

# COVID-19 Return to School Plan

## **COVID-19 Return to School Policy**

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The purpose of this policy is to outline the Carden Cascade Academy's return to school guidelines and re-opening of school after the COVID-19 pandemic. These guidelines have been carefully considered to address and promote the safety, health, and welfare of our community.

These procedures are subject to change as campus reopening approaches according to The Oregon Health Authority, Oregon Department of Education as directed by the Office of the Governor.

### **Sick Day Guidelines**

1. **Symptoms Requiring Absence and Immediate Pickup if at School**
    1. **HIGH-RISK Symptoms associated with COVID-19 and other infectious diseases in children:**
      1. Active vomiting, diarrhea, and/or abdominal pain
      2. Nasal congestion and/or yellow drainage
      3. Sore throat
      4. New loss of taste or smell
      5. Unexplained muscle or body aches, headaches, or fatigue
      6. Fever or chills (temp greater than 100 per governor guidelines)
      7. Undiagnosed, new, and/or untreated rash or skin condition
      8. If an individual has been knowingly EXPOSED to a COVID positive individual, the [CDC recommends 14 days of quarantine after exposure](#) based on the time it takes to develop illness if infected. This includes household members. *School nurse must be notified of exposure.*
    2. **Diagnosed Conditions:**
      1. The first 24 hours of various antibiotic treatments (i.e. strep throat, pink eye, etc.)
      2. Doctor's note requiring an individualized plan of care to stay home.
  2. "Immediate Pickup" constitutes within reasonable amount of time from location, and if there is delay must delegate for safe pickup from school.
2. **When to Return**
    1. **HIGH-RISK Symptoms:**
      1. Refer to [CDC Symptom-Checker](#)
      2. Refer to CDC ["When You Can Be Around Others After You Had or Likely Had COVID-19"](#)
      3. Have a parent/guardian call their physician and encourage tele visits for notes clearing to return to campus.

1. Communication must be followed up with the school nurse, and notes provided as applicable.
  2. Send home until "Return to School" guidelines met and notify appropriate administration of absence to coordinate academic needs.
  3. Educate parents on recognizing warning signs about [when to consult a higher](#) level of care.
  4. Maintain communication with family and monitor symptoms while the student is home for safe return to school (see below).
4. Per the CDC these guidelines have been recommended for **discontinuing** home isolation:
1. **Symptom-based Strategy**
    1. "At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and** 10 days have passed since symptoms *first* appeared."
  2. **Test-Based Strategy** (per CDC "contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing"). This strategy can be utilized for those who tested positive but are asymptomatic.
    1. "Resolution of fever **without** the use of fever-reducing medications **and**
    2. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
    3. Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)"
  3. **Time-Based Strategy** (for those asymptomatic but tested positive)
    1. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
2. EXPOSURE- TBD if exposed but asymptomatic, monitor symptoms for 2 weeks then go get tested if become symptomatic

during that time and continue to work. We will always follow OHA guidelines.

1. School nurse/essential employees <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
2. Students – awaiting OHA guidelines
3. **Diagnosed Conditions:**
  1. After the first 24 hours of various antibiotic treatments (ex: strep throat, pink eye, etc.)
  2. As directed per provider’s note with or without restrictions
4. **CONSIDER INCLUDING SELF-ISOLATION FOR OUT OF STATE AIR TRAVELS AND HOUSEHOLD MEMBERS/VISITING WITH THESE MEMBERS HERE??** Currently the state mandate is for air travel, and only specifies isolation for the individual who travelled by air to self-isolate during that 2-week period. It goes on to say family or household members who visit with this person must also self-isolate for a 2-week period (bottom of page 2 of executive order). Currently the state mandate is for air travel and only specifies isolation for the individual who travelled by air to self-isolate during that 2-week period. It goes on to say family or household members who visit with this person must also self-isolate for a 2-week period (bottom of page 2 of executive order).
3. **Academic School Support Regarding Illness**
  1. Carden Cascade Academy will continue to support students with acute or chronic health conditions. Short-term absences will be handled on a case-by-case basis.
4. **When to Visit Health Office While At School**
  1. Student may independently ambulate to office for variety of individualized needs, so long as **none** of the following symptoms are present:
    1. Confusion/ “doesn’t seem to be themselves”/disorientation
    2. Decreased level of consciousness
    3. Shortness of Breath/Respiratory Distress
    4. Dizziness/Lightheadedness
    5. Spinal Cord Injury/Head Injury complaining of neck pain - DO NOT MOVE POSITION
    6. Vision impairment
    7. Diabetic “Lows”
    8. Hemodynamic compromise
    9. Individualized triage judgment call of faculty/staff or based off reported condition as directed by school nurse
  2. Students need to stay in place for in-person evaluation if any of above-mentioned criteria are met, or per faculty/staff best judgment.
    1. Don appropriate PPE prior to mobilization and response to scene.
  3. If it is an emergency, 911 should NEVER be delayed. Activate EMS and delegate as appropriate.

4. When a student presents to the office with aforementioned “High-Risk Symptoms” or infectious disease symptoms, ALWAYS ask about potential exposure to COVID19 or other infectious diseases.
5. **In order to prevent potential exposure to infectious diseases, promote isolation, and decrease office congestion do NOT send student to Health Office with the following common situations:**
  1. Paper cuts, small abrasions, picked scabs - have them wash hands and apply band-aid if needed.
  2. Minor headaches and/or fatigue - allow them to get snack/drink water first. Better after 20 minutes?
  3. Mild stomach ache and/or nausea - allow to use the restroom, drink water, and have snack first. Better after 20 minutes?
  4. Localized bug bite - if no allergy history and not spread over large area of skin, apply cool paper towel to area to help prevent scratching
  5. Anxiety/Stress/Psychosocial Issues - if not affecting breathing or medical health try a snack, redirection, or please refer to counseling or other applicable services for collaboration.
6. **Nonpharmacological Intervention (NPI) Recommendations for Communicable Disease**
  1. Individual
    1. Avoid close contact with people who are sick.
    2. Stay home when you are sick.
    3. Cover your cough or sneeze into your elbow or a tissue, then throw the tissue in the trash. Follow with hand hygiene.
    4. Avoid touching your eyes, nose, and mouth. If you do, wash your hands afterwards.
    5. Wash hands often with soap and water (20 seconds) FREQUENTLY.
    6. If you don't have soap, use hand sanitizer (60–95% alcohol based).
    7. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe daily.
    8. Ensure all vaccines are up to date of self *and* household members.
    9. Promote non-contact methods of greeting
    10. Wear mask?
  2. Community
    1. Promote, not mandatory, up-to-date vaccinations, including the flu vaccine.
      1. For COVID-19, [Antibody testing is still under investigation and can not diagnose current illness](#)
    2. Plan interventions proactively for communicable disease outbreaks on multidisciplinary teams. These teams must consider local and national recommendations to mitigate the spread of infectious disease.
    3. Self-screening and temperature checks upon arrival to school, charted in the daily roster sheets.

4. If there is a positive COVID case reported in our school, this is reportable event.
5. Evaluate the need for closures in conjunction with the OHA, and state law.
3. [Environmental](#)
  1. Daily high touch surface cleaning
  2. Routine environmental cleaning coordinated with custodial services
  3. Perform triage of student needs outside of health office, and for those with “high-risk” symptoms (see section 1.a) direct to separate isolation room entrance for evaluation
  4. Maintain distancing in health office and on campus, following local and [national guidelines](#).
  5. If someone tests positive for COVID after being on campus, follow these [CDC guidelines](#):
    1. “If it has been less than 7 days since the sick employee used the facility, clean and disinfect all areas used by the sick employee following the [CDC cleaning and disinfection recommendations](#).
    2. If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.
    3. Other employees may have been exposed to the virus if they were in “close contact” (within approximately 6 feet or 2 meters) of the sick employee for a prolonged period of time.”
    4. Also follow [CDC guidelines](#) for exposure and isolation requirements for exposure and based on PPE and aerosolizing events.
    5. “Employees **not considered exposed** should self-monitor for symptoms such as fever, cough, or shortness of breath. If they develop symptoms, they should notify their supervisor and stay home.”
  6. [Postage](#) throughout campus encouraging frequent hand washing
  7. Hand sanitizer dispensing units at each building entrance
  8. Limit food-sharing activities
  9. Increase ventilation - keep windows open and classes outside when possible.
  10. Follow public health emergency mandates regarding sports, field trips, and other school-related functions.
7. **Health Office Isolation and Personal Protective Equipment (PPE) Standards**
  1. [These recommendations are subject to change based on national supply and infectious disease outbreak](#), as well as clinical judgment and assessment for appropriate protection.
    1. It is recommended that staff have a change of clothes/scrubs in the case of exposure to body fluids or other circumstances.

2. Appropriate PPE must be considered and donned for the office, and isolation rooms in the Health Office.
  1. For on site calls, triage symptoms on telephone and prepare necessary PPE for on-scene response.
4. For background information, per [the CDC](#), “Illness among pediatric cases appear to be mild, with most cases presenting with symptoms of upper respiratory infection such as:
  - Fever
  - Cough
  - Nasal congestion
  - Rhinorrhea
  - Sore throat”
1. Pediatric patients with COVID-19 may **also** experience the following signs or symptoms **over the course** of the disease:
  - Diarrhea
  - Nausea or vomiting
  - Fatigue
  - Headache
  - Myalgia
  - Poor feeding or poor appetite
1. Appropriate PPE must be utilized in conjunction with universal precautions and proper hand hygiene.
  1. Hand hygiene is required before and after each office encounter and after each intervention.
    1. Soap and water scrubbing for 20 seconds is the preferred method. Hand sanitizer with at least 60% alcohol is also acceptable
    2. Soap and water hand washing must be used in the case of gross soiling.
2. Fever/Cough/Nasal Congestion/Rhinorrhea/Sore Throat PPE
  1. Triage if acute respiratory illness or chronic condition exacerbation.
    1. [Allergy and asthma symptoms are NOT acute respiratory illnesses.](#)
    2. Assess VS and evaluate source of trigger IF asthma - illness vs. physical exertion?
  2. Per [CDC](#), “Patients with even mild symptom that might be consistent with COVID-19 (e.g., cough, sore throat, shortness of breath, muscle aches) should be cared for by HCP wearing [all recommended PPE](#) for the patient encounter (gloves, a gown, respiratory protection that is at least as protective as a fit tested NIOSH-certified disposable N95 filtering face piece respirator or facemask—if a respirator is not available—and eye protection”.
    1. **HOWEVER**, per the AAP surgical masks acceptable in place of N95 respirators if no aerosolizing or splashing procedures are

being performed (i.e. nebulizer treatments and intubation).

2. Per [CDC](#), “If the patient is wearing a facemask or cloth face covering, no recommendation for PPE is made typically for HCP transporting patients with a respiratory infection from the patient’s room to the destination.” (i.e. to isolation room to home with parent). However, if transport time delayed and care rendered FULL PPE should be worn.
3. Isolate student in separate area and evaluate VS.

3. GI-related/Fatigue/Headache/Malaise/Myalgia PPE

1. Consider the use of full PPE due to [new studies of pediatric symptom demonstration of COVID-19](#).
2. Move student to separate isolation area in the case of active emesis.
  1. If afebrile, appropriate to isolate to curtained-off cot rather than separate isolation room.
  2. If tolerated, mask student if not already masked.

4. Integumentary

1. Standard precautions, evaluate the need of escalation of PPE dependent on clinical picture. I.e. draining wounds, potential exposure to blood borne pathogens.

8. **Communicable Disease Monitoring**

1. Internal

1. Record symptoms when students are called in for sick days.
2. RN will monitor community illness for communicable disease trends.
3. If 10% of the student population, whether it is across a division or entire student population, calls out sick for similar symptoms it must be reported to the OHA.
4. This also applies to faculty/staff illness absences.
5. Contact the OHA for any and all [reportable conditions](#)

2. External

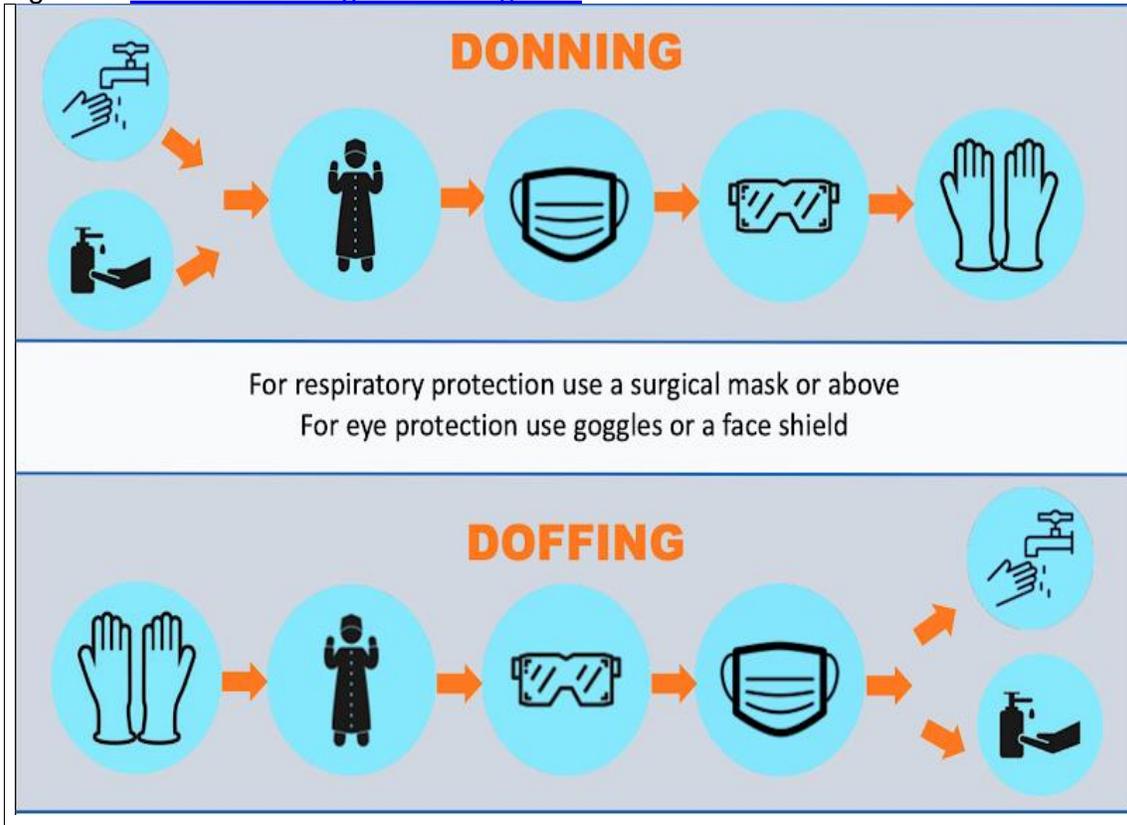
1. Refer to above “Community NPI Recommendations”
2. Maintain ongoing monitoring of local, national, and global health trends.
3. Continue to follow up-to-date communications from the OHA, CDC, WHO, Office of the Governor, and PED regarding community-specific communicable disease concerns, planning, and interventions

## 9. Resources

1. NASN Care of Ill Students/Staff in School Setting in Response to COVID-19: [https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020\\_NASN\\_Considerations\\_for\\_School\\_Nurses\\_Regarding\\_Care\\_of\\_Students\\_and\\_Staff\\_that\\_Become\\_Ill\\_at\\_School\\_or\\_Arrive\\_Sick.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Considerations_for_School_Nurses_Regarding_Care_of_Students_and_Staff_that_Become_Ill_at_School_or_Arrive_Sick.pdf)
2. Centers for Disease Control and Prevention. (2020, March 12). Interim guidance for administrators of US K-12 schools and childcare programs. Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID19), <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-forschools.html>
3. American Academy of Pediatrics [2019 Novel Coronavirus \(COVID-19\)](#) webpage regarding how to prevent transmission, how to care for infected individuals, activities when school and day care are closed, how to speak to kids about the virus.
4. Readiness and Emergency Management for Schools [https://rems.ed.gov/Resources\\_Hazards\\_Threats\\_Biological\\_Hazards.aspx](https://rems.ed.gov/Resources_Hazards_Threats_Biological_Hazards.aspx)
5. World Health Organization rolling updates on COVID-19 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>
6. Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.
7. Hand washing and Hand Sanitizer Use at Home, at Play, and Out and About, <https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>
8. Return to Work/School after COVID19 diagnosis with/without test an/or symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
9. NASN letter to school principals and superintendents: [https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/02282020\\_NASN\\_Coronavirus\\_19\\_Guidance\\_for\\_School\\_Principals\\_and\\_Superintendents.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/02282020_NASN_Coronavirus_19_Guidance_for_School_Principals_and_Superintendents.pdf)
10. Social Distancing: <https://www.washingtonpost.com/graphics/2020/world/coronasimulator>
11. CDC Algorithm and Flowchart for School Closure Considerations: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/considerations-for-school-closure.pdf>
12. Mayo Clinic Guidance on non-COVID19 Fevers: <https://www.mayoclinic.org/diseases-conditions/fever/symptoms-causes/syc-20352759>

13. Discontinuation of Home Isolation for those with COVID 19 Symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
14. WHO Return to work guidelines/temp threshold reference: <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>
15. How to Reuse PPE: <https://www.registerednursing.org/how-reuse-ppe/>
16. CDC Optimizing PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
17. CDC Healthcare Infection and Preventions FAQs for COVID-19: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html?deliveryName=USCDC\\_2067-DM26308](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html?deliveryName=USCDC_2067-DM26308)
18. Discontinuing home isolation guidelines from the CDC: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html?deliveryName=USCDC\\_2067-DM27395](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html?deliveryName=USCDC_2067-DM27395)
19. CDC FAQs for Businesses: [https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html?deliveryName=USCDC\\_2067-DM27395](https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html?deliveryName=USCDC_2067-DM27395)
20. CDC How to Manage Your COVID Symptoms at Home: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
21. AAP COVID-19 Planning Considerations for Return to In-Person Education in Schools: <https://services.aap.org/en/error?code=404&404;https://services.aap.org/443/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/%20EXCELLENT%20AND%20SUCCINCT%20RESOURCE>
22. Guidance for Healthcare Personnel COVID Exposure: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
23. CDC Child Care, Schools, and Youth Programs Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
24. CDC Information for Pediatric Healthcare Providers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>.
25. Teaching Children and Families Regarding COVID-19 [https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020\\_NASN\\_Teaching\\_Children\\_and\\_Families\\_Regarding\\_COVID-19.pdf](https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Teaching_Children_and_Families_Regarding_COVID-19.pdf)
26. CDC What to do if you are Sick. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Figure A. [Guide to Donning and Doffing PPE](#)



# 10 things you can do to manage your COVID-19 symptoms at home

If you have possible or confirmed COVID-19:

- 1. Stay home from work and school.** And stay away from other public places. If you must go out, avoid using any kind of public transportation, ride-sharing, or taxi.  

- 2. Monitor your symptoms carefully.** If your symptoms get worse, call your healthcare provider immediately.  

- 3. Get rest and stay hydrated.**  

- 4. If you have a medical appointment, call the healthcare provider ahead of time and tell them that you have or may have COVID-19.**  

- 5. For medical emergencies, call 911 and notify the dispatch personnel that you have or may have COVID-19.**  

- 6. Cover your cough and sneezes.**  

- 7. Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.  

- 8. As much as possible, stay in a specific room and away from other people in your home.** Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a face mask.  

- 9. Avoid sharing personal items** with other people in your household. Use dishes, towels, and bedding.  

- 10. Clean all surfaces** that are touched often, like counters, tables, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.  




[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Figure B. CDC How to Manage Your COVID Symptoms at Home

Figure C. [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)

