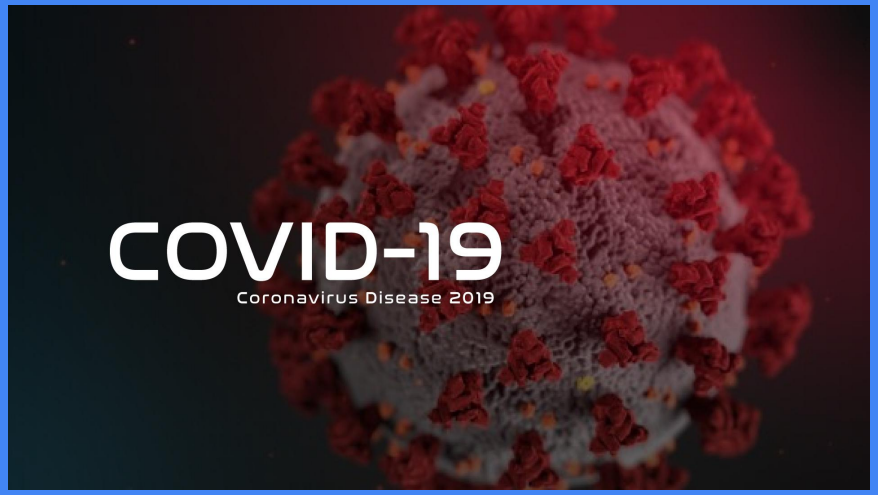
OGEA Safety Presentation



Presented by:
Oak Grove School District Nurses

03/16/2021

(Revised 03/25)

GOOD NEWS!

Israel discovers exciting new information about mRNA vaccine!

Over a 6 week period (Dec '20 to Feb '21), Israel studied ~600,00 recipients of the Pfizer vaccine. It just so happened that this study coincided with the country's third, and largest, wave of COVID-19 infections. Additionally, the U.K. variant, B.1.1.7 became Israel's dominant strain during this time. Here are the findings:

- With just the first dose, there was a 57% decline in symptomatic illness
- Two to three weeks after first dose, a 62% decline in risk for severe disease was noted
- One week after the second dose, a 94% decline in risk for symptomatic COVID-19 was observed

Vaccination rates continue to rise - we can reach community immunity if we all do our part!

Total # of people fully vaccinated:

- United States - 39,042,345 M (11.8% of total population)
- California - 4,344,182 M (13.4% of total population)
- Santa Clara County - 207,969 (12.9%)

Remember - the best vaccine is...the vaccine you can get!

5 Mitigation Strategies per the CDC

- Universal and correct use of masks
- Physical distancing
- Handwashing and respiratory etiquette
- Cleaning and maintaining healthy facilities
- Contact tracing in combination with isolation and quarantine, in collaboration with the health department

All mitigation strategies provide some level of protection, and layered strategies implemented concurrently provide the greatest level of protection.

Please Read!

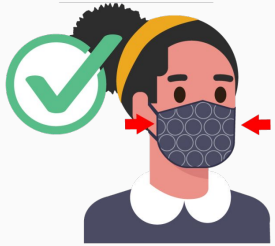
California's Schools Guide:

COVID-19 and Reopening In-Person Instruction Framework & Public

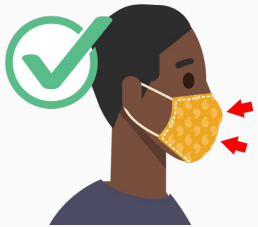
How to Protect Yourself & Others

Universal and Correct Use of Masks

Have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



Fit snugly against the sides of your face, without gaps

Have a nose wire to prevent air from leaking out of the top of the mask

[How to Safely Wear and Take Off a Cloth Face Covering]

Types of Masks, Special Considerations, Educate Others

Types of Masks

- **Cloth face coverings** provide good general protection, especially when social distancing is maintained
  - Note: Do NOT wear cloth masks with exhalation valves or vents since they allow respiratory droplets containing the virus to escape
- **3-ply surgical masks** are fluid resistant and help protect against large droplets/splashes or sprays of bodily fluids
  - Most needed by staff who assess students or staff for symptoms, provide health care procedures, or when 6 feet cannot be maintained
  - OGSD will have these available
- **N95s** respirators should be reserved for healthcare personnel and for other workers who are required to wear them for protection against other hazards
- **KN95 masks** - many are counterfeit/not FDA approved; **If you choose** to purchase/use, we encourage you to research and make an informed decision

Do

Improve fit

Choose a mask with a **nose wire**

Use a **mask fitter** or **brace**

Check that it **fits snugly** over your nose, mouth, and chin

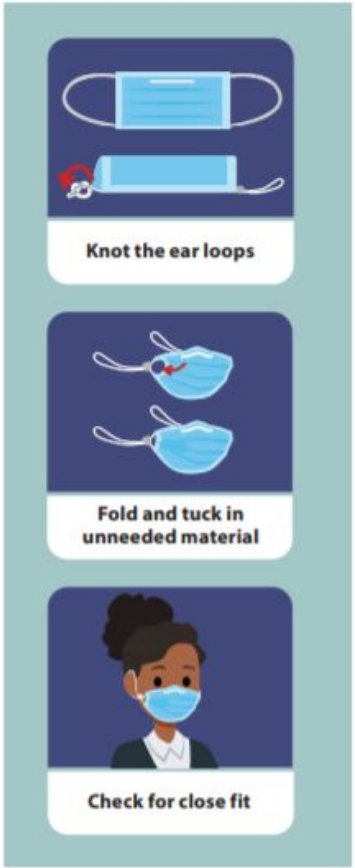
Add layers of material

2 ways to layer

- Use a cloth mask that has multiple layers of fabric
- Wear a disposable mask underneath a cloth mask. The cloth mask should push the edges of the disposable mask against your face.

Make sure you can see and breathe easily

Knot and tuck ear loops of a 3-ply mask



Do’s and Don’ts of mask wearing

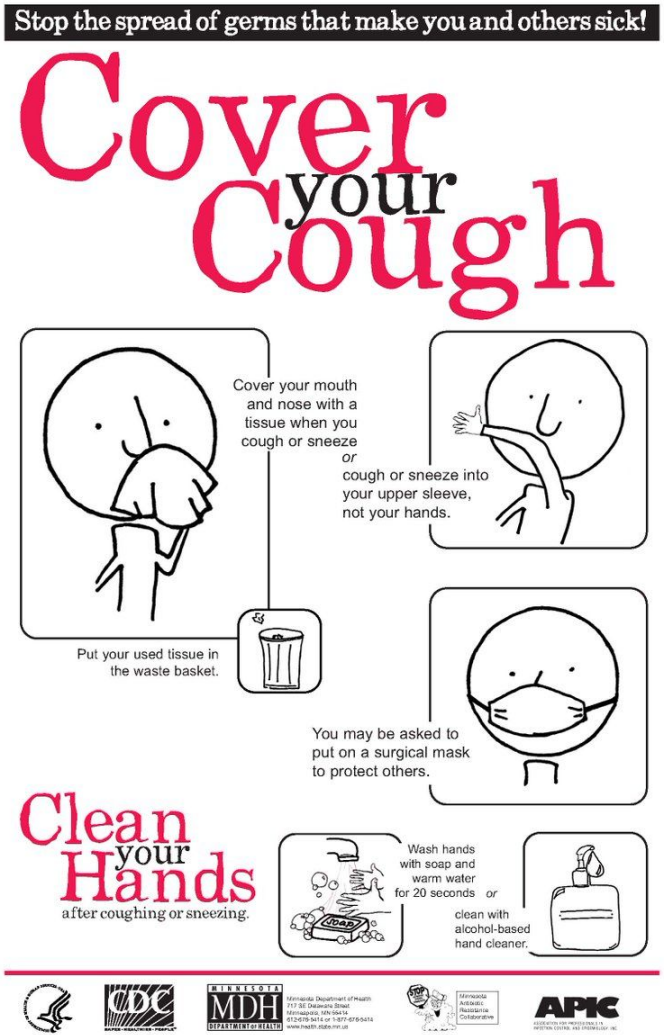
- Make sure your hands are clean before putting on your mask
- Always grasp your mask behind your ears when ready to remove - if you accidentally do touch part of your mask, wash/sanitize your hands
- Be careful not to touch your eyes, nose or mouth when removing your mask
- Once removed, fold in half, dirty sides “in”
  - Dispose of any single use masks when they are noticeably soiled, wet, or after the work day
  - Change cloth masks that are visibly soiled
  - Cloth masks that are worn for one work day, should be laundered before using again
  - When eating or drinking, store mask in a “breathable container” (i.e. a labeled paper bag)
  - No swapping masks (label your own mask)
- Immediately wash your hands upon removing your mask
- If you find yourself often touching your mask to adjust, etc., then it does not fit you properly
- Don’t wear a mask - under 2 yrs of age, trouble breathing, or high intensity activities

Face Shields and Goggles

- Primarily meant to be used **for eye protection** of the individuals wearing them (CDC does not recommend face shields as a mask substitute)
- *Disposable* face shield - single use and disposed according to manufacturer instructions
- *Reusable* face shields and goggles should be cleaned and disinfected after each use (refer to manufacturer instructions) or CDC face shield cleaning instructions.
- Follow same processes for hand hygiene as outlined on slide number 6
- **If you can't wear a mask** due to medical condition/phonological/special needs, etc.: wear face shield with drape tucked into clothing
  - When you wear a face shield properly, you are protecting your student(s) - anyone shorter than you is at great risk of respiratory droplet exposure when a shield is worn without a mask or drape
- Teachers/staff who change diapers, whose students can not wear masks, or may come in contact with bodily fluids, should wear extra protection
  - Surgical mask **&** face shield
  - Gloves
  - Gowns might be used - by health staff or delegated staff when interacting with another person's bodily fluids to a degree that is likely to get on the clothing of the caregiver (e.g. when assisting students with personal care or aerosol generating health procedures)

Physical Distancing

- Research has demonstrated the effectiveness of social distancing alone
- Teachers **can** get within 6 ft to assist a child, 1-1, for a short period of time - make sure you are using PPE appropriate to the situation
- 6 ft should be maintained - if it is not possible, minimum 3 ft (*between student chairs*)
- 6 ft **must be** maintained when masks are removed for eating/drinking
- Being outdoors significantly reduces the likelihood of virus transmission
  - Maintain 6 feet as much as practicable
  - Continue to wear a mask, unless you engage in intense physical activity
- Please review pages 23 & 24 of *California's Schools Guide* (hyperlinked on slide number 3)
- How do I set up my classroom? A quick guide for teachers



Top Tips

- If hands are visibly dirty, **WASH** with soap and water! <u>Using sanitizer on dirty hands is ineffective</u>
- *Use sanitizer the same way you use soap/water*; rub for at least 20 seconds, allow hands to dry
- Bring as few items (as possible) from home when you go to your site each day
- Use the hand sanitizer, soap, and cleaning supplies that the district will provide

Handwashing and Respiratory Etiquette

- **Hand hygiene is essential infection control**; It should be performed frequently:
  - Before/after eating
  - Before/after touching a mask
  - After using the bathroom
  - After changing diapers
  - After blowing your nose, coughing, or sneezing
  - After touching garbage
- When hand hygiene is emphasized, cleaning of outdoor structures is not required between cohorts
- Gloves are generally not necessary - *especially when frequent and effective hand washing techniques are employed*
  - Wear them when you need to disinfect a surface
  - Unnecessary wearing of gloves can actually do more harm than good!

Important Caution on Hand Sanitizers - not all products were “created equal”
Is Your Hand Sanitizer on FDA’s List of Products You Should Not Use?

WASH / SANITIZE YOUR HANDS

01

Soap and water or 60% alcohol

02

Fingers

03

Palm to palm

04

Fingernails

05

Wrists

06

Thumbs

07

Rub until dry

08

Disinfected!

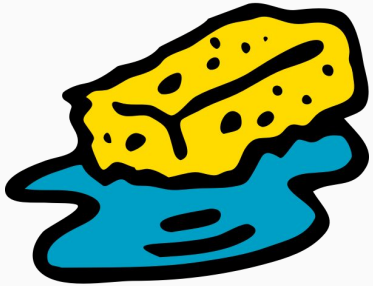
Cleaning and Maintaining Healthy Facilities

The Difference Between Cleaning and Disinfecting

✓ **Cleaning** reduces germs, dirt, and impurities from surfaces or objects and works by using soap (or detergent) and water to physically remove germs from surfaces.

- Cleaning of surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.

✓ **Disinfecting** kills (or inactivates) germs on surfaces or objects. Disinfecting works best by using chemicals, as directed, on surfaces after they've been properly cleaned.



- Allow surfaces to fully dry after cleaning (and disinfecting) ~10-15 min
- Think about "high touch" areas
- Avoid use/sharing of manipulatives, school supplies, etc.
- Keep a clutter free environment - remove soft toys, bean bag chairs, etc.; use outdoor play and socialization as the "go to" alternative to the things you used to do indoors (weather permitting)

- Ventilation: open windows/doors (if practicable)
  - The district installed Merv-13 filters in all buildings
  - Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible for example by opening windows where practicable
- Cleaning and Disinfecting in School Classrooms

Exposure Risk Among School Staff

The risk of occupational spread of COVID-19 depends on several factors. These factors are described by OSHA in Guidance on Preparing Workplaces for COVID-19

Distinctive factors that affect risk for exposure to COVID-19 for teachers and staff in school settings include:

- **Distance between staff and others**: In addition to their primary job functions and interaction with students, school staff may also be near (within 6 feet) one another at times, such as when arriving at school and during breaks. Shared spaces (e.g., break rooms, entrances/exits, restrooms) and shared transportation to and from the school may increase their risk. These can be mitigated or minimized using good practices.
- **Duration of contact:** Extended contact, greater than 15 min (cumulative time over 24 hrs), with potentially infectious individuals increases the risk of COVID-19 spread.
- **Type of contact:** Current evidence indicates that COVID-19 spreads primarily through respiratory droplets and short-range aerosols produced when an infected person coughs, sneezes, or talks in close proximity to other people. *At this time, long-range airborne transmission does not appear to be a primary way COVID-19 spreads*. There is not yet clear evidence that ventilation systems spread the virus from space to space causing exposures. Studies indicate that people who are not showing symptoms (i.e., asymptomatic) can still spread the virus. COVID-19 exposure may also occur from touching one's mouth, nose, or possibly eyes after contact with contaminated surfaces or objects.

Symptoms of Illness

SARS-CoV-2 symptoms include, but are not limited to:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms may appear 2-14 days after exposure to the virus.

You can check your symptoms using the Symptom Screener or by contacting your doctor.

Contact Tracing, Isolation, and Quarantine

- Any person coming onto campus will be required to perform a *symptom screening* to prevent coming to school while infectious
- Any staff/student exhibiting one or more COVID-19 symptoms will be sent home immediately
- Close contact definition = 6ft, >15min (over 24 hours) - **regardless of PPE worn**
- Quarantine vs. Isolation
  - Home Isolation & Quarantine Guidelines
- Contact tracing, testing recommendations/requirements, and isolation/quarantine guidance **will be given by** OGSD health staff, OGSD *COVID Designee*, and the Public Health Department

Steps to Take in Response to Confirmed or Suspected COVID-19 Cases and Close Contacts

Scenario	Immediate Steps	Interpreting Results	Return to School/Work
Scenario 1: Individual exhibits one or more COVID-19 symptoms	• Send student/staff home. • Recommend immediate testing. • Notify school administration and COVID-19 Designee. • Classroom remains **open**. • *If student/staff is not tested, must obtain medical note (explaining why not tested) OR follow instructions for positive case.*	• If test is negative, stay at home until 24 hours after resolution of fever and other symptoms improve. • If test is positive, isolate at home for at least 10 days after the first symptoms started and at least 24 hours after resolution of fever and other symptoms improve. Send out letters.	• If negative, return to school 24 hours after resolution of fever and improvement in other symptoms; provide evidence of negative test or medical note explaining why testing was not performed. • If positive, can return once full isolation period is completed.
Scenario 2: Student or staff identified as a Close Contact* to a person who has tested positive for COVID-19 **NEW** - *Fully vaccinated individuals may not be required to quarantine, if they meet certain conditions. See sccstayhome.org for more info.* A close contact is someone who was **within 6 feet** of the infected person **for at least 15 minutes** at any time beginning 2 days before the infectedperson had symptoms or tested positive.*	• Send home with instructions to quarantine for 10 days after last exposure. • Recommend testing around day 6 after last exposure or, if symptomatic, test immediately. If test done earlier than day 6, repeat test towards end of quarantine. • Notify school administration and COVID-19 Designee. • Send out appropriate letters. • Classroom remains **open**. • All test results should be reported to the school.	• If test is negative, quarantine for 10 days and monitor symptoms for 14 days after last exposure to COVID-19 case. If continuously exposed to a case during the case's isolation (e.g. household member), quarantine ends 10 days after the case's isolation period ends. • If test is positive, isolate for at least 10 days after symptom onset AND at least 24 hours after resolution of fever AND other symptoms improve. (If never symptomatic, isolate for 10 days after date of positive test.)	• Return to school/work once full 10-day quarantine is completed (or if contact became positive, full isolation period is completed). • No medical note is needed. • NOTE: Contacts must self-monitor for symptoms for a full 14 days from last exposure to case. • If symptoms develop during the 14-day monitoring period, see Test Result Decision Tree for guidance.
Scenario 3: A student or staff member tests positive for COVID-19 in a cohort or non-cohort setting	*COHORT* – Classroom **closes** Case: • Send home with instructions to isolate. Contact: • Send home all members of the class cohort and any other campus close contacts. Then follow SCENARIO 2. • Notify school administration and COVID-19 Designee • Notify Public Health Department *NON-COHORT* – Classroom remains **open** Case: • Send home with instructions to isolate. Contact: • Use seating chart/roster & staff/student input to determine close contacts to send home. Then follow SCENARIO 2.	Case: • For student/staff whose test is positive, isolate for at least 10 days after symptom onset AND at least 24 hours after resolution of fever AND other symptoms improve. (If never symptomatic, isolate for 10 days after date of positive test.) Contact: FOLLOW SCENARIO 2	Case: • Return to school/work once full isolation period is completed. • No medical note needed. Contact: FOLLOW SCENARIO 2
Scenario 4: Routine COVID-19 screening (no	• Continue at school/work until results are available.	• If negative, no action needed. • If positive, FOLLOW SCENARIO 3.	• If negative, continue at school/work. No documentation needed.

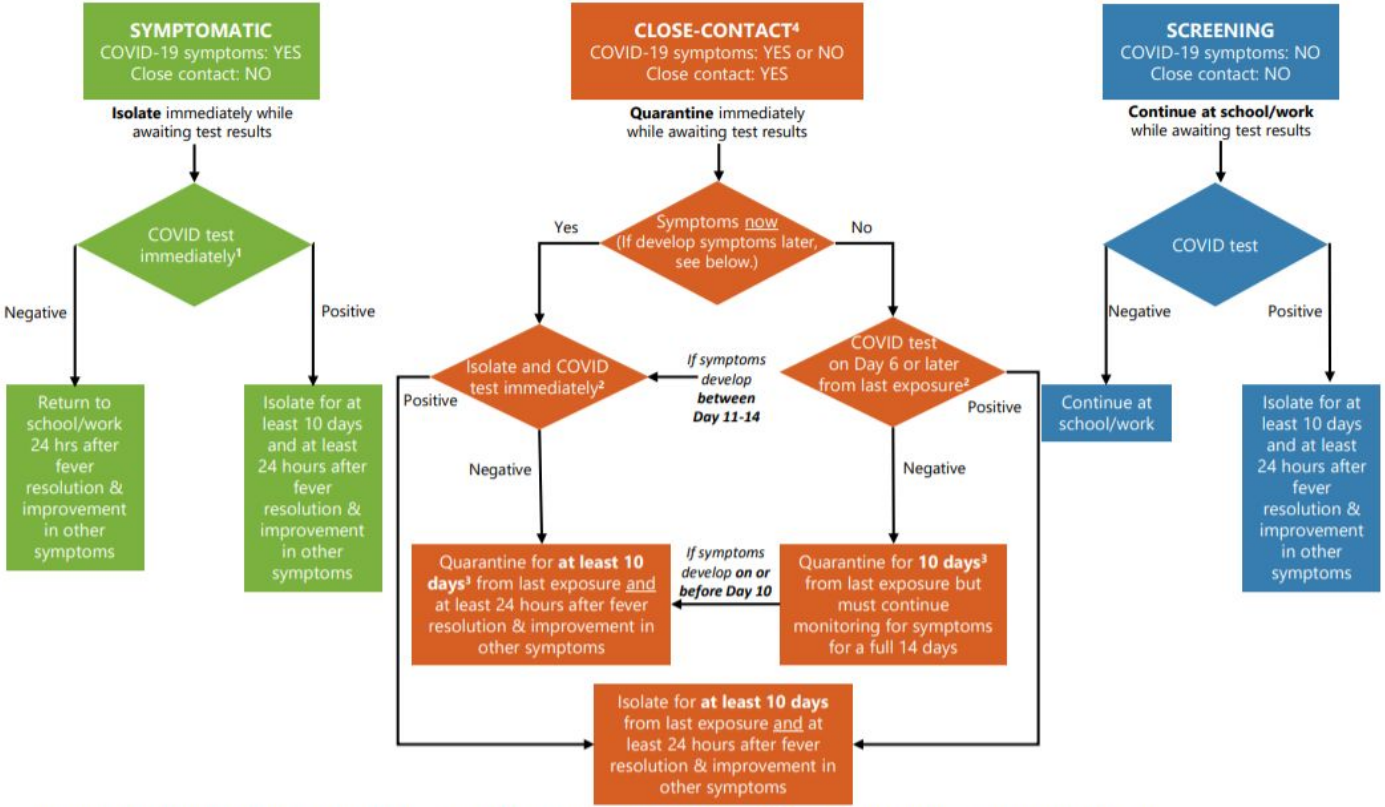
*Close contact can be 15 minutes of continuous contact OR repeated short-duration interactions with the infected person.
Being considered a close contact does not depend on whether the contact or the infected person was wearing a face covering during their interaction.

2/23/21

TEST RESULT DECISION TREE

Isolation and Quarantine Recommendations While Awaiting and After Receiving COVID-19 Test Results

NEW - ***Fully vaccinated individuals may not be required to quarantine, if they meet certain conditions. See sccstayhome.org for more info.***



1. If not tested, obtain medical note (explaining why not tested) OR follow instructions for positive case.) *Fully vaccinated individuals must be tested if symptomatic*
2. If test done earlier than 6 days after last exposure to case, repeat testing towards the end of the quarantine period. If not tested, quarantine for 10 days.
3. If person is a household contact and is continuously exposed, quarantine starts once the case's isolation period ends and continues as directed above.
4. Individuals who have been fully vaccinated may not need to quarantine if they meet certain conditions, see sccstayhome.org for more information

2.23.2021

When Social Distancing can not be maintained

K-12 staff will not always be able to maintain 6 feet of distance between themselves and students. This issue may be of particular concern to teachers, paraprofessionals, therapists, and other staff who have close and consistent contact with students with disabilities. These staff are considered to be in the same general risk category as d*irect service providers* who provide similar services outside of the school setting. In these cases, additional steps must be taken to ensure the safety of the staff and the students by reducing the likelihood of COVID-19 spread, through adopting additional control measures, such as:

- Using physical barriers (e.g., plexiglass or similar materials, other impermeable dividers or partitions) to separate staff and students from each other in classrooms or other shared spaces
- Reducing exposure amount by reducing daily caseloads, where feasible
- Relocating workspaces to the best ventilated spaces in the building - **being outdoors is ideal!**
- Wearing a mask **as much as possible** during service delivery
- Considering adaptations and alternatives, whenever possible, to increase the feasibility of wearing a mask to reduce the risk of COVID-19 spreading
- Considering whether service providers may need additional protective equipment for some interactions with students; See CDC's Guidance for Direct Service Providers for additional information

When K-12 administrators & staff need to visit multiple locations

- In addition to the general considerations to be followed on the previous slides, administrators and staff that move from location to location, throughout the day, should take special care to not spread COVID-19 between sites during their movements
- Ways to prevent spread in these cases include:
  - Practicing good hand hygiene before and after visiting each location
  - Cleaning and disinfecting shared supplies/tools used in multiple locations by multiple people, after each use, before being used by the next group of students or educators
  - Clean and disinfect their vehicle's commonly touched surfaces after visiting each site or at least once a day

Q & A

- *What are the schedules looking like to support multiple students, in multiple classes, in multiple grade levels, to meet their IEP scheduled minutes? How are services being met and keeping students safe?* This is currently being discussed in Bargaining.
- *Windows are bolted shut at my site as have been for 20 years. Admin has told us that unbolting can cause damage to the frame and possibly cannot be bolted back, which affects building security (we've had many break-ins at our site). My classroom door opens to the parking lot. How will air flow and continued building safety be addressed?* Bargaining team is currently addressing this with OGSD. MERV-13 filters allow for outside air.
- *What chemicals are being used in the foggers for disinfecting classrooms? How safe are they? After fogging, how quickly can we return to a classroom?* Envirocleanse A, Anolite Solution is a biocide/disinfectant. This product is not classified as a hazard for the environment. Once the room is fogged, allow the room to dry 10-15 mins. Update - 03/25/2021: GenEon Sanitizing and Disinfecting Electrolyte; *The product is not classified as hazardous according to GHS regulations. The product is not classified as hazardous according to the CLP regulation.*

Q & A

- *Would you recommend Hepa air filters if we can't open our doors/windows?* OGSD is having a professional consultation for HVAC assessment, we should allow the company to provide us proper recommendations.
- *When in your room by yourself, do you still need to wear a mask?* You should always have a mask with you. If you are in your own classroom by yourself, you do not need to wear a mask.
- *The county guidance states that people with cognitive disabilities and sensory issues do not need to wear masks. Do these students need a note from their doctors if they cannot wear a mask? Encourage them to wear a mask?* Currently being addressed with OGSD.
- *Are we allowed to team meet in person or have lunch indoors in a group?* (Adults) NO

References

CDC Operational Strategy for K-12 Schools through Phased Mitigation

COVID-19 and social distancing

CDC guidance for teachers-specialists-paraprofessionals-substitute teachers

COVID-19 and Reopening In-Person Instruction Framework & Public

Israeli Study Offers First Real-World Glimpse of COVID-19 Vaccines in Action

J&J Vaccine: Finally, One Dose with No Controversy - Johns Hopkins Coronavirus Resource Center

Mask follow-up:

Use Masks to Help Slow Spread

Improve the Fit and Filtration of Your Mask to Reduce the Spread of COVID-19

How to Safely Wear and Take Off a Cloth Face Covering

How to Wash and store a Cloth Face Covering

Your Guide to Masks