



Communicable Disease Management Plan 2023-2024

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Introduction

The **SOESD Communicable Disease Management Plan (CDMP)** for 2023-2024 is built upon requirements and guidance from the Oregon Health Authority (OHA) and the Oregon Department of Education (ODE). Aligning for Student Success Integrated Plans, and established pandemic plans are critical to ensure health and safety.

Oregon has several laws that confer certain responsibilities on school administrators:

- [OAR 581-022-2220](#) Health Services
- [OAR 581-022-2225](#) Emergency Plans and Safety Programs
- [OAR 333-019-0010](#) Disease-Related School, Child Care, and Worksite Restrictions: Imposition of Restriction
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With appropriate planning and prevention strategies in place, schools can reduce the need for school exclusions and ensure that all students have access to a full school year. 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.

Roles and Responsibilities

- Patty Michiels, SOESD Chief Human Resources Officer is responsible for this direction, control, and coordination in response to a disease event in the district.
 - Phone: 541-776-8590 Ext 1104)
 - Email: patty_michiels@soesd.k12.or.us)
- Daniel Weaver, SOESD Chief Business Officer, and district safety officer, is responsible for the direction, control, and coordination of emergency plans and events.
 - Phone: 541-776-8590 Ext 1108
 - Email: daniel_weaver@soesd.k12.or.us



I. Regulations

SOESD complies with the Oregon Administrative Rule (OAR) Chapter 581, Division 22, overseen by the Oregon Department of Education; and OAR Chapter 333, Division 19, overseen by the Public Health Division of the Oregon Health Authority. Oregon Occupational Health and Safety rules also apply (See OROSHA).

[OAR 581-022-2220](#)

The school district shall maintain a prevention-oriented health services program for all students which provides:

- a. Health care and space that is appropriately supervised and adequately equipped for providing first aid, and isolates the sick or injured child from the student body;
- b. Communicable disease control, as provided in Oregon Revised Statutes; ...
- c. Compliance with Oregon-OSHA Bloodborne Pathogens standard (Div. 2/Z 1910.1030) for all persons who are assigned to job tasks that may put them at risk for exposure to blood or other potentially infectious materials (OPIM) (ORS 191.103) ...

School districts shall adopt policies and procedures which consider admission, placement, and supervision of students with communicable diseases, including but not limited to Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV).

[OAR 333-019-0010](#)

To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or food service facility may not attend or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under these rules.

A school administrator shall exclude a susceptible child who attends a school or children's facility or a susceptible employee of a school or children's facility if the administrator has reason to suspect that the child or employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines... that exclusion is not necessary to protect the public's health.

A school administrator may request that the local health officer determine whether an exclusion under section (3) of this rule is necessary.



II. Collaboration

The district consults a variety of individuals when making decisions including coordination with local public health authorities (LPHAs) as 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: Christina Moore
- SOESD SSA/SIA Consultant: Tanya Frisendahl
- Local Public Health Authority Staff (LPHA) Staff:
 - Jackson County: Jackson Baures, Jackson County Public Health Division Manager
 - Josephine County: Mike Weber, Josephine County Public Health Director
 - Klamath County: Jennifer Little, Klamath County Public Health Assistant Director
 - Douglas County: Bob Dannenhoffer, MD, Douglas County Local Health Administrator
 - Lake County: Judy Clark, RN, BSN, Lake County Public Health Director

Suggested Resources

1. [Oregon Classroom WISE](#)
2. [ODE Mental Health Toolkit](#)
3. [Mental Health Guidance and Resources](#)
4. [Care and Connection Resources](#)
5. [Oregon Health Authority Youth Suicide Prevention](#)
6. [988 & Crisis Lifeline](#)
7. [OHA School-Based Mental Health Partnerships](#)
8. [Comprehensive School Counseling](#)
9. [School-Based Health Centers](#)
10. [Centering Health and Wellbeing in Education](#)
11. [Multi-Tiered Systems of Support in Education](#)



III. Communication

Communication of SOESD health and safety protocols to students, families, and communities is an expectation of SOESD staff. Communications will be provided in the preferred language of families to the extent possible.

Onsite school staff have the responsibility to adhere to health and safety guidelines and protocols to support public health. This includes maintaining their health as well as the health of those they come in contact with. Staff must consistently model, teach, and reinforce required health and hygiene practices until they become an expected and accepted way of being at school. Through caring connections, encouragement, and supportive reminders, the staff ensures that students, families, and other staff follow the guidelines for the protection of the SOESD community.



IV. Equity

SOESD is committed to promoting educational systems that support each child's identity, health and well-being, beauty, and strengths. Equity should be central to informing every decision. Every decision is likely to disproportionately impact those whom existing systems most marginalize, as well as historically underserved communities, by exacerbating existing conditions of inequity. Schools should apply an equity-informed, antiracist, and anti-oppressive framework to decision-making to promote culturally sustaining and revitalizing education that supports every child. The Equity Lens Graphic Organizer is available and used by all staff in decision making or problem solving meetings. Staff and school administrators, in partnership with school nurses or other school health providers, should work with interdisciplinary teams to address individual student needs.

Suggested Resources:

1. [Equity Decision Tools for School Leaders](#)
2. [Community Engagement Toolkit](#)

3. [Tribal Consultation Toolkit](#)
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V. Prevention

School efforts and individual behaviors can reduce the risk of disease transmission. In addition to specific practices such as **layered mitigation safety protocols** and respiratory disease outbreak thresholds, SOESD educates staff on basic hygiene and blood-borne pathogens.

A) Training

SOESD will provide annual in-service training in the fall to staff and volunteers before the arrival of students. This training will include the **SOESD Communicable Disease Plan, Health and Safe Schools Plan Statement, Student Privacy Rights (FERPA), and Bloodborne Pathogens for School Employees**.

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. New staff hired after the start of the school year will receive this training within the first two months of their employment.

Staff will also be trained in the district protocols of the districts they serve.

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 a fever. Administrators will reiterate the process with all staff: any communicable disease concerns go straight to the Chief Human Resources Officer who will determine the next steps.

B) Handwashing

Frequent and thorough hand washing is a critical way to prevent the spread of many communicable diseases. When done correctly, hand washing will help students, school staff and visitors avoid spreading and receiving germs.

SOESD has protocols in place to ensure hand hygiene is regularly practiced to reduce the spread of contagious conditions. 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 cough 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.



❶ 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 your hands and then touch other people's hands or common objects.

❷ 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

③ 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 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.

④ 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.

⑤ 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.

⑥ 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.

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.

C) Face coverings

Wearing a face covering is an effective way to reduce the spread of COVID-19 and other respiratory viruses. Students and staff may choose to wear a face covering for many different reasons, and those decisions should be supported. Individuals may choose to mask if they are feeling sick if they are at increased risk for severe illness or live with someone who is, or when wearing a mask makes them feel more comfortable. Cough, fever, and other symptoms caused by respiratory viruses are important causes of student and staff absence in schools—wearing a face covering helps keep students in school where they learn best.

D) 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 healthcare 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 and working closely with LPHA.
- Isolating individuals with symptoms of contagious conditions in a designated isolation space and providing supervision by trained staff until they go home.
- Requiring that staff providing supervision and symptom monitoring in the isolation space wear an appropriate face covering, preferably a medical-grade mask. 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.
- Properly disposing of all Personal Protective Equipment (PPE) used during the care of a symptomatic individual before exiting the isolation care space, followed by hand washing once the PPE has been removed and disposed of.

E) Cleaning & 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 decreasing the 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:

- Surfaces or objects commonly touched by students or staff (such as doorknobs, desktops, toys, and exercise mats) should be cleaned at least daily.

- Maintaining clean and disinfected environments ([CDC guidance](#)), including classrooms, cafeterias, and restrooms.
- Ensuring the safe and correct application of disinfectants. Keep these products away from students following labeling directions 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.



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

F) 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 transmission from the buildup of smaller particles and aerosols that are generated from breathing, talking, coughing, and sneezing.

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 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 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 not 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.

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.

The Oregon Occupational Safety and Health Administration Bloodborne Pathogens standard Div. 2/Z (1910.1030) outlines specific engineering and work practice controls employers must implement to eliminate or minimize employee occupational exposure to blood and other potentially infectious materials of others.

All staff and students should follow Standard Precautions to reduce body fluid exposure and report to the school nurse or school administrator any body-fluid contact with broken skin, mucous membranes in the nose, mouth, or eyes, or through puncture wounds - such as human bites and needle-stick injuries

Standard Precautions

Standard Precautions refer to an infectious disease control approach, which assumes the body fluids of all persons are infectious. Standard Precautions are designed to reduce the risk of transmission of all communicable diseases, whether a person exhibits symptoms of illness or not. Standard Precautions include the use of barriers or protective measures when dealing with the following:

- Blood;
- All body fluids, secretions, and excretions, except sweat, regardless of whether they contain visible blood;
- Non-intact skin; and
- Mucous membranes

Strict adherence to Standard Precautions and the appropriate use of personal protective equipment will decrease the risk of transmission of all communicable diseases.

Only employees who have been trained as described in the Oregon OSHA Bloodborne Pathogens rule should render first aid, offer assistance for ill or injured students, or be assigned other tasks that involve the potential risk of body fluid contact (e.g., feeding, diapering, or delegated nursing tasks such as gastrostomy tube feedings or blood glucose monitoring). Other employees should be given information about avoidance measures. Peer tutors and volunteers in the school must also receive general information about avoidance measures and cannot be assigned any task or offer assistance with tasks where there is expected contact with body fluids.



VI. Exclusion

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 the communicable stages of the 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.

Students and staff must be excluded while in the communicable stages of a restrictive disease. Follow this document's guidance for school exclusion based on SYMPTOMS in the Symptom-Based Exclusion Guidelines.

Students and staff must be excluded from the school setting if they are DIAGNOSED with a school-restrictable disease until permitted to return per local public health guidance. Other illnesses warrant exclusion until no longer contagious. See this document's Disease-Specific Guidelines. [OAR 333-019-0010]

Following OAR 333-019-0010, the school must also exclude susceptible students and school staff if they are EXPOSED to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B. The local public health authority (LPHA) assists with guidance in individual cases and may waive the requirement for restriction.

School personnel considering a student exclusion should also consider the following:

- School staff may not determine a diagnosis or prescribe treatment unless they are licensed healthcare providers acting within their scope.
- The school is required to enforce exclusion per Oregon law. [OAR 333- 019-0010]
- Collaboration with the registered nurse practicing in the school setting is recommended and may be legally required when communicable disease concerns arise for students with underlying medical conditions. "A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student." [ORS 336.201]
- The registered nurse practicing in the school setting or the LPHA should be consulted regarding notifying parents/guardians about health concerns, including risks and control measures.

- Specialized Clinical Procedures guidance should be utilized to reduce the spread of respiratory diseases while maintaining services for students with special healthcare needs.
- Changes to routine guidance may be warranted during times of increased concern about a specific communicable disease, such as during a local disease outbreak. SOESD will work with their health teams and the LPHA regarding screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern.

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

Symptom-Based Exclusion Guide

Students and staff must be excluded from the school setting if they are in the communicable stages of a school-restrictable disease. Symptoms that commonly indicate a communicable disease are listed below.

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

	Symptom		May return after
1.	Fever	a measured temperature equal to or greater than 100.4°F orally	fever-free for 24 hours without taking fever-reducing medicine
2.	Cough	a 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.	symptoms improving for 24 hours (no cough or cough well-controlled.)
3.	Difficulty breathing or shortness of breath	not explained by situations 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	symptoms improving for 24 hours. • This symptom is likely to require immediate medical attention
4.	Headache with stiff neck and fever		fever-free for 24 hours without taking fever-reducing medicine AND symptoms resolve. • This combination of symptoms may indicate a

			serious condition. Advise the student's guardian to seek medical attention.
5.	Diarrhea	three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able	24 hours after diarrhea resolves OR after being seen and cleared by a licensed healthcare provider or LPHA for specific diarrheal diagnoses.
6.	Vomiting	at least 1 episode that is unexplained	24 hours after the last episode of vomiting OR after being seen and cleared by a licensed healthcare provider.
7.	Skin rash or sores	new rash not previously diagnosed by a health care provider OR rash increasing in size OR new unexplained sores or wounds OR draining rash, sores, or wounds which cannot be completely covered with a bandage and clothing	AFTER rash is resolved OR until draining rash, sores or wounds are dry or can be completely covered OR after seen and cleared by a licensed healthcare provider.
8.	Eye redness and drainage	unexplained redness of one or both eyes AND colored drainage from the eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling, or excessive tear production that prevent active participation in usual school activities.	symptoms resolve OR after being seen and cleared by a licensed healthcare provider. • Eye redness alone, without colored drainage, may be considered for attendance per CDC guidelines and school nurse assessment.
9.	Jaundice	yellowing of the eyes or skin that is new or uncharacteristic	seen and cleared by a licensed healthcare provider
10.	Behavior change	may include uncharacteristic lethargy, decreased alertness, confusion, or a behavior change that prevents active participation in usual school activities.	symptoms resolve; return to normal behavior OR after being seen and cleared by a licensed healthcare provider. *These symptoms may indicate a serious condition. Advise the student's guardian to seek medical attention.
11.	Major health events or students requiring more care than school staff can safely provide	May include an illness lasting more than two weeks, emergency room treatment or hospital stay, a surgical procedure with the potential to affect active participation in school activities, loss of a caregiver or family member, or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care	health and safety are addressed. *Written instructions from a licensed healthcare provider are likely to be required. • Schools must comply with state and federal regulations such as the Americans with Disabilities Act ensuring free and appropriate public education (FAPE). School staff should follow appropriate processes for reasonable accommodations.