforce healthy practices.

OHA and ODE *strongly advise* that schools support and promote physical distancing as described below:

- Support physical distancing in all daily activities and instruction, *striving for* at least 3 *feet* between students to the extent possible.
- When it is not possible to maintain a physical distance, it is especially important to layer multiple other prevention strategies.
- Consider physical distancing requirements when setting up learning and other spaces, arranging spaces and groups to allow and encourage physical distance.
- Minimize time standing in lines and take steps to ensure that distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.

Cohorting

Cohorting is a significant strategy to reduce COVID-19 spread. Cohorting refers to establishing a consistent group of students that stays together for a significant portion of the school day.

OHA and ODE *strongly advise* that schools design cohorts for students to the extent possible.

Cohorts help manage risks in the potential spread of COVID-19. In particular, the size of the cohort matters for risk management. Student cohorting: (1) limits the number of exposed people when a COVID-19 case is identified in the school, (2) quickly identifies exposed individuals when a COVID-19 case is identified, (3) minimizes disruptions in student learning.

In a K-12 school setting, any person who has been in close contact with a person who has COVID-19 should *watch closely for COVID-19 symptoms*.

For programs serving children ages birth to five, programs should *review* [Child Care Provider COVID-19 Requirements and Recommendations](#) updated February 1, 2022, for additional information.

Where physical distancing is not possible and to minimize the burden of contact tracing, schools should develop stable mealtime cohorts – *classrooms*, table groups, lunch bunches, and other group situations. Cohorts should be as small as feasible to minimize exposure.

Students should not be placed into full-time cohort groups based on any demographic or disability criteria (e.g., students with complex medical needs, students with IEPs, students receiving language services, etc.). Schools should consider creating small groups within cohorts around skills and instructional needs. For example, a small instructional math group can be organized that is diverse by demographics, any disability criteria, speech/language services, or English language development.

OHA Sponsored COVID-19 Testing in Schools

OHA and ODE strongly advise that *all K-12* schools implement COVID-19 testing. The Resiliency Framework offers a summary of OHA's school testing programs. Full program details and requirements are available on the OHA website.

There are two opt-in COVID-19 testing programs available to all public and private schools in Oregon. A [diagnostic testing program](#) is available for individuals with symptoms or exposure to COVID-19 and includes a test to stay protocol. A screening testing program is available for unvaccinated individuals without symptoms or exposure to COVID-19 and includes weekly testing. OHA has created a [comprehensive website](#) for information on all school testing options. Please check out this [easy to read screening and testing chart](#) for a quick overview of the programs along with links to sign up.

Diagnostic Testing for K–12 Students and Staff

- Using Abbott BinaxNOW rapid tests, **this program is intended to test symptomatic and exposed students and staff**. This essential access to free testing can help diagnose COVID-19 infection early. Nearly all schools registered and participated in this program last year to great benefit. To participate this year, schools must register *for each* school year. To register or ask questions, please email schooltesting.COVID@DHSOHA.state.or.us.
- *Schools enrolled in OHA's Diagnostic Testing Program can implement the new test to stay enhanced exposure testing protocol. OHA recommends that schools consider enhanced exposure testing for students or staff at increased risk of severe COVID-19, and at the direction of their LPHA, such as during an outbreak response.*

Screening Testing for Unvaccinated K–12 Teachers/Staff

- Screening testing is for individuals without symptoms of COVID-19 or exposure to COVID-19. Because COVID-19 vaccines are very effective in reducing the risk of infection, the CDC recommends screening only in unvaccinated individuals. **Staff need to sign up or opt-in to this weekly screening program** where participation in the program and all results are confidential. However, positive COVID-19 results must be reported to

the local public health authority. These tests are self-administered at home and sent to a regional laboratory for processing. School staff can apply independently using this [enrollment form](#). For questions, please contact COVIDscreening.Schools@dhsosha.state.or.us.

Screening Testing for Unvaccinated Students

- Screening testing is for individuals without symptoms of COVID-19 or exposure to COVID-19. **Both schools and families need to *sign up or opt-in* for this weekly screening testing program** performed in collaboration with a regional laboratory partner. Participation in the program and all results are confidential. However, positive COVID-19 results must be reported to the local public health authority. Program details vary by region and interested districts and schools may use [this form](#) for more information. For questions, please contact COVIDscreening.Schools@dhsosha.state.or.us.

Ventilation and Airflow

Ventilation is a primary tool to reduce viral spread indoors and promote a healthy learning environment. Indoor air spaces need special consideration because of potential COVID-19 transmission from the buildup in air of smaller particles and aerosols that are generated from breathing, talking, laughing, shouting, singing, coughing, and sneezing. While a properly fitting face covering or mask can limit the release of most respiratory droplets and aerosols, smaller particles or aerosols that pass through can remain suspended in air for minutes to hours, depending on ventilation, humidity, and other factors.

ODE and OHA *strongly advise* schools to ensure [effective ventilation](#) and improve the indoor air quality in schools by:

1. Increasing the amount of fresh outside air that is introduced into the system;
2. Exhausting air from indoors to the outdoors; and
3. Cleaning the air that is recirculated indoors with effective filtration methods (e.g., HEPA filters) to remove virus-containing particles from the air.

All ventilation strategies should include safety and health precautions including restricting the amount a window is open, putting screens in windows and covers on fans, and adjusting the thermostat to maintain a comfortable temperature.

Poor ventilation of indoor settings, particularly those with larger numbers of people, significantly increases transmission risk of COVID-19.

In addition, improved indoor air quality is associated with better student and staff attendance, engagement, and well-being, as well as other health outcomes, including reduced asthma and allergies. Optimization of school indoor air quality can provide benefits extending beyond mitigating communicable disease transmission.

[CDC Guidance on Ventilation in schools.](#)

Ventilation *considerations*

- Increase outdoor ventilation of clean air into indoor spaces. Open windows and doors unless doing so creates a health or safety risk. Consider conducting some activities, meals, and classes outside when reasonable.
- Use fans to help move indoor air out open windows.
 - Consider placing a fan securely in a window to efficiently move air from the indoors to the outdoors.
 - Do not place fans so that air is moved directly from one person toward others.
- If a window air conditioner is installed, operate it to increase outdoor air intake. Ensure the vent is open if outdoor air quality is good.
- Always operate restroom exhaust fans when the building is occupied.
- Operate and maintain local exhaust ventilation systems in kitchens or cooking areas when these spaces are occupied. Consider operating local exhaust ventilation even when these spaces are not occupied to supplement ventilation for the building when other areas are occupied.
- If there will be changes in occupancy throughout the day, allow for breaks in between groups when possible so that the space can be “flushed” to remove pathogens in the air. Flushing can be best achieved by providing outdoor air (or equivalent clean air) by mechanical means, such as the fan in the HVAC system or a fan in an open window. Providing equivalent outdoor air can be done with a HEPA air cleaner. Open doors and windows when possible.
- Aim for fewer people in larger rooms if feasible. This will allow more distance between people and more space for air movement and dilution.

Air Purifiers to Improve Indoor Air Quality

One or more air filtering devices equipped with a HEPA filter can be used indoors. These trap most particles they encounter. This would reduce exposure to viruses and other airborne microbes.

- Use portable HEPA filtering devices to supplement HVAC systems or in places where there is no HVAC system. This is especially valuable for higher risk areas such as a nurse’s office or areas frequently occupied by persons with higher likelihood of COVID-19 and/or increased risk of getting COVID-19. Carefully locate air cleaning devices so the intake is unobstructed and the exhaust can move air as far away as possible before it is drawn into any HVAC system in the space.

- The American Society of Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE) has issued the following resource: [In-Room Air Cleaner Guidance for Reducing Covid-19 In Air In Your Space/Room](#)
- The Association of Home Appliance Manufacturers (AHAM) provides a list of [Certified Room Air Cleaners](#). Check the clean air delivery rate (CADR) to see if it is suitable for the area of the room you are trying to clean.
- Avoid air cleaners that generate ozone or use devices that have been certified by the California Air Resources Board (CARB): [List of CARB-Certified Air Cleaning Devices](#)
- Unless air mixing patterns have been determined in an indoor space, place the cleaner in the center of the room/space or close to a person who might be talking rather than listening (e.g., a teacher in a classroom).

Heating, Ventilation, and Air Conditioning (HVAC) Systems

- Ensure HVAC systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space. [ASHRAE Standard 62.1](#) “specifies both minimum and recommended outdoor airflow rates to obtain acceptable indoor air quality for a variety of indoor spaces.” Use the services of HVAC professionals to achieve the best performance from the existing HVAC system.
- Increase air filtration in HVAC systems to MERV 13 or better. Otherwise, aim for the highest possible rating that the system allows. HVAC professionals can help evaluate the potential to increase filtering efficiency. Additional steps include:
 - Inspecting filter housing and racks to ensure good fit of filters.
 - Ensuring air cannot flow around the filter and sealing gaps between filters and housing.
 - Replacing filters as recommended by manufacturer.
- Turn off any demand-controlled ventilation (DCV) that reduces air supply based on occupancy or temperature during occupied hours. Set the fan to the “on” position instead of “auto,” which will operate the fan continuously, even when heating or air-conditioning is not required.

For additional resources, see [OHA’s guidance on indoor air considerations for COVID-19](#).

Handwashing and Respiratory Etiquette

Regular handwashing is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next.

OHA and ODE *strongly advise* that schools create protocols and systems to ensure access to soap, water and alcohol-based hand sanitizer with at least 60% alcohol at the key times named below and that schools prioritize handwashing with soap and water after students or staff use the restroom.

Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands.
- Prepare or eat food and drinks with unwashed hands.
- Touch a contaminated surface or objects.
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.

You can help your school and community stay healthy by ensuring that students and staff have access to soap, water and alcohol-based hand sanitizer with 60-96% alcohol and are encouraged and reminded to use these items. There are key times when you are likely to get and spread germs, and handwashing after these times is essential:

- Before, during, and after preparing food.
- Before and after eating food.
- *Before and after using a hand-operated water fountain.*
- Before and after caring for someone at home who is sick with COVID-19 symptoms, vomiting or diarrhea.
- Before and after treating a cut or wound.
- After using the toilet.
- After changing diapers or cleaning up a child who has used the toilet.
- After blowing your nose, coughing, or sneezing.
- After touching an animal, animal feed, or animal waste.
- After handling pet food or pet treats.
- After touching garbage.

All people on campus should be advised and encouraged to frequently wash their hands or use hand sanitizer. Remind students with signage and regular verbal reminders from staff of the critical nature of hand hygiene.

Remind students (with signage and regular verbal reminders from staff) of the importance of respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized immediately.

Public Health Communication and Training for School Staff

OHA and ODE *strongly advise* that school districts, charter schools, and private schools develop plans for communicating health and safety protocols to students, families and communities. Protocols may differ from school-to school. A strong communication plan that includes protocols for communicating potential COVID-19 cases to the school community and other stakeholders is critical. Provide clarity and supporting materials for communication to community members (in their preferred language) about the specific health and safety protocols in place at the school, and why these might differ from those of nearby schools or be

different across school districts. **OHA and ODE strongly advise that districts retrain staff throughout the year to ensure that, as activities move indoors, health and safety protocols are reviewed and strengthened.**

To support these efforts, ODE developed a [communications toolkit](#) to equip school and district leaders with tools they can use to initiate conversations and communication with staff, students, families, the media and the broader school community.

OHA and ODE *strongly advise* that school districts, charter schools, and private schools develop plans for training all staff in their health and safety protocols and jointly develop lesson plans for instruction to students.

Consider forming a school committee to oversee the implementation of the health and safety protocols that is inclusive of represented and unrepresented staff. Ensure that all staff have a safe place to bring implementation questions and suggestions forward.

Communicable Disease Management Plan for COVID-19 Required by OAR 581-022-2220

FERPA allows schools to share personally identifiable information with local public health authorities (LPHAs) without consent when needed to respond to a health emergency. Schools should work with their local public health authority to ensure they are able to effectively respond to and control outbreaks through sharing of information, even without parental consent, when appropriate. Consult with district legal counsel for more clarification.

The communicable disease management plan exists to describe measures put in place to limit the spread of COVID-19 within the school setting.

Communicable disease management plans are required by [OAR 581-022-2220](#).

OHA and ODE strongly advise school districts to develop their communicable disease management plan with involvement of teachers, staff, school health professionals including school nurses, parents and guardians and other community partners (for example, health centers). The [Whole School, Whole Community, Whole Child model](#) may be helpful to outline communicable disease management plan components, including policies and protocols.

OHA and ODE *strongly advise* that school communicable disease management plans ([template](#) available) include the following sections and information specific to COVID-19 control measures:

- Conduct a risk assessment as required by OSHA administrative rule [OAR 437-001-0744\(3\)\(g\)](#). OSHA has developed a risk assessment template.

- Update the written communicable disease management plan to specifically address prevention of the spread of COVID-19. Examples are located in the Oregon School Nurses Association (OSNA) COVID-19 Toolkit.
 - Review OSHA requirements for infection control plans to ensure that all required elements are covered by your communicable disease management plan, including making the plan available to employees at their workplace. Requirements are listed in OSHA administrative rule [OAR 437-001-0744\(3\)\(h\)](#). OSHA has developed a sample infection control plan.
- Designate a single point-person at each school to establish, implement, support and enforce COVID-19 health and safety measures. This role should be known to all staff in the building with consistent ways for licensed and classified staff to access and voice concerns or needs.
- Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform the plan.
- Protocol to cooperate with the LPHA recommendations related to COVID-19 health protections.
 - Protocol to isolate any ill persons from physical contact with others. Required by [OAR 581-022-2220](#).
- Document policy or protocol differences for people who are fully vaccinated for COVID-19 versus those who are not fully vaccinated. The [Oregon Bureau of Labor and Industries](#) is a resource for employers on verification of COVID-19 vaccine status.

Additional information on communicable disease management in schools is available in [Communicable Disease Guidance for Schools](#).

Isolation Protocols Required by OAR 581-022-2220 and Response to Outbreak

Quarantine and Contact Tracing

*On February 28, 2022, the CDC updated their [guidance](#) regarding case investigation and contact tracing. Universal case investigation and contact tracing are no longer recommended outside of high-risk settings. **Effective March 12, 2022, Oregon will pause contact tracing and quarantine for the general population, including K-12 settings.***

The decision to pause contact tracing and quarantine is based in science and acknowledges that these practices now have very limited if any impact on the transmission of COVID-19 in our communities. SARS-CoV-2, the virus that causes COVID-19, has evolved to become one of the most transmissible viruses known. By the time an exposure is identified and contact tracing is performed, transmission has already occurred.

*Following the Omicron surge, and for the first time during the COVID-19 pandemic, Oregon will have very high levels of vaccine- and infection-induced immunity. **The duration of this immunity is unknown**, but is believed to provide protection from reinfection for at least 90 days.*

*In lieu of contact tracing, **schools are strongly encouraged to provide cohort notifications when exposures occur**. These notifications allow individuals and families to take additional precautions according to their individual needs.*

*Because quarantine is no longer required in K-12 settings, regardless of vaccination status, **test to stay will shift from a form of modified quarantine to enhanced exposure testing**. Students and staff may continue to attend school regardless of their participation in enhanced exposure testing. Testing all exposed individuals in a population with high levels of immunity is neither feasible nor likely to benefit health and safety. Schools may offer enhanced exposure testing to individuals at increased risk of severe illness, e.g., cohorts which include medically fragile individuals.*

OHA and ODE strongly advise that isolation protocols include the following:

- *Individuals who had COVID-19 and had symptoms, should isolate for at least 5 days.*
 - *To calculate the 5-day isolation period, day 0 is the first day of symptoms or a positive test result. Day 1 is the first full day after the symptoms developed or a positive test result.*
 - *Isolation may end after 5 full days if the individual is fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.*
 - *Individuals should wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of the 5-day isolation period.*
- Exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day.
- Offer free, on-site COVID-19 testing to students and staff with COVID-19 symptoms or exposure via OHA's K–12 school [testing program](#).
- Protocols for safely transporting anyone who is sick to their home or to a healthcare facility.
- Adherence to school exclusion processes as laid out in [Communicable Disease Guidance for Schools](#).
- Involvement of school nurses, School Based Health Centers, or staff with related experience (occupational or physical therapists) in development of protocols and assessment of symptoms (where staffing exists).
- Support students and staff to isolate safely by sharing the [Positive COVID Test](#) website *and COVID-19 Case Support Hotline (866) 917-8881*.
- Recording and monitoring the students and staff being isolated or sent home.

Definitions:

- **Isolation** separates people who have a contagious disease from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease and could become infectious themselves to limit further spread of the disease.
- Health care and a designated space that is appropriately supervised and adequately equipped for providing first aid and isolating the sick or injured child are **required by [OAR 581-022-2220](#)**.

Isolation and quarantine are core components under the authority of public health (LPHAs and OHA) as described in **ORS 431A.010, 433.004, 433.441, and 433.443**. Schools and districts must cooperate with any LPHA investigations and requirements to protect the public health. LPHAs follow statewide [Investigative Guidelines for COVID-19](#) and other diseases.

OHA and ODE *strongly advise* that Response to Outbreak protocols include the following:

- Coordination with local public health authority to establish communication channels related to current transmission level.
- Means by which school will ensure continuous education services for students and supports for staff.
- Means by which school will continue to provide meals for students.
- Support students and staff to isolate safely by sharing *the* [Positive COVID Test](#) website and COVID-19 Case Support Hotline.
- Cleaning surfaces (e.g., door handles, sink handles, drinking fountains, transport vehicles) following [CDC guidance](#).

If you have any questions about the Resiliency Framework, please email the ODE COVID-19 inbox at ODECOVID19@ode.state.or.us.

Primary and Non-primary Symptoms of COVID-19

People with COVID-19 can have a wide range of symptoms, ranging from mild symptoms to severe illness. Symptoms may appear 2–14 days after exposure to the virus. The “primary” COVID-19 symptoms require exclusion from school. The “non-primary” COVID-19 symptoms can be seen with many other illnesses, in addition to COVID-19. The non-primary symptoms do not always require exclusion. When feasible, ill students and staff

with any primary COVID-19 symptoms should be encouraged to seek viral testing. If a student has non-primary symptoms that persist for more than one day, the parent should consider evaluation by the child's healthcare provider who can determine if viral testing is advised. If a staff member has non-primary symptoms that persist for more than one day, the staff member should consider evaluation by their healthcare provider who can determine if viral testing is advised.

Primary COVID-19 symptoms:

- *Cough*
- *Temperature of 100.4° F or higher*
- *Chills*
- *Shortness of breath*
- *Difficulty breathing*
- *New loss of taste or smell*

Non-primary COVID-19 symptoms:

- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *Sore throat*
- *Nasal congestion or runny nose*
- *Nausea or vomiting*
- *Diarrhea*

Where to Go for More Information

[Oregon School Nurse Association COVID-19 Toolkit](#)

ODE's [Supports for Continuity of Services](#) webpage

The [Centers for Disease Control and Prevention](#) has additional information on:

- [School workers](#)
- [Nutrition and food service](#)
- [Sports and other Extracurricular activities](#)
- [Visitors](#)
- [Recess and Physical Education](#)

For **reference purposes only**, the Ready Schools, Safe Learners Guidance version 7.5.2 and many additional documents remain on the [ODE website](#).