

COVID-19 Mitigation Policy and Procedure

Procedure/Approach

Southern Oregon Head Start developed a COVID-19 mitigation policy that can be scaled up or down based on the impact of COVID-19 in the community to protect staff, children, and families from COVID-19 infection.

Head Start Performance Standards:
45 CFR §1302.47(b)(9) Safety Practices
OAR Chapter 333 Division 050
School Immunization Rules

I. Protection from COVID-19

The Oregon Health Authority (OHA) strongly encourages individuals to stay up-to-date with vaccinations and boosters in order to protect themselves, their families and their communities. In Oregon, vaccinations are covered no matter where someone gets a vaccination.

II. Testing Positive

The Oregon Health Authority **recommendations** include: staying at home until fever has subsided for 24 hours without fever reducing medications and other symptoms have largely subsided; and to mask when around others for 10 days from the start of symptoms or from the start of the positive test (whichever came first). Wearing a mask while indoors during the 10-day infectious period is recommended but not required, however staying home until fever has subsided for 24 hours without fever reducing drugs is required.

III. COVID-19 Symptoms

- a. New cough (atypical, not related to a known underlying condition such as asthma or allergies).
- b. Temperature of 100.4°F or higher
- c. Fever/Chills
- d. Cough
- e. Shortness of breath or difficulty breathing
- f. New loss of taste or smell

- g. Sore throat
- h. Fatigue
- i. Congestion or runny nose
- j. Muscle or Body Aches
- k. Headache
- l. Nausea/Diarrhea/vomiting

IV. Responding to Two or More COVID-19 Symptoms

Testing is recommended for both children, employees, and volunteers when symptomatic with two or more COVID-19 symptoms.

a. Children

A child may return regardless of test results (or not tested), if fever free for 24 hours without fever reducing medications, symptoms have largely subsided, and the child feels well enough to participate in the program.

b. Parent/Guardian Notification:

It is recommended that employees and volunteers inform the Site Manager when testing positive for COVID-19 if they were present in the classroom for 15 minutes or more while infectious (see VII 3rd paragraph). The Oregon Health Authority, Public Health Division Chapter 333, Division 19 Investigation and Control of Diseases lists COVID-19 as a restrictable disease. When children are exposed to a restrictable disease such as COVID-19, according to DELC, an exposure notice of the disease must be posted in the classroom for parents/guardians to read. See VI-3rd paragraph 3 of this policy to determine the infectious period in order to inform parents accurately.

V. Minimizing the Spread of Illness

- a. Introducing fresh air into the classroom by opening windows (if possible) can help dilute viruses that may be circulating due to coughs and sneezes.
- b. Voluntarily wearing a N95 mask (available at each center and the Main Office) around others when experiencing symptoms of any respiratory illness can minimize the spread to co-workers, children and parents.
- c. Disinfecting high touch surfaces during illness outbreaks will minimize the transmission of viruses caused by indirect contact (touching a surface, then touching your eyes or mouth before washing your hands).

VI. Transmission of COVID-19 ([COVID-19 | CDC Yellow Book](#))

- a. SARS-CoV-2 is transmitted from person to person by airborne particles and droplets that carry infectious virus. When an infected person breathes, sings, talks, coughs, or sneezes, they release infectious aerosol particles into the air. Exposure can occur when aerosol particles and small respiratory droplets are inhaled or contact exposed mucous membranes. Indoors, fine droplets and aerosol particles can linger and accumulate, even after an infected person has left the room.
- b. The risk of infection generally increases with closer contact and with longer durations of contact with an infected person, particularly in poorly ventilated indoor or crowded settings. Activities that increase emission of respiratory fluids such as singing, cheering, or exercising can increase risk of transmission. Infection from contaminated surfaces or objects is possible but generally does not contribute significantly to new infections.
- c. People with COVID-19 can be infectious from 1–2 days before and up to 8–10 days after symptoms begin. The majority of transmission appears to occur during the early periods of infection, particularly in the 1–2 days before symptoms start and within the first few days of symptom onset. This period of infectiousness may be reduced slightly but has been fairly consistent since SARS-CoV-2 emerged. Individuals who are asymptomatic can also transmit the virus.

VII. Clinical Presentation

Masks are available at each center and the main office for anyone who chooses to protect themselves or others from COVID-19 or any other type of respiratory illness.

a. Severe Disease

Severe disease occurs more often in people who are 50 years and older, with risk increasing substantially at ages >65 years. Risk of severe illness is also increased in people who are immunocompromised (either from an immunocompromising condition or medication) or with certain underlying medical conditions. Risk is greater with increasing number of comorbidities. People who are pregnant are at increased risk of severe illness from COVID-19, and of having a preterm birth, stillbirth, or other pregnancy complications if infected with SARS-CoV-2 while pregnant.

b. Long COVID

Long COVID is broadly defined as signs, symptoms, or conditions that continue or develop after acute COVID-19 (SARS-CoV-2) infection and is present for at least 3 months as a continuous, relapsing and remitting, or

progressive disease state that affects one or more organ systems. Long COVID, also referred to as post-COVID conditions or post-acute sequelae of COVID-19, can affect different body systems (e.g., neurologic, respiratory, digestive).

Common reported symptoms include tiredness or fatigue that interferes with daily life, symptoms that get worse with physical or mental effort, difficulty thinking or concentrating (sometimes called “brain fog”), cough, shortness of breath, and heart palpitations. Long COVID is more common among women, people with more severe acute COVID-19 illness, and people with underlying health conditions. The best way to protect against Long COVID is to prevent infection and severe acute COVID-19. Vaccination can reduce the risk of Long COVID, while data are mixed on whether antivirals during acute infection may reduce the risk of Long COVID.

Multisystem inflammatory syndrome (MIS) is a rare but serious condition associated with COVID-19 in which different parts of the body become inflamed, typically 2–6 weeks after acute infection. MIS was first recognized and has been more widely reported in children (MIS-C) but has also been reported among adults (MIS-A). Incidence of MIS-C is much lower compared to earlier in the pandemic, but cases do still occur. This overall decline is likely due to multiple factors, including an increase in population immunity from both infection and vaccination, as well as differences in development of MIS-C associated with different SARS-CoV-2 variants.