

## 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.

In accordance with state law, administrative rule, the local health authority and the *Communicable Disease Guidance*, the procedures established below will be followed.

1. “Restrictable diseases” are 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.
2. “Susceptible” means being at risk of contracting a restrictable disease by virtue of being in one or more categories described in law.
3. “Reportable diseases” means a human reportable disease, infection, microorganism or condition as specified in OAR Chapter 333, Division 18.

## **Staff Plan**

### **Restrictable Diseases**

1. An employee of the ESD will not attend or work at an ESD school or facility while in a communicable stage of a restrictable disease unless authorized to do so under Oregon law.
2. When an administrator has reason to suspect that an employee has or has been exposed to any restrictable disease that requires exclusion, the administrator shall send the employee home. If the disease is reportable, the administrator will report the occurrence to the local health department.
3. An employee will be excluded in such instances until such time as the employee presents a certificate from a physician, a physician assistant licensed under Oregon Revised Statute (ORS) 677.505- 677.525, a nurse practitioner licensed under ORS 678.375-678.390, local health department nurse or school nurse stating that the employee does not have or is not a carrier of any restrictable disease.
4. An administrator will exclude a susceptible employee that has been exposed to a restrictable disease that is also a reportable disease unless the local health officer determines that exclusion is not necessary to protect the public's health, or the local health officer states the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. The administrator may request the local health officer to make a determination as allowed by law.
5. An administrator may allow attendance of an employee restricted for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting if the restriction has been removed by a school nurse or health care provider.
6. More stringent exclusion standards for employees from school or work may be adopted by the local health department or by the ESD through policy adopted by the Board.
7. The ESD's emergency plan shall address the ESD's plan with respect to a declared public health emergency at the local or state level.

### **Reportable Diseases Notification**

1. All employees shall comply with all reporting measures adopted by the ESD and with all rules set forth by Oregon Health Authority, Public Health Division and the local health department.
2. An administrator may seek confirmation and assistance from the local health officer to determine the appropriate ESD response when the administrator is notified that an employee or a student has been exposed to a restrictable disease that is also a reportable disease.

3. An administrator shall determine other persons with a legitimate educational interest who may be informed of the communicable nature of an individual student's disease, or an employee's communicable disease, within guidelines allowed by law.

### **Equipment and Training**

1. The administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.
2. The administrator or designee shall consult with the ESD's school nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.
3. All ESD personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA).

## **Student Plan**

### **Restrictable Diseases**

1. An administrator that has reason to suspect that a student has or has been exposed to any restrictable disease for which the student is required to be excluded, shall exclude that student from school and send him/her home. If the disease is reportable, the administrator will report the occurrence to the local health department.
2. The student will be excluded in such instances until such time as the student or the parent or guardian of the student presents a certificate from a physician, a physician assistant licensed under Oregon Revised Statute (ORS) 677.505-677.525, a nurse practitioner licensed under ORS 678.375- 678.390, local health department nurse or school nurse stating that the student does not have or is not a carrier of any restrictable diseases.
3. An administrator will exclude a susceptible student that has been exposed to a restrictable disease that is also a reportable disease unless the local health officer determines that exclusion is not necessary to protect the public's health, or the local health officer states the diseases is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. The administrator may request the local health officer to make a determination as allowed by law.
4. The ESD may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting. A student may remain in an alternative educational setting until such time as a certificate from a physician, physician assistant, nurse practitioner, local health department nurse or school nurse states that the student does not have or is not a carrier of any restrictable disease, or until such time as a local health officer states that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. A restrictable disease exclusion for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting may also be removed by a school nurse or health care provider.
5. More stringent exclusion standards for students from school may be adopted by the local health department or by the ESD through Board adopted policy.
6. A disease is considered to be a restrictable disease if it is listed in OAR 333-019-0010, or it has been designated to be a restrictable disease through Board policy or by the local health administrator, after determining that it presents a significant public health risk in the school setting.
7. The ESD's emergency plan shall address the ESD's plan with respect to a declared public health emergency at the local or state level.

### **Reportable Diseases Notification**

1. All employees shall comply with all reporting measures adopted by the ESD and with all rules set forth by the Oregon Health Authority, Public Health Division and the local health department.

2. An administrator may seek confirmation and assistance from the local health officer to determine the appropriate ESD response when the administrator is notified that a student or an employee has been exposed to a restrictable disease that is also a reportable disease.
3. An administrator shall determine other persons with a legitimate educational interest who may be informed of the communicable nature of an individual student's disease, or an employee's communicable disease, within guidelines allowed by law.

### **Education**

1. The administrator or designee shall seek information from the ESD's school nurse or other appropriate health officials regarding the health needs/hazards of all students and the impact on the educational needs of a student diagnosed with a restrictable disease or exposed to a restrictable disease.
2. The administrator or designee shall, utilizing information obtained above, determine an educational program for such a student and implement the program in an appropriate (i.e., regular or alternative) setting.
3. The administrator or designee shall review the appropriateness of the educational program and the educational setting of each individual student.

### **Equipment and Training**

1. The administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.
2. The administrator or designee shall consult with the ESD's school nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.
3. All ESD personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA).

## **COVID-19 Specific Communicable Disease Management Plan**

See Attachment A

Attachment A

COVID-19 Specific Communicable Disease Management Plan



School District: Willamette ESD

School Name:

Superintendent: Dr. Dave Novotney

Consulting RN, School Nurse, or Medical Professional: Janet D. Terry, RN, MSN

Updates and Review:

All schools should use the [Ready Schools, Safe Learners Guidance](#) and consider the language in that document to be the most up-to-date. The plan below is only a template and not required for use.

Plan Component	Required	Recommendations and Considerations
A protocol to notify the local public health authority (LPHA) of <ol style="list-style-type: none"><li>Any confirmed COVID-19 case(s) among students or staff.</li><li>Any cluster of illness among students or staff (2 or more).</li></ol>	Link or attachment of the protocol.  Plan for educating parents/guardians about the need for them to notify the school immediately upon identification of COVID-19 in a student.  Identify name and position of person responsible for notification of district and LPHA.  Identify name of LPHA and 24/7 phone number for reporting (CD Nurse).	If anyone who has entered school is diagnosed with COVID-19, report to and consult with the LPHA regarding cleaning and possible classroom or program closure ( <a href="#">LPHA directory</a> ).
Protocol for screening students and staff upon entry to school each day.	Link or attachment of the protocol.  Primary Symptoms of Concern for screening: <ul style="list-style-type: none"><li>Cough</li><li>Fever* or chills</li><li>Shortness of breath or difficulty breathing</li></ul>	Schools may consider collecting information about existing conditions that cause coughing on intake forms.  Involve school nurses and School Based Health Centers (SBHCs) in development of protocols and assessment of symptoms

# Attachment A COVID-19 Specific Communicable Disease Management Plan



Plan Component	Required	Recommendations and Considerations
	<p>* For Entry Screening: Schools screening for fever using a thermometer is not recommended.</p> <p>Staff should visually screen students upon entry for primary symptoms of concern.</p> <p>Student or staff with any of the above symptoms should be sent home or isolated until they can go home. Review isolation procedures.</p> <p>COVID-19 symptoms may also include the following, but these are less specific and not recommended as criteria for exclusion from school alone: new loss of taste or smell, headache, muscle or body aches, nausea or vomiting†, diarrhea†, fatigue, congestion or runny nose.</p> <p>† Note that vomiting and diarrhea are listed in OAR 333-019-0010 as conditions for restriction from school, independent of COVID-19.</p>	<p>when available. Consider connecting with School Nurses and other contracted RNs where available.</p> <p>Screening protocol must recognize that students and staff who have conditions that cause chronic symptoms (e.g., asthma, allergies, etc.) should not be automatically excluded from school. <b>Cough is an exception:</b> Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.</p> <p>For students or staff with other symptoms, see <a href="#">guidance</a> from the Oregon Department of Education and the Oregon Health Authority.</p>
Communication protocol for COVID-19 cases.	<p>Link or attachment to a communication flowchart (aka “communication tree”) showing positions, names and responsibility for communication.</p> <p>Identify name and position of person responsible for communicating with parents, families, district officials, school nurse, and staff aligned with communication tree.</p> <p>Script or talking points for communicating needed information.</p>	<p>Parents of all students who were exposed to a person diagnosed with COVID-19, and all exposed adults, should be notified within 24 hours and advised to quarantine at home for 14 days following exposure and to seek testing should symptoms develop, or as directed by public health.</p> <p>Consult with LPHA officials on what constitutes “exposure”.</p>



Attachment A

COVID-19 Specific Communicable Disease Management Plan

Plan Component	Required	Recommendations and Considerations
Daily logs for each stable group or each individual student to support contact tracing of cases if necessary.	<p>Train staff in the importance and requirement of daily logs.</p> <p>Protocol designating who is responsible for keeping each daily log.</p> <p>Format for daily logs for individual students or cohorts (sample attached with statement on retention and technology; link to log with statement on retention and technology)</p> <ul style="list-style-type: none"> <li>Child name</li> <li>Drop off/pick up time</li> <li>Parent/guardian name and emergency contact information.</li> <li>All staff that interact with child’s stable group of children (including floater staff).</li> </ul> <p>Maintain log for a minimum of 4 weeks after completion of the term.</p>	Record keeping protocol for daily logs used in contact tracing to assist the LPHA as needed
Record of anyone entering the facility.	<p>Protocol designating who is responsible for keeping the daily log.</p> <p>Format for daily log (sample attached with statement on retention and technology; link to log with statement on retention and technology):</p> <ul style="list-style-type: none"> <li>Name</li> <li>Contact information</li> <li>Date of visit</li> <li>Time of entry and exit</li> </ul> <p>Maintain log for a minimum of 4 weeks after completion of the term.</p>	

Attachment A

COVID-19 Specific Communicable Disease Management Plan



Isolation Measures

Plan Component	Required	Recommendations and Considerations
Protocol to restrict any potentially sick persons from physical contact with others.	<p>Attach or link an Attestation to the existence of:</p> <ol style="list-style-type: none"> <li>Adequate supply of face coverings, including location.</li> <li>Designated space to isolate student or staff members who develop COVID-19 symptoms. Isolate students and staff who report or develop symptoms, with staff supervision and symptom monitoring by a school nurse or other school-based health care provider, until they are able to go home. While waiting to go home, people displaying symptoms should wear a face covering, as should supervising staff. *If students are nauseous, struggling breathing, or in distress, they should not wear any face covering while waiting to go home.</li> <li>Designated space for students to receive non-COVID-19 health services that is separate from COVID-19 isolation space.</li> </ol>	<p>Anyone developing cough, fever, chills, shortness of breath, difficulty breathing, or sore throat while at school must be given a face covering to wear, isolated from others immediately; and sent home as soon as possible.</p> <p>Anyone with these symptoms must remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. Alternatively, a person may return to school after receiving two negative COVID-19 molecular tests (PCR) at least 24 hours apart.</p> <p>Involve school nurses and school-based health centers (SBHCs) in development of protocols and assessment of symptoms, when available.</p>

# Attachment A

## COVID-19 Specific Communicable Disease Management Plan



### Environmental Management

Plan Component	Required	Recommendations and Considerations
<p>Ensure hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.</p> <p>Hand washing is required before every meal and after restroom use.</p>	<p>Documented plan for ensuring student and staff hand hygiene upon entry into school.</p> <p>Documented plan for ensuring hand washing prior to meals.</p>	
<p>Appropriate cleaning and contingency plans for routine infection prevention, and for closing cohort, schools, or districts based on identified COVID-19 cases and in compliance with public health and CDC guidelines.</p>	<p>Protocol for cleaning and disinfection for routine infection prevention.</p> <p>Protocol for cleaning and classroom closure in case of a COVID-19 case in a single cohort.</p> <p>Protocol for cleaning after school-wide exposure.</p> <p>Protocols must include the type and storage location of supplies and the person(s) responsible.</p>	<p>Routine cleaning and disinfecting should follow <a href="#">CDC cleaning and disinfecting guidance</a>, and includes cleaning classrooms between groups, playground equipment between groups, restroom door or faucet handles, etc.</p>

### Physical Distancing and Protection

Plan Component	Required	Recommendations and Considerations
<p>Maintain six feet of physical distance between people.</p>	<p>A minimum of 35 square feet per person is available in classrooms, cafeteria, gyms, and other building locations.</p>	<p>Minimize time standing in hallways; consider marking spaces on floor, one-way travel in constrained spaces, staggered passing times, or other measures to prevent congregation and congestion in common spaces.</p>

**Attachment A**  
**COVID-19 Specific Communicable Disease Management Plan**



Plan Component	Required	Recommendations and Considerations
	<p>Protocol for minimizing interactions between cohorts and minimizing changes in stable cohorts while balancing educational needs for individual curricula.</p> <p>Protocol must specify how physical distancing requirements will be maintained in classrooms, hallways, restrooms; at arrival and dismissal, meal times, recess, time between classes, and assemblies.</p>	<p>Schedule modifications: consider ways to limit the number of students in the building (rotating cohorts by half days or full days).</p> <p>Consider usable classroom space in making calculations.</p> <p>Establish cohorts of students using the same classrooms with the same teachers each day. Students should remain in one classroom environment for the duration of the learning day, unless this would severely impact educational needs. Teachers of specific academic content areas may rotate through student cohorts where feasible. In high schools or other settings where cohorts must change to allow individual curricula, maintain physical distancing and disinfect desks and high-touch surfaces between groups.</p> <p>Restrict interaction between students cohorts; e.g. access to restrooms, activities, common areas.</p>
Face coverings for staff and students.	<p>Protocol for regular communication to staff, parents, families and students on appropriate use of face coverings.</p> <p>Documented communication templates for staff on use of face coverings.</p> <p>Documented communication templates for parents, families, students on expectations for face coverings.</p> <p>All communications must include statement that children under age 12 and those who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering or</p>	<p>See ODE/OHA guidance on face covering, shields, and masks.</p> <p>Staff who interact with individual students in less than six feet must wear masks.</p> <p>Staff who support personal care, feeding, and any 1:1 sustained contact with a student.</p> <p>Staff who interact with multiple cohorts should wear a face covering in accordance with CDC guidelines.</p> <p>Students in grades 6-12 years and over may wear face coverings if they are able to wear them appropriately (i.e., not touch the face covering, change it if visibly soiled, etc.). If face coverings are worn, they should be washed daily or a new covering worn daily.</p>

Attachment A

COVID-19 Specific Communicable Disease Management Plan



Plan Component	Required	Recommendations and Considerations
	other covering; face coverings must never be worn by children while sleeping.	<p>Note: Students who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering; face coverings must never be worn by children while sleeping.</p> <p>Provide disposable face coverings and instructions on appropriate face covering use to students, parents, families and staff (available on OHA website.)</p>

- Current COVID-19 outbreak or conditions in your local community support you moving forward with your plan, subject to changing conditions.

I certify that I have received, carefully reviewed the school’s communicable disease management plan, including all links and attachments, and I agree to work with them on ongoing COVID-19 mitigation efforts.

\_\_\_\_\_

\_\_\_\_\_

LPHA signature

Date

Attestation to the truthfulness of the plan: \_\_\_\_\_

\_\_\_\_\_

District signature

Date

Attestation to the truthfulness of the plan: \_\_\_\_\_

\_\_\_\_\_

School signature

Date