Camas Valley SD 21J

American Rescue Plan Elementary and Secondary School Emergency Relief Fund (ARP ESSER); OAR 581-022-0106 (State Operational Plan)

Safe Return to In-Person Instruction and Continuity of Services Plan

District Information

Institution ID: 1995 Institution Name: Camas Valley SD 21J

District Continuity of Services Plan/RSSL Contact Name and Title:

Tyler Ochs- Vice Principal

Contact Phone: 541-445-2131 Contact Email: tyler.ochs@camasvalley.k12.or.us

Safe Return to In-Person Instruction and Continuity of Services Plan

In order to best support students and families with the safest possible return to school for the 2021 school year, the Oregon Department of Education (ODE) has created an operational plan template to align guidance from the federal and state level in support of local decision-making and transparency of health and safety measures in the communities that school districts serve. The Safe Return to In-Person Instruction and Continuity of Services Plan serves the following purposes:

1) Replaces the Ready Schools, Safe Learners Operational Blueprint required under Executive Order 21-06; and
2) Meets the requirements for:
    a. An operational plan required under OAR 581-022-0106(4), while aligning the CDC Guidance on School Reopening with the Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year (RSSL Resiliency Framework);
    b. Section 2001(i)(1) of the ARP ESSER and the US Department of Education's Interim Final Requirements for Safe Return/Continuity of Services Plan; and
    c. Communicable Disease Plan and Isolation Plan under OAR 581-022-2220 (Division 22 requirements).

As districts plan and implement the recommendations in ODE's RSSL Resiliency Framework, they will need to consider a continuum of risk levels when all recommendations cannot be fully implemented. For example, universal correct wearing of face coverings between people is one of the most effective preventive measures. However, there will be times when this is not possible based on a specific interaction or a physical space limitation, such as during meal times. It will be necessary to consider and balance the mitigation strategies described to best protect health and safety while ensuring full time in person learning.

ODE remains committed to the guiding principles introduced in spring of 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.

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Planning Mental Health Supports

ARP ESSER & OAR 581-022-0106 Component	Extent to which district has adopted policies, protocols, or procedures and description of policies, protocols, or procedures adopted to ensure continuity of services	How do the district's policies, protocols, and procedures center on equity?
Devote time for students and staff to connect and build relationships	-Parent classroom visitations -Greeting students at the door -Student Council Activities -School-wide themes, key words -Meals w/ students -Recess w/students -Student council meetings/student body team building/ social/inclusion activities	District non-discrimination policies The district will meet Division 22 standards for equal educational opportunities Small class sizes have equity built in; teachers know their students as individuals, and have close student/teacher relationships with them and their families.
Ample class time, and private time if needed, for creative opportunities that allow students and staff to explore and process their experiences	-Music classes -CTE Courses -Athletics -After-school clubs and activities -Meeting with counselors -Class meetings/discussions -PE classes	All students, including focal group students have equal opportunity to take classes according their interest. Our District practice is to continue to offer (performing arts, athletics,

ARP ESSER & OAR 581-022-0106 Component	Extent to which district has adopted policies, protocols, or procedures and description of policies, protocols, or procedures adopted to ensure continuity of services	How do the district's policies, protocols, and procedures center on equity?
Link staff, students and families with culturally relevant health and mental health services and supports	-Relationship with LPHA and the health and mental health services they provide. -Mental health counseling services available to your students, both in-building and contracted.	Outside agencies have non-discrimination policies align with district policies that are followed. Our practice is to work with and support all students and insure focal group students have access to health and mental health services.
Foster peer/student lead initiatives on wellbeing and mental health	-Student council "Welcome" activities -Restorative circles -Class meetings -Student surveys -Collaborative conversations with students about wellbeing and mental health practices and services in the district -Other student led groups (Character Strong, Give Me 5, FFA, FBLA. etc.)	Small school environment cultivates close, trusting environments, and valuing each student. District practice is to create a nurturing, positive environment that cultivates a sense of belonging for each student. High teacher to student ratio fosters communication, connection, and support for each student and encourages student voice, input, and feedback on school practices, policies, and protocols. Each student has at least one and in most cases multiple teacher/staff/support personnel who knows them and has a strong relationship with them.

Communicable Disease Management Plan

Please provide a link to the district's **communicable disease management plan** that describes measures put in place to limit the spread of COVID-19 within school settings. (OAR 581-022-2220). The advised components of the plan and additional information are found in the Communicable Disease Management Plan section of the RSSL Resiliency Framework and meet the ESSER process requirements of "coordination with local public health authorities."

Link: http://www.camasvalley.k12.or.us/

ARP ESSER Component	Extent to which district has adopted policies, protocols, or procedures and description of policies, protocols, or procedures to ensure contintuity of services	How do the district's policies, protocols, and procedures center on equity?
Coordination with local public health authority(ies) including Tribal health departments	-Partnership with LPHA -Weekly check-in with regional LPHA to discuss cases, trends, guidance, and communications. -Collaborate with LPHA on adopting and implementing mitigation strategies based on the latest guidance.	-All institutions have and adhere to anti-discrimination and/or inclusion policies. -Our district practice is to include all students, including focal group students

Isolation Plan

Please provide a link to the district's plan to **maintain health care and space** that is appropriately supervised and adequately equipped for providing first aid, and **isolates** the sick or injured child. (OAR 581-022-2220). If planning for this space is in your communicable disease management plan for COVID-19, please provide the page number. Additional information about the Isolation Plan can be found in the Isolation & Quarantine Protocols section of the RSSL Resiliency Framework.

Link: http://www.camasvalley.k12.or.us/

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Health and Safety Strategies

School administrators are required to **exclude staff or students from school** whom they have reason to suspect have been exposed to COVID-19. (OAR 333-019-0010)

Please complete the table below to include the extent to which the district has adopted policies and the description of each policy for each health and safety strategy. In developing the response, please review and consider the CDC guidance and the RSSL Resiliency Framework for each health and safety strategy. Additional documents to support district and school planning are available on the ODE Ready Schools, Safe Learners website.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
COVID-19 vaccinations to educators, other staff, and students if eligible	- Working with LPHA to provide opportunities for staff and community members to be vaccinated.	Work with LPHA to insure place and scheduling offers opportunity to all our staff, and community members.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Universal and correct wearing of face coverings	- District practice is to follow requirements regarding face coverings. - When masks are required staff, supported by administration insure students wear face masks in accordance with current requirements. - District procedure includes education, training, and support to continue proper wearing of masks as required. - Masks are made available to all students at the school entrance, classrooms, and the office.	District refers to applicable state and federal law and requirements for equal opportunity and inclusion. District policy and practice that mask procedures meet all state and federal law and legal advice to insure all students, including those with special education and 504 plans, needs are met. Plans for students with medical issues that present barriers to wearing face coverings are evaluated on a case by case basis in accordance with federal and state law and district policy.
Physical distancing and cohorting	The district will follow the distance rules of keeping a student 3 feet away from other students whenever possible.	District policy and practice requires that cohorts do not present undue or unfair barriers to academic, behavioral, or health and mental health supports for any student.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Ventilation and air flow	We have re-visited maintenance procedures and assured that all HVAC equipment is in good repair and filters are changed regularly. Staff are encouraged to open windows when practicable and keep doors open to help with ventilation. We encourage teachers to hold class outside as much as is practicable. We have replaced all air filters with medical grade filters.	District practice is to place all students in environments that are as comfortable and well-ventilated as practicable while not presenting barriers to any sub-group. Staff is encouraged to communicate ventilation/air flow issues to the administration and make suggestions to improve conditions for students, including focal group students.
Handwashing and respiratory etiquette	As a district we follow handwashing and respiratory etiquette as recommended by OHA and ODE as a part of our layered strategy to control virus spread. Students are given age-appropriate education and instruction on handwashing and respiratory etiquette at the beginning to the school year and is reinforced as needed. Teachers and support staff are trained in handwashing and respiratory etiquette and model these to students.	We work with students experiencing disabilities and their families to provide accommodations that meet their needs while maintaining safety protocols. District practice is to work with any student having difficulty practicing handwashing or respiratory etiquette and provide support and minimize barriers to insure their continuing education and the safety of others.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Free, on-site COVID-19 diagnostic testing	There will be no on-site screening or testing.	Not Applicable to this answer.
COVID-19 screening testing	There will be no on-site screening or testing.	Not applicable to this answer.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Public health communication	District practice has been and will continue to be to work closely with our county LPHA to learn and apply OHA and ODE requirements and to implement the latest policy and guidance. The District and LPHA communicate about county case rates, in-school cases, and cohort/school closure decisions. The district routinely communicates important updates and COVID-19 related information through the district-wide messaging system and letters mailed to home.	We review our practices to insure communications are reaching all families, particularly our focal group families.
Isolation: 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.	We have a safe, comfortable space that is supervised by a competent adult who is familiar with our students. First aid supplies are available as needed. Isolation protocols are implemented according to our District Communicable Disease Management Plan.	District practice is to have the isolation room set in an place accessible to all students, including those experiencing mobility challenges. Isolation room supervisors are familiar with all our students and provide support and care for each individual based on their needs.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Exclusion: School administrators are required to exclude staff and students from school whom they have reason to suspect have been exposed to COVID-19. (OAR 333-019-0010)	Teachers and support personnel will be trained to recognize potential COVID-19 symptoms and the internal communication protocols to get support for those students in accessing the designated safe space and connect them with the appropriate staff.	The District will communicate with our LPHA on exclusion decisions with students. Both entities have strict non-discrimination and inclusion policies. Students will be excluded based on medical protocols and without regard to age, race, religion, color, national origin, disability, marital or parental status, linguistic background, culture, capability, or geographic location.

Accommodations for Children with Disabilities

Please describe the extent to which the district has adopted policies related to appropriate accommodation for children with disabilities with respect to health and safety protocols. Please describe any such policies.

In accordance with federal and state law and district policy, we look at each circumstance where students with disabilities may face barriers to meeting health and safety protocols individually and make appropriate accommodations as needed to insure the continuity in educational services while mitigating potential virus spread as much as possible.

Our special education teacher, classroom teachers, and support staff all receive training surrounding the balance between appropriate accommodations for individuals, students' rights to an education in the least restrictive environment, and mitigating virus spread to limit absences and closing cohorts. This training includes legal rights of students as well as CDC, OHA, and LPHA mitigation strategies as they relate to schools.

We were on-site for the entire year in 2020-2021 and were successful in implementing, practicing, and fine-tuning these protocols.

A multi-disciplinary team evaluates the circumstances of each student experiencing a disability and, in collaboration with

Updates to this Plan

To remain in compliance with ARP ESSER requirements, school districts must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review, and as appropriate, revise its Safe Return to In-Person Instruction and Continuity of Services Plan.

Date Last Updated: 8/27/2021

COVID Isolation Plan

OHA Requirements	Onsite Plan
- Protocols for surveillance COVID-19 testing of students and staff, as well as exclusion and isolation protocols for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. - Protocols for assessment of students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day. • Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. • Consider required physical arrangements to reduce risk of disease transmission. • Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. - Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields. • School nurse and health staff in close contact with symptomatic individuals (less than six feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space, and hands washed after removing PPE. • If able to do so safely, a symptomatic individual should wear a face covering. • To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. - Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. • Symptomatic staff or students should seek COVID-19 testing from their regular physician or through the local public health authority. • If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset symptoms. - Involve 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). Record and monitor the students and staff being isolated or sent home for the LPHA review.	• Designated location for students who are located. • Student must be supervised by staff during isolation. • Several staff members will be identified as possible supervisor for isolated students. • Students will be picked up in a specialized isolation area on campus. • Students suspected of COVID cannot attend school until 10 calendar days after exposure and recommendation by local health professionals.

Camas Valley School District 21J
School Board Policy

Code: **JHCC**
Adopted: 9-20-90
Re-adopted: 1-26-95
Re-adopted: 1-20-05
Re-adopted: 12-14-17

Communicable Diseases - Students

The district shall provide reasonable protection against the risk of exposure to communicable disease for students. Reasonable protection from communicable disease is generally attained through immunization, exclusion or other measures as provided by Oregon law, by the local health department or in the *Communicable Disease Guidance* published by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA). Services will be provided to students as required by law.

When an administrator has reason to suspect that a student has or has been exposed to any restrictable disease for which the student is required to be excluded, the administrator involved shall exclude the student from school and if the disease is a reportable disease, will report the occurrence to the local health department. The administrator will also take whatever reasonable steps it considers necessary to organize and operate its programs in a way which both furthers the education and protects the health of ~~the~~ students and others.

In cases when a restrictable or reportable disease is diagnosed and confirmed for a student, the administrator shall inform the appropriate employees with a legitimate educational interest to protect against the risk of exposure.

The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting.

The district will include, as a part of its emergency plan, a description of the actions to be taken by district personnel in the case of a declared public health emergency or other catastrophe that disrupts district operations.

The district shall protect the confidentiality of each student's health condition and record to the extent possible and consistent with federal and state law.
The superintendent will develop administrative regulations necessary to implement this policy.

END OF POLICY

Legal Reference(s):

ORS 431.150 to -431.157
ORS 433.001 to -433.526
OAR 333-018

OAR 333-019-0010
OAR 333-019-0014
OAR 437-002-0360

OAR 437-002-0377
OAR 581-022-2220

OREGON DEPARTMENT OF EDUCATION and OREGON HEALTH AUTHORITY, *Communicable Disease Guidance* (2017).
Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2017); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2017).

R9/28/17 | PH

Camas Valley School District 21J
School Board Policy

Code: **JHCC-AR**
Adopted: 12-14-17

Communicable Diseases – Student

In accordance with state law, administrative rule, the local health authority and the *Communicable Disease Guidance*, the procedures established below will be followed.

1. "Restrictable diseases" are defined by rule and include but are not limited to chickenpox, diptheria, hepatitis A, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis and tuberculosis disease, and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the person poses an unusually high risk to others (e.g., a child that exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public's health. A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by Board policy[1] or by the local health administrator, after determining that it presents a significant public health risk in the school setting.

2. "Susceptible" means being at risk of contracting a restrictable disease by virtue of being in one or more categories described in law.

3. "Reportable diseases" means a human reportable disease, infection, microorganism or condition as specified in OAR Chapter 333, Division 18.

Restrictable Diseases

1. An administrator that has reason to suspect that a student has or has been exposed to any restrictable disease for which the student is required to be excluded, shall exclude that student from school and send him/her home. If the disease is reportable, the administrator will report the occurrence to the local health department.

2. The student will be excluded in such instances until such time as the student or the parent or guardian of the student presents a certificate from a physician, a physician assistant licensed under Oregon Revised Statute (ORS) 677.505-677.525, a nurse practitioner licensed under ORS 678.375-678.390, local health department nurse or school nurse stating that the student does not have or is not a carrier of any restrictable diseases.

3. An administrator will exclude a susceptible student that has been exposed to a restrictable disease that is also a reportable disease unless the local health officer determines that exclusion is not necessary to protect the public's health, or the local health officer states the diseases is no longer

[1]"OAR 333-019-0010(7) Nothing in these rules prohibits a school or children's facility from adopting more stringent exclusion standards under ORS 433.284."

communicable to others or that adequate precautions have been taken to minimize the risk of transmission. The administrator may request the local health officer to make a determination as allowed by law.

4. The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting. A student may remain in an alternative educational setting until such time as a certificate from a physician, physician assistant, nurse practitioner, local health department nurse or school nurse states that the student does not have or is not a carrier of any restrictable disease, or until such time as a local health officer states that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. A restrictable disease exclusion for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting may also be removed by a school nurse or health care provider.

5. More stringent exclusion standards for students from school may be adopted by the local health department or by the district through Board adopted policy.

6. A disease is considered to be a restrictable disease if it is listed in OAR 333-019-0010, or it has been designated to be a restrictable disease through Board policy or by the local health administrator, after determining that it presents a significant public health risk in the school setting.

7. The district's emergency preparedness plan shall address the district's plan with respect to a declared public health emergency at the local or state level.

Reportable Diseases Notification

1. All employees shall comply with all reporting measures adopted by the district and with all rules set forth by the Oregon Health Authority, Public Health Division and the local health department.

2. An administrator may seek confirmation and assistance from the local health officer to determine the appropriate district response when the administrator is notified that a student or an employee has been exposed to a restrictable disease that is also a reportable disease.

3. An administrator shall determine other persons with a legitimate educational interest who may be informed of the communicable nature of an individual student's disease, or an employee's communicable disease, within guidelines allowed by law.

Education

1. The administrator or designee shall seek information from the district's school nurse or other appropriate health officials regarding the health needs/hazards of all students and the impact on the educational needs of a student diagnosed with a restrictable disease or exposed to a restrictable disease.

2. The administrator or designee shall, utilizing information obtained above, determine an educational program for such a student and implement the program in an appropriate (i.e., regular or alternative) setting.

3. The administrator or designee shall review the appropriateness of the educational program and the educational setting of each individual student.

Equipment and Training

1. The administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.

2. The administrator or designee shall consult with the district's school nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.

3. All district personnel will be instructed annually [by the school health nurse] to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA).