This Pandemic Management Plan is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of health care providers with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of content contained herein.
Introduction

The purpose of this Pandemic Management Plan (PMP) is to provide overall information about how Portland Waldorf School will strive to function during a pandemic while government requirements are in place that limit the typical independent operation of the school. This document extends protocols beyond our standard Communicable Disease Plan when a communicable disease is declared a pandemic.

Pandemic refers to the global circulation of a novel or variant strain of respiratory virus. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016).

Every community member’s behaviors and decisions impact the entire community’s health and safety, as well as our ability to be on campus to offer in-person instruction. Practices and protocols apply to students, employees, and visitors, including parents. This PMP draws from Oregon Department of Education (ODE) Guidelines, Oregon Health Authority (OHA), and the Centers for Disease Control (CDC) recommendations. This is a living document and will be updated as new information becomes available.

These Guiding Principles inform decision-making at Portland Waldorf School during a pandemic:

- We are committed to the physical and emotional well-being of our students, employees, and families, and equally committed to social responsibility and public health
- We cannot eliminate all risk; our goal is to take reasonable steps to mitigate risk exposure and communicate those clearly, while considering local, national, and international health organization mandates and guidelines
- We are committed to analyzing decisions based on their implications for the community’s health, the student experience, our families’ circumstances, and the financial implications for the school
- We are committed to supporting the community through timely and accurate communications. For the safety of the community, decisions can change as more information becomes available

The Pandemic Response Team (PRT) provides recommendations to leadership on ways to mitigate the impacts of a pandemic on PWS. PRT team members will include those serving in the following roles:

- School Director
- Pedagogical Director
- Operations Director
- EC Section Chair
- Grades Section Chair
- HS Section Chair
Control Measures

While vaccines and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza, these are not always accessible for novel strains. Non-pharmaceutical interventions (NPI’s) are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school can only account for NPI’s in the school setting and at school-sponsored events (CDC, 2017).

<table>
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<tr>
<th>Personal NPIs</th>
<th>Community NPIs</th>
<th>Environmental NPIs</th>
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<td>are everyday preventive actions that can help keep people from getting and/or spreading illness. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, washing your hands often with soap and water or sanitizer and wearing a face covering.</td>
<td>are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include increasing space between students in classrooms, making attendance and sick-leave policies more flexible, canceling large school events, and temporarily dismissing school or moving to distance learning.</td>
<td>are surface cleaning measures that remove germs from frequently touched surfaces and objects.</td>
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Everyday Measures

Control measures to limit the spread of communicable diseases are an active part of the school’s health & wellness plan. Routine control measures include:

- Hand hygiene (washing hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (covering coughs and sneezes and throwing the tissue in the garbage after each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when sick and until 24 hours or more fever free, without the use of fever-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively. That being said, historical pandemic responses have provided a baseline set of evidence-based guides to create a framework for a response plan for such events in the school setting. Control measures are incremental based on the current situation. The current situation will be defined by public health entities based on the severity, the incidence and the proximity to the school setting lending to level based responses.

When cases of novel viruses are identified globally
When a novel disease (like COVID-19) is identified, it is the due diligence of school personnel to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations may arise, including foreign travel by students or staff, which may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent’s responsibility to communicate this restriction to the school. Routine infection control and communication should continue.

**ROUTINE PRACTICES**

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<tr>
<td>• Routine hand hygiene</td>
<td>• Routine illness exclusion (Appendix A)</td>
<td>• Routine sanitizing</td>
<td>• Routine seasonal illness prevention and exclusion communication</td>
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<tr>
<td>• Respiratory etiquette</td>
<td></td>
<td></td>
<td>• Be aware of immunocompromised students &amp; staff</td>
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<tr>
<td>• Stay home when ill and until fever free without medication for 24+ hours</td>
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When cases of novel viruses are identified **regionally** or **nationally** (Level one)

When the novel disease is identified in the U.S., it is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the school should be subscribed to this alert to keep the team updated. When public health has deemed a novel virus a pandemic threat, defer to the CDC, OHA and local authorities in order to establish a specific emergency response framework. During this time, planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

**LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION - PREVENTION FOCUSED**

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<tr>
<td>• Increase hand hygiene</td>
<td>• Determine if absentee rates have increased 20% or more</td>
<td>• Increase sanitizing of flat and shared surfaces</td>
<td>• Provide communications to families based on current situation, general information &amp; public health</td>
</tr>
<tr>
<td>• Use alcohol -based hand sanitizer when hand washing is not an</td>
<td>• Increase communication &amp;</td>
<td>• Devise prevention &amp; post-exposure sanitizing &amp;</td>
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When cases of novel viruses are identified in the community (Level two)
When novel viruses are identified in the broader community, but not in a PWS student or staff member, the school will defer to ODE/OHA and local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school can only apply controls around the school setting and school-sponsored events and activities. The school cannot advise control measures around private events and activities involving students or community members. Each of those groups are responsible to follow local public health guidance.

When the local transmission is detected, planning for dismissal and academic continuity should be prioritized. As well, plans for prolonged staff absences should be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]

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<tbody>
<tr>
<td>* Public Health specific guidance</td>
<td>* Public health guidance</td>
<td>* Public health specific guidance</td>
<td>* Work with local health authorities to establish timely communication with staff and families</td>
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<tr>
<td>* Be prepared to allow staff and students to stay home if someone is sick in their house</td>
<td>* Increase space between people at school to 3-6 feet if possible</td>
<td>* Modify, postpone or cancel large school events as coordinated with local health authorities</td>
<td>* Provide communication to staff about the use of sick time and a reminder to stay home when sick</td>
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<tr>
<td>* Consider temporary dismissal of students who may participate in distance learning. Staff may work from home or report to work in the building</td>
<td>* Consider emergency child care measures may be needed if possible</td>
<td>* Advise parents to report actual symptoms when calling students in sick as part of communicable disease</td>
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When cases of novel viruses are identified in the school (Level three)
When novel viruses are identified in the school, and the incidence is low, the local health authority may provide a direct report to school personnel on the diagnosed case. Likewise, the local health authority may impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the local health authority may not have the person power to impose individual restrictions and may create public statements that the school should reiterate.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

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<th>Communication</th>
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| ● Follow public health direction | ● Follow exclusion guidance designated by the local health authorities which may include student and/or staff dismissal | ● Follow local public health direction on environmental cleaning which may include school closure or canceling major events | ● Coordinate communication with the local public health authority  
● Identify potentially immediately impacted student populations such as seniors on graduation track |

POST EVENT

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<th>Communication</th>
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| ● Routine hand hygiene and respiratory etiquette when local health authority deems processes may return to baseline  
● Stay home when ill and until fever free without medication for a 24+ hours | ● Routine illness exclusion when the local health authority deems processes may return to baseline  
● Determine the plans needed to make up lost academic time (if not done through Distance Learning) | ● Routine sanitizing when the local health authority deems processes may return to baseline | ● Routine seasonal illness prevention and exclusion communication  
● Participate in post-event evaluation to determine what worked in response plan and what needs to be revised  
● Communicate the plans needed to make up lost academic time |
Authorities/Roles & Responsibilities

At the state level, the Oregon Health Authority (OHA) is guided by the US Department of Health and Human Services and the CDC. At the local level, Clackamas County Public Health Division takes guidance from OHA. National, state, and local authorities are charged with collaborating in highly infectious illness preparedness and response efforts. As an independent school, PWS is under the jurisdiction of the Oregon Health Authority (OHA) and our local health department, Clackamas County Public Health Division (CCPHD). Our Early Childhood and Aftercare sections (EC/AC) are additionally regulated/licensed by the ODE Early Learning Division (ELD) Office of Childcare. PWS cooperates with these authorities to raise awareness and take necessary actions in response to reported illness outbreaks. PWS’s response to a communicable disease outbreak will be guided by the recommendations and requirements of the Clackamas County Public Health Division (CCPHD), the Oregon Health Authority (OHA) and the Centers for Disease Control and Prevention (CDC). The Governor of the State of Oregon can make a recommendation or pass an executive order to close both public and private schools in the state.

PWS Roles and Responsibilities:
To respond to recommendations and requirements of the state, the following roles and responsibilities have been created at PWS:

**The Pandemic Response Team:** This team shall be made up of administrators including School Director, at least one member of the Safety Committee, a Human Resources representative, as well as teachers from each school section (EC, Grades, HS). It shall work to create protocols and policies specific to PWS in response to a pandemic that are consistent with OHA/ODE guidelines and our school Mission and Values.

**Physical Distancing Officer:** The Pandemic Response Team may establish physical distancing requirements and will rely on teachers to implement and enforce physical distancing requirements, consistent with OHA/ODE/CCPHD guidance.

**Communications Coordinator:** The Pandemic Response Team will recognize a staff member through whom all communication regarding the pandemic to Staff and Parents is channeled.

Staff Training:
Staff training will be planned by the Pandemic Response Team and scheduled with school leadership. All staff will review and be trained on the PWS Communicable Disease Plan, this PWS Pandemic Management Plan, and Cleaning, Sanitizing and Disinfecting at PWS protocols and on any recommendations and requirements issued from OHA/ODE (ie the Operational Blueprint) during summer in-service and periodically when regulations are updated. If necessary, training will be scheduled virtually.

Communication to students, parents and community members:
A Communications Coordinator appointed by the School Director will develop communication to staff to be shared prior to the start of on-site instruction and at periodic intervals explaining infection control
measures that are being implemented to prevent the spread of disease including what will be required of staff.

Before the start of the school year, the Communications Coordinator will develop a letter explaining what we are asking of families outside of our regular illness and attendance policies in terms of health evaluations, isolation, quarantine and attendance during heightened levels of disease outbreak and what the ramifications may be if school policy is knowingly disregarded. PWS retains the right to implement policies and protocols that are stricter than state or county guidelines, as befits our unique community.

**When a confirmed case is identified amongst our staff or students**, calls or verbal information will be routed to designated personnel who will inform the Pandemic Response Team (which will include an HR representative). PWS will follow the guidance of the Clackamas County Public Health Division in its response.

Notification will be sent to impacted individuals per OSHA and OHA recommendations and/or requirements.

Reference resources regarding standard and disease specific health policies will be available electronically to the community.

**Health Screening**

In addition to standard health and wellness policies (Appendix A) PWS may institute Health Screenings when in Level 1, 2 or 3 of a pandemic. The screening questions will be communicated to the PWS community and any person exhibiting primary symptoms may not be admitted to campus (see Appendix G for sample Health Screening Daily Checklist).

**Tracing and Visitors**

During a Level 1, 2 or 3 pandemic, visitors/volunteers (including current parents) may be unable to visit/work in the school, or complete other volunteer activities that require in person interaction. Adults in the school may be limited to essential personnel only. Student pick up and drop off may occur outdoors.

All visitors (including current parents picking up ill children), vendors and service providers may be required to check in at the main office and provide tracing information that will be kept for a time period required by the local health department. Regular attendance records will track student attendance. In addition, visitors may be required to wash or sanitize hands upon entry and exit, wear face coverings at all times indoors and maintain physical distancing. Signage may be placed at entry doors with instructions for visitors.

**Exposure Scenario and Guidance (Quarantine)**
Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

How students and employees are divided into cohorts will determine the school’s response to a reported case onsite. Single individuals or full cohorts may transition to remote learning in order to prevent disruption to groups not directly exposed to a disease. The school may move to fully remote learning in the event of multiple cohort exposures. Though in the school setting, an outbreak is two or more cases of an infection in a group or cohort in the same communicability time period, Portland Waldorf School may send cohorts remote in the case of fewer positive cases depending on contact tracing information.

In the event that a case is identified in the school community, with the support of the Clackamas County Public Health Division, and while respecting all applicable privacy laws, the school will support contact tracing and align with isolation and quarantine guidelines for cases and contacts. The school is committed to communicating possible exposures in case of all on-campus exposures. PWS will follow OSHA workplace communication requirements.

Isolation

Isolation separates sick people with a contagious disease from people who are not sick.

Per health agency guidance exclusion protocols shall be maintained and self health screenings each day will keep symptomatic staff and students from entering the building. If students/staff appear to develop symptoms during the day isolation protocol may go into effect. If a communicable disease is spread through respiratory means, face coverings may be required if the symptomatic student/staff can do so safely, prior to escorting out of the classroom to the isolation area. Isolation room may be located in any room with a door. When possible, the Main Office should be notified by telephone that an isolation is needed. Escorting the individual to the isolation room should be carried out with as minimal contact with other students/staff as possible.

Student Isolation
In the case of a student displaying symptoms of illness that require an isolation, main office staff will utilize the student’s emergency contact list to reach the first available person for pick-up. The isolated student should remain in the isolation room until their departure.

Staff Isolation During Work Day
In the case of a staff/faculty member displaying symptoms of illness that require an isolation, the isolated staff should remain in the isolation room until their departure.

General Notes on Isolation:

- To reduce fear, anxiety, or shame related to isolation, administrative or teaching staff should provide a clear explanation of procedures, including use of PPE and hand sanitizing/washing prior to entering the isolation room.
Staff supervision and symptom monitoring will be done consistently by a member of administration or teaching staff until the staff/student is able to be transported home or to a healthcare facility.

When COVID-19 is suspected, anyone providing supervision and symptom monitoring must wear appropriate PPE. Staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. 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.

Isolation Assessment
Assessment of symptoms consistent with respiratory illness/COVID-19 should be documented (See Appendix F). Assessment for other symptoms consistent with a communicable disease (guidelines for exclusion as they relate to assessment can be found in Appendix E). Symptoms should be verbally communicated to the guardian (if under 18) at the time of pick-up (or in writing for the healthcare provider if requested by the guardian). See note below for tracing and communication to CCPHD.

Emergency signs that require immediate medical attention (call EMS 9-1-1):
  o Trouble breathing
  o Persistent pain or pressure in the chest
  o New confusion or inability to awaken
  o Bluish lips or face
  o Other severe symptoms

Communication to Clackamas County Public Health Department and Tracing
Communication to the CCPHD will be done by designated personnel.

Cleaning of Isolation Room
Cleaning/disinfection of the isolation room will occur between uses. Cleaning/disinfection will be completed by a member of administration and will include the following:
  ● Misting of entire room with appropriate disinfectant
  ● Disinfection of hard non-porous surfaces with disinfecting wipes- door knobs, light switches, tables, cot frames, mattresses.
    (Soft/porous items should be removed from the room)

Cleaning, Sanitizing and Disinfecting
PWS will follow guidelines in the Cleaning, Sanitizing and Disinfecting at PWS document (see Appendix H) for regular cleaning as well as heightened protocols during a pandemic outbreak.
The school, in consultation with the Clackamas County Public Health Division, may be required to deep clean part of all of the facility following a reported case of a communicable disease. Guidance from CCPHD will be followed.

**Special Considerations**

**Employee Sick Leave**
Administration and the Business Office should work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regards to lost work, such as maximum incubation period exclusion.

**School Closures**
If school closure is advised by OHA or local public health department, consultation should occur between legal consultants and school administration to ensure processes are consistent with legal preparedness processes.

**Immunocompromised Students and Staff**
Students or staff with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance.

Staff or students may request reasonable accommodation because of a medical condition or for family/medical leave because of their own health condition. PWS may require documentation from a healthcare provider that specifies the need for the accommodation or the reason for the leave. If a staff member is absent from work for 3+ days, PWS may require documentation from a healthcare provider to return to work. If the staff member is diagnosed with or presumed to have a communicable disease, PWS may require home isolation for the length of time that is advised by CCPHD and/or documentation from a healthcare provider before the employee can return to work.

**State of Emergency**
In the event of a pandemic illness that results in a public health emergency, the Oregon Governor may declare a state of emergency. Such an emergency declaration could give the Oregon Health Authority and the Office of Emergency Management all the resources at the state's disposal to stem the spread of a disease.

It may allow OHA to activate reserves of emergency volunteer health care professionals, bringing online auxiliary medical professionals to work with local health authorities to identify and contain cases of disease in Oregon. In a state of emergency:

- Effective prevention and therapeutic measures, including vaccine and antiviral medications, could be delayed, in short supply, or not available.
- Substantial public education regarding the need to target priority groups for vaccination and antiviral/antibiotic medication and the allocation of limited supplies, is crucial in averting public panic.
- Non-pharmaceutical interventions, travel restrictions, cancellation of public events, isolation and/or quarantine may be required to slow the spread of an outbreak.
- Secondary bacterial infections, following the outbreak, may result in shortages in antibiotic supplies.
• There may be a need for alternate care sites to act as temporary health care facilities.
• Healthcare workers, firefighters, and police officers may be at higher risk of exposure and illness than the general population, further straining the outbreak response.
• Widespread illness could increase the likelihood of sudden and potentially significant shortages of personnel in other sectors that provide critical public safety and necessary services.
• With pandemic diseases, illness may occur in waves. This means there could be up to two months with little or no flu activity, then another illness wave that can last as long as 18 months.
References
The below items were referenced in that document:


Appendix A: PWS Health & Wellness Policy  document link
Appendix B: Oregon Public Health Law
Appendix C: ODE/OHA Communicable Disease Guidance  document link
Appendix D: Tri-County Disease Exclusion Guidelines  document link
Appendix E: Respiratory Illness Surveillance
Appendix F: Health Screening Daily Checklist
Appendix G: Cleaning, Sanitizing and Disinfecting at PWS  document link
Appendix H: Cohort Log for Contact Tracing  document link
Appendix A:
PWS Health & Illness Policy
(from the PWS Parent Handbook)
Since this policy may be updated please see the current version online here:
https://www.portlandwaldorf.org/health

Appendix B:
OREGON PUBLIC HEALTH LAW: Oregon Administrative Rule 333-019-0010
Since this rule may be updated please see the current version online here:
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=287268

Appendix C:
ODE/OHA Communicable Disease Guidance

Appendix D:
Tri-County Disease Exclusion Guidelines

Appendix E:
Respiratory Illness Surveillance template

<table>
<thead>
<tr>
<th>Student initials</th>
<th>Student ID</th>
<th>Today's Date</th>
<th>Date of Onset</th>
<th>Fever (list temp)</th>
<th>Cough</th>
<th>Shortness of breath</th>
<th>Body Aches</th>
<th>Other (specify)</th>
<th>Pneumonia</th>
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Appendix F:
Health Screening Daily Checklist template
(Specifics may change for different illnesses. This template was based on COVID-19 in August 2021.)

**Have you been exposed to a person with a presumptive or positive case of COVID-19 in the past 14 days?**
- A “presumptive” case means the person was exposed to someone with a confirmed case of COVID-19 in the preceding 14 days, has at least two of the following COVID-19 symptoms (shortness of breath, cough, fever, and/or new loss of smell or taste), and has not yet received a positive COVID-19 test. Unvaccinated or otherwise susceptible individuals who meet this definition must quarantine for 14 days, starting the day after their last known exposure. The 14-day quarantine starts the day after the exposed individual last had close contact with the person with the COVID-19 case.
- Close contacts with no symptoms may be permitted to end quarantine after a minimum of 10 days, while continuing to monitor closely for the full 14 days.
- Fully-vaccinated individuals do not have to quarantine in the event of an exposure if they meet the following criteria:
  - Are ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single dose vaccine; and
  - Have remained asymptomatic since the current COVID-19 exposure.
- Individuals who meet the definition above are recommended to monitor themselves for symptoms for a full 14 days following exposure and seek testing 3-5 days after exposure. If symptoms develop, the individual should isolate at home.
- PWS may require all members of a cohort to move to distance learning in the case of an exposure regardless of vaccination status.

**Are you experiencing unusual or persistent cough, shortness of breath, or fever?**
- “Unusual or persistent cough” means something not normal for this person (e.g., allergies, asthma). If yes to this question, the person must be excluded from the program for 10 days, and until 24 hours symptom-free.
- With regard to cough and shortness of breath only, if the person has been checked by a medical professional and an alternative, non-COVID-19 diagnosis is found, they can remain in or return to the program following the documented direction of the medical professional and 24-hours symptom free.
- Anyone with a fever of 100.4°F or higher is excluded for 10 days and until 24-hours symptom free, without the use of fever reducing medication. If the ill person has no primary COVID-19 symptoms other than fever or chills and a clear alternative non-respiratory diagnosis is identified by a healthcare provider as the cause of the person’s illness, then usual disease-specific return to school guidance* should be followed and the person should be fever free for 24-hours, without the use of fever reducing medication.

**Do you have symptoms of diarrhea, vomiting, headache, sore throat, or rash?**
- If yes to this question, that person must be excluded as follows.
  - If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional.
  - If experiencing diarrhea and/or vomiting and the individual has not been seen by a medical professional, they may return 48 hours after resolution of symptoms or after seen and cleared by a licensed healthcare provider.
  - If experiencing rash and the individual has not been seen by a medical professional, they may return after resolution of symptoms or until sores and wounds are dry or can be completely covered with a bandage, or after seen and cleared by a licensed healthcare provider.
  - If experiencing headache and/or sore throat, note these are non-primary COVID-19 symptoms. The individual is advised to refrain from attending in-person instruction until symptoms have resolved, or under the direction of a licensed healthcare provider.

* The “usual disease specific return to school guidance” mentioned can be found starting on page 10 of the [Communicable Disease Guidance for Schools](https://static1.squarespace.com/static/5f7d15cb8c3f251339c4f87d/t/611fd206a146f17c07bb6b27/1629475335355/Clean%2C+Sanitize%2C+Disinfect+at+PWS.pdf)

This screening was made in consultation with Kamryn Brown, School Liaison for Clackamas County Public Health Division.

Appendix G:
Cleaning, Sanitizing and Disinfecting at PWS
Since this document may be updated please see the current version online here: https://static1.squarespace.com/static/5f7d15cb8c3f251339c4f87d/t/611fd206a146f17c07bb6b27/1629475335355/Clean%2C+Sanitize%2C+Disinfect+at+PWS.pdf
Appendix H:
Cohort Log for Contact Tracing template

Daily Log – COVID-19

Date: ____________________________  Stable Cohort: ____________________________

<table>
<thead>
<tr>
<th>Child Name (First Last)</th>
<th>IN</th>
<th>Entrance Screening* completed (x)</th>
<th>Parent/Guardian name &amp; phone</th>
<th>Interactions beyond the Cohort</th>
<th>OUT</th>
<th>Symptoms and/or exposures noted</th>
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<tr>
<th>Staff/Adult Names in Contact with Cohort**</th>
<th>Role/Title</th>
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*Entrance Screening – Must include either a visual check/parent attestation: check for the primary symptoms of concern.

**Staff Name – The name of any staff member or adult who comes in contact with the students throughout their day.