

Communicable Disease Management Plan 2022-2023

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Introduction

The SOESD Communicable Disease Management Plan 2022-2023 (CDMP) is built upon requirements and guidance from the Oregon Health Authority (OHA) and the Oregon Department of Education (ODE). The resources that inform the CDMP include Communicable Disease Guidance for Schools, Instruction and Tools for School-Level COVID-19 Management Plans, and Care and Connection: Guidance for Schools.

The purpose of the CDMP is to provide prevention-oriented protocols and practices that support the health, safety, and well-being of SOESD's program staff and students. The CDMP focuses on minimizing risks to safety and public health, while maximizing care, connection, and learning. This document is updated as new regulations and guidance are released from ODE and OHA.

Ensuring Public Health

SOESD Program administrators are responsible for implementing the requirements of the *SOESD Communicable Disease Management Plan* to the extent possible while ensuring equity and caring relationships among families, students, and staff.



Patty Michiels, SOESD Chief Human Resources Officer is responsible for this district. (phone: 541-776-8590 Ext 1104) email: patty-michiels@soesd.k12.or.us)

Coordination with local public health authorities (LPHAs) is a cornerstone to ensuring the health and well-being of the SOESD community. The following medical experts provide support and resources to the district/program policies and plans, and review local, state and national evidence to inform the plan.

- SOESD School Nurse: Tina Talamentes
- Local Public Health Authority Staff (LPHA) Staff:
 - o Jackson County: Jackson Baures, Jackson County Public Health Division Manager
 - Josephine County: Mike Weber, Josephine County Public Health Director
 - Klamath County: Jessica Dale, Klamath County Public Health Assistant Director
 - o Douglas County: Bob Dannenhoffer, MD, Chief Health Strategist
 - Lake County: Charles B. Tveit, Chief Executive Officer
 - Reopening Advisor: Tanya Frisendahl, SOESD SSA/SIA Consultant Educational Services

Onsite school staff have the responsibility to adhere to health and safety guidance and protocols to support public health. This includes maintaining their own health as well as the health of those they come in contact with. Through caring connections, encouragement and supportive reminders, staff ensure that students, families, and other staff follow the guidance for the protection of the SOESD community.

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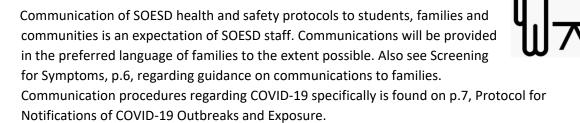
As students and staff return to school, they may naturally fall into pre-closure routines and habits. Staff must consistently model, teach, and reinforce required health and hygiene practices until they become an expected and accepted way of being at school.

Vulnerable Populations

Vulnerable populations may request accommodations. Vulnerable individuals are those who are at higher risk of severe illness. They include those with the following characteristics and/or health conditions:

- Age 65 years or older
- Cancer
- COPD (chronic obstructive pulmonary disease)
- Serious heart conditions (e.g. heart failure, coronary artery disease, or cardiomyopathies)
- Immunocompromised state from solid organ transplant
- Obesity
- Type 2 diabetes mellitus
- Chronic kidney disease
- Sickle cell disease
- Smoker
- Other conditions or risk factors identified by OHA, CDC, or a licensed healthcare provider

Public Health Communication and Training for School Staff



SOESD will provide annual in-service training in the fall to staff and volunteers prior to the arrival of students. This training will include the *SOESD Communicable Disease Plan*, and the applicable *School-Level COVID-19 Management Plan For School Year 2022-2023*. Periodic follow-up training will be scheduled by department administrators to re-enforce routines, problem solve specific needs, answer implementation questions, and ensure equity, care and connection to support the social/emotional well-being of students, families and staff. Staff will also be trained to district protocols of the districts they serve. Local district protocols will be posted on the SOESD website. New staff hired after the start of the school year will receive this training at their onboarding orientation.

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Communicable Disease Guidance

The following sections include guidance on mitigating contagious conditions in general, as well as COVID-19 specifically. Please refer to Appendix B for Disease-Specific Guidelines (from Communicable Disease Guidance for Schools, p.14-24, which provides detailed information regarding symptoms, exclusion, transmission, and recommended control measures for specific health conditions.

COVID-19 Vaccinations

SOESD complies with OAR 333-019-1030 *COVID Vaccination Requirements*. Teachers, school staff and volunteers may not teach, work, learn, study, assist, observe or volunteer at a school unless they have provided documentation that they are fully vaccinated or have provided documentation of a medical or religious exception. The rule applies to SOESD teachers, staff, partners, and volunteers who work in our school buildings directly or indirectly with students. SOESD works in partnership with our local LPHA to assist staff in locating and accessing required vaccinations.

Face Coverings and Masks

Universal masking is not required of SOESD programs. Those staff, volunteers and students who do choose to wear a mask are welcomed and encouraged to do so as their personal choice. SOESD can provide face coverings upon request.

In the following situations, teachers, program staff and volunteers are required to wear masks:

- OAR 333-019-1011 Masking Requirements to Control COVID-19 in Health Care Settings requires school nurses, school staff, students, and visitors to wear a mask in areas of a school identified as health care settings. School health care settings include school health rooms, isolation spaces, counseling offices (except where academic counseling is provided), offices where mental health services are delivered, school-based health centers, and other areas where healthcare is routinely delivered. Each program identifies which areas are health care settings, and monitors masking compliance in those designated spaces.
- Teachers, school staff and volunteers may not teach, work, learn, study, assist, observe or volunteer at a school unless they have provided documentation that they are fully vaccinated or have provided documentation of a medical or religious exception. The rule applies to SOESD teachers, staff, partners, and volunteers who work in our school buildings directly or indirectly with students. If wearing a mask is included as a requirement in a staff or volunteer's exception plan due to not meeting the vaccination requirement, they must wear the mask identified in their plan.
- During episodes of high community transmission of COVID-19, the district, in collaboration with the LPHA, may require or strongly recommend universal indoor masking at the discretion of the superintendent.

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Exclusion for Contagious Conditions

General Exclusion Guidelines

Exclusion is the process of restricting an individual's attendance at school during a period when they are most likely to be contagious with a communicable disease. Staff, volunteers and students must be excluded from the school setting while in communicable stages of disease. Staff and volunteers may not report to work, and parents may not bring their students to school if the student, staff member or volunteer has been diagnosed with a contagious condition or has symptoms of a contagious condition. Please refer to Appendix D for Disease Specific Guidelines from Communicable Disease Guidance for Schools (August 2022), p.14-24.

COVID-19 Exclusion Guidelines

The following exclusion guidelines for COVID-19 symptoms is taken directly from <u>Communicable</u> <u>Disease Guidance for Schools</u> (August 2022), p. 9

Students and staff **should** be excluded from the school setting if they exhibit:

*PRIMARY SYMPTOMS OF COVID-19: fever, cough, difficulty breathing or shortness of breath and loss of taste or smell.

- If 2+ primary symptoms, MAY RETURN AFTER
 - Following applicable symptom-based guidance, if COVID-19 test is negative
 - Following applicable symptom-based guidance AND minimum 5-day isolation, if COVID-19 test is positive OR if not tested
- 1. *FEVER: a measured temperature equal to or greater than 100.4°F orally.
 - MAY RETURN AFTER fever-free for 24 hours without taking fever reducing medicine.
- 2. ***COUGH**: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider **OR** any acute (non-chronic) cough illness that is frequent or severe enough to interfere with participation in usual school activities.
 - MAY RETURN AFTER symptoms improving for 24 hours (no cough or cough well-controlled.)
- 3. *DIFFICULTY BREATHING OR SHORTNESS OF BREATH not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
 - MAY RETURN AFTER symptoms improving for 24 hours.
 - This symptom is likely to require immediate medical attention.

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4. *NEW LOSS OF TASTE OR SMELL

• MAY RETURN per guidance for 2+ primary COVID-19 symptoms.

To help further ensure the health of the school community, staff, volunteers, and students who have a family member at home with symptoms of COVID-19 who has not been tested, need to monitor themselves carefully for symptoms. The ill family or household member should be strongly encouraged to seek testing.

Isolation

SOESD program sites will establish and maintain supervised space to isolate sick students, staff and volunteers that is separate from the space where other health care tasks take place. Trained staff will support all student health and safety needs including *Individualized Health Management Plans*. Additional spaces may need to be identified in the event of a communicable disease outbreak.

To the greatest extent possible, SOESD programs will continue current practices including:

- Following policies and procedures related to identifying, monitoring, and mitigating outbreaks of communicable diseases including COVID-19 and work closely with LPHA.
- Isolating individuals with symptoms of contagious conditions including COVID-19 in a
 designated isolation space and providing supervision by trained staff until they go home.
- Not requiring students to wear a mask in the isolation space if they have a medical condition or disability that prevents them from consistently wearing a face covering, or who are unable to remove a face covering independently.
- Requiring that staff providing supervision and symptom monitoring in the isolation space wear an appropriate face covering, preferably a medical-grade mask.
- Properly disposing of all Personal Protective Equipment (PPE) used during the care of a symptomatic individual prior to exiting the isolation care space, followed by hand washing once the PPE has been removed and disposed of.

Screening for Symptoms

SOESD programs implement symptom screening protocols for COVID-19 to prevent the spread of illness and maintain in-person learning.

- Staff and volunteers are responsible for self-screening of symptoms of contagious conditions including COVID-19.
- Staff will check for symptoms of COVID-19 for students, staff and anyone entering the ESD building or interacting with staff.

- All itinerant and district staff (maintenance, administrative, delivery, nutrition, and any
 other staff) who move between buildings are strongly recommended to keep a log or
 calendar of their time in each program building and who they were in contact with at each
 site. Staff members such as student teachers, itinerant staff, substitute teachers and other
 district staff who move between buildings are not considered visitors.
- Programs will continue current practices of notifying families in the event a contagious
 illness occurs within a classroom and/or the program. Such communication will include the
 message that staying home when sick can lower the risk of spreading communicable
 diseases to other people, including the virus that causes COVID-19.

COVID-19 Testing

SOESD programs will provide information to staff, volunteers, and families on how to access COVID-19 testing in the community.



Protocol for Notifications of COVID-19 Outbreaks and Exposures

Patty Michiels, Chief Human Resources Officer, will work with the LPHA on a coordinated response for any staff or students with a confirmed case of COVID-19. She will follow the ODE's COVID-19 Exclusion Summary Guidance for K-12 Schools found at this ODE link:

https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/COVID-19%20Exclusion%20Summary%20Chart.pdf

as well as the ODE's Planning for COVID-19 Scenarios in Schools found at this link: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools.pdf

FERPA allows schools to share personally identifiable information with local public health authorities without consent when needed to respond to a health emergency.

All employees and managers are expected to notify the Chief Human Resources Officer in the event that they test positive for COVID-19, or they become aware that another individual who has been present in the worksite has been confirmed as having COVID-19.

When SOESD becomes aware that a person with confirmed COVID-19 has been in the workplace, the following measures will be taken:

- Based on a reasonable assessment of the activity of the individual with confirmed COVID-19, SOESD will seek to identify each employee who was likely to have been exposed (within 6 feet of the infected individual for a cumulative total of 15 minutes or more). Those employees will be notified individually. The individual who was the source of the exposure will *not* be identified.
- In addition, the following notification will be sent to everyone working in the defined portion of the facility where the exposure occurred, even if they did not appear to have close contact with the individual in question:

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In accordance with the Oregon OSHA workplace rule, this email shall serve as notification that SOESD have been informed an individual who had been present at the _____ building, ____ floor has been diagnosed with COVID-19. We are notifying those individuals who have had close contact* with the individual, but also want to tell everyone in the defined area.

If you experience symptoms of COVID-19 illness, please inform SOESD Chief Human Resources Officer and contact your health care provider. SOESD, as always will protect all employee medical information and will disclose it only to the degree such disclosure is strictly necessary.

For more information on COVID-19, including symptoms of which you may want to be aware, please visit the <u>Oregon Health Authority COVID-19 website</u> or the <u>US Centers for</u> Disease Control & Prevention COVID-19 website.

If you have any questions or concerns, please contact Patty Michiels, Chief Human Resources Officer.

The SOESD Business Manager will determine if extra or different cleaning is needed.

Administrators will reiterate agency routines around not coming to work when sick and follow-up any verbal re-training with email messages that explicitly tell employees to follow risk mitigation strategies and stay home if sick with fever, cough, or trouble breathing. Administrators will reiterate the process with all staff: any COVID-19 concerns go straight to the Chief Human Resources Officer who will determine the next steps.

When determining if part of, or an entire school, needs to close, SOESD will work in a collaborative manner with LPHA to consult on health and safety issues. The general decision of public health at the local level resides with school district officials.

Facilities and Visitors

Visitors shall be strongly encouraged to self-screen for COVID-19 symptoms, wash and/or sanitize their hands upon entry and exit, and adhere to the other provisions of this guidance to the extent possible.

Staff are strongly encouraged to promote the safety of essential visitors by:

- Maintaining accurate sign-in and sign-out protocols.
- Providing alcohol-based hand sanitizer (with 60-95% alcohol) near entry doors and other high-traffic areas.

Air Flow and Circulation

Ventilation is a primary tool to reduce viral spread indoors and promote a healthy learning environment. Indoor air spaces need special consideration because of potential COVID-19 transmission from the buildup in air of smaller particles and aerosols that are generated from breathing, talking, coughing, and sneezing.

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To the extent possible, SOESD ensures effective ventilation and improvements in the indoor air quality in schools by:

- Increasing the amount of fresh outside air that is introduced into the system.
- Exhausting air from indoors to the outdoors; and
- Cleaning the air that is recirculated indoors with effective filtration methods (e.g., HEPA filters) to remove virus-containing particles from the air.

Staff are strongly encouraged to increase the circulation of outdoor air into indoor classrooms as much as possible by opening windows and doors, using fans, and other methods. However, staff must <u>not</u> use fans if:

- They would pose a safety or health risk to staff or students, such as those with pollen allergies or whose asthma symptoms would be exacerbated.
- Doors and windows are closed, and the fans are recirculating the classroom air.

SOESD has protocols in place for HVAC maintenance and monitoring as well as additional mitigation measures such as the assessment of individual spaces to determine the need for portable HEPA filtration systems.

Physical Distancing

SOESD promotes physical distancing in all daily activities to the extent possible.

Handwashing and Hygiene Practices

SOESD has protocols in place to ensure hand hygiene is regularly practiced in order to reduce the spread of contagious conditions including COVID-19. Hand hygiene, which means cleaning your hands by washing with soap and water or using an alcohol-based hand sanitizer containing at least 60% alcohol, is one of the best ways to avoid getting sick and prevent spreading germs to others.

To the greatest extent possible, program staff shall:

- Wash hands frequently with soap and water for at least 20 seconds. (CDC guidance).
- Reinforce protocols and provide handwashing and/or hand sanitizing facilities, tissues and garbage receptacles that are easily accessible to both students and staff.
- Reinforce covering coughs and sneezes among children and staff.
- Teach and model proper handwashing and covering coughs etiquette.
- Post signs about handwashing and cough etiquette.
- Ensure adequate handwashing supplies are available.
- Ensure access to hand sanitizer containing at least 60% alcohol for use.
- Ensure hand sanitizers are stored up, away, and out of sight of younger children and will be used only with adult supervision for children ages 5 years and younger.

Cleaning and Disinfection

SOESD has cleaning and disinfection protocols in place to prevent the transmission of contagious conditions. Cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and decreases risk of infection from surfaces. Disinfecting kills any remaining germs on surfaces, which further reduces any risk of spreading infection.



Staff will follow cleaning and disinfecting procedures to the extent possible including:

- Cleaning, sanitizing, and disinfecting frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day.
- Maintaining clean and disinfected environments (<u>CDC guidance</u>), including classrooms, cafeterias and restrooms.
- Encouraging students to bring their own reusable water bottle and refill from the water fountain instead of drinking from the water fountain.
- Ensuring safe and correct application of disinfectants and keep these products away from students following labeling direction as specified by the manufacturer.
- Cleaning and disinfecting tables between meal periods.
- Providing additional cleaning and disinfecting of affected areas during an outbreak or illness.

Appendix A - Handwashing

How Germs Spread

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- · Touch your eyes, nose, and mouth with unwashed hands
- · Prepare or eat food and drinks with unwashed hands
- · Touch a contaminated surface or objects
- · Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

Key Times to Wash Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- · Before, during, and after preparing food
- · Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- · After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- · After blowing your nose, coughing, or sneezing
- · After touching an animal, animal feed, or animal waste
- · After handling pet food or pet treats
- · After touching garbage

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time.

- 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- 3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- 4. Rinse your hands well under clean, running water.
- 5. Dry your hands using a clean towel or air dry them.

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Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Caution! Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- · Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

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Appendix B - Disease-Specific Guidelines

Refer to Communicable Disease Guidance for Schools (August 2022).

Follow recommended actions when a health care provider has diagnosed a communicable disease, or a person exhibits related symptoms.

NOTE: This document is not a diagnostic tool. Related symptoms may inform exclusion decisions, but school staff do not diagnose.

Restrictable diseases require school exclusion. If the student or staff has any of the following diseases, then clearance by the local public health authority is required before the individual returns to school: chickenpox, COVID-19, diphtheria, Hepatitis A, Hepatitis E, measles, mumps, pertussis (whooping cough), rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic E. coli (STEC) infection

(O157 and others), shigellosis, and infectious tuberculosis.

Oregon public health laws regulate which diseases are "restrictable" and/or "reportable." See Appendix III regarding reportable diseases.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
Try scaling and/or cracking blisters and itching, especially between toes and bottoms of feet.	Exclude: NO Restriction: NO	Spread by: Direct contact with infectious areas. Indirect contact with infected articles. Communicable: Until treated.	Restrict walking barefoot, sharing towels, socks & shoes. Encourage use of sandals in shower Routine disinfection of showers and locker room floors with approved agents.

DISEASE/SYMPTOMS CHICKENPOX (Varicella) Malaise, slight fever, blister-like rash,	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and	TRANSMISSION/ COMMUNICABILITY Spread by: Airborne or respiratory droplets from	RECOMMENDED SCHOOL CONTROL MEASURES Immunization required – see website for current information: Immunization Requirements for Separated Child Care
or red rash, usually beginning on trunk, blisters scab over	see below. Restriction: YES. Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears).	coughing. Direct contact with drainage from blisters or nasal secretions. Indirect contact with infected articles. Communicable: 2 days before to 5 days after rash appears.	Requirements for School and Child Care: Getting Immunized Exclude exposed, susceptible persons from school Wash hands thoroughly and often. Cover mouth and nose if coughing or sneezing. Encourage safe disposal of used tissues Contact school nurse regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears. Staff and students with impaired immune responses or who are pregnant should consult their health care provider, if exposure to a confirmed or suspected case has occurred.
COMMON COLD (Upper/Lower	Exclude: Refer to Symptom-Based	Spread by:	Wash hands thoroughly and often.
Respiratory Infection) Runny nose and eyes, cough, sneezing, possible sore throat, fever Uncommon.	Exclusion Guidelines (pages 9-11). Restriction: NO	Droplets from coughing or sneezing. Direct contact with nose and throat secretions. Indirect contact with infected articles.	 Cover mouth, nose if coughing or sneezing. Encourage appropriate disposal of used tissues.
		<u>Communicable</u> : Variable and poorly defined.	

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
Mild to severe illness that can include fever or chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell Other symptoms include fatigue, muscle or body aches, headache, sore throat, nasal congestion or running nose, nausea or vomiting, and diarrhea	Exclude: Refer to Symptom-Based Exclusion Guidelines (page 9-11) and see below. Restriction: YES. Minimum 5-day exclusion from day of positive test or day of symptom onset, whichever is earlier, with earliest return on day 6 if symptoms resolving. See Oregon COVID Investigative Guidelines, for additional detail regarding isolation.		Refer to School-level COVID-19 Management Plan Maximize implementation of layered mitigation strategies such as vaccination and face coverings.
DIARRHEAL DISEASES Loose, frequent stools, sometimes with mucous or blood Vomiting, abdominal pain or fever may be present	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below. Restriction: Exclude students with acute diarrhea. Diarrhea with diagnosis of E. coli, Salmonella, or Shigella, requires school exclusion until cleared for return per local public health authority.	Spread by: Direct or indirect contact with feces Consumption of water or food contaminated with feces Communicable: Variable	Wash hands thoroughly and often, especially after using bathroom or diapering/toileting children. No food handling. No cafeteria duty.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider permission or when no rash or signs of illness are present.	Spread by: Droplets from coughing or sneezing. Communicable: Greatest before onset of rash when illness symptoms occur. No longer contagious after rash appears.	Wash hands thoroughly and often Encourage student to cover mouth/nose when coughing/sneezing. Encourage safe disposal of used tissues. Contact school nurse for recommendations for pregnant females / immunocompromised persons exposed by suspected/confirmed case Contact local public health authority for latest recommendation for pregnant females exposed in school outbreak situations.
HAND, FOOT & MOUTH DISEASE • Sudden onset fever, sore throat and lesions affecting mouth, hands, feet and genitals.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider permission or when blisters have healed.	Spread by: Direct contact with lesions or feces. Communicable: During acute stage of illness and potentially for several weeks after in stool.	Wash hands thoroughly and often Good personal hygiene especially following bathroom use. Reinforce use of standard precautions.
HEAD LICE Itching of scalp. Lice or nits (small grayish brown eggs) in the hair. *See additional ODE guidance document on Head Lice	Exclude: Refer to CDC guidance on head lice. Restriction: NO	Spread by: Direct contact with infected person. Indirect contact with infected articles (rarely). Communicable: Only when live bugs present.	Refer to CDC guidance on head lice. Check siblings/close contacts for symptoms. Avoid sharing/touching clothing, head gear, combs/brushes. Contact school nurse or local medical provider for further treatment information.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort. Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay-colored stools. May have mild or no symptoms. HEPATITIS B & C	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below. Restricted: YES. May attend only with local public health authority permission. Exclude: Refer to Symptom-Based	Spread by: Direct contact with feces. Consumption of water or food contaminated with feces. Communicable: Two weeks before symptoms until two weeks after onset. Spread by:	Wash hands thoroughly and often. No food handling or sharing. School restrictions on home prepared foods for parties. Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school. Strict adherence to standard precautions
Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay- colored stools and jaundice.	Exclusion Guidelines (pages 9-11). Restriction: NO. Restriction may apply to "hepatitis B infection in a child, who, in the opinion of the local health officer, poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting)" [OAR 333-019-0010]	Spread Dy: Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission. Communicable: One month prior to symptoms to 4 to 6 months or longer after jaundice. Some individuals have no symptoms but can transmit the disease.	Strict adherence to standard precautions when handling body fluids Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the health consultant. Immunization required for Hepatitis B - see website for current information: Immunization Requirements for School and Child Care Getting Immunized. Refer to Information for Employers Complying with OSHA's Bloodborne Pathogens Standard or Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
HIV Disease (Human Immunodeficiency Virus Disease) May have acute flu-like illness. Most often, no symptoms present in controlled infection. AIDS is a later stage of HIV infection.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: NO	Spread by: Blood getting under the skin (e.g., through needles); or through sexual contact. Some individuals have no symptoms but can spread the disease. Communicable: Lifetime infectivity after initial infection with virus.	Strict adherence to standard precautions when handling body fluids Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the school nurse. Refer to Information for Employers Complying with OSHA's Bloodborne Pathogens Standard or Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV.
IMPETIGO • Honey-crusted sores, often around the mouth and nose.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider permission, or when lesions are dry and crusted with no drainage.	Spread by: Direct contact with drainage from sores. Communicable: As long as sore drains if untreated.	Wash hands thoroughly and often. No cafeteria duty while sores present. Avoid scratching or touching sores. Cover sores if draining. No sharing personal items when lesions are present. No contact sports (wrestling) if drainage cannot be contained.
INFLUENZA (flu) Mild to severe illness that can include fever or chills, cough, shortness of breath or difficulty breathing Other symptoms include fatigue, muscle or body aches, headache, sore throat, nasal congestion or running nose, nausea or vomiting, and diarrhea	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: NO	Spread by: Droplets from coughing or sneezing. Communicable: 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness.	Vaccination: recommended annually for all persons ≥6 months of age Wash hands thoroughly and often Cover mouth/nose when coughing or sneezing. Encourage appropriate disposal of used tissues. See website for up-to-date information: http://flu.oregon.gov/Pages/Learn.aspx

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MEASLES Fever, eye redness or discharge, runny nose, cough. 3-7 days later dusky red rash (starts at hairline and spreads down); Koplik spots in mouth.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below. Restriction: YES. May attend with local public health authority permission.	Spread by: Airborne small particles released when breathing, talking, and singing. Droplets from coughing or sneezing. Communicable: 4 days before rash until 4 days after rash begins.	Contact school nurse or public health authority immediately for direction School nurse or public health authority will identify population at risk and assist with parent notification. Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school.
MENINGOCOCCAL DISEASE Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy. May have blotchy, purplish, non- blanching rash.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend after treatment and clearance from provider. Patients are not contagious after treatment.	Spread by: Direct contact with nose and throat secretions. Droplets from coughing or sneezing. Communicable: Until bacteria are no longer present in discharges from nose and mouth. Cases and contacts usually no longer in	Wash hands thoroughly and often. Cover mouth/nose when coughing or sneezing and practice safe disposal of used tissues. No sharing food, drink or eating utensils Meningococcal vaccine available and recommended for all children 11 years and older as well as some younger children. See local public health authority CD Specialist for further information.
MONONUCLEOSIS • Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restrictions: NO -Withdrawal from PE/Athletic activities may be recommended by licensed health care provider permission.	Spread by: Direct contact with saliva. Communicable: May be infectious for several months.	Wash and disinfect shared items. No sharing food, drink or eating utensils.

SOESD Communicable Disease Plan

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
MUMPS Painful swelling of neck and facial glands, fever and possible abdominal pain.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below. Restriction: YES. May attend with local public health authority permission.	Direct contact with nose and throat secretions. Droplets from coughing or sneezing. Communicable: 2 days before onset until 5 days after onset of symptoms.	Wash hands thoroughly and often Report to school nurse. No sharing of personal items. Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school.
PERTUSSIS (Whooping Cough) Begins with mild "cold" symptoms and may progress to violent coughing fits that may end in a whooping sound (infants & toddlers) or vomiting (older children & adults). Slight or no fever.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below. Restriction: YES. May attend only with local public health authority permission.	Spread by: Direct contact nose and throat secretions. Droplets from coughing or sneezing. Communicable: Greatest just before and during "cold" symptoms to about 3 weeks without treatment. If treated with antibiotics, infected person is communicable 5 days.	Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school may be required; consult with local public health authority.
PINK EYE (Conjunctivitis) Eyes tearing, irritated and red. Eyes may have yellow discharge.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider/school nurse permission or symptoms are gone.	Spread by: Direct contact with infectious saliva or eye secretions. Indirect contact with infected articles. Communicable: As long as drainage is present.	Wash hands thoroughly. No sharing of personal items. Consult with school nurse or licensed medical provider. Eye redness alone, with no colored drainage, may be considered for attendance per CDC guidelines and school nurse assessment.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
PINWORMS Anal itching. Sometimes no symptoms are present.	Exclude: NO Restriction: Restriction may be necessary in situations where students are unable to control bowel function, otherwise No.	Spread by: Direct contact with infectious eggs by hand from anus to mouth of infected person. Indirect contact with infected articles. Communicable: As long as female worms are discharging eggs in the anal area. Eggs remain infective in an outdoor area for about 2 weeks.	Wash hands thoroughly. Good personal hygiene. Consult with school nurse or licensed medical provider.
RINGWORM - SCALP Patchy areas of scaling with mild to extensive hair loss. May have round areas of "stubs" of broken hair.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider or school nurse permission or when symptoms are gone.	Spread by: Direct contact with infectious areas. Indirect contact with infectious areas. Communicable: Until treatment initiated	Wash hands thoroughly. No sharing of personal items, especially combs, brushes, hats, etc. It is not necessary to shave the student's head.
RINGWORM - SKIN Ring-shaped red sores with blistered or scaly border. "Itching" may occur.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider or school nurse permission or when symptoms are gone.	Spread by: Direct contact with infectious areas. Indirect contact with infectious areas. Communicable: Until treatment initiated	Wash hands thoroughly. No sharing of personal items. Special attention to cleaning and disinfecting, with approved anti-fungal agent, gym/locker areas No sport activity until lesions disappear.

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SCABIES Intense itching, raised small red or pus-filled sores. Common between fingers, behind knees, around waist, inside of wrists, on arms.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below. Restriction: YES. May attend with licensed health care provider/school nurse permission.	Spread by: Direct skin contact. Indirect contact with infected articles. Communicable: Until treated	Wash hands thoroughly. Screen close contacts/siblings for symptoms. Disinfection of shared surfaces. No sharing of personal items.
SHINGLES (Herpes Zoster) Painful skin lesions which are a result of the same virus that causes chicken pox. Lesions may appear in crops. May occur in immune-compromised children. Usually on trunk, may be accompanied by pain, itching or burning of affected area.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried.	Spread by: Direct contact with draining skin areas. Communicable: As long as lesions are draining.	Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g., face, hand), consult with school nurse if available or local public health authority. Contact school nurse or local public health authority for recommendations for pregnant females/Immunocompromised person if exposure occurs at school.
STAPH SKIN INFECTIONS Draining sores, slight fever, aches and headache. Affected area may be red, warm and/or tender.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider permission or when lesions are dry/crusted or gone.	Spread by: Direct contact with drainage from sores Indirect contact with infected articles. Communicable: As long as sores are draining.	Wash hands thoroughly. Good personal hygiene. No sharing towels, clothing or personal items. No food handling. No contact sports until lesions are gone.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
STREP THROAT & SCARLET FEVER • Strep throat: Sore throat, fever, swollen, red tonsils, tender neck glands, headache, abdominal pain or nausea. • Scarlet Fever: Strep throat with a red, sandpaper rash on trunk.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11). Restriction: May attend with licensed health care provider/school nurse permission.	Direct contact with nose and throat secretions. Communicable: Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months. Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists.	Wash hands thoroughly. Encourage covering mouth & nose when coughing & sneezing. Encourage appropriate disposal of used tissues.
TUBERCULOSIS (infectious/active) Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease.	Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below. Restriction: YES. May attend only with local public health authority permission. Note: tuberculosis can be chronic/latent; is only restrictable in the infectious/active stage.	Spread by: Primarily by airborne droplets from infected person through coughing, sneezing or singing. Communicable: As long as living bacteria are discharged through coughing. Specific drug therapy usually diminishes communicability within weeks.	Observe TB rule compliance: CDC - Tuberculosis (TB) Report to school nurse or consult with local public health authority.

Section References

Centers for Disease Control and Prevention. COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/index.html. Accessed July 2021.

Centers for Disease Control and Prevention. Definitions of Symptoms for Reportable Illnesses.

 $\underline{https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html.} \ Published June 30, 2017.$

Centers for Disease Control and Prevention. Type of Duration of Precautions Recommended for Selected Infections and Conditions. https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html. Published July 22, 2018