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BEND-LA PINE SCHOOLS

PLANNING FOR A SAFE RETURN TO SCHOOL IN 2020-2021



COMMUNICATIONS GUIDANCE

FOR COVID-19 POSITIVE CASES

STAY CONNECTED



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V5 01.28.2020. THIS PLAN IS SUBJECT TO CHANGE AS PUBLIC HEALTH GUIDELINES ARE UPDATED.

KEEPING OUR STUDENTS, STAFF AND COMMUNITY HEALTHY IS A PRIORITY

WHEN TO STAY HOME

COVID-19 SYMPTOMS OR EXPOSURE

- 1** | In the past 24 hours, your student has had any symptoms of COVID-19 including: cough, fever of 100.4°F or greater, chills, shortness of breath or difficulty breathing, sore throat, muscle pain, new loss of taste or smell, nausea, nasal congestion, runny nose or headache OR if in the past 48 hours your student has experienced vomiting or diarrhea.
 - ▶ Consider seeking immediate medical attention for breathing difficulty (unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck).
 - ▶ If, within the past 24 hours, your student has taken medication to treat a fever (100.4° F or higher) such as ibuprofen (Advil, Motrin), acetaminophen (Tylenol), etc., please stay home.
- 2** | Your student has tested positive for COVID-19 and has not yet met criteria for return to school (no fever for 24 hours, at least 10 days since the start of symptoms, and other symptoms are improving).
- 3** | Your student has been in close contact with someone with COVID-19.



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WHEN TO STAY HOME

OTHER COMMUNICABLE DISEASE OR GENERAL ILLNESSES

Skin Rash or Sores: ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage.

Stay home until rash is resolved OR until sores and wounds are dry or can be completely covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider.

Headache with a stiff neck and fever OR headache with recent head injury not yet seen and cleared by licensed health provider.

Jaundice: yellowing of the eyes or skin (new or uncharacteristic) must be seen by a licensed prescriber and cleared before return to school

Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities. Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.

Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.

Major health event: may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.

- ▶ Student should not be at school until health and safety are addressed.
- ▶ School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.
- ▶ Students requiring more care than school staff can safely provide should stay home.

COVID-19 HIGH RISK/LOW RISK SYMPTOM CHECKER FOR STUDENTS AND STAFF

HIGH RISK SYMPTOMS

- ▶ Cough
- ▶ Difficulty breathing
- ▶ Loss of taste or smell
- ▶ Fever of 100.4° or higher
- ▶ Chills

LOW RISK SYMPTOMS

- ▶ Congestion/runny nose
- ▶ Nausea
- ▶ Vomiting
- ▶ Diarrhea (defined as 3 or more watery stools in 24 hours)
- ▶ Sore throat
- ▶ Headache
- ▶ Muscle aches/pains
- ▶ Fatigue

IF A STUDENT REPORTS OR STAFF OBSERVES:

1 low risk symptom and no exposure to suspected or confirmed case of COVID-19.



The student can return to school **24 hours after** symptom improves or resolves. For vomiting and diarrhea, student can return to school 48 hours after symptom resolves.

2 or more low risk symptoms AND/OR 1 high risk symptom and no exposure to suspected or confirmed case of COVID-19, the student can return to school **AFTER:**



10 days in isolation from symptoms onset
AND meet the 3 criteria listed below in red
OR

Return of Bend-La Pine Schools' Return to School/Work form from healthcare provider and meet the ALL of the following criteria
AND
Negative COVID-19 test
AND
Meet the 3 criteria listed below in red.

Individual symptoms improving or resolved.
AND
Fever-free > 24 hours without the use of fever reducing medication.
AND
Follow Deschutes County Communicable Disease Exclusion Guidelines.

WHAT IF A STUDENT OR STAFF MEMBER TESTS POSITIVE?

STEP-BY-STEP SCENARIO:



STUDENT TESTS POSITIVE

Student's family alerts school nurse or school administration.



Instructions to isolate positive student will be provided to families/students.



District contacts Deschutes County Public Health Department to notify them of a positive case. Bend-La Pine Schools will begin contact tracing process.



Bend-La Pine Schools will notify families/staff of cohorts and/or individuals identified as close contact to quarantine.



STAFF TESTS POSITIVE

Staff member alerts supervisor or administration and Human Resources of positive test.



Administrator or Human Resources alerts Health Services Supervisor and Safety Director regarding positive test.



Isolation instructions will be provided to positive individual.



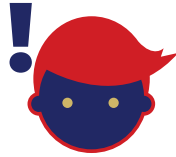
District contacts Deschutes County Public Health Department to notify them of a positive case. Bend-La Pine Schools will notify families/staff of cohorts (if applicable) and/or individuals identified as close contacts to quarantine.



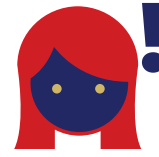
If the staff member is a teacher, a substitute will be called to fill in during time of self-isolation.

WHAT IF A STUDENT PRESENTS ILLNESS AT SCHOOL?

STEP-BY-STEP SCENARIO:



Student feels unwell.



Teacher calls front office to request that an adult accompanies the student to the health room.

Designated staff takes student's temperature.

Student presents COVID-19 symptoms.

Student waits in school isolation room until parent can pick up student.

Student is encouraged to see health care provider.

IF TESTED FOR COVID-19:



TEST IS NEGATIVE

- ▶ Family is required to keep student home with a temperature of 100.4° F or higher until fever free 24 hours without the use of fever reducing medication.
- ▶ Student may go back to school when symptoms improve or resolve after 24 hours. For vomiting or diarrhea, symptoms must have resolved for 48 hours before returning to school.
- ▶ Oregon licensed health care provider* completes Bend-La Pine Schools' Return to School/Work form, if required.
- ▶ Follow Deschutes County Health Services Communicable Disease Exclusion Guidelines for Schools and Childcare Setting.



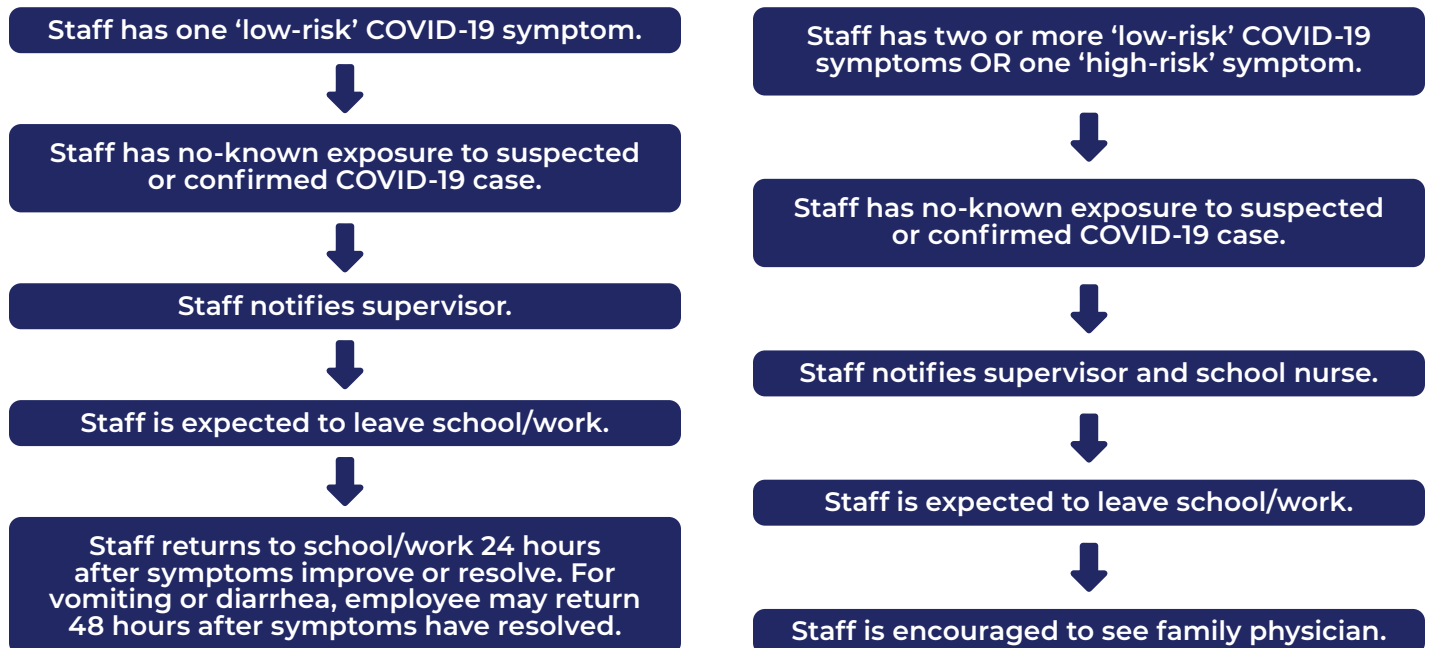
TEST IS POSITIVE

- ▶ Family alerts school of positive test.
- ▶ School alerts Health Services Supervisor and District.
- ▶ District alerts designee at Deschutes County Public Health.
- ▶ Deschutes County Public Health will confirm positive results, interview student/parent, contact tracing begins.
- ▶ Oregon licensed health care provider* completes Bend-La Pine Schools' Return to School/Work form, if required.
- ▶ Follow Deschutes County Health Services Communicable Disease Exclusion Guidelines for Schools and Childcare Setting.

*Oregon licensed health care provider is defined per GBEB/JHCC-AR

WHAT IF A STAFF MEMBER PRESENTS ILLNESS WHILE AT SCHOOL OR WORK?

STEP-BY-STEP SCENARIO:



IF TESTED FOR COVID-19:



TEST IS NEGATIVE

- Staff is expected to stay home with a temperature of 100.4° or higher until fever free 24 hours without the use of fever reducing medication.
- Oregon licensed health care provider* completes Bend-La Pine Schools' Return to School/Work form, if required, staff returns to HR designee.
- Staff may go back to school when symptoms improve or resolve after 24 hours. For vomiting or diarrhea, employee may return 48 hours after symptoms have resolved.
- Follow Deschutes County Health Services Communicable Disease Exclusion Guidelines for Schools and Childcare Setting.



TEST IS POSITIVE

- Staff alerts their supervisor of positive test.
- Supervisor alerts Health Services Supervisor or designee.
- Health Services Supervisor alerts designee at Deschutes County Public Health.
- Bend-La Pine Schools will begin contact tracing process.
- Follow Deschutes County Health Services Communicable Disease Exclusion Guidelines for Schools and Childcare Setting.
- Positive staff person will be out a minimum of 10 days from symptom onset or 10 days after a positive test was administered if asymptomatic.

*Oregon licensed health care provider is defined per GBEB/JHCC-AR

WHAT IF A FAMILY MEMBER OR FRIEND TESTS POSITIVE?



STEP-BY-STEP SCENARIO:

- 1** | Student in class says one of their family members at home has COVID-19 and the teacher and other students overhear.
- 2** | Teacher notifies a school administrator or school nurse of the comment.

If student is **ASYMPTOMATIC**, student should wait in the **health room** while nurse or administrator calls parent/guardian.

If student is **SYMPTOMATIC**, student should wait in the **isolation room** while nurse or administrator calls parent/guardian.



A student or staff member has been exposed to a person with confirmed COVID-19 **within their household**. The student or staff member is not currently showing symptoms.

The individual will be expected to go home (if not home already).

Quarantine at home for *10 days after date of last exposure* to the COVID-19 positive contact. If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the length of quarantine may be >10 days.

Siblings or family who are also Bend-La Pine Schools employees should also quarantine at home for 10 days after date of last exposure to the COVID-19 positive contact. If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the length of quarantine may be >10 days.

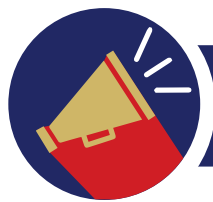


A student or staff member has been exposed to a person with confirmed COVID-19 **outside of their household**. The student or staff member is not currently showing symptoms.

The individual will be expected to go home (if not home already).

Quarantine at home for 10 days after date of last exposure to the COVID-19 positive contact.

If household members were not exposed to the person with confirmed COVID-19: they may continue school or work attendance as long as exposed member remains healthy.



COMMUNICATIONS PROTOCOL

FOR QUESTIONS REGARDING POSITIVE CASE/SCHOOL CLOSURES

► POSITIVE CASE:

Bend-La Pine Schools will alert families if their student is part of a cohort with a positive case or if their student has been identified to have had prolonged contact with a positive case. If the school receives phone calls/messages regarding this case, they should tell parents the following:



SCHOOL MESSAGE TO PARENT/GUARDIAN:

The school district/school has been notified of a possible positive case of COVID-19; however, the identity of the individual(s) is protected by law through HIPAA. Bend-La Pine Schools and/or Deschutes County Public Health is conducting contact tracing and will communicate to parents/guardians if their student is part of a cohort with the positive case or if their student has been identified to have had prolonged contact with a positive case. We continue to recommend social distancing, wearing masks and thorough hand-washing procedures to help stop the spread of COVID-19.

SAMPLE COMMUNICATION LETTER TO SCHOOL AND PARENTS



{Date}

Dear {Name of School} School Staff,

This letter is to inform you that an individual at {Name of School} has been diagnosed with COVID-19. **The name of the individual is protected from release by federal law through HIPAA.**

Designated Bend-La Pine Schools staff have worked closely with {Name of School} officials to review cohort logs to identify individuals who may have been exposed to a person who tested positive for COVID-19. It has been determined that your student may have had direct exposure to an ill person with COVID-19 symptoms/a person with a confirmed positive COVID-19 case.

In consultation with the local public health authority, we are immediately closing the following cohorts: {insert cohort information} will quarantine at home for 10 days under Comprehensive Distance Learning, with a tentative plan to return to in-person learning on {enter date}.

It's important to notify us if any member of your household becomes ill with COVID-19. Additional protocols will be followed to ensure a safe return to school. The best way to prevent the spread of COVID-19 is to practice good health hygiene habits. Wearing a mask will reduce the spread of virus and help prevent those who have the virus (with or without symptoms) from passing it to others. Be sure to wash your hands frequently with soap and water, cover your coughs and sneezes, and avoid contact with people who have signs of illness. Get plenty of rest, exercise, and eat a healthy diet. Protect the community by following the Governor's social distancing requirements. More information can be found on the Oregon Department of Education's COVID-19 page, the Oregon Health Authority's COVID-19 page and Bend-La Pine Schools COVID-19 Communications.

We know this is a hard time for everyone and our hearts go out to those who are ill. We will keep you updated with any new information as it comes out, as appropriate, while meeting the requirements of privacy.

If you have questions, please contact {insert school nurse name and contact information}.

Sincerely,

{Insert principal name}

BEND-LA PINE SCHOOLS

RETURN TO SCHOOL/SPORT/WORK FORM

(Date) (Presenting Symptoms)

The following documentation must be completed by one of the following Oregon licensed healthcare providers: M.D., D.O., NP, or PA.

_____ has been evaluated at our clinic.
(Patient Name) (Date of Birth)

Please check one of the following:

- ☐ Patient was seen by a health care provider on _____ (date) and has a **pending COVID-19 test**. If COVID test is **negative, no known recent close COVID-19 contacts**, fever free for 24 hours without the use of fever reducing medication, and illness symptoms are improving or resolved, they may return to school/work on _____ (date). *Employees and students will need to submit the signed Return to School/Work Form and attach the negative COVID-19 test results to:
Employees - Human Resources Department : Students - the school nurse before being cleared to return to work/school.
- ☐ Patient has a **positive COVID-19 test** on _____ (date). They should isolate at home until 10 days since symptoms first appeared on _____ (date of first symptoms), and until fever-free for 24 hours without the use of fever-reducing medication, and other symptoms are improving.
- ☐ Patient has a **negative COVID-19 test** on _____ (date) and has **no known close COVID-19 contacts**. They may return to school once they have been fever-free for 24 hours without the use of fever-reducing medication, and other symptoms are improving.
- ☐ Patient has a **negative COVID-19 test** on _____ (date), but **they have had close contact with someone with COVID-19**. Because of this close contact, there is a chance the test was a false negative, and they are being treated as a **presumptive case of COVID-19**. They should isolate at home until 10 days since symptoms first appeared on _____ (date of first symptoms), and until fever-free for 24 hours without the use of fever-reducing medication, and other symptoms are improving.
- ☐ Patient **has NOT been tested for COVID-19** related symptoms beginning on _____ (date). **A clear alternative non-respiratory diagnosis has been identified**; therefore, they may return to school once they have been fever-free for 24 hours without the use of fever-reducing medication, and other symptoms are improving.
- ☐ Patient **has NOT been tested for COVID-19** related symptoms beginning on _____ (date). **A clear alternative non-respiratory diagnosis has NOT been identified**; therefore, they should isolate at home until 10 days since symptoms first appeared on _____ (date of first symptoms), and until fever-free for 24 hours without the use of fever-reducing medication, and other symptoms are improving. **COVID-19 has NOT been ruled out.**
- ☐ Patient **has been cleared to resume athletic activity**.

Please call for any concerns or questions.

Provider Signature

Date

Provider Name

Clinic, Center or Hospital

Phone

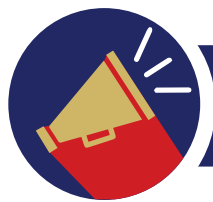
Reference for COVID-19 Diagnosis Codes

Z03.818 Possible exposure to Covid19, testing to rule out

Z20.828 Contact with or suspected exposure

U07.1 Confirmed Covid19

Z11.59 Asymptomatic, no known exposure, results unknown or negative



THINGS TO KNOW

COVID-19 TESTING INFORMATION

- ▶ Your primary healthcare provider's office can help you determine your coverage for COVID-19 testing, if needed.
- ▶ Most major medical insurers cover testing and treatment for COVID-19. Deductibles may apply.
- ▶ Oregon Health Plan (OHP) covers testing and treatment for COVID-19. Even if you are out of state or have emergency-only (CAWEM) coverage.
- ▶ Children under 19 who do not meet the immigration status requirements qualify for full OHP through Cover All Kids. Contact your provider for COVID-19 testing coverages.
- ▶ Visit <https://govstatus.egov.com/or-oha-covid-19-testing> to find a testing site location or call 211.
- ▶ Deschutes County COVID-19 testing locations: <https://www.deschutes.org/health/page/covid-19-testing>

COVID-19 Information Phone Line 8a.m. - 6:30p.m. (M-F) 541-699-5109

The free phone line, available to individuals in Crook, Deschutes and Jefferson counties, will be open from 8 a.m. to 6:30 p.m. Monday to Friday and will be staffed by caregivers and county health services professionals.

**IF YOU HAVE FURTHER QUESTIONS,
PLEASE CONTACT YOUR SCHOOL'S NURSE.**




FERPA

The **Family Educational Rights and Privacy Act (FERPA)**, is a federal law enacted in 1974 that protects the privacy of **student education records**.

The Act serves two primary purposes:

1. Gives parents or eligible students more control of their educational records
2. Prohibits educational institutions from disclosing “personally identifiable information in education records” without written consent






Who must comply?	Protected information	Permitted disclosures ¹
 <ul style="list-style-type: none"> • Any public or private school: <ul style="list-style-type: none"> – Elementary – Secondary – Post-secondary • Any state or local education agency <p>Any of the above must receive funds under an applicable program of the US Department of Education</p>	 <p>Student Education Record: Records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution.</p>	 <ul style="list-style-type: none"> • School officials • Schools to which a student is transferring • Specified officials for audit or evaluation purposes • Appropriate parties in connection with financial aid to a student • Organizations conducting certain studies for or on behalf of the school • Accrediting organizations • Appropriate officials in cases of health and safety emergencies • State and local authorities, within a juvenile justice system, pursuant to specific state law • To comply with a judicial order or lawfully issued subpoena

HIPAA

The **Health Insurance Portability and Accountability Act (HIPAA)** is a national standard that protects sensitive **patient health information** from being disclosed without the patient’s consent or knowledge. Via the Privacy Rule, the main goal is to:

- Ensure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being.



Who must comply?	Protected information	Permitted disclosures ¹
 <ul style="list-style-type: none"> • Every healthcare provider who electronically transmits health information in connection with certain transactions • Health plans • Healthcare clearinghouses • Business associates that act on behalf of a covered entity, including claims processing, data analysis, utilization review, and billing 	 <p>Protected Health Information²: Individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records.</p>	 <ul style="list-style-type: none"> • To the individual • Treatment, payment, and healthcare operations • Uses and disclosures with opportunity to agree or object by asking the individual or giving opportunity to agree or object • Incident to an otherwise permitted use and disclosure • Public interest and benefit activities (e.g., public health activities, victims of abuse or neglect, decedents, research, law enforcement purposes, serious threat to health and safety) • Limited data-set for the purposes of research, public health, or healthcare operations

¹ Permitted disclosure means the information can be, but is not required to be, shared without individual authorization.

² Protected health information or individually identifiable health information includes demographic information collected from an individual, and 1) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse and 2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and
(i) That identifies the individual, or
(ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

For more information, please visit the [Department of Health and Human Services’ HIPAA website](#) and the [Department of Education’s FERPA website](#).





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THANK YOU TO CLAY COUNTY DISTRICT SCHOOLS FOR USE OF THIS DESIGN.