MULTNOMAH EDUCATION SERVICE DISTRICT (MESD)

Multnomah Education Service District

COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

THIS PLAN CONTAINS:
MESD Communicable Disease Prevention Plan
MESD Exposure Control Plan
MESD Pandemic Response Plan

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INTRODUCTION

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

Illness and injury are not uncommon in the school setting and thus policies, procedures, and guidance regarding infection control are of utmost importance. When children are injured or feel unwell at school, it can create risk to others and impact the ability of a child to fully participate in their educational activities. In the Whole School, Whole Community, Whole Child model, school personnel collaborate for the best outcomes of the individual student, and the school population as a whole. To accomplish this goal, staff must have access to and be trained on resources and materials to identify appropriate measures and interventions for child health issues (ACSD, 2020).

The purpose of this comprehensive guide is to provide infection control guidance, practice standards, and protocols for MESD and its component school districts.

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

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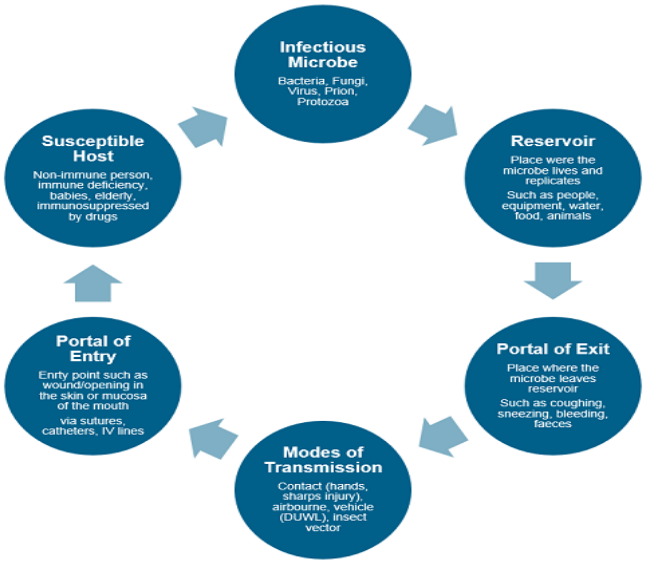
COMMUNICABLE DISEASE PREVENTION PLAN

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff.

A communicable disease is an infectious illness that is transmissible by contact with:

- Bodily discharge or fluids of an infected individual
- Contact with contaminated surfaces or objects
- Inhalation of respiratory droplets expelled by an infected individual
- Ingestion of contaminated food or water
- Direct or indirect contact with disease vectors



Although the terms *communicable disease*, *contagious disease, and contagious condition* are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors are considered to be "contagious" diseases since they cannot be spread from direct contact with another person (ACPHD, 2013). In the school setting there is a prevention-oriented approach for communicable disease management which is grounded in education, role modeling, and implementation of standard precautions and hygiene. However, population-based settings, such as the school setting, should establish practices for measures and interventions associated with exposures or potential exposures. This first section focuses on a population-based set of practices for communicable disease prevention, while the subsequent *Exposure Control Plan* discusses work-practice control measures for staff, per the OSHA Bloodborne Pathogen Standard (BBP, 29 CFR 1910.1030).

MESD Board Policies:

Communicable Diseases JHCC/EBBA/GBEB-AR

Communicable Diseases – Students and Staff JHCC/GBEB

School Health Services and Requirements JHC

Oregon Legislation

OAR 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions

OAR 581-022-2220 Health Services

ORS 410-133-0000 School Based Health Services

Communicable Disease Prevention

There are many methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation, and immunization. Fully endorsing the control and prevention of communicable diseases requires an understanding of disease transmission.


Hand Hygiene


Cough Etiquette


Immunizations


Blood Borne Pathogen Training


Environmental Sanitation

Standard Precautions


Illness Policy

Food Safety

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

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A, C. difficile), or respiratory droplets (influenza, varicella-zoster)
- Contact with a contaminated surface or object (norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria)
- Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague)
- Inhalation of small respiratory droplets that are dispersed through or suspended in the air (measles, tuberculosis)

In the school setting the most frequent risks are associated with direct contact with ill individuals, contaminated surfaces, or inhalation of infectious droplets. Primary methods of illness prevention include hand hygiene, sanitation, respiratory etiquette, isolation and exclusion of symptomatic individuals, as well as standard and transmission-based precautions.

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

- Common Childhood Infectious Disease
- Vaccines
- Hand Hygiene
- Respiratory/Cough Etiquette
- Environmental Surface Cleaning

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

Common Childhood Infectious Diseases

There are a variety of common childhood infectious diseases that are regularly encountered in the school setting. Some childhood illnesses such as the common cold (ie: adenoviruses, coronaviruses, rhinoviruses), bronchitis, sinusitis, and tonsillitis occur throughout the year. While other illnesses such as gastroenteritis (ie: norovirus), croup (ie: parainfluenza), and influenza (A & B) most often occur seasonally. Examples of other

common childhood infections include: strep throat, hand foot and mouth disease, fifth disease, and staph skin infections. There are more severe infectious diseases, such as bacterial meningitis, that also occur sporadically throughout the school year (BCDC, 2009).

Vaccines

In the school setting, vaccines are an important step toward communicable disease control. Certain vaccines are required for attending school in Oregon. However, it is important to note that some individuals may not be vaccinated due to medical/non-medical exemptions. Each school has a record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. You can find more information on immunizations on the MESD School Health Services Website.

Under direction of the MESD Communicable Disease Team:

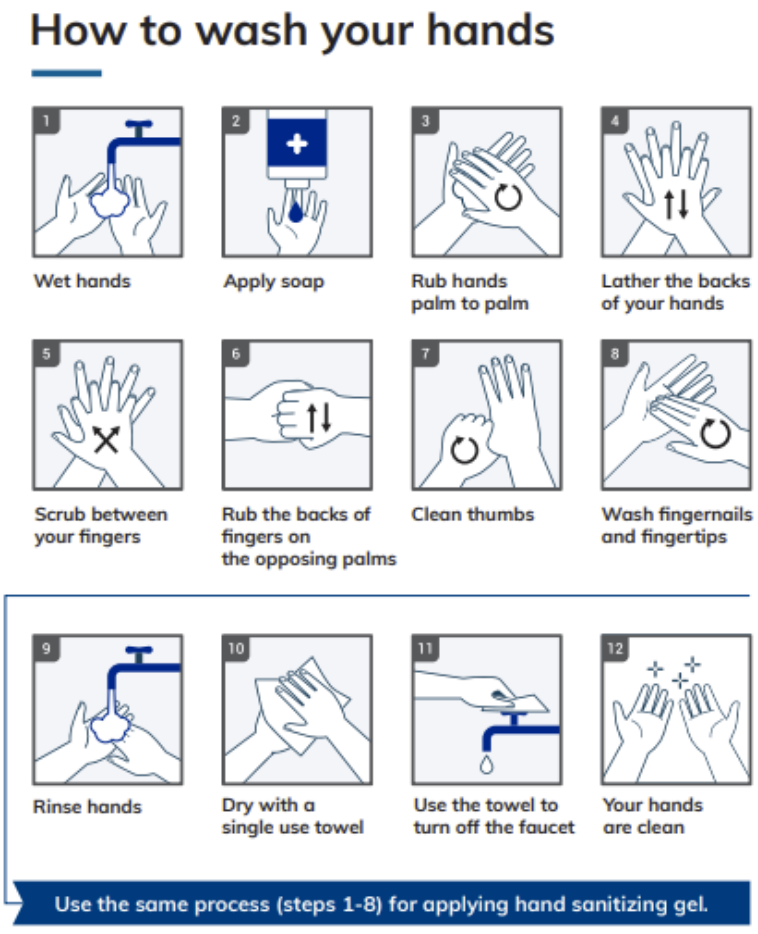
- When a positive case of a vaccine preventable disease (varicella, pertussis, etc.) is identified in the school setting, designated staff will run immunization reports to identify unvaccinated students in the building. The Communicable Disease Team will work with the local public health authority (LPHA)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

Hygiene

Prevention-oriented measures are grounded in disease transmission education, and the practical application of general sanitation and personal hygiene. Hygiene and sanitation are some of the most important methods of disease prevention. Handwashing is the single most important method of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices should be taught to all students, modeled by staff, and practiced by all.

Age appropriate hand hygiene curriculum can be found from a variety of resources and should be provided annually in the fall and as needed during peak illness seasons 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 that contains at least 60% alcohol, should be easily



accessible throughout the building, specifically in high contact areas such as entrances/exits, water fountains, cafeterias, gyms, and classrooms. Supervised stocks of hand sanitizer should be available in each classroom. (Image: Multicare.org)

Students and staff should wash hands:

- **Before, during,** and **after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone 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
- **Before** and **after** using a hand-operated water fountain
- **Before** and **after** using PPE (gloves, mask)
- When hands are visibly soiled
  (CDC, RSSL 2022)

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

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., COVID-19, influenza and cold viruses). A respiratory infection can be spread when a person who is infected coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet, reaching the eyes, nose or mouth of others, causing illness. Pathogens can spread easily from person to person through direct contact via touching contaminated objects or shaking hands with an ill individual, and then touching one's eyes, nose, or mouth. Droplets can persist for a short time on a variety of objects and high-contact areas, such as doorknobs or desks. Some individuals cough without having a respiratory infection (e.g., persons with chronic obstructive lung disease), while others can carry and spread diseases without ever showing any symptoms of illness. As a result, we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from

illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced, and modeled to prevent the spread of disease. (See *Respiratory Hygiene and Cough Etiquette* for more detailed information on practices and interventions) (Image: Manitoba Department of Health)

Environmental Surface Cleaning

Clean schools contribute to healthy environments and reduce the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include:

- Scheduling *and documenting the* routine cleaning of classrooms, common areas, and shared objects and surfaces
- Ensuring adequate stock of appropriate sanitizers and disinfectants
- Ensuring garbage and sharps containers are emptied before they become full
- Ensuring that any classrooms with pets have a cleaning plan in place to minimize odors or contamination.
- Increasing ventilation and air filtration in classrooms to mitigate airborne and droplet transmission.

While environmental cleaning is largely governed by facilities management and custodial services, there are certain classroom measures that can be practiced to improve cleanliness and reduce the risk of illness-transmission during peak illness times, such as increasing access to sanitizing wipes, tissue, and hand sanitizer. (See the *Exposure Control Plan* for more detail on disinfection)

Communicable Disease Exclusion

In the school environment, communicable diseases are easily transmitted from one individual to another by various routes, and can even be transmitted while an individual is not showing symptoms of illness. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. Effective control measures include: education, avoidance of risk factors, sanitation, air filtration/ventilation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis, and adequate isolation and treatment (ODE, 2020).

Oregon public health law (Oregon Administrative Rule 333-019-0010) 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. Since diagnosis often presumes assessment by a licensed health care provider and specific testing, schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable symptoms. As a matter of routine practice, individuals with any excludable symptoms of illness should be excluded from school per OAR 333-019-0010, LPHA guidelines, and the Oregon Department of Education Communicable Disease Guidance Document.

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Some restrictable diseases are also reportable to the LPHA*, in such an event the MESD Communicable Disease Team should always be contacted. The LPHA also notifies the MESD Communicable Disease Team of confirmed cases of reportable illness in a student or staff member. There are occasions when a parent/guardian will notify the school of a communicable disease first. In these cases the school nurse (RN) and building administrator should be notified and they will consult with the

MESD Communicable Disease Team. Students with diagnoses of diseases restrictable by the LPHA under OAR 333-019-0010 should return to school when documentation is obtained from the LPHA or healthcare provider indicating they are no longer infectious. This includes, but is not limited to:

- Diphtheria*
- Hepatitis A*
- Hepatitis E*
- hMPXV (mpox)*
- Measles*
- Mumps*
- Pertussis* (whooping cough)
- Rubella*
- Salmonella enterica serotype Typhi infection*
- Scabies
- Shiga-toxigenic Escherichia coli (STEC) infection*
- Shigellosis*
- Varicella zoster (chickenpox)
- Infectious tuberculosis*

- If a report is made to the school office, administration, or other school staff regarding any communicable disease diagnosis in students or staff, **this should immediately be referred to the school nurse and building administrator who will then consult with the MESD Communicable Disease Team.**
- This should be regarded as an urgent referral to the MESD Communicable Disease Team if the disease is a **reportable** condition.
- **School staff receiving reports should follow confidentiality rules by <u>not</u> informing any other students, staff, or parent(s)/guardian(s) of the report, besides notifying the administrator and school nurse.**
- The MESD Communicable Disease Team will confirm the diagnosis with the LPHA, and identify the need for communication, surveillance, or control measures. The interventions and communication are driven by multiple factors including the diagnosis, student health status, risk of exposure, number of individuals infected, and risk to cohorts or specific students and staff.
- Depending on the diagnosis and the identified interaction with a reported case, the MESD Communicable Disease Team may ask that the school nurse, or building administrator, directly notify any individuals who are at high-risk of severe disease, immunocompromised, or pregnant, so that they can reach out to their healthcare provider with any questions or concerns regarding a potential exposure. The school nurse will work with the school administrator to ensure that any staff members or students who have identified as being in this higher-risk category will receive immediate notification of potential exposures.

Isolation Spaces

Oregon law (OAR 581-022-2220) requires the school district to maintain a prevention oriented health services program, which includes health care and space that is appropriately supervised and adequately equipped for first aid, **and isolates the sick or injured child from the student body**. An appropriate isolation space as described in the *Communicable Disease Plan* and consistent with state legislation should be

accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals. The isolation space should be logistically accessible in proximity to the health room, but not in such close proximity that infection risk is a concern.

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

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

CDC Guidelines for Isolation Rooms

Isolation Room	CDC Guidelines
Physical distance	It is strongly recommended that ill students are physically distanced while in the isolation space to the greatest extent possible.
Cleaning and sanitizing	After dismissal of ill student, close off areas used by a sick person and do not use these areas again until after cleaning and disinfecting. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
Ventilation	Designated isolation space should have adequate ventilation, i.e. exterior windows, ventilation fans and/or HEPA filters. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).
Hand hygiene	Care providers should wash hands frequently and thoroughly before and after providing care, including after removal of gloves. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with ≥60% alcohol content and wash hands with soap and water as soon as possible.
PPE	Staff tending to symptomatic individuals should wear, at a minimum, a face mask. Do not discard the face mask when exiting the isolation room care space unless it is soiled. Gloves should be worn if there is risk of exposure to blood and body fluids. A face shield should be worn if there is a risk of body fluids splashing towards the face. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the isolation room, and hands washed after removing PPE.
Student safety and well-being	Adjust protocols to age and developmental abilities. Ensure line of sight; keep the ill student visible. To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.

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

Outbreaks of Illness, and Symptom Clusters

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households that are epidemiologically-linked and in the same communicability time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness; rather an increase in morbidity or severity should be indicators to report to the school nurse and MESD Communicable Disease Team for consideration of outbreak reports or control measure implementation. The attention to outbreaks, interventions, and resources are highly dependent on the prevalence, severity, and communicability of the disease. Outbreak investigations will be facilitated through the MESD Communicable Disease Team, in collaboration with the school nurse, health assistant, building administrator, and the LPHA with the use of the Oregon Health Authority Outbreak Toolkits for Schools.

Respiratory Illness

Respiratory illness or disease refers to the pathological conditions affecting the organs and tissues that make gas exchange possible, including 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, like bacterial pneumonia.

Individuals with respiratory illnesses are often present in the school setting. The following indicators should be reported to the school nurse, who will consult with the MESD Communicable Disease Team:

- Any respiratory illness resulting in hospitalization or death of a student or staff member
- Diagnosed pneumonia in 3 or more individuals in the same cohort
- Unusually high levels of absenteeism due to respiratory illnesses (≥30% of the student/staff with at least 10 individuals absent) at the school level on any given day.
- Unusually high levels of absenteeism due to respiratory illnesses (≥20% of a cohort with at least 3 individuals absent) within the cohort level on any given day
- Prolonged illness, lasting longer than 3 days on average, among 10 or more persons (or ≥20%, whichever is greater) in the same cohort

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

Vaccine Preventable Disease

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

- Diphtheria*
- Tetanus*
- Measles*
- Mumps*
- Rubella*
- Haemophilus influenzae type b infections (Hib)*
- Pneumococcal infections*

- Meningococcal disease*
- Pertussis (whooping cough) *
- Poliomyelitis (polio)*
- Hepatitis A*
- Hepatitis B*
- Varicella (chickenpox)
- Influenza

Most VPD's are also reportable diseases*, meaning they are under constant surveillance and the LPHA should be notified of any case. Some communicable diseases are uncommon locally, and are not routinely immunized for in the US, so a diagnosed case would be of interest. This may include:

- Cholera
- Plague
- Rabies
- Bat lyssavirus
- Yellow fever
- Japanese encephalitis
- Q fever
- Tuberculosis
- Typhoid

Uncommon diseases may also pose a risk to a susceptible individual or population if circumstances permit exposure, and should therefore also be reported to the LPHA.

Reports of VPDs should be referred to the MESD Communicable Disease Team, whether coming from a parent, provider, community member, or the LPHA. Indicators for possible reporting to the LPHA of school-identified VPDs include:
• A single case of a vaccine preventable disease that is also a reportable disease or uncommon locally
• More than 2 cases of diagnosed chickenpox (varicella) from separate households in the same cohort, or more than 5 cases in a school.
• More than 3 cases of diagnosed influenza from separate households in the same cohort within 72 hours.

Gastroenteritis

An outbreak of gastroenteritis is defined as three or more cases of vomiting/diarrhea in a cohort (regardless of size). 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 viral gastroenteritis (norovirus) is common, seasonal, and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected and/or duration is unusual. However, preventive measures to reduce spread would need to be immediately enhanced and enforced. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness.

Gastrointestinal indicators to report to the school nurse include:
• Multiple children with compatible symptoms in 48 hours within the same cohort, but separate households
• More than 3 cases of diarrhea with bloody stool in the school setting
• Sudden onset of vomiting in 3 or more persons (from separate households) in the same cohort
• Any unusual combination of gastrointestinal symptoms, severity, duration, or incidence

Other Circumstances

While less common, outbreaks of skin infections, other novel diseases, or unusual infectious disease circumstances can arise.

To ensure the appropriate disease intervention, surveillance, and data collection occur, these unusual situations should be referred to the MESD Communicable Disease Team, and will be handled on a case by case basis. Examples of these circumstances may include:
• More than 2 students from separate households with reported compatible skin infections in the same cohort or athletic team
• Any student or staff member coming into contact with blood, saliva, or feces from a non-domestic animal
• Any staff coming into contact with blood or other potentially infectious body fluid that is not their own (following the MESD Exposure Control Plan). *Students coming into contact with the body fluids of others should be referred to the school nurse or school administrator.*
• Any combination of illness symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness

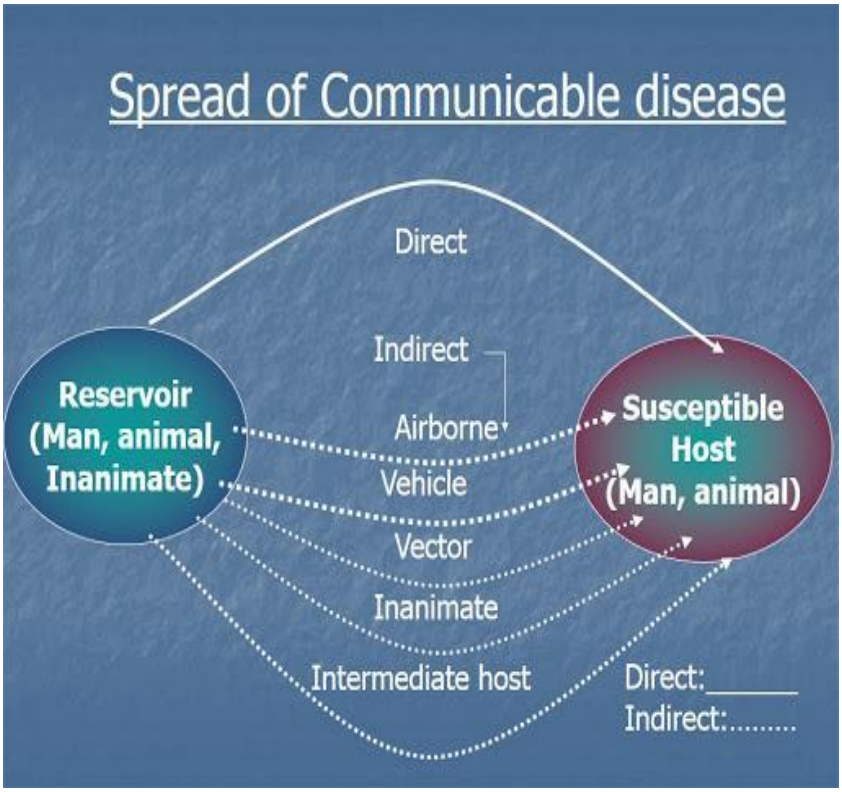
In regard to determined outbreaks or novel diagnoses, the MESD Communicable Disease Team may decide that additional control measures or data collection are necessary, and will consult with the building administrator and the LPHA as needed.

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

Animals in School

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

- Wild mammals, alive or recently dead, should not be allowed in the school setting. Bats and skunks have a significant risk of being rabid. Other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school buildings should have a current rabies vaccine.
- Any animal bites on school property should be reported to the LPHA for follow up. Standard first aid should be provided and the individual should be referred to their health care provider.
- Animals who are ill should not be allowed into the school setting.
- Class pets should be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent disease transmission.
- Animals should not be present or handled in areas where food and drink are consumed or prepared.
- Children should not kiss high risk animals such as chicks, ducks, turtles, and other reptiles.
- Children should always be monitored during animal interactions.
- Consider the medical needs of students who are immunosuppressed or who have allergies, as they may become severely ill when exposed to certain pathogens or allergens.
- In the event that a student in a classroom is diagnosed with a disease known to be carried by animals (i.e., campylobacteriosis or salmonellosis), any classroom animals should be removed from the classroom setting until the risk is determined to be resolved.



Food Safety

Food safety training and enforcement for nutrition services staff is supervised by nutrition services. For the overall wellness of our school based population, all food preparation and consumption within the classroom should follow general food safety standards and disease prevention principles.

For elementary school classrooms
• Hand hygiene should be enforced prior to eating
• General principles of food safety can be taught that are age appropriate
• Food sharing should not be allowed

- For classroom and school sponsored events, only commercially prepared products are permitted. Do not allow homemade food from non-licensed kitchens to be served.

For middle school or high school culinary classrooms

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

EXPOSURE CONTROL PLAN

This plan provides the employees of MESD with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements (OSHA BBP Standard 1910.1030). Districts that contract with MESD for Bloodborne Pathogens training for their at-risk staff are assumed to agree to and ensure compliance with this Exposure Control Plan unless they specifically notify the MESD of any variance from the plan, in writing.

The principle of Standard Precautions holds that **all body fluids or other potentially infectious materials should be considered potentially infectious at all times, since many disease-causing pathogens may be carried in the body fluids of persons who show no symptoms of illness**. Standard Precautions shall be observed in all MESD sites in order to prevent contact with all body fluids and other potentially infectious materials including: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate

between body fluids. Transmission-based Precautions should additionally be endorsed in circumstances where specific risk is anticipated based on health status.

Disease transmission is facilitated by three conditions: high infectivity of a body fluid from an infectious person (carrier), a portal of exit from the carrier, and a portal of entry into a susceptible person. Any staff who may be expected to clean up body fluid spills, perform personal care for a student, perform initial first aid or injury response, or who are working with populations less able to control their bodily fluids in a congregate setting such as a school, are reasonably anticipated to have "occupational exposure" to blood or other potentially infectious material. These staff should be provided the required training and Personal Protective Equipment (PPE) so that they are aware of their risks and are able to best protect themselves.

BOARD POLICIES

Infection Control – HIV, AIDS, HBV EBBAA/GBEBC/JHCCC

Bloodborne Pathogens – Exposure Control Plan for Compliance with OR-OSHA Standard GBEBC/JHCCC/EBBAA-AR

Staff Development – Nonlicensed GDL-AR

Communicable Diseases JHCC/EBBA/GBEB-AR

Communicable Diseases – Students and Staff JHCC/GBEB

OSHA

Bloodborne Pathogens 1910.1030

Personal Protective Equipment 1910 Subpart 1

Exposure Prevention

Per OSHA regulations, in order to reduce risk and promote prevention of infections related to blood or body fluids, the district will provide or promote specific trainings or practices to prepare staff, including:

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

Employee Exposure Determination

Any employee with a risk of occupational exposure to blood and other potentially infectious body fluids is protected by the OSHA-required EXPOSURE CONTROL PLAN. Exposure determination for common job classifications in schools are noted below. Exposure determination of school employees is the responsibility of the school or district administrator. School districts must review job tasks and make individual determinations regarding exposure risks based on OR-OSHA criteria. Each school environment will need an individual assessment of risks to various employees. School administrators may need assistance with determination of risk for certain employees due to their specific job tasks and are encouraged to seek consultation with the MESD, the district risk management department, or legal counsel regarding this risk of exposure.

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

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

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

- General Educational Teachers/Educational Assistants & Substitutes
- School Psychologist
- Physical/Occupational Therapists
- Speech Language Pathologists
- Students and Instructors in Health Occupation Programs
- Bus Drivers

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

Universal & Standard Precautions

The premise of Universal Precautions is to treat all body fluids as potentially infectious. Standard Precautions align with this and provide a set of standards for hygiene and barrier protection (or PPE) during any and all encounters with body fluids.

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

fluid exposures most frequently occur with physical injury or acute illness. Exposures may also occur relative to a chronic health condition, medical procedure, developmental delay, behavioral issue, or disability. Students and co-workers should be encouraged to care for their own bleeding injuries. If assistance is necessary, the use of disposable gloves and other barriers, followed by hand washing, is required for the designated caregiver when body fluids are present. There may be occasions when unanticipated contact with body fluids will occur, and in such cases, staff should follow the MESD Body Fluid Exposure Protocol (to be discussed below).

Standard Precautions endorse the appropriate use of PPE and other practices such as hand hygiene and respiratory etiquette, as well as work practice controls such as sharps safety (handling needles, lancets, broken glass, etc.) and environmental disinfection.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections. In the school setting hand hygiene is an important infection prevention method as a matter of habit with restroom use and food preparation and consumption. Encourage school staff to teach, model and provide structured time for students to practice appropriate hand washing. In the context of BBP and exposure control, hand hygiene should be enforced each time a staff member has an interaction with a student for standard first aid, medication administration, or direct care. Hands should be washed prior to donning gloves, and after care is completed and gloves are removed.

Personal Protective Equipment (PPE)

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, skin and mucous membranes (eyes, nose, mouth) likely to be soiled with blood, body fluid, or other OPIM should be available to school staff, in the appropriate sizes. These include gloves, face masks, protective eyewear, face shields, CPR masks, Kevlar sleeves or bite guards, and protective clothing (e.g., reusable or disposable gown). Contaminated PPE must be removed and disposed of before further contact with other surfaces or individuals occurs.

Examples of appropriate use of PPE include:

- Use of gloves in **all situations involving possible contact with blood or body fluids**, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis), or OPIM. Gloves must be removed and replaced as soon as practical when they are contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Always wash or sanitize hands before donning gloves and after glove removal.
- Use of gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated, such as diapering, toileting, feeding, suctioning, general cleansing, caring for a student who is actively vomiting or providing first aid.
- Use of mouth, nose, and eye protection (such as a face shield, mask and eyewear) during activities that are likely to generate splashes or sprays of blood or other body fluids, such as:
    - Feeding, providing care to, or assisting with a child with forceful vomiting or coughing.
    - Suctioning a child with a tracheostomy with a history of forceful coughing or copious secretions.
    - Assisting in the care of a student with a severe injury and spurting blood.

    - Assisting a student with a head or facial wound.
    - Assisting a student who displays erratic behavior that places the employee at risk (i.e. fighting, spitting).
- Use of Kevlar-sleeves or bite-guards when working with students with a history of biting or scratching behaviors.
- Use of mask or face shield when respiratory transmission is of concern (see pandemic plan).

General Principles of PPE:

IF…	THEN…
It's wet or once was wet	Wear gloves
It could splash into your face	Wear a face shield
It's spread through the air	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves
You are providing CPR	Use a barrier/CPR mask and gloves
There is a blood spill or body fluid spill	Summon BBP-trained staff for appropriate disinfection

Refer to the CDC's Sequence For Putting on Personal Protective Equipment (PPE) for donning and doffing (Applying and Removing) PPE.

Respiratory Hygiene/Cough Etiquette

In the school setting, respiratory etiquette is an important measure to teach to staff and students as developmentally appropriate. Visual alerts, such as Cover Your Cough signage, can be used as a reminder for students and staff.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Using the nearest waste receptacle to dispose of the tissue after use.
- Performing hand hygiene (e.g., hand washing with soap and water, alcohol-based hand sanitizer, or antiseptic hand wash) after having contact with respiratory secretions or contaminated objects/materials, such as a used tissue.
- Sneezing or coughing into the elbow joint (when a tissue and hand hygiene is not immediately accessible).
- Avoiding sneezing directly into the hands, where they may subsequently contaminate other items or surfaces.
- Having symptomatic individuals placed in a designated isolation space where risks to others are minimized until dismissed to home. A mask should be offered and worn if tolerated. Spatial separation of the person with a respiratory infection from others is important since respiratory droplets travel through the air for an average of 3-6 feet.

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

- Providing tissues and no-touch trash receptacles for used-tissue disposal.
- Providing conveniently located dispensers of 60% alcohol-based hand sanitizer and, where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- Providing face masks for individuals with respiratory symptoms

Engineering and Work Practice Controls:

Regulated (Biohazardous) Waste Containers

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

Sharps Safety

Needle stick injuries (piercing the skin with a used needle) are a potential risk in any work environment where medications are delivered via syringe or compatible device, or where lancets are used. In the school setting this is most often associated with the care of students who have medical conditions that require injectable medications. It is preferred that students provide self-care for such high-risk tasks whenever feasible, however this is not always safe due to the capability of the student or for the administration of emergency medications. Staff must be appropriately trained by a nurse before using injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

Certain controls must be enforced in any situation where sharps are present to reduce the risk of needle sticks, including:

- Avoid using needles or lancets that must be taken apart or manipulated after use.
- **Do not** recap, bend, or break one-time-use needles or other sharp devices. Two-hand manipulation of sharps is prohibited.
    - For example, students needing glucose monitoring by use of a lancet device should be encouraged to remove the lancet from the device themselves. If the student is unable, the use of a tool, such as needle nose pliers or medical clamps/hemostat, is required to prevent hand contact with the contaminated sharp.

- Always dispose of used needles or lancets in a sharps container appropriately labeled with a biohazard sign immediately after use.
- Do not reuse needles, and understand that most needles should only be used a single time.
- Participate in specific training related to injectable medications.
- ALWAYS use a needle-stick-prevention tool in cases where a multi-use injection pen needs to be recapped after use. DO NOT EVER hold a cap, vial, or other container with your fingers while bringing the needle or sharp object toward the cap, vial, or container.
- Do not walk with exposed sharps; instead take a portable sharps container to the location of the sharps for immediate disposal.

Contaminated sharps must be stored in closed puncture-resistant containers (sharps containers) with appropriate biohazard label and fill-line designation. It is best practice for sharps containers to be secured to a wall or countertop in the space that injections are given to students or where other sharps (lancets) are generally used. Additionally, schools may have a portable sharps container in the emergency kit and/or to use to retrieve a dirty sharp on school grounds. It is the responsibility of the district to ensure the provision of a sharps container for each school/location along with timely removal and replacement when containers become full. This is usually accomplished through a contract with the local refuse service provider.

Health Room, Isolation Space, and Classroom Safety

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

Cleaning and Disinfecting Environmental Surfaces

The cleanliness of the district facilities is the responsibility of facility and custodial services who have specific expertise in the appropriate formulations to use for specific circumstances. For this reason, any body fluid spills should be immediately referred to custodial services. Schools should determine and implement an appropriate written schedule and documentation log for cleaning and decontamination of high contact surfaces and areas that may be susceptible to contamination with blood or other potentially infectious material, such as the health room and isolation room.

In the event of a blood spill, blood spill kits should be accessible on all campuses. If custodial services are not immediately available, then another trained staff member who has gone through the in-person MESD BBP class should be called to clean the spill up immediately. Appropriate PPE should always be used with any body fluid clean up. Any articles used to clean body fluid spills must be handled with gloved hands and disposed of in an appropriate receptacle. If an absorbent agent is used, sweepings must be disposed of in a similar manner. Brooms and dustpans must be cleaned with a disinfectant. The CDC recommends using a freshly-mixed (no more than 24 hours old), diluted-bleach-solution (1 part bleach to 9 parts water) to disinfect areas with body fluid spills. Keep students away from areas being disinfected. If a bleach solution is not available, the school may use an EPA-approved tuberculocidal agent instead.

Steps for cleaning up a body fluid spill:

1. Absorb the fluid spill.
2. Wash the surface with a general cleaner.
3. Ensure that all surfaces are visibly clean prior to using the disinfecting solution (or the solution may be rendered ineffective).
4. Disinfect the area with a 1:10 bleach solution (or other EPA approved solution).
5. Leave the disinfectant on the contaminated surface for 10 minutes for blood spills, or follow the manufacturer's directions.

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 type of spill – sputum, vomit, feces, urine, blood or laboratory items
- The pathogens most likely to be involved in these different types of spills – stool may contain viruses, bacteria, or protozoan pathogens
- The size of the spill – spot (few drops), small (<10 cm), or large (>10cm) circumference
- The type of surface – carpet or impervious surface
- The location of the spill – (ie: contained area [such as a single office], common area or restroom)
- The likelihood of exposure–another person's bare skin or mucous membranes were in contact with the spilled body fluid or with the contaminated surface

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

Transmission-Based Precautions

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 use of Transmission-Based Precautions are typically restricted to the health room/isolation space under specific conditions, there is still a risk of exposure in the school setting.

Contact Precautions

Contact Precautions are to be used when a student has a known or suspected illness that is easily transmitted by direct contact with the ill individual (or their body fluids) or by contact with contaminated items in their environment. Illnesses requiring contact precautions may include, but are not limited to, open and draining lesions, stool incontinence, uncontrolled secretions, vomiting, or a new generalized rash.

When a student presents with an illness that requires contact precautions the following steps should be taken:

- **Ensure appropriate student placement:** the student should be removed from the classroom setting and placed in the symptom space while awaiting parent/guardian arrival.
- **Use personal protective equipment (PPE) appropriately:** if the student requires care, gloves must be worn. A gown may be needed if the student's body fluids are not controlled/contained.
- **Limit student activity:** the student's activity should be limited to reduce additional opportunity for contamination of surfaces.

- **Prioritize cleaning and disinfection:** after the student has been dismissed to home, ensure the area the student was located during direct care and/or areas of body fluid spills are appropriately sanitized. If there is a risk of contamination in other settings such as the classroom, cafeteria, or playground, ensure areas and/or shared items are appropriately disinfected before use by another student**.**

Droplet Precautions

Use Droplet Precautions when students or staff have a known or suspected infection transmitted by respiratory droplets. Droplets are generated by an individual who is coughing, sneezing, or talking. In the school setting this may be more common during influenza season and during the circulation of novel viruses.

- **Source control:** includes putting a medical-grade surgical mask on any caregivers and on the ill individual.
- **Ensure appropriate student placement:** a student who becomes symptomatic when the risk of specific viruses is increased should be placed in the isolation room, individually (if possible), until arrival of the parent/guardian or until dismissed from school.
- **Use PPE:** staff should wear a mask any time they are providing care to or screening an individual who presents with respiratory symptoms and may consider wearing eye protection if the ill individual does not practice adequate respiratory etiquette.
- **Limit activity of the ill student:** the student or staff's activity should be should be limited and they should wear a mask to reduce additional opportunity for air and/or surface contamination.

Airborne Precautions

Use Airborne Precautions when students or staff have a known or suspected infection transmitted by the airborne route (e.g., measles, chickenpox)**.** Airborne precautions will rarely be used in the school setting; however, it is important to use identified control measures as vaccine preventable respiratory diseases are on the rise related to increased vaccine hesitancy.

- **Source control:** includes putting a mask on the ill individual.
- **Ensure appropriate student placement:** the student should be placed in an isolation room, individually (if possible), with appropriate supervision.
- **Use PPE:** staff should wear a fit-tested NIOSH-approved N95 or higher level respirator when providing direct care or supervision of the student. If a fit-tested NIOSH-approved N95 is not available, then a medical-grade surgical mask should be worn.
- **Limit activity of ill student:** the student's activity should be restricted to the isolation space, except to dismiss to home.
- **Notify the MESD Communicable Disease Team and susceptible individuals and advising immunization (per MESD direction):** following contact with an individual identified as having a vaccine preventable disease, individuals susceptible to any diagnosed infection, such as measles, pertussis, or varicella, should be advised to immediately seek immunization against infection. It is important to note that the school district cannot compel anyone to immunize themselves or their student, but students **and** staff who are unvaccinated (or not up to date with their vaccines) can be excluded for the maximum incubation period of a vaccine-preventable disease, up to 21 days from their last exposure.

Body Fluid Exposure Incidents

A body fluid exposure incident is an event where the potential exposure to infectious disease has occurred. This can occur through a variety of ways, but in the school setting this primarily occurs through contact with body fluids via mucous membranes or open, unprotected skin; through a human or animal bite; or through a needle stick injury.

When an exposure has occurred, the affected staff should immediately clean the affected area and follow the MESD Body Fluid Exposure Protocol (below). Students who are exposed to the body fluids of others should receive basic first aid including cleaning the wound and/or flushing all affected mucous membranes. The building administrator should then call the parent/guardian and recommend they call the student's healthcare provider with any concerns or questions. This should be followed up with a school district incident report completed by the staff member who witnessed or reported the exposure event.

Needle-stick Injuries

If a staff member's skin is pierced or punctured with an object that may be contaminated with the body fluid of others, follow the MESD Body Fluid Exposure Protocol. Staff may be referred immediately to an occupational health clinic for further assessment and possible treatment, and may be required to report back to the provider for subsequent blood tests.Students should receive basic first aid including cleaning the wound/puncture site and then be referred to their healthcare provider.

Mucous Membranes

When there is any potential body fluid exposure toward the face, all exposed mucous membranes, including the nose, mouth, and eyes should all be immediately flushed with running water for at least ten minutes. Staff should follow the MESD's Body Fluid Exposure Protocol (below).

Bites

While bloodborne pathogen transmission is less common via bites, there are concerns for tissue injury and/or of exposure to other infectious diseases. Staff should provide all necessary basic first aid and follow MESD's Exposure Protocol (below). In the event of a bite injury, staff may be encouraged to seek urgent medical care depending on the severity of the bite. Dog bites should be reported to the Multnomah County Animal Control at (503) 988-7387 to assess for rabies.

MESD Body Fluid Exposure Protocol:

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

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

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

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

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

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

PANDEMIC PLAN

A pandemic occurs when an infectious disease has spread globally. Viruses, such as coronaviruses and influenza, are routinely surveyed due to the propensity for mutations, human to animal transmission, and potential for pandemic events. The purpose of this document is to provide guidance for Non-Pharmaceutical Interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking medications, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. NPIs, specifically in regard to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level and type of pandemic threat.

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

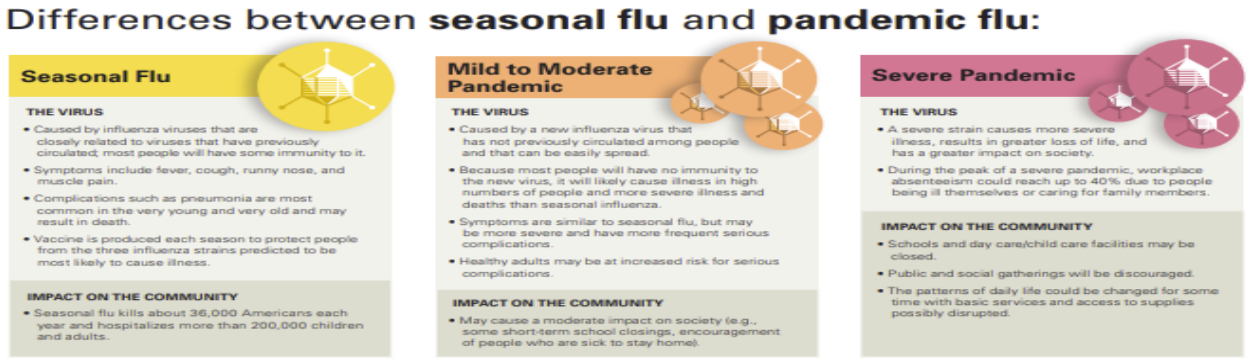
There are several viruses that routinely circulate in the community that cause upper respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity, but include cough, low-grade fever, and sore throat (SDDH, 2019; Weatherspoon, 2019).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and vomiting (CDC, 2020).

Novel, Zoonotic, and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may be a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans it is referred to as a zoonotic virus. Pandemic refers to an infectious disease that has spread over a wide geographical area or worldwide. The most common viruses associated with novel and pandemic outbreaks are influenza A and human variants of coronaviruses. A flu pandemic occurs when a new variant that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016b).



(Image: CDC)

Control Measures

While prophylactic vaccines and medications are appropriate interventions in some viral respiratory conditions, such as seasonal influenza and COVID-19, these are not always accessible for novel strains. NPIs are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPIs in the school setting and at school-sponsored events (CDC, 2017).

(Image: CDC)

Everyday Preventive Measures

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

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes with a tissue and then throw it in the garbage after each use, or cough or sneeze into your elbow).
- Routine disinfection of shared items and frequently touched surfaces.
- Staying home when sick or experiencing any symptoms of illness.

- Maintaining adequate ventilation and air filtration of shared indoor spaces.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity and incidence of the specific virus. Some novel viruses are so mild, or rare, they may go undetected, while others are more contagious or severe. Since new viruses have no historical context, public health guidance evolves as case numbers increase and patterns are identified. That being said, historical pandemic responses have provided a baseline set of evidence-based practices to create a framework for pandemic response planning in the school setting.

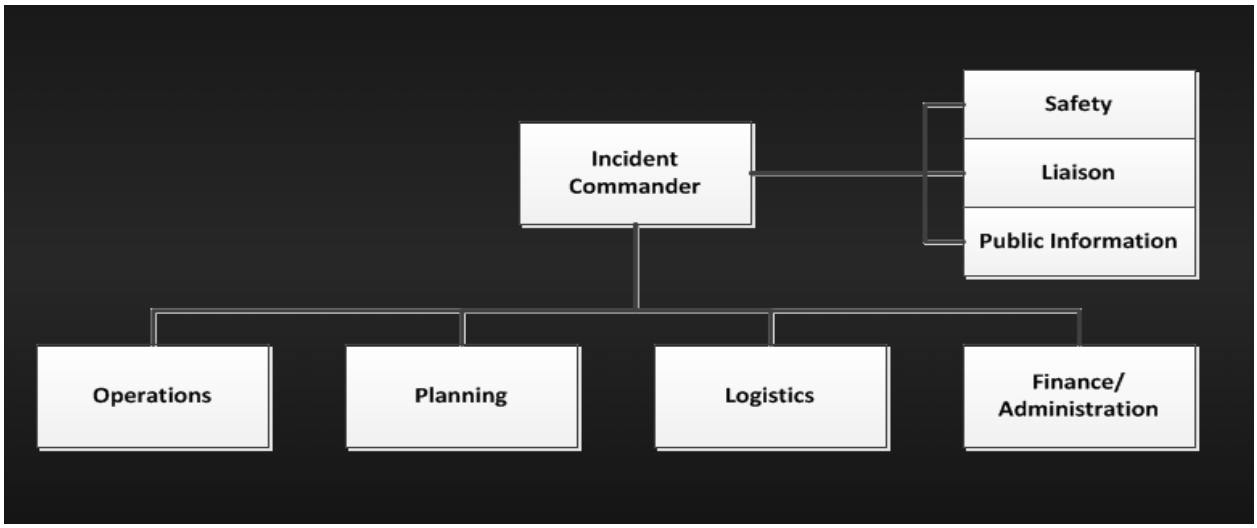
Control measures are incremental and based on the current situation. The current situation will be defined by the public health officials and will be based on the severity, incidence, and prevalence in the school setting. Level based responses will then be identified - these are generally defined as using a mild, moderate, and severe category, or for the purposes of this document, level 1, 2, and 3.

When cases of novel viruses are identified globally

When a novel disease is identified, it is the due diligence of school health services personnel and school administration to follow trends. When a novel strain is identified, routine prevention and exclusion measures should continue. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent/guardian's responsibility to communicate this restriction to the school. The school/district should create a plan to continue to provide education and other services where feasible to students who are unable to attend school in the usual way due to travel restrictions.

When cases of novel viruses are identified regionally or nationally

When a novel disease is identified in the U.S., it is important to identify the geographic spread and maintain awareness of specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current national guidance. When novel viruses emerge in our state, the Oregon Health Authority (OHA) will provide regional guidance. OHA will have an alert for pandemic-specific content that can be subscribed to for updates. An individual within the district should subscribe to this alert to keep the district updated. If the region impacted is in Multnomah County, the Local Public Health Authority (LPHA) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, the Multnomah County Health Department (MCHD) will work with the MESD CD Team, who will liaise with each component school district, and take part in a response team composed of School Health Services staff and district or individual school leaders, as appropriate. Response teams should be composed of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities to meet the general structure of Incident Command. The response team should hold regular meetings.



(Image: prepare.gov)

When public health has deemed a novel virus a pandemic threat, defer to the CDC in order to establish an emergency response framework with key stakeholders. During this time, preparedness planning will need to be initiated for the continuity of education in the event of school closure.

LEVEL ONE ACTIONS: PREVENTION FOCUSED (VIRUS DETECTED IN THE REGION)

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. • Cover coughs/sneezes, throw away tissues at each use, wash your hands. • Stay home when ill for at least 24 hours after fever free without the use of fever-reducing medication.	• Identify baseline absentee rates to determine if rates have increased uncharacteristically. • Increase communication and education on respiratory etiquette and hand hygiene in the classroom (teachers can provide age-appropriate education). • Communicable Disease surveillance - monitoring and reporting student and staff illness. • Increase space between students in the classroom. • Instruct students in small, stable groups as feasible.	• Increase sanitizing of frequently touched surfaces and shared objects. • Develop prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school until parent/guardian can pick up. • Discourage the use of shared materials in the classroom.	• Provide communications to families, students and staff based on current public health guidance. • Provide communication to immunocompromised student families to defer to their healthcare provider in regard to continued attendance.

When cases of novel viruses are identified in the community

When novel viruses are identified in the community, but not in students or staff, the district will defer to local public health guidance. Public health guidance will likely occur when the overall incidence in the community is increasing (despite the proximity to the school). It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith based communities. Each of these congregate settings are responsible for following local public health guidance as well.

When local transmission is detected, planning for cancellation of events and potential for dismissal and academic-continuity should be prioritized. Plans for potential prolonged staff absences should be prioritized, as well.

LEVEL TWO ACTIONS (IN ADDITION TO LEVEL ONE): INTERVENTION FOCUSED

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Follow public health-specific guidance • Be prepared to stay home if you or someone in your house is sick.	• Follow public health guidance • Increase space between people at school following public health guidelines, as much as possible. • Consider temporary dismissal of students attending childcare facilities and K-12 schools.	• Follow public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with, or advised by, public health officials.	• Work with LPHA to provide timely communication to families, students and staff about specific exposures. • Provide communication to staff about the use of sick time and a reminder to stay home when sick. • Advise parents to report actual symptoms when calling students in sick, as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the MESD CD Team on the diagnosed case. Likewise, the LPHA may impose restrictions on identified close contacts. However, it is important to note that if the incidence is high, the LPHA may not have the capacity to contact-trace and impose individual restrictions. As a result, the LPHA may create public statements that the school district should reiterate. If the school receives a report of a confirmed case, they should immediately contact the MESD CD Team who will work with the school nurse and building administrator to gather any additional information to assist the health department with contact tracing and advise isolation and quarantine per established protocols.

LEVEL THREE ACTIONS (IN ADDITION TO LEVEL ONE & TWO): RESPONSE FOCUSED

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Follow public health or government direction.	• Follow exclusion guidance designated by the LPHA, which may include physical distancing, revised gathering requirements, or school dismissal.	• Follow local public health direction on environmental cleaning.	• Coordinate with the LPHA to create communications to families, students and staff. • Identify potentially impacted student populations, such as seniors and graduation track.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 24 hours fever free without the use of fever-reducing medications and symptoms are improving.	• Routine illness exclusion when LPHA deems processes may return to baseline.	• Routine sanitizing when LPHA deems processes may return to baseline.	• Routine illness prevention and exclusion communication. • Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised.

Special Considerations

Employee Sick Leave

Administration and human resources should work together with their legal advisor to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regard to lost work. Prolonged exclusion may occur with individuals who are close contacts to a confirmed case, who are identified as suspect cases or who suffer from severe or prolonged illness.

School Closures

If school closure is ordered by the state, the district will abide by the executive order. If a closure is advised by the LPHA, consultation should occur between legal, union, and district administration to ensure processes are consistent with legal preparedness processes.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their provider. The change in placement should be accommodated, as appropriate, under the Individuals with Disabilities Education Act (IDEA) and Free Appropriate Public Education (FAPE).

GLOSSARY OF TERMS

Administrative controls: Measures used in conjunction with engineering controls that eliminate or reduce a hazard by following established safe work practices and procedures for accomplishing a task safely.

Airborne precautions: Precautions that are utilized to protect against airborne transmission of infectious agents. Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and Mycobacterium tuberculosis.

Antibody: A protein produced as an immune response against a specific antigen.

Antigen: A substance that produces an immune response.

Bacteria: Microscopic living organisms. Some bacteria are beneficial, some are harmless, and some can be pathogenic (cause disease).

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

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

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

Cohort: A stable group of individuals who spend an extended period of their day in the same space together. In schools, this is likely a classroom, athletic team, before or after school group, bus route, etc. To reduce potential spread of communicable diseases in schools, cohorts should be kept as small as feasible.

Communicable Disease: Illness that spreads from one person to another through contact with the infected person or their bodily fluids, or through contaminated food/water or disease vectors, such as mosquitos or rodents.

Contact Tracing: Public health practice that identifies and notifies individuals who have been exposed to an infectious disease.

Contaminated Waste: Items or surfaces with the presence or reasonably-anticipated presence of blood or OPIMs. These are items that are contaminated with body fluids, but with the capacity to absorb and contain those fluids so that they will not pool or drip. Examples of contaminated waste are diapers, sanitary pads,

bandages, minor dressings from wounds or first aid treatment, and PPE. Contaminated items do not need to be placed in a Regulated Waste Container unless they are *not* able to contain the fluid and there is the possibility that they will allow dripping or pooling of the fluid within the container.

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

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

Engineering Controls: Adjustments to the environment or to processes that eliminate or reduce exposure to hazard (for example, improving the ventilation system in a building).

Epidemic: A disease affecting a large number of people in a community or region.

Exclusion: Preventing someone from entering a place or participating in an activity.

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

Immunocompromised: Having a weakened immune system, which limits the body's ability to fight disease, and therefore cannot respond normally to an infectious agent.

Isolation: Separating symptomatic and infected individuals from the healthy population. A method of controlling the spread of a disease.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts.

Novel: New or previously unidentified, as in, novel coronavirus.

Other Potentially Infectious Materials (OPIM): Human bodily fluid or tissue (other than blood) that can harbor or spread bloodborne pathogens, including but not limited to: saliva, cerebrospinal fluid, semen, vaginal secretions.

Pandemic: An epidemic that spreads across countries or continents.

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

Pathogen: A microorganism that can cause disease.

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

Quarantine: Separates and restricts the movement of people who were exposed to a contagious disease to monitor for any symptoms of illness.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if

compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, including contaminated sharps; and pathological and microbial wastes containing blood or other potentially infectious materials.

Restrictable Diseases: Diseases that require exclusion from work, school and/or childcare facilities for the protection of public health.

Sanitize: Reduce contaminants (viruses, bacteria) on an object or surface.

Seasonal Illness: Illnesses whose occurrence appears to be associated with environmental factors (temperature and humidity changes). For example, colds, and other upper respiratory illnesses are more common during the winter months when people are indoors more often.

Sharps: Any devices that can be used to cut or puncture skin. Examples include: needles, syringes, and lancets (used for checking blood sugar). Sharps must be disposed of in an approved container, to avoid bloodborne pathogen exposure.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Surveillance: Collecting and analyzing data related to a disease in order to implement and evaluate control measures.

Transmission: How a disease spreads. There are four modes of transmission:

- Direct—physical contact with infected host or vector
- Indirect—contact with infected fluids or tissues
- Droplet—contact with respiratory particles sprayed into the air (sneezed or coughed)
- Airborne—dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

Universal Precautions: Preventing exposure to bloodborne pathogens by assuming all blood and bodily fluids to be potentially infectious, and taking appropriate protective measures.

Vaccine: A preparation that is used to stimulate the immune system to produce antibodies to reduce the likelihood of contracting the disease and/or suffer severe disease, including that which results in hospitalization or death.

Vaccinated, fully: The status of having received all recommended vaccine doses in a series at the appropriate age and/or intervals for a specific disease.

Variant: A difference in the DNA sequence, a mutation. Viruses can change and mutate, and these variant forms can be intractable to established vaccines and treatments.

Vector: A carrier of a pathogen that can transmit the pathogen to a living host. Mosquitoes, fleas, ticks, and rodents are examples of vectors.

Work practice controls: Measures intended to reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for handwashing, sharps disposal, lab specimen handling,

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

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COMMUNICABLE DISEASE MANAGEMENT TOOLS

- OHA Symptom Based Exclusion Chart
- Communicable Disease Sheet (CDS)
- Donning & Doffing (Applying & Removing) PPE

Symptom Based Exclusion Chart

PLEASE KEEP STUDENTS WITH SYMPTOMS OUT OF SCHOOL

This list is school instructions, not medical advice. Please contact your health care provider with health concerns.

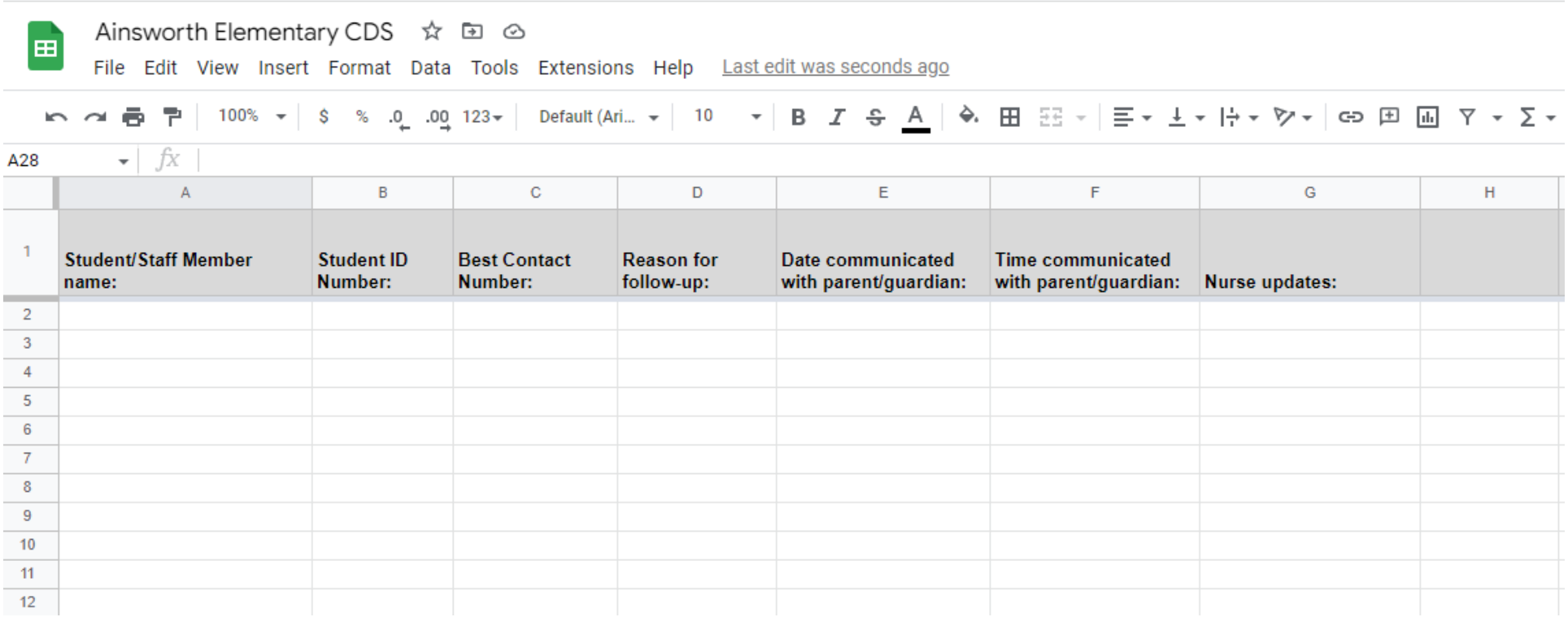
SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER… *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.
 **Fever**: temperature of 100.4°F (38°C) or greater	***Fever-free for 24 hours** without taking fever-reducing medicine.
 New **cough** illness	***Symptoms improving for 24 hours** (no cough or cough is well-controlled).
 New **difficulty breathing**	***Symptoms improving for 24 hours** (breathing comfortably)**. *Urgent medical care may be needed.***
 **Diarrhea**: 3 loose or watery stools in a day **OR** not able to control bowel movements	***Symptom-free for 48 hours OR** with orders from doctor to school nurse.
 **Vomiting:** one or more episode that is unexplained	***Symptom-free for 48 hours OR** with orders from doctor to school nurse.
 **Headache with stiff neck and fever**	***Symptom-free OR** with orders from doctor to school nurse. Follow fever instructions above. ***Urgent medical care may be needed.***
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 colored drainage	***Symptom-free**, which means redness and drainage 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 requires 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.

Oregon Health Authority

OREGON DEPARTMENT OF EDUCATION

Communicable Disease Sheet (CDS)

Schools may track reports of communicable diseases in their population at any given time. This Communicable Disease Sheet is an example of a tracking sheet that can be shared between front office staff taking phone calls from parents reporting student absences due to communicable disease.



	A	B	C	D	E	F	G	H
1	**Student/Staff Member name:**	**Student ID Number:**	**Best Contact Number:**	**Reason for follow-up:**	**Date communicated with parent/guardian:**	**Time communicated with parent/guardian:**	**Nurse updates:**	
2								
3								
4								
5								
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9								
10								
11								
12								

Donning & Doffing (Applying & Removing) PPE

Donning (applying) PPE

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

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

SAFE PRACTICES TO REMEMBER

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

Doffing (removing) PPE

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

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

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

1. **Remove gloves**
    - Using one hand, grasp the palm of the other hand and peel off the first glove
    - Hold the removed glove in the gloved hand
    - Slide fingers of the ungloved hand under the remaining glove at the wrist and peel it off over the first glove
    - Discard gloves in a waster container
    - Perform hand hygiene appropriately
2. **Remove gown**
    - Unfasten the ties, ensuring the sleeves do not make contact with your body
    - Pull the gown away from the neck and shoulders, touching the inside only
    - Turn the gown inside out
    - Fold or roll the gown into a bundle and discard in the waste container
3. **Perform hand hygiene**
4. **If applicable, exit isolation space**
5. **Remove goggles/face shield, if applicable**
    - Remove from the back of the head by lifting headband or earpiece.
    - If reusable, place in the designated reprocessing receptacle. If not, discard in waste container
6. **Perform hand hygiene**
7. **Remove mask**
    - Grasp the elastic ties looped around the ears and remove without touching the front of the mask
    - Discard in the waste container
8. **Immediately perform hand hygiene**

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

Video Resources

Donning PPE (CDC)

Doffing PPE (CDC)

Handwashing (CDC)