

SPRINGFIELD SCHOOL DISTRICT

COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN



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

Revised Aug 26, 2022

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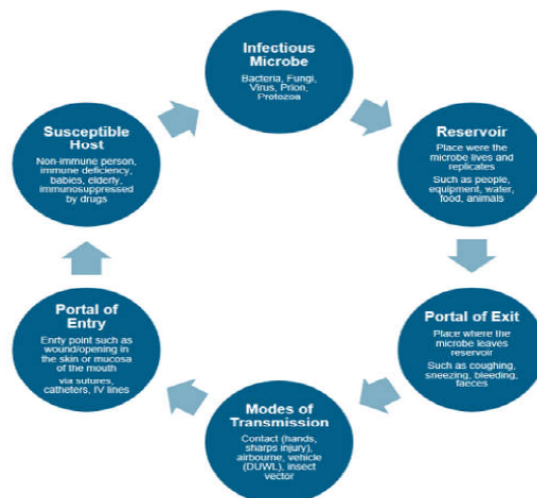
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Communicable Disease Plan

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



In the school setting there is a prevention oriented approach for communicable disease which is grounded in education, role modeling and standard precautions and hygiene. However, the nature of a population based setting lends 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.

Springfield School District #19 Board Policies

[Communicable Diseases \(Policy JHCC\)](#)

[Student Health Services \(Policy JHC\)](#)

[Animals in District Facilities \(Policy ING\)](#)

Oregon Legislation

[OAR 581-022-2220](#) Communicable Disease Management Plan/Isolation Space/Standards for Public Elementary and Secondary Schools: Health Services

[OAR 333-019-0010](#) Exclusion Measures

[OAR 581-022-2225](#) Emergency Plan and Safety Programs

[OAR 166-400-0010](#) Educational Service Districts, School Districts, And Individual School Records

[ORS 433.255¹](#) Persons with or exposed to restrictable disease excluded from school

[ORS 336.201¹](#) Nursing services provided by district.

[OAR 437-001-0744](#) Oregon Occupational Safety and Health Division

[OAR 333-019-0015](#) Investigation and Control of Diseases: General Powers and Responsibilities

[OAR 333-003-0050](#) Impending Public Health Crisis: Access to Individually Identifiable Health

Oregon Health Authority & Oregon Department of Education

[Communicable Disease Guidance for Schools](#)

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

Communicable Disease Prevention

There are a multitude of methods that can be applied to control communicable diseases at levels. Some of the most common include vector control, hygiene, sanitation and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread.

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

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

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

This section of the plan will provide a brief overview

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

This section will provide procedures on addressing the following communicable disease issues in the school setting.

The district *Exposure Control Plan* in this manual discusses *Standard Precautions* in detail as well as *Transmission Based Precautions* which include contact, droplet and airborne precautions. The District *Pandemic Plan* will address measure-specific to novel virus response.

Common Childhood Infectious Disease

There are a variety of [Common Childhood Infectious Diseases](#) that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently) and croup (most commonly

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

Vaccines

In the school setting vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school has a record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. For the purposes of communicable disease mitigation, it is important to ensure accurate and appropriate immunization records are kept that are accessible when needed.

Use the direction of the district nurse:

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

Hygiene

Prevention oriented measures are grounded in education of how diseases are transmitted and practice application related to appropriate sanitizing measures and precautions. Hygiene and sanitation are some of the most important methods of disease prevention. Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices should be taught, role modeled and practiced.

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

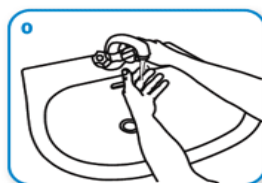
Hand sanitizer, while not effective against a large number of pathogens, should be made available for times that handwashing is not immediately accessible. Hand sanitizer should be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible. Hand sanitizer should be accessible or available (safely located) in each classroom.

Students and staff should wash hands when:

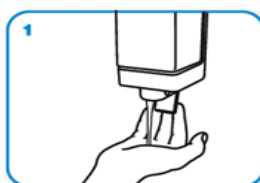
- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

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

HOW TO WASH HANDS



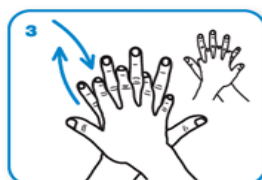
Wet hands with water



apply enough soap to cover all hand surfaces.



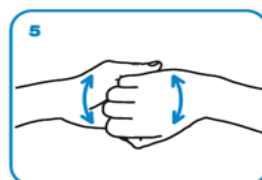
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clapsed in right palm and vice versa



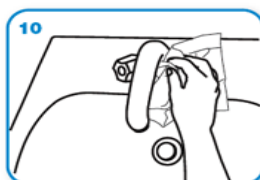
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



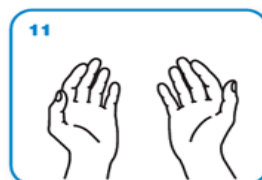
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

(Use Steps 1-7 for applying hand sanitizer)

Students and staff should wash their hands when:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

(CDC 2020)

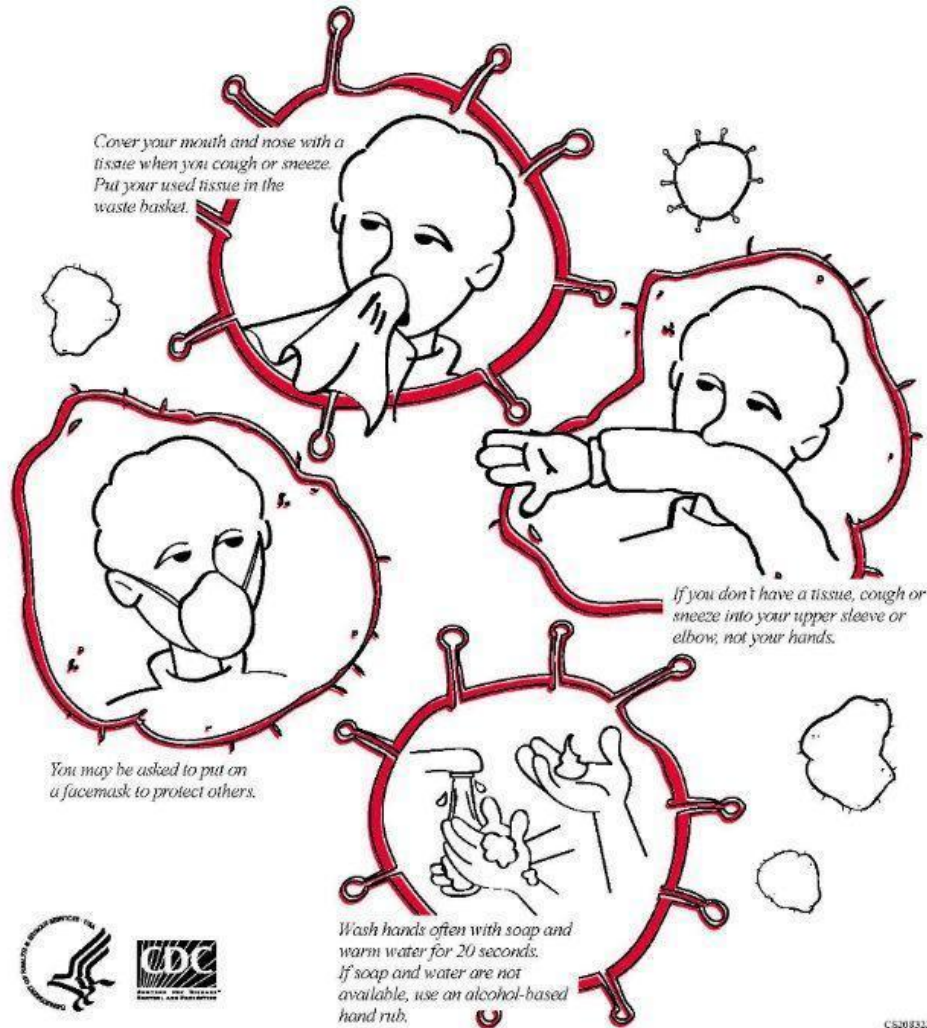
When immunocompromised students and staff are present increase in hand hygiene frequency is a necessary prevention intervention

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like door knobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced and role modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory Hygiene and Cough Etiquette* and *Transmission Based Measure* in *Exposure Controls Plan*.

Cover your Cough

— Stop the spread of germs that can make you and others sick! —



Environmental Surface Cleaning

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

practiced to improve cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand washing or hand sanitizer.






Communicable Disease Exclusion

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

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. [Oregon Health Authority and Oregon Department of Education](#) have provided the following guidelines for Communicable Disease Exclusion. The following exclusion criteria and actions are from the ODE/OHA Communicable Disease Guidance Document:

PLEASE KEEP ILL STUDENTS OUT OF SCHOOL

The list below gives school instructions, not medical advice. Please contact your health care provider with health concerns.

SYMPTOMS OF ILLNESS	THIS STUDENT MAY RETURN AFTER...
 Fever: temperature or 100.4°F (38°C) or greater	*The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.
 New cough illness OR New difficulty breathing	*Fever-free for 24 hours without taking fever-reducing medicine AND per guidance for primary COVID-19 symptoms. See below.
 Headache with stiff neck or with fever	*Symptoms improving for 24 hours (no cough or cough is well-controlled) AND per guidance for primary COVID-19 symptoms. If diagnosed with pertussis (whooping cough), the student must take 5 days of prescribed antibiotics before returning. See below.
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions if fever is present.
 Vomiting: one or more episode that is unexplained	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
Skin rash or open sores	*Symptom-free , which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse.
Red eyes with eye discharge: yellow or brown drainage from the eyes	*Symptom-free , which means redness and discharge are gone OR with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	*After the school has orders from doctor or local public health authority 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 requiring 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.

PRIMARY SYMPTOMS OF COVID-19: Fever, cough, difficulty breathing/shortness of breath, loss of taste/smell

If 1 primary symptom, MAY RETURN AFTER:

- 24 hours after fever is resolved, without use of fever-reducing medicine, **and** other symptoms are improving, if COVID-19 test is negative or not tested
- **OR** 5-day isolation, if COVID-19 test is positive

If 2 primary symptoms, MAY RETURN AFTER:

- 24 hours after fever is resolved, without use of fever-reducing medicine, **and** other symptoms are improving, **if COVID-19 test is negative**
- **AND** 5-day isolation, if COVID-19 test is positive, **OR NOT TESTED.**

Anyone with a positive COVID-19 test result should be excluded for 5 days (5 days after symptom onset, or 5 days after test date if no symptoms). May return on day 6 if above criteria is met. Fully vaccinated individuals with symptoms of illness should follow above guidance unless otherwise advised by LPHA and OHA statewide posted notices.

Students with the above symptoms should be excluded from school. A medical provider note, however, does not supersede public health law or restriction. Specific consideration should be made in regards to spread of illness when students are being dismissed or returning to school.

- Students meeting exclusion criteria due to illness should be separated from other students while waiting for dismissal.
- Only a licensed health care provider can determine a diagnosis and/or prescribe treatment and provide instructions regarding the student's return to school.
- Students who have been excluded for fever should not return to school until 48 hours without fever and use of fever reducing medications.
- Students who have been excluded for vomiting or diarrhea should not return until 48 hours' symptom free.
- Students with draining lesions should remain out of school until 24 hours after initiation of antibiotics and the dressing can remain dry and intact.
- Students with conjunctivitis that has colored drainage should not return to school until 24 hours after initiation of antibiotics.

A variety of other conditions may not be excludable, however personal physicians may restrict a student from returning to school for a specific duration. In this case a medical provider's note is required.

Restrictable Diseases

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

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

- COVID-19

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

Lane County Disease Reporting
541-682-4041

Isolation Spaces

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

Isolation Steps:

- When students are identified with restrictable diseases or excludable symptoms, students will be isolated in a designated healthcare isolation space until they can be dismissed to home.
- Students with respiratory illness symptoms will be offered a mask to limit airborne and droplet transmission.
- The isolation space will be in close proximity to adult supervision, and ill students will not be left unattended.
- The isolation space will be sanitized regularly. The space will be cleaned in between ill students.
- Appropriate PPE will be accessible for both students and staff (i.e; gloves for first aid, masks for respiratory illness).

Outbreaks & Clusters

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the district RN for consideration of outbreak reports or control measure implementation. The attention to

outbreaks, interventions and resources are highly dependent on the severity or communicability of the syndrome or pathogen identified. Outbreak response including surveillance, infection control measures and potentially exclusion are also diagnoses specific and may be indicated when:

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

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

Respiratory Illness

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

1. Any respiratory illness resulting in hospitalization or death of a student or staff member.
2. Diagnosed pneumonia in 3 or more individuals in the same cohort.
3. Identification of 2 or more cases of a vaccine preventable respiratory illness in the same cohort.
4. Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
5. Prolonged illness, lasting longer than 3 days on average, among 10 or more persons of the same cohort.
6. Any uncommon incidence of illness in more than two students.

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

Vaccine Preventable Disease

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

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

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

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

Vaccine Preventable Disease Response

- When VPD are identified in the school setting, the risk of exposure to students and staff will be determined in consultations with the Local Public Health Authority (LPHA). Under coordination and direction from administration or nursing staff, staff may be asked to:
- Run immunization reports to identify susceptible students in the school community
- When prescribed by public health, vaccine information will be collected for staff members
- In certain cases, individuals who are unvaccinated or who have insufficient vaccination for the disease of interest may be excluded for a maximum incubation period for the disease to which they were exposed for certain conditions.
 - COVID-19: 14 days
 - Varicella: 21 days
 - Measles: 21 days
 - Pertussis: 21 days
- In some cases, vaccination may be advised for contacts.
- Certain conditions may require coordination of antibiotic prophylaxis for certain exposures with the LPHA:
 - Meningococcal
 - Pertussis

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.

- [Norovirus Investigative Guidelines](#)

Gastroenteritis is largely transmitted by fecal oral transmission. This means that fecal matter, typically from poor hand hygiene, and less commonly bowel accidents, has contaminated

surfaces or food that someone else touches, and subsequently ingests. Less commonly and limited to certain viruses (such as Norovirus) vomiting in groups of people may aerosolize and result in infection of those within closest proximity.

Bacterial gastroenteritis, although typically less infectious, can be more severe than viral gastroenteritis. These infectious may start with a similar presentation, thus it is important to evaluate the severity for the duration of illness when present. Many bacterial GI illnesses fall into the category of notifiable diseases.

Notifiable and Restrictable GI Illnesses

Gastrointestinal illnesses that are also notifiable or restrictable have individual measures that require collaboration with local public health and may include investigation and implementation of specific measures, restrictions, and prophylaxis in the event of a single case. The level of response is dependent upon the exposure risk (e.g., A food prep worker with Salmonella). These most common parasitic and bacterial diarrheal illnesses include:

- [Campylobacter](#)
- [Cryptosporidiosis](#)
- [Giardiasis](#)
- [Enterotoxigenic *Escherichia coli* \(ETEC\)](#)
- [Shigatoxigenic *Escherichia coli* \(STEC\)](#)
- [Salmonellosis](#)
- [Shigellosis](#)

Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness. Indicators to report to the district RN include:

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

Other Circumstances

Less commonly outbreaks of skin infections, novel diseases occur or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions and follow

up occur, these other situations should be deferred to the school nurse immediately and will be handled on a case by case basis. Examples of these circumstance may include:

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

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

Any presentation of illness or combination of illnesses as described above should be reported to the district RN and administrator.

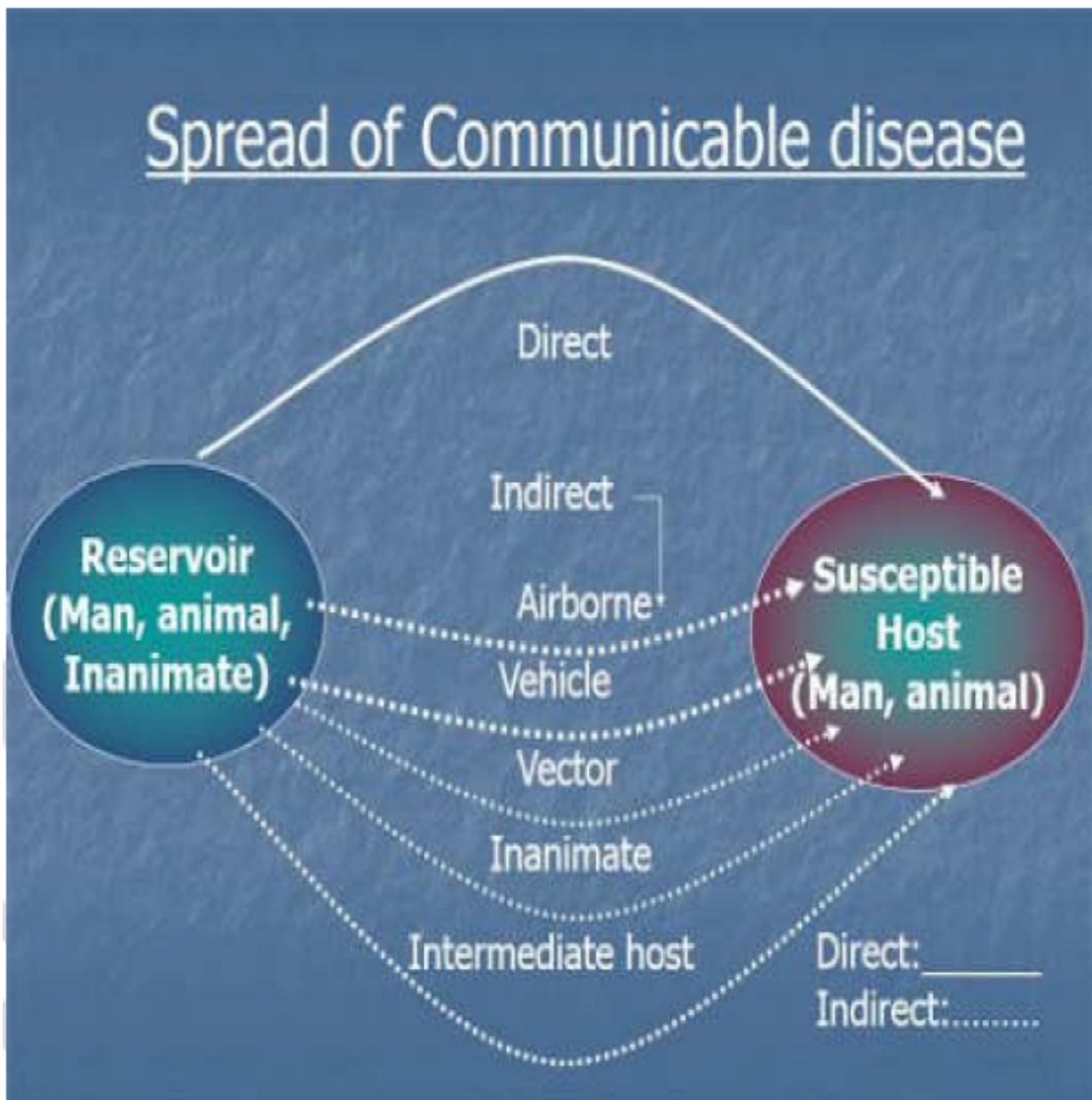
Animals in School

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

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

- Consider the medical needs of students who may be immunosuppressed or who may have allergies as they may become severely ill when exposed to certain pathogens.

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



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

Food Safety

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

For elementary school classrooms

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

For middle school or high school culinary classrooms

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

5 keys of **Food Hygiene:**

Keep clean



2 **Separate raw
& cooked food**



3 **Cook
thoroughly**



4 **Keep food at safe
temperatures**



5 **Use safe water
& raw material**



Exposure Control Plan

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

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

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

OSHA

[Blood Borne Pathogens 1920.1030](#)

[Personal Protective Equipment 1910 Subpart 1](#)

Exposure Prevention

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

- Blood Borne Pathogens (BBP) Training (this is an annual requirement presented electronically by Human Resources).
- Hepatitis B vaccination (education and recommendations on Hepatitis B Vaccination is provided each year with BBP training). A waiver may be signed in lieu of immunization if you opt out AFTER completing BBP training and understand the risk and implications.
- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers and understanding of appropriate first aid.
- Routine training or refreshers for staff who provide direct care to students or who work with students with specific disabilities.

Universal & Standard Precautions

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

Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the school setting body fluid exposures most frequently occur with physical injury but may also occur relative to a health related issues or procedure or developmental issue or disability.



[Image: Safety Signs]

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

When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission- Based Precautions. This second tier of infection prevention is used when there is a specific risk related to an ill student or staff in the school setting that can spread through

contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. While Transmission- Based Precautions are typically isolated to the health room with specific conditions, the exposure risk is still possible in the school setting and will be addressed as well.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections. In the school setting hand hygiene is an important infection prevention method as a matter of habit with restroom use and food prep. In the contact of BBP and exposure control, hand hygiene should be endorsed each time a staff member has an interaction with a student for standard first aid or direct care. Hands should be washed prior to wearing gloves, and after care is completed when gloves are removed.

Personal Protective Equipment (1h)

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

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

General principles of PPE:

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

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



Respiratory Hygiene/Cough Etiquette

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

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Use of the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing or coughing into an elbow when a tissue is not immediately accessible.
- Having available a mask for students who become sick at school with respiratory illness. A mask should only be used if the student can safely tolerate the mask.
- The person can be placed in a location where risks to others are minimized until dismissed to home.
- Spatial separation of the person with a respiratory infection from others is important in some cases. Since droplets travel through the air for 3-6 feet, separating an ill person from others by more than 3 feet decreases risk of transmission.
- Stressing hand hygiene after every contact with respiratory secretions is important.

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

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

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

Sharps safety (engineering and work practice controls).

Needle sticks are a potential risk in any work environment where medications may be delivered via syringe or compatible device or where lancets are used. In the school setting this is most often associated with care of students with specific medical conditions, such as type 1 diabetes, for example. It is preferred that students provide self-care whenever feasible, however if this is not safe developmentally or cognitively or in relationship to specific emergency medications. Staff should be appropriately trained to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

Specific control must be endorsed in any situation sharps are present to reduce the risk of needle stick:

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

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



Clean and Disinfected Environmental Surfaces.

The cleanliness of the district facilities at the professional level is the responsibilities of facility and custodial services who have specific expertise in the appropriate formulations to use for specific circumstances. For this reason, all body fluid exposure should be immediately referred to custodial services.

In the event of a blood spill, blood spill kits should be readily accessible throughout campuses. This should be deferred to custodial services, if custodial services are not immediately available the area should be isolated and appropriate sanitizer designated by facilities applied. PPE should be used with all body fluid clean up.

All school settings should be equipped with a biohazardous waste container to dispose of materials coming into contact containing body fluids.

All disposal of biohazard waste will be in accordance with the Environmental Protection Agency (EPA). The directives from appropriate sanitizing and waste should come from facilities.

Transmission-Based Precautions

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

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

Contact Precautions

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

Droplet Precautions

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

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

Airborne Precautions

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

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

Exposure Incident

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

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

Needle-stick

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

- Encouraging the wound to bleed, ideally by holding it under running water.
- Wash the wound with plenty of soap and running water.
- Do not use cold water as that encourages restriction of blood vessels.
- Do not scrub the wound.
- Do not suck the wound
- Dry the wound and cover it with a waterproof dressing.
- Immediately notify your administrator and seek medical attention.
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The nurse or district administrator should make this communication to families. Confidentiality will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to Human Resources
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.
- In the nature of being a high stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

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

Blood Spill

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

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

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

Cleaning spills – equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. While these spills should be deferred to custodial services for their expertise in sanitation, supplies should be stored in an area known to all, in case custodial services are unavailable.

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

Bites

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

If the bite occurred from a canine, this is reportable to the local health department and animal control authorities.

COVID-19 Specific Communicable Disease Management Addendum

This plan is intended to be used in conjunction with the district's School Health Services protocols, Communicable Disease Plan, Pandemic Plan, and Exposure Control Plan. For the 2022-2023 school year, school districts must submit assurance that each public school has a completed School-Level COVID-19 Management Plan. The School Level COVID-19 Management Plan will outline the prevention, mitigation, response and recovery measures that Springfield Schools will take in relation to communicable diseases and COVID-19 in particular. *As Oregon emerges from the depths of the COVID-19 pandemic and returns to its traditional way of daily life, emphasizing local control and decision-making, the School-level COVID-19 Management Plan (COVID-19 Management Plan) builds upon lessons learned throughout the pandemic, including the lasting equity and mental health impacts of, and Oregon's response to, COVID-19. The School-Level COVID-19 Management Plan is required of districts by ODE;*

BACKGROUND

COVID-19 is the illness caused from the SARS-CoV-2 virus and is responsible for the global pandemic that started in late 2019. Infections can range from asymptomatic to severe and life threatening, and can include respiratory, gastrointestinal, neurologic and cutaneous symptoms.

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch.(CDC, 2022)

Experts continue to learn new information and increase the understanding of COVID-19, and the necessary management and response to it.

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

Guiding Principles

Public health guidance will provide information on recommendations in the school setting, which will be used to revise interventions as they are delivered. Public Health Guidance will help determine a school's ability, capacity, and safety to stay open. It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, that too will infection control guidance be fluid.

Required links:

- [Oregon Department of Education](#)
- [Oregon Health Authority](#)
- [Local Public Health Authority](#)
- [Center for Disease Control and Prevention](#)

Important Contacts:

- Corrina Brower: [Oregon School Nurse Consultant](#) (Oregon Health Authority)
- Ely Sanders : [Oregon School Health Specialist](#) (Oregon Department of Education)
- Tanya Martin, RN: [Springfield School District Health and Safety Coordinator](#)
- Patrick Luedtke, MD: [Lane County Health Officer](#)
- Brett Yancey: [Springfield School District, Chief Operations Officer/Risk Manager](#)

Applicable Legislation

Emergency Rules Related to COVID-19

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

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

[OAR 333-019-1030](#) Vaccination requirements for school staff

Existing Rules and Statutes

School Centered

- [OAR 581-022-2220](#) Standards for Public Elementary and Secondary Schools: Health Services, requirement to have separate isolation space

- [OAR 581-022-2225](#) Emergency Plan and Safety Programs
- [OAR 166-400-0010](#) Educational Service Districts, School Districts, And Individual School Records
- [ORS 433.255¹](#) Persons with or exposed to restrictable disease excluded from school or children's facility
- [ORS 336.201¹](#) Nursing services provided by district

Occupational Centered

- [1910-1030](#) OSHA Bloodborne Pathogens

Public Health Centered

- [OAR 333-019-0015](#) Investigation and Control Of Diseases: General Powers And Responsibilities
- [OAR 333-003-0050](#) Impending Public Health Crisis: Access to Individually Identifiable Health Information
- [ORS 431A.015¹](#) Authority of Public Health Director to take public health actions

Pediatric Populations

Children generally recover from COVID-19 infections in less than a month. More information is emerging on lasting symptoms or "long COVID." "Persistent symptoms can include fatigue, headache, sleep disturbance, muscle and joint pain, respiratory problems, palpitations, and altered sense of smell or taste." (Deville, MD, J., Song, MD, E. and Ouellette, MD, C., 2022)

Students and staff that are chronically ill or immunocompromised, or who live with fragile or high-risk household members are also taken into account with planning and risk mitigation. Accommodations for students in the high risk category are driven by their primary healthcare provider, and considerations must be paid to reviewing 504 plans, Individualized Education Plans (IEP) and Individualized Health Plans (IHP) of at risk populations. Measures to mitigate transmission in the school setting, reduce transmission in the community.

Vulnerable Populations

Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19 and other infectious diseases

Vulnerable Individuals (CDC, 2020)

- People 65 years and older
- Individuals with underlying medical conditions, specifically those not well controlled including:
 - Asthma and other lung diseases
 - Heart Conditions
 - Diabetes
 - Chronic Kidney Disease
 - Liver disease
 - Hypertension
 - Blood disorders
 - Obesity (BMI >40)
- Individuals considered to be immunocompromised which includes
 - Cancer treatments
 - Smoking
 - Bone marrow or organ transplants
 - Immune deficiencies
 - Poorly controlled HIV/AIDS
 - Use of corticosteroids
 - Immunosuppressive therapy

Back-Up Staffing Plan

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

Communicable Disease Management

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

This section will address

- Routine Measures to Limit Spread of Disease
- Exclusion Criteria
- Designated Personnel and Resources
- Physical Distancing
- Healthy Environments
- Personal Protective Equipment
- Screening and Identifying Ill Students and Staff
- Staying Home When Appropriate
- Isolation Space
- Surveillance Logs & Contact Tracing
- Communication Systems

Routine Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff upon entry, prior to eating, after restroom use and before and after recess.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
 - Students should be supervised with the use of hand sanitizer.
 - Hand sanitizer should not be used with students that have a sensitivity or risk of ingesting sanitizer related to developmental or cognitive level.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Students and staff may also be encouraged to cough into their elbow and away from other individuals when tissues and handwashing is not immediately accessible.

Designated Personnel

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

Designated COVID-19 Point of Contact

Designated staff will be responsible for responding to specific COVID-19 concerns within each school building, as appropriate this may be the principal or school nurse.

Designated responsible persons will be assigned per building for screening and isolation of ill persons and appropriate data collection/data entry and data retrieval as needed.

Designated Resources

Designated technology will be accessible in the health room and isolation areas to appropriately log students complaining of illness or being dismissed to home.

All Staff Communication and Training

- All staff will receive communication on when to stay home and when they will be required to leave work based on excludable symptoms.
- Staff will receive updated COVID-19 training and information at the start of the year.
- Staff will get information on the district's flexible, non-punitive, and supportive paid sick leave policies and practices, designed to encourage sick workers to stay home without fear of retaliation, loss of pay, loss of employment, or other negative impacts.

Physical Distancing

Physical distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020). Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic” (AAP, 2020a). During times of high community levels the below measures will be taken into consideration as feasible

Room Capacity

- As needed, commons areas or alternate spaces will be used to place student cohorts for instruction time in order to maintain spacing as feasible.

Modified Layouts

- Excess furniture may be removed from classrooms to allow for increased spacing of desks.
- Desks or seating may spread apart when feasible.
- Desks may be turned to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart as feasible.

Physical Barriers and Guides

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

Staggered Scheduling

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

Instruction & Activities

- Practices will be adopted to maintain distancing during activities and instruction to the extent possible.

- Outdoor spaces should be used as much as feasible.

Communal Spaces

- Communal and shared spaces (such as cafeteria and playgrounds) may be restricted. use may be staggered, and spaces will be [cleaned and disinfected](#) between use.
- Increased restrictions may occur if there are multiple identified cases in the building.

Identifying Small Groups and Keeping Them Together (Cohorting)

Cohorting and tracking of cohorts is a strong public health strategy to limit the spread of illness. Keeping cohorts small and separated, lessens the likelihood of exposure across large parts of the school population and reduces potential transmission of infectious disease. During times of low community COVID-19 levels, cohorting will be minimal, and tracking of student locations will be done via normal attendance taking procedures. Cohorting will not be established in the context of ability or disability. During times of high community COVID-19 levels, the below measures may be taken into consideration, as feasible.

Elementary

- Student and staff groupings may remain as static as possible by having the same group of children stay with the same staff.
- Interaction between groups may be limited.
 - o When groups are mixed, this information is appropriately mapped for possible exposure notifications.
- When cohorting is practiced, common areas may be sanitized between each cohorts.
- Staff rotating between rooms should practice appropriate hand hygiene.
- Attendance may be taken of each cohort for all group encounters.

High School and Middle School

- Where stable cohorts are difficult to maintain, practices will be re-emphasized to maintain distancing, as feasible, during activities and instruction.
- Staff rotating between rooms should practice appropriate hand hygiene.
- Accurate attendance logs must be maintained for exposure notifications.

Healthy Environments

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

Cleaning and Disinfection

Routine sanitation measures will be in full effect, including processes to respond to potentially infectious material as outlined in the *Exposure Control Plan* (pp. 21-30) . A link to the District COVID 19 [Custodial Procedures Part 1](#) and [Custodial Procedures Part 2](#) can be accessed here.

- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children. Use products that meet [EPA disinfection criteria](#).
- Staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

During times of high community COVID-19 levels the below measures may be taken into consideration as feasible.

- All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses may be [cleaned and disinfected](#) daily and between use as much as possible.
- Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) may be limited when possible or cleaned between use.
- A schedule will be designated by the Custodial Supervisor for increased, routine cleaning and disinfection.
- As necessary, additional custodial staff will be deployed.
- Additional cleaning and disinfecting will take place where areas of potential transmission are suspected, demonstrated by increased rates of illness or absenteeism in groups of students or classes.

Shared Objects

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

- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised will have their own supplies.

Ventilation

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

Water Systems

- To minimize the risk of diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk of chemical exposure. The district *Exposure Control Plan* (pp. 15-21) should be consulted for necessary and appropriate use of PPE. For the purposes of COVID-19 response, where cloth facial coverings are used in unprecedented frequency, it should be clarified that face coverings are not synonymous with masks. Face coverings may include masks, or cloth covers. PPE will be advised based on the interaction with students or the risk involved related to frequency and type of interaction, volume and duration of interaction and the developmental stages and health status of the individuals involved. Face coverings are strongly advised in indoor settings when [CDC community levels](#) of COVID-19 are high.

Facial covering guidelines:

- Allow for student and staff non-discriminatory choice of masks wearing
- Masks are required in areas where direct clinical care is being performed (health rooms and isolation rooms).
- Children of any age should not wear a face covering:
 - o If they have a medical condition that makes it difficult for them to breathe with a face-covering;
 - o If they experience a disability that prevents them from wearing a face-covering;
 - o They are unable to remove the face covering independently; or
 - o If the student is sleeping.

- o If face coverings become required by the state at any point and if a student requires an accommodation to meet the requirement for face coverings,. Appropriate accommodations could include:
 - Offering different types of face coverings and face shields that may meet the needs of the student.
 - Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised.
 - Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease;
 - Additional instructional supports to effectively wear a face covering;

If face coverings are used:

- Cloth face coverings must be laundered regularly
- New disposable face covering must be used daily
- Face shields are reusable and should be designated to individual staff.
- Refer to [Use and Care of Masks | CDC](#)

N95 Masks and Surgical Masks

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

- N95s are typically designed for adults in the workplace (CDC, 2022).
- Surgical masks are appropriate for cases where direct face to face interactions will occur in order to create a physical barrier of protection. If worn properly, a surgical mask is meant to help block large- particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.

Face Shields

Face shields cover the entire face from contact with liquids, including respiratory droplets, when there is an increased risk to the nose, mouth, and eyes and are less obstructive for delivery of education and direct interaction.

Cloth Face Coverings

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

Adequate Supplies

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

Identifying & Isolating Ill Students and Staff

Staying Home When Appropriate

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

IF...	THEN...
Staff/student has one primary symptom of COVID-19: New onset or worsening cough Temperature of 100.4 or higher Shortness of breath/Difficulty breathing New loss of taste/smell OR if Staff/Student have non-primary symptoms (headache, sore throat, congestion/runny nose, stomach pain, vomiting, diarrhea, muscle aches, fatigue.	Individuals should consider getting tested for COVID-19. May return when they are: <ul style="list-style-type: none">● Fever free for 24 hours without the use of fever-reducing medications such as ibuprofen (Advil), acetaminophen (Tylenol) or aspirin,● Free of vomiting/diarrhea for 48 hours● AND other symptoms are resolving.
Staff/student has two or more primary symptoms of COVID-19: COVID-19: New onset or worsening cough Temperature of 100.4 or higher Shortness of breath/Difficulty breathing New loss of taste/smell	Individuals must test negative for COVID-19 or stay out for 5 days from the onset of symptoms. If negative may return when: <ul style="list-style-type: none">● Fever free for 24 hours without the use of fever-reducing medications such as ibuprofen (Advil), acetaminophen (Tylenol) or aspirin● Free of vomiting/diarrhea for 48 hours● AND other symptoms are resolving.

Staff/student is not ill but has recently had close contact with a person with COVID-19.	Face covering is recommended for 10 days following known close contact. Do not need to quarantine unless symptoms develop. Testing for COVID-19 recommended if symptoms develop.
Staff/student tests positive for COVID-19.	<p>Notify school or supervisor.</p> <p>Must stay home for 5 days from onset of symptoms or positive test.</p> <p>Day Zero (0): Day of onset of symptoms OR day of positive test.</p> <p>Days 1-5: Isolation period</p> <p>Day 6: Return to school/work if symptom criteria met</p> <p>Day 6-10: Face covering strongly recommended</p>

Recognize Signs and Symptoms

- If students are noted to have any illness symptoms or they complain of illness symptoms, they will be sent to the health room.
- Trained staff (health aides or backups) will check temperature and ask questions to determine if symptoms are present that require isolation and dismissal home as per Oregon Communicable Disease Guidance. .
- Students meeting exclusion criteria should be dismissed to home.
- Ill students must be placed in separate isolation spaces until picked up by parents or designated (approved) adults.
- Students presenting to the office should be logged into the health room log [within synergy](#).
- Health checks will be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations.

Isolate Those Who Are Sick

Each school must have a designated personnel and designated isolation space. Available PPE must be available for. School nurses and designated staff to use [Standard and Transmission-Based Precautions](#), as per the District *Exposure Control Plan* and The district *Communicable Disease Plan* . Students who are determined to require exclusion based on

current rules and guidelines will be isolated under the following circumstances pending parent pick up:

- Identification of students meeting exclusion criteria.
- Children identified as having been ill and having a pending test for COVID-19, OR having tested positive for COVID-19

Isolation Space

An appropriate isolation space as described in the *Communicable Disease Plan* (pp 5-20) and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals. The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per *Transmission Based Controls* and COVID-19 guidance correctly.

The isolation space should be logistically accessible in proximity to the health room. CDC guidelines should be visited with the following requirements in mind:

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

OSNA Recommendations for School Isolation Rooms will also be considered:

Key Practices*	Specific ways to reduce risk
Isolation	<ul style="list-style-type: none">• Maintain separate isolation space for unwell individuals, apart from those receiving well-care and others, as required by state law. [OAR 581-022-2220]• Consult school nurse to establish isolation protocols, considering symptoms of concern and transmission risks as well as age, physical & developmental abilities.• To reduce fear, anxiety, or shame related to isolation, provide clear explanations of procedures, including use of PPE and handwashing.• Ensure line of sight. Keep ill student(s) visible.

Physical distance	<ul style="list-style-type: none"> ● Maintain physical distance between isolated individuals, cots, chairs. Distance of 6+ feet is recommended to reduce droplet transmission. ● <i>Distance, alone, may not reduce airborne transmission. Layer mitigation measures.</i> ● See OHA Investigative Guidelines for updates and disease-specific guidelines.
Environmental cleaning	<ul style="list-style-type: none"> ● Use effective disinfects. See applicable EPA list. ● Maintain isolation space with surfaces and materials that are easily sanitized. Avoid cloth or permeable materials unless items are washed between use. ● When airborne disease risk is elevated, either wear full PPE for cleaning (medical grade mask, gloves, isolation gown) or wait 2+ hours before cleaning, to allow airborne particles to settle or be cleared by ventilation. ● See CDC Cleaning and Disinfecting your Facility
Airflow and circulation	<ul style="list-style-type: none"> ● Designated isolation space(s) should have ventilation maximized, such as with open windows and/or ventilation fans. Ensure fans do not re-circulate air supply; vent to exterior or isolated wall/attic space. ● Establish separate room(s) to reduce sharing air from isolation space. As an alternative, enclosing an area using non-permeable barriers such as plexiglass or plastic sheeting compliant with fire codes may reduce droplet transmission, but there is little evidence that barriers reduce airborne transmission. ● <i>Larger barriers (6+ feet) plus maximized ventilation and HEPA filters may reduce airborne transmission.</i> ● See CDC Ventilation.
Hand hygiene	<ul style="list-style-type: none"> ● Ensure isolation space has ready access to soap and water. Sink at entryway is preferred. If hand sanitizer is used, ensure it is at least 60% alcohol or established effective product. ● Care providers should wash hands thoroughly, before and after providing care.

	<ul style="list-style-type: none"> • See CDC Handwashing.
Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Consult school nurse regarding appropriate use of PPE. • If able to do so safely, symptomatic individuals should wear at minimum a cloth face covering, or medical-grade mask if available. • Staff in close contact with symptomatic individuals should wear at a minimum a medical-grade face mask. For specific diseases (based on symptoms and/or cases in the community) other PPE may be needed, such as N-95 respirator, gloves, gown, foot coverings, goggles or face shield, etc. • Any PPE used during care of a symptomatic individual should be properly removed prior to exiting the care space, disposed of, or disinfected. Wash hands after removing PPE. • See CDC Transmission-based precautions.
Vaccination	<ul style="list-style-type: none"> • Consider alternative assignments for unvaccinated staff, rather than direct care or observation in isolation rooms. This measure is for the protection of staff as well as students receiving care and is strongly advised when vaccine-preventable disease is circulating in the community (examples include COVID-19, flu, chicken pox, measles, hepatitis). • Uphold school regulations for vaccination of students and staff. Consider partnering with local public health or SBHC to offer school-located vaccine clinics. • See OHA School Immunization guidance and OHA COVID-19 Updates.

Surveillance, Logs and Contact Tracing

Surveillance

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

- School staff identifies an increase in illness or absenteeism, and reports to the RN
- The RN identifies a cohort, building, or the entire population to actively survey based on community trends or report from LPHA. Surveillance may include:
 - o Logging symptom specific complaints of ill students and staff
 - o Collecting information on specific diagnoses and syndromes in the school community
 - o Communication to families and staff asking for specific symptom information for absent students. In these situations, school staff will respond as directed by the district RN. For specific indicators and identification of clusters of illness within the school setting, please refer to the district *Communicable Disease Plan* (pp 5-20).

Logs

Health Room Log

As per OAR 166-400-0010 any student reporting to the health room should be logged into the student Health Room Log. During this period, all students should be accounted for whether injured or ill or visiting the health room for alternate reasons. It is important to be able to determine potential exposures in the health room, thus all students visiting the health room must be logged in.

Outbreak Logs

In the event of an outbreak or cluster Respiratory Outbreak Line Listings will be used for case investigations. This process will occur as outlined in the Communicable Disease Plan (pp. 5-20) and as prompted by the District RN.

Communication Systems

The district will implement and provide communications for multiple areas including health promotion, communication of policies and restrictions and communication regarding potential exposures or exclusions. District Communications will be logged on the [Springfield Public Schools Homepage](#) under Coronavirus Response.

Signs and Messages

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

Direct Communication

Communication to families will be made in English and Spanish

- In addition to posting exclusion criteria on web pages and in newsletters families will be advised on policies related to sick students, and student exclusion criteria.
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors.
- Families will be advised to report if:
 - Their student has symptoms of COVID-19,
 - Their student has had a positive test for COVID-19
- The point of contact, to the best of their ability should attempt to obtain:
 - Date of onset of illness
 - Date of positive test, if applicable
 - Last day present in the school building.
 - Confidentiality should be strictly observed.

Communication Regarding Confirmed Cases

In the event of a confirmed case, staff who are made aware should not share information with other staff or families. All measures should be taken to provide confidentiality in communication.

- District specific protocols and practices will be communicated by the Chief Operations Officer
- Building specific protocols and interventions will be communicated by the building administrator

Public Health Communication

- The district RN is the point of contact for the [Local Public Health Authority](#) (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer.
- The district RN is subscribed to COVID-19 updates with [Lane County Public Health](#) and will check the [CDC Community Levels for Lane County regularly](#).

Nutrition Services

Nutrition Services personnel should follow all existing mandates on health and hygiene and food safety. Any specific measures or intervention will be coordinated with the Assistant Director of Facilities and the Nutrition Services Supervisor. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services.

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

Transportation

Measures taken on transportation shall follow the processes of school operations to the extent feasible Coordination with the District Transportation Department and Chief Operations Officer will be ongoing to determine appropriate resources and capacity. Coordination with the District Office will be ongoing for specific or special needs.

Bus Drivers

- Transport vehicles (e.g., buses) that are used by the school, require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene,).
- Bus drivers shall have access to hand sanitizer, as needed.
- All frequently touched surfaces on school buses will be [cleaned and disinfected](#) daily and between use as feasible..
- To clean and disinfect school buses or other transport vehicles, see guidance for [bus transit operators](#).

Illness exclusion

In recognition of transportation and safety measures, and the priority of the district to maintain student safety in all areas, buses will not remain stationed in the roadway for prolonged periods of time to assess students. Measures will be taken to isolate students who become ill on bus routes and as soon as students arrive at school to the extent feasible under the below guidance:

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

Maintaining Healthy Operations

Schools may consider implementing several strategies to maintain healthy operations.

Regulatory Awareness

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

- Remain aware of updated state and county guidance.

Visitors and Volunteers

Visitors are regarded as individuals who are not routine education staff, itinerant staff or substitute staff.

- Visitors and volunteers will be restricted.
- Visitors will be required to sign in and out at the front office. Front office will have signage posted asking visitors to return home if they don't feel well or have any illness symptoms.

Event, Gatherings and Field Trips

During times of high community COVID-19 levels the below measures will be taken into consideration as feasible:

- Events, large gatherings, field trips and athletics will take into account current CDC community level for Lane County when planning is happening.
- Consider required face coverings for long bus rides.
- Increased COVID-19 testing options prior to athletic events can be considered for athletes.
- Consider limiting the amount of visitors for athletic events.
- Consider hosting large events or assemblies outside for increased ventilation.
- Consider offering virtual options for large gatherings, meetings and assemblies

Athletics

- Athletics will observe OHA and OSAA guidance.
- Sports activities will be pursued in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities as feasible.

During times of high community COVID-19 levels the below measures will be taken into consideration as feasible:

- Establish stable cohorts as feasible
- Encourage distancing as feasible
- Limit time in locker rooms as feasible
- Consider requiring face coverings on long bus rides
- Offer diagnostic testing to athletes that develop symptoms during practice or event/game.

Sharing Facilities

- All facility use will be in accordance with public health recommendations.
- Refer to *Facility Use Liability Addendum* with SPS Facilities Office.

Support Coping and Resilience

- Coping and Resilience are major elements of pandemic planning that are addressed in District Mental, Social and Emotional Health Plans.
- The [CDC](#) provides pandemic specific mental health considerations for coping and stress.
- Employee assistance is addressed with Human Resources.

Continuity of Routine School Health Services

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

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

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