



HOSPITAL SCHOOL PROGRAM AT RANDALL CHILDREN’S HOSPITAL

OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Under ODE’s **Ready Schools, Safe Learners** guidance, each school¹ has been directed to submit a plan to the district² in order to provide on-site and/or hybrid instruction. Districts must submit each school’s plan to the local school board and make the plans available to the public. This form is to be used to document a district’s, school’s or program’s plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the [Ready Schools, Safe Learners guidance](#) document as they complete their Operational Blueprint for Reentry. ODE recommends plan development be inclusive of, but not limited to school-based administrators, teachers and school staff, health and nursing staff, association leadership, nutrition services, transportation services, tribal consultation,³ parents and others for purposes of providing expertise, developing broad understanding of the health protocols and carrying out plan implementation.

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Multnomah Education Service District’s Hospital School Program at Randall Children’s Hospital
Key Contact Person for this Plan	Sarah Davis
Phone Number of this Person	503-262-4200
Email Address of this Person	sdavis@mesd.k12.or.us
Sectors and position titles of those who informed the plan	<ul style="list-style-type: none"> • Todd Greaves, Director of Student Services • Sarah Davis, Principal, Hospital School Program • Ali Kestel, SpEd teacher, Randall - Acute Care • Julia Stead, SpEd teacher, Randall - Rehabilitation • Sheila Schacher, Administrative Assistant, Hospital School Program • Michelle Wacek, Nurse Manager, Randall Children’s Hospital • Christy Fawcett, RN, MSN, MESD Wheatley School • Joni Tolon, MESD Program Coordinator • Christine Otto, MESD Program Coordinator • Patti Stumetz, 4th floor Assistant Nurse Manager, Randall Children’s Hospital • Kara Landon, 8th floor and Rehabilitation Nurse Manager, Randall Children’s Hospital • Cindy Hill, Chief Nursing Officer, Randall Children’s Hospital
Local public health office(s) or officers(s)	Multnomah County Health Department

¹ For the purposes of this guidance: “school” refers to all public schools, including public charter schools, public virtual charter schools, alternative education programs, private schools and the Oregon School for the Deaf. For ease of readability, “school” will be used inclusively to reference all of these settings.

² For the purposes of this guidance: “district” refers to a school district, education service district, public charter school sponsoring district, virtual public charter school sponsoring district, state sponsored public charter school, alternative education programs, private schools, and the Oregon School for the Deaf.

³ Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a [government-to-government](#) basis.

	https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Documents/Multnomah.pdf Multnomah ESD School Health Services https://www.multnomahesd.org/school-health.html
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Sarah Davis, Principal, Hospital School Program
Intended Effective Dates for this Plan	August 17, 2020 - June 30, 2021
ESD Region	Multnomah Education Service District

2. Please list efforts you have made to engage your community (public health information sharing, taking feedback on planning, etc.) in preparing for school in 2020-21. Include information on engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

Reentry is tailored to the local context and informed by the local needs of Randall Children’s Hospital. In an effort to ensure equity and serve the diverse needs of our learners and our community, parent/guardian and educational staff surveys were sent and included opportunities for feedback on Spring 2020 Distance Learning as well as preferences and feedback on Reopening procedures for Fall of 2020. The results were used to inform this plan.

The updated 2020-21 school year guidance includes a new requirement that all students in grades kindergarten and above, as well as all staff, wear face coverings. ODE defines these products as face coverings and not masks, as they are not considered medical-grade masks. If the hospital/facility prevents the student from wearing a mask, the student will be provided with a Comprehensive Distance Learning option; however, additional provisions apply to students protected under ADA and IDEA. For students with existing medical conditions, doctor’s orders to not wear face coverings, or other health related concerns, schools/districts must not deny access to On-Site instruction.

Hospital School Program at Randall Children’s Hospital follows Board Policy for Multnomah Education Service District in regard to equity.
https://policy.osba.org/mesd/search.asp?si=75853865&pid=r&nsb=1&n=0&_charset_=windows-1252&bcd=%F7&s=mesd&query=equity

3. Indicate which instructional model will be used.
- Select One:*
- On-Site Learning**
 Hybrid Learning
 Comprehensive Distance Learning
4. If you selected Comprehensive Distance Learning, you only have to fill out the green portion of the Operational Blueprint for Reentry (i.e., page 2 in the initial template).
5. If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-15 in the initial template) and [submit online](https://app.smartsheet.com/b/form/a4dedb5185d94966b1dfc75e4874c8a). (<https://app.smartsheet.com/b/form/a4dedb5185d94966b1dfc75e4874c8a>) by August 15, 2020 or prior to the beginning of the 2020-21 school year.

* **Note:** Private schools are required to comply with only sections 1-3 of the *Ready Schools, Safe Learners* guidance.

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning. Schools providing On-Site or Hybrid Instructional Models do not need to complete this section.

Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.

On July 28, 2020, Oregon Department of Education released [updated guidance](#) in coordination with the Oregon Health Authority and the Oregon Governor's office. This guidance provides specific state and county-wide metric requirements for in-person and/or hybrid instruction to occur. Until those [metrics](#) are met on a regional and state level, by necessity, we will provide instruction using Comprehensive Distance Learning. This means that we will begin the school year on (insert date) in distance learning mode. When OHA and ODE requirements are met in Multnomah County and Oregon, we will reach out to our stakeholders to determine the exact timeline for initiating the hybrid model after the indicators are met.

Effective dates: August 17, 2020 - June 2021.

Link for *Ready Schools, Safe Learners: Community COVID-19 Metrics*:

https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Emerging%20Respiratory%20Infections/Ready-Schools-Safe-Learners-Community-COVID-19-Metrics.pdf?utm_medium=email&utm_source=govdelivery

[Complete after June 30, 2020 when Comprehensive Distance Learning Guidance is released by ODE.] Describe how your school's model aligns to the Comprehensive Distance Learning Guidance.

Our goal is to transition to a hybrid/fully in person instructional model as soon as it is safe to do so. Until then, we will be following the guidelines set forth by ODE for Comprehensive Distance Learning.

Our CDL model will be loosely based on our model developed in the Spring but with an increased alignment to standards, additional depth of instructional strategies and lessons, a greater focus on equity and additional support for families and students. Information about our Spring Distance Learning Model is available [here](#).

Over the next couple of weeks, we will be collaborating with our staff, students, and families to fully address the needs of our students.

In the meantime we would like to highlight a few key areas of support.

Instruction: Synchronous instruction will be made available where appointments will be scheduled with students for virtual instruction and have access to standards-based, grade level-or-beyond educational materials. Students will be able to interact with one or more teachers who will guide the student's full educational experience.

In the virtual instruction setting, instruction will be provided using a variety of modalities, including but not limited to: online video or audio conferencing, phone calls while using shared points of reference (i.e., the student and teacher are each working with the same learning materials as they engage in discussion around them via the phone), or collaborating on assignments in a cloud-based office suite while also engaged in simultaneous two-way conversation.

Asynchronous opportunities to support and supplement synchronous service provision will also be available.

Asynchronous learning opportunities may include: posting assignments and conversations through Google Classroom or an alternate Learning Management System, email exchanges between educators and students, and working on assignments in a cloud-based office suite at the same time absent simultaneous two-way communication.

Please see requirements:

<https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Learning%20Day%20Overview.pdf>

Office Hours: 8:00am-4:30pm

Communication: Communication will be emailed or mailed, and placed on the school and district website. All communication will be accessible to all stakeholders in their preferred language

Training for Students/Staff:

We will schedule daily training options for students and families during the week leading up to school and the first two weeks of school to provide access that works with family schedules.

Equity Focus:

We will make sure that lessons are provided that focus on Native American/Indigenous History, SEL, etc. Equity and access to learning will be included in planning for instruction and the curriculum, and in partnership with the parents/guardians.

Privacy and Security:

We are working with CTA to ensure that our digital platforms and filters comply with FERPA, COPPA, CIPA, and OSIPA laws.

We are also developing plans in collaboration with CTA to ensure reliable Internet access for every student and every teacher.

Describe the school's plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe Learners* guidance.

Randall's transitioning to hybrid will align with MESD policy and planning. At present that plan is:

- Comprehensive Distance Learning will be in place at least through the month of September.
- MESD will continue to evaluate operating models on a month by month basis using the appropriate metrics and guidance.
- Each month the agency will review regional health data and make recommendations to the MESD board about reopening school buildings and campuses to in-person instruction for the following month. This means that at the September 15 Board Meeting, we will present current metrics and recommendations for October. A decision regarding the instructional model for October will be communicated by September 16.
- Any return to in-person instruction will be communicated a minimum of two weeks in advance.

In making these announcements we want to reassure students, families, and employees that we are not opening in-person instruction during a time when Covid-19 metrics are increasing. It also provides a predictable timeline for decision-making, while retaining flexibility to begin offering in-person support should conditions improve. In all cases, we will continue to work with staff and families to plan reopening steps.

=====

The basic plan is to offer education every day with a determined session schedule with students and groups/cohorts, as applicable. Sanitization practices implemented between groups/class sessions.

Timeline:

The below is a brief overview of timeline activities and due dates (some items were completed before date listed):

- June 18, 2020: Review Blueprint Template
- June 24, 2020: Schedule time with facilities to verify space measurements and to complete a "physical distancing" walk through of spaces
- June 17 (and follow up July 1), 2020: Identify Core Planning Team that includes relevant stakeholders (Teacher, EA, CBO, Nurse)
- June 17, 2020: Survey Staff

- June 18, 2020: Survey Families via email link and follow up with phone calls
- June 29, 2020: Send Supply list to School Health for Ordering
- June 30, 2020: Check in with Coordinator to review school plan progress
- July 1, 2020: Share Initial DRAFT with Todd and Sascha for feedback
- July 2, 2020: Convene Core Planning Team to review asks
- July 7, 2020: Engage Core Planning Team to review asks
- July 7, 2020: Community Based Organization Zoom Feedback Session
- July 8, 2020: Share DRAFT One with MESD Communications for publishing on website
- July 9, 2020: DRAFT One published on MESD website
- July 10 - 23, 2020: Share DRAFT One link plus feedback form with stakeholders
- July 15 - 20, 2020: Review/Comment period open from the Strategic Engagement/Communications Team
- Draft communications to families re-reopening
- Draft communications to staff re-reopening
- July 23, 2020: Review stakeholder feedback form information
- July 23, 2020: Check in with Coordinators to review school plan progress
- July 27, 2020: Engage Core Planning Team for Draft Two review
- August 3, 2020: Share DRAFT Two with Lafcadio and Laura for publishing on website
- August 3, 2020: DRAFT Two published on MESD website
- August 10, 2020: Engage Core Planning Team for final review
- August 12, 2020: Submit Final Plan to Director of Student Services/Assistant Superintendent and Coordinators
- August 13, 2020: Director of Student Services share plans with Cabinet
- August 14, 2020: Coordinators submit plans to ODE and Multnomah County Health
- August 17, 2020: FINAL Plan published on MESD website
- September 1, 2020: First Day Back with Staff
- September 8, 2020: First Day Back with Students / School and Instruction Resumes
- September 15, 2020: Re-evaluate plan

The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.

ESSENTIAL REQUIREMENTS FOR HYBRID / ON-SITE OPERATIONAL BLUEPRINT

*This section must be completed by any school that is providing instruction through On-Site or Hybrid Instructional Models.
Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section.*



1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
X Implement measures to limit the spreads of COVID-19 within the school setting.	Policies: Randall Hospital School Program follows the MESD Communicable Disease Management Plan
X Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19.	https://policy.osba.org/mesd/search.asp?si=75853865&pid=r&nsb=1&n=0&_charset_=windows-1252&bcd=%F7&s=mesd&query=communicable+disease
X Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA.	https://policy.osba.org/mesd/search.asp?si=75853865&pid=r&nsb=1&n=0&_charset_=windows-1252&bcd=%F7&s=mesd&query=communicable+disease
X Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan.	Randall Hospital School Program follows Legacy Health's Safety Requirements & Restrictions
X Process and procedures to train all staff in sections 1 - 3 of the Ready Schools, Safe Learners guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained.	https://www.legacyhealth.org/patients-and-visitors/visit-or-volunteer/visit-us/visitor-restrictions.aspx

- X Protocol to notify the local public health authority ([LPHA Directory by County](#)) of any confirmed COVID-19 cases among students or staff.
- X Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas.
- X Process to report to the LPHA any cluster of any illness among staff or students.
- X Protocol to cooperate with the LPHA recommendations and provide all logs and information in a timely manner.
- X Protocol for screening students and staff for symptoms (see section 1f of the **Ready Schools, Safe Learners** guidance).
- X Protocol to isolate any ill or exposed persons from physical contact with others.
- X Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the **Ready Schools, Safe Learners** guidance).
- X Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official.
 - If a student(s) is part of a stable cohort (a group of students that are consistently in contact with each other or in multiple cohort groups) that conform to the requirements of cohorting (see section 1d of the **Ready Schools, Safe Learners** guidance), the daily log may be maintained for the cohort.
 - If a student(s) is not part of a stable cohort, then an individual student log must be maintained.
- X Required components of individual daily student/cohort logs include:
 - Child's name
 - Drop off/pick up time
 - Parent/guardian name and emergency contact information
 - All staff (including itinerant staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student
- X Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed.
- X Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19.
- X Protocol to respond to potential outbreaks (see section 3 of the **Ready Schools, Safe Learners** guidance).

Randall Hospital School Program also follows MESD Board Policies GBEB, JHCC and GBEB/JHCC-AR
https://policy.osba.org/mesd/G/GBEB_JHCC%20D1.PDF
https://policy.osba.org/mesd/G/GBEB_JHCC_FBBA%20R%20G1.PDF
https://policy.osba.org/mesd/J/JHCC_FBBA_GBEB%20R%20G1.PDF
https://policy.osba.org/mesd/J/JHCC_GBEB%20D1.PDF

Key People:
 COVID-19 Enforcement Lead: Sarah Davis
 School Nurse Lead: Christy Fawcett, RN, MSN, MESD Wheatley School

Multnomah County Health:
<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Documents/Multnomah.pdf>

Training:

Screening/Isolation:

- All staff & visitors entering the building will have their temperatures taken and self assessment questions asked upon entrance.
- Visual screening of all students and staff is outlined in 1f.
- Potentially symptomatic students will be isolated following guidance outlined in 1h.
- COVID-19 patients, as well as those caring for them, are safely isolated from the rest of the population.

Contact Tracing:

- Student/staff tracking logs will be kept for each student/cohort.
- All staff members who are with the student will complete the tracking logs.
- Logs will be posted and available in the educational staff's office
- Contract tracing logs will be kept for each student/cohort

Contact Tracing Log (Link example from Oregon School Nurses Association COVID-19 Toolkit:
https://drive.google.com/file/d/1Sn5SmbgensRYw9wNI4sj4S7s_E1eQqGu/view?usp=sharing)

Outbreak plan:

The MESD Outbreak Protocol is outlined in section 3a.

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Serve students in high-risk population(s) whether learning is happening through On-Site, Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models.</p> <p>Medically Fragile, Complex and Nursing-Dependent Student Requirements</p> <p>X All districts must account for students who have health conditions that require additional nursing services. Oregon law (ORS 336.201) defines three levels of severity related to required nursing services:</p> <ol style="list-style-type: none"> 1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services. 2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services. 	<p>Students:</p> <ul style="list-style-type: none"> ● We will follow the guidance of the hospital staff. ● All students identified as vulnerable, either by a physician, or by parent/guardian notification, will collaborate with the classroom teacher to determine the most appropriate method of instruction. ● All students will continue to receive specially designed instruction through the classroom teacher. ● Students with language services will continue to receive English Language Development. <p>Self Identification:</p> <ul style="list-style-type: none"> ● All staff and students are given the opportunity to self-identify as vulnerable or living with a vulnerable family member. <ul style="list-style-type: none"> ○ Plan includes administrative, classified, and certified staff.

- 3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.
- X Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:
 - Communicate with parents and health care providers to determine return to school status and current needs of the student.
 - Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services.
 - Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations.
 - The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association.
 - Service provision should consider health and safety as well as legal standards.
 - Work with an interdisciplinary team to meet requirements of ADA and FAPE.
 - High-risk individuals may meet criteria for exclusion during a local health crisis.
 - Refer to updated state and national guidance and resources such as:
 - US Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020.
 - ODE guidance updates for Special Education. Example from March 11, 2020.
 - OAR 581-015-2000 Special Education, requires districts to provide ‘school health services and school nurse services’ as part of the ‘related services’ in order ‘to assist a child with a disability to benefit from special education’.
 - OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.

- Redeployed staff members may be assigned to online instructional support, work tasks without in-person contact, (i.e., cleaning, maintenance projects, office work), or leave options.
- ***See section 1g for details.
- Visitors/Volunteers:**
 - Visitors/Volunteers will be unable to work in schools, or complete other volunteer activities that require in person interaction, at this time.
 - Non-essential visitors/volunteers are restricted.
 - Visitors/volunteers must wash or sanitize their hands upon entry and exit.
 - Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.
- Outbreak plan:**
 - The MESD Outbreak Protocol is outlined in section 3a.
- Interdisciplinary Team to Meet ADA & FAPE:**
 - *MESD Staff:*
 - SpEd teachers: Joe Cirillo, Lori Conner, Ali Kestel, & Julia Stead
 - EA: Annabella Davis
 - Speech/Language Pathologist: Morgan Weinstein
 - School Psychologist: Melinda Berry
 - Physical Therapist: Linda Krausse
 - Occupational Therapist: Christy Strange
 - English Learner teacher: Melissa Davis
 - *Randall Hospital Staff:*
 - Michelle Wacek, Nurse Manager, Randall Children’s Hospital
 - Patti Stumetz, 4th floor Assistant Nurse Manager, Randall Children’s Hospital
 - Kara Landon, 8th floor Nurse Manager, Randall Children’s Hospital
- US Department of Education Supplemental Fact Sheet:**
<https://www2.ed.gov/about/offices/list/ocr/frontpage/faq/rr/policyguidance/Supple%20Fact%20Sheet%203.21.20%20FINAL.pdf>

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. X Support physical distancing in all daily activities and instruction, striving to maintain at least six feet between individuals. n/a Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc. X Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering). 	<p>7th Floor Classroom Room Capacity:</p> <ul style="list-style-type: none"> ● 442 square feet ● Classroom will have a room occupancy sign posted at the entrance based on the recommended per person square footage. ● This room has a capacity for up to twelve persons at any given time to maintain physical distancing. ● There is a potential for four educational staff and four students in this space for a total of eight persons. <p>7th Floor Additional Classroom Space Room Capacity:</p> <ul style="list-style-type: none"> ● 160 square feet ● This space has a potential for up to four persons at any given time to maintain physical distancing.

X Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline.

Office Room Capacity:

- 193 square feet
- This space has a potential for up to five persons at any given time to maintain physical distancing.
- There are four educational staff that share this space.

Room 2113 Rehab Office Room Capacity:

- 132 square feet
- This space has a potential for up to three persons at any given time to maintain physical distancing.
- There is one educational staff and two hospital staff who share this space.

Learning Lab

- 180 square feet
- This space availability will be scheduled out with Neuropsychologist at RCH and RCH Educational Staff to maintain social distancing.

Typical/Standard Hospital Rooms for bedside instruction

- _____ square feet

Physical Distancing:

- The classroom, additional classroom space, and both offices have capacity for physical distancing with students & staff.

Rotating Groups:

- Students will have access to standards-based, grade-level educational materials and students will have daily interaction with one or more teachers who will guide their full educational experience.

#1 - ONLINE-Distance Learning:
Under this model students will have access to:

- core subjects taught live through ___fill in: ex: Zoom ___
- Online classes through Google Classroom, Achieve3000, and Odysseyware.
- Check-ins with student, family, medical team and home school twice weekly

#2 - HYBRID Model:

- Students will come into the classroom/educational staff will go bedside - daily check-ins to offer student instruction.
- Students will attend the classroom in a staggered model.
- Students will receive instruction, support and specifically designed instruction through educational staff/case manager.

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff.</p> <ul style="list-style-type: none"> • The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. <p>X Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a of the <i>Ready Schools, Safe Learners</i> guidance).</p> <p>n/a Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms.</p> <p>X Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.</p>	<p>Contact Tracing Daily Logs: Contact logs will be maintained in Synergy for students. A written contact log will be maintained for staff in the office. Staff will receive training on protocols and sanitation logs will be kept for a minimum of 4 weeks.</p> <p>Cleaning & Wiping Surfaces:</p> <ul style="list-style-type: none"> • Hospital staff regularly clean waiting areas and exam rooms in between visits, and hand sanitizer stations are located throughout RCH facilities. • Educational staff will sanitize tables and any equipment or supplies used between cohorts. • Our students will be divided into groups for the classroom to meet social distancing guidelines.

- X Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers.
- n/ Staff who interact with multiple stable cohorts must wash/sanitize
- a their hands between interactions with different stable cohorts.

- Each of these students will work with educational staff/case manager who will be present for in-person instruction.
- Attendance will be taken in the classroom in order to track any possible exposure or infection.
- The classroom will be cleaned overnight.

Cohorting:

- Limited cohort sizes to allow for efficient contact-tracing and minimal risk for exposure.

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X Develop a letter or communication to staff to be shared at the start of on-site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. <ul style="list-style-type: none"> • Consider sharing school protocols themselves. X Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. <ul style="list-style-type: none"> • Consult with your LPHA on what meets the definition of "close contact." X Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding. X Provide all information in languages and formats accessible to the school community. 	<p>Communication:</p> <ul style="list-style-type: none"> • The Principal will develop a return-to-school letter at the beginning of the school year to inform stakeholders of the established safety protocols. <ul style="list-style-type: none"> ○ Letters will be emailed, mailed, and placed on the school website. ○ The letter will go out to families, staff and district representatives. • The district safety committee (w/school nurse) will develop communication to staff, students and families on the infection control measures being implemented to prevent spread of disease (see communicable disease plan). • The district safety committee (w/school nurse) will develop protocols for communicating with anyone who has come into close/sustained contact with a confirmed case or when a new case has been confirmed and how the district is responding. • The district safety committee (w/school nurse) will update the communicable disease plan with communication protocols. • All communication will be accessible to all stakeholders in their preferred language. • The school program staff will connect with the medical team and ask students/families to self-identify any COVID-19 symptoms and notify school program staff prior to in-person education.

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms. COVID-19 symptoms are as follows: <ul style="list-style-type: none"> • Primary symptoms of concern: cough, fever or chills, shortness of breath, or difficulty breathing. • Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19, but are not enough in isolation to deny entry. More information about COVID-19 symptoms is available from CDC. • In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of OHA/ODE Communicable Disease Guidance. • Emergency signs that require immediate medical attention: <ul style="list-style-type: none"> ○ Trouble breathing ○ Persistent pain or pressure in the chest ○ New confusion or inability to awaken ○ Bluish lips or face ○ Other severe symptoms X Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. 	<p>Entry:</p> <ul style="list-style-type: none"> • There is only one entry/exit to the classroom. • Physical distancing markers will be applied to the classroom. • The district safety committee (w/school nurse) will develop protocols for communicating with anyone who has come into close/sustained contact with a confirmed case or when a new case has been confirmed and how the district is responding. • The district safety committee (w/school nurse) will update the communicable disease plan with communication protocols. • All communication will be accessible to all stakeholders in their preferred language. <p>Symptomatic students: See section 1a.</p> <p>Symptomatic staff:</p> <ul style="list-style-type: none"> • Any staff known to have been exposed (e.g., by a household member) to COVID-19 shall not be allowed on campus until the passage of 14 calendar days after exposure and until symptoms (e.g., fever, cough, shortness of breath, sore throat, headache) are improving. • Do not exclude staff who have a cough that is not a new onset or worsening cough (e.g., asthma, allergies, etc.) from school.

- Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the **Ready Schools, Safe Learners** guidance) and sent home as soon as possible.
 - They must remain home until 72 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving.
- X Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 calendar days.
- X Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.
- X Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

--

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Restrict non-essential visitors. Only allow visitors if six feet of physical distance between all people can be maintained.</p> <p>X Visitors must wash or sanitize their hands upon entry and exit.</p> <p>X Visitors must wear face coverings in accordance with local public health authority and CDC guidelines.</p> <p>X Screen all visitors for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19 within the preceding 14 calendar days.</p>	<p>Visitors:</p> <ul style="list-style-type: none"> • Non-essential visitors are restricted. • Visitors must wash or sanitize their hands upon entry and exit. • Visitors must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance. • All visitors & employees are screened and are supplied with a hospital face mask, and family sessions are being held phone/virtually. • All meetings with stakeholders will be held virtually, unless stakeholders don't have the means to meet virtually, including but not limited to: <ul style="list-style-type: none"> ○ IEP meetings ○ Eligibility meetings ○ Intake meetings ○ Data review meetings ○ Behavior plan meetings • Related Service Providers will be encouraged to provide services virtually. If a provider must meet with a student, providers will take the same precautions that educational staff take to ensure safety. <p>Students:</p> <ul style="list-style-type: none"> • Students are tested for COVID-19 prior to being admitted to the hospital and with any change in condition.

1h. FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Face coverings or face shields for:</p> <ul style="list-style-type: none"> • Staff who are regularly within six feet of students and/or staff <ul style="list-style-type: none"> ○ This can include staff who support personal care, feeding, or instruction requiring direct physical contact. ○ Staff who will sustain close contact and interactions with students. • Bus drivers. • Staff preparing and/or serving meals. <p>X Face shields or clear plastic barriers for:</p> <ul style="list-style-type: none"> • Speech Language Pathologists, Speech Language Pathology Assistants, or other adults providing articulation therapy. • Front office staff. 	<p>All staff will have their temperatures taken on their way into the building and will be asked to self-assess any other symptoms.</p> <p>Face coverings:</p> <ul style="list-style-type: none"> • Educational staff will have access to a hospital mask. • Employees are required to wear a face mask and face shield upon designation by hospital staff, such as for contact droplet isolation. • <i>The updated 2020-21 school year guidance includes a new requirement that all students in grades kindergarten and above, as well as all staff, wear face coverings.</i> ODE defines these products as face coverings and not masks, as they are not considered medical-grade masks. If the hospital/facility prevents the student from wearing a mask during in-person

- X Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role.
- X **Students who choose not to wear face coverings must be provided access to instruction.**
- X **ADA accommodations:** If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

instruction, the student will be provided with distance learning options (except as necessitated for the requirements of ADA and IDEA).

- Face coverings are not synonymous with face masks.
- Face coverings are **required** and will be provided for all staff including, but not limited to:
 - Administrators
 - Office Staff
 - All Related Service Providers
 - Classroom teachers
 - Classroom EAs
 - Other district staff members
- Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines.
- Lack of access to a face covering will not prohibit or prevent access to or be a barrier to instruction and/or activities. Students who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, during On-Site instruction must be provided access to instruction. Comprehensive Distance Learning may be an option, however additional provisions apply to students protected under ADA and IDEA. For students with existing medical conditions, doctor's orders to not wear face coverings, or other health related concerns, schools/districts must not deny access to On-Site instruction.
- The program has a responsibility to ensure that students have access to usable face coverings.

SLPs & SLPAs:

- Face shields are required and will be provided for SLP

Nurses:

- Nurses and therapists wear face masks and appropriate PPE.

1i. ISOLATION MEASURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X 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. X 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. <ul style="list-style-type: none"> ● 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. X 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. <ul style="list-style-type: none"> ● School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective 	<p>Assessment & Isolation:</p> <ul style="list-style-type: none"> ● Hospital medical workers provide assessments and isolation of any student with symptoms as well as medical care for those not exhibiting COVID-19 symptoms. ● Staff and students with known or suspected COVID-19 https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e2356.pdf cannot remain at school and should return only after their symptoms resolve and they are physically ready to return to school. ● All staff will have their temperatures taken on their way into the building and will be asked to self-assess any other symptoms. <ul style="list-style-type: none"> ○ In no case can they return before: <ul style="list-style-type: none"> ■ The passage of 14 calendar days after exposure; and ■ Symptoms have been resolved for 72 hours without the use of anti-fever medications. <p>Protocols For Surveillance COVID-19 Testing:</p> <ul style="list-style-type: none"> ● Defer to district Communicable Disease Management Plan for appropriate isolation determination and processes. <ul style="list-style-type: none"> ○ *See section 1a. <p>Symptomatic staff and students:</p>

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 clear explanation of procedures, including use of PPE and handwashing.

n/ Establish procedures for safely transporting anyone who is sick to their home or to a health care facility.

X 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 and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
 - Alternatively, a person who had a positive viral test may return to school when they have received two subsequent negative COVID-19 viral tests at least 24 hours apart and 72 hours have passed since fever is gone, without use of fever reducing medicine, and other symptoms are improving
- If they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
- If they do not undergo COVID-19 testing, the person should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.

X 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).

X Record and monitor the students and staff being isolated or sent home for the LPHA review.

- Staff and students with known or suspected COVID-19 <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/Ie2356.pdf> cannot remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
- If a student is positive for COVID-19, they will be given online/distance learning options to receive instruction and instructional supports.
- If a staff tests presents with symptoms or tests positive for COVID-19, they will be asked to go home and follow the below quarantine protocol.

○ **In no case can they return before:**

- The passage of 14 calendar days after exposure; and
- Symptoms have been resolved for 72 hours without the use of anti-fever medications.



2. Facilities and School Operations

Some activities and areas will have a higher risk for spread (e.g., band, choir, science labs, locker rooms). When engaging in these activities within the school setting, schools will need to consider additional physical distancing or conduct the activities outside (where feasible). Additionally, schools should consider sharing explicit risk statements for higher risk activities (see section 5f of the *Ready Schools, Safe Learners* guidance).

2a. ENROLLMENT

OHA/ODE Requirements	Hybrid/Onsite Plan
X Enroll all students following the standard Oregon Department of Education guidelines.	Enrollment procedures: <ul style="list-style-type: none"> ● Students will be enrolled in Multnomah Education Service District's Hospital School Program at Randall Children's

- X Do not disenroll students for non-attendance if they meet the following conditions:
 - Are identified as high-risk, or otherwise considered to be part of a population vulnerable to infection with COVID-19, or
 - Have COVID-19 symptoms for 10 consecutive school days or longer.
- X Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns.

Hospital through our typical process. All students admitted to Randall Hospital School Program are enrolled with the Multnomah Education Service District if parents/guardians sign a Release of Information and they are not currently enrolled in an online school.

- They are unenrolled upon being discharged from the hospital.
- Attendance is taken based on instructional hours.
- Students who are not attending will be supported and reengaged.
- Students will not be dropped for non-attendance if they are identified as high risk for COVID-19, are COVID-19 impacted, or are having symptoms of the virus for more than 10 days.

2b. ATTENDANCE

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X On-Site school students: Full-time and part-time students follow normal reporting policy and procedures. X Full-Time Online and/or Hybrid school students: Full-time students who are enrolled in school and taking online and/or hybrid courses only are reported on an FTE basis using a standard record (ADMProgTypCd = 01) as identified in the Oregon Cumulative Average Daily Membership (ADM) Manual. This is an existing policy previously used in the online setting. As such, there should not be any need to reprogram student information systems to accommodate for this change and the addition of the hybrid setting. <ul style="list-style-type: none"> ● Note: Because the students in the online and/or hybrid setting do not regularly attend classes at the district facilities, the standard procedures for recording student days present and days absent cannot be effectively applied to those students. This will reduce accuracy of attendance data for the state while this is in effect. ● For the purposes of this section, please use the following definition and clarification: Online and/or Hybrid Check-in: The responsibility of taking attendance must be performed by the teacher of record. "Check-ins" with appropriately licensed instructional staff are two-way communications between the student and the teacher. A check-in does not include a student leaving a message on an answering machine or sending an email that does not receive a response from the appropriately licensed instructional staff by the end of the next school day. ● The student must check-in at least twice a week with their teacher(s) of record on at least two separate weekdays in order to be counted as present for all five days of that week. ● If the student only checks in once during the week, the student must be counted as absent for half of the scheduled week (2.5 days, if there are 5 days scheduled in the week). ● The student must be counted as absent for the entire week (5 days, if there are 5 days scheduled in the week) if they do not report in at all during the week. ● Note: If a district schedule is based on a 4-day school week, the student would still need to check in twice a week as described above in order to be counted as present for the entire week (4 days) and once a week to be counted as present for half of the week (2 days). ● Days in attendance may not be claimed for days in which the student did not have access to appropriately licensed instructional staff. The purpose of the rule regarding checking in with the teacher of record is to assure that the teacher can evaluate whether the student is making adequate progress in the course and the student has additional guaranteed opportunities to engage with a teacher. The responsibility of taking attendance must be 	<p>Educational staff will use Synergy to track student engagement and check ins. This will include notes about needs and concerns from students and their families.</p> <p>Attendance includes both participation in class activities and interaction with a licensed or registered teacher during a school day or interactions with educational assistants and paraprofessionals through teacher designed and facilitated processes.</p> <p>FTE: FTE is not applicable to students enrolled in Randall Hospital School Program</p> <p>On-Site school students: Student attendance is reported with instructional hours only for Program Types 04, 05, 06, 07, & 10, and is not reported as Program Type 01.</p> <p>Hybrid school students: Student attendance is reported with instructional hours only for Program Types 04, 05, 06, 07, & 10, and is not reported as Program Type 01.</p>

performed by the teacher of record, not another staff member (e.g., the registrar or school secretary).

X **Part-time students receiving online and/or hybrid instruction (not college courses):** Students who are not enrolled full-time and are taking online and/or hybrid courses offered by the school district or charter school are reported as large group instruction (program type 4), unless they are an ESD-registered homeschooled or private school student receiving supplemental coursework in public school, which are reported as shared time (program type 9). The district may count up to 1 hour per day per course taken, provided appropriately licensed teachers for the coursework taken, are available and accessible to the student during regular business hours on each school day to be claimed. Because this is online and/or hybrid instruction, attendance is based on check-ins with the student's appropriately licensed teacher(s) of record at least two times (on different days) during the school week.

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Update procedures for district-owned devices to match cleaning requirements (see section 2d of the <i>Ready Schools, Safe Learners</i> guidance).</p> <p>X Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.</p>	<p>Student:</p> <ul style="list-style-type: none"> ● Develop health protocols. <ul style="list-style-type: none"> ○ Clean and sanitize each device before sharing. ● Students who are opting for online-distance learning exclusively will be provided with a device and assistance with all online options. ● For students in the hybrid model, technology will be checked out to a specific student while that student is on campus. It will then be turned in and sanitized at the end of each session. <p>Staff Technology:</p> <ul style="list-style-type: none"> ● Inventory school staff technology devices and internet connectivity resources. ● Plan for technology support and replacement, including budget. <ul style="list-style-type: none"> ○ Staff device inventory spreadsheet ○ Technology department updates desktops, laptops, iPads, adds any needed apps and repairs devices as needed. ○ Budget for and order additional devices as needed. ○ Staff sign out and distribution procedures ○ Provide staff with technology policies and data privacy policies.

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Handwashing: All people on campus should be advised and encouraged to wash their hands frequently.</p> <p>X Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use.</p> <p>n/a Events: Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing.</p> <p>n/a Transitions/Hallways: Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings.</p> <p>X Personal Property: Establish policies for personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner.</p>	<ul style="list-style-type: none"> ● Handwashing: <ul style="list-style-type: none"> ○ Staff have access to wash stations and/or hand sanitizer and will be asked to use these. ○ Hand sanitizer dispensers will be made easily accessible near all entry doors and other high-traffic areas. ○ Procedures for guardian/caregiver drop-off/pick-up will be established and clearly communicated as briefly as possible. ○ Students will be reminded (with signage and regular verbal reminders from staff) of the utmost importance of hand hygiene and respiratory etiquette (covering coughs and sneezes with an elbow or a tissue). Tissues will be disposed of in a garbage can, then hands washed or sanitized immediately. ● Equipment: <ul style="list-style-type: none"> ○ All classroom supplies, technology/supplies will be cleaned and sanitized before use by another student or cohort group. ○ All items will be sanitized at the end of each day.

- **Events:** N/A
- **Transitions/Hallways:**
 - Educational staff, hospital staff, and/or parents/guardians transport students through hallways. Social distancing will be maintained and PPE will be worn.
- **Personal Property:**
 - Personal property of students is kept in personal lockers or personal rooms.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures.</p> <p>X Create schedule(s) and communicate staggered arrival and/or dismissal times.</p> <p>X Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the <i>Ready Schools, Safe Learners</i> guidance).</p> <p>X Develop sign-in/sign-out protocol to help facilitate contact tracing: <ul style="list-style-type: none"> ● Eliminate shared pen and paper sign-in/sign-out sheets. ● Ensure hand sanitizer is available if signing children in or out on an electronic device. </p> <p>X Install hand sanitizer dispensers near all entry doors and other high-traffic areas.</p> <p>n/a Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible.</p>	<p>7th Floor Classroom Room Capacity:</p> <ul style="list-style-type: none"> ● 442 square feet ● Classroom will have a room occupancy sign posted at the entrance based on the recommended per person square footage. ● This room has a capacity for up to twelve persons at any given time to maintain physical distancing. ● There is a potential for four educational staff and four students in this space for a total of eight persons. <p>7th Floor Additional Classroom Space Room Capacity:</p> <ul style="list-style-type: none"> ● 160 square feet ● This space has a potential for up to four persons at any given time to maintain physical distancing. <p>Office Room Capacity:</p> <ul style="list-style-type: none"> ● 193 square feet ● This space has a potential for up to five persons at any given time to maintain physical distancing. ● There are four educational staff that share this space. <p>Room 2113 Rehab Office Room Capacity:</p> <ul style="list-style-type: none"> ● 132 square feet ● This space has a potential for up to three persons at any given time to maintain physical distancing. ● There is one educational staff and two hospital staff who share this space. <p>Learning Lab</p> <ul style="list-style-type: none"> ● 180 square feet ● This space has a potential for up to five persons at any given time to maintain physical distancing. ● This space availability will be scheduled out with Neuropsychologist at RCH and RCH Educational Staff to maintain social distancing. <p>Typical/Standard Hospital Rooms for bedside instruction</p> <ul style="list-style-type: none"> ● _____ square feet <p>Entry:</p> <ul style="list-style-type: none"> ● There is only one entry/exit to the classroom, learning lab, standard hospital room, rehabilitation gym.

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Seating: Rearrange student desks and other seat spaces to at least six feet apart; assign seating so students are in the same seat at all times.</p> <p>X Materials: Avoid sharing of community supplies when possible (e.g., scissors, pencils, etc.). Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff.</p>	<p>Seating:</p> <ul style="list-style-type: none"> ● Student areas will be spaced at least six feet apart, according to state guidelines. ● Spaces will be marked around the desk to assure distancing guidelines are clear to staff and students. <p>Materials:</p>

- X **Handwashing:** Remind students through signage and regular reminders from staff of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of and hands washed or sanitized immediately.
- Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

- Any classroom cohort items that are shared will be cleaned frequently.
- Wash stations and tissues will be available for student and staff use.
- Students and staff will not share equipment, supplies, materials, or technology.

Handwashing and Respiratory Etiquette:

- Hygiene and Respiratory Etiquette signage will be posted throughout the school.
- Staff will provide regular reminders on the importance of hygiene and respiratory etiquette such as covering coughs, sneezing into an elbow or tissue and sanitizing immediately after.
- Each sink and handles will be sanitized prior to the next staff/student using, following the posted hospital/facility procedure.

2g. PLAYGROUNDS, FIELDS, RECESS, AND BREAKS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>n/ Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority’s Specific Guidance for Outdoor Recreation Organizations).</p> <p>n/ Students must wash hands before and after using playground equipment.</p> <p>n/ Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect between sessions and between each group’s use.</p> <p>n/ Cleaning requirements must be maintained (see section 2j of the Ready Schools, Safe Learners guidance).</p> <p>n/ Maintain physical distancing requirements, stable cohorts, and square footage requirements.</p> <p>n/ Provide signage and restrict access to outdoor equipment (including sports equipment, etc.).</p> <p>n/ Design recess activities that allow for physical distancing and maintenance of stable cohorts.</p> <p>n/ Clean all outdoor equipment between cohorts.</p>	<p>Playgrounds/Outdoor Garden Spaces:</p> <ul style="list-style-type: none"> All exercise, play, outdoor garden spaces or break areas are maintained and overseen by hospital staff. Educational staff will not access those areas.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>n/ Include meal services/nutrition staff in planning for school reentry.</p> <p>n/ Staff serving meals must wear face shields or face covering (see section 1h of the Ready Schools, Safe Learners guidance).</p> <p>n/ Students must wash hands before meals and should be encouraged to do so after.</p> <p>n/ Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items) in classrooms where meals are consumed.</p> <p>n/ Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts.</p> <p>n/ Adequate cleaning of tables between meal periods.</p>	<p>Meals:</p> <p>Meals, snacks, and eating tables are all under the supervision of hospital staff.</p> <ul style="list-style-type: none"> Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms when other people are present. <ul style="list-style-type: none"> The program will stagger times for staff breaks to prevent congregation in shared spaces. Staff will be encouraged to eat outside, in the cafeteria, or in common areas where distancing is allowed/easier.

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>n/ Include transportation departments (and associated contracted providers, if used) in planning for return to service.</p> <p>n/ Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the Ready Schools, Safe Learners guidance).</p>	<p>Transportation:</p> <ul style="list-style-type: none"> Transportation Services are not utilized by students at Hospital School Program at RCH. Upon admittance to the hospital: <ul style="list-style-type: none"> Students will follow the standard entry procedure.

<p>n/a Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing.</p> <ul style="list-style-type: none"> ● If a student displays symptoms, provide a face shield or face covering and keep student at least six feet away from others. Continue transporting the student. <ul style="list-style-type: none"> ○ If arriving at school, notify staff to begin isolation measures. ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school. 	<ul style="list-style-type: none"> ○ If a student develops symptoms at school/in the hospital, isolation protocol will be followed and quarantine procedures from section 1i on page 9 will be followed.
<p>n/a Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service.</p>	
<p>n/a Drivers wear face shields or face coverings.</p>	
<p>n/a Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings).</p>	

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X Clean, sanitize, and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings, restrooms, and playgrounds.</p> <p>X Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students.</p> <p>X Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and through other methods. Do <u>not</u> use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. For example, do not use fans if doors and windows are closed and the fans are recirculating the classroom air.</p> <p>X Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments.</p> <p>X Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see CDC's guidance on disinfecting public spaces).</p> <p>X Air circulation and filtration are helpful factors in reducing airborne viruses. Consider modification or enhancement of building ventilation where feasible (see CDC's guidance on ventilation and filtration and American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance).</p>	<p>Cleaning, Disinfecting and Ventilation:</p> <ul style="list-style-type: none"> ● All frequently touched surfaces (e.g., door handles, sink handles) and shared objects (e.g., games, art supplies) will be cleaned between uses during the school day. ● The classroom will be cleaned and sanitized daily after school following hospital cleaning procedures and utilizing Environmental Services from the hospital. ● School staff will be trained on OHA/ODE cleaning and disinfecting procedures. ● Follow CDC guidelines for cleaning. ● Hospital School Program staff will work with designated Randall staff to follow cleaning protocols to clean and sanitize classroom, office, supplies, bedside areas, and other common areas (i.e. bathrooms).

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>X OAR 581-022-2220 Health Services, requires districts to “maintain a prevention-oriented health services program for all students” including space to isolate sick students and services for students with special health care needs.</p> <p>X Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC).</p>	<p>Health Services:</p> <ul style="list-style-type: none"> ● Staff will participate in required health services related training to maintain health services practices in the school setting. ● COVID-19 specific infection control practices for staff and students will be communicated. ● Each school will provide age appropriate hand hygiene and respiratory etiquette education to endorse prevention. ● This includes the district website and signage in the school setting for health promotion. ● Schools will practice appropriate communicable disease isolation and exclusion measures.

- Review of IEP and 504 accommodations and student health records to identify and support students who need additional support.



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. X Establish a specific emergency response framework with key stakeholders. X When new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the district nurse, or designated staff, on the diagnosed case(s). Likewise, the LPHA will impose restrictions on contacts. 	<p>Prevention and Planning:</p> <ul style="list-style-type: none"> • Coordinate Communication with the Local Public Health Authority. • If the region impacted is in Multnomah County, the Local Health Department (LHD) will provide school-centered communication and will potentially host conference calls. • When cases are identified in the local region a response team should be assembled within the district and responsibilities assigned within the school district. • Establish a specific emergency response framework with key stakeholders. • Work with LHD to establish timely communication with staff and families. • When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide direction to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X Follow the district's or school's outbreak response protocol. Coordinate with the LPHA for any outbreak response. X If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the LPHA regarding cleaning and possible classroom or program closure. X Report to the LPHA any cluster of illness (2 or more people with similar illness) among staff or students. X When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the district. X Modify, postpone, or cancel large school events as coordinated with the LPHA. X If the school is closed, implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students. X Continue to provide meals for students. X Communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families. 	<p>Given that this is a hospital location, the program will coordinate with the hospital in collaboration with our district's internal school health department.</p> <p>See District Communicable Disease Plan https://www.multnomahesd.org/uploads/1/2/0/2/120251715/2015_communicable_disease_control_plan_for_school_district_employees.pdf</p> <ul style="list-style-type: none"> • In the event of a closure, the district will initiate the Distance Learning Model • The MESD and school safety committee will develop clear communication on the criteria that must be met in order for on-site instruction to resume and relevant timelines with staff, students, and families. • Initiate a site-wide deep clean of all surfaces, materials and common areas.

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> X Plan instructional models that support all learners in Comprehensive Distance Learning. X Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds. X Communicate with families about options and efforts to support returning to On-Site instruction. 	<p>See District Communicable Disease Plan https://www.multnomahesd.org/uploads/1/2/0/2/120251715/2015_communicable_disease_control_plan_for_school_district_employees.pdf</p> <ul style="list-style-type: none"> • If school closure is advised by the local public health department or by the hospital, consultation will be requested between legal, union and district administration to ensure processes are consistent with legal preparedness processes. • Plan instructional models that support all learners for comprehensive in-person and distance learning.

- X Follow the LPHA guidance to begin bringing students back into On-Site instruction.
 - Consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools.

- Evaluate and replenish all stocks of PPE, face coverings, and sanitation / cleaning supplies.



ASSURANCES

This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models. Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section.

This section does not apply to private schools.

- We affirm that our school plan has met the requirements from ODE guidance for sections 4, 5, 6, 7, and 8 of the **Ready Schools, Safe Learners** guidance.
- We affirm that we cannot meet all of the ODE requirements for sections 4, 5, 6, 7 and/or 8 of the **Ready Schools, Safe Learners** guidance at this time. We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled "Assurance Compliance and Timeline" below.



4. Equity



5. Instruction



6. Family and Community Engagement



7. Mental, Social, and Emotional Health



8. Staffing and Personnel

Assurance Compliance and Timeline

If a district/school cannot meet the requirements from the sections above, provide a plan and timeline to meet the requirement.

List Requirement(s) Not Met	Provide a Plan and Timeline to Meet Requirements <i>Include how/why the school is currently unable to meet them</i>
-----------------------------	--

--	--