



# ODE & School Operations Update

**House Education Committee**  
November 16, 2021

Colt Gill, Director

# Updates

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- Values and Priorities for the 2021-22 School Year
- State and Local Decision Making
- COVID-19 Update
- [RSSL Resiliency Framework](#) and Tools
- Challenges
- What's Next
- Bill Implementation Updates
- Questions

# Our North Star

## Safely & reliably hold school in-person, all year



**It's our highest priority to keep kids learning in person every day.**

- Nearly all children learn better when taught in-person.
- Children and families rely on schools to provide a caring and safe environment.
- Many need access to a solid breakfast and a warm lunch.
- For parents and families, consistency matters, and for many, school is a way to ensure they can go to work and support their family.

# Winter is Coming Acknowledging Pandemic Fatigue & the Path Forward



**Communities are experiencing pandemic fatigue as a result of surging cases.**

- Many had hoped the pandemic would be over and life back to normal.

**Unlike last year, families are likely to travel and gather indoors to see their families and loved ones this year.**

- The Delta variant is taking a toll on communities and may have unforeseeable consequences this fall and winter.

# Winter is Coming

## Acknowledging Pandemic Fatigue & current conditions



**Communities are experiencing pandemic fatigue as a result of surging cases.**

- Many had hoped the pandemic would be over and life back to normal.

**We are not there.**

- The recent decline in Delta variant COVID-19 cases has leveled off and cases now appear to be increasing.
- Community transmission remains very high in nearly every county; no community is currently spared the effects of COVID-19.
- Currently, children represent 1 in 5 COVID cases in Oregon and children have become a driver of the current surge.
- Children can and do develop severe disease, thankfully at a much lower rate than adults. But, more than 25% of all multisystem inflammatory syndrome in children (MIS-C) cases reported to date in Oregon were reported during the month of October.

# Our Plan

A statewide effort to keep students learning in-person



**Statewide, we are reigniting our efforts to remind, reteach and retrain health and safety protocols because:**

- Colder conditions will bring activities indoors.

**Schools have dedicated funding to invest in their efforts to layer health and safety protocols and maintain successful in-person learning.**

- Oregon received an unprecedented \$1.1 billion in federal monies to help safely reopen schools and sustain school operations.

# The Opportunity

## Strengthen health & safety protocols in all schools



**We can take steps now to create and maintain safe environments that keep our students learning in-person. This starts with using routines that everyone in a school can count on:**

- Markings that support 3 to 6 feet of physical distance.
- Using seating charts and cohorts.
- Improving air circulation and ventilation.
- Providing diagnostic and screening testing for all students and staff.

# Shared Local & State Decision-Making

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- As schools are practiced in implementing health and safety protocols, the 2021-22 school year shifts to primarily local decision making
- Under E.O. 21-15 Oregon is still under a state of emergency related to COVID-19
- Under ORS Chapter 431A, OHA has a responsibility/authority to protect public health
- In the [RSSL Resiliency Framework](#) it states,

*“Changes in the amount of community transmission of COVID-19, the severity of illness associated with new variants of the SARS-CoV-2 virus that causes COVID-19, or the availability of vaccination for children younger than 12 years old may warrant changes to the state’s recovery efforts during the school year. The Resiliency Framework will be updated to reflect any changes.”*

*“ODE and OHA will continue to monitor guidance updates from the CDC, and will continue to align this recommendation framework as needed.”*



# Shared Local & State Decision-Making

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## What is required and what is advisory?

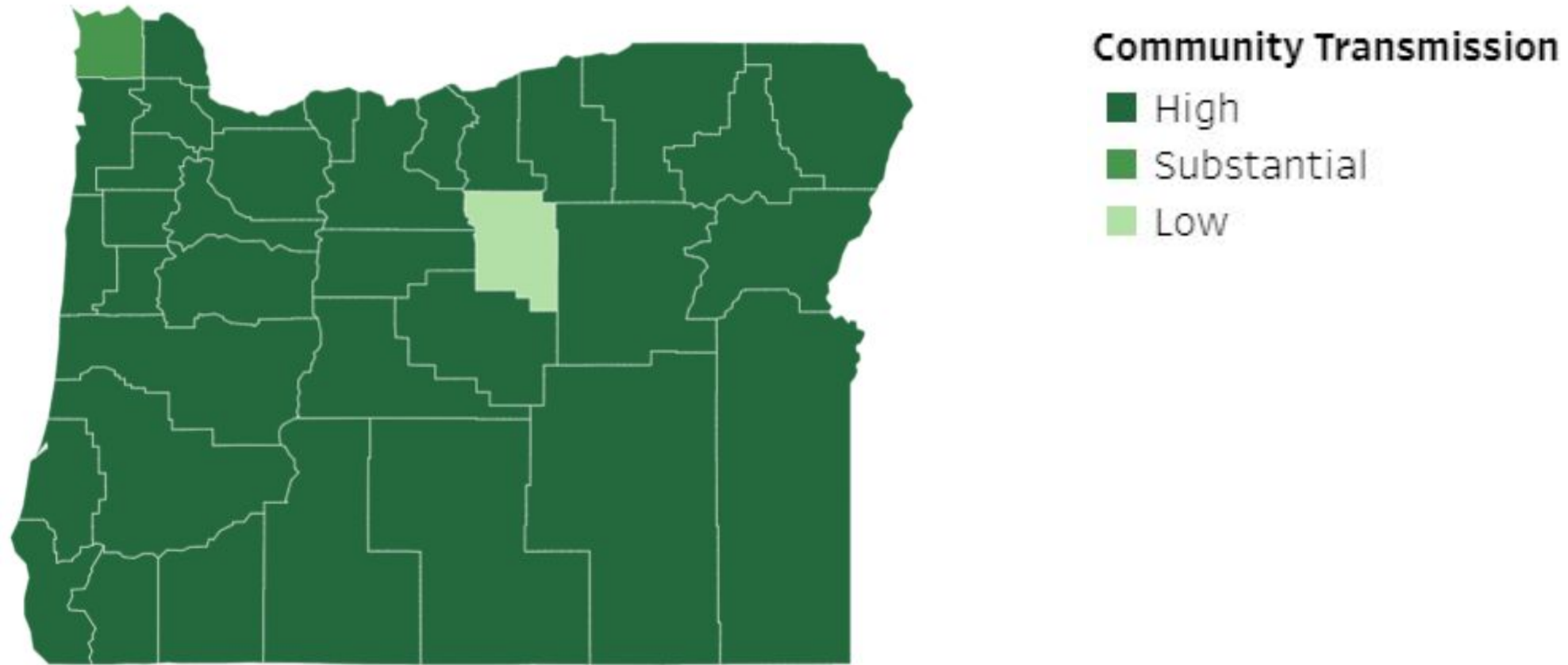
- During the last school year over 120 state requirements were in place.
- This year, at this time, there are five:
  - Locally published and submitted plan for operations (required last year),
  - Recovery services process (new),
  - Quarantine/isolation protocols (required last year),
  - Face coverings (required last year), and
  - Vaccination for school staff and volunteers (new).
- Prior to the pandemic these protocols/procedures were required and remain required:
  - Communicable disease plan,
  - Isolation space,
  - Exclusion for exposed individuals, and
  - Division 22 rules.
- All other decisions are local. ODE/OHA strongly recommend [multiple, layered mitigation protocols](#) to limit the spread, protect health, and maintain continuity of in-person instruction.



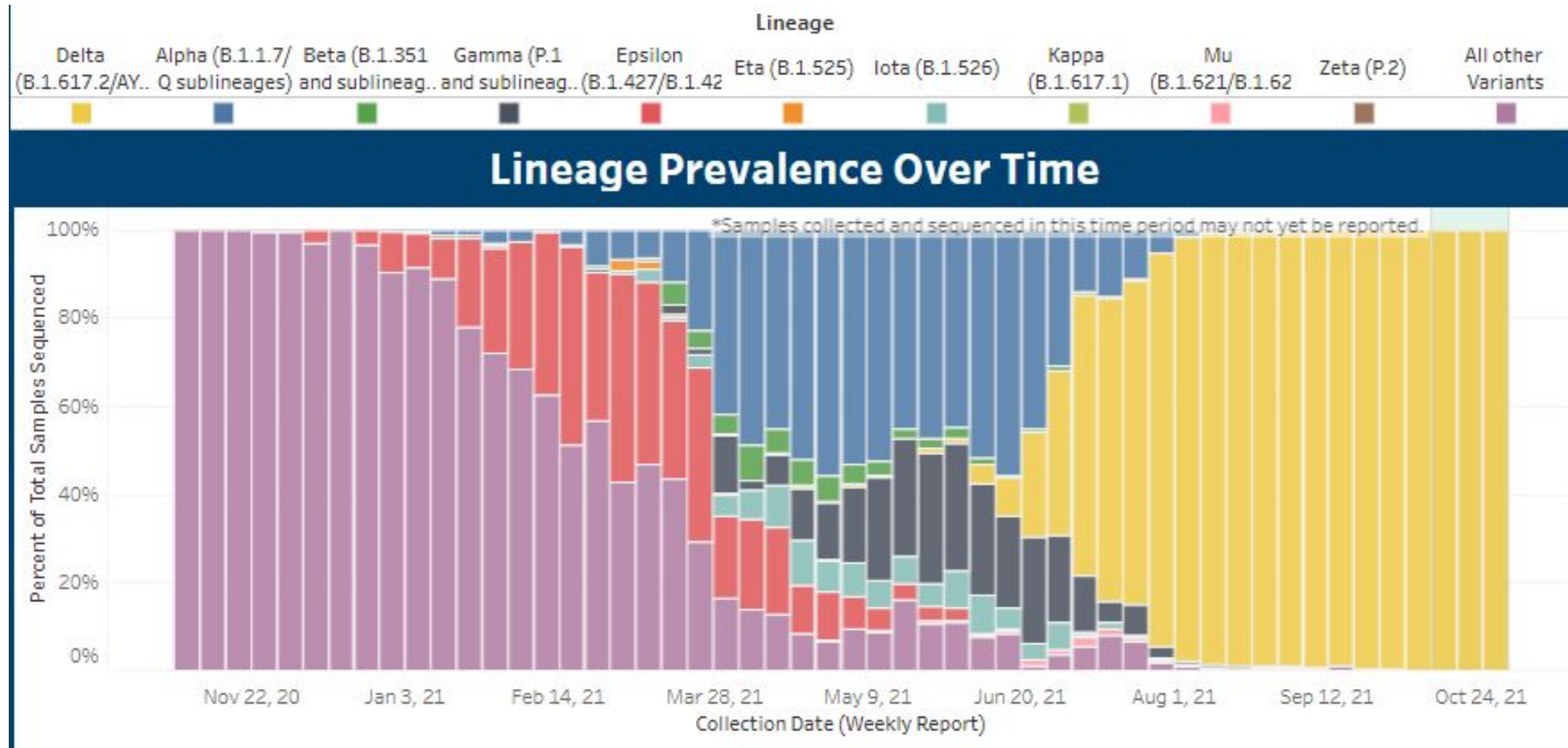
# Update: COVID-19 in Oregon

Data Retrieved: November 8, 2021

# Community Transmission by County



# SARS-CoV2 Variant Circulation



# A Look Back

**Fall of 2020** - Oregon hit a record number of COVID-19 cases.

**Summer 2021** - The Delta Variant surges in Oregon. Hospital capacity compromised and community spread high among unvaccinated populations.

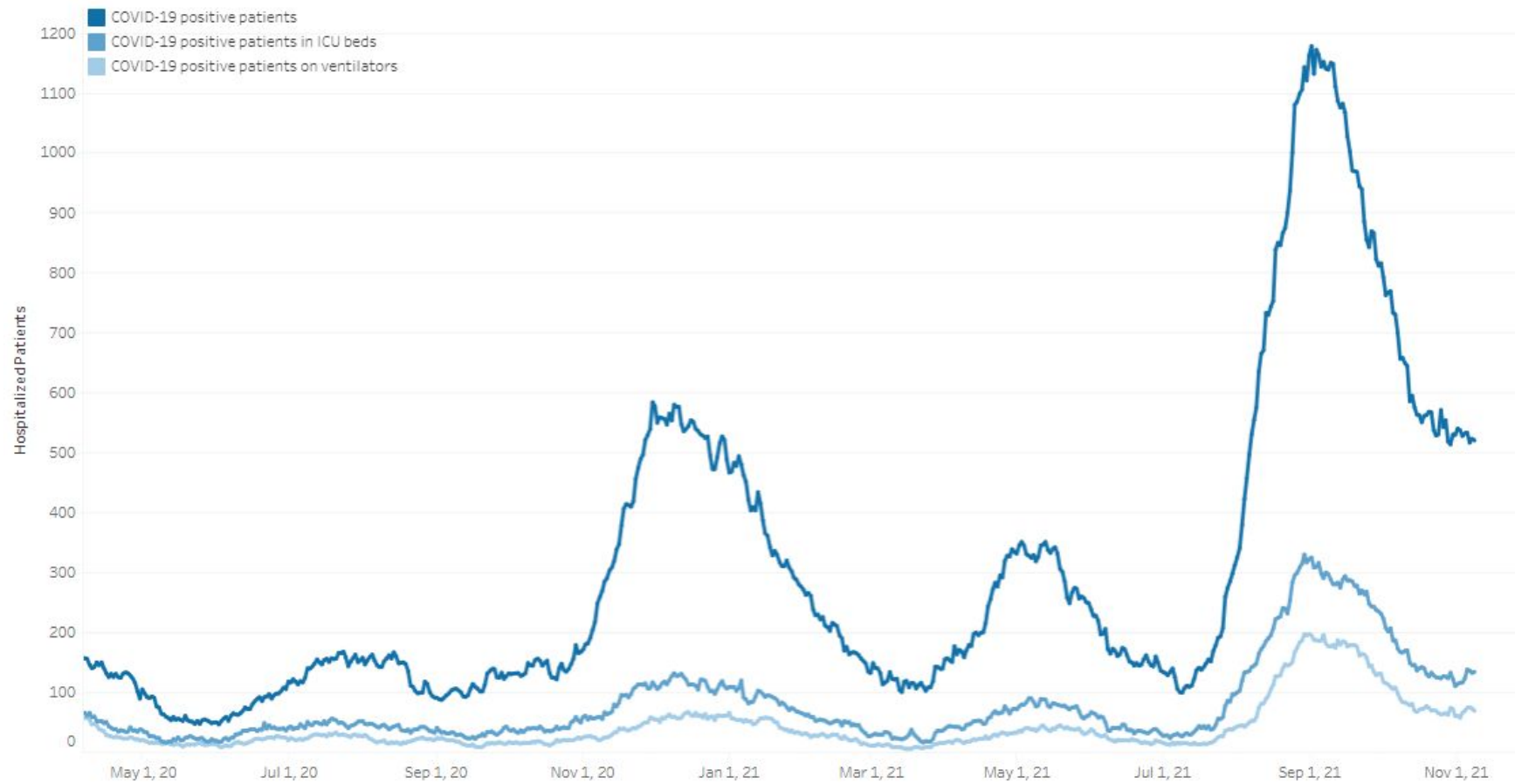
10/27/21 Source:

<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseandVaccinationStories/Statewide>

Oregon Department of Education



# Hospitalizations by Severity



# Pediatric COVID-19 Case Rates by Age

## Recent pediatric COVID-19 case rates are highest among people age 5-11

The chart below shows the rate of pediatric cases per 100,000 by week of onset and age group.



# Pediatric Case Rates by Ethnicity/Race

## Per 100,000

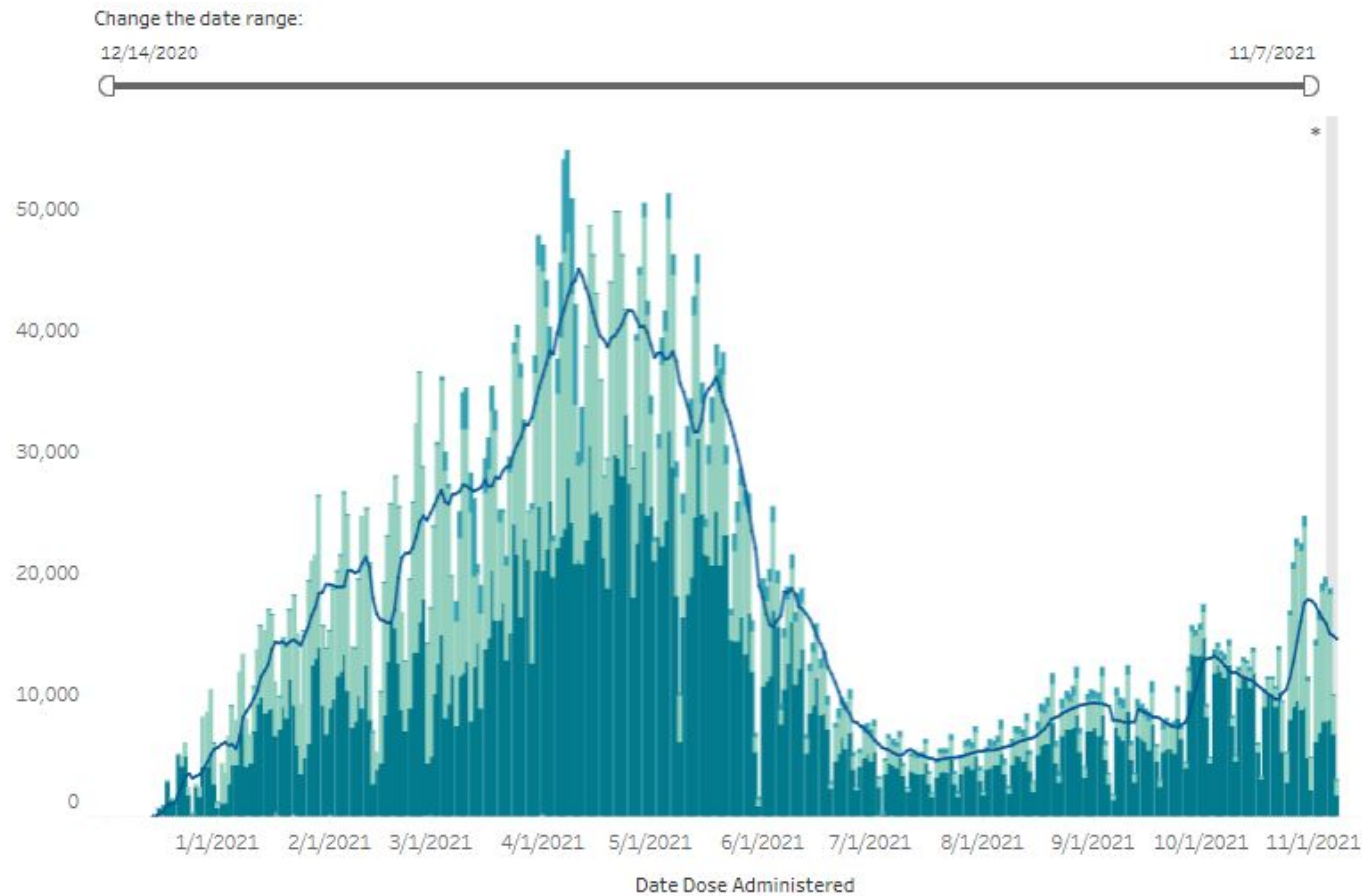






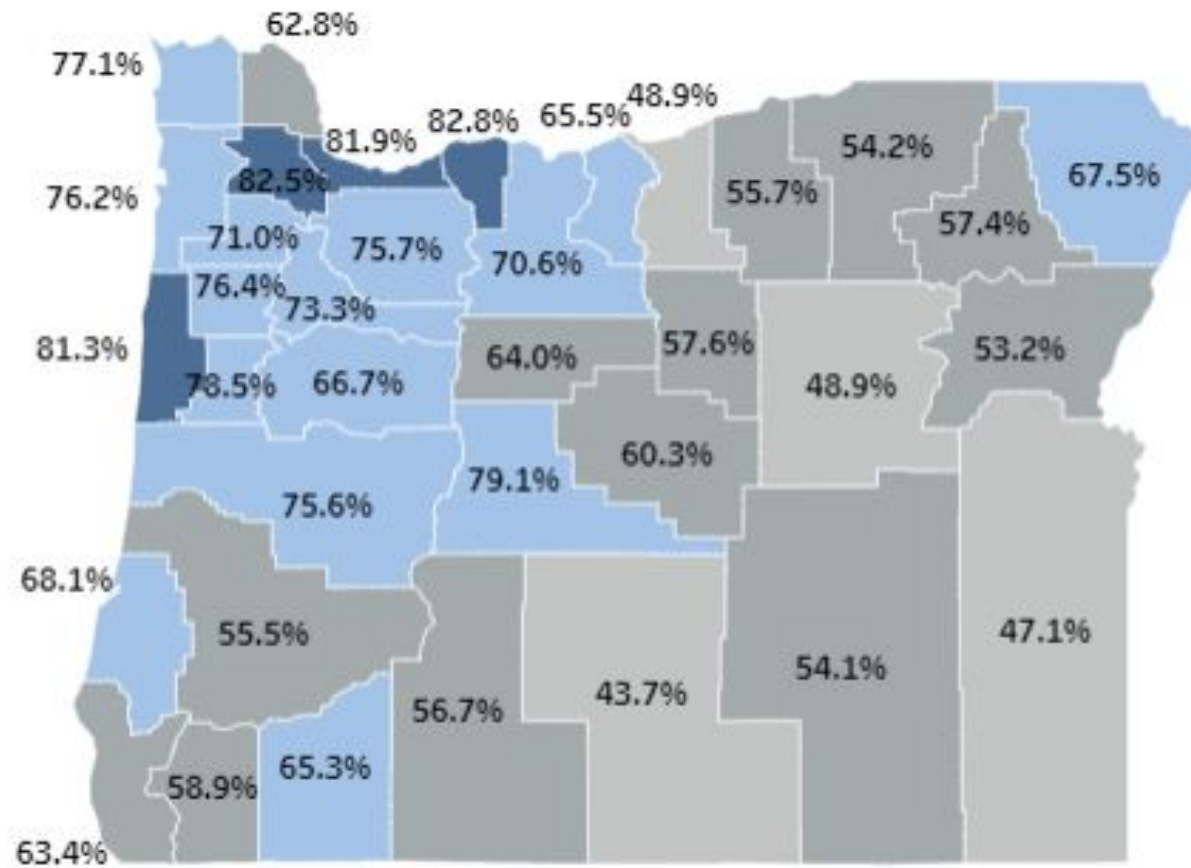
# Vaccination Update

# Vaccinations by Day

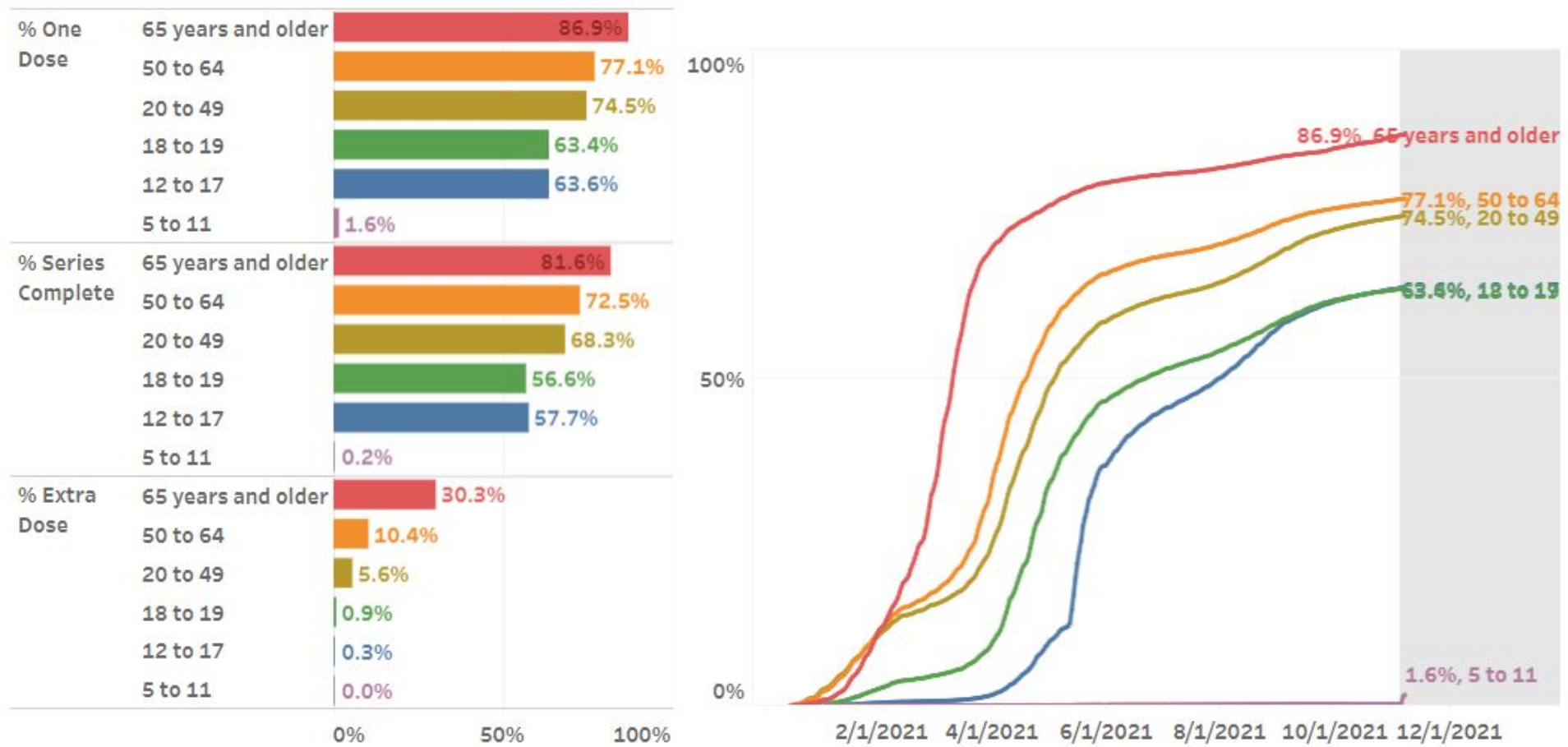


<b>3,356,298</b>	Pfizer
<b>2,075,633</b>	Moderna
<b>232,706</b>	Johnson & Johnson
<b>4,255</b>	Unspecified
<hr/>	
<b>5,668,892</b>	Total Doses Administered
<b>**People Vaccinated</b>	
<b>213,033</b>	Series In Progress
<b>2,625,098</b>	Series Completed
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<b>2,838,131</b>	Total People

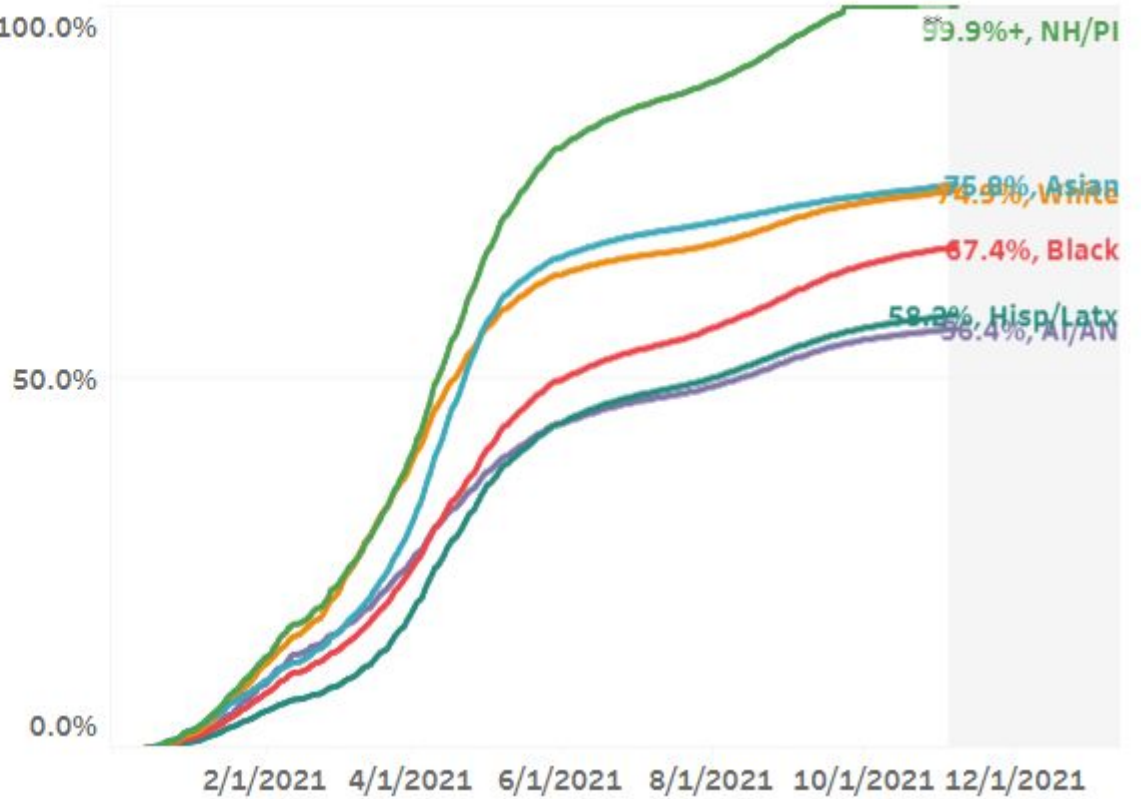
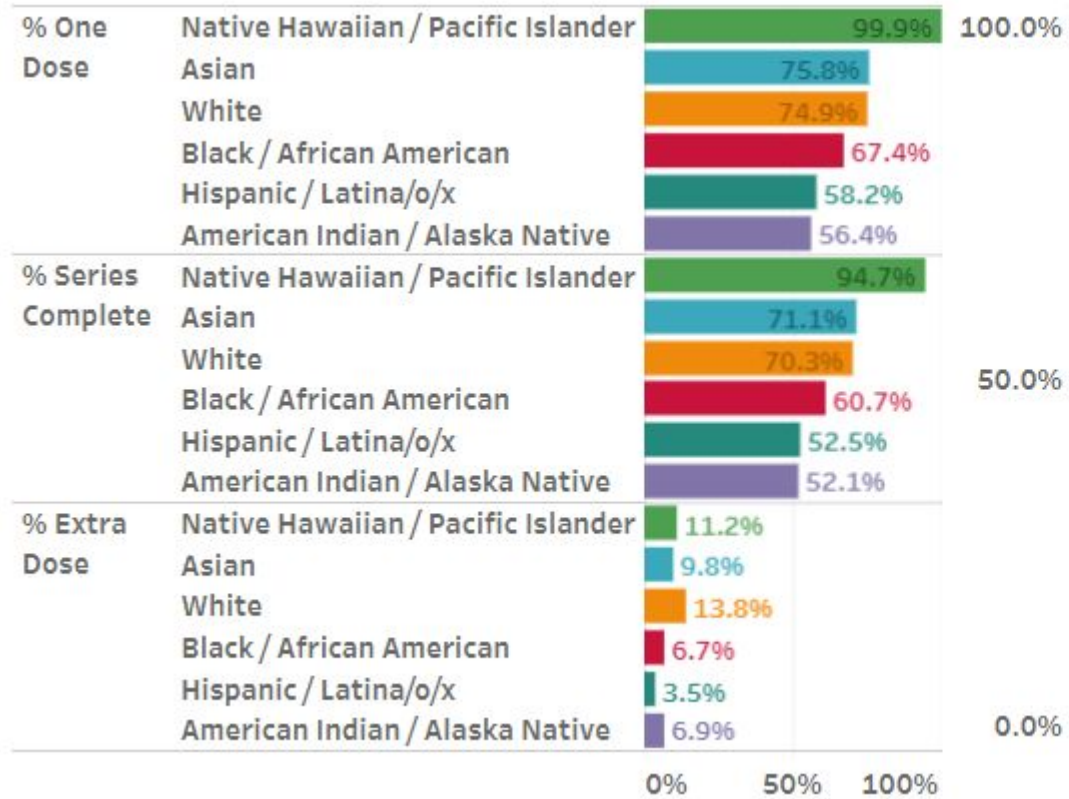
# Vaccination Rates by County for 18+



# Vaccination Rates over Time by Age



# Vaccination Rates over Time by Race/Ethnicity





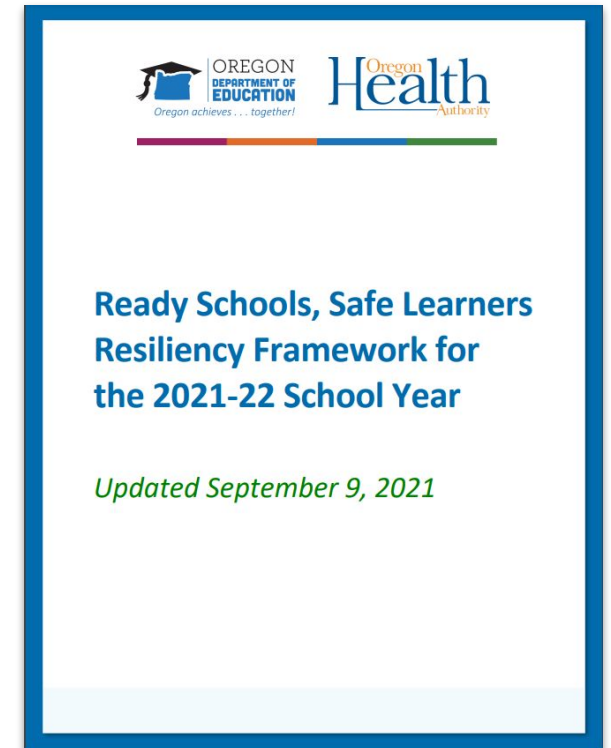
# RSSL Resiliency Framework and Tools

# RSSL Resiliency Framework

The [RSSL Resiliency Framework](#) and aligned resources

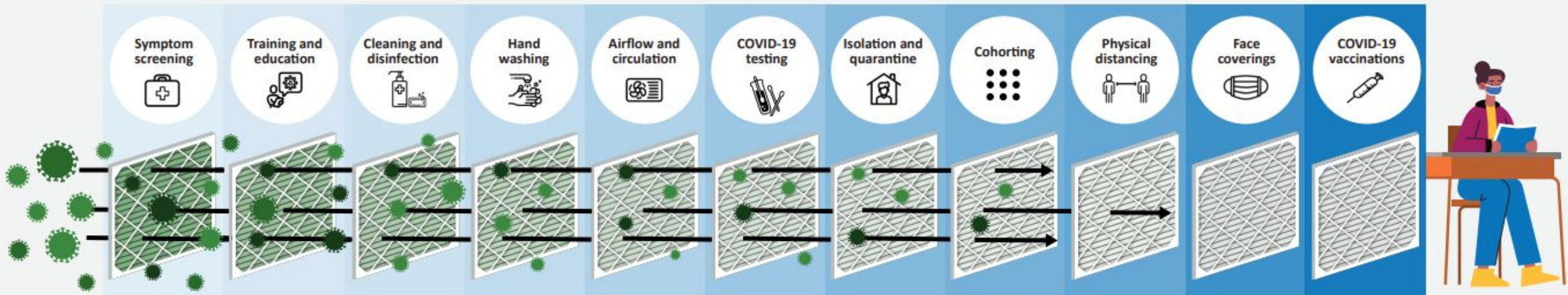
The [RSSL Resiliency Framework](#) is comprised of equity, instructional, and mental health & well-being recommendations as well as advisory health and safety recommendations that provide for flexibility to:

- Return to full-time, in-person instruction every school day for all students,
- Honor and recognize the uniqueness of communities across Oregon, and
- Support schools in health and safety planning to meet community-specific needs and strengths.



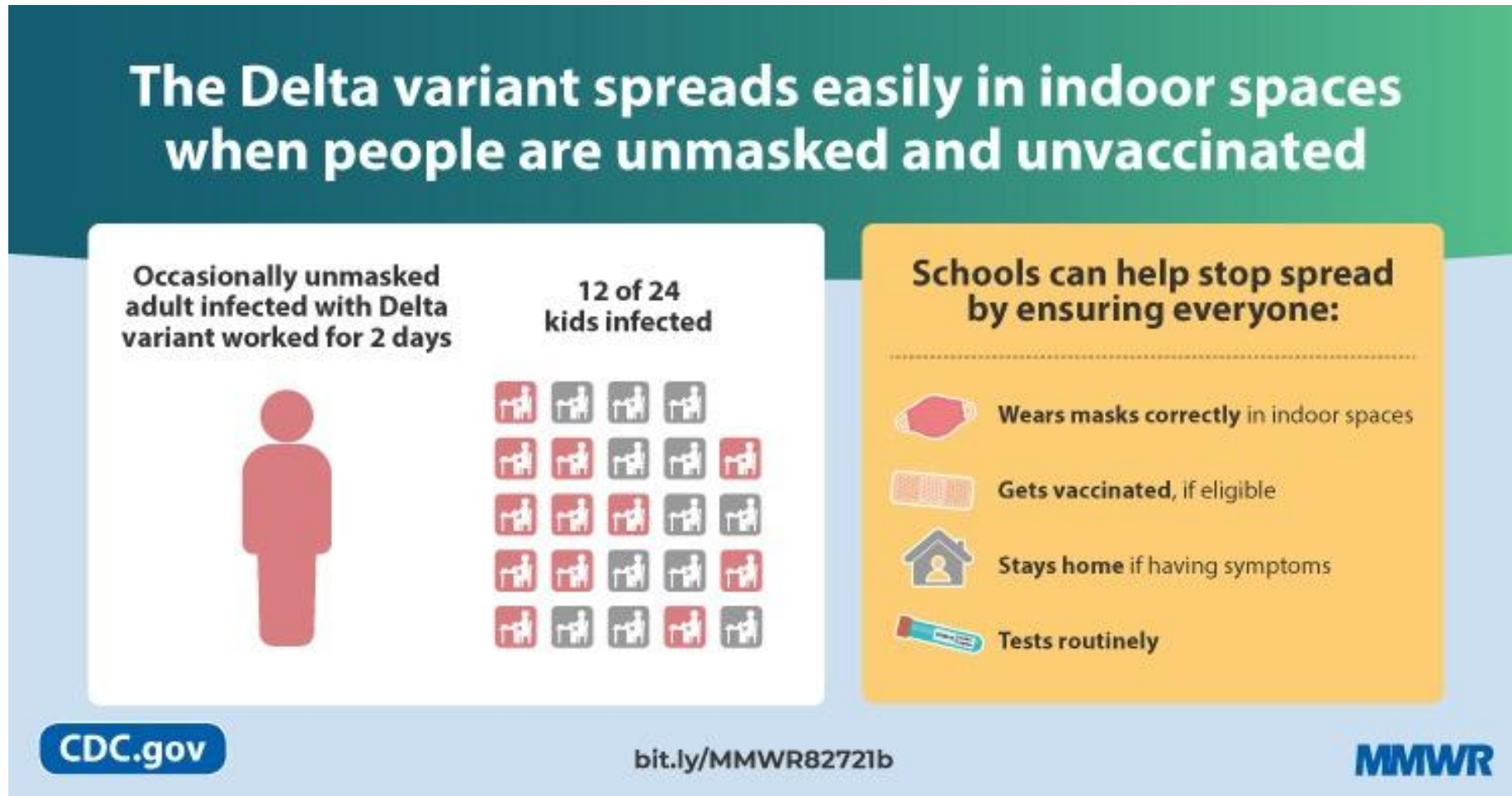
# Layering Health & Safety Protocols

Layered health and safety measures help us maximize full-time, in-person learning and reduce disruptions for students, staff and families. The virus can pass through one or two layers but not all. That's why every layer matters and every layer helps keep students in class.





# Outbreak Associated with SARS-CoV-2 B.1.617.2 (Delta) Variant in an Elementary School — Marin County, California, May–June 2021



# Three Types of COVID-19 Testing

## 1. **Diagnostic Testing (BinaxNOW)**

- Symptomatic Staff & Students
- Rapid Antigen test via Nasal Swab
- Testing is at school
- Must register again, even if you signed up last year
  - [schooltesting.COVID@DHSOHA.state.or.us](https://schooltesting.COVID@DHSOHA.state.or.us)

## 2. **Student Screening Program**


- a. Asymptomatic Students
- b. PCR test via Nasal or Saliva
- c. Can be done at home or at school
- d. Frequency: 1 time per week
- e. Register here: [Oregon K-12 Student Screening Testing \(smartsheet.com\)](https://smartsheet.com)

## 3. **Staff Screening Program**

- Unvaccinated staff sign up for this service
- PCR Test via Nasal
- Tests are sent to staff home
- Frequency 1 time per week
- [COVID-19 Testing in Oregon's K-12 Schools: Staff Screening \(office.com\)](https://office.com)

OHA's overall [school testing website](https://schooltesting.COVID@DHSOHA.state.or.us).

# Planning for COVID-19 in Schools



## Planning for COVID-19 Scenarios in Schools

A Toolkit for School Leaders and Local Public Health Authorities  
 Updated September 14, 2021

Any substantial changes in this version have been marked up in *green italics* to help track changes. The use of italics and a different color is for meeting accessibility requirements and does not signal any specific emphasis or importance.

### Introduction

This resource was prepared by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA) with additional input from local public health authorities (LPHA), school nurses, and school leaders to support school staff's ability to respond well to COVID-19 related illness events. This document outlines some critical steps and offers an overview of decision points, but it does not replace medical expertise, epidemiologist knowledge, or practical solutions in local schools. Each school leader will need to continually evaluate the response to outbreak protocols, update plans, and balance health and safety with core instructional needs for schools.

### Purpose of this Toolkit

This toolkit is designed to support school leaders and local public health authorities in their shared role in responding to COVID-19-related illness events in schools. This toolkit details specific scenarios and immediate action steps required to respond and communicate when a student or staff member:

- Is exposed to a confirmed or presumptive case of COVID-19
- Becomes ill with COVID-19 symptoms
- Tests positive for COVID-19
- Tests negative for COVID-19
- Has not been tested for COVID-19

Each scenario requires action on behalf of the school and close collaboration with the LPHA. The LPHA has authority to make public health decisions, including recommendations for or against isolation and quarantine. This guide is not intended to be the final word for all possible situations; in some situations, an LPHA may make recommendations that differ from those contained in this guide.

To help school leaders, a [Communications Toolkit has been created](#) that includes customizable communication templates, including letters and notifications to families, talking points and a press release to use with the media, and other tools aligned to the scenarios presented here.


1

## COVID-19 Exclusion Summary Guidance for K-12

Version 7/22/2021

PRESENTATION	ACTION	CONDITIONS FOR RETURN
Student or staff has illness with <b>primary COVID-19 symptom(s)</b> and has not had contact with a COVID-19 case in past 14 days.	Exclude from school. Advise viral testing and referral to health care provider for evaluation. [Scenario 2a]	If person <b>tests negative</b> for COVID-19, they may return to school after symptoms improve and fever free for 24 hours. [Scenario 3a] If person <b>tests positive</b> for COVID-19, they must isolate at home for 10 days after symptoms began, and 24 hours fever free, and symptoms improved. [Scenario 4a] If person is not tested, exclude from school for 10 days after symptoms began <b>and</b> until 24 hours fever free <b>and</b> improved.
Student or staff has illness with <b>primary COVID-19 symptom(s)</b> and had contact with a confirmed COVID-19 case in past 14 days.	This ill person may have COVID-19. Advise viral testing and referral to health care provider. Isolation or quarantine are needed; follow local public health guidance. [Scenario 2b, 3b, 4b or 4c]	
Student or staff has illness with symptoms that are <b>not primary COVID-19 symptoms</b> such as diarrhea, vomiting, headache, or rash.	Exclude <b>per usual school exclusion guidelines</b> . Advise referral to health care provider if symptoms persist longer than one day.	If health care provider advises person they can return to school, person may return per documented advice of the provider. If not seen by a health care provider, may return <b>per usual school exclusion guidelines</b> .
Student or staff is <b>not ill</b> or is ill <b>without primary COVID-19 symptoms</b> , but has had contact with a COVID-19 case.	Student or staff must quarantine at home following local public health guidance. [Scenario 1a or 1b]	
Student or staff has a <b>positive COVID-19 viral test</b> .	This person has COVID-19. Isolate at home for at least 10 days since test date, and 24 hours fever free, and any symptoms improved. Local public health will investigate. [Scenario 5, 6 or 7]	

See "[Planning for COVID-19 Scenarios in Schools](#)" for additional guidance, including exceptions to quarantine for people who are fully vaccinated and people who have previously had COVID-19 (page 4); details about possible quarantine <14 days (Scenario 1a); see [CDC guidance](#) for recommendations on post-travel quarantine and testing.



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Oregon achieves... together!

### Important Definitions

**Primary COVID-19 symptoms** include the following:

- Fever of 100.4°F or higher
- Chills
- Cough
- Shortness of breath
- Difficulty breathing
- New loss of taste or loss of smell

**Fever free** means a temperature less than 100.4°F without the use of fever-reducing medication.

**Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick and prevents disease spread (determined by local public health authority).

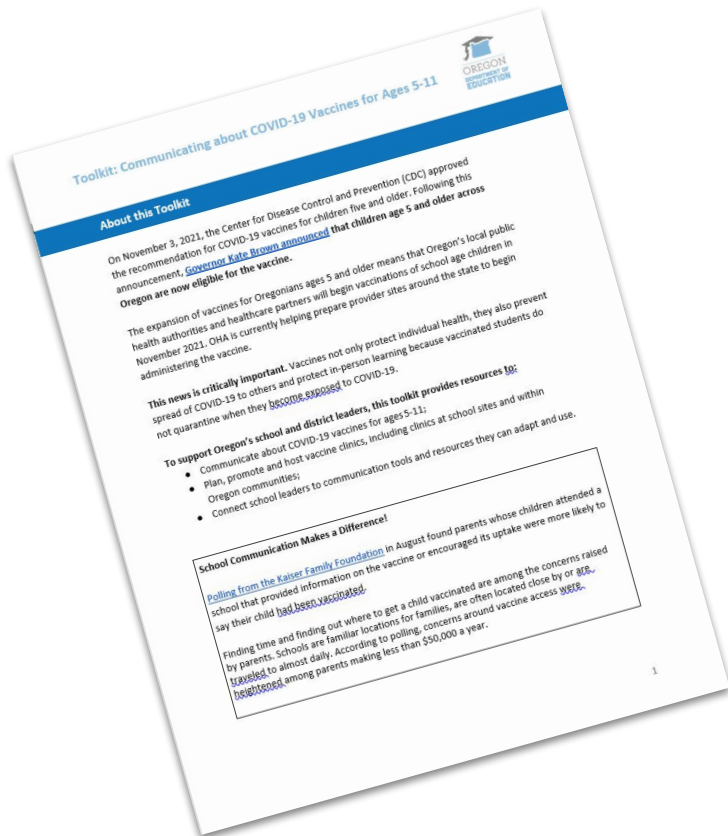
**Isolation** separates people with a contagious disease from other people to prevent disease spread (determined by local public health authority).

**Exclusion** means keeping a student with symptoms or diagnosis of a contagious disease out of school to prevent possible disease spread (determined by school).

**Confirmed case** means a person who has a positive result on a COVID-19 diagnostic test.

**Presumptive case** means a person who has not had a positive result on a COVID-19 diagnostic test but has symptoms after contact with a confirmed COVID-19 case. (Other situations are possible; refer to Planning for COVID-19 Scenarios in Schools for additional information.)

# Vaccination Toolkit



- Getting vaccinated can protect our students' access to in-person learning, sports and extracurricular activities.
- People who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine.
- Children ages 5 to 11 will receive one-third of the adult dose of the Pfizer vaccine using smaller needles designed for children. To become fully vaccinated, the child will need a second shot of the Pfizer vaccine three weeks after their first shot.
- The vaccine is free. No health insurance is required, and it is available regardless of immigration status.

# School Health Advisories

**Goal: Maintain continuity of instruction during the first month of the school year**

1. Add [layers of safety protocols](#)
2. Vaccinate if eligible.
3. To extent possible, reduce extracurricular activities and consider holding activities such as meals, recess PE classes, music and choir outdoors to maximize physical distancing.
4. Hold school events (fundraisers, carnivals, conferences, etc.) virtually or outdoors, with full preventive mitigation layers if they must be held in person
5. Families with school-age children and educators should limit gatherings and non-essential activities with people from other households to the extent possible throughout November and December. If you are visiting people from another household, you should wear a mask, maintain a physical distance of 6 feet, and keep activities outdoors to the degree possible.

# 5 Health & Safety Tips for Students & Households

1



Make a plan to vaccinate all eligible household members

2



Mask up in public, including carpools

3



Limit gatherings with other households for now

4



Move social activities outdoors

5



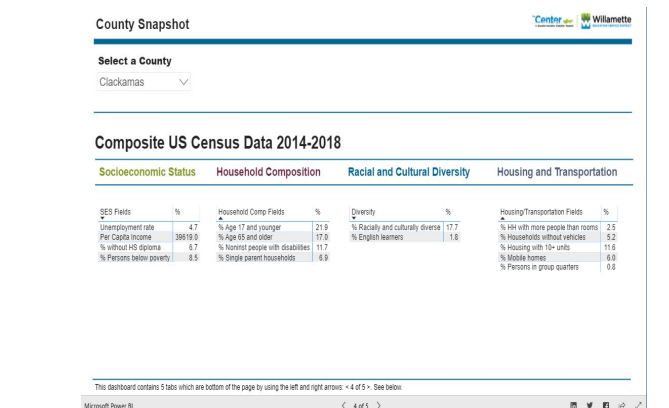
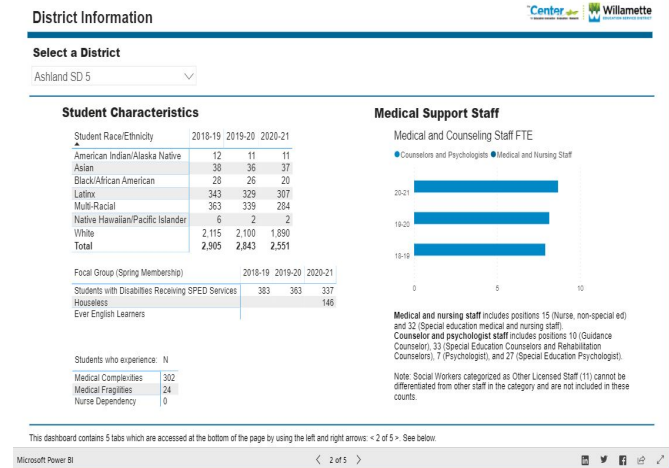
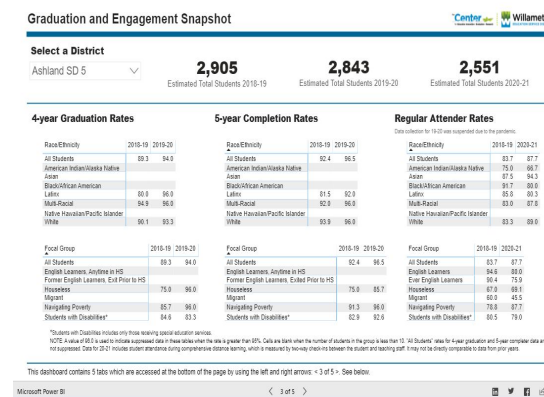
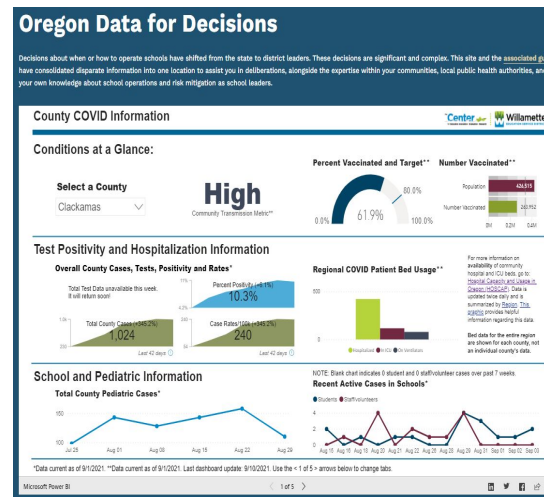
Make a plan in case your child needs to miss school

# What's Important in a Dashboard

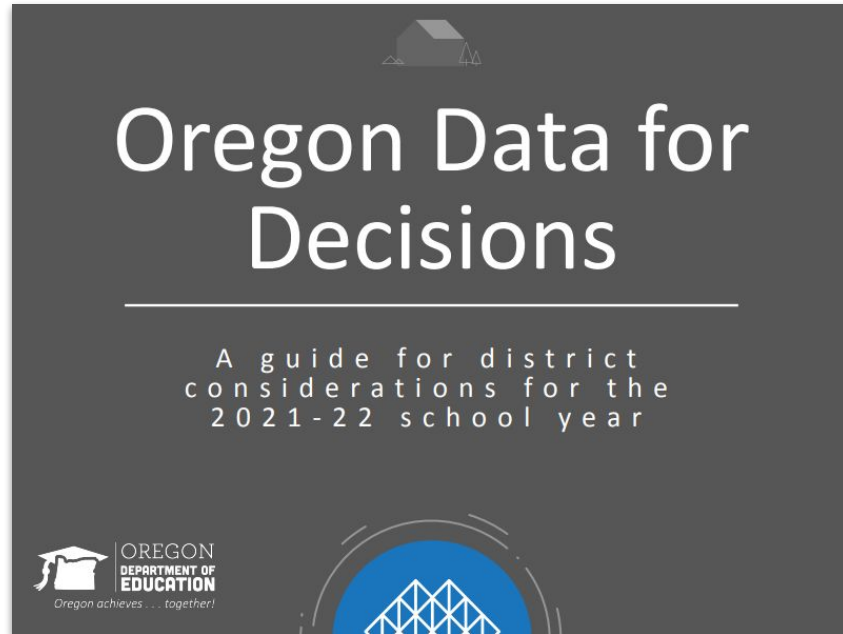
## Data Dashboard for Schools

- Vision for thinking about health, learning, capacity, community, and resilience alongside each other
- Offers accurate and complex information

**Example:** A district sees a rise in cases and hospitalizations but low/no spread in the district or with students. The district shares a hospital with three counties and at this time there is sufficient bed and ICU capacity. Student data shows high (negative) impact from last year. Community data shows high poverty and mobility. The data might suggest working hard to keep protocols in place and keep school operating as a key community anchor.



# Data Decisions Guide



**Decisions about when or how to operate school are in the hands of district leaders.**

These decisions are significant and complex. This guide is intended to help ensure leaders consider the array of information available to them, including patterns or categories of information that may not be county or district specific but can help inform choices being made.

Previously, many of these decisions were made at the state level with an equity review, public health and educator expertise, and a tremendous amount of statewide data.

**Using this [guide](#) is not required and won't replace the actual decision-making process.** This guide can assist in providing assurance to districts that there has been a comprehensive review of the information available alongside the important expertise within your community, local public health authority, and your own knowledge as school leaders.



# Equity Decision Tool

[Three tools](#) have been developed by ODE to support school leaders in making clear choices with a consistent check against key values and input.

## 1. Decision Tree

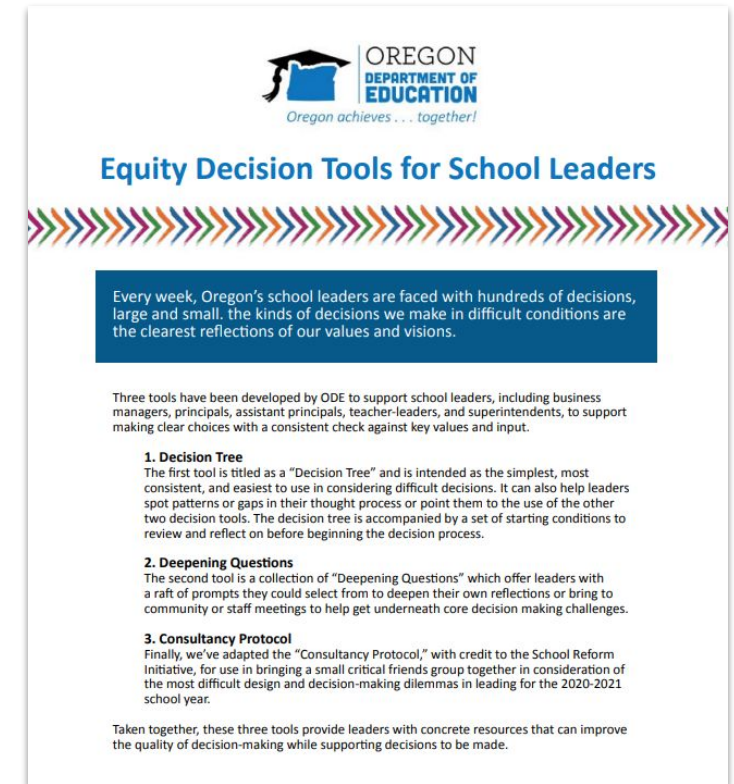
The first tool can also help leaders spot patterns or gaps in their thought process or point them to the use of the other two decision tools. The decision tree is accompanied by a set of starting conditions to review and reflect on before beginning the decision process.

## 2. Deepening Questions

The second tool offers leaders a raft of prompts they could select from to deepen their own reflections or bring to community or staff meetings to help get underneath core decision making challenges.

## 3. Consultancy Protocol

Finally, we've adapted the "Consultancy Protocol," with credit to the School Reform Initiative, for use in bringing a small group together in consideration of the most difficult design and decision-making dilemmas in leading for the 2020-2021 school year.



# Distance Learning Guides



## Digital Learning to Support Distance Learning

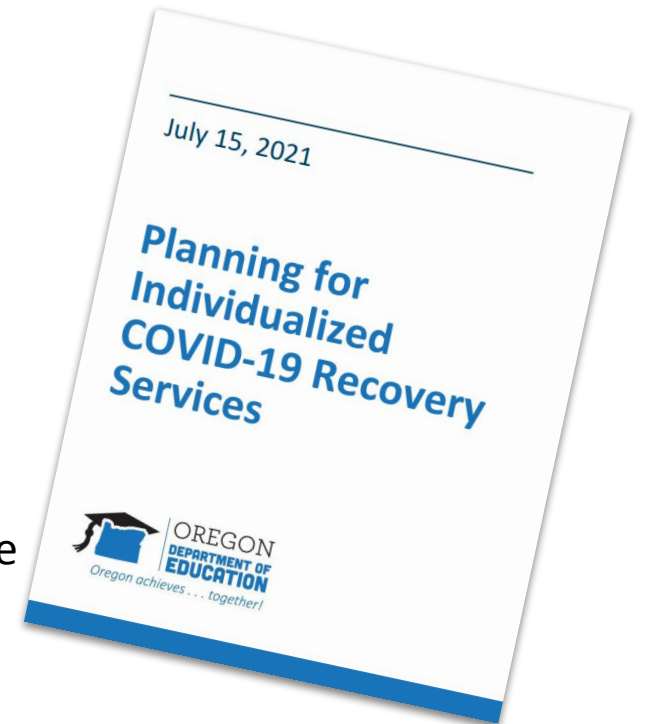
Distance learning most often relies heavily on digital learning - the use and integration of technology to enhance, support, and reimagine learning. The [\*Key Components of Digital Learning\*](#) provides additional detailed recommendations and resources for supporting digital learning. These Key Components can be applied to a Long-Term Distance Learning context.

The most helpful sections of *The Key Components of Digital Learning* are referenced in each of the anchor ideas which they most closely support. The Key Components is a helpful resource when planning for Long-Term Distance Learning. We have linked the most relevant sections throughout this document for easy reference.

# Serving Students Who Experience Disability


The worldwide pandemic caused major disruptions in nearly all aspects of life. Within education, responding to the risk of COVID-19 required rapid pivots to distance learning for schools across Oregon. Some students have achieved success through Comprehensive Distance Learning (CDL). Some students, though, have navigated CDL, but may need additional support as they return to the 2021-22 school year.

- School districts must notify parents that IEP teams can meet to discuss the need for Individualized COVID-19 Recovery Services.
- The IEP team for each eligible child with a disability shall consider the need for Individualized COVID-19 Recovery Services.
- The determination of need for Individualized COVID-19 Recovery Services is made by the IEP team after a review of student performance and data including pre-COVID-19 closures, student participation and performance during COVID-19 closures, and performance upon return to school. The IEP team should consider the student's progress compared to the progress of all students during this time period.





# CARE & connection

  
Oregon Department of Education  
Care and Connection Week:  
Guidance for Schools and School Districts

**Toolkit**

- [Care and Connection Guidance](#)
- [Care and Connection Activities](#)
- [Care and Connection Distance Learning Resources](#)



**Graphic Resources**

- [View Individual Graphics](#)
- [Care and Connection Posters \(zip file\)](#)
- [Care and Connection Banners \(zip](#)



**Social Media**

- [Sample Social Media Posts](#)
- [Translations - Arabic, Traditional Chinese, Russian, Somali, Spanish, Vietnamese \(zip file\)](#)



**Handle with Care Tools**

- [Handle with Care Resources](#)
- [Handle with Care Guidance](#)
- [Translations -Arabic, Traditional Chinese, Russian, Somali, Spanish,](#)

# Oregon's Care & Connection Campaign

- Invited districts to begin the year with Care and Connection week.
- Dedicated time to build on what is already being done to create care, connection and community.
- Creating time and space to reflect, connect, and make meaning of the last year.
- Inviting districts to continue the practice throughout the school year.



# What we are seeing...

- District examples:
  - Dedicating Sept to mental health and emotional well-being.
  - Morning breakfasts with students.
  - Marching bands and red carpets.
  - Peer support (staff & students).
  - Fun community activities.
  - Room for expression.
  - Easier transition back to the classroom.

## Oregon schools to launch 'Care and Connection Week'



# Moving Forward...

- This year we are aware that more than one half of districts engaged in activities to promote school-based mental health.
- States including Delaware, Michigan and Rhode Island using ODE resources to launch similar campaigns.





# Challenges



# Educators name this year as more challenging than last year...by far



Oregon Department of Education

- Staff shortages
- COVID-19 protocols
- Impacts of quarantines
- Social emotional and mental health impacts
- Attendance
- Student and educator families experiencing loss from COVID-19 and long-COVID impacts
- Leaning into student, family, and community resilience and addressing unfinished academic learning
- Community harassing, intimidating and threatening educators and their families for doing their job, following state and federal COVID-19 laws or guidelines, or misconceptions about equity in schools



# What's Next?

# Do we transition to an endemic approach? If so, how and when and what does it look like?



- Several articles have been published in the last two weeks with public health specialists pondering how this ends: Perhaps the coronavirus becomes endemic in the U.S., and we live with it forever.
- But there is not yet a coherent plan for what this looks like or the timing of this transition.
- What public health measures stay in place for an endemic? Masks, vaccines, physical distancing, air flow, quarantines - how do these efforts transition and maintain public safety?
- The communities that resist vaccination and other health protocols are at the greatest risk in a transition.
- Europe is experiencing a new surge right now, with Germany experiencing its highest rates of the entire pandemic.

# Tools to Reduce Quarantine Impacts

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- **Current efforts:**

- Vaccination for staff and volunteers
- Implementing layered protocols with fidelity
- Schools hiring staff for contact tracing
- Screening testing for extracurricular activities

- **Future efforts:**

- Student vaccination clinics
- Standardizing quarantines by using our current diagnostic testing supply to 7 day quarantine, with a negative result by an antigen or PCR test within 48 hours before ending quarantine.
- When testing supplies become adequate and stable, implement a test-to-stay model.



# Bill Implementation Updates

# Bill Implementation Challenges

Hiring and procurement limitations pose risks of delay



- Increased state and federal investments and programs have strained procurement systems for ODE, DAS, and DOJ.
- Hiring qualified candidates to lead and support new programs has also been challenging.
- **HB 2166** - Racial Justice Council Education Priorities: **On Target**
- **SB 744** - Transparent process that is equitable, accessible and inclusive to review existing state diploma requirements and equity disparities: **On-Target**
- **HB 2697** - Every Student Belongs: **On-Target**
- **SB 52** - LGBTQ2SIA+ Student Success Plan: **On-Target**
- **HB 2056** - Access to Linguistic Inclusion: **On-Target**
- **SB 732** - Equity Advisory Committees: **On-Target**
- **HB 5006 Budget Note** - Study of the equity impacts of SSF spending: **At-Risk**

# Questions



# Thank You





# Process for Required School Immunization

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1. OHA rules contemplate “FDA licensed,” or fully approved vaccines. In addition, OHA generally considers recommendations from the *United States Public Health Service Advisory Committee on Immunization Practices (ACIP)*.
2. OHA is required by statute to appoint an advisory committee to inform rulemaking around school vaccinations. Pursuant to this statutory direction, OHA has appointed the *Oregon Immunization School/Children’s Facility/College Law Advisory Committee*, known as *ISLAC*.
3. Generally, before adding a vaccination to the list, OHA convenes *ISLAC*, and then considers the advisory committee’s recommendations on whether and when to add new vaccinations to the schedule.
4. *ISLAC* has certain published criteria it applies in making its recommendations to OHA that include: Considerations around the safety and effectiveness of the vaccine, likely impact of a requirement, and other financial and operational considerations. The criteria are subject to change and may well need to change given the current circumstances.
5. OHA can make permanent rules, a process that takes 4–6 months, or can adopt temporary rules if failure to act promptly would result in serious prejudice to the public interest or certain groups.
6. Once a required vaccine is added to the OHA rules, for each vaccine-preventable disease identified in the rules, a child must submit satisfactory documentation of either: (1) immunization, (2) a medical or nonmedical exemption, or (3) immunity documentation.

# School Face Covering Rule Updates

- OHA convened a Rules Advisory Committee (RAC) on October 28, 2021
- RAC reviewed these proposed changes to OAR 333-019-1015 (Masking Requirements in Schools)
  - Removed Section 10 - OHA to review the continued need for this rule monthly, based on scientific information related to the spread and control of COVID-19
  - Added as new Section 2 - Rule remains in effect unless the State PH Director or State PH Officer issues an order that the rule are no longer necessary to control COVID-19.
    - May also rescind an order stating that the rule is no longer necessary
    - Determination by State PH Director or State PH Officer will consider at least:
      - The degree of COVID-19 transmission, as measured by case rates, percent positivity, and any other objective metrics indicative of current or potential transmission in Oregon.
      - COVID-19 related hospitalizations and deaths.
      - Disparate COVID-19 related health impacts on communities of color and tribal communities.
      - Guidance from the Centers for Disease Control and Prevention.