

HOLY FAMILY ACADEMY COVID-19 PROTOCOLS

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***PLEASE REFER TO Planning for COVID-19 Scenarios in Schools: A Toolkit for School Leaders and Local Public Health Authorities at**

<https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf>

for handling different scenarios.

How to Notify the Local Public Health Authority (LPHA) of Any Confirmed COVID-19 Cases Among Students or Staff:

If we receive any notification of a confirmed case, the Principal, Cheryl Schwartz or a designee will report to our LPHA which is the [Marion County Public Health Department 24/7 Disease Reporting \(503\) 588-5621](#).

- HFA will consult with the LPHA in regards to cleaning and possible classroom or program closure if anyone who has entered the school is diagnosed with COVID-19.
- Systematic disinfection of classrooms, offices, bathrooms and activity areas in which the infected person may have been will take place as soon as possible. The custodian will use appropriate EPA registered disinfectants. Other school staff may help in the effort to disinfect before these areas can be used again.

Reporting of Any Clusters of Any Illness:

If any clusters of any illness among staff or students is identified they will be reported to LPHA disease reporting number listed above. A cluster defined by ODE/OHA guidance is two or more people with similar illness.

- There will be full cooperation with the LPHA utilizing logs for contact tracing in a timely manner.
- Families, students, and staff who have come into close contact with a confirmed case will be notified. The definition of *exposure* is being within 6 feet of a COVID-19 case for 15 minutes (or longer).
- CDC defines a *close contact* for infection of the coronavirus as “Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for at least 30 minutes starting from 48 hours before illness onset.”

How to notify the parents of students, staff, and school community of any potential or confirmed COVID-19 cases among students or staff:

- Before school reopens, parents/guardians will be made aware of the symptoms of COVID-19 and the need for them to notify the school immediately upon identification of COVID-19 in a student.
- Communicable Disease (COVID-19) Protocols and a letter of communication to staff will be shared at the start of on-site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease.
- A communication flow chart showing positions, names and responsibility for communication is in the HFA Infectious Disease Management Plan, as well as sample letters.

- Identify name and position of the person responsible for communicating with parents, families, district officials, school nurse, and staff aligned with the communication tree.
- Script or talking points for communicating needed information.
- When there has been a *potential* case(s) at the school, communications will be made to the school community and other stakeholders
- When a *new case* of COVID-19 is diagnosed (**and has been confirmed with LPHA**) in a student or staff the following protocols for communicating immediately with staff, families, and the community, including a description of how the school is responding:
 - A letter, automated phone call, text message, and/or email will be sent out to parents of students, families, and staff immediately notifying them of a new confirmed case of COVID-19 was diagnosed in a student or staff member.
 - Parents of all students who were exposed or in close contact to a person diagnosed with COVID-19, and all exposed adults, should be notified within 24 hours and advised to quarantine at home for 14 days following exposure and to seek testing should symptoms develop, or as directed by public health.
 - Consult with LPHA officials on what constitutes “exposure”.
 - No identifiers or indication of who is the confirmed case will be shared with the school community. General information can be shared that the contact person was in a given building on given dates.

Partial or Full School Closure due to Outbreak:

- When determining if part or an entire school needs to close, schools should work in a collaborative manner with Local Public Health Authorities (LPHAs). LPHAs are vital partners to advise and consult on health and safety in schools with school officials but in general decisions of public health at the local level reside with school officials. There can be exceptions within local law and any additional authorities should be clarified at the local level. HFA school board has the authority to close HFA facilities and transition to distance learning.
- If a Local Public Health Authority has concerns about public health in a given school within the operation of this guidance or in response to an outbreak and the school disagrees, these concerns may be elevated to the State Public Health Director or the Director of the Oregon Department of Education.
- The State Public Health Director at the Oregon Health Authority has broad authority to close a facility that presents a public health risk.
- The Director of ODE also has authority to close a school facility within existing state laws and within the scope of Executive Order 20-29.

Entry and Screening for symptoms of COVID-19:

HFA will follow the procedures below to ensure proper screening before students enter the school.

- Students and staff are directed to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms. COVID-19 symptoms are as follows:
 - **Primary symptoms of concern:** *cough, fever (of greater than 100.4°F) or chills, shortness of breath, or difficulty breathing*
 - **Symptoms often associated with COVID-19:** *muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose.* These symptoms are not enough in isolation to suspect COVID-19, but some are excludable like vomiting and diarrhea. Refer to [ODE/OHA Communicable Disease Guidance](#) for exclusion guidelines related to these symptoms. Refer to CDC for more information on COVID-19 symptoms.
 - Note that vomiting and diarrhea are listed in OAR 333-019-0010 as conditions for restriction from school, independent of COVID-19.
 - **Emergency signs that require immediate medical attention:** *Trouble breathing, persistent pain or pressure in the chest, new confusion or inability to awaken, bluish lips or face, other severe symptoms.*
- All students will be screened at the car lane drop off every day (and/or alternatively at school entry), ensuring that each student has been screened prior to entering the school. Staff members can self-screen and attest to their own health.
- A [Screening Daily Log](#) form will be used to conduct screenings by HFA staff:
 - Ask the parent/student, “Is your student sick today/Are you sick today?”
 - Ask the parent: “Do they have a fever?” Or observe: Are they flushed or look warm? Or dressed appropriately for the weather?
 - Ask the parent: “Do they have a cough?” Or observe: Are they coughing?
 - Staff and students with a chronic or baseline cough that has worsened or is not well-controlled with medication will be excluded from school. Those staff or students who have other symptoms that are chronic or baseline (e.g., asthma, allergies, etc.) will not be excluded from school.
- **Each car lane drop off staff and/or school entrance staff** will have a screening form pre-populated with the group of students they are responsible for screening. The list should be the same students each day. If there are exceptions, they must be written in.
 - If a student is absent, their name will be crossed off
 - Other columns will cover the symptoms to check for
 - If any question is marked “Yes” the staff will document symptoms and the student may not leave the car to go into the school (to return home).
- The established procedures for keeping caregiver drop-off/pick-up as brief as possible will be clearly communicated to caregivers.

- Anyone displaying or reporting primary symptoms of concern must be isolated and sent home as soon as possible, unless their cough or symptoms are chronic due to medical conditions such as asthma and allergies.
 - They must remain home until 24 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving.
- The staff member screening must document and notify principal if any student or staff doesn't pass the screening, why they didn't pass, and what we did (sent home with parent, or isolated at school until parent picked up).
- Accurate sign-in/sign-out will be done to help facilitate contact tracing. Sign-in procedures are not a replacement for entrance and screening requirements. Students entering school after arrival times must be screened for the primary symptoms of concern.
- Hand sanitizer dispensers will be easily accessible near all entry doors and other high-traffic areas.
- No students are to be isolated without adult supervision (who is in appropriate PPE).
- All students or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 calendar days will be restricted from school and any school activities. Follow LPHA advice on restricting from school.
- Hand hygiene will be conducted by students and staff on entry to the school every day: washing with soap and water for 20 seconds or using an alcohol-based hand sanitizer with 60-95% alcohol.

Visitors/Volunteers:

Only essential visitors will be permitted on-site at school facilities during school hours. Staff members (for example - itinerant staff, substitute teachers, and other staff who move between buildings, etc.), contracted service providers (for example, maintenance,) and partner providers (for example - student teachers, DHS Child Protective Services staff, etc.) are considered essential visitors.

- Restrict non-essential visitors.
- Screen all visitors for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19 within the preceding 14 calendar days.
- Visitors must wash or sanitize their hands upon entry and exit.
- Visitors must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.
- Staff members will be responsible for keeping the daily log of essential visitors.
- [Screening Daily Log](#) and [Cohort Daily Log](#) with statement on retention and technology; link to log with statement on retention and technology):
 - Name
 - Contact information
 - Date of visit
 - Time of entry and exit
 - Maintain log for a minimum of 4 weeks after completion of the term.

Isolation and Quarantine:

Definitions: **Isolation** separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

The following isolation measures will be taken for sick staff or students when they are identified at the school or any time during the school day:

- **Screening-** A screening will be carried out to determine if the ill person's symptoms are primary symptoms for COVID-19 (See Entry and Screening above):
 - Is the cough or difficulty breathing related to a diagnosis of asthma or allergies, or is the symptoms often associated with COVID-19?
 - Prior to reopening, the school may collect information about existing conditions that cause coughing on intake forms.
 - Those with primary symptoms (not associated with asthma or allergies) or symptoms often associated with COVID-19 will be placed in an isolation room, away from the generally well students.
 - Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school.
 - Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.
 - For students or staff with other symptoms, see [guidance](#) from the Oregon Department of Education and the Oregon Health Authority.
- **Designated Isolation Area** - The isolation areas must have physical arrangements to reduce the risk of transmission, and signage that denotes the space is in use as an isolation area:
- This room/area must have adequate space (35 square foot per person, chairs/desks spaced for physical distancing), staff supervision, and symptom monitoring by school staff until they are able to go home.
- Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields.
- Staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. Personal protective equipment will be provided (gloves, gowns, medical grade masks, face shields).
- After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol.
- If able to do so safely, a symptomatic individual should wear a face covering. If students are nauseous, struggling breathing, or in distress, they should not wear any face covering while waiting to go home.

- To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.
- A [Cohort Daily Log COVID-19](#) form will be kept in the isolation room to document students and staff being isolated or sent home and the staff that cared for them, for LPHA review.
- Monitor sick persons isolated and record symptoms and if sent home or to a healthcare facility. (Attach [cohort log form](#)).
- **Procedures for Safely Transporting to Home or a Healthcare facility** - The ill person will be isolated and cared for until the parent can pick or other transportation arrangements are made. Once isolated, the parent will be called for pick up. If the ill person is displaying emergency signs (trouble breathing, persistent pain or pressure in the chest, new confusion or inability to awaken, bluish lips or face or other severe symptoms) that need immediate medical attention, **call 911.**
- **Surveillance of COVID-19 Testing of Persons and Exclusion-** Staff and students who are ill must stay home from school and be sent home if they become ill at school, particularly if they have COVID-19 symptoms:
 - Symptomatic staff or students should be evaluated and seek COVID-19 testing from their regular physician or through the local public health authority and report test results to the school.
 - If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset and 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
 - If they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
 - If a clear alternative diagnosis is identified as the cause of the person's illness (e.g., a positive strep throat test), then usual disease-specific return-to-school guidance should be followed and person should be fever-free for 24 hours, without use of fever reducing medicine.
 - If they do not undergo COVID-19 testing, the person should remain at home for 10 days and until 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.

System for maintaining cohort daily logs:

Cohort daily logs will be maintained for each student/cohort for the purposes of contact tracing.

- Every student(s) is part of a stable cohort (a group of students that are consistently in contact with each other) that conforms to the requirements of cohorting, the daily log may be maintained for the cohort (e.g.; carpools and classrooms) via electronic methods and/or paper form.
- If a student(s) is not part of a stable cohort, and visits another part of the school, then an individual student log must be maintained. (e.g: students visiting the Office, designated isolation room, or other non-routine parts of the school).
- Required components of individual daily student/cohort logs include:
 - Child's name
 - Drop off/pick up time
 - Parent/guardian name and emergency contact information
 - All staff (including itinerant staff, substitutes, and guest teachers) names and phone numbers who interact with the stable cohort or individual student
- Cohort Daily Log COVID-19 form will be used by classroom teachers to record their daily logs in paper form or saved electronically on JupiterEd. Teachers/staff may prefill the form with the names of the stable cohort and their parent's/guardian's names and phone numbers, then checking off each column and making notes as appropriate, crossing off students if absent that day.
- Classroom teachers will keep the records for a minimum of four weeks.
- All itinerant staff (maintenance, administrative, delivery, and any other staff) who move between buildings will keep a log/calendar with a running four-week history of their time in each school building and who they were in contact with at each site.

Protocol to respond to potential outbreaks:

Outbreaks of COVID-19 or other diseases are determined by the OHA and the LPHA. In the event that there is a single positive case or a cluster of cases of COVID-19, we will partner with the LPHA who will work to support HFA in ongoing COVID-19 mitigation efforts.

- **Prevention and Planning -**
 - The principal or designee will monitor the current transmission levels of the community and communicate with LPHA, as needed.
 - When new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the designated staff on the diagnosed case(s).
- **Response -**
 - Contact and coordinate with the LPHA for any outbreak or cluster of illnesses (as listed above on how to notify and report to LPHA).
 - If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the LPHA regarding cleaning and possible classroom or cohort closure.
 - Determination if exposures have occurred
 - Cleaning and disinfection guidance
 - Possible classroom or cohort closure
 - The principal or designee will report to the LPHA any cluster of illness (2 or more people with similar illness) among staff or students.
 - When increased cases are identified in the local region, the emergency response team should be assembled .
 - Large school events will be modified, postponed, or canceled as coordinated with the LPHA.
 - If the school is closed, Distance Learning models for all staff/students will be implemented.
 - Criteria that must be met in order for in-person instruction to resume and relevant timelines will be communicated with families.
- **Recovery and Reentry -**
 - Instructional models that support all learners in Distance Learning will be utilized.
 - Efforts to clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, furniture,) and follow CDC guidance for classrooms, restrooms, and playgrounds will be made.
 - Communication will be made with families about options and efforts to support returning to in-person instruction.
 - HFA will consult the LPHA guidelines to begin bringing students back to in-person instruction.
 - HFA will consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools.

High-Risk Populations:

High-risk populations include people who have one or more of the following characteristics or conditions:

- Age 65 years or older
- Chronic lung disease or moderate to severe asthma
- COPD (chronic obstructive pulmonary disease)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromising conditions, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Obesity (body mass index [BMI] of 30 or higher)
- Type 2 diabetes mellitus
- Chronic kidney disease undergoing dialysis
- Liver disease
- Sickle cell disease
- Other conditions or risk factors identified by OHA, CDC, or a licensed healthcare provider

High risk Individuals may meet criteria for exclusion during a local health crisis, like COVID-19.

KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS

The mainstays of reducing exposure to the coronavirus and other respiratory pathogens are:



Physical Distancing At least six feet with other people.



Hand Hygiene Frequent washing with soap and water or using hand sanitizer.



Cohorts Conducting all activities in small groups that remain together over time with minimal mixing of groups.



Protective Equipment Use of face shields, face coverings, and barriers.



Environmental Cleaning & Disinfection Especially of high touch surfaces.



Isolation & Quarantine — Isolation separates sick people from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.



Contact Tracing Identification of persons who may have come into contact with an infected person to help stop chain of disease transmission.



Airflow & Ventilation — Outdoor activities are safer than indoor activities; maximize airflow in closed spaces.



Communication — Follow clear protocols for sharing information.

Physical Distancing:

Students will not be excluded from face-to-face instruction, disciplined for struggling to learn, and/or disciplined for struggling to adhere to new procedures for how school operates. When students falter in adhering to the new operating procedures, center grace and patience and reteach the expectation. The school team will continually provide instruction and positive reinforcement to help all students adapt to the changes in school facilities while ensuring punitive measures are not the methodology for compliance to healthy practices.

The physical distancing measure will be followed:

- A minimum of 35 square feet per person will be established when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. This also applies for professional development and staff gatherings.
- Physical distancing in all daily activities and instruction will be supported to strive to maintain at least six feet between individuals.
- Time standing in lines will be minimized and steps taken to ensure that six feet of distance between students is maintained, including marking spacing on floor or posting signs, one-way traffic flow in constrained spaces, entrance and exit-only doors, etc.
- Schedule modifications may be done to limit the number of students in a location (e.g., staggered recess and personal hygiene schedules to avoid crowding and gathering).
- Plans are being made for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline.
- Staff should maintain physical distancing during all staff meetings and conferences, and/or consider remote web-based meetings.

Stable Cohort Groups:

Cohorting is a significant strategy to reduce COVID-19 spread. Cohorting refers to a consistent group of students that stays together for the duration of the school day. As cohort groups increase in size, the risk of spreading disease increases.

Cohorting will include:

- Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. The smaller the cohort, the less risk of spreading disease.
- Cohort sizes will be limited to allow for efficient contact-tracing and minimal risk for exposure.
- HFA will maintain a system for daily logs to ensure contract tracing among the cohort (see section above on **System for maintaining cohort daily logs**).
- Interaction between students in different stable cohorts will be minimized:
 - Stable cohorts will be assigned access to a particular restroom, preferably close to the classroom to be used primarily. If they need to use a different bathroom on a regular basis or as needed, it should be added to the cohort log under “**Interactions beyond the Cohort**” (e.g., access to restrooms, including all gender, activities, common areas).
- Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.
- Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers.
- Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts

Face Coverings, Face Shields, and Clear Plastic Barriers:

Refer to [OHA definitions](#) and specifications.

- “Face covering” means a cloth, paper, or disposable face covering that covers the nose and the mouth.
- “Mask” means a medical grade mask.
 - “Face shield” means a clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.

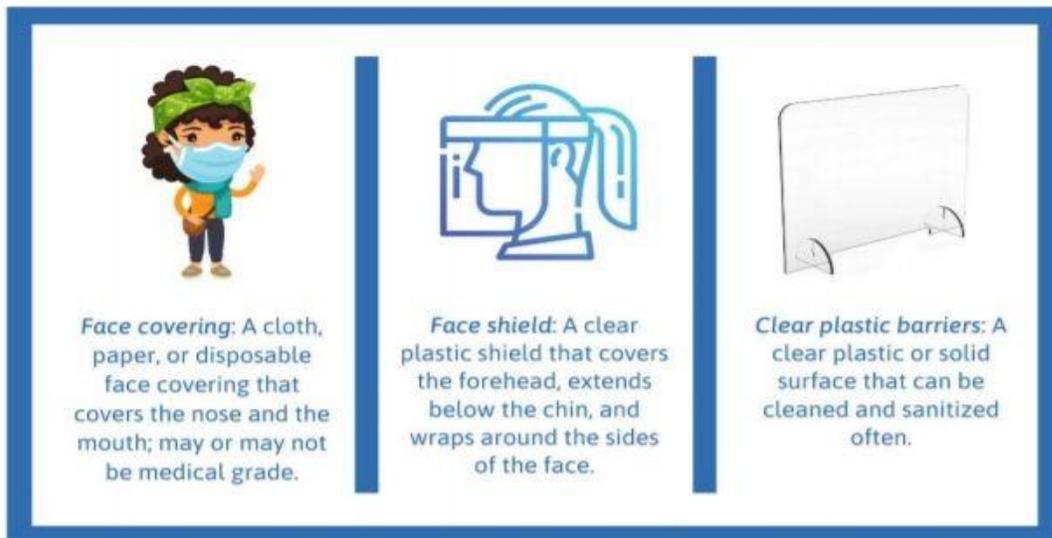


Figure 2: Comparison of Protective Equipment

Face coverings are required for all students in grades kindergarten and up, along with all staff.

It is now established that asymptomatic people can spread the virus that causes COVID-19, and this is a significant contributor to person-to-person spread. Face coverings decrease the spread of COVID-19 as “source control” of a contagious person’s respiratory secretions. Use of face coverings does not change physical distancing requirements.

ODE, OHA, schools, families and community organizations have important new roles in preparing families and care takers to prepare younger children to wear face coverings safely and effectively. Instruction on how to properly wear a face covering, desensitization support (getting used to wearing face coverings), recommended materials for homemade face coverings, proper care and cleaning, and how to allow for “face covering breaks” during instruction will be encouraged by families and the school. Lack of access to a face covering cannot be a barrier to instruction; each school has a responsibility to ensure that students have access to usable face coverings.

Face coverings or face shields are for: staff who are regularly within six feet of students and/or staff for personal care, instruction requiring direct physical contact, for staff who sustain close contact and interactions with students, and staff opening lunchbox items. Face coverings should be washed daily or a new covering worn daily.

Face shields or clear plastic barriers are for: Speech Language Pathologists/Assistants, or other adults providing articulation therapy. Clear plastic face shields may be preferred in some instances because they enable students to see whole faces. This avoids potential barriers to phonological instruction and reinforces social emotional cues. Face shields can be reused if disinfected.

Medical grade face masks are for health assistants/staff members when providing direct contact care and monitoring of staff/students displaying symptoms. They should also wear appropriate Personal Protective Equipment (PPE) for their role.

Face coverings or face shields are for all students in grades Kindergarten and up, all staff, contractors, other service providers, or essential visitors following [CDC guidelines for Face Coverings](#).

If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:

- Provide space away from peers (6 feet distance minimum) while the face covering is removed;
- Students should not be left alone or unsupervised;
- Provide additional instructional supports to effectively wear a face covering;
- Provide students adequate support to re-engage in safely wearing a face covering;
- Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day.

Students who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, during in-person instruction must be provided access to instruction.

Children of any age should not wear a face covering:

- If they have a medical condition that makes it difficult for them to breathe with a face covering
- If they experience a disability that prevents them from wearing a face covering
- If they are unable to remove the face covering independently
- While sleeping

Protections under the ADA or IDEA:

Staff ADA accommodations: If a staff member requires an accommodation for the face covering or face shield requirements, HFA will work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

Students: Federal laws such as the Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA) protect student access to instruction. The following guidelines must be considered and employed to ensure access for students protected under ADA and IDEA.

- If any student requires an accommodation to meet the requirement for face coverings, the school will work to limit the student's proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include:
 - Offering different types of face coverings and face shields that may meet the needs of the student. Spaces away from peers while the face covering is removed (students should not be left alone or unsupervised).
 - Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease;
 - Additional instructional supports to effectively wear a face covering
- For students with existing medical conditions, doctor's orders to not wear face coverings, or other health related concerns, schools/districts must not deny access to in-person instruction.
- Schools and districts must comply with the established IEP/504 plan.
 1. Placement determinations cannot be made due solely to the inability to wear a face covering.
 2. Plans should include updates to accommodations and modifications to support students.

Health Services During COVID-19 Pandemic:

Community based health centers and healthcare providers may be able to provide telehealth and COVID-19 testing services and may serve as resources for students and staff for services such as:

- Somatic health care
- Mental health/behavioral health services
- Urgent care services
- Dental and vision services
- Immunizations