

# MILTON-FREEWATER SD COMMUNICABLE DISEASE PLAN

UPDATED August 2022



## **Milton-Freewater Unified School District**

### District Office Administrators

Aaron Duff (Superintendent) [aaron.duff@miltfree.k12.or.us](mailto:aaron.duff@miltfree.k12.or.us) (541) 938-3551 ext.7431 Margo Piver (Human Resources) [margo.piver@miltfree.k12.or.us](mailto:margo.piver@miltfree.k12.or.us) (541) 938-3551 ext.7416 Ami Muilenburg (Student Services) [ami.muilenburg@miltfree.k12.or.us](mailto:ami.muilenburg@miltfree.k12.or.us) (541) 938-1258 ext.7258 Amanda Noirot (Federal Programs) [amanda.noirotd@miltfree.k12.or.us](mailto:amanda.noirotd@miltfree.k12.or.us) (541) 938-3551 ext 7213 Craig Gaines (Facilities Mgr.) [craig.gaines@miltfree.k12.or.us](mailto:craig.gaines@miltfree.k12.or.us) (541) 938-3551 ext.7482 Cheryl Copeland (Nurse) [cheryl.copeland@imesd.k12.or.us](mailto:cheryl.copeland@imesd.k12.or.us) (541) 938-8700 ext.7108 Denyce Kelly (Bus. Mgr.) [denyce.kelly@imesd.k12.or.us](mailto:denyce.kelly@imesd.k12.or.us) (541) 966-3216  
Travis Stapleton(Tech. Mgr.) [travis.stapleton@imesd.k12.or.us](mailto:travis.stapleton@imesd.k12.or.us) (541) 938-3551 ext.7253 Jay Rodighiero (Safety Officer) [jay.rodighiero@miltfree.k12.or.us](mailto:jay.rodighiero@miltfree.k12.or.us) (541) 938-6611 ext.7351

### Building Administrators

Jay Rodighiero (Freewater) [jay.rodighiero@miltfree.k12.or.us](mailto:jay.rodighiero@miltfree.k12.or.us) (541) 938-6611 ext.7351 Maia Fastabend (Gib Olinger) [maia.fastabend@miltfree.k12.or.us](mailto:maia.fastabend@miltfree.k12.or.us) (541) 938-8700 ext. 7101 Don Davis (Ferndale) [donald.davis@miltfree.k12.or.us](mailto:donald.davis@miltfree.k12.or.us) (541) 938-5412 ext.7361 Tim Sprenger (Central) [tim.sprenger@miltfree.k12.or.us](mailto:tim.sprenger@miltfree.k12.or.us) (541) 938-5504 ext.7271 Mario Uribe-Saldana [mario.uribesaldana@miltfree.k12.or.us](mailto:mario.uribesaldana@miltfree.k12.or.us) (541) 541-938-5593 ext.7201

### **Community Health Partners**

Tom Roberts (Em. Mgr.) [thomas.roberts@umatillacounty.net](mailto:thomas.roberts@umatillacounty.net) (541) 966-3706 Alisha Lundgren(Public Health) [alisha.lundgren@umatillacounty.net](mailto:alisha.lundgren@umatillacounty.net) (541) 278-5432 George Murdock (Commissioner) [george.murdock@umatillacounty.net](mailto:george.murdock@umatillacounty.net) (541) 278-6202 Rob Burnside, (CTUIR Safety) [RobBurnside@ctuir.org](mailto:RobBurnside@ctuir.org) (541) 429-7801

# **Introduction**

## **Overview**

Communicable diseases can be transmitted from person to person by various routes. A basic understanding of how these diseases are transmitted and common prevention measures can help decrease the spread of infections. Early identification of signs and symptoms of communicable disease is of paramount importance to maintain the health of the school population and decrease school absenteeism.

## Regulations

Oregon laws outline responsibilities for communicable disease control in the school setting.

### OAR 581-022-2220 (excerpted)

1. The school district shall maintain a prevention-oriented health services program for all students which provides:
  - (b) Communicable disease control, as provided in Oregon Revised Statutes; and
  - (g) Compliance with Oregon-OSHA Bloodborne Pathogens standard (Div. 2/Z 1910.1030) for all persons who are assigned to job tasks that may put them at risk for exposure to blood or other potentially infectious materials (OPIM) (ORS 191.103)
2. School districts shall adopt policies and procedures which consider admission, placement and supervision of students with communicable diseases, including but not limited to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

### ORS 333-019-0010 (excerpted)

2. To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or food service facility may not attend or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under these rules.
3. A susceptible child or employee in a school or children's facility who has been exposed to a restrictable disease that is also a reportable disease for which an immunization is

required under OAR 333-050-0050 must be excluded by the school administrator, unless the local health officer determines, in accordance with section (4) of this rule, that exclusion is not necessary to protect the public's health.

**Milton-Freewater School Board Policy**

Communicable disease definitions, prevention, transmission, and exclusion of students rules are based on Oregon law and school board policy. Pertinent board policies are listed below and are available at our district website ([miltfree.k12.or.us](http://miltfree.k12.or.us)).

- Policy GBEB: Communicable Disease – Staff

- Policy GBEB-AR: Communicable Disease - Staff
- Policy JHCC: Communicable Disease – Students
- Policy JHCC-AR: Communicable Disease – Students

## Definitions

1. **Close Contact** – a susceptible individual, who has close contact for longer than 15 cumulative minutes a day with a person who has a communicable disease. . . If a school cannot confirm that 6ft of distance was maintained OR 3ft distancing with consistent mask use was maintained during the school day, then each person the confirmed case was in contact with will need to quarantine - this could include all members of a stable cohort....." Susceptible is defined lacking documentation of immunization OAR 333-050-0050. [Exceptions: 1) Vaccinated individual 2) Person that has had and recovered from COVID-19 in the past 90 days]
2. **Contact Tracing** – Protocol to notify and provide logs to the local public health authority of any confirmed communicable disease among students or staff, or when notified of any confirmed cases.
3. **Exclusion** – ability to of the school district to remove a student from the school setting for a period of time because on an illness that “presents a significant public health risk in the school setting.” Exclusion requirements and durations are made in collaboration with public health, individual students, and families.
4. **Isolation** - Identified location where a student may stay if they are presenting symptoms away from other students/staff. Isolation should be until parents can arrive (short duration) and does not constitute a change of educational placement.
5. **LPHA** - Local Public Health Authority.
6. **Quarantine** - period of time where student/staff self-isolate at the direction of LPHA.
7. **Re-entry** - Process by which students/staff fully rejoin educational services and have access to physical facilities and peer groups/cohorts.
8. **Reportable diseases** - means a human reportable disease, infection, microorganism or condition as specified in OAR Chapter 333, Division 18.
9. **Restrictable diseases** - defined by rule and include but are not limited to chickenpox, diphtheria, hepatitis A, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis and tuberculosis disease, and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the person poses an unusually high risk to others (e.g., a child that exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public’s health. A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by Board policy<sup>1</sup> or by the local health administrator, after determining that it presents a significant public health risk in the school setting.
10. **Screening** - technique to identify students/staff that may be impacted by a communicable disease.

School screening will be no more invasive than basic questions and temperature checks. Further screening will be done by LPHA and with consent of parent or legal guardian.

11. **Stable Cohort** - a group of students/staff that has a consistent location and peer group throughout a scheduled day.
12. **Susceptible** – meaning being at risk of contracting a restrictable disease by virtue of being in one or more categories described in law or one lacking completed vaccine for the communicabledisease.
13. **Unstable Cohort** - a group of students/staff that does not have a consistent location and peer group throughout a scheduled day.

## Communicable Disease Transmission Routes

### **Airborne**

Infection via airborne transmission routes can occur when the germ from an infected person becomes suspended in the air and is then inhaled by another person.

Examples of airborne diseases

tuberculosis, measles, chickenpox; less common diseases like smallpox and SARS

### **Respiratory Droplet**

Infection can occur when the germ from an infected person's nose or throat comes into contact with the mucous membranes (the eyes, nose or mouth) of another person by coughing, sneezing or spitting. Such transfers occur only at distances of less than 6 feet.

Examples of respiratory droplet diseases

Common cold, influenza (flu), whooping cough (pertussis), meningococcal disease, COVID-19

### **Direct or Indirect Contact**

Direct contact: Infections can spread from person to person by either skin-to-skin contact or skin-to-mucous membrane contact. (Germs that can be spread by respiratory droplet are often spread by this route as well.)

6

Indirect contact: Infections can spread from contaminated object to person.

Examples of diseases spread by contact

Fungal infections (such as "ringworm"), herpes virus, mononucleosis, skin infections (such as Staph and Strep), influenza (flu), common cold

### **Fecal – Oral**

Infection can spread from the stool or fecal matter of an infected person to another person, usually by contaminated hand-to-mouth contact, or by way of contaminated objects, when effective hand washing is not done after toileting or through poor personal hygiene.

Examples of fecal-oral diseases

Diarrheal illnesses, Hepatitis A, pinworms

### **Foodborne**

Foodborne illnesses occur as a result of eating food that has been improperly handled, prepared or stored.

Examples of foodborne illnesses  
Diarrheal diseases, Hepatitis A

### **Waterborne**

Waterborne illnesses are spread by consumption or exposure to water that has been contaminated with infectious germs. The contaminated water may be swallowed or come into contact with the person's skin or mucous membranes.

Examples of waterborne illnesses  
Diarrheal diseases, skin infections, Hepatitis

### **Bloodborne**

Bloodborne illnesses are spread through very specific and close contact with an infected person's body fluids, such as unprotected sexual contact, sharing needles or drug paraphernalia, by a pregnant mother to her unborn child, blood transfusions (rarely), tattooing or piercing in unlicensed establishments and puncture wounds (needle-stick injuries).

In the school setting, risk for infections can occur when infected body fluids come into contact with a person's broken skin, mucous membranes or through a puncture wound (e.g. needle- stick injury, sharp objects, human bite or fight).

Examples of blood-borne illnesses  
Hepatitis B, C, and D; HIV/AIDS

### **Sexual Transmission**

7

Sexually transmitted infections are spread from person to person through sexual intercourse (including oral and anal sex). Some diseases, such as HIV, and Hepatitis B and C, can be transmitted both by bloodborne and sexual routes.

Examples of sexually transmitted infections  
Gonorrhea, Chlamydia, Syphilis, Herpes, Genital warts (human papillomavirus)

## **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 more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016).

8

### Differences between seasonal flu and pandemic flu:

| Seasonal Flu  | Mild to Moderate Pandemic  | Severe Pandemic   |
|---|--|---|
| <b>THE VIRUS</b> <ul style="list-style-type: none"><li>Caused by influenza viruses that are closely related to viruses that have previously circulated, most people will have some immunity to it.</li><li>Symptoms include fever, cough, runny nose, and muscle pain.</li><li>Complications such as pneumonia are most common in the very young and very old and may result in death.</li><li>Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness.</li></ul> | <b>THE VIRUS</b> <ul style="list-style-type: none"><li>Caused by a new influenza virus that has not previously circulated among people and that can be easily spread.</li><li>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.</li><li>Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications.</li><li>Healthy adults may be at increased risk for serious complications.</li></ul> | <b>THE VIRUS</b> <ul style="list-style-type: none"><li>A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society.</li><li>During the peak of a severe pandemic, workplace absenteeism could reach up to 80% due to people being ill themselves or caring for family members.</li></ul> |
| <b>IMPACT ON THE COMMUNITY</b> <ul style="list-style-type: none"><li>Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults.</li></ul>  | <b>IMPACT ON THE COMMUNITY</b> <ul style="list-style-type: none"><li>May cause a moderate impact on society (e.g., some short-term school closings, arrangement of people who are sick to stay home).</li></ul>  | <b>IMPACT ON THE COMMUNITY</b> <ul style="list-style-type: none"><li>Schools and day care/child care facilities may be closed.</li><li>Public and social gatherings will be discouraged.</li><li>The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.</li></ul>           |

(Image: CDC)

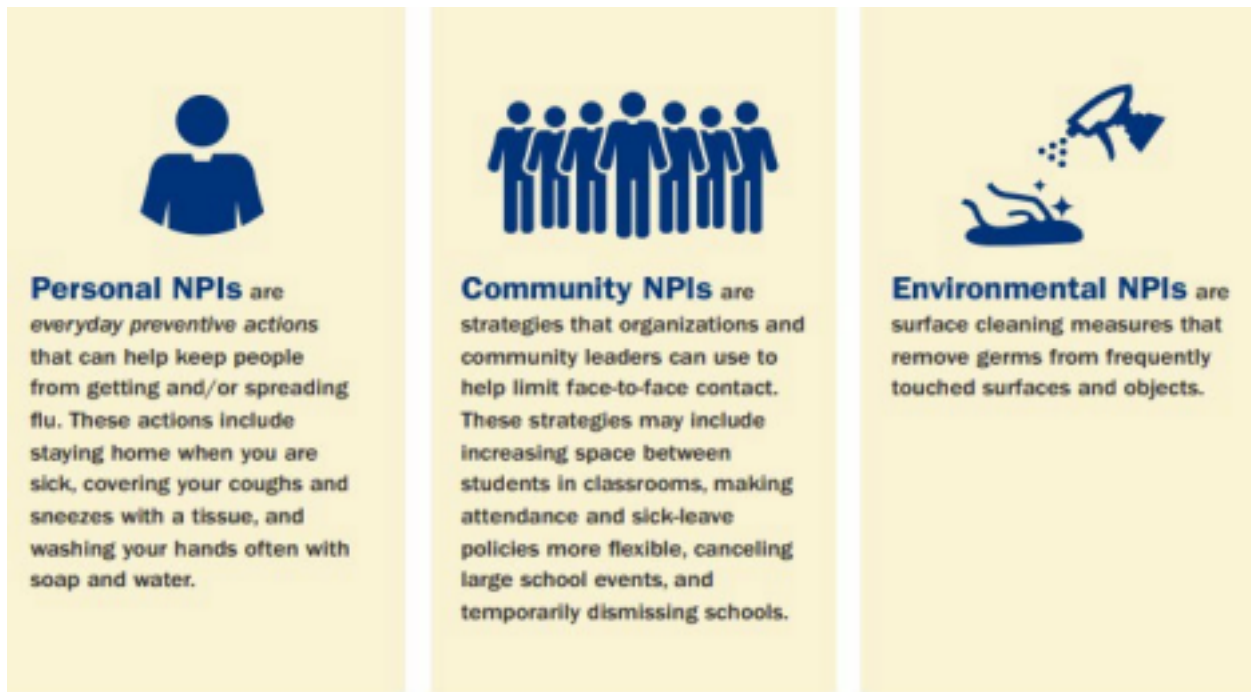
The purpose of this document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help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

## Control Measures

While prophylactic 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).



(Image: CDC)

## Daily Measures

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

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces

- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

# Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity 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 guide to create a framework for response plan for such events in the school setting.

Control measures are incremental based on the current situation. The current situation will be defined by the public health entities based on the severity, the incidence and the proximity to the school setting leading to level based responses

## When cases of novel viruses are identified globally

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

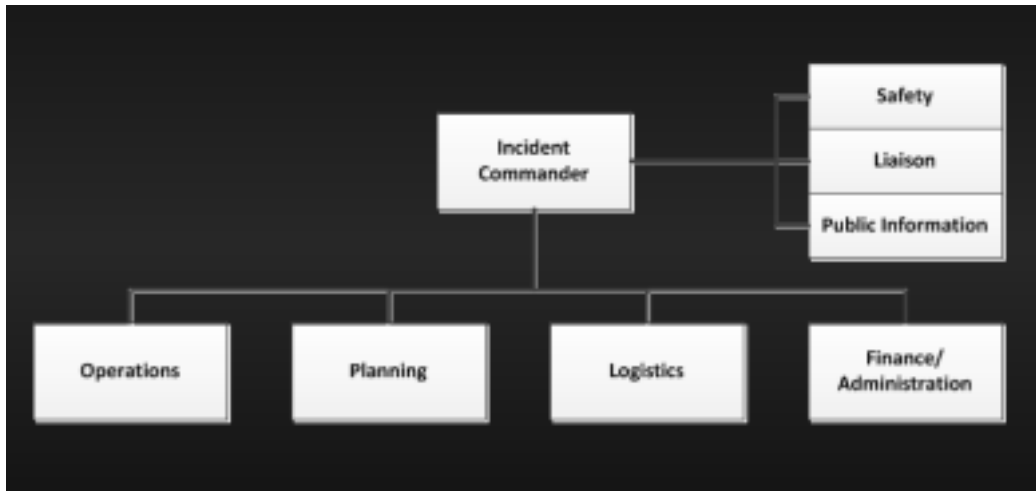
### ROUTINE PRACTICES

| Personal NPI’s  | Community NPI’s   | Environmental NPI’s   | Communication  |
|---|---|---|--|
| <ul style="list-style-type: none"> <li>• Routine hand hygiene.</li> <li>• Respiratory Etiquette</li> <li>• Stay home when ill.</li> </ul> | <ul style="list-style-type: none"> <li>• Routine illness exclusion (Appendix A).</li> </ul> | <ul style="list-style-type: none"> <li>• Routine sanitizing.</li> </ul> | <ul style="list-style-type: none"> <li>• Routine seasonal illness prevention and exclusion communication.</li> </ul> |

## When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., It is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Umatilla County, the Local Health Department (LHD) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district.

Response team should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities at minimum to meet the general structure of Incident Command.



(Image: prepare.gov)

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

# Communicable Disease Control:Resources

## School Health Resources

Health policy and procedures in the school setting should be developed in collaboration with those trained and/or licensed in the health field. Consider utilizing the resources listed below.

- School nurse; registered nurse practicing in the schoolsetting
- Local public health authority (see Appendix 2)
- School-Based Health Centers
- Community health care providers
- Oregon Occupational Health and Safety Administration (OSHA)
- Oregon Health Authority, Public Health Division (PHD)

Milton-Freewater

Stage Response Stage Stages  
SD

Pandemic Plan

|   |     |
|---|-----|
| New domestic animal outbreak in at-risk country | 0-1 |
| Suspected human outbreak overseas               |     |
| Confirmed human outbreak overseas               |     |
| Widespread human outbreaks in multiple          | 2-7 |

|   |   |
|---|---|
| locations overseas                          |   |
| First human case in North America           |   |
| Spread throughout United States             |   |
| Suspected cases in Umatilla County          |   |
| Confirmed cases in Umatilla County          |   |
| Recovery & preparation for subsequent waves | 8 |

0

1 Preparedness 2

3

4

5 6 7

Response

8 Recovery

\*Note: The Federal Government Response Stages should not be confused with the World Health Organization phases of

**Whole School Support**

pandemic influenza which are different and overlap.

12

School health is a shared responsibility. The Centers for Disease Control’s *Whole School, Whole Community, Whole Child* model highlights ways that individuals from different disciplines can contribute together to a healthier school community, including actions such as those described below. <https://www.cdc.gov/healthyschools/wsc/index.htm>

**Roles and Responsibilities**

Health education and support for students, school staff and parents is an essential component in the prevention and control of communicable diseases.

**Health Education**

Develop and use K-12 developmentally appropriate curricula that addresses the prevention of communicable diseases. For example, teach effective hand washing in K-3, provide parent information on recognizing signs and symptoms of communicable illness and when to keep ill children home, teach appropriate sexuality education to prevent the spread of sexually transmitted infections and encourage age-appropriate

hygiene for all levels.

### **Physical Education**

Develop and promote K-12 programs that ensure communicable disease prevention in all physical education and sport areas. For example, develop school district policies regarding body-contact sports or activities when open or draining wounds are present, provide proper cleaning and hand-washing equipment at all events and provide staff training regarding safe practices.

### **Health Services**

Provide school-based or school-linked access (school nurses, school-based health centers) to communicable disease prevention services, referrals to health care providers, and training to assess, coordinate and report to local health departments.

### **Nutrition Services**

Healthy students require balanced and nutritious diets to strengthen the immune system to fight illness. Safety measures must be followed to ensure that all food, food areas and utensils are prepared and cleaned in accordance with public health guidelines to prevent outbreaks of foodborne illness.

### **School Counseling, Psychological and Social Services**

Work collaboratively with Health Services personnel to minimize fear and confusion for students and staff that often occur with communicable disease incidents or outbreaks. Make appropriate referrals of students to Health Services personnel. Act as a liaison to Health Services in following the district policy regarding the reporting of communicable diseases when information is made available from other staff, students and parents and assist in giving accurate information as permitted by confidentiality policies.

13

### **Healthy Schools Environment**

Develop policies and procedures that align with Oregon Public Health law regarding exclusion of ill students and staff with specified communicable diseases and conditions. Health Services should provide information and education on communicable diseases common in the school population. Develop, implement and review on an annual basis the Exposure Control Plan for Bloodborne Pathogens in the school setting per the OR- OSHA rule. Update when necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### **Health Promotion for Staff**

Encourage a healthy lifestyle that reduces communicable disease risks for staff. For example, complete up-to-date immunizations, practice and model effective hand washing, and offer training in communicable disease recognition and prevention.

### **Family and Community Involvement**

Promote meaningful partnerships among schools, families and communities to enhance the prevention of communicable disease in youth. For example, circulate newsletters on current communicable disease issues and sponsor PTA information programs to include communicable disease topics of interest to the school-age population.

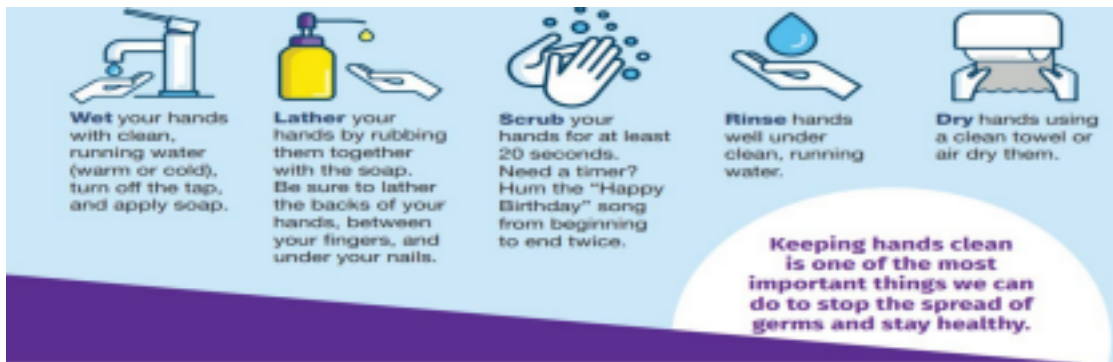
# Key Safety Practices

## Hand Washing & Hygiene

### **HAND-WASHING EXPECTATIONS**

All persons occupying district facilities will wash their hands with soap and water for twenty seconds once every two hours and/or at every transition. However, if for practical reasons, this is not possible hand sanitizer (consisting of at least 60% alcohol content) may be used until such time soap and water becomes practical. Key times to wash hands, in general, include but are not limited to the following:

- Before, during and after preparing food.
- Before and after eating food.
- After using the toilet.
- After blowing your nose, coughing or sneezing.
- Before and after using a hand-operated water fountain.
- Before and after school/work shifts and/or breaks.
- After touching frequently touched surfaces, such as seats and handrails.
- Before or after treating someone who is ill.
- After touching garbage.
- After changing diapers or cleaning up a child who has used the toilet.
- After touching an animal, animal food, or animal waste.



## Cleaning Expectations

- Cleaning and disinfecting is everyone’s responsibility.
- The MFUSD custodian crew has many years of experience and knowledge with continual training on cleaning and disinfecting procedures.
- The district will provide training as well as complete disinfecting and cleaning chemicals and other supplies. The district has new cleaning equipment to quickly and effectively take care of entire buildings.
- Routine and high-touch areas will be cleaned and disinfected often.

## Isolation and Quarantine

### Definitions:

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

### Protocol

- Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate protective wear and follow key safety procedures..
  - School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space.
  - After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol.
  - If able to do so safely, a symptomatic individual should wear a face covering.
  - To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.
  - Establish procedures for safely transporting anyone who is sick to their home or to a health care facility.
  - Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. Refer to table in [RSSL Planning for COVID 19 Scenarios](#).
  - Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms (where staffing exists). ○ Record and monitor the students and staff being isolated or sent home for the LPH review.

# Contact Tracing

- 🏫 Schools are required to track and report any cluster of illness, including COVID-19. This operating procedure has been developed in alignment with the OHA/ ODE [March 2, 2022 Ready Schools, Safe Learners Resiliency Framework for 2021- 22 School Year](#). Effective March 12, 2022, Oregon will pause contact tracing and quarantine for the general population, including K-12 settings. For guidance on exclusion and communicable disease see [ODE/ OHA Communicable Disease Guidance for Schools](#) and the [RSSL Planning for COVID-19 Scenarios](#).

# Screening for Students and Staff

1. Communicable disease screening is available on request to all students and staff following OHA Testing Procedure guidelines. We encourage individuals with symptoms to consult their doctor upon receipt of the results to establish the best plan for their care. An individual with a negative communicable disease test but demonstrating primary symptoms of the disease will be required to isolate and may be excluded from school. Exclusion requirements and durations are made in collaboration with public health, individual students, and families.

# Response to Cases and/or Outbreak/School Nurse

## **Communicable disease symptoms detected:**

If the school nurse and/or administration determines a student presents with signs or symptoms of a communicable disease school staff will:

- Place student in isolation room
- Contact parents/guardians
- AND school nurse or administrator will contact and report information to public health as needed

## **Communicable disease positive with symptoms or presumed positive**

### **Symptom-based strategy**

- Exclude from school until:
  - Following LPHD Guidelines
  - AND 1 day of improvement in symptoms (e.g., cough, shortness of breath fever)
  - AND/OR cleared by LPHD

## **Communicable disease positive with NO symptoms**

### **Time-based strategy**

- Exclude from school until:
  - Follow LPHD Guidelines

## **Post-Outbreak Follow-up**

Milton-Freewater School District and the local public health authority UCHD will continue to communicate regarding the outbreak and impact to school programming. Information will be released regularly on the district's website and Facebook pages to keep students, staff, and families updated. Parents or staff are welcome to contact UCHD if they are ever concerned that their child may be exposed to a communicable disease.



# School Emergency Procedures and Drills

In accordance with ORS 336.071 and OAR 581-022-2225 all schools (including those operating a Comprehensive Distance Learning model) are required to instruct students on emergency procedures. Schools that operate an On-Site or Hybrid model need to instruct and practice drills on emergency procedures so that students and staff can respond to emergencies.

- At least 30 minutes in each school month must be used to instruct students on the emergency procedures for fires, earthquakes (including tsunami drills in appropriate zones), and safety threats.
- Fire drills must be conducted monthly.
- Earthquake drills (including tsunami drills and instruction for schools in a tsunami hazard zone) must be conducted two times a year.
- Safety threats including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety must be conducted two times a year.

# Changes to Instructional Programs

Communicable disease are unpredictable when they impact large populations and can mutate rapidly. Milton Freewater School District recognizes that this will necessarily impact the educational program that the district is able to provide. To the degree possible we will use local context to drive our decision process while following ODE/OHA requirements. MFUSD remains committed to engaging our stakeholders in this process and communicating changes to all impacted groups with timelines that are humane but recognize the emergent needs of the time.

# Exclusion of Students for Disease and Re-Entry

**Symptoms described in the EXPANDED GUIDELINES FOR SCHOOL STAFF should be considered reasons for exclusion until symptoms are resolved for the length of time indicated below OR until the student has been cleared by a licensed healthcare provider, unless otherwise noted.**

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

- Only a licensed health care provider can determine a diagnosis or prescribe treatment.
- The school administrator has the authority to enforce exclusion. [[OAR333-019-0010](#)]
- The registered nurse (RN) or school nurse\* can be a valuable resource. Collaboration with the RN may be legally required, especially if health issues relate to a student's

chronic condition.

- “A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student.” [ORS 336.201]
  - A RN is licensed to provide “services for students who are medically fragile or have special health care needs” [OAR 581-022-2220; ORS 336.201].
  - \*School nurse: an RN certified by the Teacher Standards and Practices Commission to conduct and coordinate school health services. [ORS 342.455]
- Messages about health should be created in collaboration with those licensed or trained in the health field. The registered nurse practicing in the school setting or the local public health authority should be consulted regarding notifying parents/guardians about health concerns, including describing risks and control measures.
  - During times of increased concern about a specific communicable disease, such as a local flu outbreak or another emergent disease, changes to this guidance may be warranted. School administrators should work with local public health authorities regarding screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern

#### EXPANDED GUIDELINES FOR SCHOOL STAFF

Students and school staff who are diagnosed with a school-restrictable disease must be excluded from work or attendance. Susceptible students and school staff may also be excluded following exposure to selected diseases, per instructions to the school administrator from the local public health authority or per OHA state-wide posted notices. [OAR 333-019-0010; 333-019-0100]

#### Students should also be excluded from school if they exhibit:

**Fever:** a measured oral temperature of 100.4°F, with or without the symptoms below. Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin.

**Skin rash or sores:** ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage. Stay home until rash is resolved OR until sores and wounds are dry or can be 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 situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck. Seek medical attention; return to school when advised by a licensed healthcare provider.

**Concerning cough:** persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities. Stay home until 72 hours after cough resolves. 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. If COVID-19 is diagnosed, exclude 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.

**Vomiting:** at least 1 episode that is unexplained. Stay home until 48 hours after last episode

**Headache with a stiff neck and fever OR headache with recent head injury** not yet seen and cleared by licensed health provider. Recent head injury: consider [ODE concussion guidance](#).

**Jaundice:** yellowing of the eyes or skin (new or uncharacteristic). Must be seen by a licensed prescriber and cleared before return to school

**Concerning eye symptoms:** colored drainage from the eyes **OR** unexplained redness of one or both eyes **OR** eye irritation accompanied by vision changes **OR** symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities. Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.

**Behavior change:** unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion **OR** any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider. In case of head injury, consider [ODE concussion guidance](#).

**Major health event:** may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care. Student should not be at school until health and safety are addressed. School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

**Student requiring more care than school staff can safely provide:** Student should not be at school until health and safety are addressed. School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

## Recovery Phase Procedures

Previous pandemics have been associated with subsequent “waves” of influenza-like illnesses after an initial wave resolve. After an initial pandemic outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the pandemic emergency, evaluating the response to it and preparing for subsequent waves of pandemic flu.

1. Maintain surveillance for communicable disease symptoms (to detect subsequent waves of pandemic influenza).
2. Maintain communication with local public health officials.
3. Evaluate the effectiveness of surveillance and infection-control measures during the pandemic flu and summarize observations.
4. Evaluate the adequacy of infection control supplies and the need for restocking.
5. Restock infection control supplies.
6. Revise plan if necessary.

According to experts, in the most severe pandemic, the duration of these public health measures could be weeks to months to years, which would have educational implications for students. Planning now for a

prolonged pandemic period will allow Milton-Freewater School District to be prepared as much as possible to provide opportunities for continued instruction and other assistance to students and staff.

# APPENDIX

## APPENDIX 1: CDC SCHOOL CHECKLIST



### SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST

Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following check list to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing continuity plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <http://www.wed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov)

#### 1. Planning and Coordination:

|   |                                 |   |  |
|---|---------------------------------|---|--|
| <p>Completed <input type="checkbox"/></p> | <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p>             | <p>authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.</p>  |
| <p><input type="checkbox"/></p>           | <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p>             | <p>As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.</p>   |
| <p><input type="checkbox"/></p>           | <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p>             | <p>Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS.</p> |
| <p><input type="checkbox"/></p>           | <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p>             | <p>Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.</p>   |
| <p><input type="checkbox"/></p>           | <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p>             | <p>Delineate accountability and responsibilities as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes time lines, deliverables, and performance measures.</p>  |
| <p><input type="checkbox"/></p>           | <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p>             | <p>Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those</p>  |
| <p><input type="checkbox"/></p>           | <p><input type="checkbox"/></p> | <p>Not Started <input type="checkbox"/></p> | <p>Work with your local and/or state</p>   |

health department and state education agencies to coordinate with their pandemic plans. Ensure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.

Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.

Contribute to the local health department's operational plan for surge capacity of health care and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's health care and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.

Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.

Participate in exercises of the community's pandemic plan.

Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

### 1. Planning and Coordination (cont.):

Completed In Progress Not Started

**D** Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.

**D D D D** Implement an exercise/drill to test your pandemic plan and revise it periodically.

Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

### 2. Continuity of Student Learning and Core Operations:

Completed In Progress Not Started

**D D D** Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.

**D D D** Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closure.

**D D D** Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

### 3. Infection Control Policies and Procedures:

Completed In Progress Not Started

**D D D** Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g., promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.

**D D D** Provide sufficient and accessible infection prevention supplies, such as soap, alcohol based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.

**D D D** Establish policies and procedures for student and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).

**D D D** Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and student's known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.

**D D D** Establish policies for transporting ill students.

**D D D** Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to [www.hhs.gov/pandemicflu/plan](http://www.hhs.gov/pandemicflu/plan)).

### 4. Communications Planning:

Completed In Progress Not Started

**D D D** Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.

**D D D** Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.

**D D D** Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their

communities.

#### 4. Communications Planning (cont.):

Completed **D**

In Progress **D**

Not Started **D**

telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.

**D D D** Develop and maintain up-to-date communications contact of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.

**D D D** Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.

**D D D** Advise district staff, student and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.

**D D D** Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).

**D D D** Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).

**D D D** Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.



### APPENDIX 2: EXCLUSION LETTER #1

#### SAMPLE LETTER TO SCHOOL COMMUNITY

Dear Parent/Guardian:

#### **DO NOT SEND AN ILL STUDENT TO SCHOOL.**

Please call the school office to notify us if your student is ill. The box on the back of this page gives examples of when your student should not be in school.

**If your student's symptoms are related to a chronic condition, contact the school and follow school policies for chronic condition management.**

Please contact your health care provider about serious illness, including any fever of 103°F or higher. If you need help in finding a health care provider, you may contact your local health department.

Notify school staff if your student requires medication during school hours. Follow school protocols for medication at school. Unless otherwise instructed, if your student's illness requires antibiotics, the student must have been on antibiotics for 24 hours before returning to school. Antibiotics are not effective for viral illnesses.

To help protect all students, please notify the school if your child is diagnosed with any of these diseases: *chickenpox, COVID-19, diphtheria, E. coli diarrhea, hepatitis, measles, mumps, pertussis, rubella, Salmonella, scabies, shigellosis, tuberculosis, or another disease as requested.* The school will protect your private information as required by law. [OAR 333-019-0010]

With consent, the school nurse may consult with your doctor about your student’s health in order to keep your student safe, healthy, and ready to learn.

Sincerely,

[Administrator Name]

END LETTER PAGE1

## APPENDIX 2: EXCLUSION LETTER RESOURCE

### When Should I Keep My Student Home?

NOTE: These are school instructions, not medical advice. Please contact your doctor with health concerns.

| Student’s Symptoms or Illness  | Student May Return to School When*  |
|--|---|
| <b>Fever:</b> temperature by mouth greater than 100.4 degrees  | No fever for at least 24 hours without the use of fever-reducing medicine.  |
| <b>Skin rash</b> or open sores   | Rash is gone; sores are dry or can be completely covered by a bandage; or with orders from doctor to school nurse.  |
| New <b>Cough</b> illness   | In general, when symptom-free for 72 hours. If pertussis (whooping cough) is diagnosed, after taking 5-day course of prescribed antibiotics, or when cleared for return by local public health authority. If COVID-19 is diagnosed, 5 full days of isolation and fever free for 24 hours. |
| <b>Diarrhea:</b> 3 loose or watery stools in one day <b>OR</b> newly not able to control bowel movements | Symptom-free for 48 hours.  |
| <b>Vomiting</b>  | Symptom-free for 48 hours.  |
| <b>Headache</b> with stiff neck and fever; <b>OR</b> with recent head                                    | Symptom-free or with orders from doctor to school nurse.  |

|  |  |
|--|--|
| injury   |  |
| <b>Jaundice:</b> (new) yellow color in eyes or skin  | After orders from doctor or local public health authority to school nurse.         |
| <b>Red eyes or eye discharge:</b> yellow or brown drainage from eyes   | Redness and discharge is gone <b>OR</b> with orders from doctor to school nurse.   |
| <b>Acting different without a reason:</b> unusually sleepy or grumpy <b>OR</b> acting differently after a head | After return to normal behavior <b>OR</b> with orders from doctor to school nurse. |
| <b>Major health event,</b> like surgery <b>OR</b> an illness lasting 2 or more weeks                           | After orders from doctor to school nurse.  |
| <b>Student's health condition requires more care than school staff can safely provide</b>                      | After measures are in place for student's safety.                                  |

To notify the school about your student's illness, please call . To contact the school nurse or health office please call: or email \_.

END LETTER PAGE 2.

### APPENDIX 3: COMMUNICABLE DISEASE AND ACTION MATRIX

Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease of a Health Care Provider Has Diagnosed a Specific Communicable Disease

*If you become aware the child has any of the following diseases, then clearance by the local health department is required before the child returns to school: Chickenpox, COVID-19, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis (whooping cough), rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic E. coli (STEC) infection (O157 and others), shigellosis, and infectious tuberculosis. Call your local public health authority with questions.*

**Children with any of the symptoms listed on pages 10–11 should be excluded from school until the symptoms are no longer present, or until the student is cleared to return by a licensed physician or by the school nurse.**

| DISEASE/SYMPTOMS | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT | TRANSMISSION/<br>COMMUNICABILITY |
|------------------|---|----------------------------------|
|                  |   |                                  |



|  |  |   |   |
|--|--|---|---|
| <p><b>AIDS (Acquired Immune Deficiency Syndrome)</b></p> <ul style="list-style-type: none"> <li>• AIDS is a later stage of an infection caused by the Human Immunodeficiency Virus (HIV).</li> <li>• Swollen lymph nodes, loss of appetite, chronic diarrhea, weight loss, fever or fatigue, cancers and other infections</li> </ul> | <p><b>Exclude:</b> NO</p> <p><b>Restriction:</b> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information</p> <p><b>Report:</b> YES – call CD coordinator at Local Health Department</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with potentially infectious blood to broken skin, mucous membranes or through puncture wounds</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• Lifetime infection after initial infection with virus</li> </ul> | <ul style="list-style-type: none"> <li>•</li> <li>fl</li> </ul> |
| <p><b>ATHLETE’S FOOT</b></p> <ul style="list-style-type: none"> <li>• Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet</li> </ul>   | <p><b>Exclude:</b> NO</p> <p><b>Restriction:</b> NO</p> <p><b>Report:</b> NO</p>   | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with infectious areas</li> <li>• Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b> • Until treated</p>  | <ul style="list-style-type: none"> <li>•</li> </ul>             |

| DISEASE/SYMPTOMS  | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT  | TRANSMISSION/<br>COMMUNICABILITY   |  |
|---|--|--|--|
| <p><b>BOILS – (See Also STAPH SKIN INFECTION)</b></p> <ul style="list-style-type: none"> <li>• Large pimple-like sore, swollen, red, tender may be crusted or draining</li> <li>• Headache, fever may be present</li> </ul> | <p><b>Exclude:</b> Exclusion status may vary according to the state of the lesion in question. Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health care provider permission, or lesion is dry and crusted with no drainage</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with drainage from sores or nasal secretions from carrier</li> <li>• Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• As long as sores drain if untreated</li> </ul> | <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>N</li> <li>•</li> </ul> |

|   |   |  |
|---|---|--|
| <p><b>CHICKENPOX (Varicella)</b></p> <ul style="list-style-type: none"> <li>• Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters, scab over</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears)</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Airborne droplets from coughing</li> <li>• Direct contact with drainage from blisters or nasal secretions</li> <li>• Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• 2 days before to 5 days after rash appears</li> </ul> |
|---|---|--|

| DISEASE/SYMPTOMS  | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT                                   | TRANSMISSION/<br>COMMUNICABILITY   |
|---|---|--|
| <p><b>CMV (Cytomegalovirus)</b></p> <ul style="list-style-type: none"> <li>• Caused by a human herpes virus</li> <li>• Most severe form of the disease occurs to infants infected from mother during pregnancy, premature infants, and the immunocompromised.</li> <li>• A variety of symptoms can occur</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> NO</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct mucosal contact with infected tissues, secretions and excretions (urine, saliva, breast milk, cervical secretion and semen)</li> <li>• Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• Virus is secreted in urine and saliva for many months and may persist or be episodic for several years after initial infection.</li> </ul> |
| <p><b>COMMON COLD (Upper Respiratory Infection)</b></p> <ul style="list-style-type: none"> <li>• Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon</li> </ul>  | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> NO</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with nose and throat secretions</li> <li>• Droplets from coughing or sneezing</li> <li>• Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• 1 day before onset of symptoms until 5 days after</li> </ul>   |

| DISEASE/SYMPTOMS   | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT   | TRANSMISSION/<br>COMMUNICABILITY   |  |
|--|---|--|--|
| <p><b>COVID-19 VIRUS</b></p> <ul style="list-style-type: none"> <li>Symptoms include fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and loss of taste or smell</li> </ul>                  | <p><b>Exclude:</b> Consult with Local Health Department for guidelines on exclusion.</p> <p><b>Restriction:</b> In accordance with Local Public Health Guidelines.</p> <p><b>Report:</b> YES</p>  | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Respiratory droplets</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>Highly</li> </ul>   | <ul style="list-style-type: none"> <li>Imm</li> <li>Mas</li> <li>Coh</li> <li>Soci</li> <li>Reg</li> <li>E</li> <li>Reg</li> <li>Ven</li> </ul>  |
| <p><b>DIARRHEAL DISEASES</b></p> <ul style="list-style-type: none"> <li>Loose, frequent stools, sometimes with pus or blood</li> <li>Vomiting, headaches, abdominal cramping or fever may be present</li> </ul>                          | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> Exclude students with acute diarrhea; see to Exclusion Guidelines on pages 10-11.</p> <p><b>Report:</b> Not usually; depends on diagnosis; Report cluster outbreaks to local health department.</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Direct contact with feces</li> <li>Consumption of water or food contaminated with feces</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>Varies from hours to several days</li> </ul>                     | <ul style="list-style-type: none"> <li>Was</li> <li>e</li> <li>b</li> <li>c</li> <li><b>No</b></li> <li><b>No</b></li> </ul>   |
| <p><b>FIFTH DISEASE</b></p> <ul style="list-style-type: none"> <li>Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health care provider permission or when no rash or signs of illness are present</p> <p><b>Report:</b> NO</p>   | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Droplets from coughing or sneezing</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>Greatest before onset of rash when illness symptoms occur</li> <li>No longer contagious after rash appears</li> </ul> | <ul style="list-style-type: none"> <li>Was</li> <li>Enc</li> <li>r</li> <li>Enc</li> <li>tissue</li> <li>r</li> <li>F</li> <li>f</li> <li>F</li> <li>s</li> <li>• Con</li> <li>I</li> <li>F</li> </ul> |

| DISEASE/SYMPTOMS  | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT   | TRANSMISSION/<br>COMMUNICABILITY  |
|---|---|---|
| <p><b>HAND, FOOT &amp; MOUTH DISEASE</b></p> <ul style="list-style-type: none"> <li>Sudden onset fever, sore throat and lesions in mouth</li> <li>Blistered lesions on palm, fingers and soles</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health care provider permission or when blisters are gone</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Direct contact with nose and throat discharges or feces</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>During acute stage of illness and potentially for several weeks after in stool</li> </ul> |

|  |   |  |
|--|---|--|
| <p><b>HEAD LICE</b></p> <ul style="list-style-type: none"> <li>• Itching of scalp</li> <li>• Lice or nits (small grayish brown eggs) in the hair</li> </ul> <p>*See additional ODE guidance document on Head Lice</p>  | <p><b>Exclude:</b> If required by school policy<br/><b>Restriction:</b> NO</p> <p><b>Report:</b> NO</p>   | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with infected person</li> <li>• Indirect contact with infected articles (rarely)</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• Only when live bugs present</li> </ul>                     |
| <p><b>HEPATITIS A</b></p> <ul style="list-style-type: none"> <li>• Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort</li> <li>• Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay colored stools</li> <li>• May have mild or no symptoms</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restricted:</b> May attend only with local health department permission.</p> <p><b>Report:</b> YES</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with feces</li> <li>• Consumption of water or food contaminated with feces</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• Two weeks before symptoms until two weeks after onset</li> </ul> |

| <p><b>DISEASE/SYMPTOMS</b></p>   | <p><b>SCHOOL EXCLUSION/<br/>SCHOOL RESTRICTION and<br/>REPORTING TO LOCAL<br/>HEALTH<br/>DEPARTMENT</b></p>   | <p><b>TRANSMISSION/<br/>COMMUNICABILITY</b></p>  |
|--|---|--|
| <p><b>HEPATITIS B &amp; C</b></p> <ul style="list-style-type: none"> <li>• Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay colored stools and jaundice</li> </ul>   | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p><b>Report:</b> YES</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission.</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• One month prior to symptoms to 4 to 6 months or longer after jaundice.</li> </ul> <p>Some individuals have no symptoms</p> |
| <p><b>HIV Disease (Human Immunodeficiency Virus Disease)</b></p> <ul style="list-style-type: none"> <li>• May have acute flu-like illness</li> <li>• Most often, no symptoms present in early stages of infection</li> <li>• AIDS is a later stage of HIV infection (See AIDS).</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p><b>Report:</b> YES</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Blood getting under the skin (e.g., through needles); or through sexual contact</li> <li>• Some individuals have no symptoms but can spread the disease.</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• Lifetime infectivity after initial infection with virus</li> </ul>  |

|   |  |  |
|---|--|--|
| <p><b>IMPETIGO (See also Staph Skin Infections)</b></p> <ul style="list-style-type: none"> <li>• Blister-like sores (often around the mouth and nose), crusted, draining and “itching”</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health-care provider permission, or when lesions are dry and crusted with no drainage.</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with drainage from sores</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• As long as sore drains if untreated</li> </ul> |
|---|--|--|

| DISEASE/SYMPTOMS  | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT  | TRANSMISSION/<br>COMMUNICABILITY   |
|---|--|--|
| <p><b>INFLUENZA (flu)</b></p> <ul style="list-style-type: none"> <li>• Abrupt onset, fever, chills, headache, muscle aches, cough</li> </ul>  | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> NO</p> <p><b>Report:</b> NO</p>  | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Droplets from coughing or sneezing</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness</li> </ul>               |
| <p><b>MEASLES</b></p> <ul style="list-style-type: none"> <li>• Fever, eye redness, runny nose, a very harsh cough</li> <li>• 3–7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with local health department permission</p> <p><b>Report:</b> YES - Highly Communicable</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Airborne droplets from coughing</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• 4 days before rash until 4 days after rash begins</li> <li>• Most contagious 4 days before rash appears</li> </ul> |

| DISEASE/SYMPTOMS | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT | TRANSMISSION/<br>COMMUNICABILITY |
|------------------|---|----------------------------------|
|------------------|---|----------------------------------|

|   |  |   |
|---|--|---|
| <p><b>MENINGOCOCCALDISEASE</b></p> <ul style="list-style-type: none"> <li>• Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy</li> <li>• May have blotchy, purplish, non-blanching rash</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> None necessary. Patients are not contagious after treatment.</p> <p><b>Report:</b> YES</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with nose and throat secretions</li> <li>• Droplets from coughing or sneezing</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• Until bacteria are no longer present in discharges from nose and mouth</li> <li>• Cases and contacts usually no longer infectious after 24 hours on</li> </ul> |
|---|--|---|

|   |  |  |
|---|--|--|
| <p><b>MONONUCLEOSIS</b></p> <ul style="list-style-type: none"> <li>• Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restrictions:</b> NO – Bed rest for a time and withdrawal from PE/Athletic activities are encouraged until student has recovered fully or with licensed health care provider permission.</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with saliva</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• May be infectious for several months</li> </ul> |
|---|--|--|

| DISEASE/SYMPTOMS  | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT   | TRANSMISSION/<br>COMMUNICABILITY  |
|---|---|---|
| <p><b>MUMPS</b></p> <ul style="list-style-type: none"> <li>• Painful swelling of neck and facial glands, fever and possible abdominal pain</li> </ul>   | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with local health department permission.</p> <p><b>Report:</b> YES</p>                                       | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with nose and throat secretions</li> <li>• Droplets from coughing or sneezing</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• 2 days before onset until 5 days after onset of symptoms.</li> </ul> |
| <p><b>PINK EYE (Conjunctivitis)</b></p> <ul style="list-style-type: none"> <li>• Eye tearing, irritated and red, sensitive to light</li> <li>• Eye lids puffy, may have yellow discharge</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health care provider/school nurse permission or symptoms are gone</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact with infectious saliva or eye secretions</li> <li>• Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• As long as drainage is present</li> </ul>              |

|  |   |   |
|--|---|---|
| <p><b>PINWORMS</b></p> <ul style="list-style-type: none"> <li>Nervousness, irritability, itching of anus, abdominal pain</li> <li>Sometimes no symptoms are present</li> </ul> | <p><b>Exclude:</b> NO</p> <p><b>Restriction:</b> Restriction may be necessary in situations where students are unable to control bowel function, otherwise No.</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Direct contact with infectious eggs by hand from anus to mouth of infected person</li> <li>Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>As long as female worms are discharging eggs in the anal area</li> <li>Eggs remain infective in an outdoor area for about 2 weeks</li> </ul> |
|--|---|---|

| DISEASE/SYMPTOMS  | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT  | TRANSMISSION/<br>COMMUNICABILITY  |
|---|--|---|
| <p><b>RINGWORM – SCALP</b></p> <ul style="list-style-type: none"> <li>Patchy areas of scaling with mild to extensive hair loss</li> <li>May have round areas of “stubs” of broken hair</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health care provider or school nurse permission or when symptoms are gone.</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Direct contact with infectious areas</li> <li>Indirect contact with infectious areas</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>Until treated</li> </ul> |
| <p><b>RINGWORM –SKIN</b></p> <ul style="list-style-type: none"> <li>Ring-shaped red sores with blistered or scaly border</li> <li>“Itching” common</li> </ul>                                     | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health care provider or School Nurse permission or when symptoms are gone.</p> <p><b>Report:</b> NO</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Direct contact with infectious areas</li> <li>Indirect contact with infectious areas</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>Until treated</li> </ul> |

| DISEASE/SYMPTOMS   | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT   | TRANSMISSION/<br>COMMUNICABILITY  |
|--|---|---|
| <p><b>SCABIES</b></p> <ul style="list-style-type: none"> <li>Intense itching, raised small red or pus-filled sores</li> <li>Common between fingers, behind knees, around waist, inside of wrists, on arms</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend with licensed health care provider/school nurse permission</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>Direct skin contact</li> <li>Indirect contact with infected articles</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>Until treated</li> </ul> |

|   |  |   |
|---|--|---|
|   | <b>Report:</b> NO  |   |
| <b>SHINGLES (Herpes Zoster)</b> <ul style="list-style-type: none"> <li>• Painful skin lesions which are a result of the same virus that causes chicken pox</li> <li>• Lesions may appear in crops</li> <li>• May occur in immune compromised children</li> <li>• Usually on trunk, may be accompanied by pain, itching</li> </ul> | <b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.<br><br><b>Restriction:</b> May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried<br><br><b>Report:</b> NO | <b>Spread by:</b> <ul style="list-style-type: none"> <li>• Direct contact with draining skin areas</li> </ul> <b>Communicable:</b> <ul style="list-style-type: none"> <li>• As long as lesions are draining</li> </ul>  |
| <b>STAPH SKIN INFECTIONS</b> <ul style="list-style-type: none"> <li>• Draining sores, slight fever, aches and headache</li> <li>• Affected area may be red, warm and/or tender</li> </ul>   | <b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.<br><br><b>Restriction:</b> May attend with licensed health care provider permission or when lesions are dry/crusted or gone<br><br><b>Report:</b> NO                                       | <b>Spread by:</b> <ul style="list-style-type: none"> <li>• Direct contact with drainage from sores</li> <li>• Indirect contact with infected articles</li> </ul> <b>Communicable:</b> <ul style="list-style-type: none"> <li>• As long as sores are draining</li> </ul> |

| DISEASE/SYMPTOMS  | SCHOOL EXCLUSION/<br>SCHOOL RESTRICTION and<br>REPORTING TO LOCAL<br>HEALTH<br>DEPARTMENT  | TRANSMISSION/<br>COMMUNICABILITY   |
|---|--|--|
| <b>STREP THROAT – SCARLET FEVER (streptococcal infections)</b> <ul style="list-style-type: none"> <li>• <b>Strep throat:</b> Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain or nausea</li> <li>• <b>Scarlet Fever:</b> Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue</li> </ul> | <b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.<br><br><b>Restriction:</b> May attend with licensed health care provider/school nurse permission.<br><br><b>Report:</b> NO | <b>Spread by:</b> <ul style="list-style-type: none"> <li>• Direct contact with nose and throat secretions</li> </ul> <b>Communicable:</b> <ul style="list-style-type: none"> <li>• Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months.</li> <li>• Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists</li> </ul> |
| <b>TUBERCULOSIS (infectious/active)</b> <ul style="list-style-type: none"> <li>• Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness &amp; coughing up blood in later stages of disease</li> </ul>   | <b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.<br><br><b>Restriction:</b> May attend only with local health department permission<br><br><b>Report:</b> YES               | <b>Spread by:</b> <ul style="list-style-type: none"> <li>• Primarily by airborne droplets from infected person through coughing, sneezing or singing</li> </ul> <b>Communicable:</b> <ul style="list-style-type: none"> <li>• As long as living bacteria are discharged through coughing. Specific drug</li> </ul>   |



|   |   |  |
|---|---|--|
|   |   | therapy usually diminishes communicability within weeks  |
| <p><b>WHOOPING COUGH (Pertussis)</b> • Begins with mild “cold”</p> <p>symptoms and progresses to violent fits of coughing spells that may end in a whooping sound (infants &amp; toddlers) or vomiting (older children &amp; adults)</p> <ul style="list-style-type: none"> <li>• Slight or no fever</li> </ul> | <p><b>Exclude:</b> Refer to Exclusion Guidelines on pages 10-11.</p> <p><b>Restriction:</b> May attend only with local health department permission</p> <p><b>Report:</b> YES</p> | <p><b>Spread by:</b></p> <ul style="list-style-type: none"> <li>• Direct contact nose and throat secretions</li> <li>• Droplets from coughing or sneezing</li> </ul> <p><b>Communicable:</b></p> <ul style="list-style-type: none"> <li>• Greatest just before and during “cold” symptoms to about 3 weeks without treatment.</li> <li>• If treated with antibiotics, infected person is communicable</li> </ul> |

**APPENDIX 4: Oregon Public Health Law: Oregon Administrative Rule 333-019-0010**

**Disease Related to School, Child Care, and Worksite Restrictions: Imposition of Restrictions**

(1) For purposes of this rule:

(a) "Restrictable disease":

(A) As applied to food service facilities includes but is not limited to diphtheria, hepatitis A, hepatitis E, measles, Salmonella enterica serotype Typhi infection, Shiga toxin-producing Escherichia coli (STEC) infection, shigellosis, infectious tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, and any illness accompanied by diarrhea or vomiting.

(B) As applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga toxin-producing Escherichia coli (STEC) infection, shigellosis, and infectious tuberculosis and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the child poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).

(C) Includes any other communicable disease identified in an order issued by the Authority or a local public health administrator as posing a danger to the public's health. [\*]

(b) "Susceptible" means being at risk of contracting a restrictable disease by virtue of being in one or more of the following categories:

(A) Not being complete on the immunizations required by OAR chapter 333, division 50;

(B) Possessing a medical exemption from any of the vaccines required by OAR chapter 333, division 50 due to a specific medical diagnosis based on a specific medical contraindication; or

(C) Possessing a nonmedical exemption for any of the vaccines required by OAR chapter 333, division 50.

(c) "Reportable disease" means a human reportable disease, infection, microorganism, or condition specified by OAR chapter 333, division 18.

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

(3) A susceptible child or employee in a school or children's facility who has been exposed to a restrictable disease that is also a reportable disease for which an immunization is required under OAR 333-050-0050 must be excluded by the school administrator, unless the local health officer determines, in accordance with section (4) of this rule, that exclusion is not necessary to protect the public's health.

(4) A school administrator may request that the local health officer determine whether an exclusion under section (3) of this rule is necessary. In making such a determination the local health officer may, in consultation as needed with the Authority, consider factors including but not limited to the following:

(a) The severity of the disease;

(b) The means of transmission of the disease;

(c) The intensity of the child's or employee's exposure; and

(d) The exposed child's or employee's susceptibility to the disease, as indicated by: (A) A previous occurrence of the disease;

(B) Vaccination records;

(C) Evidence of immunity as indicated by laboratory testing;

(D) Year of birth; or

(E) History of geographic residence and the prevalence of the disease in those areas.

(5) The length of exclusion under section (3) of this rule is one incubation period following the child or employee's most recent exposure to the disease.

(6) A susceptible child or employee may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267(1).

(7) Nothing in these rules prohibits a school or children's facility from adopting more stringent exclusion standards under ORS 433.284.

(8) The infection control committee at all health care facilities shall adopt policies to restrict the work of employees with restrictable diseases in accordance with recognized principles of infection control. Nothing in these rules prohibits health care facilities or the local public health authority from adopting additional or more stringent rules for exclusion from these facilities.

**Statutory/Other Authority:** 624.005, ORS 413.042, 431.110, 433.004, 433.255, 433.260, 433.284, 433.329, 433.332 & 616.750

**Statutes/Other Implemented:** ORS 433.255, 433.260, 433.407, 433.411 & 433.419 **History:**

[PH 17-2020, amend filed 03/26/2020, effective 04/06/2020](#); [PH 21-2017, amend filed 12/21/2017, effective 01/01/2018](#); PH 24-2016, f. 8-8-16, cert. ef. 8-16-16; PH 10-2015, f. 7-2-15, cert. ef. 7-3-15; PH 1-2015(Temp), f. & cert. ef. 1-7-15 thru 7-5-15; PH 16-2013, f. 12-26-13, cert. ef. 1-1-14; PH 7-2011, f. & cert. ef. 8-19-11; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; OHD 4-2002, f. & cert. ef. 3-4-02; HD 15-1981, f. 8-13-81, ef. 8-15-81