



GRANTS PASS SCHOOL DISTRICT 7

**2024-2025 Communicable
Disease Management Plan**

Revised: August 15, 2024



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INTRODUCTION

Staff and student health and safety is a priority of Grants Pass School District 7. Health and wellness in school settings include controlling communicable diseases. A basic understanding of how these diseases are transmitted and common prevention measures can help decrease the spread of infections. Signs and symptoms identification as early as possible is crucial in maintaining the health of the school population and decrease school absenteeism.

In school efforts can promote health a prevent disease among students, staff, and surrounding communities. Effective preventions measures include education, risk mitigation, sanitation, vaccination, recognition, and prompt diagnosis and appropriate isolation or treatment.

This comprehensive plan is established to provide communicable disease guidance and standards to all of Grants Pass School District 7.

This plan combines the district's Communicable Disease plan, Exposure Control Plan, Blood Borne Pathogens Plan, Pandemic Plan, ***Comprehensive Communicable Disease Management Plan***.

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COMMUNICABLE DISEASE PLAN

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff. A communicable disease is an infectious disease transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors. In the school setting, there is a prevention-oriented approach for communicable disease, which is grounded in education, role modeling, and standard precautions and hygiene. However, the nature of a population-based setting lends to the need to establish practices for measures and interventions associated with exposures or potential exposure. This section focuses on a population-based set of practices for communicable disease prevention. The subsequent *Exposure Control Plan* discusses work practice control measures for staff per the [OSHA Bloodborne Pathogen Standard](#) (BBP, 29 CFR 1910.1030).

Transmission and Prevention

There are multiple methods that can be applied to control communicable diseases. Some include vector control, hygiene, sanitation and immunization. Diseases can be transmitted directly from person to person, or through contaminated surfaces, food, or water.

Understanding disease transmission routes can help reinforce prevention measures.

Individuals providing special services such as health care, close-contact support, and cleaning may need to take additional precautions relating to increased exposure risks.

AIRBORNE ROUTE	SOME EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs from an infected person are released through breathing, coughing, talking, and singing and remain suspended in the air as very small droplets, which may be inhaled (breathed in) by another person or enter their eyes, nose or mouth.</p>	<ul style="list-style-type: none"> • Pulmonary tuberculosis • Measles • Chickenpox • COVID-19 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (measles, chickenpox, COVID-19). ➤ Recommend or require universal masking during times of high transmission or outbreaks; encourage masking at any level to protect access to education for students who are at higher risk for contracting illness. ➤ Isolate persons with airborne diseases from public places until no longer infectious. Exclusion may be required. See E. Exclusions. ➤ Special services* may require Airborne Precautions, such as fittested N95 masks. Guidance for Specialized Clinical Procedures may apply.

RESPIRATORY DROPLET ROUTE	SOME EXAMPLES	PREVENTION MEASURES
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<p>Transmission occurs when germs from an infected person are released through breathing, coughing, talking, and singing as small to large droplets, which may be inhaled (breathed in) by another person or enter their eyes, nose or mouth. Droplet transmission occurs most commonly within 6 feet of infected individuals.</p>	<ul style="list-style-type: none"> • Common cold • Influenza (flu) • Meningococcal disease • Whooping cough • COVID-19 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (measles, chickenpox, COVID-19). ➤ Recommend universal masking during times of high COVID-19 transmission in accordance with CDC COVID-19 Community Levels. ➤ Wash hands thoroughly and often, including after nose wiping, sneezing, or coughing. ➤ Cover mouth and nose when coughing and sneezing <ul style="list-style-type: none"> ○ Use tissues when coughing and sneezing. Discard tissues promptly in a waste container and then wash hands. ○ Do not reuse handkerchiefs or tissues. ○ If tissues are not available, cough or sneeze into a sleeve, not into hands. ➤ Isolation and exclusion may be required. See E. Exclusions. ➤ Special services may require Droplet Precautions, such as medical-grade masks, eye protection (goggles or face shield), gloves and single-use isolation gowns.
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BLOODBORNE ROUTE	SOME EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs are spread from the blood or body fluids of an infected person to another person through mucous membranes (such as via unprotected sexual contact),</p>	<ul style="list-style-type: none"> • Hepatitis B • Hepatitis C • HIV 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (Hep B) ➤ Wash hands thoroughly and often and use Standard Precautions: assume all body

<p>broken skin (such as a bleeding injury or injection by a contaminated needle), or blood exchanges (such as from a pregnant mother to her unborn child, or rarely via blood transfusions).</p> <p>Risks in schools most often relate to accidental needle-stick, injury from sharp objects, human bite, or fight.</p>		<p>fluids are potentially infectious. See Appendix IV.</p> <ul style="list-style-type: none"> ➤ Provide education to students and staff regarding risk factors and behaviors. ➤ Clean and disinfect items contaminated with body fluids as soon as possible. Have body fluid clean-up kits available for trained staff to utilize. Ensure compliance with the OSHA Bloodborne Pathogen Standards. ➤ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. See E. Exclusions. ➤ All services require Standard Precautions including gloves when body fluid contact is anticipated. May y need mask and eye protection (goggles or face shield) for splash risk.
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CONTACT	SOME EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs are spread from person to person by direct (such as skin-to-skin contact) or indirect contact (such as touching a contaminated object). Germs spread by airborne or droplet transmission, such as colds, flu and COVID-19 may also be spread by contact as well</p>	<ul style="list-style-type: none"> • Fungal infections (ringworm) • Herpes virus (cold sores) • Skin infections (staph and strep) • Varicella Zoster virus (shingles) during the blister phase 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (flu) ➤ Wash hands thoroughly and often, including after contact with shared objects and high-touch surfaces. ➤ Clean frequently touched objects and surfaces at least daily. ➤ Follow guidance from the CDC, Oregon-OSHA Bloodborne Pathogens, and the school district exposure control plan

		<p>(SDEP) when handling potentially infectious items.</p> <ul style="list-style-type: none"> ➤ Isolate infectious areas, such as by covering open sores completely, ensuring no fluids can leak from bandage. Exclusions may be required. Clean frequently-touched objects and surfaces at least daily. ➤ Special services* may require Contact Precautions including gloves and single-use isolation gowns. May need mask and eye protection (goggles or face shield) for splash risk.
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FECAL-ORAL	SOME EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs are spread from the stool or feces of an infected person to another person, usually by contaminated hand-to-mouth contact, or through contaminated objects, when effective hand washing is not done after toileting.</p>	<ul style="list-style-type: none"> • Diarrheal illnesses • Hepatitis A • Pinworms 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (Hep A). ➤ Wash hands thoroughly and often, including after using the bathroom or assisting others with elimination needs. ➤ Educate and train students and staff who work in direct student care, food preparation, food service and cleaning. ➤ Wash shared objects with soap or detergent before and after use, followed by EPA and district approved disinfectant. ➤ Isolation and exclusion may be required. See E. Exclusions. ➤ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) for splash risk.

FOODBORNE	SOME EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs as a result of eating food that has been improperly handled, prepared or stored.</p>	<ul style="list-style-type: none"> • Diarrheal illnesses • Hepatitis A 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (Hep A, etc.) ➤ Wash hands thoroughly and often including before touching foods ➤ Prohibit any ill student or staff from working in the cafeteria, kitchen, or around food preparation, service, or clean up. ➤ Isolation and exclusion may be required. ➤ Store food appropriately; keep cold foods cold and hot foods hot ➤ All food service must follow food service guidelines and school district policies. This includes foods brought in for classroom events.

SEXUAL	SOME EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs are spread from person to person through sexual contact, including oral, vaginal and anal sex. Some diseases can be transmitted via both sexual and bloodborne routes, such as HIV, Hepatitis B and C.</p>	<ul style="list-style-type: none"> • Chlamydia • Herpes • Genital warts (HPV) • Gonorrhea • Syphilis • HIV • Hepatitis B • Hepatitis C 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (HPV) ➤ Establish protocols for sexuality education and risk behavior prevention. Educate students using Oregon’s comprehensive sexuality curriculum to increase awareness of sexual health and safety issues. ➤ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. See E. Exclusions.

		➤ All services require Standard Precautions including gloves when body fluid contact is anticipated.
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WATERBORNE	SOME EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs via water that has been contaminated by germs. The contaminated water may be swallowed or contact the person's skin or mucous membranes.</p>	<ul style="list-style-type: none"> • Diarrheal diseases • Skin infections • Hepatitis A 	<ul style="list-style-type: none"> ➤ Keep immunizations up to date (Hep A). ➤ Wash hands thoroughly and often, including before and after water activities. Encourage showering after exposure to potentially infectious water including pools. ➤ Disinfect water activity tables, pools per district procedure such as a chlorine bleach solution of 1 teaspoon per gallon of water. ➤ Wash objects used in water activities with soap or detergent before and after use, followed by an EPA and district approved disinfectant. ➤ Prohibit ill students and staff from participating in water activities. ➤ Isolation and exclusion may be required. See E. Exclusions. ➤ All services require Standard Precautions including gloves when body fluid contact is anticipated.

Communicable Disease Exclusion

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. The School Nurse or Risk Management Supervisor should always be consulted along with [The Oregon Department of Education Communicable Disease Guidance for Schools document](#). The chart below reflects the exclusion criteria and actions set forth in the ODE Guidance document:

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

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature of 100.4°F or higher, with or without the symptoms below:	Stay home until temperature is below 100.4°F for 24 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if the 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 the 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 a 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.	Symptoms improving for 24 hours (no cough or cough is well-controlled).
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.	Symptoms improving for 24 hours (no cough or cough is well-controlled).
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	Symptom free for 48 hours OR with orders from doctor to school nurse.

Vomiting: one or more episode that is unexplained	Stay home until 48 hours after last episode or with orders from doctor to school nurse
Headache with a stiff neck and fever	Symptom free OR with orders from doctor to school nurse. Follow fever instructions above. URGENT MEDICAL CARE MAY BE NEEDED.
Jaundice: yellowing of the eyes or skin (new or uncharacteristic)	After the school has orders from doctor or local public health authority to school nurse.
Red eyes with colored drainage	Symptom free, which means redness and drainage are gone OR with orders from doctor to school nurse
Acting differently without a reason; unusually sleepy, grumpy, or confused.	Symptom free, which means return to normal behavior OR with orders from doctor to school nurse.
Major health event, like an illness lasting 2 or more weeks OR a hospital stay, OR health condition required more care than school staff can safely provide.	After the school has orders from doctor to school nurse AND after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.
Student requiring more care than school staff can safely provide	School staff will follow the appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Restrictable Diseases

Restrictable diseases require school exclusion. If the student or staff has any of the following diseases, then clearance by the local public health authority is required before the individual returns to school: chickenpox, 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. If a report is made to the school office, administration, district office, or other school staff in regards to any communicable disease diagnosis in students or staff, this information should be immediately referred to the district nurse. This information should be regarded as urgent and confidential and should not be shared with other students, staff, or parents.

Health Care Space

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

Cluster of Illness & Outbreaks

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

- A single significant infectious diagnosis is confirmed in the school setting.
- Clusters of compatible syndromes or diagnoses associated with an infectious condition are identified within the school setting.
- Significant absenteeism is identified to be associated with compatible syndromes.
- Community transmission of an infectious disease is significant in the community and the LPHA or the RN has deemed increased surveillance or response to outbreak a necessary measure.
- Outbreak investigations will be facilitated through the district RN in collaboration with administration and the local health department with the use of [Oregon Health Authority Outbreak Toolkits for Schools](#).

Respiratory Illness

Respiratory illness or disease refer to the pathological conditions affecting the organs and tissues that make gas exchange possible, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. Respiratory diseases range from mild and self-limiting, such as the

common cold, to life-threatening entities like bacterial pneumonia. Respiratory illnesses are often observed in the school setting. The following indicators will be reported to the district RN in regard to respiratory illness:

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

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

Vaccine-Preventable Disease

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

- Diphtheria*
- Tetanus*
- Measles*
- Mumps*
- Rubella*
- Haemophilus influenzae type B infections (Hib)*
- Pneumococcal infections*
- Meningococcal disease*
- Pertussis (whooping cough) *
- Poliomyelitis (polio)*
- Hepatitis A*
- Hepatitis B*

- Varicella
- Influenza

Most V-PDs are also notifiable diseases*, meaning they are reportable to the local health department and are under constant surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US. These may include cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis, and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest. Vaccine-Preventable Disease reports will be referred to the school nurse, whether coming from a parent, provider, community member, or the local health department. Indicators for VPD include:

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

Gastroenteritis

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

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

- Any unusual combination of gastrointestinal symptoms, severity, duration, or incidence.

Lesson Common Outbreaks

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

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

EXPOSURE CONTROL

This plan provides GPSD7 employees with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements.

Standard precautions shall be observed in GPSD7 sites in order to prevent contact with all body fluids and other potentially infectious materials. All body fluids or other potentially infectious materials will be considered infectious at all times. Transmission based precautions will be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff.

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

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

- Blood Borne Pathogens (BBP) VectorTraining annually
- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers, and understanding of appropriate first aid.
- Routine training or refreshers for staff who provide direct care to students or who work with students with specific disabilities.

The premise of universal precautions is to treat all body fluids as potentially infectious. Standard precautions align with this and provide a set of standards for hygiene and barrier protection or Personal Protective Equipment with any and all encounters with body fluids.

Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the

school setting, body fluid exposures most frequently occur with physical injury but may also occur relative to a health-related issues or procedure or developmental issue or disability.

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

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

PANDEMIC PLAN

One of the greatest and most likely threats to the public's health is a naturally occurring event – an influenza pandemic. Influenza epidemics happen nearly every year (often called seasonal influenza), and cause an average of 36,000 deaths annually in the United States. Influenza epidemics are caused by a few known virus strains that circulate around the world. Over time, people develop immunities to these strains, and vaccines are developed to protect people from serious illness.

Influenza viruses experience frequent, slight changes to their genetic structure. Occasionally, however, they undergo a major change in genetic composition. It is this major genetic shift that creates a “novel” virus and the potential for a pandemic – a global epidemic. The creation of a novel virus means that most, if not all, people in the world will have never been exposed to the new strain and have no immunities to the disease. It also means that new vaccines must be developed and therefore are not likely to be available for months, during which time many people could become infected and seriously ill.

During the 20th century, three pandemics occurred that spread worldwide within a year. The influenza pandemic of 1918 was especially virulent, killing a large number of young, otherwise healthy adults. The pandemic caused more than 500,000 deaths in the United States and more than 40 million deaths around the world. Subsequent pandemics in 1957–58 and 1968–69 caused far fewer fatalities in the U.S., 70,000 and 34,000 deaths respectively, but caused significant illness and death around the world.

The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 100,000 and 200,000 deaths. Scientists and health officials throughout the world believe that it is inevitable that more influenza pandemics will occur in the 21st century. Recent cases of human disease caused by a widespread and growing avian influenza outbreak suggest that a new pandemic could be developing at this time.

There are several characteristics of influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the health care system throughout the nation. A

pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, public schools and utilities, could be disrupted during a pandemic. The increased stress from a potential pandemic or actual pandemic will also increase the mental health service needs throughout the schools and community. Finally, the pandemic, unlike many other emergency events, could last for many weeks, if not months.

Schools tend to be affected by outbreaks more than other settings because their occupants—primarily children—easily transmit illnesses to one another as a result of their close proximity and their inefficiency at containing the droplets issued by their coughs and sneezes. High susceptibility of students and staff to exposure to a mutated virus as a result of proximity and a longer duration of the outbreak due to lack of immunity and vaccines could result in lengthy and widespread absenteeism. In a worse-case scenario, the pandemic could force schools to close, potentially prompting administration to extend the academic year and expend additional resources for staff sick leave and substitute teachers.

The Phase of Pandemic chart below is a classification system for guiding planning and response activities for an influenza pandemic.

Pandemic Phases	Public Health Goals	GPSD #7 Goals
<p>Interpandemic Period</p> <p><i>Phase 1</i> – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.</p> <p><i>Phase 2</i> – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.</p>	<p>Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>	<p>Ensure that staff members and students are trained in preventative measures such as respiratory etiquette and universal precautions.</p> <p>Minimize the risk of transmission to humans; ensure that staff members understand detection and reporting guidelines and report rapidly as required.</p>
<p>Pandemic Alert Period</p>		

<p>Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.</p> <p>Phase 5 – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.</p>	<p>Ensure all personnel are knowledgeable about the latest epidemiological information.</p> <p>Review and update business continuity plans per Base Plan.</p> <p>Ensure that best practices for infection detection and control measures are followed.</p> <p>Ensure adequate resources for staff/student protection.</p> <p>Ensure that GPSD #7 is implementing best practice for social distancing techniques per Health Department guidelines, including reducing the school activity calendar.</p> <p>Maximize communications with parents related to health and safety.</p>
<p>Pandemic Period</p> <p>Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.</p>	<p>Implement response measures including social distancing to minimize pandemic impacts.</p>	<p>Increase surveillance of staff/student health and attendance and implement administrative procedures to ensure adequate staffing for essential business and school functions.</p> <p>Follow Health Department and EOC, social distancing, isolation and quarantine measures.</p> <p>Ensure maximum support and education for ill and affected students.</p>

Per [OAR 333-019-1030](#): Schools that grant an exception to the vaccination requirement must take reasonable steps to ensure that unvaccinated teachers, school staff and volunteers are protected from contracting and spreading COVID-19..

References and Regulations

Board Policy:

- [Communicable Diseases – Students JHCC](#)
- [Communicable Diseases – Student JHCC-AR](#)
- [Communicable Diseases – Staff GBEB](#)
- [Communicable Diseases – Staff GBEB-AR](#)
- [Student Health Services and Requirements JHC](#)
- [Emergency Procedures Plan EBC](#)
- [First Aid EBBA](#)
- [HBV/Bloodborne Pathogens EBBAB/GBEBAA/JHCCBA](#)

Oregon Legislation:

- [OAR 333-019-0010 Disease-Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions](#)
- [OAR 581-022-2200 Health Services](#)
- [OAR 410-133-0000 School-Based Health Services](#)

Oregon Department of Education

- [Communicable Disease Guidance for Schools](#)

OSHA

- [Blood Borne Pathogens 1920.1030](#)
- [Personal Protective Equipment 1910 Subpart 1](#)