

Woodland Charter School
Health and Safety Policy
Adopted: 7/29/2020
Date to Review: 7/29/2022

Student Health and Safety Plan Purpose

Woodland Charter School is committed to assuring a safe, clean, secure environment for all of its students and staff. In keeping with this commitment, this policy has been developed to set forth guidelines to use as universal precautions. The recommendations from The Centers for Disease Control, Three Rivers School District and Golden Valley Charter School have been incorporated into this policy.

Woodland Charter School shall maintain health records as required by the Three Rivers School District, State or Federal law, and the State Board of Education. Woodland Charter School may maintain a prevention-oriented health services program which may provide emergency health care, infectious disease control, and adaptation of services for students with special health needs.

Communicable Diseases

Woodland Charter School shall provide reasonable protection for students against the risk of exposure to communicable disease. Woodland Charter School will follow the Oregon Department of Education and the state and local health authorities' rules and regulations pertaining to communicable diseases.

Protection from communicable disease generally shall be through immunization, exclusion or other measures provided for in Oregon Revised Statutes and rules of the Local Public Health Authority (LPHA). Services generally will not be provided to students excluded under this policy unless otherwise required by law.

If Woodland Charter School knows that a student is infected by any communicable disease for which the student would not be excluded under this policy, the teachers involved shall take whatever reasonable steps it considers necessary to organize and operate its programs in a way which both furthers the education and protects the health of the students.

The district may, for the protection of both the infected student and the exposed student, provide educational supplementation sent home on a weekly basis. A student shall continue home studies, if provided, until such time that:

1. The staff determines that the student presents no unreasonable risk of infection to the other students and bears no unreasonable risk of opportunistic infections; or
2. The student is ordered to be returned to the classroom by a court or other authority of competent jurisdiction.

The district shall protect the confidentiality of each student's health condition/record to the extent possible consistent with the overall intent of this policy.

Grounds for being sent home will include but not limited to:

Fever

Coughing or sneezing excessively-not related to seasonal allergies

Vomiting

Diarrhea-Which inhibits the students time in class

Head Lice

Students found to have contracted head lice and or nits will be subject to the following procedures:

1. Suggested school measures for head lice control, as provided in “Health Services for the School Community” issued through the Oregon Department of Education will be followed;
2. Screening recommendations are as follows:
 - a. Criteria for screening an individual for lice are: persistent itching or scratching, known exposure to sibling or other close contact with head lice (e.g. seat mate in classroom, locker partners, overnight sleep activities, scouts, etc.), self (student or parent) referral;
 - b. Three non-related cases of head lice in a classroom within 10 consecutive school days require that all children in the classroom be screened by the following school day;
 - c. If there is infestation among three percent of the entire school population within 10 consecutive school days, there should be a screening of all students in the school within one week. Multiple cases from a single household count as one case for purposes of calculating the percent of students infested.
3. As provided by OAR 333-019-0015, students found to have contracted head lice will be immediately excluded from school;
4. Treatment information, district policy requirements and re-admittance provisions will be provided to the parent. Parents will be advised to:
 - a. Use a lice-killing agent which their health-care provider, or local health authority recommends on all family members who have symptoms of infestation;
 - b. Follow the personal and household cleaning instructions provided by the district, healthcare provider or local health authority, as appropriate;
 - c. Remove all nits after treatment.
5. Following treatment, the student will be readmitted to school;
6. Parents must either accompany their student to school for re-admittance or provide a signed statement that treatment has been initiated;
7. The student will be subject to screening by designated personnel to determine the treatment’s effectiveness. The student will be re-admitted to school or denied admittance, as appropriate. The absence of nits is required for re-admittance. In the event the student is not re-admitted to school, parents will be notified;
8. Students readmitted will be subject to follow-up screening by designated personnel;

9. In the event additional assistance and/or information is needed regarding the treatment of the student, other family members, close contacts and the home environment (bedding, linens, grooming equipment, etc.), parents should contact their local health department;

10. Students with chronic head lice may be referred for follow-up to the school's health personnel or local health department, as appropriate.

11. Parents who identify head lice on their students at home are to complete treatment prior to readmission of their student, as required above. Parents are also encouraged to notify the school of their student's condition so that appropriate preventative measures may be implemented at school.

Bloodborne Pathogens

UNIVERSAL PRECAUTIONS

Universal precautions are precautions used in all situations and not limited to use with individuals known to be carrying a specific virus such as HIV or the virus causing Hepatitis B. In the school setting, those precautions should include: hand washing, using gloves, careful trash disposal, using disinfectants, and modifications of cardiopulmonary resuscitation (CPR).

It is critical that universal precautions be used in every instance when handling blood and body fluids because (1) there may be situations where we do not know that a person is infected; (2) we should not wait until we encounter an identified infected student or adult before practicing infectious disease prevention techniques; and (3) for legal reasons related to confidentiality, there is no requirement that health officials notify school authorities of the results of blood tests for antibody to the HIV virus. The term "body fluids" includes: blood, semen, vaginal secretions, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (such as nasal drainage) and saliva.

HAND WASHING

1. Thorough hand washing is the single most important factor in preventing the spread of infectious diseases and should be practiced routinely by all school personnel and taught to students as a routine hygienic practice. Medical Protocol for 2 of 3

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2. All staff should wash their hands in the following circumstances:

- Before handling food, drinking or eating.
- After toileting.
- After contact with body fluids or items soiled with body fluids.
- After touching or caring for students, especially those with nose, mouth, or other discharges.

3. Scheduling time for students to wash hands before eating is suggested to encourage the practice.

4. How to wash hands: Wet hands with running water and apply soap from a dispenser. Lather well and wash vigorously for 15 to 20 seconds. Soap suspends easily-removable soil and micro-organisms,

allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse well under running water with water draining from wrist to fingertips.

Leave water running. Dry hands well with a paper towel and then turn off the faucet with paper towel then discard the towel.

5. Classroom instruction about proper hand washing can be integrated into health instruction at all grade levels.

6. Warning: If soap and water are not available and an alcohol – based hand sanitizer is used as an alternative, please caution students to not lick their hands or ingest any of the hand sanitizer. Although rare, there are some reported cases in very young children of alcohol poisoning from consumption of hand sanitizers.

FIRST AID INVOLVING BODY FLUIDS AND CPR

1. Avoid direct skin contact with body fluids. Allow the student or staff person to clean their own body fluid spill when this can be done safely. If direct skin contact occurs, hands and other affected skin areas should be washed with soap and water immediately after contact has ended.

2. An "occupational exposure incident" is defined as: specific eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or blood-tinged body fluids resulting from the performance of an employee's duties. If an "incident" occurs, the following steps should be taken by the affected employee:

- Immediately wash the skin area exposed to body fluids with soap and running water. If it is the eye or mouth, flush repeatedly with water.
- Report the incident to the Administrators and include the names of everyone directly involved.
- Report the incident to the school office and complete the appropriate forms.
- The employee may be directed to seek medical evaluation from a local clinic or his/her personal physician to determine the need for Hepatitis B vaccination or other treatment.

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3. Disposable single-use latex or vinyl gloves should be used when contact with body fluids is anticipated (such as bloody nose, etc.). Gloves are standard components of first aid supplies so that they are readily accessible for emergencies and regular care.

4. Devices that prevent backflow of fluids from the mouth of a victim being given CPR should be used by rescuers in the school setting. These devices are available through local office and medical supply companies.

5. Any soiled clothing should be placed in a plastic bag, sealed and placed in a second plastic bag (use red biohazard bag, available from your Administrators or custodian, if soiled with "fluid" blood) labeled with the student's name and sent home with the student.

TRASH DISPOSAL

1. All wastebaskets should be lined with disposable plastic bags. In areas where blood is present, physical care is provided or personal care occurs (e.g., school office, restrooms, etc.), disposable plastic bags should be replaced daily.

2. If needles, syringes, or lancets are used in the school setting or found on the school premises, a special puncture-proof container is available from the Administrators or custodian for disposal of used materials. Place intact needles and syringes in the designated container. Do not bend or break needles and do not recap needles.

3. Waste which contains recognizable "fluid" blood is considered bio-hazardous waste and must be double bagged with the outside bag color coded red and appropriately labeled. Any filled red bags will also be picked up by the custodial staff.

Please note: band aids, feminine hygiene products or dressings with a small amount of dried blood are NOT considered bio-hazardous waste and may be disposed of in plastic bags as regular trash.

USING DISINFECTANTS

1. Environmental surfaces contaminated with body fluids should be cleaned promptly with disposable towels and approved disinfectant. Disposable gloves should be worn. Disposable items should be discarded in a plastic-lined wastebasket.

2. Mop solution used to clean up body fluid spills should consist of the school approved disinfectant. Used mops should be soaked in this solution 30 minutes and rinsed thoroughly before reusing.

3. After clean up, remove gloves and wash hands.

4. If carpet is soiled, clean up immediately with absorbent material and disinfect with school approved disinfectant

Administering Injectable Medicines to Students

In order to ensure the health and well-being of district students who require regular injections of medication, who may experience allergic reactions, or suffer from hypoglycemia, asthma or diabetes, epinephrine, glucagon or other medication as prescribed by a physician and allowed under Oregon Law (OAR 851-047-0030) may be administered by means of injection to students by trained staff in situations when a licensed health care professional is not immediately available.

When directed by a physician or other licensed health care professional students in grades K-12 will be allowed to self-administer medication. A medical protocol regarding each student who self-administers injectable medication will be developed, signed by a physician or other licensed health care professional and parent and kept on file. Permission for self-administered medication may be revoked if the student violates policy or medical protocol.

All requests for the district to administer injectable medication to a student shall be made by the parent in writing. Requests shall be accompanied by the physician's order for administering epinephrine, glucagon, or other medication as allowed by law. A prescription label will be deemed sufficient to meet the requirements for a physician's order for epinephrine, glucagon or other medication.

Woodland Charter School may designate staff authorized to administer epinephrine and glucagon or other medication as allowed under Oregon law. Training shall be provided as required by law in accordance with approved protocols as established by Oregon Department of Human Services, Health Services. Staff designated to receive training shall also receive bloodborne pathogens training. A current first-aid and CPR card will also be required.

Injectable medication will be handled, stored, monitored, disposed of and records maintained in accordance with established Woodland Charter School regulations governing administering noninjectable medicines to students including procedures for the disposal of sharps and glass.

The Administrators will ensure student health management plans are developed as required by training protocols, maintained on file and pertinent health information is provided to district staff as appropriate.

Such plans will include provisions for responding to emergency situations including those occurring during curricular and extracurricular activities held after regular school hours and on or off district property.

Administering Noninjectable Medicines to Students

Woodland Charter School recognizes that administering of medications to students and self-medication may be necessary when the failure to take such medication would jeopardize the health of the student or the student would not be able to attend school if medication was not made available during school hours. Consequently, students may be permitted to take non-injectable prescription or nonprescription medication at school, on a temporary or regular basis.

When directed by a physician or other licensed health care professional, students grades K-12 will be allowed to self-administer medication. A medical protocol regarding each student who self-administers medication will be developed, signed by a physician or other licensed health care professional and parent and kept on file.

All requests for Woodland Charter School to administer medications to students shall be made by the parent in writing.

Requests shall include the written instructions of the physician for the administration of a prescription medication to a student or the written instructions of the parent for the administration of nonprescription medication to a student. A prescription label will be deemed sufficient to meet the requirements for written physician's instructions.

Woodland Charter School shall designate staff authorized to administer medications to students. Training shall be provided as required by law.

Woodland Charter School reserves the right to reject a request to administer prescription or nonprescription medication when such medication is not necessary for the student to remain in school.

This policy and administrative regulation shall not prohibit, in any way, the administration of recognized first aid to students by Woodland Charter School administrators and employees in accordance with established state law, Board policy and procedures.

The administrators shall develop administrative regulations as needed to meet the requirements of law, Oregon Administrative Rules and for the implementation of this policy. Regulations will include provisions for student self-medication.

Students may, subject to the provisions of this regulation, have noninjectable prescription or nonprescription medication administered by designated, trained staff. Self-medication by students will also be permitted in accordance with this regulation.

1. Definitions

a. "Prescription medication" means any noninjectable drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by a student under the written direction of a physician. Prescription medication does not include dietary food supplements.

b. "Nonprescription medication" means only commercially prepared, non-alcohol based medications to be taken at school that is necessary for the student to remain in school. This shall be limited to eye, nose and cough drops; cough suppressants; analgesics; decongestants; antihistamines; topical antibiotics; anti-inflammatories and antacids that do not require written or oral instructions from a physician. Nonprescription medication does not include dietary food supplements.

c. "Physician" means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, a nurse practitioner with prescriptive authority licensed by the Oregon State Board of Nursing, a dentist licensed by the Board of Dentistry for the state of Oregon, an optometrist licensed by the Board of

Optometry for the state of Oregon or naturopathic physician licensed by the Board of

Naturopathy for the state of Oregon. "Physician" also may include individuals licensed in the categories set out above by comparable licensing agencies in adjoining states.

d. "Student self-medication" means a student must be able to administer medication to himself/herself without requiring a trained school staff member to assist in the administration of the medication.

e. "Age-appropriate guidelines" means the student must be able to demonstrate the ability, developmentally and behaviorally, to self-medicate with permission from parent (guardian), building administrator, and in the case of a prescription medication, a physician.

f. "Training" means yearly instruction, by a qualified trainer, to be provided to designated school staff on the administration of prescription and nonprescription medication, based on requirements set out in guidelines approved by the Oregon Department of Education (ODE), including discussion of applicable district policies, procedures and materials.

g. "Qualified trainer" means a person who is familiar with the delivery of health services in school setting and who is a registered nurse licensed by the Oregon State Board of Nursing, a physician, or a pharmacist licensed by the State Board of Pharmacy for the State of Oregon.

2. Designated School Staff/Training

a. Woodland Charter School will designate trained staff authorized to administer medication to students within the office and while participating at school-sponsored activities on or off district property. The administrators will ensure building and activity practices and procedures are consistent with the requirement of law, rules and this regulation.

b. The administrators will ensure the training required by law and Oregon Administrative Rules is provided. Training may be conducted by any physician licensed by the state of Oregon, a nurse licensed by the Board of Nursing of the state of Oregon or by others as deemed appropriate by the district in accordance with training program guidelines recognized by the ODE.

c. Training will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to, the following: safe storage, handling, monitoring medication supplies, disposing of medications, record keeping and reporting of medication administration and errors in administration, emergency medical response for life-threatening side effects and allergic reactions and student confidentiality. Materials as recommended and/or approved by the ODE will be used.

d. Training will be provided yearly to designated staff authorized to administer medication to students.

e. A copy of Woodland Charter School policy and administrative regulation will be provided to all school staff authorized to administer medication to students and others, as appropriate.

f. A statement that the designated staff member has received the required training will be signed by the staff member and filed in the district office.

3. Administering Medications to Students

Requests for designated staff to administer medication to students may be approved by the administrators as follows:

A written request for Woodland Charter School to administer **prescription medication** must be submitted to the school office to include:

1. The written signed permission of the parent;

2. The written instruction from the physician for the administration of the prescription medication to the student including:

- Name of the student;
- Name of the medication;
- Dosage;
- Route;
- Frequency of administration; and
- Other special instruction, if any.

The prescription label will be considered to meet this requirement if it contains the information listed in above.

A written request for Woodland Charter School to administer **nonprescription medication** must be submitted to the school office to include:

1. The written signed permission of the parent;

2. The written instruction from the parent for the administration of the nonprescription medication to the student including:

- Name of the student;
 - Name of the medication;
 - Dosage;
 - Route;
 - Frequency of administration
 - Other special instructions, if any
- a. Medication is to be submitted in its original container;
 - b. Medication is to be brought to and picked up from the school by the parent;
 - c. It is the parent's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication; Administering Noninjectable Medicines to Students JHCD-AR
 - d. It is the parent's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
 - e. In the event a student refuses medication, the parent will be notified immediately. No attempt will be made to administer medication to a student who refuses school-administered medication;
 - f. Any error in administration of medication will be reported to the parent immediately and documentation made on the school's Accident/Incident Report form. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, time, etc;
 - g. Medication shall not be administered or self-medication allowed until the necessary permission form and written instructions have been submitted as required by the district.

4. Self-Medication

Self-medication of prescription and nonprescription medication may be allowed subject to the following:

1. A parent (guardian) permission form must be submitted for self-medication of all prescription and nonprescription medications. In the case of prescription medications, permission from the physician or other health care professional is also required. Such permission may be indicated on the prescription label. A written treatment plan from a licensed health care professional for the managing of student's asthma and/or severe allergy will be required for use of medication by the student during school hours. Woodland Charter School staff permission is required for all self-medication requests;
2. Students who are developmentally and/or behaviorally unable to self-medicate will be provided assistance by designated school staff. A permission form and written instructions will be required as provided in Section 3 above;
3. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
4. Prescription labels must specify the name of the student, name of the medication, dosage, route and frequency or time of administration and any other special instruction including student permission to self-medicate;
5. Nonprescription medication must have the student's name affixed to the original
6. The student may have in his/her possession only the amount of medication needed for that school day;
7. Sharing and/or borrowing of medication with another student is strictly prohibited; Any medication required for use longer than (10) school days, except for manufacture's packaging that contains multiple dosage, the student may carry one package, such as but not limited to bronchodilators/inhalers;
8. Any medication required for use longer than (10) school days will be permitted only upon the written request of the parent.
9. Permission to self-medicate may be revoked if the student violates the Board's policy governing Administering Noninjectable Medicines to Students and/or these regulations.
10. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

5. Handling, Storage, Monitoring Medication Supplies

Medication administered by designated staff must be delivered by the parent to the school, in its original container, accompanied by the permission form and written instructions, as required above.

1. Medication in capsule or tablet form and categorized as a sedative, stimulant, anticonvulsant, narcotic analgesic or psychotropic medication will be counted by designated staff in the presence of another employee upon receipt, documented in the student's medication log and routinely monitored during

storage and administration. Discrepancies will be reported to the building principal immediately and documented in the student's medication log. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.

2. Designated staff will follow the written instructions of the physician and parent and training guidelines as may be recommended by ODE for administering all forms of noninjectable medications.

Medication will be secured as follows:

1. Nonrefrigerated medications will be stored in a locked cabinet, drawer or box used solely for the storage of medication;

2. Medications requiring refrigeration will be stored in a locked box in a refrigerator separate refrigerator used solely for the storage of medication;

3. Access to medication storage keys will be limited to designated school staff.

4. Designated staff will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.

5. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated staff will notify the parent immediately.

6. Emergency Response

a. Designated staff will notify 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects that result from school-administered medication or from student self-medication. The parent and administrators will be notified immediately.

b. Minor adverse reactions that result from school-administered or from student self-medication will be reported to the parent immediately.

7. Disposal of Medications

Medications not picked up by the parent at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated school staff in a nonrecoverable fashion as follows:

1. Medications from tablets, capsules, or liquids form can be disposed of in one the following manners:

- Tablets (crushed), capsule contents (which have been emptied from gelatin capsule), and liquid form: can added into either dry cat litter, or coffee grounds. The medication is to be mixed well into the disposal medium, and then placed into a plastic bag and put into the garbage, or...

- Tablets and/or the contents of capsules can remain in their original bottle, and the bottle can be filled with rubbing alcohol. When the tablets or capsule contents have dissolved in the alcohol, the entire bottle can be placed in the garbage. Administering Noninjectable Medicines to Students JHCD-AR

2. Other medication will be disposed of in accordance with established training procedures, including sharps and glass.

b. All medication will be disposed of by designated staff in the presence of another school employee and documented as described in 8. a., below.

8. Documentation and Record Keeping

A medication log will be maintained for each student-administered medication by the school. The medication log will include, but not be limited to:

1. The name, and dose of medication administered, date, time of administration and name of the person administering the medication;
2. Student refusals of medication;
3. Errors in administration of medication
4. Emergency and minor adverse reaction incidents
5. Discrepancies in medication supply;
6. Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.

Designated school staff may note incident by symbol in medication log and attach detailed documentation as necessary.

All records relating to administration of medicines, including permission slips and written instructions will be maintained in a separate medical file apart from the student's education records file unless otherwise related to the student's educational placement and/or individualized education program. Records will be retained in accordance with applicable provisions of OAR 166-414-0010 (22), (23), and (24).

Student medical files will be kept confidential. Access shall be limited to those designated school staff authorized to administer medication to students, the student and his/her parents.

Information may be shared with staff with a legitimate educational interest in the student or others as may be authorized by the parent in writing.

A school administrator, teacher or other Woodland Charter School employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription and/or nonprescription medication as per ORS 339.870.

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT ADDENDUM

This plan is intended to meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education Ready Schools Safe Learners guidance. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control and Prevention Reopening Guidance for Public Spaces.

Background

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. While many cause mild illness, some, like COVID-19, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and trouble breathing. COVID-19 has additionally been reported to cause symptoms such as muscle pain, sore throat, headache, fatigue, nausea, vomiting, diarrhea, congestion/runny nose, and loss of taste or smell. Some people with the virus have mild symptoms or no symptoms, while other people can get quite sick and rarely people die from COVID-19 related complications (OHA, 2020).

COVID-19 is spread when people breathe in (or touch and expose themselves to) the droplets made when ill people cough, sneeze, sing, or talk. This can happen when someone is close to a sick person, within six feet. Rarely, people might catch COVID-19 by touching a surface that a person with the infection coughed or sneezed on, and then touching their own mouth, nose, or eyes. Coronaviruses can't survive for long on surfaces though, so this isn't currently thought to be common (OHA, 2020).

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to include slowly and incrementally reopening public spaces. Relative to school districts this requires coordinated infection control planning for the upcoming school year with a framework for specified areas of intervention:

- Social distancing
- Identification/screening, isolation, and exclusion of diagnosed or symptomatic students / staff
- Infection control and prevention including Personal Protective Equipment
- Communication
- Education
- Safe Facilities

Guiding Principles

Any setting where people gather poses increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not currently been found to contribute substantially to the spread of the virus, it is important to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit infection to high risk

individuals (NCDHHS, 2020).

In regard to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff related to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk	More Risk	Highest Risk
Students and teachers engage in virtual-only classes, activities, and events.	Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or rotated scheduling to accommodate smaller class sizes).	Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

The risk level category will be systematically approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school setting which will be used to revise interventions as they are delivered. Public Health Guidance will determine school's ability, capacity, and safety to reopen. It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, so too will infection control guidance be fluid. The district must be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting.