# ISDB Reopening Plan



# **ISDB** Reopening Plan

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## Who are we?

The Bureau of Educational Services for the Deaf and the Blind was established by statute 33-3400ff in 2009.

"33-3403. BUREAU OF EDUCATIONAL SERVICES FOR THE DEAF AND THE BLIND ESTABLISHED - GOAL. (1) There is hereby established the Idaho bureau of educational services for the deaf and the blind, a provider of supplemental services for students who are deaf or hard of hearing and/or blind or visually impaired. The Idaho bureau of educational services for the deaf and the blind may operate a school for the deaf and the blind at which it shall provide residential and day campus programs. The Idaho bureau of educational services for the deaf and the blind may also operate an outreach program intended to provide services to students outside the campus area, as well as early intervention and family consultation."

Under the IBESDB, there is a campus program which is developed and is in operation as the Idaho School for the Deaf and the Blind. It is the direct instruction component of the continuum offered by the IBESDB and provides direct instruction for students across the State of Idaho by providing a day school with a residential component. The school operates (under normal circumstances) Monday through Thursday during the regular school calendar. It generally functions as a regular public school in the state, serving preschool to age 21, with the caveat that a student must be Deaf/Hard of Hearing, Blind/Visually Impaired as a primary condition. Students who attend Campus are referred, through the Special Education process for placement from a local school district via IEP (IDEA) or 504 plan (ADA). There is no direct enrollment option.

The Residential component allows for any child who is placed here to have living quarters in 1 of 6 functioning Cottages which houses students from Sunday through Thursday at no direct cost to families or school district. The ISDB operates several transportation routes with pick up sites throughout the state. For students/families who choose to reside within a 30-mile radius of the Campus, a daily bus service is appointed to them.

## What got us here?

COVID-19 was identified as hitting Idaho in March 13th. On March 15th, the ISDB made the decision to make a "shift" from in-person education to "distance learning". The staff was quick to respond in getting students the necessary tools that they needed to continue to have a viable educational experience. Teachers learned to navigate the world of distance teaching and continue to develop their tools moving forward. We also learned that we can still provide an education if students are not on campus in person. We also learned that information and data are fluid. As the world continues to be shaped by this pandemic, we as educators have to continue to learn new approaches and mindsets towards managing our schools and supporting our student and families. We have to be malleable in our approaches as new data, new information, and new protocols are introduced, sometimes daily. Elements that were not as

important five months ago are now vital in helping to mitigate impact. All Schools in the State of Idaho are trying to make the most informed decisions for their community and the students they serve. The IESDB is trying to do the same.

First and foremost, we cannot stress enough the importance of in-person education for both of the populations we serve. For Deaf/Hard of Hearing students, the social/emotional and language exposure needs are best provided in person. For our Deaf Students, Language, history, and culture are rooted in experiences at the School for the Deaf. At these specialized schools they are getting direct instruction from teachers trained in the very specialized area of Deaf Education. For those students who are Blind/Visually Impaired, the social/emotional aspect of direct in person education also carries a lot of weight. Further, the emphasis that the ISDB places on the Expanded Core curriculum carries more impact when provided in person. Schools for the Blind across the nation provide a deep and lasting impact for the success of graduates striving to develop their independence and to learn adaptive ways to access the environment around them.

Although we agree that direct, in-person presentation is the pinnacle for educational delivery, we must evaluate whether we can do that safely and securely. "Safely and Securely" has changed it's meaning in the past several months. To aid in the evaluation of what is safe, we need to look at what is safe for all involved, as presented by the data at hand - Safe for our students, safe for our staff and safe for our communities. We know that COVID-19 is easily transmittable, easiest by aerosol and secondarily by surface contact.

"The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet)."(<u>https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread</u>)

We have learned that younger students (without compromised health issues) are generally not as impacted by the virus but can carry it and transmit it.

"Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date." (https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Children)

We are learning that older students can be more impacted and transmit the virus to others with greater ease. This is due to greater independence and more social interactions outside of school and family. Lastly, adults are susceptible, and may either be symptomatic, or asymptomatic, once they have been exposed to the virus.

The Idaho School for the Deaf and the Blind brings over 120 students from all corners of the state of Idaho. Students are transported through a variety of ways including: Charter bus, School bus, vans, and commercial airlines. Many counties have seen little impact of the virus on their communities, while others, particularly larger communities have seen significant growth as of this date. It, therefore, makes very good sense to evaluate our Educational Community by taking into account the entire state and to avoid helping to spread the virus from areas of greater impact to those of lesser impact via our student transportation system.

"The scientific evidence shows that at this stage of the emergency, it is essential to slow virus transmission as much as possible to protect the most vulnerable and to prevent the healthcare system from being overwhelmed." (https://rebound.idaho.gov/stage-4-stay-healthy-guidelines/)

By the establishment of the school in 1906 and the creation of the Bureau in 2009, the State of Idaho recognizes the special needs of the students we serve. These needs, by definition (and evaluation in the states local school districts) cannot be met anywhere else. Many of our population are at high risk due to health concerns, communication needs, and sensory adaptations that requires frequent touching and hands-on or tactile interaction. It is also recognized that the Bureau has in its employment the best trained educators in the state to manage the educational delivery for our students, regardless of medium. It is the Bureau's mission to provide equitable services and provide *"Education, Communication, and Independence for life!"* 

# CDC recommendations

The CDC recommendations are posted on <u>www.CDC.gov</u>. This document hopes to address these questions raised in and is from the most recent posting, dated August 1, 2020:

"The guidance described in this document is based on the best available evidence at this time. This guidance is meant to supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

Key considerations for school administrators:

- COVID-19 transmission rates in the immediate community and in the communities in which students, teachers, and staff live
- Approaches to cohorting that fit the needs of your school/district and community (e.g., keeping students in class pods, staggering when students return to school facility, having the same teacher stay with the same group of students)
  - Can unused or underutilized school spaces, including outdoor spaces, be repurposed to increase classroom space and facilitate social distancing?
- Concurrently implementing multiple strategies in school to prevent the spread of COVID-19 (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting)

- Best practices for your school and community to communicate, educate, and reinforce personal protective behaviors to prevent the spread of COVID-19 in school and in the community
- Integrating strategies to reduce COVID-19 transmission into co-curricular and extracurricular activities (e.g., limiting participation in activities where social distancing is not feasible)
- Planning and preparing for when someone gets sick
- Working with state and local health authorities to develop a plan to conduct contact tracing in the event of a positive case
- Communicating appropriately to families about home-based symptom screening"

# State Board of Education Guidelines

The IESDB recognizes and follows the framework as recommended by the State Board of Education, the Idaho State Department of Education, and Governor's office (7/9/20). This framework was developed with the guidance of the Department of Health and Welfare and the public health districts across the state. It was developed to serve as a guidance for local communities to determine how to return to school in the fall with the focus on the best scenario being an in-person education. It was devised recognizing that the value of local communities can make this determination that best suits their current conditions/situations as related to the virus spread.

| Framework for Decision Making           |                                     |   |  |
|---|-------------------------------------|---|--|
| Level of<br>Community<br>Spread         | Learning<br>Model                   | Response  |  |
|   | Category 1                          |   |  |
| No Community Spread                     | Traditional                         | School buildings open   |  |
|   | Category 2                          |   |  |
| Minimal to Moderate<br>Community Spread | Traditional<br>Hybrid/Blended       | School buildings open<br>Limited/Staggered Use of<br>School<br>• Targeted Closure<br>• Short-term Closure (1 to 4<br>weeks)<br>• Mid-term Closure (4 to 6<br>weeks) |  |
|   | Full<br>Distance/Remote<br>Learning | Minimal Use of School<br>Building -<br>Limited in-person instruction<br>for special education and<br>special needs populations                                      |  |

| Category 3   |                 |                             |
|--------------|-----------------|-----------------------------|
| Substantial  | Full            | School Buildings Closed for |
| Community    | Distance/Remote | Extended Period of Time     |
| Transmission | Learning        | (longer than 6 weeks)       |

| Framework for Decision Making |   |   |   |
|-------------------------------|---|---|---|
|                               | Category 1:<br>No Community<br>Transmission   | Category 2:<br>Minimal to<br>Moderate<br>Community<br>Transmission  | Category 3:<br>Substantial<br>Community<br>Transmission   |
| Definitions                   | Evidence of isolated<br>cases,<br>case investigations<br>underway,<br>no evidence of<br>exposure in<br>large communal<br>setting, e.g.,<br>healthcare facility,<br>school,<br>mass gathering. | Widespread and/or<br>sustained<br>transmission with high<br>likelihood or confirmed<br>exposure within<br>communal<br>settings, with potential<br>for<br>rapid increase in<br>suspected<br>cases. | Large-scale<br>community<br>transmission,<br>healthcare<br>staffing<br>significantly<br>impacted, multiple<br>cases<br>within communal<br>settings like<br>healthcare<br>facilities, schools,<br>mass gatherings,<br>etc. |

| Framework for Decision Making |  |   |  |
|-------------------------------|--|---|--|
|                               | Category 1:<br>No Community<br>Transmission  | Category 2: Minimal<br>to<br>Moderate<br>Community<br>Transmission  | Category 3:<br>Substantial<br>Community<br>Transmission  |
| Definitions                   | Evidence of<br>isolated cases,<br>case<br>investigations<br>underway,<br>no evidence of<br>exposure in<br>large communal<br>setting, e.g.,<br>healthcare<br>facility, school,<br>mass gathering. | Widespread<br>and/or sustained<br>transmission with<br>high<br>likelihood or<br>confirmed<br>exposure within<br>communal<br>settings, with<br>potential for<br>rapid increase in<br>suspected<br>cases. | Large-scale<br>community<br>transmission,<br>healthcare<br>staffing<br>significantly<br>impacted,<br>multiple cases<br>within<br>communal<br>settings like<br>healthcare<br>facilities,<br>schools,<br>mass<br>gatherings,<br>etc. |

# **IESDB** Communications and Guidelines

It is the Bureau's commitment to the state of Idaho to provide the best education available while maintaining a safe working and learning environment. The IESDB is committed to keeping families and stakeholders informed, and it's our goal to be transparent within the bounds of our students', staffs', and community's rights to confidentiality. The Idaho School for the Deaf and the Blind's main campus is in Gooding, Idaho. As stated previously, because it serves the entire state, it recognizes the entire state as its "local community ". It is with the understanding of the importance not to spread the virus or encourage unnecessary travel, as to potentially assist in adding to community spread. For example: Students coming from areas listed as "Category 3" communities and will join in a classroom and cottage with students who may be from areas who have had decreased numbers or limited community spread and are currently listed as "Category 1". We want to, as best we can, limit that exposure and the possibility that students

become "transporters" of the virus back to their communities, As a result, we cannot justify students arriving on campus and attending classes at the beginning of the year if they are coming from, from communities listed by local districts/communities to be in Category 3.

The IESDB has been following the Continuity of Operations for maintaining continuity. Communications have been ongoing with the Board Chair/State Superintendent of Public Instruction, The Board of Directors, Stakeholders, Parents, Staff, members of Public Health Department, Attorney's, Health and Welfare, the Governor's office, DFM, community Stakeholders, and the State Department of Education. Decision making has been vetted with regard to equipment/supplies to purchase, public health/safety, funding options, education options, sanitation, transportation, and procurement. Parents have been informed of the various options contained in this plan but that no plan has been adopted or approved by the Board.

The Administrator has been the point of Contact for items related to the Bureau and this plan moving forward. The Administrative leadership team has met throughout the summer to help in making decisions related to this response to COVID. A separate taskforce made of the Administrator, the Principal of the Blind, the Principal of the Deaf, the IT Manager, Nurse, Transportation Director, and the Assistant principal, have met to discuss numbers and continuity of service/education delivery model and scheduling tied to this plan. This task force conducted a survey of staff and parents on the various options and this information was integral in development of this plan.

The decision to progress through the plan will include constant monitoring of community spread throughout the communities across the state where our students reside. This will be determined by what status they are in based on the SDE/OSBE/Governors' Framework for schools, Reported number of cases per capita, consultations with Public Health and with Dr. Hahn's office. If at the point the numbers appear to be low enough by those standards, a recommendation presentation will be given to the Bureau's Board of Directors, or appointed representatives, for final determination for progression. It is the hope and expectation that a return to full-time, uninterrupted, direct, in-person instruction will occur in the VERY NEAR FUTURE.

# **Opening School**

Following the "Idaho Back to school Framework 2020" and recognizing that the State of Idaho is the community that we serve the following plan has been developed and adopted by the IBESDB Board of Directors on August 11<sup>th</sup>, 2020:

Opening date. The original dates for back to school in person was listed as August 24<sup>th</sup> as adopted by the Board of the IESDB on April 14th. We now recognize that the first day of school will be August 31st (pending board approval).

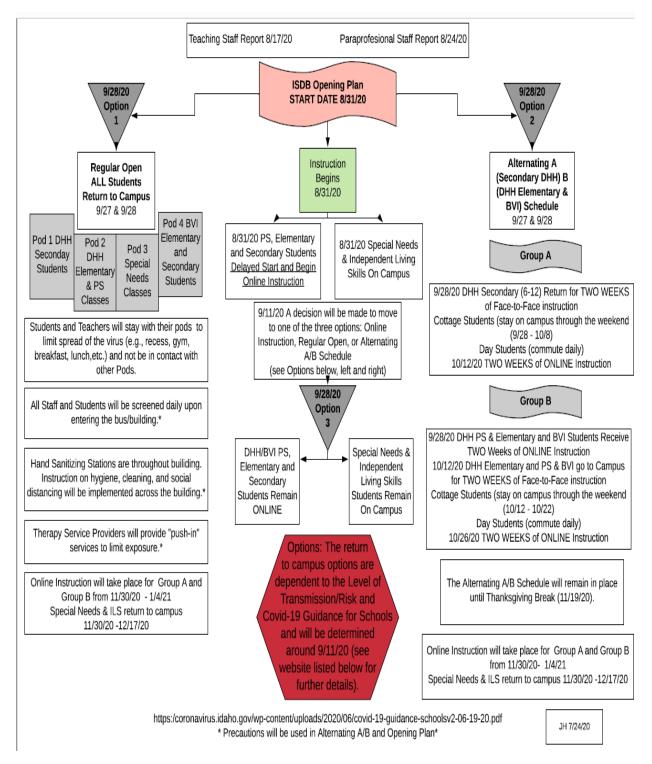
We will open as a virtual/digital school at this time and will operate as such for 4 weeks. This will give us time to evaluate other school openings and will allow us the ability to monitor the impact on community spread throughout the State (as stated previously). On week three the educational staff along with department officials from Central District Health will look at the data and, at that point, follow the decision tree mentioned in this document and proceed with one of three options:

- Provided no significant upticks in incidence level and in consultation with DHW and Local District Health, we will look to resume in person, housed-on-campus school on September 28<sup>th</sup>, with students arriving in cottages on Sunday, September27th, following strict cleaning and spacing protocols as outlined later in this document. Constant evaluation will be in place to determine to continue with this option or proceed to one of the other two options.
- 2) If there is still concern with reopening based on consultation with DHW and Local District Health we will look at implementing a blending learning model with an A/B schedule where we will have students as an "A" group - High school and middle school (D/HH), attend on campus for a two-week direct-instruction in person environment. For those students who live outside the Magic Valley areas this will include one weekend of students to remain in the cottages under staff supervision. The third weekend will begin the "B" group- all B/VI students and D/HH elementary and have the same two-week direct instruction, including one weekend for cottage students as the previous "A" Group experienced. Constant evaluation will be in place to determine to continue with this option or proceed to one of the other two options.
- 3) No change or worsening of the level of incidence as demonstrated by framework #3 of the state plan, all education will continue to be delivered via digital or distance approach. This decision will be evaluated weekly utilizing the criteria outlined by the State Board and Governor's office and following the decision mechanism previously mentioned in this document.

Throughout this timeframe, Special Needs classes will operate in-person on campus. This wing will have limited access to the rest of the community and will maintain appropriate separation following established guidelines for PPE and interaction with staff. We have determined this through evaluation of this population's educational needs, (which has determined that there is little to no benefit to distance learning), further there has been significant consultation with parents and educators and nursing staff, who all believe that this is the appropriate decision for this group.

There is also a recommendation to change the calendar to allow for distance instruction during the three-week (classroom) period between Thanksgiving Break and the End of Christmas/New Year's break. This recommendation was vetted through public health and nursing consultations who noted that thanksgiving is a time when families and travelers gather, it is also

the time of the Cold/Flu Season. This will also allow us to evaluate and deep clean the Campus after, (hopefully) several weeks of in-person instruction.



# Departmental protocols

The following Protocols are established through current recommendations from CDC and Health District document. If an employee chooses to not follow this direction for PPE, without just/reasonable cause, it will be considered insubordination and may be referred for disciplinary action, including possible dismissal.

#### All Staff

All Education staff will enter through east door. Staff will have their temperature taken during this time. If is the staff's temperature registers 100.4 degrees or higher, they may be rescanned. If there is no difference – they will be asked to return to their vehicle and will be considered "out sick". We will recommend that they visit their preferred health professional for further evaluation. Minimalize direct contact with students as much as possible.

#### Education

This is inclusive of all Teachers, Paraprofessionals and is directed as a minimum standard.

#### Attire

Usual and customary attending to dress code standards

#### PPE

Practice social distancing as much as possible. Use preferred PPE mask/shield during all instruction time. Utilize PPE (gloves/Gowns?) as all transfers/changes/holds are required.

#### Delivery

Educational delivery will proceed as normal. With the added emphasis on cleaning services and having students' standards of cleanliness (washing hands frequently, avoiding touching mouth and eyes, using hand sanitizer appropriately. We would request that lunches are taken in the classroom or outside as weather permits.

#### Educational support (SLP, Audiology, Counseling, IEP)

#### Attire

Usual and customary attending to dress code standards

#### PPE

Practice social distancing as much as possible. Use preferred PPE mask/shield during all instruction time. Utilize PPE (gloves/Gowns?) as all transfers/changes/holds are required.

Delivery

#### Cafeteria

#### Attire

Usual and customary attending to dress code standards

#### PPE

Staff will practice social distancing as much as possible. Use preferred PPE mask/shield during all food prep and delivery time. Utilize gloves as required by all FDA/FNS standards.

#### Delivery

#### Breakfast

Residential students: Delivered to students in the Cottages, individual servings

Day students: Grab and go foods delivered to students in classrooms, individual servings

#### Lunch

Delivered to students in the classrooms, individual servings, disposable containers and plasticware for students for whom it is appropriate. Nursing staff to deliver specialized feeding equipment. (Trash to be placed in garbage container in hallway by students, where it will be collected daily by custodial staff)

#### Dinner

Delivered to students in the residences, individual servings, disposable containers and wrapped plasticware for students for whom it is appropriate. (Specialized feeding equipment will be stored and maintained in residences?)

Nutrition service staff will wear masks, shields when unable to maintain distance of 6 ft and, as per industry standards, gloves.

#### Health Center

#### Attire

Usual and customary attending to dress code standards

#### PPE –

Mask/Shield as deemed appropriate by professional standards for interaction with staff/students

#### Delivery

Health Center staff will operate as the determining factor for all COVID related concerns. In their delivery of services, recommendations are to be followed without question.

#### Residential Life

#### Attire

Usual and customary attending to dress code standards

#### PPE

Practice social distancing as much as possible. Use preferred PPE mask/shield during all cottage supervision time. Nighttime staff is requested to use mask any time they are interacting with other staff and or students (bed checks)

#### Delivery

Cottage activities will be performed with as much isolation as possible, while keeping to the "Pod" concept. Breakfast and Dinner will be delivered and consumed within cottage or designated eating area (cottages are encouraged to dine outside if weather permits). Windows to the cottages are suggested to be kept open as weather permits. Further instructions on windows and areas will be delivered by the Residential Life Director. Masks will be provided and are suggested to be worn by staff while on duty. If Students/staff attend functions in a local community, it is suggested that all involved where masks. (in certain exercises or activities, masks may not be feasible – however, they should be donned once the activity is completed)

#### Maintenance / Custodial

#### Attire

Usual and customary attending to dress code standards

#### PPE

Practice social distancing as much as possible. Use preferred PPE mask/shield during all time that they are in classroom or near children or other staff. Utilize gloves while performing custodial duties such as cleaning, emptying trash, etc.

#### Delivery

Maintenance/Custodial staff will provide a "deep clean" of every classroom every night after school. Custodians will follow cleaning procedures as outlined by the department and recommendations from the CDC. Frequently contacted surfaces (tables, sinks, counters) will be wiped and cleaning supplies provided for the classroom will be examined and replenished as necessary. Custodial services will use Vial Oxide delivered via "misting canister" to each room nightly. We are currently looking into a UV-C system of cleaning as well.

#### IT Department

#### Attire

Usual and customary attending to dress code standards

#### PPE

Practice social distancing as much as possible. Use preferred PPE mask/shield during all time that they are in classroom or near children or other staff. Utilize gloves while performing work on student/staff computers.

#### Delivery

Usual and customary. This past year the IT department has established a "ticketing system" that allows for employees and students to put in a "ticket" request for service. Service will be done remotely if possible. If not, service will be provided with appropriate PPE in place.

#### Administration

#### Attire

Usual and customary attending to dress code standards

#### PPE

Practice social distancing as much as possible. Use preferred PPE mask/shield during all time that they are in classroom or near children or other staff.

#### Delivery

Administration staff will utilize Social distancing and technology as much as possible. PPE measures will be utilized when around people where social distancing is not feasible.

#### Students

#### Attire

Usual and customary attending to dress code standards

#### PPE

Practice social distancing as much as possible. We reserve the right to require masks of certain students as grouped by Pod, or if suspected to individually have COVID or COVID-like symptoms while waiting for evaluation. All to be determined on a case by case basis.

#### Delivery

Students are expected to adhere to student handbook while in attendance. Students are encouraged to have frequent handwashing, use of hand sanitizer and PPE as instructed. This will be integrated into the curriculum and tied to health, and activities of daily living.

### Transportation

#### Local

Drivers and monitoring staff will have PPE consisting of mask/shield and gloves. Students will board having been through a checklist by parents (similar to staff / visitors) with thermal temp scan completed and recorded by the monitor. Each student will use the hand sanitizer before taking their seat. At this time masks will not be required to ride the bus; however, this is reserved to change per future guidance. If a Student has a temp of 100.4 or higher, they will not be allowed to board, and parents will be contacted immediately to come get their child.

#### Statewide

Students will have parents answer an email affirmation of checklist prior to12:00 (noon) Sunday. Drivers (IESDB employees) and monitoring staff will have PPE consisting of mask/shield and gloves. Each student will use the hand sanitizer before taking their seat. At this time masks will not be required to ride the bus; however, this is reserved to change per future guidance. Monitors will use the thermal scan to check temperature. If a Student has a temp of 100.4 or higher, they will not be allowed to board, and parents will be contacted immediately to come get their child.

# Visitors/Staff

All staff will enter through the East entrance where they will have their temperature taken by assigned, trained staff, (Who will be provided PPE) and it will be recorded and retained for 28 days. All Visitors will enter through the West entrance and will check in using the Raptor system and have their temperature taken. Staff and visitors will answer the following questions in the **negative** to be allowed into the building:

#### Do you have any of the following?

- □ Fever or chills
- Cough
- □ Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- □ Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

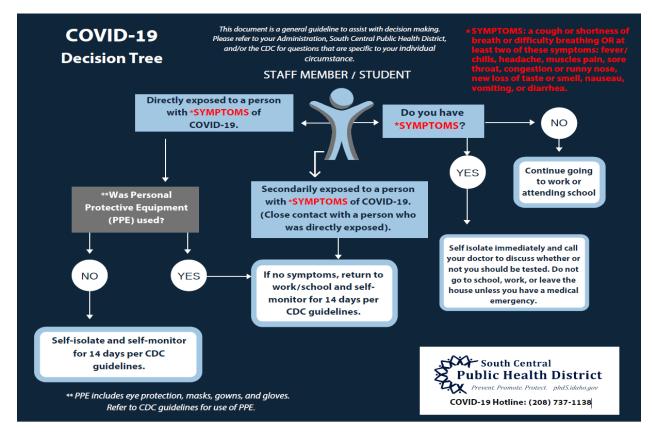
Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? (Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

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

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 infection?

Persons with a temperature of 100.4° F [38.0° C] will not be allowed admittance.

Staff will follow decision tree as outlined by South Central Public Health:



# **COVID** Positive

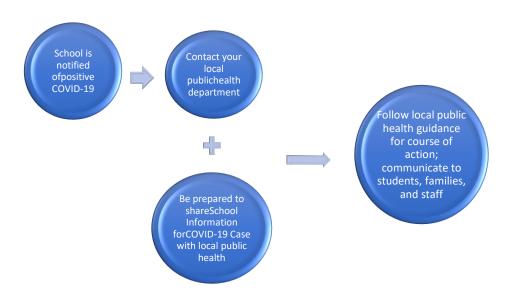
In the eventual time that a Staff or Student is identified through testing or are reasonably suspected (through self-identification, contact tracing or immediate family member identified) the following actions will be taken determined by situation.

The IESDB will reach out to the public Health department per the following document:

# COVID-19 SCHOOL COMMUNICATION GUIDE (original memo from Division of Building Safety adopted for this document)

The following communication plan is a guide for schools to use when communicating various activities and responses related to COVID-19. This is not all inclusive but gives a range of scenarios and template to use through various response efforts for students, staff, and families.

General recommendations: Communication about cases should maintain confidentiality in accordance with the ADA, HIPAA, and FERPA and should include messages to counter potential stigma and discrimination.



#### **Roles and Responsibilities**

| Local Public Health Department                             | School   |
|--|--|
| Contact investigation of positive case and contact tracing | Identify areas where there might have been close<br>contacts and share information with local public<br>health           |
|  | <ul> <li>Roster of potential close contacts with names of<br/>student(s), guardian(s), phone(s), and email(s)</li> </ul> |

| Contact notification and instruction   | Ask students, families, and staff to follow instructions given by local public health                                    |
|--|--|
| Recommend initial and additional courses of action   | Follow and communicate recommendations   |
| Provide letters to positive cases or close contacts indicating when they can safely return to school | Do not allow individuals back to school before the<br>public health department letter indicates they can<br>do so safely |
| Answer health-related questions  | Answer school-related questions  |

#### Limitations

Public Health Dept. cannot share information on (+) or suspected cases of parents, caregivers, or household members

#### Potential Courses of Action Based on Scenario\*

\*examples only, not intended to be inclusive

#### Scenario:

|  | Objective of Communication   | Templates and Audience                  |
|--|--|---|
| First exposure in the school<br>regardless of risk level | Notify students and families of<br>confirmed case<br>Reassure that local public<br>health is collaborating with the<br>school to identify any students<br>or staff that were in close<br>contact<br>Reassure that individuals who<br>were at risk of exposure will be<br>contacted with 1-2 days | Letter/Email for Positive Case<br>(All) |

| Exposure – no close contacts   | Notify students and families of<br>confirmed case<br>Reassure that local public<br>health is collaborating with the<br>school to identify any students<br>or staff that were in close<br>contact   | Letter/Email for Positive Case<br>(All)<br>Letter/Email for Positive Case<br>with No Close Contacts<br>Identified (All) |
|--|--|---|
| Ongoing exposure – close<br>contacts identifiable                                      | Notify students and families of<br>confirmed case<br>Reassure that local public<br>health is collaborating with the<br>school to identify any students<br>or staff that were in close<br>contact<br>Reassure that individuals who<br>were at risk of exposure will be<br>contacted with 1-2 days | Letter/Email for Positive Case<br>(All)   |
| Exposure – close contacts not<br>identifiable and risk of spread is<br>unknown or high | Notify students and families of confirmed case   | Letter/Email for Positive Case<br>(All)<br>Letter/Email for Short-Term<br>Dismissal (All)                               |

Pod protocols - Students will be identified by "pod". Pod will be determined by Administration as those students and staff in a particular area. It may be by Educational wing, classroom, bus, or cottage. If a positive case or cases are identified in a particular "pod", with consultation with Local health district, that pod may be asked to remain at home. Students will then transition to online or virtual learning scenario, until determined time has passed (14 days symptom free – two negative COVID tests 7 days apart (CDC/CDH guidelines).

#### Staff

When the staff knows that they have either tested positive for COVID 19 or has been directed by a Local Health department or provider that they should quarantine, they are to immediately notify direct supervisor, HR, and Health center personnel. If symptomatic at work and believed to be COVID related, the same protocol will be enacted, and it will be suggested that the staff reach out to their personal health care provider for further evaluation. Furthermore, if it is a classroom teacher, we will enact "pod protocols" for that particular effected "pod".

#### Student –

Information of a positive COVID test or testing within the family, will be immediately reported to head nurse in the Health Center. If a student who has been identified by Nursing staff as having symptoms is a cottage student, S/he will be taken to the Health Center and will be quarantined under staff supervision until a parent is able to transport home. Nursing staff will also determine if further testing is warranted and will be arranged by our local health services provider (most likely North Canyon Medical center).

#### Cottage –

If a Student is suspected of having symptoms. Nursing staff will be notified immediately. Nursing staff will then follow appropriate protocol for screening and identification. Student will be isolated under supervision until Nursing staff is able to make that determination. Proceeding results of Nursing staff decision and under direction, Pod protocols will be implemented.

#### Local –

If a student or family member is identified as testing positive for COVID-19 and lives in the Local (daily) bussing area, Family is to notify Nursing staff, and teacher/administrator. Pod protocols will be determined and applied.

#### Cleaning –

In the event that a Pod is dismissed, or a positive case is found. The area where that staff/student spent their time will be cleaned following the CDC suggested cleaning regime (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html):

- **Close off areas** used by the person who is sick.
  - Companies do not necessarily need to close operations, if they can close off affected areas.
- **Open outside doors and windows** to increase air circulation in the area.
- Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- <u>Vacuum the space if needed</u>. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.

- Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
- Wear disposable gloves to clean and disinfect. For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate EPA-registered disinfectant on <u>List N:</u> <u>Disinfectants for use against SARS-CoV-2external icon</u>. Soft and porous materials, like carpet, are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials on List N. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.
- Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units.
- Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.
- Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been **appropriately disinfected**, it **can be opened for use**.
  - **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routing cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

# Conclusion

It is believed that with this current plan, we can move forward. This plan allows for flexibility and continuity for Education for our Students and families while focusing on keeping them safe. No plan will be perfect. However, in continuing with our partnership philosophy, we believe that we have valuable input and have made data informed decisions toward providing a 21<sup>st</sup> educational experience for our students.