COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

SHERIDAN
SCHOOL DISTRICT

THIS PLAN CONTAINS
Sheridan School District Communicable Disease Plan
Sheridan School District Exposure Control Plan
Sheridan School District Pandemic Plan
COVID-19 Addendum

Table of Contents

INTRODUCTION 7
COMMUNICABLE PREVENTION DISEASE PLAN 8
Sheridan School District Board Policies 9
Communicable Disease Prevention 10
Common Childhood Infectious Disease 11
Vaccines 11
Hygiene 11
Respiratory Hygiene/Cough Etiquette 12
Environmental Surface Cleaning 12
Communicable Disease Exclusion 13
Restricable Diseases 15
Isolation Spaces 16
Outbreaks 16
Respiratory Illness 16
Vaccine Preventable Disease 17
Gastroenteritis 18
Other Circumstances 19
Animals in Schools 20
Food Safety 20
EXPOSURE CONTROL PLAN 21
Exposure Prevention 21
Universal and Standard Precautions 22
Hand Hygiene 22
Personal Protective Equipment 22

Respiratory Hygiene/Cough Etiquette 25
Sharps safety (engineering and work practice controls) 25
Clean and Disinfected Environmental Surfaces 26
Transmission-based Precautions 26
Contact Precautions 27
Droplet Precautions 27
Airborne Precautions 27
Exposure Incident 28
Needle-stick 28
Mucous Membranes 29
Blood Spills 29
Cleaning spills – equipment 29
Bites 30
PANDEMIC PLAN 30
Seasonal Respiratory Illness and Seasonal Influenza 30
Seasonal Respiratory Illness 30
Seasonal Influenza 30
Novel, Variant and Pandemic Viruses 31
Purpose 31
Control Measures 31
Everyday Measures 32
Control Measures for Novel or Variant Viruses 32
When cases of novel viruses are identified globally 33
When cases of novel viruses are identified regionally or nationally 33
When cases of novel viruses are identified in the community or incidence is increasing 35

When cases of novel viruses are identified in the school setting 36
Special Considerations 37
Employee Sick Leave 37
School Closures 37
Immunocompromised Students 37
Glossary of Terms 38
COVID-19 COMMUNICABLE DISEASE MANAGEMENT ADDENDUM 41
Background 41
Guiding Principles 42
Required Links 42
Important Contacts 42
Applicable Legislation 42
Pediatric Populations 44
Vulnerable Populations 44
Protections 45
Leave Policies 45
Back-up Staffing 45
Communicable Disease Management 45
Routine Measures to Limit Spread 46
Hand Hygiene and Respiratory Etiquette 46
Designated Personnel 46
Designated COVID-19 Point of Contact 46
Designated Resources 47
Staff Training 47
Physical Distancing 47

Modified Layouts 48
Physical Barriers and Guides 48
Cohorting 48
Identifying Small Groups and Keeping Them Together 48
Staggered Scheduling 48
Instruction & Activities 48
Communal Spaces 48
Food Services 49
Transportation 49
Bus Drivers 49
Distancing 50
Screening 50
Healthy Environments 50
Cleaning and Disinfection 50
Shared Objects 51
Ventilation 51
Water Systems 51
Personal Protective Equipment 52
Screening, Identifying, and Isolating Ill Students and Staff 54
Routine Illness Exclusion 54
Staying Home When Appropriate 55
Health Promotion, Prevention and at Home Screening 55
Recognize Signs and Symptoms 56
Isolate Those Who Are Sick 57
Isolation Space 57

Surveillance Logs and Contact Tracing 58
Surveillance 58
Contact Tracing 59
Logs 60
Communication Systems 60
School Communication 61
Staff Communication 61
Communication Regarding Confirmed Cases 61
Public Health Communication 62
Maintaining Healthy Operations 63
Regulatory Awareness 63
Visitors and Volunteers 63
Gatherings and Field Trips 63
Participation in Community Response Effort 63
Sharing Facilities 64
Support Coping and Resistance 64
Continuity of Routine School Health Services 64

Introduction

Students and staff health and safety is a priority of the Sheridan School District. The health and wellness of a school setting includes controlling illnesses. The healthy and safe educational environment facilitates the learning process, supports student social development, and assists in the acquisition of a healthy attitude towards the school (NRC, 2020).



The policies, procedures and guidance in regards to infection control is of the utmost importance. When children are ailing physically it can create challenges in the school setting in regards to both risk to others and the ability of a child to fully participate in their learning. In the nature of a Whole School Community, Whole Child model, everyone needs to collaborate on the best outcomes of the student population and individuals. In this regard staff must be prepared to have accessible resources and materials to identify appropriate measures and interventions for child health issues (ACSD, 2020)

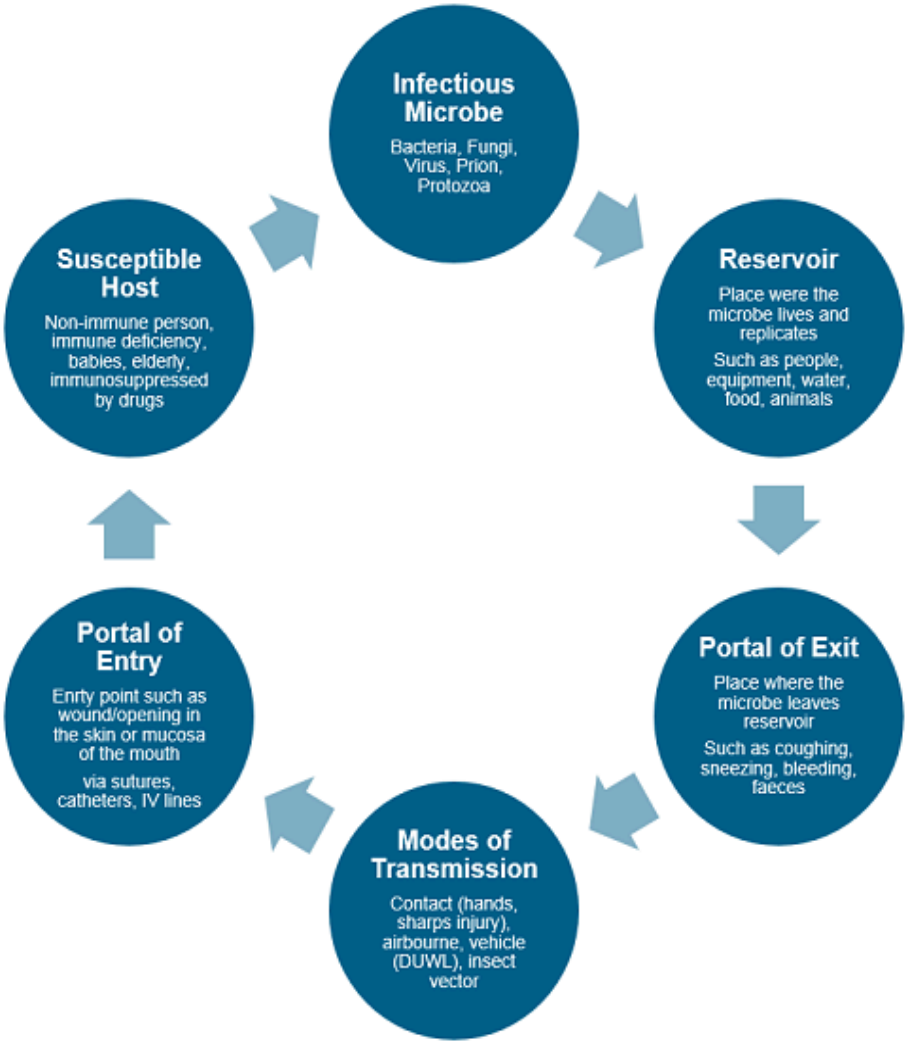
The purpose of this comprehensive guide is to provide infection control guidance and practice standards to the employees of Sheridan School District. This document has been modified from the Colton School District's version of the Communicable Disease Plan, from Olson and Barreras-Brown.

This plan has been built and updated upon requirements and guidance from the Oregon Health Authority (OHA) and the Oregon Department of Education ODE)

COMMUNICABLE DISEASE PLAN

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff.

A communicable disease is an infectious disease that is transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors. Although the terms communicable disease and contagious disease are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors are considered to be "contagious" diseases since they cannot be spread from direct contact with another person
(ACPHD, 2013).



In the school setting there is a prevention oriented approach for communicable disease which is grounded in education, role modeling and standard precautions and hygiene. However, the nature of a population based setting lends a need to establish practices for measures and interventions associated with exposures or potential exposure. This section focuses on a population based set of practices for communicable disease prevention. The subsequent Exposure Control Plan discusses work practice control measures for staff.

Sheridan School District Board Policies

Communicable Diseases JHC-AR
Communicable Diseases JHCC
Student Health Services JHC
Animals in District Facilities ING

Oregon Legislation

OAR 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions
OAR 581-022-2200 Health Services
ORS 410-133-0000 School Based Health Services
Oregon Health Authority & Oregon Department of Education
Oregon Communicable Disease Guidelines for School

Communicable Disease Prevention

There are a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread. How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases are spread include:



- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
- Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria);
- Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and
- Travel through the air, such as measles and varicella (chickenpox).

In the school setting the most frequent risks are associated with direct contact with ill individuals or contamination of surfaces or through airborne transmission. Primary sources of prevention include hand and surface hygiene, isolation, exclusion and standard precautions.

This section of the plan will provide a brief overview

- Common Childhood Infectious Disease
- Vaccines
- Respiratory/Cough Etiquette

This section will provide procedures on addressing the following communicable disease issues in the school setting. The district ***Exposure Control Plan*** in this manual discusses ***Standard Precautions*** in detail as well as ***Transmission Based Precautions*** which include contact, droplet and airborne precautions. The District ***Pandemic Plan*** will address specific measures to novel virus response.

Common Childhood Infectious Disease

There are a variety of common childhood infectious diseases that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently) and croup (most commonly parainfluenza) and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand foot and mouth disease, fifths disease and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year (BCDC, 2009).

Vaccines

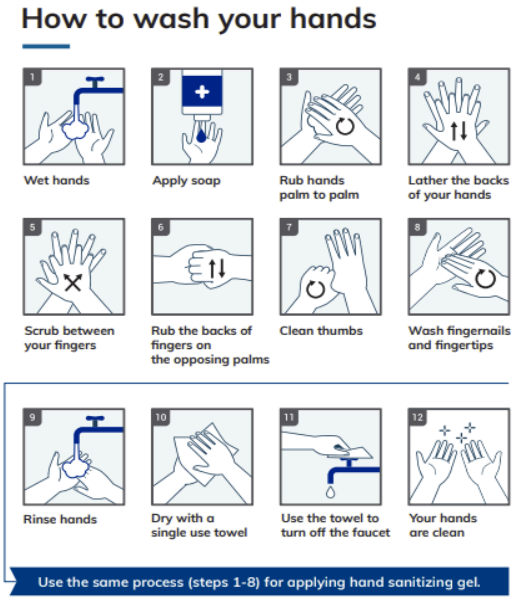
In the school setting vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school has the records for these students, and those who are not vaccinated with routine childhood immunizations. A vaccine is a primary control measure for outbreaks of some preventable diseases.

Under direction of the district nurse:

- When a vaccine preventable disease (varicella, pertussis) is identified in the school setting designated staff should run immunization reports to identify unvaccinated students in the school setting.
- When the circulation of a vaccine preventable disease (measles) is increasing in incident in the community identification of students and staff who are not fully immunized is an important measure

Hygiene

Prevention oriented measures are grounded in education of how diseases are transmitted and practice application related to appropriate sanitizing measures and precautions. Hygiene and sanitation are some of the most important methods of disease prevention. Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices should be taught, role modeled and practiced. Age appropriate hand hygiene curriculum can be found from a variety of resources. Currently students should be provided annual training on healthy hygiene and illness prevention practices as needed during the peak



illness season, or when an incident occurs that requires the specific increase of disease/illness outbreak in the school setting.
Hand sanitizer, while not effective against a large number of pathogens, is effective against others and should be made available for times that handwashing is not immediately accessible. Hand sanitizer should be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible. Hand sanitizer should be accessible in each classroom.

Students and staff should wash hands when:

- **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
  (CDC, 2020)

When immunocompromised students and staff are present, an increase in hand hygiene frequency is a necessary prevention intervention.

How Germs Spread:

- **Touch** your eyes, nose, and/or mouth with unwashed hands
- **Prepare or eat** food and drinks with unwashed hands
- **Touching** contaminated surfaces
- **Blowing your nose, sneezing** into your hands

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like door knobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know

who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced and role modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory Hygiene* and *Cough Etiquette* and *Transmission Based Measure* in *Exposure Controls Plan*.

Environmental Surface Cleaning

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include scheduling routine cleaning of each classroom and common areas, ensuring appropriate stock of appropriate sanitizers and disinfectants, ensuring garbage is emptied regularly and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is largely governed by facilities management and custodial services, there are certain classroom measures that can be practiced to improve cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer.

Communicable Disease Exclusion

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis and adequate isolation or treatment (ODE, 2020). Restriction of some communicable diseases may be imposed by the local public health authority, for reportable conditions (Oregon Administrative Rule 333-019-0010) which is addressed in a subsequent section.

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. The Tri-County Exclusion Guidelines are a quick reference for school staff. When in question the school nurse should be consulted and the Oregon Department of Education Communicable Disease Guidance Document. The following exclusion criteria and actions are excepted from the ODE Guidance Document:

EXCLUSION CRITERIA	EXCLUSION ACTION

Fever: a measured oral temperature of 100.4°F, with or without the symptoms below	Stay home until temperature is below 100.4°F for 24 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage	Stay home until rash is resolved OR until sores and wounds are dry or can be completed covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider
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.	Seek medical attention; return to school when advised by a licensed healthcare provider
Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.	Stay home until 24 hours after the cough resolves. If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, students must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority.
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 to do so	Stay home until 24 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 24 hours after last episode
Headache with a stiff neck and fever	Must be seen by a licensed prescriber and cleared before return to school
Jaundice: yellowing of the eyes or skin (new or uncharacteristic)	Must be seen by a licensed prescriber and cleared before return to school
Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both 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	Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started
Behavior change: unexplained uncharacteristic irritability, lethargy,	Refer to healthcare provider

decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.	Student should not be at school until health and safety are addressed
Major health event: may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care	Student should not be at school until health and safety are addressed. School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws
Student requiring more care than school staff can safely provide	School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to the local health department (LHD). The local health department typically notifies school health services. Although, there are occasions when the parent will notify the school first.
Students with diagnoses of disease restrictable by the local public health authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including:

- Diphtheria,
- Measles,
- Salmonella
- Typhi infection,
- Shigellosis,
- Shiga-toxigenic Escherichia coli (STEC) infection,
- Hepatitis A,
- Tuberculosis,
- Pertussis,
- Rubella
- Acute Hepatitis B.

- If a report is made to the school office, administration or other school staff in regards to any communicable disease diagnosis in students or staff, this should immediately be referred to the district RN.
- This should be regarded as an urgent referral to the RN if the disease is regarded as a restrictable condition.
- The District RN and Administrators will identify the need for communication, surveillance or control measures. The interventions and communication are driven by multiple factors including the diagnosis, student health status, risk of exposure, number of individuals infected and risk to cohort or specific students.
- School staff receiving reports should not inform any other students, staff or parents of the report.

Isolation Spaces

As per OAR 581-022-2220 The school district is required to maintain a prevention oriented program which includes a health care space that is appropriately supervised and adequately equipped for first aid and isolation of ill or injured children from the student body.

When students are identified with restrictable diseases or excludable symptoms, students should be isolated in an appropriate space until they can be dismissed to home.

Outbreaks

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the district RN for consideration of outbreak reports or control measure implementation. The attention to outbreaks, interventions and resources are highly dependent on the severity or communicability of the syndrome or pathogen identified. Outbreak response including surveillance, infection control measures and potentially exclusion are also diagnoses specific and may be indicated when:

- A single significant infectious diagnosis is confirmed in the school setting.
- Clusters of compatible syndromes or diagnoses associated with an infectious condition are identified within the school setting
- Significant absenteeism is identified to be associated with compatible syndromes.
- Community transmission of an infectious disease is significant in the community and the LPHA or the RN has deemed increased surveillance or response to outbreak a necessary measure.

Outbreak investigations will be facilitated through the district RN in collaboration with administration and the local health department with the use of Oregon Health Authority Outbreak Toolkits for Schools.

Respiratory Illness

Respiratory illness or disease refer to the pathological conditions affecting the organs and tissues that make gas exchange possible, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. Respiratory diseases range from mild and self-limiting, such as the common cold, to life-threatening entities like bacterial pneumonia. Respiratory illnesses are often observed in the school setting.
The following indicators should be reported to the district RN in regards to respiratory illness:

- Any respiratory illness resulting in hospitalization or death of a student or staff member.
- Diagnosed pneumonia in 3 or more individuals in the same cohort.
- Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
- Prolonged illness, lasting longer than 3 days on average, among 10 or more persons of the same cohort.
- Any uncommon incidence of illness in more than two students.

In the event of respiratory illnesses related to novel viruses, the *Pandemic Plan* will be deferred to.

Vaccine Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists.
Current VPD routinely immunized for in the United States includes:

1. Diphtheria*
2. Tetanus*
3. Measles*
4. Mumps*
5. Rubella*
6. Haemophilus influenzae type b infections (Hib)*
7. Pneumococcal infections*
8. Meningococcal disease*
9. Pertussis (whooping cough) *
10. Poliomyelitis (polio)*
11. Hepatitis A*
12. Hepatitis B*
13. Varicella
14. Influenza
15. COVID-19

Most VPD's are also notifiable diseases*, meaning they are reportable to the local health department and are under constant surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not

routinely immunized for in the US. These may include as: cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest. Vaccine Preventable Disease reports should be deferred to the school nurse whether coming from a parent, provider, community member or the local health department. Indicators for VPD include:

- A single case of a vaccine preventable disease that is also a notifiable disease* or uncommon locally.
- More than 2 cases of chickenpox from separate households in the same classroom or more than 5 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same school setting.

Gastroenteritis

An outbreak of gastroenteritis is defined as more cases than expected for a given population and time period. For example, two children in a 25- person classroom with vomiting or diarrhea within one week could potentially indicate an outbreak. Because the nature of norovirus (viral gastroenteritis) is common, seasonal and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected, frequency or duration is unusual. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness. Indicators to report to the district RN include:

- Multiple children with compatible symptoms in 48 hours within the same cohort, but separate
  households.
- More than 2 cases of diarrhea with bloody stool in the school setting.
- Sudden onset of vomiting in multiple persons in the same cohort.
- Any unusual combination of gastrointestinal symptoms, severity, duration or incidence.

Other Circumstances

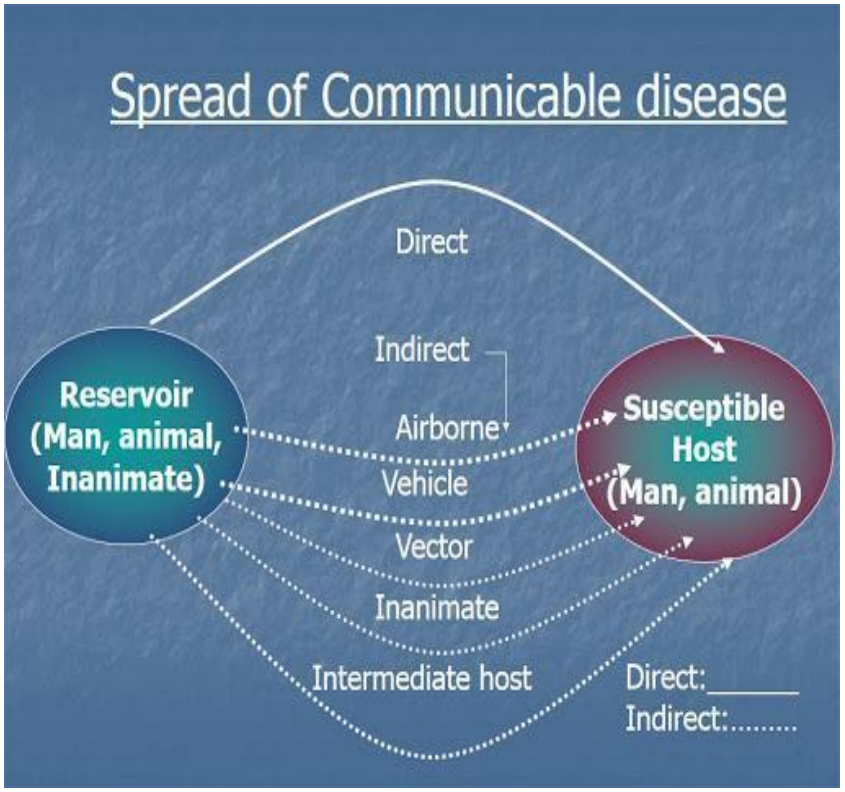
Less commonly outbreaks of skin infections, novel diseases occur or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions and the following occur these other situations should be deferred to the school nurse immediately and will be handled on a case by case basis. Examples of these circumstances may include:

- More than 2 students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva or feces from a non-domestic animal.
- Any student or staff coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration or frequency that seems unusual as compared to routine seasonal illness.

The school nurse may decide that additional control measures or data collection is necessary and will consult with administration and YCHD as needed, in regards to determined outbreaks or novel diagnoses. The school RN should always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak.
Any presentation of illness or combination of illnesses as described above should be reported to the district RN and administrator.

Animals in School

Animals in schools can have a positive effect in the school environment, but also may cause infectious disease issues for staff and students. Sheridan School District only allows for schools on district property with specific approval under specific circumstances. School board policies and district applications should be visited for this. Other considerations should be made in regard to controlling spread on infectious disease from animals:



- Wild mammals, alive or recently dead, should not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school should have a current rabies vaccine.
- Any animal bites on the school premises should be reported to the local health department for follow up.
- Animals who are ill should not be allowed into the school setting.
- Class pets should be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent diseases such as transmission.
- Animals should not be present or handled in areas where food and drink are consumed or prepared.
- Children should not kiss high risk animals such as chicks, ducks, turtles, and other reptiles.

- Children should always be under adult monitoring with animal interactions.
- Consider the medical needs of students who may be immunosuppressed or who may have allergies as they may become severely ill when exposed to certain pathogens.

- In the event of an animal bite in the school setting, please ensure standard first aid is followed and the student/staff is deferred to medical care. Unprovoked bites sustained from canines are reportable to the local health department.
- In the event that a student in a classroom is diagnosed with a disease known to be carried by animals (campylobacteriosis or salmonellosis, for example) the animal should be removed from the classroom setting until the risk is determined to be resolved.

Food Safety

Food safety for kitchen staff is supervised by nutrition services. For the purpose of population based health and food preparation and consumption within the classroom, general food safety standards and disease prevention principles should be endorsed.



For elementary school classrooms

- Hand hygiene is practiced prior to eating,
- General principles of food safety can be taught that are age appropriate.
- Food sharing should be avoided
- For classroom and school sponsored events, only commercially prepared products are permitted. No homemade items will be distributed from non-licensed kitchens.

For middle school or high school culinary classrooms

- Hand hygiene should always be encouraged
- Age appropriate food safety principles are taught.
- Appropriate food handling processes must be taught, role modeled and endorsed. This includes overview of:
  - ❑ Hand hygiene and appropriate use of gloves.
  - ❑ Clean surfaces and appropriate use of sanitizers.
  - ❑ Separating raw and ready to eat foods/ avoidance of cross contamination.
  - ❑ Cooking food to appropriate temperatures.
  - ❑ Appropriate storage and refrigeration.
  - ❑ Measures to prevent allergic reactions.
  - ❑ Abstaining from food preparation when specific symptoms or specific illnesses have been identified

EXPOSURE CONTROL PLAN

This plan provides the employees of Sheridan School District with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements.

Standard precautions shall be observed in Sheridan School District sites in order to prevent contact with all body fluids and other potentially infectious materials. All body fluids or other potentially infectious materials will be considered infectious at all times. Transmission based precautions should be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff.



It is presumed by the nature of the jobs performed in a congregate setting that ALL district employees are reasonably anticipated to have “occupational exposure” to blood or other potentially infectious material.

OSHA

Blood Borne Pathogens 1920.1030
Personal Protective Equipment 1910 Subpart 1

Exposure Prevention

In order to reduce risk and promote prevention of infections related to blood or body fluids, the district will provide or promote specific trainings or practices to prepare staff, these include:

- Blood Borne Pathogens (BBP) Training (this is an annual requirement presented electronically by Human Resources).

- Hepatitis B vaccination (Education and Recommendations on Hepatitis B Vaccination is provided each year with BBP training). A waiver may be signed in lieu of immunization if you opt out AFTER completing BBP training and understand the risk and implications.
- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers and understanding of appropriate first aid.
- Routine training and refreshers for staff who provide direct care to students or who work with students with specific disabilities.

Universal & Standard Precautions



The premise of universal precautions is to treat all body fluids as potentially infectious. Standard precautions align with this and provide a set of standards for hygiene and barrier protection or Personal Protective Equipment with any and all encounters with body fluids.
Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the school setting body fluid exposures most frequently occur with physical injury but may also occur relative to a health related issues or procedure or developmental issue or disability.

Standard precautions endorse the appropriate use of personal protective equipment (PPE) and practices such as hand hygiene and respiratory etiquette as well as work practice controls such as sharps safety and environmental disinfection.

When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier of infection prevention is used when there is a specific risk related to an ill student or staff in the school setting that can spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. While Transmission-Based Precautions are typically isolated to the health room with specific conditions, the exposure risk is still possible in the school setting and will be addressed as well.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections. In the school setting hand hygiene is an important infection prevention method as a matter of habit with restroom use and food prep. Staff should use good habits to avoid BBP exposure by practicing exposure control methods, including using appropriate hand hygiene practices. In event a staff

member has an interaction with a student for standard first aid or direct care. Hands should be washed prior to donning gloves, and after care is completed when gloves are removed.

Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect staff from exposure to or contact with infectious agents. PPE that is appropriate for various types of interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. These include gloves, face masks, protective eyewear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.
- Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- Use of a medical grade mask when respiratory transmission is of concern.

General Principles of PPE:

IF…	THEN…
It's wet (it's infectious)	Wear gloves
It could splash into your face	Wear a face shield
It's airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier
There is a blood spill or body fluid spill	Then have staff trained in appropriate clean up

Appropriate application and removal of PPE are crucial pieces of infection control:



(Image: CDC)

Respiratory Hygiene/Cough Etiquette

In the school setting respiratory etiquette and hygiene are important measures to teach to students as developmentally appropriate. In addition, visual alerts such as Cover Your Cough signage can be used.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Use in the nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing or coughing into an elbow when hand hygiene is not immediately accessible.

Further respiratory hygiene can be endorsed practice controls such as:

- Having masks available for students who become sick at school with respiratory illness. A mask should only be used if the student can tolerate the mask.
- The person can be placed in a location where risks to others are minimized until dismissed to home.
- Spatial separation of the person with a respiratory infection from others is important in some cases. Since droplets travel through the air for 3-6 feet, separating an ill person from others by more than 3 feet decreases risk of transmission.
- Stressing hand hygiene after every contact with respiratory secretions is important.

To ensure these practices each school should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in shared areas.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- When tissues and hand hygiene are not accessible individuals should be encouraged to cough into their elbow, away from others and not directly into their hands, where they may subsequently cross contaminate other items or surfaces.

Further respiratory hygiene can be developed by masking ill individuals during periods of increased respiratory infection activity in the community, specifically those who are ill enough to be dismissed to home. This is described further in transmission based controls.

Sharps safety (engineering and work practice controls).

Needle sticks are a potential risk in any work environment where medications may be delivered via syringe or compatible device or where lancets are used. In the school setting this is most often associated with care of students with specific medical conditions, such as type 1 diabetes, for example. It is preferred that students provide self-care whenever feasible, however if this is not safe developmentally or cognitively or in relationship to specific emergency medications. Staff

should be appropriately trained to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.
Specific control must be endorsed in any situation sharps are present to reduce the risk of needle stick:

1. Avoid using needles that must be taken apart or manipulated after use.
2. Do not recap needles.
3. Always dispose of used needles in a sharps container appropriately labeled with a biohazard sign.
4. Know and understand that needles should only be used a single time.
5. Participate in specific training related to injectable medications



Contaminated sharps must be stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard labels.

Clean and Disinfected Environmental Surfaces.

The cleanliness of the district facilities at the professional level is the responsibility of facility and custodial services who have specific expertise in the appropriate formulations to use for specific circumstances. For this reason, any body fluid exposure should be immediately referred to custodial services.
In the event of a blood spill, blood spill kits should be readily accessible throughout campuses. This should be deferred to custodial services, if custodial services are not immediately available the area should be isolated and appropriate sanitizer designated by facilities applied. PPE should be used with any body fluid clean-up.
All school settings should be equipped with a biohazardous waste container to dispose of materials coming into contact containing body fluids.
All disposal of biohazard waste will be in accordance with the Environmental Protection Agency (EPA). The directives from appropriate sanitizing and waste should come from facilities.

Transmission-based Precautions

- *Contact Precautions*
- *Droplet Precautions*
- *Airborne Precautions*

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for individuals in certain infectious circumstances to prevent the potential spread of infectious agents for which additional precautions are needed to prevent infection transmission beyond standard precautions.

Contact Precautions

Use Contact Precautions are limited in the school setting, but may be required when an open and draining lesion is identified at school. When an open and draining lesion, such as a cyst, boil or abscess is identified in the school setting the following precautions should be taken:

- **Ensure appropriate student placement:** students should be removed from the classroom setting and placed in the health room while awaiting parent arrival. Open and draining skin wounds are an excludable condition.
- **Use personal protective equipment (PPE) appropriately:** if the student requires care. This means that gloves must be worn. Unlike a clinical setting it is unlikely that gowns or masks will need to be used for contact precautions because staff should not be providing wound care or procedures**.**
- **Limit transport and movement of students:** once an open and draining lesion is identified, the student's activity should be limited to reduce additional opportunity for contamination of surfaces.
- **Prioritize cleaning and disinfection:** once the student has been dismissed to home, ensure the area the student was located during direct care is appropriately sanitized. If there is a risk of contamination in other settings such as the classroom, cafeteria or playground for example, ensure areas are appropriately addressed**.** Launder supplies in the health room as warranted**.**

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. In the school setting this may be relevant during influenza season and specifically during the circulation of novel viruses.

- **Source control** for droplet precautions includes putting a mask on the sick individual.
- **Ensure appropriate student placement;** as feasible, a student who becomes symptomatic when the risk of specific viruses is increased, should be placed in a room individually, if possible. Students may routinely be located in the health room with acute respiratory illness in typical seasons. However, during severe respiratory illness seasons and when the circulation of novel viruses has been identified, isolation rooms should be identified.
- **Use personal protective equipment (PPE) appropriately.** For staff screening ill students, masks should be donned upon entry into the isolation space.
- **Limit transport and movement of ill staff or students** outside of an isolation room, the student or staff's activity should be restricted, except travel as needed to dismiss to home.

Airborne Precautions

Use of Airborne Precautions for individuals known or suspected to be infected with pathogens transmitted by the airborne route (e.g., measles, chickenpox)**.** Airborne precautions will rarely be used in the school setting; however, it is important to identify control measures as increases of vaccine preventable respiratory diseases are on the rise related to an increase in vaccine hesitancy.

- **Source control** for airborne precautions include: putting a mask on the ill individual.
- **Ensure appropriate patient placement in an isolation room as feasible.** If an isolation room is not available, ensure the student is isolated from other students and staff.
- **Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher level respirator for individuals having direct care contact with the student. If these masks are not available, routine surgical masks should be worn.
- **Limit transport and movement of students aside from travel to be dismissed to home.**
- **Immunization of susceptible persons** as soon as possible. Following contact with an individual identified as having a vaccine preventable disease, individuals susceptible to any diagnosed infection, such as measles or varicella should be advised to immunize against infection (school nurse). It is important to note that the school district cannot compel anyone to immunize their children, but students and staff who are unvaccinated can be excluded for the maximum incubation period of a vaccine preventable disease (up to 21 days) from their last exposure.

Exposure Incident

An exposure incident is regarded as an event where the potential or risk of exposure to infectious disease has occurred. This can occur through a variety of ways, in the school setting this primarily occurs through contact of body fluids through mucous membranes, through a human or animal bite or through a needle stick.

When an exposure has occurred the affected staff should immediately attend to the injury and report to administration.

Needle-stick

If a staff members skin is pierced or punctured with a needle that has been used to deliver medication to a student, immediate first aid should occur including:

- Encouraging the wound to bleed, ideally by holding it under running water.
- Wash the wound with plenty of soap and running water.
- Do not use cold water as that encourages restriction of blood vessels.
- Do not scrub the wound
- Do not suck the wound
- Dry the wound and cover it with a waterproof dressing.
- Immediately notify your administrator and seek medical attention.
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The nurse or district administrator should make this communication to families. Confidentially will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to Human Resources
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.

- In the nature of being a highly stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure to the nose, mouth, or skin with water should be immediately followed by flushing with warm water. For splashes in eyes, irrigate eyes with clean water, saline, or sterile irrigants. Report incident to administrator immediately and consult with provider (CDC, 2016a)

Blood Spill

Blood spills frequently occur in small volumes in the school setting. Cleaning up minor spills requires the use standard precautions apply, including use of personal protective equipment (PPE), as applicable. Spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided) and generation of aerosols from spilled material should be avoided.

Using these basic principles, the management of spills should be flexible enough to cope with different types of spills, taking into account the following factors:

- the nature (type) of the spill (for example, sputum, vomit, feces, urine, blood or laboratory items)
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens,
- the size of the spill – for example, spot (few drops), small (<10 cm) ="" or="" large="">10cm)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as a science laboratory), or in a common area or in a restroom
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

Cleaning spills – equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. While these spills should be deferred to custodial services for their expertise in sanitation, as well as their familiarity of where location of supplies to control the spills are within the school building. The cleaning equipment should also be stored in an area known to all in case custodial services are unavailable.

To help manage spills in areas where cleaning materials may not be readily available, a disposable ‘spills kit’ should be available. PPE should also be accessible including disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood), eye protection and apron. a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process) (VSG, 2020).

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While blood borne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff may be directed to take antibiotic prophylaxis as deemed necessary for bites, specifically those from non-human sources.

If the bite occurred from an unprovoked canine, this is reportable to the local health department.

PANDEMIC PLAN

A pandemic occurs when an infectious disease has spread globally. Most pandemics occur from novel viruses associated with influenza. Other viruses, such as coronaviruses are routinely surveyed due to the propensity for mutations, human to animal transmission and potential for pandemic events.

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

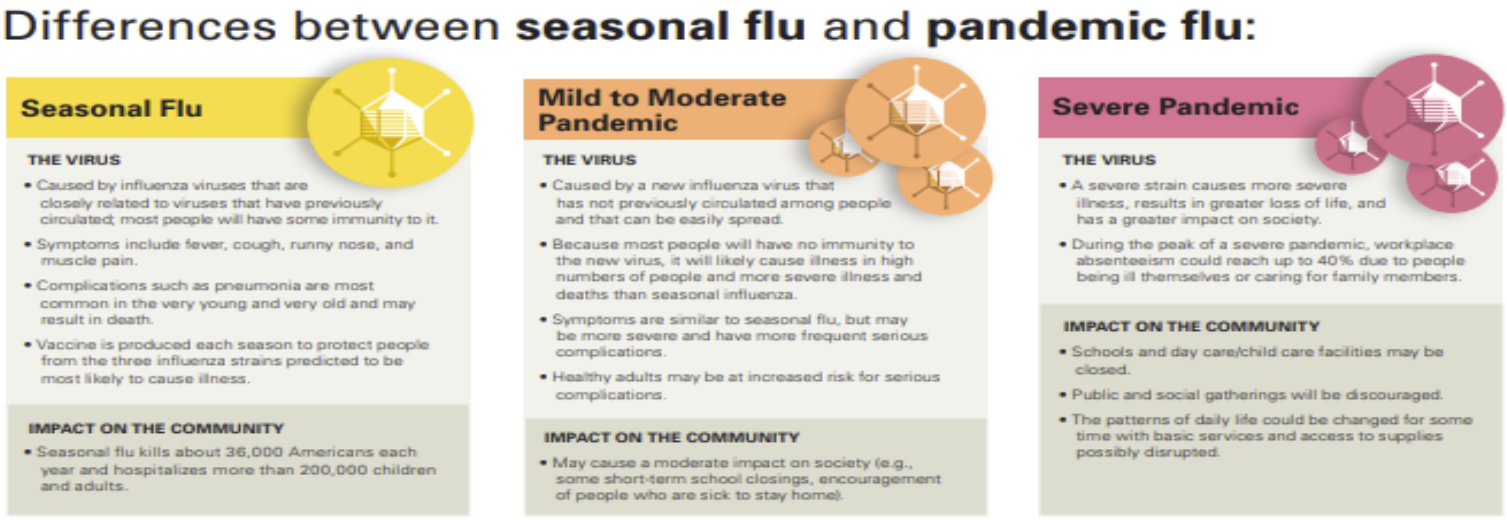
There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity but include cough, low-grade fever, sore throat (SDDH, 2019; Weatherspoon, 2019).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (CDC, 2020).

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may mutate into a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a variant virus. Pandemic refers to the global circulation of a novel or variant strain of viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016b).



(Image: CDC)

Purpose

The purpose of this document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. NPI's, specifically in regards to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat.

Control Measures

While prophylactic vaccines and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza, these are not always accessible for novel strains. Non-pharmaceutical interventions (NPI's) are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPI's in the school setting and at school-sponsored events (CDC, 2017).



(Image: CDC)

Everyday Measures

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health services plan. Routine control measures include:

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity and incident of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively. That being said, historical pandemic responses have provided a baseline set of evidence-based guidelines to create a response framework plan for such events in the school setting.

Control measures are incremental based on the current situation. The current situation will be defined by the public health official based on the severity, the incidence and the proximity to the school setting lending to level based responses. Level based responses are defined in many ways, generally using a mild, moderate and severe category, or for the purposes of this document level 1, 2, and 3 categories.

When cases of novel viruses are identified globally

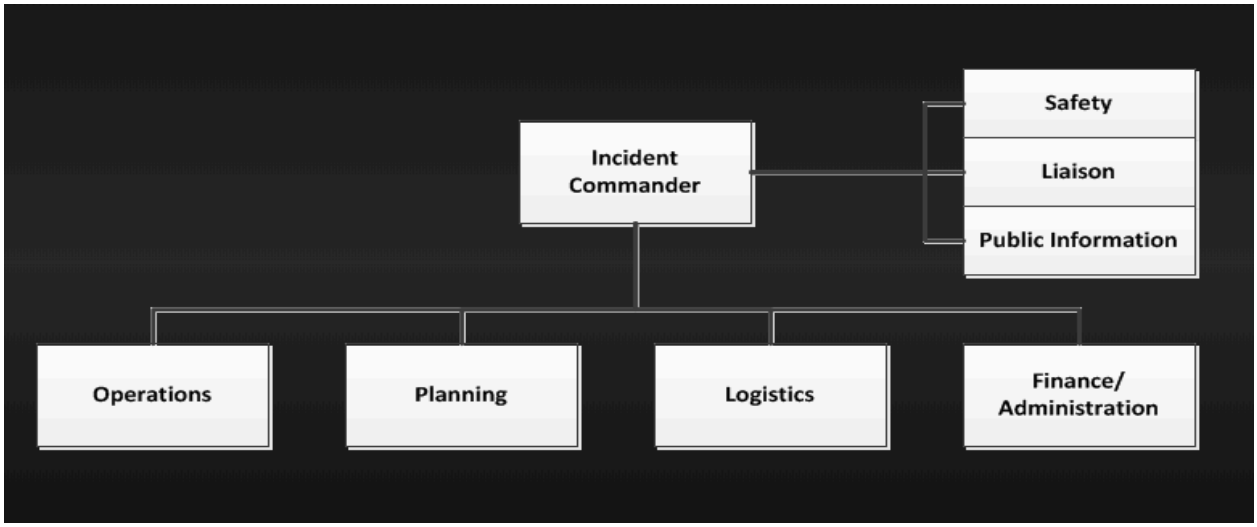
When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, which may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent's responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

ROUTINE PRACTICES

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene. • Respiratory Etiquette. • Stay home when ill.	• Routine illness exclusion (as noted in *Communicable Disease Prevention Plan*).	• Routine sanitizing.	• Routine seasonal illness prevention and exclusion communication.

When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., It is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Yamhill County, the Yamhill County Health Department (YCHD) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district. Response team should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities at minimum to meet the general structure of Incident Command.



(Image: prepare.gov)

When public health has deemed a novel virus a pandemic threat, defer to the CDC checklist for schools in order to establish a specific emergency response framework with key stakeholders. During this time, preparedness planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION-PREVENTION FOCUSED

Personal NPI's	Community NPI's	Environmental NPI's	Communication
● Increase routine hand hygiene. ● Use alcohol-based hand sanitizer when hand washing is not an option. ● Cover coughs/sneezes, throw away tissues at each use, wash your hands. ● Stay home when ill for at least 24 hours after fever	● Identify baseline absentee rates to determine if rates have increased by 20% or more. ● Increase communication and education on respiratory etiquette and hand hygiene in the classroom. ● Teachers can provide age-appropriate education. ● Communicable Disease surveillance - monitoring and	● Increase sanitizing of flat surfaces and shared surfaces ● Devise prevention and post-exposure sanitizing strategies based on current recommendations . ● Isolate students who become ill at school with febrile respiratory illness	● Provide communications to families based on the current situation, general information, and public health guidance. ● Provide communication to staff of the current situation. ● Provide communication to immunocompromised student families to defer to personal

free without the use of fever-reducing medication.	reporting student illness. ● Increase space between students in the classroom. ● Instruct students in small groups as feasible.	until parents can pick up. ● Discourage the use of shared utensils in the classroom.	providers in regards to attendance.

When cases of novel viruses are identified in the community or incidence is increasing.

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. Increased public health guidance will also ensue if the overall incidence is increasing despite the proximity to the school. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow local public health guidance as well. When the local transmission is detected, planning for cancellation of events and potential for dismissal and academic continuity should be prioritized. As well, plans for potential prolonged staff absences should be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
● Public health-specific guidance ● Be prepared to allow your staff and students to stay home if someone in their house is sick.	● Public health guidance ● Increase space between people at school to at least 3 feet, as much as possible. ● Temporarily dismiss students attending childcare facilities, K-12 schools (Teachers report to work, students do	● Public health-specific guidance. ● Modify, postpone, or cancel large school events as coordinated with or advised by officials.	● Work with LHD to establish timely communication with staff and families about specific exposures. ● Provide communication to staff about the use of sick time and a reminder to stay home when sick. ● Advise parents to report actual symptoms when calling

	not report to school).		students in sick as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the manpower to impose individual restrictions and may create public statements that the school district should reiterate.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Follow public health or government direction.	• Follow exclusion guidance designated by the Local Public Health Authority, and interventions which may include social distancing, revised gathering requirements or student dismissal.	• Follow local public health direction on environmental cleaning, which may include school closure and canceling major events.	• Coordinate Communication with the Local Public Health Authority. • Identify potentially immediately impacted student populations such as seniors and graduation track. • Establish communication for continued education provisions and continued meal service.
RE-ENTRY DURING PANDEMIC			
Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Follow LPHA guidance	• Follow exclusion guidance, and intervention guidance designated	• Follow LPHA guidance on bringing students back to school.	• Coordinate communication with LPHA on re-entry, restrictions and

	by the LPHA for re-entry		potentially impacted populations.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 24 hours fever free without the use of fever-reducing medications.	• Routine illness exclusion when LPHA deems processes may return to baseline.	• Routine sanitizing when LPHA deems processes may return to baseline.	• Routine illness prevention and exclusion communication. • Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the plans needed to make up lost academic time.

Special Considerations

Employee Sick Leave

Administration and human resources should work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regards to lost work, such as maximum incubation period exclusion. Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised or who are identified as potential cases.

School Closures

If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration to ensure processes are consistent with legal preparedness processes.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their provider. This change in placement should be accommodated.

GLOSSARY OF TERMS

Administrative controls: Administrative controls are measures used in conjunction with engineering controls that eliminate or reduce the hazard. By following established safe work practices and procedures for accomplishing a task safely

Airborne precautions: Precautions that are required to protect against airborne transmission of infectious agents. Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and Mycobacterium tuberculosis

Antibody: A protein produced as an immune response against a specific antigen.

Antigen: A substance that produces an immune response.

Bacteria: Microscopic living organisms. Some bacteria are beneficial and some are harmless, but some can be pathogenic (cause disease).

Biological Hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms which are spread through contact with infected blood, that can cause diseases such as human immunodeficiency virus (HIV) and hepatitis B (HBV).

Communicable Disease: Illness that spreads from one person to another through contact with the infected person or their bodily fluids, or through contaminated food/water or disease vectors, such as mosquitos or mice.

Contact Tracing: Working with an infected person to determine who they have had contact with and potentially exposed, to an illness.

Disinfection: High level cleaning intended to kill germs on surfaces

Droplet precautions: Safety measures used for diseases or germs that are spread in tiny **droplets** caused by coughing and sneezing (examples: pneumonia, influenza, whooping cough, bacterial meningitis).

Epidemic: A disease affecting a large number of people in a community or region.

Exclusion: Preventing someone from entering a place or participating in an activity

Engineering Controls: Measures to protect individuals through engineering interventions that can be used to eliminate or reduce hazard.

Immunocompromised: Having a weakened immune system that cannot respond normally to an infectious agent. This limits the body's ability to fight disease.

Isolation: Being kept separate from others. A method of controlling the spread of a disease.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts.

Novel: New—in medical terms, previously unidentified, as in, novel coronavirus

Other Potentially Infectious Materials (OPIM): Human bodily fluid or tissue that can harbor or spread bloodborne pathogens, including but not limited to: saliva, cerebrospinal fluid, semen, vaginal secretions.

Pandemic: An epidemic that spreads over countries or continents.

Pathogen: A microorganism that can cause disease.

Personal Protective Equipment (PPE): Physical barriers used when exposure to hazards cannot be engineered completely out of normal operations and when safe work practices and administrative

controls cannot provide sufficient protection from exposure to infectious or hazardous conditions. PPE includes such items as gloves, gowns and masks

Restrictable Diseases: Diseases that require exclusion from work, school, childcare facilities, for the protection of public health. According to the Oregon Health Authority, restrictable disease include: diphtheria, measles, Salmonella enterica serotype Typhi infection, shigellosis, Shiga-toxigenic Escherichia coli (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, chickenpox, mumps, pertussis, rubella, scabies, and any illness accompanied by diarrhea or vomiting.

Sanitize: Reduce contaminants (viruses, bacteria) on an object or surface.

Seasonal Illness: Illnesses whose occurrence appears to be associated with environmental factors (temperature and humidity changes). For example, colds, and other upper respiratory illness are more common during the winter months when people are more often indoors.

Sharps: Any devices that can be used to cut or puncture skin. Examples include: needles, syringes, and lancets (used for checking blood sugar). Sharps must be disposed of in an approved container, to avoid bloodborne pathogen exposure.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Surveillance: Collecting and analyzing data related to a disease in order to implement and evaluate control measures

Transmission: How a disease spreads. There are four modes of transmission:

- Direct—physical contact with infected host or vector
- Indirect—contact with infected fluids or tissues
- Droplet—contact with respiratory particles sprayed into the air (sneezed or coughed)
- Droplet Nuclei—dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

The mode of transmission of a disease will determine what PPE is required.

Universal Precautions: Preventing exposure to blood borne pathogens by assuming all blood and bodily fluids to be potentially infectious, and taking appropriate protective measures.

Vaccine: A preparation containing a weakened or killed germ. Vaccines stimulate the immune system to produce antibodies to prevent a person from contracting the illness.

Variant: A difference in the DNA sequence, a mutation. Viruses can change and mutate, and these variant forms can be intractable to established treatments.

Vector: A carrier of a pathogen (germ) that can transmit the pathogen to a living host. Mosquitoes, fleas, ticks, and rodents are examples of vectors.

Work practice controls: Measures intended to reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for handwashing, sharps disposal, lab specimen handling, laundry handling, and contaminated material cleaning (OSHA, 2019b).

References

Alameda County Public Health Department (2013) Communicable Disease. Retrieved from http://www.acphd.org/communicable-disease.aspx

ASCD (Association for Supervisors and Curriculum Development) (2020). *WSCC*. Retrieved from http://www.ascd.org/programs/learning-and-health/wscc-model.aspx

BC Center for Disease Control (BCDC) (2009) *A quick Guide to Common Childhood Diseases*. Retrieved from http://www.bccdc.ca/resourcegallery/Documents/Guidelines%20and%20Forms/Guidelines%20an %20Manuals/Epid/Other/Epid_GF_childhood_quickguide_may_09.pdf

Centers for Disease Control and Prevention. (2020). *Influenza.* Retrieved from https://www.cdc.gov/flu/about/index.html

CDC (2020) *When and how to wash your hands*. Retrieved https://www.cdc.gov/handwashing/whenhow handwashing.html

CDC (2016a) *Bloodborne Pathogens*. Retrieved https://www.cdc.gov/niosh/topics/bbp/emergnedl.html

CDC (2016b) *Variant Influenza Viruses: Background and CDC Risk Assessment and Reporting*. Retrieved from https://www.cdc.gov/flu/swineflu/variant.htm

CDC (2017) *Getting your school ready for pandemic flu.* Retrieved from https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf

Minnesota Department of Health (2020). Teaching Hand Hygiene. Retrieved from https://www.health.state.mn.us/people/handhygiene/curricula/index.html

Montana Department of Public Health and Human Services (MDPHHS) (2018) Communicable Disease: A guide for Schools in Montana. Retrieved from https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/CDGuideforSchools2018_Final.pdf

National Resource Center for Health and Safety in Child Care and Early Education (NRC). (2020). Environmental Health in Early Care and Education. Retrieved from https://nrckids.org/CFOC/Environmental_Health

Oregon Department of Education (2020) Communicable Disease Guidance for Schools. Retrieved from Oregon Department of Education Communicable Disease Guidance Document.

South Dakota Department of Health (2019) Seasonal Respiratory Viruses. Retrieved from https://doh.sd.gov/diseases/infectious/diseasefacts/viral-respiratory.aspx

Victoria State Government. (2020). *Managing spills of blood and body fluids and substances*. Retrieved from https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-controlguidelines/manage-blood body-fluidspills#:~:text=Spots%20or%20drops%20of%20blood, as%20wet%20areas%20attract%20contaminan s.

Virginia Department of Health (2011) FAQ Respiratory Hygiene and Cough Etiquette. Retrieved from https://www.vdh.virginia.gov/content/uploads/sites/3/2016/01/RespiratoryHygieneCoughEtiquett _FAQ.pdf

Weatherspoon, D. (2019) *Acute Viral Respiratory Infect*ions. Retrieved from https://www.healthline.com/health/acute-respiratory-disease

Images:

- CDC.gov
- Manitoba Department of Health
- Multicare.org
- Open University
- Prepare.gov

Required links:

Oregon Department of Education
Oregon Health Authority
Local Public Health Authority
Centers for Disease Control & Prevention

Important Contacts:

Corinna Brower: Oregon School Nurse Consultant (Oregon Health Authority)
Oregon School Health Specialist (Oregon Department of Education)
Rebecca Boris: Sheridan School District Nurse
Yamhill County Health and Human Services Director

Existing Rules and Statutes

School Centered

OAR 581-022-2220 Standards for Public Elementary and Secondary Schools: Health Services
OAR 581-022-2225 Emergency Plan and Safety Programs
OAR 166-400-0010 Educational Service Districts, School Districts, And Individual School Records
ORS 433.255[1] Persons with or exposed to restrictable disease excluded from school or children's facility
ORS 336.201[1] Nursing services provided by district

1910-1030 OSHA Bloodborne Pathogens

Public Health Centered

OAR 333-019-0015 Investigation and Control Of Diseases: General Powers And Responsibilities
OAR 333-003-0050 Impending Public Health Crisis: Access to Individually Identifiable Health Information
ORS 431A.015[1] Authority of Public Health Director to take public health actions

Pediatric Populations

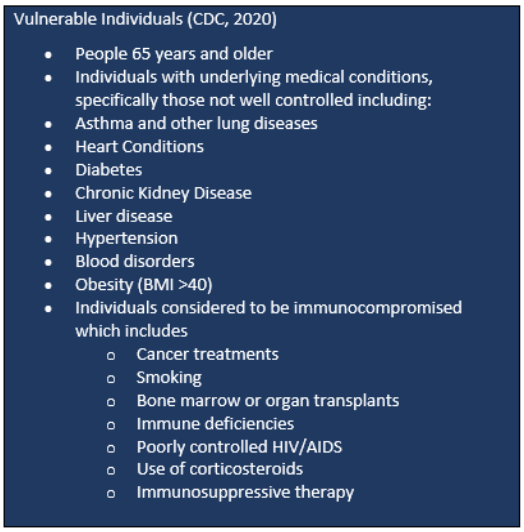
It is important to note that increased risk of complications from COVID-19 is well documented in elderly and fragile populations. Likewise, individuals testing positive for COVID-19 are more frequently recognized in older individuals with chronic health conditions. Current research shows that children most frequently resolve mild to moderate illness with symptomatic care and rarely encounter severe disease or critical complication (Hasan, A., Mehmood, & Fergie, 2020)

Although the risk of infection and complication is not high in student groups, students that are chronically ill or immunocompromised or who live with fragile or high risk household's members must be accounted for. In addition, some staff members may be at increased risk of severe disease or complications. Measures to mitigate transmission in the school setting, reduce transmission in the community.

Vulnerable Populations

Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19.
It may be necessary to provide changes in schedule or placement for these individuals to ensure safety.

Families of students who are at high risk may produce physician's orders indicating when they must stay home beyond that of a general student. School nurses will identify and communicate with each family of known high-risk students before school reopening.



It is also important to remember in regards to community-centered health that many students may have fragile family or household members, and changes in placement may be necessary for those situations. While the district cannot compel families to disclose protected health information of a family member, a family physician or specialist can write a note expressing that the student requires homebound instruction due to high risk household members.

Due to the nature of health privacy, staff members must self-identify as high risk. While they do not have to provide a diagnosis to the district, documentation from the physician in regards to restrictions may be necessary.

In any of these circumstances, specific measures may be put in place to reduce the risk of transmission to vulnerable populations.

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

Accommodations and alternative options for students at higher risk for severe illness will be offered that limit exposure risk.

Leave Policies and Excused Absence Policies

Leave policies are the responsibility of Human Resources and district administration. Reference is made in this document relative to COVID-19 specific absences. Human Resources will provide communication on:

- Applicable sick leave policies and practices to ensure that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick related to COVID-19.
- Policies and procedures for leave, telework, and employee compensation .
- Leave policies for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members and be in alignment with contracts.
- Return-to-school after COVID-19 illness will be clearly defined and communicated.

Back-Up Staffing Plan

A roster of trained staff for key positions will be created in advance in each school for essential roles in the event that these individuals must be out for prolonged periods of time.

Communicable Disease Management

Existing *Communicable Disease Plan* and *Exposure Control Plan* should be referred to for standards in disease control and prevention. This document re-emphasizes some routine or standard precautions and practices, but provides interventions and procedures or processes that are specific to COVID-19 as an addendum to existing plans.

This section will address

- Routine Measures to Limit Spread of Disease
- Exclusion Criteria
- Designated Personnel and Resources
- Physical Distancing
- Healthy Environments
- Personal Protective Equipment
- Staying Home When Appropriate
- Screening and Identifying Ill Students and Staff

- Isolation Space
- Surveillance Logs & Contact Tracing
- Communication Systems

Routine Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Students should be supervised with the use of hand sanitizer.
- Hand sanitizer should not be used with students that have a sensitivity or risk of ingesting sanitizer related to developmental or cognitive level.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
    - Students and staff may also be encouraged to cough into their elbow and away from other individuals when tissues and handwashing is not immediately accessible.
- Hand hygiene should be encouraged upon entrance to the building and prior to meals.

Designated Personnel

Designated staff for specific roles is important to ensure appropriate control measures are observed in a consistent manner and to ensure that data collection is accurate and appropriate.

Designated COVID-19 Point of Contact

- Designated staff will be responsible for responding to specific COVID-19 concerns within each school building, as appropriate this may be the principal or school nurse.
    - Talking points will be provided to answer simple and frequent inquiries.
- Designated responsible persons will be assigned per building for screening and isolation of ill persons and appropriate data collection/data entry and data retrieval as needed.

- Designated personnel will be assigned to facilitate tracking documents of individuals entering and leaving schools and classrooms.
- Designated staff will be specifically trained to enforce social distancing during peak hours, such as arrival and departure and transition periods.

Designated Resources

- A laptop/tablet/Chromebook should be designated to and accessible in the health room and isolation areas to appropriately log students complaining of illness or being dismissed to home. It is preferable that these logs be compiled in electronic data entry forms.
    - Electronic logs are important for preserving information.
    - Designated materials per space is important in infection control, related to potential contamination of surfaces.

Staff Training

- All staff will be trained on identification of concerning or excludable symptoms to determine when a student should be referred to the office for symptom screening and isolation.
- All staff will be trained and advised on the logistical, operational and physical changes in the building to maintain infection control and appropriate cohorting or physical distancing.
- Designated staff will be trained on appropriate procedures for complete symptom screening, isolation and enforcement of social distancing.
- Custodial staff will be trained, under the direction of facilities management, to increase sanitation measures as appropriate in shared spaces and isolation spaces.
- Training will be conducted virtually or ensure that social distancing is maintained during training periods while social distancing orders are in place.

Physical Distancing (Social Distancing/Spatial Distancing)

Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. As schools reopen, spatial measures must be taken to ensure physical distance between individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020). A minimum of 3 feet of distance should be kept between individuals whenever possible.

Modified Layouts

- Excess furniture should be removed from classrooms to allow for increased spacing of desks.
- Desks or seating should be at least 3 feet apart when feasible.
- When possible, turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced at appropriate distances.

Physical Barriers and Guides

- Physical guides, such as tape on floors or sidewalks and signs on walls, may be placed to ensure that staff and children remain at least 3 feet apart in lines and at other times.

Cohorting

Identifying Small Groups and Keeping Them Together

- In elementary settings, student and staff groupings will remain as static as possible by having the same group of children stay with the same staff as much as feasible.
- Mixing between groups will be limited as much as feasible.
    - When groups will be mixed, ensure that this information is appropriately mapped for contact tracing, if needed.
- Rosters of each cohort must be kept for all group encounters throughout the school day including transportation.
- In settings such as high schools that are more difficult to establish cohorts, practices will be re-emphasized to maintain 3 feet distancing during activities and instruction as much as possible.

Staggered Scheduling

- Virtual opportunities will be used whenever feasible.

Instruction & Activities

- Practices will be adopted to maintain 3 feet distancing during activities and instruction when possible.

Communal Spaces

- Communal and shared spaces (such as cafeteria and playgrounds) will be restricted as much as feasible. When used, use will be staggered and spaces will be cleaned and disinfected frequently.
- Increased restrictions may occur if there have been identified cases in the building.

Food Service

Food Service personnel should follow all existing mandates on health and hygiene and food safety. Any specific measures or intervention will be coordination with the Facilities Manager and the Nutrition Manager. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services.

- Children should wash hands prior to eating.
- Children may be encouraged to bring their own meals as feasible, students using school lunch services will be served individually plated meals served by staff members. Students should not touch serving utensils.
- Use of disposable food service items is promoted when feasible (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event that meets current guidelines, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal whenever possible. Avoid sharing food and utensils and ensure the safety of children with food allergies.

Transportation

Measures taken on transportation shall follow the processes of school operations to the extent feasible to employ distancing, health and hygiene measures, screening and PPE. Coordination with the District Bus Barn and Facilities Manager will be ongoing.

Bus Drivers

- Transport vehicles (e.g., buses) that are used by the school, require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings).

  *Bus drivers shall wear PPE as designated under PPE section.
- All frequently touched surfaces on school buses will be cleaned and disinfected at least daily and between use as much as possible.
- To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.

Distancing

Create distance between children on school buses (g., seat children one child per row, skip rows) to the extent feasible. Minimum spacing (3 feet) should be observed whenever possible. When students unload from the bus, students will be directed to exit the bus one at a time.

Screening

Bus drivers shall passively screen students as they enter the bus. In recognition of transportation and safety measures, and the priority of the district to maintain student safety in all areas, buses will not remain stationed in the roadway for prolonged periods of time to assess students. Measures will be taken to isolate students who become ill on bus routes and as soon as students arrive at school.

If…	Then…
Student is visibly ill upon entry into the bus	The bus driver should request the student remain at home, if age appropriate. If child is not of age to remain alone or student or appears too ill to be unsupervised, bus driver should request that parent keep student at home. All efforts should be made to maintain dignity of student and family.
Student is visibly ill and parents are not present	Student should be seated close to the front and as separate from other students as feasible and the bus driver should radio the barn in attempts to reach parents and notify school. Student should be immediately isolated upon arrival if parents or emergency contacts cannot be reached. All efforts should be made to maintain privacy and dignity of students.
Student becomes ill on bus route	Bus driver should contact dispatch to notify appropriate school and parents. Student should be immediately isolated upon arrival at school. School staff should report to bus to retrieve student and take to isolation space. All efforts should be made to maintain privacy and dignity of student.
Student is in distress during bus route	Follow existing emergency transportation procedures to contact EMS.

Healthy Environments

Outside of ill students and staff, healthy environments are crucial in providing healthy environments.

Cleaning and Disinfection

Routine sanitation measures will be in full effect, including processes to respond to potentially infectious material as outlined in the *Exposure Control Plan*

- All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses will be Clean and disinfected at least daily and between use as much as possible.

- Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
- A schedule will be designated by the Facilities Manager for increased, routine cleaning and disinfection.
- As necessary, additional custodial staff will be deployed.
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

Shared Objects

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids whenever possible.
- School designated technology will be wiped down between uses whenever feasible.
- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised will have their own supplies.

Ventilation

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
- In cases where open doors and windows impact the operational settings of the ventilation system, facilities management will be consulted.

Water Systems

- To minimize the risk of diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned

and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk or chemical exposure. PPE includes gloves, gowns, masks, goggles and like devices or items. The district Communicable Disease Plan should be consulted for necessary and appropriate use of PPE. For the purposes of COVID-19 response, where cloth facial coverings are used in unprecedented frequency, it should be clarified that face coverings are not synonymous with masks. Face coverings may include masks, cloth covers, or shields.

PPE will be advised based on the interaction with students or the risk involved related to frequency and type of interaction, volume and duration of interaction and the developmental stages and health status of the individuals involved.

PERSONAL PROTECTIVE EQUIPMENT/BARRIERS		
INDIVIDUALS	**RECOMMENDED PPE**	**REQUIRED PPE**
Clinical Staff	Appropriate PPE per Transmission Based Precautions	Appropriate PPE per Transmission Based Precautions
Front line staff screening students with illness	N95 Masks, face shield and gloves. Surgical Masks if N95 shortage persists	Mask and gloves
Students/Staff that are coughing for other reasons (asthma)	Face covering, as developmentally and medically appropriate	
Acutely ill student in isolation	N-95 mask until parent picks up	Mask until parent picks up

Facial covering is **NOT recommended** for:

- Children under the age of 2;
- 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 wear it correctly, thereby increasing potential transmission risk;
  - They are unable to remove the face covering independently; or
  - If the student is sleeping.

An inability to wear a face coverings should never prohibit or prevent access to instruction or activities

If face coverings are used:

- Cloth face coverings must be laundered regularly
- New disposable face covering must be used daily
- Face shields are reusable, and should be designated to individual staff.

N95 Masks and Surgical Masks

N95 respirators and surgical masks are examples of personal protective equipment that are used to protect the wearer from airborne particles and from liquid contaminating the face.

- The Centers for Disease Control and Prevention (CDC) does not recommend that the general public wear N95 respirators to protect themselves from respiratory diseases, including coronavirus (COVID-19). Those are critical supplies that must continue to be reserved for health care workers and other medical first responders, as recommended by current CDC guidance. Please note that N95 masks should be fit tested and trained for appropriate use.
- Surgical masks are appropriate for cases where direct face to face interactions will occur in order to create a physical barrier of protection. If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.

Face Shields

Face shields cover the entire face from contact with liquids including respiratory droplets when there is an increased risk to the nose, mouth and eyes and are less obstructive for delivery of education and direct interaction. The CDC does not recommend the use of face shields as a replacement for face coverings for routine use.

Cloth Face Coverings

Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- When in use, teach and reinforce use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school.
- Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings.

Adequate Supplies

Support healthy hygiene behaviors by providing adequate supplies of PPE and hygiene items such as soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.

Screening for and Identifying & Isolating Ill Students and Staff

Identification of ill students and staff is crucial in illness prevention in school buildings. All staff and students should have education provided on symptoms in order to self-identify when developmentally possible.

Routine Illness Exclusion

Exclusion of illness and syndromes in the school setting should continue as per current ODE/OHA guidance, rules and policy as outlined in the *Communicable Disease Plan*.

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature of 100.4°F, with or without the symptoms below *	Stay home until temperature is below 100.4°F for 24 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
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. *	Seek medical attention; return to school when advised by a licensed healthcare provider
Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities. *	Stay home until 24 hours after the cough resolves If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, students must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority.
Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose	Stay home until 48 hours after diarrhea resolves

stools OR student unable to control bowel function when previously able to do so	
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode
Headache with a stiff neck and fever	Refer to provider, exclusion as per provider or after 72 hours of no fever.
Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes.	Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started
Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion .	Refer to healthcare provider Student should not be at school until health and safety are addressed
Student requiring more care than school staff can safely provide	School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

* Indicates a primary symptom of COVID-19. Students/staff exhibiting **two or more primary symptoms** should be excluded for 5 days OR must submit proof of a negative COVID-19 test OR provide documentation of an alternative, non-respiratory diagnosis from a Healthcare Provider.

Staying Home When Appropriate

It is crucial that school staff and families understand when individuals must stay home. It is important for all staff to role model appropriate behaviors. Communication will be made regularly to advise families not to send children to school ill and remind staff not to report to work ill.

Strict stay at home policies will be endorsed. See Exclusion & Quarantine Related to COVID-19 cases in the school setting below:

Health Promotion, Prevention and at Home Screening

Parents will be provided Exclusion Criteria and advised to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school.

Families and staff will additionally be provided with COVID-19 symptom checkers to use as tools to determine follow up. School staff should not provide medical advice.

- Clackamas County Coronavirus Checker
- Johns Hopkins Symptom Checker
- CDC Self-Checker

Recognize Signs and Symptoms

- Ensure that all staff are aware of symptoms associated with COVID-19.
- Students should be visually screened each day during attendance to determine if illness is present. If students are positive for any items listed in *Visual Screening*, they should be sent to the office to be screened by designated staff.

Visual Screening

- Unusual coloration (flushed, pale)
- Unusual behavior (lethargy, fatigue)
- New or significant coughing
- Shortness of breath
- Chills

- Any student ill during the course of the day with respiratory illness or fever should be deferred to designated staff for screening in the designated isolation space.
- Designated staff will specifically screen students as per the *Symptom Screening Criteria* to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* and previously listed *Exclusion Criteria.*
- Students meeting exclusion criteria should be dismissed to home.
- Ill students must be placed in separate isolation space until picked up by parents.
- Students presenting to the office should be logged into the health room log.
- Health checks will be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations.
- Health room logs will be kept for a minimum of two weeks.

SUMMARY STUDENT SCREENING PROCESS

- Parents are provided with exclusion criteria and when to stay home.
- Parents screen students prior to sending to school.
- Students are passively screened for changes in color, energy, coughing or general illness during attendance.
- Students identified as potentially ill in the classroom setting are sent to health room for complete screening.
- Students are screened completely by designated staff to identify if they need to be isolated and dismissed.

Isolate Those Who Are Sick

Each school must have a designated personnel and designated isolation space. Available PPE must be available for. School nurses and designated staff to use Standard and Transmission-Based Precautions , as per the District *Exposure Control Plan* and The district *Communicable Disease Plan* .

Students who are determined to require exclusion based on current rules and guidelines will be isolated under the following circumstances pending parent pick up:

- Identification of students meeting exclusion criteria based on screening.
- Children identified as having been ill and having a pending test for COVID-19, OR having tested positive for COVID-19, OR having been exposed to someone with COVID-19 symptoms.

ISOLATION MEASURES
• Immediately separate students who are determined to have symptoms meeting exclusion criteria to the designated isolation area. • Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible. • Student will be provided a facial mask (if they can safely wear one). • Staff should wear a facial mask, eye protection, and gloves and maintain physical distancing. • Do not leave student unattended. • If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students. • Ensure students are appropriately logged into *Communicable Disease Surveillance Logs.* • Reinforce appropriate exclusion action with parents

Isolation Space

An appropriate isolation space as described in the *Communicable Disease Plan* and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per *Transmission Based Controls* and COVID-19 guidance correctly.

CDC guidelines in the chart below should be visited with the following four requirements in mind:

1. Isolation spaced must be separate from routine health room
2. Students must be supervised while in isolation space
3. Staff must have appropriate PPE while in isolation space

4. Appropriate physical distancing, barriers and confidentiality must be maintained in the isolation space.

Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 6 feet or more between isolated individuals. Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic sheeting. A barrier should be high and long enough to prevent direct transfer of air between spaces, i.e. 6 feet or more in all directions from isolated individuals.
Cleaning and sanitizing	To limit the risk of exposure to aerosolized particles, plan disinfection after space has been empty 2 hours and disinfect while wearing full PPE (medical grade mask, gloves, isolation gown, eye protection). After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
Ventilation	Designated isolation space should have adequate ventilation, i.e. exterior windows and/or ventilation fans. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).
Hand hygiene	Care providers should wash hands frequently and thoroughly before and after providing care. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 60% or greater alcohol content and wash hands with soap and water as soon as possible.
Face covering or mask; other PPE	Staff tending to symptomatic individuals should wear, at a minimum, a medical-grade face mask. Additional PPE may be needed, such as N-95 mask, gloves, face shield, etc. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space, and hands washed after removing PPE.
Student safety and well-being	Consult school nurse for direct care provision. Adjust protocols to age and developmental abilities. Ensure line of sight; keep ill student visible. To reduce fear, anxiety, or shame related to isolation, provide clear explanation of procedures, including use of PPE and handwashing.

Surveillance, Logs and Contact Tracing

Surveillance

Surveillance is the systematic collection of data to analyze specific diseases or trends within a population. In the school setting it is an important measure to identify trends of illness such as increased absenteeism or reports of syndromic illness. Increased surveillance occurs through two primary mechanisms within the school setting:

- School staff identifies and increase in illness or absenteeism, and reports to the RN
- The RN identifies a cohort, building, or the entire population to actively survey based on community trends or report from LPHA. Surveillance may include:
    - Logging symptom specific complaints of ill students and staff

- Collecting information on specific diagnoses and syndromes in the school community
- Communication to families and staff asking for specific symptom information for absent students.

In these situations, school staff will respond as directed by the district RN. For specific indicators and identification of clusters of illness within the school setting, please refer to the district *Communicable Disease Plan*.

Contact Tracing

The purpose of contact tracing is to be able to identify those with the potential exposure risk of a communicable disease. This occurs on a small scale readily throughout the year with specific communicable disease exposures. In regards to COVID-19 schools are required to report data on close contacts to the local health department.
OAR 333-003-0050 authorizes school districts to release individually identifiable information relative to an Impending Public Health Crisis which includes a declared public health emergency, anyone exposed to a communicable disease, a reportable disease or a condition of public health importance. COVID-19 response meets all of these categories.
A close contact is regarded as: *Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated* (CDC, 2020). *In January 2022, OHA revised its exposure (close contact) definition for Oregon K-12 settings to no longer consider masked contact (including on school buses, classrooms, bathrooms, hallways) to be an exposure regardless of distancing (*ODE, 2022*).*

To be able to provide necessary information for the LPHA, each school must plan in advance by:

- Having easily accessible rosters of each stable cohort. This can be accomplished through accurate student rosters of each classroom and each intervention group.
    - If the roster is not pre-populated in eSchool, a roster must be created.
- Having accurate attendance collected to determine who was present during potential exposures.
    - Reinforcing accurate attendance is crucial in provision of accurate information to the LPHA in regards to exposures.
    - This includes logging late arrivals and early departures.
- Having a mechanism for sign in at the front office and in each classroom is necessary to track itinerant staff or essential visitors.

In relationship to LPHA request and in order to align with ODE/OHA guidance, each individual school must be able to produce:

- A list of students and staff that would have an encountered a confirmed case if a member of the education community is diagnosed, this includes:
    - Classroom cohorts
    - Intervention and student support cohorts (SLP groups)
    - Lunchtime and recess cohorts (if these students overlap)
    - Transportation roster
- A list of all staff that encountered the confirmed case.

Required information for LPHA includes:

1. Student name
2. Arrival and departure time
3. Parent contact and emergency contact information
4. A list of staff who have interacted with the infected student/Staff

Items 1-3 can be produced via eSchool absence and attendance reports and rosters. Item 4 can be produced through sign in sheets in each classroom setting.
It is also important to consider whether or not this student visited the health room while ill. In this case, logs should be reviewed to determine at risk students.
A designated staff member should coordinate and ensure rosters and sign-ins are developed and maintained for a minimum of 4 weeks.

Logs

As per OAR 166-400-0010 any student reporting to the health room should be logged. During this period, all students should be accounted for whether injured or ill or visiting the health room for alternate reasons. It is important to be able to determine potential exposures in the health room, thus all students visiting the health room must be logged in.
Communicable Disease logs will be maintained for students who:

- Are absent due to COVID-19
- Have shown any symptoms and have been in contact with a confirmed case
- Have compatible illness or symptoms associated with COVID-19
- Have been dismissed to home for symptoms associated with COVID-19

In the event of an outbreak of cluster respiratory outbreak lines listings will be used for case investigations.

Communication Systems

The district will implement and provide communications for multiple areas including health promotion, communication of policies and restrictions and communication regarding potential exposures or exclusions.

School Communication

Signs and Messages

- Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering where applicable.
- Broadcast regular announcements on reducing the spread of COVID-19.
- Messages will be included on websites, in newsletters and social media

Direct Communication

- In addition to posting exclusion criteria on web pages and in newsletters, families will be advised on polices related to sick students, potential, home isolation criteria, and student exclusion criteria.
- Families and staff will have communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors.
- Families will be advised to report if:
    - Their student has symptoms of COVID-19,
    - Their student has had a positive test for COVID-19,
        - The point of contact, to the best of their ability should attempt to obtain:
            - Date of onset of illness
            - Date of positive test, if applicable
            - Last day of exposure to confirmed case (for case contacts)
            - For students, list of household contacts in the district.
            - Last day present in the school building.
            - Staff should not advise other staff or families of potential exposures.
            - Confidentiality should be strictly observed.

Staff Communication

Staff will be given the opportunity to self identify as high risk. Staff will be advised to report to administration if they:

- Have symptoms of COVID-19,
- Have had a positive test for COVID-19,
- Sick staff members or students should not return until they have met criteria to discontinue home isolation.

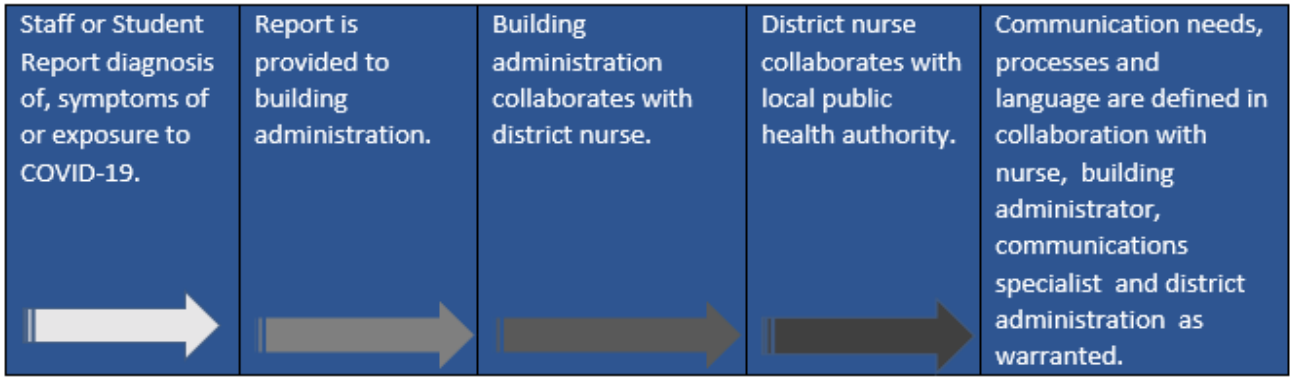
Communication Regarding Confirmed Cases

For a complete overview of communication and response of confirmed cases, refer to Communication & Response Chart

- District specific protocols and practices will be communicated by the superintendent
- Building specific protocols will be communicated by the building administrator
- The RN will inform principals of confirmed cases. The principal will inform staff of exposures.

The RN, Local Health Department or District administration will inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms when indicated by LPHA protocol.

Letters produced to the families will be revised to reflect potential exposure dates and interventions advised by the LPHA.



Public Health Communication

- The district superintendent is the point of contact from the Local Public Health Authority (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer.
- The district RN is subscribed to daily COVID-19 updates via Oregon Health Authority that reports the daily incident of disease and provides routine updates by region.
- The district RN has established connection with the LPHA School Reopening Coordinator

Maintaining Healthy Operations

Schools may consider implementing several strategies to maintain healthy operations.

Regulatory Awareness

- Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

Visitors and Volunteers

- Communication will be made to essential visitors to indicate that they cannot report to buildings if they have been sick or in contact with sick persons in the past 5 days.
- Non-essential visitors will be restricted.
- Physical Distancing will be maintained for essential visitors.
- Visitors will be required to wash hands or use hand sanitizer upon arrival
- Visitors will be required to sign and out in at the front office and in any classroom entered.
    - Front office sign in should have an acknowledgement indicating the visitor has not been symptomatic or in contact with ill persons the past 5 days.
- Face coverings are required.

Gatherings and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 3 feet between people if events are held. Limit group size to the extent possible.
- Limit activities involving external groups or organizations as possible and under executive orders – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Participation in Community Response Efforts

- Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

Sharing Facilities

- Encourage any organizations that share or use the school facilities to also follow these considerations.
- Facility use will be in accordance with public health recommendations.

Support Coping and Resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Consider posting signage for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746

Continuity of Routine School Health Services

Ongoing school health services must be provided in tandem with COVID-19 specific interventions. School Health Services should continue operations within board policy. Special consideration should be paid to where care (such as diabetic care or medication administration) is provided for high risk students in vicinity to isolation rooms.

Routine annual training should observe social distanced methods or online delivery as feasible in each building.

Sending children to health rooms for minor incidences should be minimized. Essential services should be prioritized such as medication administration, daily chronic care or significant injury to reduce congestion and exposure potential.

References

American Academy of Pediatrics (2020) Research Highlights: COVID-19 and Pediatric Populations. Retrieved from https://www.aappublications.org/sites/default/files/additional_assets/aap_files/COVID-19-Pediatric-Research-Highlights.pdf

Centers for Disease Control and Prevention (CDC) (2020a). Human Coronaviruses. Retrieved from https://www.cdc.gov/coronavirus/general-information.html

Centers for Disease Control and Prevention (CDC) (2020). Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

Hasan, A., Mehmood, N., & Fergie, J. (2020). Coronavirus Disease (COVID-19) and Pediatric Patients: A Review of Epidemiology, Symptomatology, Laboratory and Imaging Results to Guide the Development of a Management Algorithm. *Cureus*, *12*(3), e7485. https://doi.org/10.7759/cureus.7485

North Carolina Department of Health and Human Services (2020) Strong Schools NC Public Health Toolkit. Retrieved file:///G:/Shared%20drives/School%20Health%20Services/Population%20Based%20Health%20Services/Communicable%20Disease/Coronavirus/Strong-Schools-NC-Public-Health-Toolkit.pdf

Oregon Health Authority (OHA) (2020). COVID-19. Retrieved from https://govstatus.egov.com/OR-OHA-COVID-19

Planning for covid-19 scenarios in schools - oregon.gov. (2022, January 27). Retrieved February 3, 2022, from https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools.pdf