



COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

[Adapted for MESD and its component districts with permission from Dr. Jan Olson and team's comprehensive communicable disease management plan for the Molalla River School District]

THIS PLAN CONTAINS:
MESD Communicable Disease Prevention Plan
MESD Exposure Control Plan
MESD Pandemic Response Plan
COVID-19 Specific Considerations

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INTRODUCTION

The health and safety of all students and staff is a priority of Multnomah Education Service District (MESD). The control of communicable diseases is an essential component of health and wellness in the school setting. Providing a safe, comfortable, and healthy environment facilitates the educational process, encourages social development, and allows children to acquire healthy attitudes toward school (NRC, 2020).

Illness and injury are not uncommon in the school setting and thus policies, procedures, and guidance regarding infection control are of utmost importance. When children are injured or feel unwell at school, it can create risk to others and impact the ability of a child to fully participate in their educational activities. In the Whole School, Whole Community, Whole Child model, school personnel collaborate for the best outcomes of the individual student, and the school population as a whole. To accomplish this goal, staff must have access to and be trained on 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, practice standards, and protocols for MESD and its component school districts.

This document combines the district’s *Communicable Disease Prevention Plan*, *Exposure Control Plan*, and *Pandemic Response Plan* to form a Comprehensive Communicable Disease Management Plan.

This plan was adapted (with permission) from Dr. Jan Olson and team’s comprehensive communicable disease management plan for the Molalla River School District, by the MESD School Health Services department in collaboration with district administration.

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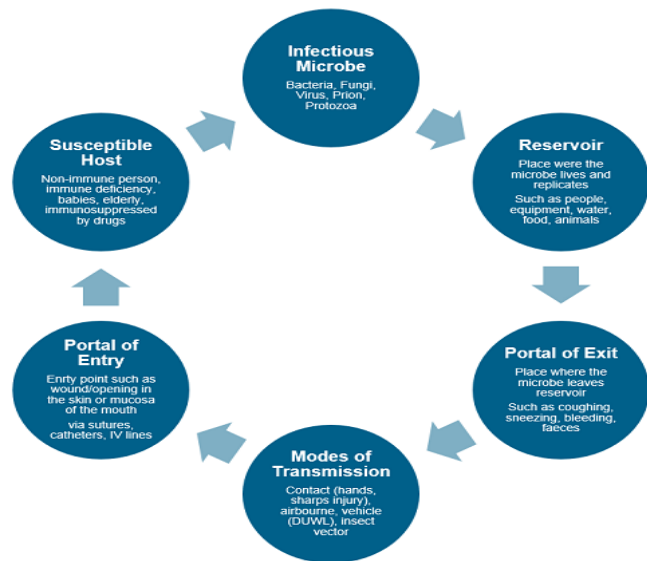
*This manual, or portions of it, may not be reprinted without permission of School Health Services, Multnomah Education Service District. The EXPOSURE CONTROL PLAN in this manual is published by MESD to provide information on the development of an appropriate Exposure Control Plan. The manual is not intended as a substitute for a district's own careful review of OR-OSHA regulations which should be the basis for plan development. Agencies/Districts contracting with School Health Services for Bloodborne Pathogens Training may copy and/or revise all forms within this manual to meet their individual needs.

COMMUNICABLE DISEASE PREVENTION 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 illness 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*, *contagious disease*, and *contagious condition* 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 to the need to establish practices for measures and interventions associated with exposures or potential exposure. This first section focuses on a population-based set of practices for communicable disease prevention, while the subsequent *Exposure Control Plan* discusses work-practice control measures for staff, per the [OSHA Bloodborne Pathogen Standard](#) (BBP, 29 CFR 1910.1030).



MESD Board Policies:

[Communicable Diseases JHCC/EBBA/GBEB-AR](#)

[Communicable Diseases – Students and Staff JHCC/GBEB](#)

[School Health Services and Requirements JHC](#)

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 Department of Education Communicable Disease Guidelines for Schools](#)

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.



Hand Hygiene



Cough Etiquette



Immunizations



Blood Borne Pathogen Training



Environmental Sanitation



Standard Precautions



Illness Policy



Food Safety

How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases spread include:

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or respiratory 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
- Airborne; dispersed through or suspended in the air, in diseases such as measles.

In the school setting the most frequent risks are associated with direct contact with ill individuals or contaminated surfaces, or through respiratory spread via droplets in the air. Primary sources of illness prevention include hand and surface hygiene, teaching and encouraging cough and sneeze etiquette, isolation and exclusion of symptomatic individuals, and standard precautions.

This section of the plan will provide a brief overview of, and procedures on addressing the following communicable disease issues in the school setting:

<ul style="list-style-type: none"> • Common Childhood Infectious Diseases 	<ul style="list-style-type: none"> • Respiratory/Cough Etiquette
<ul style="list-style-type: none"> • Vaccines 	<ul style="list-style-type: none"> • Environmental Surface Cleaning
<ul style="list-style-type: none"> • Hand Hygiene 	

[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 measures specific to novel virus response.]

Common Childhood Infectious Diseases

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), croup (most commonly parainfluenza), and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand foot and mouth disease, fifth disease, and staph skin infections. Other, more severe infectious diseases also occur sporadically throughout the school year (BCDC, 2009).

Vaccines

In the school setting, vaccines are an important step toward 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 philosophical decisions. Each school has a record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. You can find more information on immunizations on the [MESD School Health Services Website](#).

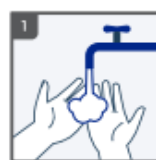
Under direction of the MESD Nurse Consultant:

- When a positive case of a vaccine preventable disease (varicella, pertussis, etc.) is identified in the school setting, designated staff will run immunization reports to identify unvaccinated students in the building. The nurse consultant will work with the local public health authority and the school administrator to determine the need for exclusion or notification of exposure to members of the school community.
- In the event that a positive case is identified in the school building, or when the circulation of a vaccine preventable disease (such as measles) is increasing in incidence in a building or in the community, the nurse consultant will work with the local public health authority to determine the necessity for exclusion of unvaccinated students or staff.

Hygiene

Prevention-oriented measures are grounded in education of how diseases are transmitted, and practice application related to appropriate

How to wash your hands



Wet hands



Apply soap



Rub hands palm to palm



Lather the backs of your hands

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, modeled by staff, and practiced by all.

[Age appropriate hand hygiene curriculum](#) can be found from a variety of resources and should be provided annually in the fall and as needed during peak illness season or specific increases of disease in the school setting.

Hand sanitizer, while not effective against a large number of pathogens, 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. Supervised stocks of hand sanitizer should be available in each classroom.

(Image: Multicare.org)

Students and staff should wash hands:

- **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, increase in hand hygiene frequency is a necessary illness-prevention intervention.

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 can be 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 objects or shaking hands, and then touching one's eyes, nose, or mouth. Droplets can live for a short time on a variety of objects such as high-contact areas like doorknobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), and because some individuals can carry and spread



diseases without ever showing any symptoms of illness, 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 modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory Hygiene and Cough Etiquette* and *Transmission Based Measures* in the *Exposure Control Plan*. (Image: Manitoba Department of Health)

Environmental Surface Cleaning

Clean schools contribute to healthy environments and reduce the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include: the scheduling *and documenting of* routine cleaning of classrooms, common areas, and shared objects and surfaces; ensuring adequate stock of appropriate sanitizers and disinfectants; ensuring garbage and sharps containers are emptied before they become full; and ensuring that 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 times, such as increasing access to sanitizing wipes, tissue, and hand sanitizer. (See the *Exposure Control Plan* for more detail on disinfection)

Communicable Disease Exclusion *(See COVID-19 Addendum (pg. 36) for additional exclusion guidance during the COVID-19 pandemic)*

In the school environment, communicable diseases are easily transmitted from one individual to another by various routes, and can even be transmitted while an individual is not showing symptoms of illness. 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. 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 provider visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. As a matter of routine practice, individuals with the following symptoms of illness should be excluded from school per OAR 333-019-0010, Local Public Health Authority (LPHA) guidelines, and the [Oregon Department of Education Communicable Disease Guidance Document](#). **Parents, students, and staff should be taught to not come to school if experiencing any of the following:**

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a temperature of 100.4°F or greater, 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), and aspirin, AND per guidance for primary COVID-19 symptoms
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 completely 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; may return after symptom-free for 24 hours AND per guidance for primary COVID-19 symptoms

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 cough resolves AND per guidance for primary COVID-19 symptoms. If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student 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 48 hours after diarrhea resolves OR with orders from a licensed health care provider to the school nurse
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode OR with orders from a licensed health care provider to the school nurse
Jaundice: yellowing of the eyes or skin (new or uncharacteristic)	May return with orders from a licensed health care provider to the school nurse
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	May return when redness and discharge are gone OR with orders from a licensed health care provider to a school nurse
Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior	Refer to healthcare provider Student should not be at school until health and safety are addressed

change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.	
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 issues are safely addressed AND after the school has orders from a licensed health care provider to the school nurse
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. Some restrictable diseases are also *reportable to the local public health authority (LPHA) – the MESD Nurse Consultant should always be contacted in these cases. The local public health authority typically also notifies the Nurse Consultant of confirmed cases of reportable illness in a student or staff member. There are occasions when the parent will notify the school first, and in these cases the school nurse (RN) should be notified and they will work with the MESD Nurse Consultant to determine the need for collaboration with the LPHA.

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 public health authority (LPHA) or healthcare provider indicating they are no longer communicable, including:

- Chickenpox (varicella),
- COVID-19*
- Diphtheria*
- Hepatitis A*
- Hepatitis E*
- Measles*
- Mumps*
- Pertussis* (whooping cough)
- Rubella*
- Salmonella enterica serotype Typhi infection*
- Scabies
- Shiga-toxicogenic Escherichia coli (STEC) infection*
- Shigellosis*
- Infectious tuberculosis*

- If a report is made to the school office, administration, or other school staff regarding any communicable disease diagnosis in students or staff, **this should immediately be referred to the school nurse (RN) and the MESD Nurse Consultant.**
- This should be regarded as an urgent referral to the nurse consultant if the disease is regarded as a **reportable** condition.
- **School staff receiving reports should follow confidentiality rules by not informing any other students, staff, or parents of the report, besides notifying the administrator and school RN.**
- The MESD Nurse Consultant will confirm the diagnosis with the LPHA, and 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 cohorts or specific students and staff.
- Depending on the diagnosis and the identified interaction with a reported case, the nurse consultant may ask that the school RN directly notify any immunocompromised or pregnant students or staff members, so that they can reach out to their healthcare provider right away with any questions or concerns. The RN will work with their school's principal and counselor to ensure that any staff members or students who have identified as being in this higher-risk category will receive immediate notification of potential exposures.

Isolation Spaces

Per OAR 581-022-2220: The school district is required to maintain a prevention oriented health services program which includes health care and space that is appropriately supervised and adequately equipped for first aid, and isolates the sick or injured child from the student body.

When students are identified with restrictable diseases or excludable symptoms, they should be separated from the well-population, in an appropriate space until they can be dismissed to home. This isolation space should be separated from the healthcare area used to assess and treat injured and non-symptomatic children or to provide medication management and care of chronic healthcare conditions.

Outbreaks of Illness, and Symptom Clusters

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same communicability 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 school RN and nurse consultant 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. Outbreak investigations will be facilitated through the MESD Nurse Consultant, in collaboration with the school nurse and health assistant, the school or district administrator, and the local public health authority (LPHA) with the use of the [Oregon Health Authority Outbreak Toolkits for Schools](#).

Respiratory Illness

Respiratory illness or disease refers 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 school RN, who will consult with the MESD Nurse Consultant:

- 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 $\geq 20\%$ of a cohort, 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 (or $\geq 20\%$, whichever is greater) in 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 VPDs routinely immunized for in the United States include:

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 (chickenpox)
14. Influenza

Most VPD's are also notifiable/reportable diseases*, meaning they are reportable to the local public health authority and are under constant surveillance. There are other diseases where a risk may arise for a particular person or group of people in specific situations that are also notifiable conditions, but are not routinely immunized for in the US. These may include: 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.

Reports of VPDs should be referred to the MESD Nurse Consultant, whether coming from a parent, provider, community member, or the local public health authority (LPHA). Indicators for possible nurse consultant report to the health department of school-identified VPDs include:

- A single case of a vaccine preventable disease that is also a reportable disease or uncommon locally
- More than 2 cases of diagnosed chickenpox (varicella) 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. However, preventive measures to reduce spread would need to be immediately enhanced and enforced. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness.

Gastrointestinal indicators to report to the school nurse 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 or other novel diseases occur, or unusual infectious disease circumstances arise.

To ensure that appropriate disease control, intervention, and follow-up occur, these unusual situations should be referred to the MESD Nurse Consultant, 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 staff coming into contact with blood or other potentially infectious body fluid that is not their own (following the MESD Exposure Control Plan). *Students coming into contact with the body fluids of others should be referred to the school nurse or administrator*
- Any combination of illness symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness

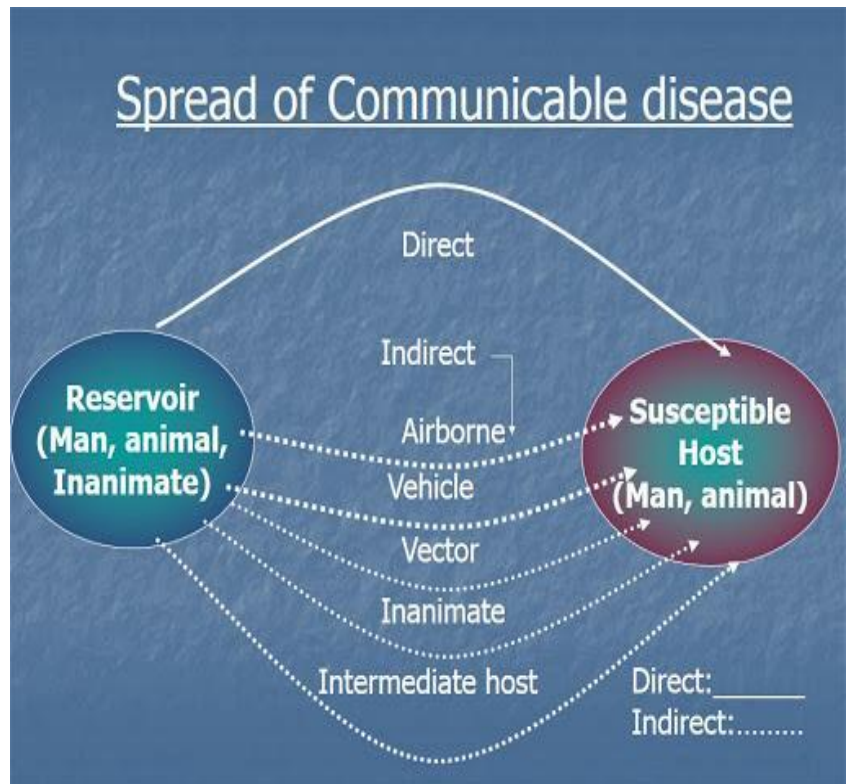
In regard to determined outbreaks or novel diagnoses the nurse consultant may decide that additional control measures or data collection are necessary, and will consult with administration and the LPHA as needed.

The MESD Nurse Consultant should always be consulted regarding any written communication that may be developed to notify parents, students, or staff about illness, disease outbreaks, and risks to students, families, and staff, and/or control measures specific to an outbreak or exposure. Any presentation of illness or combination of illnesses as described above should be reported to the MESD Nurse Consultant and the school administrator.

Animals in School

Animals in schools can have a positive effect in the school environment, but also may cause infectious disease issues or other issues for staff and students. MESD only allows for animals on district property with specific approval under specific circumstances. School board policies and district applications should be visited for clarification on this. Other considerations should be made in regard to controlling spread of 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 school property should be reported to the local public health authority 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 disease 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 monitored 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 referred to medical care. Bites sustained from canines are reportable to the local public health authority.
- 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) any classroom animals should be removed from the classroom setting until the risk is determined to be resolved.

Food Safety

Food safety training and enforcement for nutrition services 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
<ul style="list-style-type: none"> • Hand hygiene is enforced prior to eating
<ul style="list-style-type: none"> • General principles of food safety can be taught that are age appropriate
<ul style="list-style-type: none"> • Food sharing should not be allowed
<ul style="list-style-type: none"> • For classroom and school sponsored events, only commercially prepared products are permitted. No homemade food from non-licensed kitchens.
For middle school or high school <u>culinary</u> classrooms
<ul style="list-style-type: none"> • Hand hygiene should always be enforced
<ul style="list-style-type: none"> • Age appropriate food safety principles are taught



- Appropriate food handling processes must be taught, role modeled, and enforced. 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 Multnomah Education Service District (MESD) 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 (OSHA BBP Standard 1910.1030). Districts that contract with MESD for Bloodborne Pathogens training for their at-risk staff are assumed to agree to and ensure compliance with this Exposure Control Plan unless they specifically notify the MESD Nurse Consultant of any variance from the plan, in writing.

The principle of Standard Precautions holds that **all body fluids or other potentially infectious materials should be considered potentially infectious at all times, since many disease-causing bacteria and viruses may be carried in the body fluids of persons who show no symptoms of illness.** Standard Precautions shall be observed in all MESD sites in order to prevent contact with all body fluids and other potentially infectious materials, including blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Transmission-based Precautions should additionally be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff member.

Disease transmission is facilitated by three conditions: high infectivity of a body fluid from an infectious person (carrier), a portal of exit from the carrier, and a portal of entry into a susceptible person. Any staff who may be expected to clean up body fluid spills; perform personal care for a student, perform initial

first aid or injury response; or who are working with populations less able to control their body fluids in a congregate setting such as a school, are reasonably anticipated to have “occupational exposure” to blood or other potentially infectious material, and should be provided the required training and Personal Protective Equipment (PPE), to be aware of their risks and to be able to best protect themselves.

BOARD POLICIES

[Infection Control – HIV, AIDS, HBV EBBAA/GBEBC/JHCCC](#)

[Bloodborne Pathogens – Exposure Control Plan for Compliance with OR-OSHA Standard GBEBC/JHCCC/EBBAA-AR](#)

[Staff Development – Nonlicensed GDL-AR](#)

[Communicable Diseases JHCC/EBBA/GBEB-AR](#)

[Communicable Diseases – Students and Staff JHCC/GBEB](#)

OSHA

[Blood Borne Pathogens 1910.1030](#)

[Personal Protective Equipment 1910 Subpart 1](#)

Exposure Prevention

Per OSHA regulations, 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, including:

- Blood Borne Pathogens (BBP) Training (this is an **annual** requirement for all at-risk staff. **The first class must be in-person**, and the subsequent annual updates may be taken *online through MESD’s website during work hours* as long as the tasks to which the employee is assigned do not change). **Please note that the Safe Schools BBP Module, while a good general course for all school staff to take, is **not** an OSHA-approved training that meets the requirements for the training of **at-risk staff**.*
- Hepatitis B vaccination (education and recommendations on Hepatitis B Vaccination are provided each year with BBP training). A waiver may be signed in lieu of immunization if staff opt out AFTER completing in-person BBP training and acknowledging their understanding of 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 or refreshers for staff who provide direct care to students or who work with students with specific disabilities, or health or behavior plans.

Employee Exposure Determination

Any employee with a risk of occupational exposure to blood and other potentially infectious body fluids is protected by the OSHA-required EXPOSURE CONTROL PLAN. Exposure determination for common job classifications in schools are noted below. Exposure determination of school employees is the

responsibility of the school or district administrator. School districts must review job tasks and make individual determinations regarding exposure risks based on OR-OSHA criteria. Each school environment will need an individual assessment of risks to various employees. School administrators may need assistance with determination of risk for certain employees due to their specific job tasks and are encouraged to seek consultation with the MESD Nurse Consultant, the local public health authority, the district risk management department, or legal counsel regarding this risk of exposure.

CLASS A EXPOSURES: Job classifications in which all employees in said classification are assumed to have occupational exposure due to direct physical care in which blood or other potentially infectious material could be present (such as direct care for injuries, illness, medical/dental procedures, injections, etc.):

1. School Health Services staff in health-rooms or isolation spaces
2. Secretaries or other office assistants in schools without available health services staff
3. Custodial staff or any other staff expected to clean up body fluid spills
4. Athletic Trainers/Coaches/P.E. Teachers dealing with acute injuries
5. Unlicensed Assistive Personnel (UAP) who provide tasks taught or delegated by the school nurse
6. Staff working with SpEd populations or other populations who are not able to adequately contain their body fluids, or who expose others through behaviors such as biting, spitting, fecal smearing, and scratching.
7. Other persons who have a job description which requires them to provide first aid to students/staff

CLASS B EXPOSURES: Job classifications in which employees may be expected to have *some* occupational risk:

1. General Educational Teachers/Educational Assistants & Substitutes
2. School Psychologist
3. Physical/Occupational Therapists
4. Speech Language Pathologists
5. Students and Instructors in Health Occupation Programs
6. Bus Drivers

****It is the responsibility of the individual school district administrator to determine which school employee job descriptions place employees at risk for body fluid exposure.***

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 [PPE]) during 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 issue or procedure, or a developmental or behavioral issue or disability. Students and co-workers should be encouraged to care for their own bleeding injuries. If assistance is necessary, the use of disposable gloves and other barriers, followed by hand washing, is required for the designated caregiver when body fluids are present. There may be occasions when unanticipated contact with body fluids will occur, and in such cases, staff should follow the MESD Body Fluid Exposure Protocol (to be discussed below).

Standard Precautions endorse the appropriate use of personal protective equipment (PPE) and other practices such as hand hygiene and respiratory etiquette, as well as work practice controls such as sharps safety (handling needles, lancets, broken glass, etc.) 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 should 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 preparation. In the context of BBP and exposure control, hand hygiene should be enforced each time a staff member has an interaction with a student for standard first aid, medication administration, or direct care. Hands should be washed prior to donning gloves, and after care is completed when gloves are removed.

Personal Protective Equipment (PPE)

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 to school staff, in the appropriate sizes. These include gloves, face masks, face coverings, protective eye wear, face shields, CPR masks, Kevlar sleeves or bite guards, and protective clothing (e.g., reusable or disposable gown). Contaminated PPE must be removed and disposed of before further contact with other surfaces or individuals occurs. Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in **all 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. Gloves must be removed and replaced as soon as practical when they are contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Always wash hands after glove removal.
- Use of gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated, such as diapering, toileting, feeding, suctioning, general cleansing, or providing first aid for students with erratic movements.

- Use of mouth, nose, and eye protection (such as a face shield) during activities that are likely to generate splashes or sprays of blood or other body fluids, such as: feeding, providing care to, or assisting with a child with forceful vomiting or coughing; suctioning a child with a tracheostomy with a history of forceful coughing or copious secretions; assisting in the care of a student with a severe injury and spurting blood; assisting a student with a head or facial wound; or assisting a student who displays erratic behavior that places the employee at risk (i.e. fighting, spitting).
- Use of Kevlar-sleeves or bite-guards when working with students with a history of biting or scratching behaviors.
- Use of mask, face covering, or face shield when respiratory transmission is of concern (see pandemic plan).

General Principles of PPE:

IF...	THEN...
It's wet (it's infectious)	Wear gloves, wash hands before and after gloves
It could splash into your face	Wear a face shield
It's spread through the air	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 / CPR mask and gloves
There is a blood spill or body fluid spill	Summon BBP-trained staff for appropriate disinfection

Refer to Donning and Doffing (Applying and Removing) PPE addendum (page 70).

Respiratory Hygiene/Cough Etiquette

In the school setting, respiratory etiquette and hygiene are important measures to teach to staff and students as developmentally appropriate, and to remind them of on a frequent basis. 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
- Using the nearest waste receptacle to dispose of the tissue after use
- Performing hand hygiene (e.g., hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions or contaminated objects/materials, such as a used tissue
- Sneezing or coughing into the fabric of an elbow joint when hand hygiene is not immediately accessible

*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 contaminate other items or surfaces.

Further respiratory hygiene practice controls should be endorsed, such as:

- Having symptomatic individuals placed in a location where risks to others are minimized until dismissed to home. A face covering can be offered if tolerated. Spatial separation of the person with a respiratory infection from others is important since respiratory droplets travel through the air for on average 3-6 feet.
- Stressing hand hygiene after every contact with respiratory secretions is important.

To ensure these practices can be followed, each school should maintain the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in shared areas:

- Provide tissues and no-touch trash 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.

Engineering and Work Practice Controls:

Regulated Waste Containers

OR-OSHA defines regulated waste as “liquid or semi-liquid blood or other potentially infectious materials.” There will be few items that are true regulated waste in a school setting, with the exception of contaminated sharps, or in the event of a traumatic event where **large amounts** of blood are present. Items with blood or other potentially infectious materials in a liquid or semi-liquid state, that if compressed would release liquid, must be disposed of in properly-labeled regulated waste containers that have a biohazard label. Items **exempt** from regulated waste are contaminated items such as diapers soaked with urine or feces, and feminine hygiene napkins, because the fluids are absorbed and contained easily within the product. To determine what constitutes *regulated waste* that must go into a biohazard-labeled container, versus *contaminated waste* that can be disposed of in the regular trash in the school setting requires some independent decision and judgment. If waste soiled with blood or body fluids, as identified in the OR-OSHA definition of other potentially infectious materials, is saturated to the point of dripping, or would release fluids under compression, it needs to be identified, handled, and discarded as **regulated waste**. It is recommended that extra absorbent materials be utilized to clean up large body fluid spills, so that the waste is **not** liquid or dripping, and can therefore be disposed of in the normal trash as contaminated waste. School districts are encouraged to also review Oregon Statutes and Rules that govern the disposal of infectious waste.



Sharps Safety

Needle stick injuries (piercing the skin with a used needle) 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 insulin dependent diabetes mellitus. It is preferred that students provide self-care for such high-risk tasks whenever feasible, however this is not always safe developmentally or cognitively, nor in relationship to specific emergency medications. Staff should be appropriately trained by the school

nurse to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

To reduce the risk of needle sticks, specific controls must be enforced in any situation where sharps are present:

1. Avoid using needles that must be taken apart or manipulated after use.
2. **Do not recap, bend, or break** one-time-use needles or other sharp devices. Two-hand manipulation of sharps is prohibited. For example, students needing glucose monitoring by use of a lancet device should be encouraged to remove the lancet from the device themselves. If the student is unable, the use of a tool such as needle nose pliers or medical clamps is required to prevent hand contact with the contaminated sharp.
3. Always dispose of used needles or lancets 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.
6. ALWAYS use a needle-stick-prevention tool in cases where a multi-use injection pen needs to be recapped after use. DO NOT EVER hold a cap, vial, or other container with your fingers while bringing the needle or sharp object toward the cap, vial, or container – use the prevention tool.

Contaminated sharps must be stored in closed puncture-resistant containers (sharps containers) with appropriate biohazard label and fill-line designation. It is the responsibility of the district to ensure the provision of a sharps container for each school/location (this is usually accomplished through a contract with the local refuse service provider), along with timely removal and replacement when containers become full.

Health Room, Isolation Space, and Classroom Safety

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in potential exposure areas. Storage of food/beverages is prohibited in places where body fluids or other potentially infectious materials may come in contact with surfaces such as countertops, sinks, or refrigerators in health rooms. Health rooms, isolation spaces, and classrooms should strive to have furniture items and other surfaces that are made of materials that are easily disinfected, and move toward removing surfaces that cannot be easily cleaned between uses. Sinks used for first aid and health room purposes should **not** have dishes, cups, or utensils placed in them. If the only sink available in the health room area is the first aid sink, a *separate clean water source* should be used to medicate and hydrate students.

Cleaning and Disinfecting 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 spills should be immediately referred to custodial services. Schools should determine and **implement an appropriate written schedule and documentation log for cleaning and decontamination of high contact surfaces and areas** that may be susceptible to contamination with blood or OPIM, and specifically such areas as the health room and isolation area.

In the event of a blood spill, blood spill kits should be accessible on campuses. If custodial services are not immediately available, then another trained staff member who has gone through the in-person MESD BBP class should be called to clean the spill up immediately. Appropriate PPE should always be used with any body fluid clean up (gloves at a minimum). Any articles used to clean body fluid spills must be handled with gloved hands and disposed of in an appropriate receptacle as defined by the individual school district. If an absorbent agent is used, sweepings must be disposed of in a similar manner. Brooms and dustpans must be cleaned with disinfectant. A CDC-recommended, freshly-mixed (no more than 24 hours old), diluted-bleach-solution (a 1:10 solution [1 part bleach to 9 parts water]) should be used to disinfect areas with body fluid spills. Keep students away from areas being disinfected, or use a disinfectant from the EPA's List N with asthma-safer ingredients. If a bleach solution is not available, the school may use an EPA-approved tuberculocidal agent instead. Absorb the fluid spill first, and then wash the surface with general cleaner. All surfaces must be visibly clean prior to using the disinfecting solution or the solution will be rendered ineffective. Leave the disinfectant on the contaminated surface for 10 minutes for blood spills, or follow manufacturer's directions.

All school settings should be equipped with a regulated (biohazardous) waste container to dispose of materials that are oversaturated with body fluids.

All disposal of biohazard waste will be in accordance with Environmental Protection Agency (EPA) guidelines. The directives for appropriate sanitizing and waste removal should come from the facilities department in coordination with a contracted, licensed refuse-disposal company.

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 required.

Contact Precautions

The use of Contact Precautions 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:** The student 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 beyond basic first aid necessitating the use of gloves.
- **Limit student activity** 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 was a risk of contamination in other settings such as the classroom, cafeteria, or playground for example, ensure areas are appropriately addressed before use by another student.

Droplet Precautions

Use Droplet Precautions for students or staff known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by an individual 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 face covering/mask on the ill 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, with appropriate supervision. 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, a medical grade face mask should be donned upon entry into the isolation space.
- **Limit activity of the ill student** outside of 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 use identified control measures as increases of vaccine preventable respiratory diseases are on the rise related to increase in vaccine hesitancy.

- **Source control** for airborne precautions includes putting a face covering/mask on the ill individual.
- **Ensure appropriate patient placement in isolation room** as feasible. If an isolation room is not available, ensure the student is separated 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, medical-grade surgical masks should be worn.
- **Limit activity of ill student 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 immediately immunize against infection. It is important to note that the school district cannot compel anyone to immunize their children, but students **and** staff who are unvaccinated (or under-vaccinated) can be excluded for the maximum incubation period of a vaccine-preventable disease, up to 21 days from their last exposure.

Exposure Incidents

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, but in the school setting this primarily occurs through: contact with body fluids via mucous membranes or open, unprotected skin; through a human or animal bite; or through a needle stick injury.

When an exposure has occurred, the affected staff should immediately clean the affected area following the district's Body Fluid Exposure Protocol (below), call and be assessed by the MESD Nurse Consultant, and report the event to administration and fill out a district incident report. Students who are exposed to the body fluids of others should follow the initial preventive steps of the Body Fluid Exposure Protocol, and then the administrator should call the parent/guardian to recommend that they call their healthcare provider with any concerns or questions. This should be followed up with an incident report completed by the staff member who witnessed or was closest to the event.

Needle-stick Injuries

If a staff member's skin is pierced or punctured with an object that may be contaminated with the body fluid of others, immediate first aid should occur including:

- Allow the wound to bleed, ideally by holding it under running water (***Do not suck the wound***).
- Wash the wound thoroughly with soap and running water.
- Dry the wound and cover it with a clean dressing.
- Immediately notify your administrator and call the MESD Nurse Consultant for assessment/referral.
- As soon as feasible, complete an incident report for your supervisor.
- Staff may be referred immediately to an occupational health clinic for further assessment and possible treatment, and may be required to report back for subsequent blood tests.
- In the nature of this being a high-risk and stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure toward the face, including the nose, mouth, eyes, or skin should be immediately followed by flushing with running water following MESD's Body Fluid Exposure Protocol. Report incident to administrator immediately and call the MESD Nurse Consultant for assessment and possible referral to an occupational health clinic (CDC, 2016a).

Blood Spill

Blood spills frequently occur in small volumes in the school setting. Cleaning up minor spills requires the use of standard precautions, including use of personal protective equipment (PPE), as applicable. Spills should be absorbed before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided), and the area should then be disinfected after the cleaning has been completed. 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) circumference
- 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 an absorbent item (such as a mop or absorbent towels), 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, supplies 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 gloves suitable for cleaning, face shield, and apron or disposable gown.

Bites

While blood borne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff should follow MESD’s Exposure Protocol, including thoroughly cleaning the area with soap and water, notifying their supervisor of the event, calling the MESD Nurse Consultant for assessment and possible referral to an occupational health clinic, and filling out an incident report for the school.

If the bite occurred from a canine, this is reportable to the local public health authority.

MESD Body Fluid Exposure Protocol:

For *ANY* accidental body fluid contact to unprotected skin or mucous membrane (eyes, nose, or mouth), or any punctures through the skin (including bites):

**KEEP
CALM
AND
ASK FOR
HELP**

Get another adult to immediately take over your responsibilities so that you can take care of yourself right away.



For *any* body fluid contact to skin, **IMMEDIATELY** wash **skin** with soap and water for 2 minutes.
For body fluid contact with face, **flush eyes, nose, and mouth** for 10 minutes with running water (remove contacts first).



You must **contact the MESD Nurse Consultant** as soon as possible at **(503) 257-1732** for:
all blood exposures
or any body fluid contact to eyes, nose, or mouth
or all human bites that break skin
or any puncture with a contaminated object
or if you have any questions.



Notify your supervisor - Same time; same day.
Complete all required district forms (at minimum an incident report form) and give them to your supervisor or the nurse consultant as directed.

The MESD Nurse Consultant will perform a full assessment of all occupational exposures as required by OSHA law, and refer employees for immediate follow-up at an occupational health clinic as necessary. This follow-up appointment, and any resulting care, treatment, or future appointments resulting from an occupational exposure are to be paid for by the employing district. It is assumed that all employees will follow their training and protocol on body fluid exposures, and notify their district supervisor of all body fluid exposure incidents, notifying whether or not they were referred by the MESD Nurse consultant for follow-up care.

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. The purpose of the pandemic plan 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.

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 be 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 respiratory 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 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).




Differences between seasonal flu and pandemic flu:

Seasonal Flu	Mild to Moderate Pandemic	Severe Pandemic
 <p>THE VIRUS</p> <ul style="list-style-type: none"> Caused by influenza viruses that are closely related to viruses that have previously circulated; most people will have some immunity to it. Symptoms include fever, cough, runny nose, and muscle pain. Complications such as pneumonia are most common in the very young and very old and may result in death. Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness. <p>IMPACT ON THE COMMUNITY</p> <ul style="list-style-type: none"> Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults. 	 <p>THE VIRUS</p> <ul style="list-style-type: none"> Caused by a new influenza virus that has not previously circulated among people and that can be easily spread. Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza. Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications. Healthy adults may be at increased risk for serious complications. <p>IMPACT ON THE COMMUNITY</p> <ul style="list-style-type: none"> May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home). 	 <p>THE VIRUS</p> <ul style="list-style-type: none"> A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society. During the peak of a severe pandemic, workplace absenteeism could reach up to 40% due to people being ill themselves or caring for family members. <p>IMPACT ON THE COMMUNITY</p> <ul style="list-style-type: none"> Schools and day care/child care facilities may be closed. Public and social gatherings will be discouraged. The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.

(Image: CDC)

Control Measures

While prophylactic vaccine 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).

 <p>Personal NPIs are everyday preventive actions that can help keep people from getting and/or spreading flu. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.</p>	 <p>Community NPIs are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include increasing space between students in classrooms, making attendance and sick-leave policies more flexible, canceling large school events, and temporarily dismissing schools.</p>	 <p>Environmental NPIs are surface cleaning measures that remove germs from frequently touched surfaces and objects.</p>
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(Image: CDC)

Everyday Preventive Measures

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventive 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 disinfection of shared items and flat surfaces
- Staying home when students or staff are sick, until they have been without symptoms for the specified timeframe, without the use of symptom-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 guidance to create a framework for response planning 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. Level based responses will then be identified - these are generally defined as 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 a 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, 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.

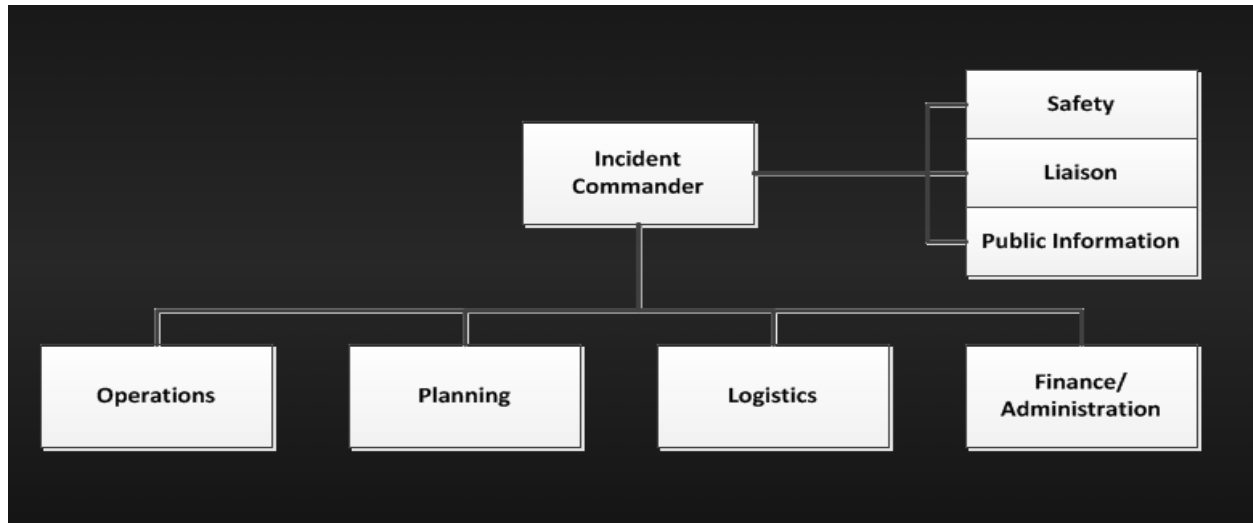
ROUTINE PRACTICES

Personal NPI’s	Community NPI’s	Environmental NPI’s	Communication
<ul style="list-style-type: none"> ● Routine hand hygiene. ● Respiratory Etiquette. ● Stay home when ill. 	<ul style="list-style-type: none"> ● Routine illness exclusion (as noted in <i>Communicable Disease Prevention Plan</i>). 	<ul style="list-style-type: none"> ● Routine disinfection of high contact surfaces and shared items. 	<ul style="list-style-type: none"> ● Routine seasonal illness prevention and exclusion communication.

When cases of novel viruses are identified regionally or nationally

When a novel disease is identified in the U.S., it is important to identify the geographic spread and specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current national guidance. When novel viruses emerge in our state, the Oregon Health Authority (OHA) will provide direct, regional guidance. OHA will have an alert for pandemic-specific content that can be subscribed to for updates. An individual (preferably the school nurse, but always the MESD Nurse Consultant) within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Multnomah County, the Local Public Health Authority (LPHA) will provide

school-centered communication and will potentially host conference calls. When cases are identified in the local region, the LPHA will work with the MESD Nurse Consultant, who will liaise with each component school district, and take part in a response team comprised of School Health Services staff and district or individual school leaders, as appropriate or requested. Response teams 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.gov/flu/pandemic-resources/pdf/schoolchecklist.pdf](https://www.cdc.gov/flu/pandemic-resources/pdf/schoolchecklist.pdf) 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
<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● 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. 	<ul style="list-style-type: none"> ● Increase sanitizing of flat surfaces and shared objects ● Devise prevention and post-exposure sanitizing strategies based on current recommendations. ● Isolate students who become ill at school with febrile respiratory illness until parents can pick up. 	<ul style="list-style-type: none"> ● 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 immunocompromise

hours after fever free without the use of fever-reducing medication.	<ul style="list-style-type: none"> • Communicable Disease surveillance - monitoring and reporting student illness. • Increase space between students in the classroom. • Instruct students in small, stable groups as feasible. 	<ul style="list-style-type: none"> • Discourage the use of shared utensils in the classroom. 	d student families to defer to personal providers in regard to attendance.
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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 likely occur 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 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
<ul style="list-style-type: none"> • Public health-specific guidance • Be prepared to allow your staff and students to stay home if someone in their house is sick. 	<ul style="list-style-type: none"> • Public health guidance • Increase space between people at school following public health guidelines, as much as possible. • Consider temporary dismissal of students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school). 	<ul style="list-style-type: none"> • Public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with or advised by public health officials. 	<ul style="list-style-type: none"> • Work with LPHA 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 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 public health authority will provide a direct report to the MESD Nurse Consultant on the diagnosed case. Likewise, the LPHA will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LPHA may not have the capacity to contact-trace and impose individual restrictions, and may create public statements that the school district should reiterate. If the school receives report of a confirmed case, they should immediately contact the MESD Nurse Consultant who will work with the school nurse and principal to gather cohort lists to allow the health department to complete their contact tracing efforts.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Follow public health or government direction. 	<ul style="list-style-type: none"> Follow exclusion guidance designated by the Local Public Health Authority (LPHA), which may include social distancing, revised gathering requirements, or student dismissal. 	<ul style="list-style-type: none"> Follow local public health direction on environmental cleaning, which may include school closure and canceling major events. 	<ul style="list-style-type: none"> Coordinate Communication with the Local Public Health Authority. Identify potentially immediately impacted student populations such as seniors and graduation track.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Routine illness exclusion when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> Routine sanitizing when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> 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 with their legal advisor to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regard to lost work, such as maximum incubation period exclusion (10-21 days), or quarantines that can stretch to 24 days due to close contact with an ill individual. 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 ordered by the state, the district will abide with executive orders. If a 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 as appropriate under IDEA and FAPE.

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 pathogenic (cause disease).

Biohazard Label: Legend (usually red or orange in color) to identify blood, regulated waste, or other potentially infectious materials (OPIM).

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

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

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.

Contaminated Waste: Items or surfaces with the presence or reasonably-anticipated presence of blood or Other Potentially Infectious Materials (OPIM). These are items that are contaminated with body fluids, but with the capacity to absorb and contain those fluids so that they will not pool or drip. Examples of contaminated waste are diapers, sanitary pads, bandages, minor dressings from wounds or first aid treatment, and Personal Protective Equipment (PPE). Contaminated items do not need to be placed in a Regulated Waste Container unless they are *not* able to contain the fluid and there is the possibility that they will allow dripping or pooling of the fluid within the container.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy the bloodborne pathogens on the surface or item to the point where they are no longer capable of transmitting infectious particles. The surface or item is rendered safe for handling, use or disposal.

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

Engineering Controls: Protect individuals by engineering interventions that can be used to eliminate or reduce hazard.

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.

Exposure Incident: A specific mouth, eye, nose, (mucous membrane); non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

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

Isolation: Moving a symptomatic individual or positive case to an area 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.

Parenteral: Piercing the skin-barrier or mucous membranes through such events as needle sticks, human bites, cuts, and abrasions.

Pathogen: A microorganism that can cause disease.

Personal Protective Equipment or PPE: Items used when exposure to hazards cannot be engineered completely out of normal operations and when safe work practices and administrative controls cannot provide sufficient additional protection from exposure to infectious or hazardous conditions. PPE includes such items as: gloves, gowns, face shields, bite guards, and masks.

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

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, including contaminated sharps; and pathological and microbial wastes containing blood or other potentially infectious materials.

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; all human body fluids including blood are treated as if they are known to be infectious for bloodborne pathogens or other communicable diseases.

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.

Vaccinated, fully: The status of having received all recommended vaccine doses in a series at the appropriate age and/or intervals for a specific disease. An individual is considered fully vaccinated for COVID-19 two weeks after receiving a second dose in a 2-dose series, or two weeks after receiving a single dose vaccine.

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, contaminated material cleaning (OSHA, 2019b), and prohibiting two-handed manipulation of contaminated sharps.

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Images:

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

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT ADDENDUM

This plan is intended to be used in conjunction with the districts School Health Services Manual, Communicable Disease Plan, Pandemic Plan, and Exposure Control Plan, to meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education [Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year](#) guidance. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control and Prevention [Reopening Guidance for Public Spaces](#).

Resource Links:

[Oregon Department of Education](#)

[Oregon Health Authority](#)

[Local Public Health Authority](#)

[Centers for Disease Control & Prevention](#)

Important Contacts:

[MESD Communicable Disease Team](#) – cdsupport@mesd.k12.or.us

[MESD Nurse Consultant – Communicable Disease Liaison](#) – 503-257-1732

[MESD Coordinator of School Health Services](#) – 503-257-1732

[Multnomah County Health Department Communicable Disease Team](#) – 503-988-3406

Applicable Legislation

Emergency Rules Related to COVID-19

The Oregon Health Authority (OHA), Public Health Division, is temporarily adopting [OAR 333-017-0800](#) and [OAR 333-018-900](#) which adds a definition of COVID-19 and adds COVID-19 to the list of diseases reportable to public health authorities within 24 hours.

In addition, OHA is also adopting OAR 333-19-1000 related to exclusion from schools, children's facilities, food service facilities and health care facilities.

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

Occupational Health Centered

[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

Designated Staff Training and Communication

Designated Personnel

Designating staff for specific roles associated with COVID-19 prevention is important to ensure appropriate control measures are observed in a consistent manner and to ensure that data collection is accurate and appropriate for communicable disease response.

Designated COVID-19 Points 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, who will work with the MESD Communicable Disease Team.
 - 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 supervise the isolation space.
- Designated personnel will be assigned to facilitate tracking of 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 staff will be trained to appropriately sanitize shared spaces in between cohorts to provide support to custodial staff.

Designated Resources

- Designated technology will be accessible in the health room and isolation areas to appropriately log students complaining of illness or being dismissed to home.
- Designated resources will also be made available to track sign-in information for each school and classroom for itinerant staff.
- Designated hand hygiene equipment will be located in key areas mapped throughout each building.
- Designated hand sanitizer and cleaning supplies will be accessible to each classroom space.

Staff Communication

- All staff will receive communication on when to stay home and when they will be required to leave work based on illness or contact history with a COVID-19 case.
- All staff will receive information on when to return to school based on public health guidance.
- All staff will receive ongoing communication in regard to logistical and operational changes as they are finalized or changed for the district and for each school. Staff will be regarded as stakeholders in these decisions.
- Staff will receive communication in regard to scheduling changes and staggering processes. Custodial staff will be trained under the direction of facilities management to increase sanitation measures as appropriate in shared spaces and isolation spaces.
- Upon return to onsite learning, staff and families will be notified of the presence of confirmed cases within their cohorts or buildings.
- Staff will be informed of isolation space location and process for referral.
- Staff will be informed on infection control procedures.

General Staff Training

- All staff will be trained and advised on the logistical, operational, and physical changes in each building to maintain infection control and appropriate operational practices associated with cohorting or physical distancing.
- All staff who interact with students will be trained on passive and visual screening and identification of excludable symptoms to determine when a student should be referred for symptom screening and isolation.
- Staff will be trained on appropriate use, care, application, and removal of PPE.
- Staff who have specific responsibilities assigned will participate in additional trainings associated with screening, isolation, exclusion, and sanitizing.
- Staff who will have to assist on cohort tracking will be trained in retrieving appropriate reports and rosters.
- Clinical staff will be trained in surveillance and outbreak response.

Communication and Training Methods

- Formal communications to staff will occur electronically.

Communication and training will utilize virtual connections to ensure that social distancing is maintained.

Background Information

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. While many cause mild illness, some, like COVID-19, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and trouble breathing. COVID-19 has additionally been reported to cause symptoms such as muscle pain, sore throat, headache, fatigue, nausea, vomiting, diarrhea, congestion/runny nose, and loss of taste or smell. Some people with the virus have mild symptoms or no symptoms, while other people can get quite sick and rarely people die from COVID-19 related complications (OHA, 2020).

COVID-19 is spread when people breathe in (or touch and expose themselves to) the droplets made when ill people cough, sneeze, sing, or talk. This can happen when someone is close to a sick person, within six feet. Rarely, people might catch COVID-19 by touching a surface that a person with the infection coughed or sneezed on, and then touching their own mouth, nose, or eyes. Coronaviruses can't

survive for long on surfaces though, so this is not currently thought to be a common means of spread (OHA, 2020).

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to include slowly and incrementally reopening public spaces. Relative to school districts this requires coordinated infection control planning for the upcoming school year with a framework for specified areas of intervention for reopening.

Pediatric Populations

It is important to note that complications from COVID-19 are 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 only, and rarely encounter severe disease or critical complications (Hasan, A., Mehmood, & Fergie, 2020).

Although the risk of infection and complication is currently not thought to be high in student groups, students that are chronically ill or immunocompromised, or who live with fragile or high-risk household members must be accounted for. As schools reopen, accommodation for staff and students who are in high risk categories will be necessary. These accommodations must be driven by their primary healthcare provider. Consideration must be paid to the reviewing of 504 plans, Individualized Education Plans (IEP), and Individualized Health Plans (IHP) of vulnerable populations.

Vulnerable Populations

[Ready Schools, Safe Learners](#) identifies high risk populations at risk for severe illness from COVID-19 as people who have one or more of the following characteristics or conditions:

- Age 65 years or older
- Cancer
- COPD chronic obstructive pulmonary disease
- Serious heart condition
- Immunocompromised state from solid organ transplant
- Obesity
- Type 2 diabetes mellitus
- Chronic kidney disease
- Sickle cell disease
- Smoking
- Pregnancy
- People with disabilities and developmental disorders
- Other conditions or risk factors identified by OHA, CDC, or a licensed healthcare provider

Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19 and it may be necessary to provide specific accommodations to these individuals to ensure safety.

Families of students who are high-risk may produce health care provider orders indicating when they must stay home beyond that of a general student. School nurses will identify and communicate with families of known high-risk students before school reopening.

Due to the high volume of students with asthma, communication should be made via district and school newsletter to advise families that students with asthma should connect with their provider before school

starting to determine any measures that may be necessary for that student individually, to update any restrictions in writing, to update prescriptions for the school setting, and to help inform possible school

accommodations. As needed, IHPs, 504s and IEPs may need to be revised by the education team to account for changes in provider orders, health restrictions, or to consider school accommodations.

It is also important to remember that many students and staff members may have fragile family or household members, and accommodations may be necessary for those situations. While we cannot compel families to disclose protected health information, a family provider or specialist can write a note expressing that the student and family could be kept safer with homebound instruction due to frail health in the family.

Due to the nature of health privacy, staff members have the option to self-identify as high-risk and provide recommendations from their healthcare provider, to district Human Resources. While they do not have to provide a diagnosis to the district, documentation from the provider on 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

- Offer alternative options for students and staff at higher risk for severe illness so as to limit their potential exposure.
 - Staff: telework, modified job responsibilities that limit exposure risk, accessible PPE
 - Students: virtual learning opportunities
 - Ensure protection of privacy

Leave (Time Off) 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.

- Revised sick leave policies and practices should be provided that enable staff to stay home when they are sick, have been exposed, or are caring for someone who is sick related to COVID-19.
 - Communicate policies and procedures for leave, telework, and employee compensation.
 - Leave policies should also account 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 must be in alignment with contracts.
- Clearly define and communicate return-to-school guidelines after COVID-19 illness (as per public health requirements).

Back-Up Staffing Plan

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

Guiding Principles for Mitigating Risk While Reopening Schools

Any setting where people gather poses increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19, it is important to note that individuals with mild symptoms, and less commonly those who are asymptomatic, may transmit infection to high risk individuals (NCDHHS, 2020).

The American Academy of Pediatrics (2020) stresses the fundamental role of schools in providing academic instruction, social and emotional skills, safety, nutrition, physical activity, and mental health therapy. “Schools are critical to addressing racial and social inequity and strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school,” according to the guidance. These coordinated interventions intend ‘to mitigate, not eliminate, risk’ of SARS-CoV-2.”

In regard to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff related to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk	More Risk	Highest Risk
Students and teachers engage in virtual-only classes, activities, and events.	Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 3-6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or rotated scheduling to accommodate smaller class sizes).	Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

The risk level category will be systematically approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school setting which will be used to revise interventions as they are delivered. Public Health Guidance will determine school’s ability, capacity, and safety to reopen. It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, so too will infection control guidance be fluid. The district must be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting. ODE offers [Key Practices For Reducing Spread of COVID-19 In Schools](#).

Communicable Disease Management

Existing *Communicable Disease Management Plan* should be deferred to for standards in disease control and prevention. Increased attention and education should be paid to these measures, including reinforcing routine measures such as hand and respiratory hygiene, establishing screening protocols and isolation and exclusion practices, and ensuring access to appropriate PPE.

Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

There are some infection control measures that should be consistently practiced, taught, modeled, and reinforced in the school setting, even outside of pandemic spread. These primary principles include [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, prior to eating, after restroom use, and before and after recess.
 - 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).
- 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.

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. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen spatial measures must be taken to ensure physical distance between individuals. Generally speaking, this is 3-6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020).



[Image: Toronto Public Health]

Room Capacity

- Consider physical distancing requirements when determining room capacity.
- As needed, commons areas or alternate spaces should be used to place student cohorts for instruction time in order to maintain appropriate spacing.
- Allow for educators to have their own space in the learning environment while maintaining 3-6 feet of physical space between the educator and the student.

Modified Layouts

- Excess furniture should be removed from classrooms to allow for increased spacing of desks.
- Desks or seating should be at least 3-6 feet apart.

- 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 barriers, such as sneeze guards and partitions, may be installed in areas where it is difficult for individuals to remain at least 3-6 feet apart (e.g., front office desks, cafeteria).
- Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 3-6 feet apart in lines and at other times (e.g. guides for creating “one-way routes” in hallways, if feasible).

Staggered Scheduling

- Arrival and drop-off times will be staggered by location and cohort. Arrival will be adjusted by building as determined to be necessary and feasible.
- Departure times will be staggered to the extent feasible to promote physical distancing.
- Virtual opportunities will be used whenever feasible.
- Staggered and extended hallway passing should be endorsed to reduce hallway congestion and promote physical distancing.

Instruction & Activities

- Practices will be adopted to maintain 3-6 feet distancing during activities and instruction.
- Outdoor spaces should be used as much as feasible.
- When distancing cannot be maintained, multiple preventative measures should be taken

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](#) between cohort use.
 - Increased restrictions may occur if there have been identified cases in the building.
- If feasible, physical barriers such as plastic flexible screens may be added between sinks, especially when students cannot be at least 3-6 feet apart.

Cohorting (Stable Student Groups)

Per [Oregon Ready, Schools Safe Learners cohort content](#): Cohorts help manage risks in the potential spread of COVID-19. In particular, the size of the cohort matters for risk management. Student cohorting:

- limits the number of exposed people when a COVID-19 case is identified in the school
- quickly identifies exposed individuals when a COVID-19 case is reported
- minimizes school-wide disruptions in student learning.

Student cohorting not only helps to quickly identify exposed people, it also minimizes disruptions to learning, because only the cohort members would be affected by response to the exposure, rather than the entire school. Maintaining small, stable cohorts can decrease the risk of closure to in-person instruction. A smaller cohort size of 24-36 is recommended for public health and safety (OHA, 2020).

Accurate attendance tracking must be maintained for proper cohort tracking.

Cohorts will be established with minimum numbers where feasible, understanding that fewer encounters and smaller numbers per cohort lends to reduced transmission of infectious disease. It is important to note that cohorting may be more important in elementary settings where physical distancing is less likely to be maintained (AAP, 2020a). Cohorting will not be established based on the context of ability or disability. Cohorts will be established by grade levels in elementary settings and where feasible in upper grade levels. Attempts should be made to maintain 3-6 feet of distance between cohorts of any level (K-12).

Elementary

- 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.
- Interaction between cohort groups will be limited.
 - When groups will be mixed, ensure that this information is appropriately mapped for contact tracing if needed.
- Sanitizing of common areas should be performed between each cohort's use.
- Rather than students moving to common spaces for special courses, staff should present to each classroom.
 - Staff moving between cohorts must practice hand hygiene in between interactions and use appropriate logs to track their building activities.
- Rosters of each cohort must be kept for all group encounters throughout the school day, including district-provided transportation.

High School and Middle School

- Maintain student cohorts throughout the day as feasible.
- Where stable cohorts are difficult to maintain, practices will be re-emphasized to maintain 6 feet distancing during activities and instruction.
- As much as feasible, student movement throughout the building should be limited.
- Paths throughout the building may be marked in one-way directions, with markers to indicate proper distancing.
- As feasible, staff should rotate between rooms rather than students moving between stable groups. Staff should wear face coverings, practice hand hygiene, and use designated logs to track their building activity.

Healthy Environments

Outside of isolating and excluding ill students and staff, sanitation and other preventive measures are crucial in providing healthy environments.

Cleaning and Disinfection

Routine sanitation measures will be in full effect in the school building, 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 [cleaned 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 should be designated by the Facilities Manager for increased routine cleaning and disinfection during pandemics.
- 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 desk) 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.
- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised or in otherwise vulnerable populations for COVID-19 illness 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.

Face Coverings & Personal Protective Equipment (PPE)

Oregon Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year and OAR 333-019-1015 will be used to guide practices on face coverings in the school setting.

Requirements around face coverings and PPE will evolve to align with current state public health guidelines, new or revised mandates, and ODE's requirements for the school setting.

When face coverings are used:

- Cloth face coverings must be laundered regularly
- Face coverings cannot be shared
- New disposable face covering must be used daily
- Face shields are reusable and should be designated to individual staff
- Plastic face shields should be wiped down regularly

Students

All students will be expected to wear face coverings in the school setting. Children who experience a medical condition or disability that precludes them from safely wearing a face covering will be addressed on an individual basis in collaboration with family, IEP team, physician, district RN, and administration, as applicable.

Students requiring breaks from masks must have a designated space to remove masks and take breaks that respects distancing and ventilation requirements. Breaks will also respect student dignity and developmental level.

Staff

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 of chemical exposure. The district Exposure Control Plan (pages 15-25) 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. For example, clinical staff or staff in isolation spaces may require a higher level of PPE than staff teaching in an academic space.

PERSONAL PROTECTIVE EQUIPMENT/BARRIERS

INDIVIDUALS	RECOMMENDED PPE	REQUIRED PPE
Front office staff or other staff interacting with public or personnel	Face covering (and face shield if Plexiglas barriers are not an option)	Face covering alone or face covering with face shield or face covering with clear plastic barrier
Bus Drivers	Face covering	Face covering alone or face covering with face shield (face shield alone permitted on a limited basis)
Speech and Language Pathologists Special Education Staff Anyone participating in articulation services. Staff teaching students with hearing impairment	Face covering (except while providing service that requires visualization of the mouth) and face shield	Face covering alone or face covering with face shield or clear plastic barrier; face shield or clear plastic barrier without face covering permitted when it is necessary for the student to see the whole face
Staff providing direct services, such as feeding.	Face covering and face shield, gown and gloves	Face covering and face shield
Staff moving in between cohorts and classes. Staff interacting with public	Face covering	Face covering alone or face covering with face shield (face shield alone permitted on a limited basis)
Child Nutrition Staff	Face covering, gloves for kitchen staff, face shield if Plexiglas barrier is not an option, and gloves for staff in direct student contact	Face covering alone or face covering with face shield, gloves (face shield alone permitted on a limited basis)
All staff	Face Covering	Face covering
Any persons in an environment where physical distancing cannot be maintained	Face Covering and face shield	Face covering alone or face covering and face shield (face shield alone permitted on a limited basis)
Clinical Staff	Medical grade mask and appropriate PPE per Transmission Based Precautions	Medical grade PPE per Transmission Based Precautions

Front line staff screening students with illness	Medical grade face mask, face shield, and gloves	Medical grade PPE per Transmission Based Precautions
Students/Staff that are coughing for other chronic reasons (asthma)	Face covering, as developmentally appropriate, or face shield as a last resort	Face covering, as developmentally appropriate
Acutely ill student in isolation	Face mask until parent picks up	Face covering or mask until parent picks up
Caregivers performing aerosol generating procedures	Fit tested NIOSH approved N95, gloves, face shield, gown if splash likely	Fit tested NIOSH approved N95, gloves, face shield

Additional Guidance for face covering use:

- Cloth face coverings [must be laundered regularly](#) or
- New disposable face covering must be used daily
- Face shields are reusable, should be designated to individual staff, and disinfected regularly.

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 the user trained for appropriate use.
- KN95 masks are filtering facepiece respirators that provide 95% protection against particulates. Unlike N95's they do not have to be fit tested. These masks are currently approved by the WHO as a safety measure from COVID-19; used by health care providers, patients, and citizens and currently advised by the WHO for extended use and reuse.
- 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 the forehead to below the chin, and around the sides of the face, preventing contact with liquids including large respiratory droplets when there is an increased risk to the nose, mouth, and eyes. They are less obstructive than a mask for delivery of education and direct interaction, but are not recommended as a prime method of source control.

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.

Face coverings should be worn by all staff and students, and are essential in times when physical distancing is difficult. Teach and reinforce proper 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](#). Staff should avoid congregating in the same room with other adults without their face coverings, such a staff room while eating – this has been a source of outbreaks elsewhere.

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. Each school should have hand sanitizer dispensers installed near all entry doors and other high traffic areas.

Staying Home When Appropriate & Exclusion of Students and Staff

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 to remind staff not to report to work ill. Strict stay at home policies will be enforced.

For the purposes of disease mitigation, there are three levels of exclusion and sets of guidance on when to stay home. This includes:

1. Being confirmed as a positive case of COVID-19 or being a presumptive case of COVID-19, and being put in home isolation.
2. Being a *close contact* of a confirmed or presumptive case, and quarantining at home.
3. Having illness that requires exclusion based on symptoms.

Case Contact / Close Contact









Close contact for COVID-19 is defined as being within 6ft for at least fifteen cumulative minutes in a day to someone with COVID-19. The CDC has noted one exception to the above definition; students that were within 3-6 feet of a COVID-19 positive individual where both students were engaged in consistent and correct use of well-fitting masks and other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place are not considered exposed. This exception does not apply to teachers, staff, or other adults. A close contact of a confirmed or presumptive case of COVID-19 should quarantine at home for 14 days following their *last known exposure to the case*, and they must also have gone 24 hours fever free without the use of fever reducing medication before returning to activities outside the home. See, [Planning for COVID-19 Scenarios in Schools](#). Multnomah County schools should continue to follow updated guidance from the Multnomah County Health Department regarding the quarantining of full cohorts of students who are exposed to a positive case in the school classroom setting, as well as those who are exposed in higher risk school sponsored activities such as athletics and the performing arts.

Routine Illness Exclusion

Students or staff experiencing excludable symptoms should not report to school, or should be dismissed to home. Routine exclusion of symptoms per [Oregon Communicable Disease Guidelines](#) for schools (below) will continue for non-primary symptoms associated with COVID-19, or ***illnesses diagnosed as something other than COVID-19*** during the COVID-19 pandemic:

When Should I Keep My Student Home?

The list below gives school instructions, not medical advice. Please contact your healthcare provider with health concerns. **During 2020-2021, anyone exposed to COVID-19 must stay home for 14 days.**

Symptoms of Illness	Student May Return to School After... *The list below tells the <u>shortest</u> time to stay home. A student may need to stay home longer for some illnesses.
 Fever: temperature of 100.4F (38C) or greater	Fever-free for 24 hours without taking fever-reducing medicine AND after a COVID-19 test is negative, OR 10 days if not tested.
 New cough illness OR New difficulty breathing	Symptom-free for 24 hours AND after a COVID-19 test is negative, OR 10 days if not tested. If diagnosed with pertussis (whooping cough), the student must take 5-days of prescribed antibiotics before returning.
 Headache with stiff neck or with fever	Symptom-free OR with orders from healthcare provider to school nurse.
 Diarrhea: 3 loose or watery stools in one day OR not able to control bowel movements	Symptom-free for 48 hours OR with orders from healthcare provider to school nurse.
 Vomiting: one or more episode that is unexplained	Symptom-free for 48 hours OR with orders from healthcare provider to school nurse.
 Skin rash or open sores	Symptom-free , which means rash is gone OR sores are dry or can be completely covered by a bandage; OR with orders from healthcare provider to school nurse.
 Jaundice: (new) yellow color in eyes or skin	After the school has orders from healthcare provider or local public health authority to school nurse.
 Red eyes with eye discharge: yellow or brown drainage from eyes	Symptom-free , which means redness and discharge are gone OR with orders from healthcare provider to school nurse.
Acting different without a reason: unusually sleepy, grumpy, or confused	Symptom-free , which means return to normal behavior OR with orders from healthcare provider to school nurse.
Major health event, like an illness lasting 2 or more weeks OR a hospital stay	After the school has orders from healthcare provider to school nurse.
Student's health condition requires more care than school staff can safely provide	After measures are in place for the student's safety.

Screening for, Identifying, and Isolating Ill Students and Staff

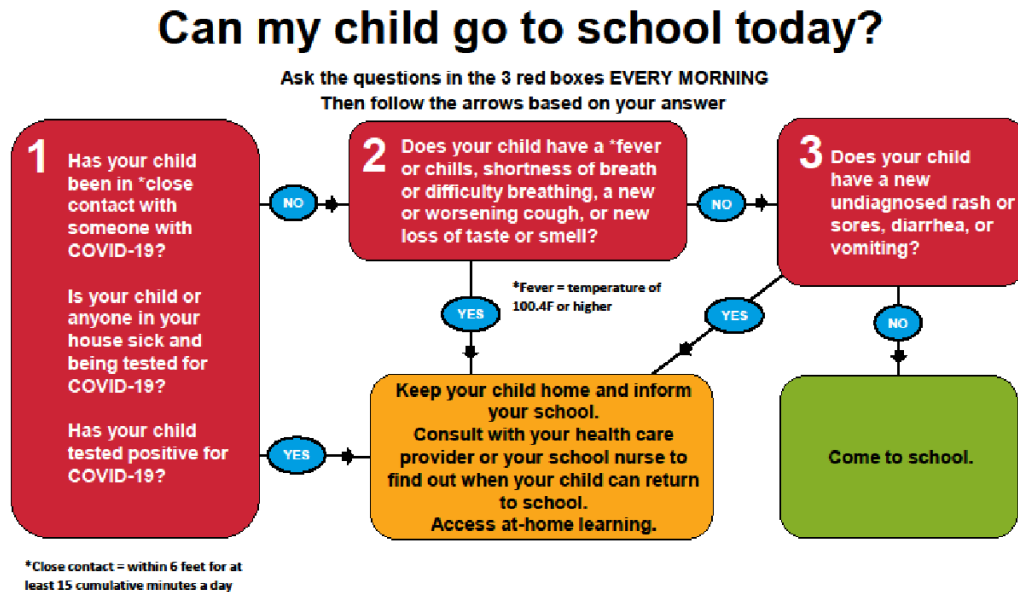
Identification of ill students and staff is crucial in illness prevention in school buildings. All staff, students, and families should have education provided on symptoms, in order to self-identify when developmentally possible. Screening will happen through a multi-layered approach:

1. Parents are educated on and asked to screen their students each morning before sending to school
2. Bus drivers visually screen (pg.66) students getting onto bus – daily documentation - school and parent notified if symptomatic
3. Cohort instructors/staff provide passive screening throughout school day for symptoms of exclusion – send symptomatic individuals to designated area for further screening and possible isolation
4. Additional (full) screening provided in health room to determine need to isolate individual.

Health Promotion, Prevention, and at Home Screening

parent/guardians will be provided a parent/guardian symptom screening algorithm or check list (see example below), and be advised to screen their students prior to sending them 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.

- [Johns Hopkins Symptom Checker](#)
- [CDC Self-Checker](#)

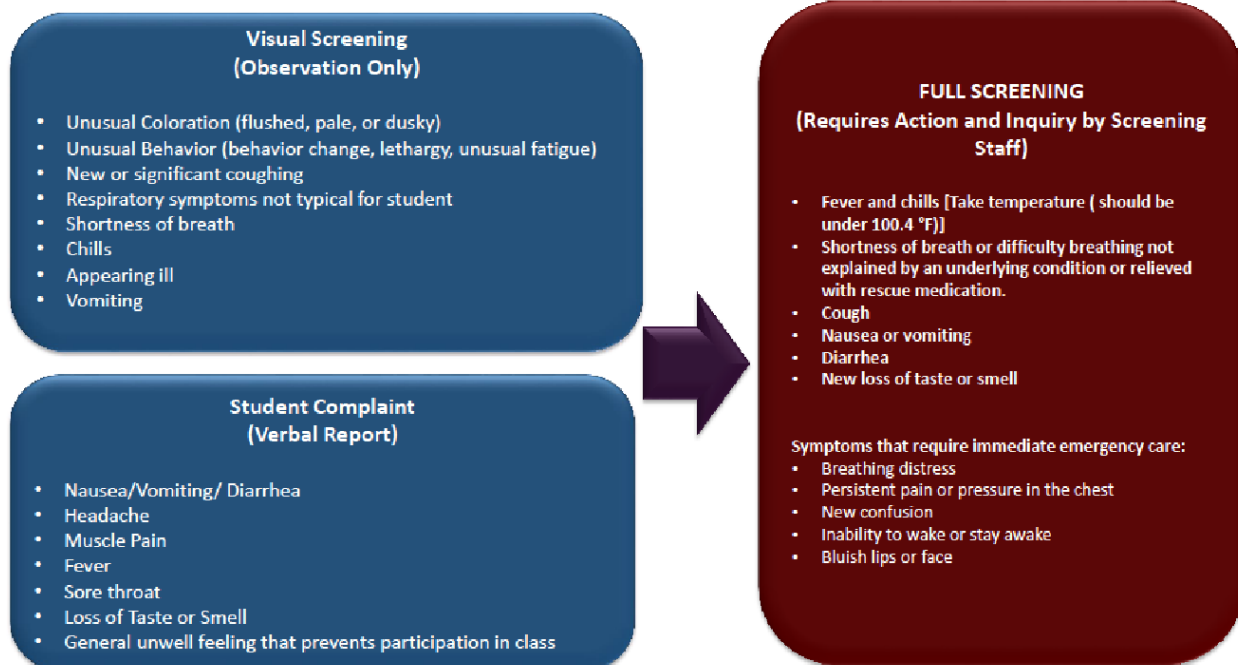


School Screening & Recognizing Signs and Symptoms

- Ensure that all staff are aware of symptoms associated with COVID-19.
- Screening at the beginning of the school day will occur through visual and passive screening. It is important to remember that students should undergo a screening at home and remain home with illness, and if they have been transported on the bus a passive screening will have occurred

there as well. Thus, entrance to the school, or screening in class at the beginning of the school day is potentially the second or third screening.

- Individuals should be visually screened each day to determine if illness may be present. Individuals should remain 3-6 feet apart as they enter the building or school bus, and staff must ensure that they are not shamed or subjected to bias based on race, ethnicity, clothing, or perceived socioeconomic status. If individuals are positive for any items listed in *Visual Screening*, they should be sent to the office to be fully screened by designated staff.
- Passively screening students for signs of illness at the entry of each day and as the day progresses requires classroom staff to understand both Exclusion Criteria (pg. 49-50) and Staying Home When Appropriate (pg. 48), as well as signs and symptoms that would prompt referral to full screening by designated staff. Any student ill during the course of the day with fever, respiratory illness, achiness, or gastrointestinal issues should be referred to designated staff for full screening and isolation. Thus, preliminary screening that would prompt referral to the designated location would include observation or report of the following symptoms:



- Designated staff will specifically screen students per the *Full 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 a separate isolation space until picked up by a parent/guardian.
- 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.
- Symptomatic individuals will be logged into a symptom tracker shared by the front office, health room, and isolation space.

Isolate Those Who Are Sick

- Each school must have a designated isolation space with designated personnel to supervise the space. PPE must be available for designated staff to use [Standard and Transmission-Based Precautions](#), as per the District *Exposure Control Plan*.
- The district *Communicable Disease Plan* should be referred to for isolation measures.
- COVID-19 specific isolation measures will be updated as state public health guidance is updated.

ISOLATION MEASURES

- Immediately separate students who are determined to have symptoms meeting exclusion criteria to isolation area.
- Students awaiting pick up are supervised by staff in the designated isolation area.
- Staff should wear a face covering and maintain physical distancing, and never leave a child unattended.
- While exercising caution to maintain safety is appropriate when working with children exhibiting symptoms, it is also critical that staff maintain sufficient composure and disposition so as not to unduly worry a student or family.
- If more than one student is in an isolation space, appropriate distance must be maintained, and appropriate barriers and privacy must be in place.
- Staff will maintain student confidentiality.
- Ensure students are appropriately logged into shared *Symptom Tracker Log*.
- Reinforce appropriate exclusion action with parents/guardians and staff using ODE/OHA's [Planning for COVID-19 Scenarios in Schools](#)

Isolation Spaces

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. The isolation space should be logistically accessible in proximity to the health room, but not in such close proximity that infection risk is a concern.

CDC guidelines should be visited with the following five requirements in mind:

1. Isolation space must be separate from routine health room
2. Isolation space must have appropriate ventilation
3. Students must be supervised while in isolation space
4. Staff must have appropriate PPE while in the isolation space
5. Appropriate physical distancing, barriers, and confidentiality must be maintained in the isolation space

CDC Guidelines for Isolation Rooms

Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 3-6 feet or more between cots, chairs, or isolated individuals. Consider a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals. 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	After dismissal of ill student, close off areas used by a sick person and do not use these areas again until after cleaning and disinfecting. When disinfecting the isolation space, wear a medical grade face mask, a face shield, and gloves. 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, including after removal of gloves. 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 and a face shield. Gloves should be worn if there is risk of exposure to blood and body fluids. 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. If using one face mask per day to conserve PPE, wear a face shield to reduce surface contamination of the face mask, and do not discard the face mask when exiting the care space unless it is soiled. Disinfect the face shield if soiled.
Student safety and well-being	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, Cohort Tracking, and Contact Tracing Documents

Symptom Surveillance Logs

Surveillance of reported illness in each school is an important measure to identify trends of illness, including increased incidence within the school setting. In order to collect this important data, a shared *Symptom Tracking Log* should be maintained for each school, and should be shared between the health room and isolation room staff, and the front office staff taking parent phone calls related to absences due to illness. Supervisors taking illness reports from their employees can also let the nurse or other health room staff know of reports of illness so that they may be added to the surveillance log.

COVID-19 Specific Surveillance Log:

A COVID-19 Specific Surveillance Log will be maintained for students and staff; this log will be able to identify individuals who:

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

In the event of an increased percentage of the student population being out due to illness, or specific clusters of illness symptoms, the MESD Communicable Disease team should be notified, and will work with the LPHA to investigate or confirm diagnoses. In these situations, or in the event that a parent/guardian or staff member reports a positive diagnosis of a restrictable illness, or reports being a close contact of a positive case of COVID-19, school staff will respond as directed by the MESD Communicable Disease team

For specific indicators and identification of clusters of other illness within the school setting besides COVID-19, please refer to the district *Communicable Disease Plan*.

Contact Tracing & Cohort Tracking

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 regard to COVID-19, schools are required to report data on close contacts of confirmed cases to the local public health authority, to assist the health department with their contact-tracing efforts. ***The school's role in contact tracing is cohort tracking.*** Cohort tracking is described in greater detail on the [Oregon School Nurses Association COVID-19 Toolkit](#) webpage.

OR 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.

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, intervention group, and bus route.
- Having a mechanism for sign in/out of visitors or itinerant employees at the front office including contact info of the individual, and sign in/out in each classroom for visitors outside of the stable cohort.
- Having a list of all students accessing the health room, with time, duration, and date.
- Having a shared *Symptom Tracking Log* that documents individuals in the isolation space each day, as well as individuals who have called in sick each day.
- *Reinforcing accurate attendance tracking is crucial in provision of accurate contact-tracing information to the LPHA.*

In response 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, including their contact info, who would have interacted with a confirmed case if a member of the education community is diagnosed; this includes:
 - Classroom cohorts
 - Intervention and student support cohorts (SLP groups)

- Lunchtime or recess cohorts
- Transportation attendance rosters
- List of all students accessing the health room, with time, duration, and date

Designated staff members should coordinate and ensure rosters and sign-ins are developed and maintained for a minimum of 4 weeks.

During this pandemic, 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 while students are outside of their stable cohort, thus all students visiting the health room must be logged in.

Communication Systems

The district will implement and provide communications, 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 may be included on websites, in newsletters, and on district social media

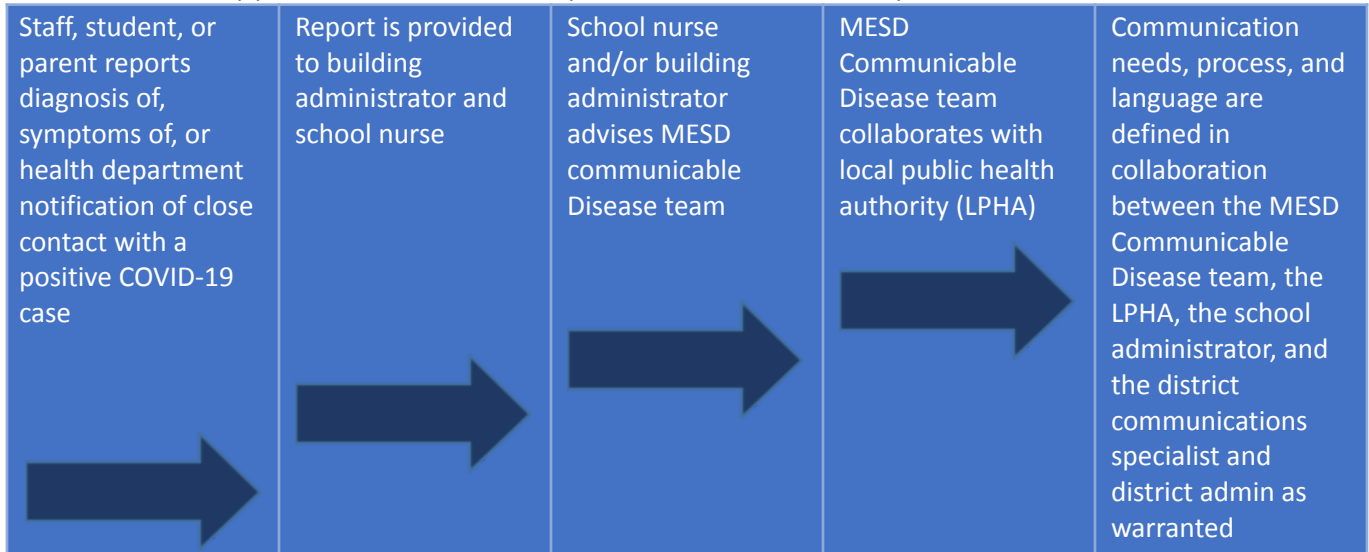
Direct Communication

- Health promotion material should be shared in advance of in-person school reopening, specific to COVID-19
- In addition to posting exclusion criteria on web pages and in newsletters, families should be advised on policies related to sick students, potential home isolation criteria, and student exclusion criteria
- Families and staff will receive communication on any 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 illness,
 - Their student has had a positive test for COVID-19 and/or the student was exposed to someone with COVID-19 within the last 14 days.
 - The nurse and/or administrator should be made aware so that an attempt should be made to obtain additional information regarding the COVID-19 case and/or exposure.
 - **Staff should not advise other staff or families of potential exposures**
 - **Confidentiality should be strictly observed**

Communication Regarding Confirmed Cases

For a complete overview of communication and response related to confirmed communicable disease cases, refer to the [MESD Communicable Disease Communication Protocol \(pg. 63\)](#).

- District specific protocols and practices will be communicated by the superintendent
- Building specific protocols will be communicated by the building administrator
- The MESD Communicable Disease team will inform school nurse, principal, and designated district contacts of all confirmed cases of COVID-19 communicated by the LPHA
- Any parent, student, or staff reports of illness should be reported to the school nurse.



- The Communicable Disease team will work with the local public health authority to provide district administration with a letter to share with appropriate student families and staff, to inform those who have had close contact with a person diagnosed with COVID-19, to stay home and self-monitor for symptoms
- For communication tools such as sample letters and notifications, refer to [Planning for COVID-19 Scenarios in Schools](#)

Staff Self Identification

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
- Were exposed to someone with COVID-19 within the last 14 days

Sick staff members or students should not return until they have met [criteria to discontinue home isolation](#)

Public Health Communication

- The MESD Nurse Consultant is the liaison with the [Local Public Health Authority](#) (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer
- The MESD Nurse Consultant 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 MESD Nurse Consultant has established connection with the [LPHA School Reopening Coordinator](#)

Nutrition Services

Food Service personnel should follow all existing mandates on health and hygiene and food safety. Any specific measures or intervention will be coordinated 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/sanitize hands prior to eating.
- Maintain at least 3-6 feet of physical distancing when face coverings cannot be worn, including when eating.
- Children using school lunch services will be served individually plated meals.
- Elementary school students should eat in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies.
- Middle school and high school lunch times should be staggered to maintain spatial distancing to the extent feasible. Shared spaces should be sanitized between use.
- 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.
- Food service personnel shall wear PPE as designated under PPE section.
- 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. 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, visual screening, and PPE use. Coordination with transportation services and the 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/face shields).
 - 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.

Bus Screening

- Bus drivers shall passively/visually screen students as they enter the bus, and mark attendance and any existence of symptoms of illness on a daily bus log. 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 or parent present. If parent/guardian not present, see below. Document attendance and symptoms present on bus log. All efforts should be made to maintain dignity of student and family.
Student is visibly ill and parent/guardian is not present	Student should be seated close to the front, and as separate from other students as feasible. The bus driver should radio dispatch in an attempt to reach parents and notify school. Document attendance and symptoms present on bus log. Student should be immediately isolated upon arrival to 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 becomes ill on bus route	Bus driver should contact dispatch to notify appropriate school and parents. Document attendance and symptoms present on bus log. 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.

Distancing and Staggering

Create distance between children on school buses (e.g., seat children one child per row, skip rows) to the extent feasible, 3-6 feet preferably.

When students unload from bus, they will be directed to exit bus one at a time. Markers shall be placed on the bus floor 3 feet apart to maintain minimum spatial distancing while exiting the bus.

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 14 days
- Non-essential visitors will be restricted
- Physical Distancing must be maintained for essential visitors
- Face coverings are required
- 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 14 days, and the

visitor must leave contact information so that they can be included in contact tracing efforts in the event of a school exposure

Gatherings and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 3-6 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

- Ensure that any organizations that share or use the school facilities also follow these considerations

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 TalkWithUs to 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 per established MESD policies, procedures, School Health Services Manuals, and service contracts.

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.

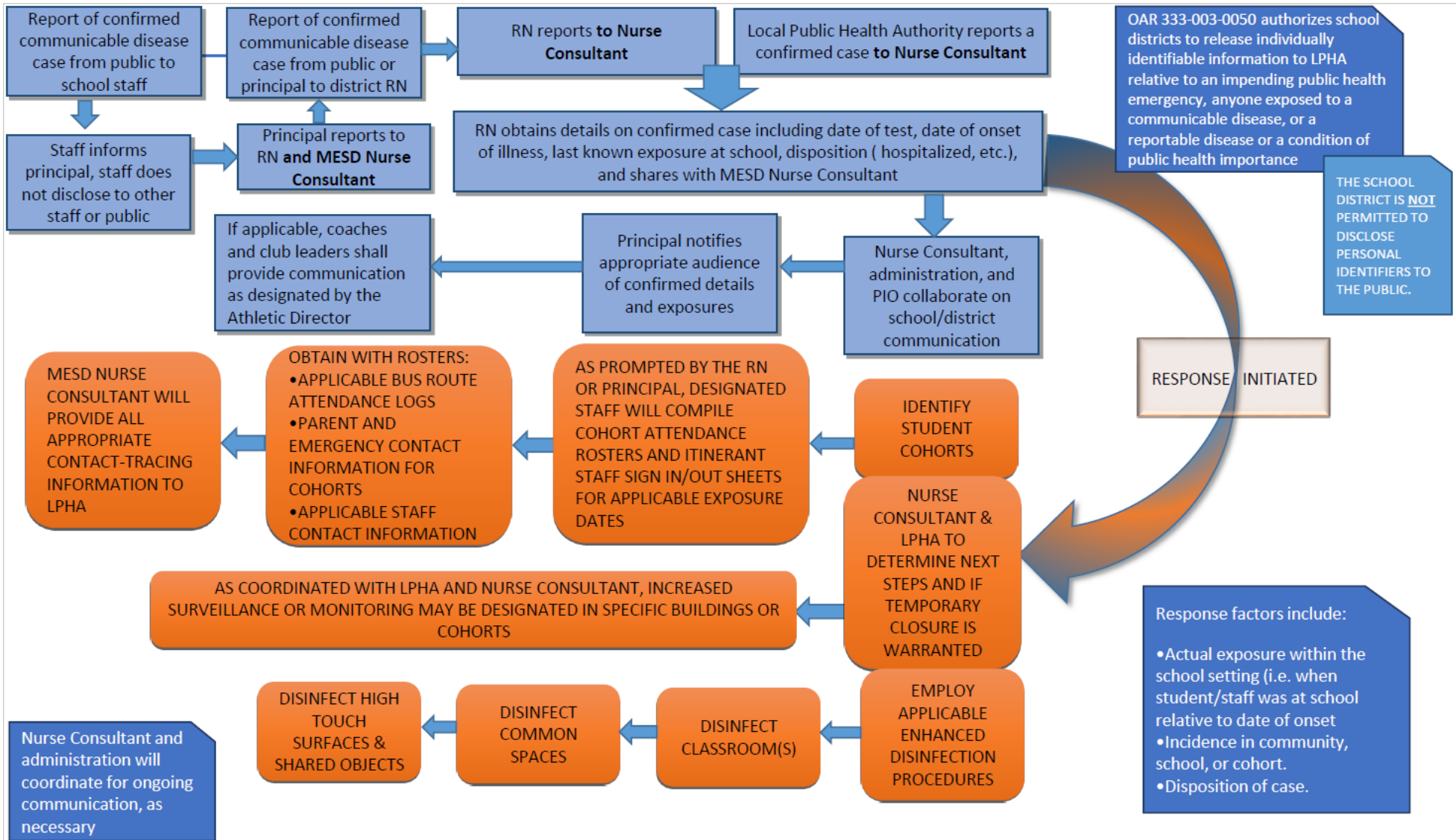
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COVID-19 TOOLS

- MESD Communicable Disease Communication & Response Protocol [pg.63](#)
- Parent Daily Symptom Checker Flowchart [pg.64](#)
- MESD Daily Illness Self-Screening Checklist [pg.65](#)
- Daily School Symptom Screening [pg.66](#)
- Isolation Procedures [pg.67](#)
- [Symptom Tracking Tool pg. 69](#)
- Donning & Doffing (Applying & Removing) PPE [pg.70](#)

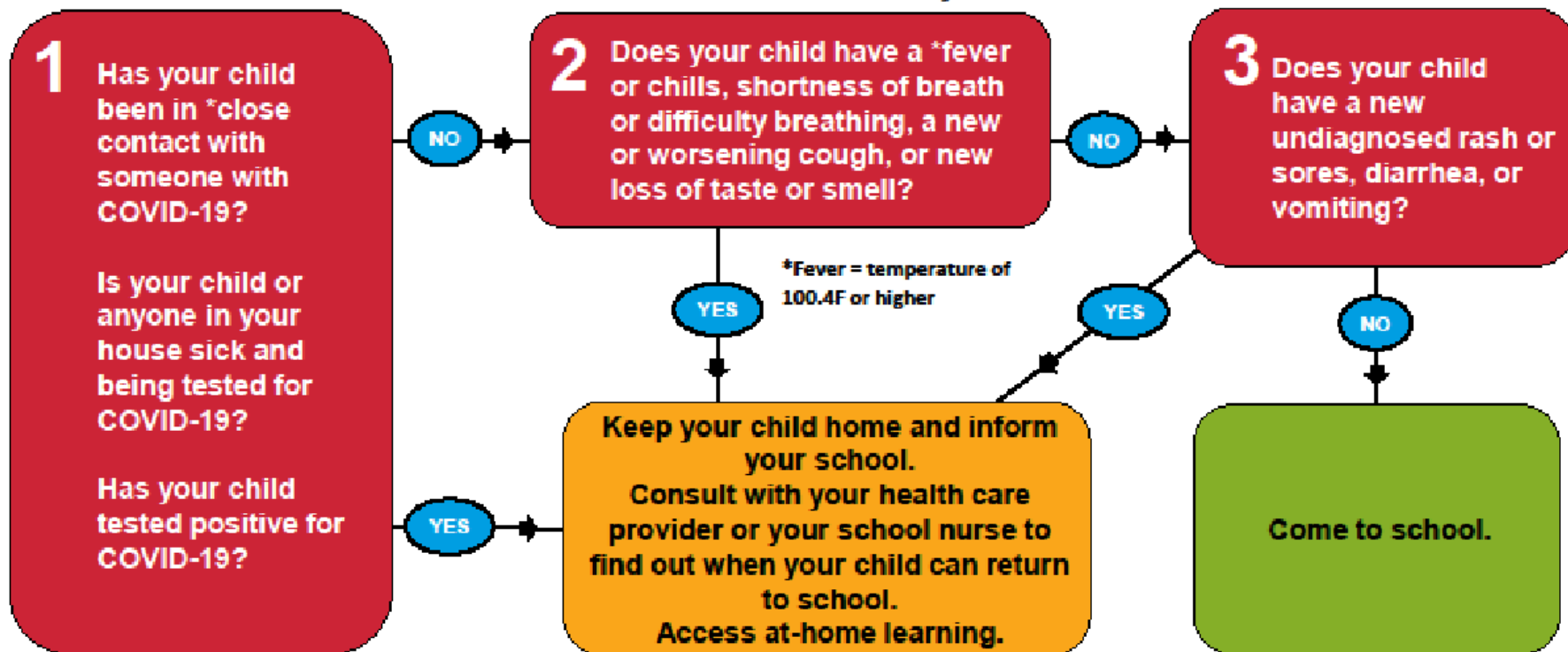
MESD Communicable Disease Communication & Response Protocol



Can my child go to school today?

Ask the questions in the 3 red boxes EVERY MORNING

Then follow the arrows based on your answer



*Close contact = within 6 feet for at least 15 cumulative minutes a day

*Fever = temperature of 100.4F or higher

MESD Daily Illness Self-Screening Checklist



Multnomah Education Service District
We Support All Students to Achieve Excellence

DAILY ILLNESS SELF-SCREENING CHECKLIST

Published: February 19, 2021

Employees and parents/guardians of students will be required to self-screen daily for symptoms of illness before entering district property or using district transportation (employees self-screen, parents/guardians screen their children). In addition, this Self-Screening Checklist should be used to determine whether there is a risk for potential illness or exposure to COVID-19. ***If an employee or student has any of the following symptoms, or COVID-19 exposure, the employee or the student should stay home, report or have parent/guardian report the absence and symptoms to the school or appropriate supervisor, and contact their healthcare provider as necessary.***

COVID-19 Diagnosis / Close Contact / Potential Exposure

- Employee, student, or someone in their household has been diagnosed with COVID-19
- Employee or student has had close contact (within 6ft of an infected person for at least 15 cumulative minutes) with a person diagnosed with COVID-19
- Employee or student has been asked to isolate or quarantine at home by a medical professional or a local public health department
- Employee or student has a *household member* who has been in close contact (within 6ft of an infected person for at least 15 minutes) with a person diagnosed with COVID-19, and the *household member* now has primary COVID-19 symptoms of illness

Primary Symptoms of COVID-19

- Fever (temperature of 100.4°F or higher)
- A new cough that has not been diagnosed or cleared by a healthcare provider
- Unexplained shortness of breath
- New loss of taste or smell
- Chills
- Difficulty breathing

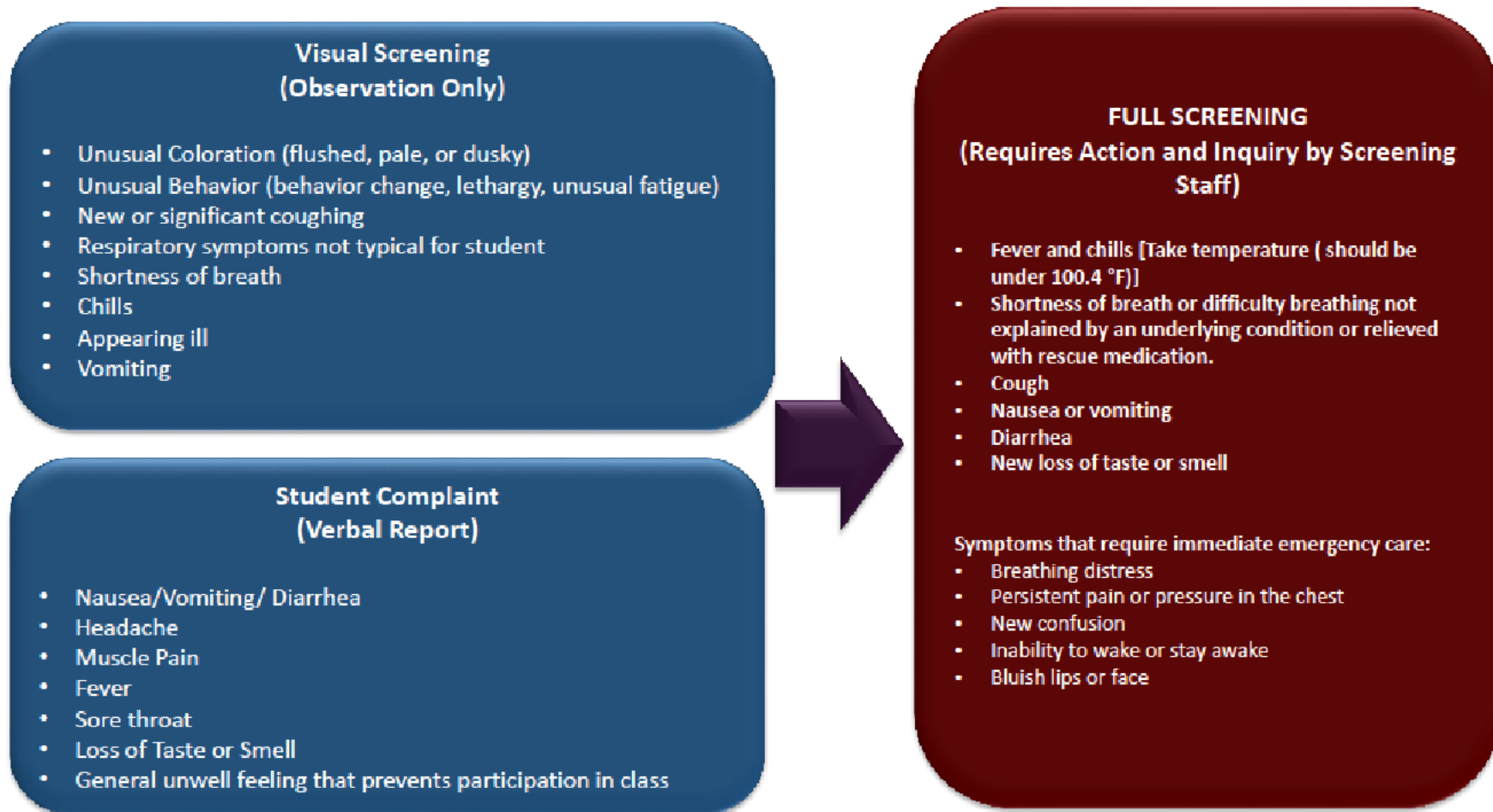
Additional Excludable Symptoms of Illness

- Vomiting
- Diarrhea
- Undiagnosed rash or sores

*For information about exclusion see the Oregon Department of Education and the Oregon Health Authority guides: [Planning for COVID-19 Scenarios in Schools](#) and [ODE/OHA Communicable Disease Guidance for the School Setting](#)

Daily School Symptom Screening

The list of symptoms associated with COVID-19 is exhaustive, but there are specific indicators for isolation and exclusion. At the beginning of the day and as the day progresses, any visual observation of symptoms under *visual screening indicators* or symptoms reported under *student complaint indicators* should be immediately referred to designated screening personnel. These designated personnel should be identified in each building and staff should be advised of the process to communicate with these designated staff. Referral to designated staff will be non-discriminatory (not based on appearance or hygiene), and be respectful in nature.



Isolation Procedures

Isolation spaces should meet criteria listed on pages 55 and 56, and should not have signs that violate dignity or health privacy. Isolation spaces must have designated staff to monitor students, and the designated staff must have access to appropriate PPE and a sink for handwashing at the isolation space. Staff must

use [Standard and Transmission-Based Precautions](#) , as per the District *Exposure Control Plan* (pages 15-25) and The district *Communicable Disease Plan* (pages 4-14).

Upon referral to designated staff, staff should screen ill students for excludable symptoms. Individuals who screen positive for the following by designated staff must be isolated:

- **Fever and chills [Take temperature (should be under 100.4 °F)]**
- **New or worsening cough**
- **Shortness of breath or difficulty breathing not explained by an underlying condition or relieved with rescue medication**
- **New loss of taste or smell**
- **Nausea or vomiting**
- **Diarrhea**
- **New undiagnosed rash or sores**

1. When it is determined that a student has symptoms that are excludable, initiate contact to parents for pick up.
2. Take the student to the isolation space pending parent pickup in a safe and respectful manner.

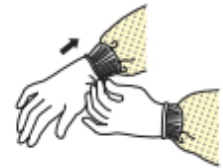
For students with Individual Health Plans (IHPs), these plans should be deferred to if symptoms might be associated with underlying health conditions. For specific symptoms associated with asthma or altered level of consciousness, defer to district standard procedures. Any concerning symptoms should be referred to the RN, specifically if a parent cannot immediately pick up their student. **Any student in distress should have EMS (9-1-1) called immediately.**

3. Explain to student the process in developmentally appropriate terms, avoiding phrases such as “isolation.”
4. Student will be provided a face mask. Ensure that this is removed if student falls asleep to maintain safety.
5. Staff should wear a facial mask and gloves upon entry to isolation space.
6. Remain calm and practice measures to maintain student privacy, confidentiality, and dignity to the highest extent feasible.
7. Staff should promote respiratory etiquette and physical distancing in the isolation space.
8. If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students.
9. Do not leave students unattended.
10. Ensure students are appropriately logged into *Communicable Disease Surveillance Logs*.
11. Reinforce appropriate exclusion action with parents using ODE/OHA’s COVID-19 Exclusion Summary Guidance for K-12 Schools on page 49.
12. Ensure appropriate sanitizing between each use of space.

Donning & Doffing (Applying & Removing) PPE

Donning (applying) PPE

1. **Perform appropriate hand hygiene.**
2. **Determine appropriate PPE to be worn depending on duties being performed**
3. **Put on gown, if applicable.**
 - Fully cover your torso from your neck to knees and your arms to the end of your wrists, then tie at the back.
 - The gown should be large enough to allow unrestricted movement without gaping.
 - Fasten at the back of the neck and waist.
4. **Put on surgical mask or KN95, if applicable**
 - Secure the ties or elastic bands at the middle of the head and neck.
 - Fit flexible band to the nose bridge.
 - Fit mask snug to face and below the chin.
 - Fit-check respirator according to manufacturer instructions.
5. **Put on protective eyewear or face shield, if applicable.**
 - Place over eyes/face and adjust to fit.
6. **Put on gloves.**
 - Extend the gloves to cover the wrist of the gown.



Donning must be performed in the correct order to prevent infection transmission.

SAFE PRACTICES TO REMEMBER

- Limit the number of surfaces touched when wearing PPE
- Do not touch your face while wearing PPE
- If you are interacting in close proximity to more than one individual for direct care, your PPE must be changed, and hand hygiene must be practiced in between each individual.
- If at any point your gloves become contaminated, you must dispose of them, perform hand hygiene, and then replace them with new gloves.
- Hair should be pulled back in settings where PPE is necessary.
- Jewelry should be minimized.

Doffing (removing) PPE

Following a correct doffing procedure is especially crucial in the control and prevention of infection. It is the most important step of preventing infection transmission. The doffing of PPE should protect your clothing, skin and mucous membranes from contamination

Remember that all PPE is contaminated after use. Perform hand hygiene immediately after each step of doffing.

If you are in the isolation space, your gloves and gown should be removed *before* exiting the room

1. Remove gloves.

- Using one hand, grasp the palm of the other hand and peel off the first glove.
- Hold the removed glove in the gloved hand.
- Slide fingers of the ungloved hand under the remaining glove at the wrist and peel it off over the first glove.
- Discard gloves in a waster container.
- Perform hand hygiene appropriately

2. Remove gown.

- Unfasten the ties, ensuring the sleeves do not make contact with your body.
- Pull the gown away from the neck and shoulders, touching the inside only.
- Turn the gown inside out.
- Fold or roll the gown into a bundle and discard in the waste container.

3. Perform hand hygiene.

4. If applicable, exit isolation space.

5. Remove goggles/face shield, if applicable.

- Remove from the back of the head by lifting headband or earpieces.
- If reusable, place in the designated reprocessing receptacle. If not, discard in waste container.

6. Perform hand hygiene.

7. Remove mask/respirator.

- Grasp the bottom ties/elastics, then the top ones, and remove without touching the front of the mask.
- Discard in the waste container.

8. Immediately perform hand hygiene.

(Adapted from diagrams by Queensland Department of Health and the CDC)

[Video Resources](#)

[Donning PPE \(CDC\)](#)

[Doffing PPE \(CDC\)](#)

[Handwashing \(CDC\)](#)