



North Santiam School District

COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

- I. NSSD Exposure Control Plan
- II. NSSD Communicable Disease Prevention Plan
- III. NSSD Pandemic Flu & Outbreak Plan

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The purpose of this Management Plan is to provide infection control guidance and practice standards to the stakeholders of the North Santiam School District. This document combines the District's Exposure Control, Communicable Disease Prevention, Pandemic Flu and Outbreak Plans.

The plans were created by health services in collaboration with District administration.

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I. NSSD Exposure Control Plan

This plan provides information for employees of the North Santiam School District with guidelines for handling exposure to blood and body fluids, which have the potential for transmitting disease. All body fluids and other potentially infectious materials must be considered infectious at all times. Standard precautions will be used at all times, with the addition of Transmission-Based Precautions specific to each situation.

NSSD Policies

[Communicable Diseases - GBEB](#)
[Communicable Diseases - GBEB/JHCC-AR](#)
[HBV/Bloodborne Pathogens - GBEBAA/JHCCBA/EBBAB](#)

OSHA

[29 C.F.R. §1910.1030](#)

Exposure Prevention Plan

In order to reduce risk and prevent infections from blood, body fluids, or other potentially infectious materials, staff will be prepared to safely handle exposure to these situations by:

- Bloodborne Pathogen training, which is provided annually.
- Access to District nurses to answer questions.
- Access to District provided Personal Protective Equipment (PPE), specific to situations where there is an anticipated or potential risk of exposure to bloodborne pathogens.
- District expectation that Standard Precautions are used by all employees (and volunteers) anytime there is the potential for exposure to body fluids.
- Hepatitis B vaccination series offered to employees whose job functions create risk for occupational exposure. The District shall maintain a list of job functions that present occupational exposure. Employees may sign a waiver in lieu of Hepatitis B vaccination. Any employee who waives the right to Hepatitis B vaccination may change their mind at any time by notifying Human Resources.
- First Aid training and medical training will include a review of appropriate exposure control steps specific to the situation.

Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to all direct care, regardless of suspected or confirmed infection status of the individual, in any setting where there is potential exposure to body fluids. In the school setting, the most common risk for exposure is responding to injuries and supporting a student who is ill.

Key areas of Standard Precautions in the school setting include;

1. Hand hygiene,
2. Use of personal protective equipment (e.g., gloves, masks, eyewear),
3. Respiratory hygiene/cough etiquette,
4. Sharps safety (engineering and work practice controls),
5. Clean and disinfected environmental surfaces, and
6. Encouraging students to care for their own injuries whenever possible.

Standard Precautions require the appropriate use of Personal Protective Equipment (PPE) and safe practice such as hand hygiene and respiratory etiquette. In addition, environmental controls and safety practices are required to maintain safety in the school environment.

Each element of Standard Precautions is described in the following sections. Education and training are critical elements of Standard Precautions because they help staff make appropriate decisions and comply with recommended practices.

BE A GERM BUSTER! WASH YOUR HANDS



When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier of infection prevention is used when an ill student or staff member creates concern for potential specific disease transmission. In the school setting the most common illnesses are spread through contact, droplet, or airborne routes (e.g., skin contact, sneezing, coughing), so Transmission-Based Precautions are utilized and are always used in addition to Standard Precautions.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections among students and staff. Education about hand hygiene needs to be provided in developmentally appropriate ways at all levels. Particular attention to hand hygiene associated with using the restroom, after coughing or sneezing, before eating and in providing direct patient care is critical.

In the context of bloodborne pathogens 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 putting on gloves, and aftercare is completed when gloves are removed, hands are washed again.

Hand Hygiene is reviewed in the North Santiam School District Communicable Disease Prevention Plan.

Respiratory Hygiene/Cough Etiquette

Teaching and reinforcing respiratory hygiene/cough etiquette for students and staff is critical to decreasing and preventing illnesses that are respiratory in their transmission mode.

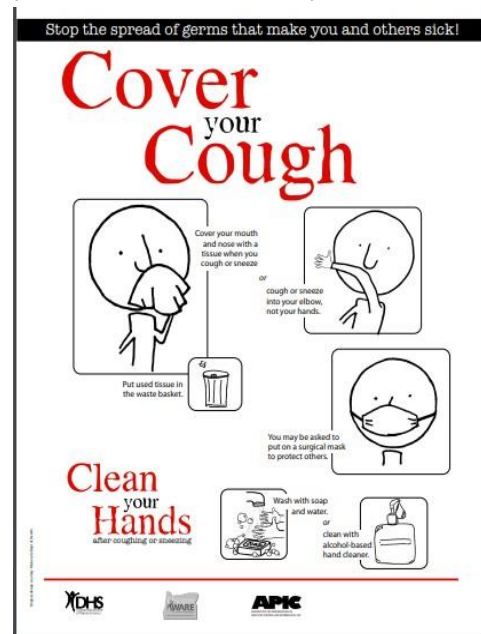
- Developmentally appropriate instruction with the posting of visual reminders is important.
- Cover mouth and nose with a tissue when coughing or sneezing.
- Use the nearest waste receptacle to dispose of the tissue after use, waste receptacles that are no touch are preferred.
- Perform hand hygiene (e.g., hand washing with soap and water or alcohol-based hand sanitizer,) after having contact with respiratory secretions and contaminated objects/materials.
- Sneeze or cough into an elbow when tissues are not immediately accessible.

- Assure that tissues are in adequate supply and easily accessible in a variety of locations in each room.
- Students with persistent coughing need to be evaluated to determine if they meet exclusion guidelines and need to be sent home.
- Isolate or separate students who present with respiratory illness to minimize the risk to others, while waiting for their ride home.

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 Precautions below.

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. While interacting with students in the school environment, PPE includes a variety of tools such as gloves, face masks, protective eyewear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Depending on the employee's work function, PPE could also include safety glasses, shoes, earplugs, or hard hats.



General Principles of PPE:

IF....	THEN....
It's wet (assume it's infectious)	Wear gloves
It could splash into your face	Wear a face shield or safety goggles
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, wear goggles, if needed
You are providing CPR	Use a barrier
There is a blood spill or body fluid spill	Use staff trained in appropriate cleanup
(Molalla River SD, Comprehensive Communicable Disease Management Plan)	

The removal of PPE must be done in a manner to assure that potentially infectious materials are not spread.

[Putting on and removing PPE](#)

Sharps safety (engineering and work practice controls)

Needle sticks are a potential risk in any work environment where medications may be delivered via a syringe or compatible device or where lancets are used. In the school setting, this is most often associated with the 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. The 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 where sharps are present in order to reduce the risk of needle stick, including:

- Whenever possible, guide and direct students to manage their own devices that contain sharps, such as lancet devices and penlets.
- Do not recap needles.
- Use clamps to remove needles or lancets from non-disposable devices such as insulin penlet.
- All sharps are placed in a designated labeled sharps box.
- Request a new sharps box from a District Nurse when the current box is filling. Do not try to make more room in the sharps box.



Since needles and lancets in the school setting are parent provided, product evaluation is not an activity which occurs in the school setting. Staff training in the use of products provided by families is provided to staff supporting these students.

Broken glass

Whenever possible, opting for plastic products over glass improves safety in the school environment. If glass breaks, clear students from the area. Request custodial support for cleaning up the glass. IF custodial support is not available, look for no touch options such as using a dustpan to pick up broken glass. Broken glass should be placed in a puncture resistant container such as a plastic jug or box. Labeling and communication to assure that others do not get cut is important.

Transmission-Based Precautions

Transmission-Based Precautions are the second tier of prevention and supplement Standard Precautions. For certain infectious illnesses, additional precautions prevent or decrease the potential for the spread of illness.

Airborne

Infection via airborne transmission routes can occur when the germ from an infected person becomes suspended in the air and is then inhaled by another person. With the increase in vaccine hesitancy, the potential for vaccine-preventable illnesses in the school is increased.

Examples of airborne diseases include, but are not limited to: tuberculosis, measles, chickenpox, COVID-19 and less common diseases such as smallpox and SARS.

Prevention of airborne transmission diseases

- If you haven't had measles or chickenpox, individuals should consider being vaccinated against them.
- At school, isolate persons suspected of these illnesses.
- Limit movement of a person with suspected illness while waiting for transportation home.
- Use Personal Protective Equipment appropriately. KN-95 mask if available. IF these masks are not available, KN95 or surgical masks should be worn. For staff screening ill students, masks should be donned when providing care or entering an isolation room.
- Determine if individuals in contact with this person are not immunized against the disease. Seek guidance from the Local Public Health Authority to provide recommendations about immunization.

NOTE: The District cannot compel anyone to immunize their children, but students and staff who are unvaccinated, at the direction of the Local Public Health Authority, can be excluded from school and school activities for the maximum incubation period of a vaccine-preventable disease (up to 21 days) from their last exposure.

Respiratory Droplet

Infection can occur when the germ from an infected person's nose or throat comes into contact with the mucous membranes (the eyes, nose, or mouth) of another person by coughing, sneezing, or spitting. Such transfers occur generally only at distances of less than 6 feet. In the school setting, this is of particular importance during the flu season and specifically during the circulation of novel viruses.

Examples of respiratory droplet diseases include, but are not limited to: Common cold, influenza (flu), whooping cough (pertussis), meningococcal disease, COVID-19.

Prevention of respiratory droplet diseases

- Cover mouth and nose when coughing and sneezing.
- Use tissues when coughing and sneezing. Do not reuse handkerchiefs or tissues.
- Discard tissues promptly in an appropriate waste container.
- If tissues are not available, cough or sneeze into one's sleeve or elbow, not into one's hands.
- Wash or sanitize hands after coughing or sneezing.
- Stay up-to-date on vaccinations (flu, pertussis, COVID- 19, meningococcal).
- Use Personal Protective Equipment appropriately. For staff screening ill students, masks should be donned when providing care or entering an isolation room.

Contact Direct or Indirect

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

Indirect contact: Infections can spread from contaminated objects to persons.

Examples of diseases spread by contact include, but are not limited to:

Fungal infections (such as “ringworm” “athletes foot”), herpes virus, mononucleosis, skin infections (such as Staph and Strep), influenza (flu), common cold

Prevention of diseases spread by contact

- Keep hands clean.
- Use Personal Protective Equipment (PPE), generally gloves, as outlined in Standard Precautions.
- Cover infected areas, sores, and open areas on skin with a bandage which completely covers the affected area. Make sure that no fluids can leak from the bandage.
- Encourage individuals to avoid touching face and eyes, since this increases the risk of infection due to contact with infectious materials.
- Disinfect and clean regularly with EPA approved agents, with a focus on high touch surfaces.
- Clean items contaminated with body fluids in accordance with District Facilities Management - Custodial Care Program.

Fecal – Oral

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

Examples of foodborne illnesses include, but are not limited to:

Diarrheal diseases, Norovirus, Hepatitis A

Prevention of fecal-oral diseases

- Wash hands thoroughly and often
 - After using the toilet,
 - After assisting with toileting or diapering,
 - Before eating, handling, or preparing all foods, and
 - After touching animals.
- Provide training for all students and staff who work in direct student care, food preparation, food service, and cleaning.
- Hepatitis A vaccination

Bloodborne Illnesses

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

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

Examples of blood-borne illnesses include, but are not limited to:
Hepatitis B, C, and D; HIV/AIDS

Prevention of blood-borne illnesses

- Wash hands thoroughly and often.
- Provide health education regarding risk factors and behaviors.
- Use Standard Precautions for students, school staff, and visitors: Assume that all body fluids of all persons have a potential for the spread of infections.
- Provide access to bodily fluid spill kits throughout the school facility.
- Provide bloodborne pathogen training annually, with access to medical staff for answering questions.
- Ensure only properly trained custodial staff clean up body fluid spills.
- Hepatitis B vaccine.

Exposure Response

Needlestick

If you experience a needlestick or sharps injury or were exposed to the blood or other body fluid of another person during the course of your work, immediately follow these steps:

- Wash needlesticks and cuts with soap and water.
- Encourage the wound to bleed, ideally under running water. Do not use cold water as it restricts blood flow.
- Apply a clean bandage to cut or puncture wounds after cleaning.
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigants.
- Notify Administrator and Human Resources and complete required documentation.
- Immediately seek medical treatment. (CDC, 2020)

Body Fluids Exposure

If you are experience exposure to any body fluid which is not your own:

- Flush splashes to nose, mouth or skin with water.
- Irrigate eyes with clean water, saline or sterile water
- Seek medical care or advice, particularly for exposures to eyes, mucous membranes or non-intact skin
- Notify Administrator and Human Resources (CDC, 2014)

Bites

Human bites can be as dangerous as or even more dangerous than animal bites because of the types of bacteria and viruses contained in the human mouth. Human bites that break the skin can become infected. If someone cuts his or her knuckles on another person's teeth, as might happen in a fight, this is also considered a human bite. A cut on the knuckles from your own teeth, such as from a fall, is considered a human bite.

To take care of a human bite that breaks the skin:

- Wash the wound thoroughly with soap and water.
- Stop the bleeding by applying pressure with a clean, dry cloth.
- Apply a clean bandage.
- Seek medical care.
- Notify Administrator and Human Resources.
- Check with your doctor to determine if a tetanus shot or booster is necessary. (MayoClinic.org, 2020)

Animal bites

Provide First Aid as noted above. If the bite occurs, this is reportable to the Local Public Health Authority.

Cleaning

Cleaning and disinfecting are part of a broad approach to preventing infectious diseases in schools. CDC guidance for school cleaning includes:

1. Know the difference between cleaning, disinfecting, and sanitizing

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

2. Clean and disinfect surfaces and objects that are touched often

Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily sanitizing of surfaces and objects that are touched often, doorknobs, shared computer keyboards, hands-on learning items, faucet handles, phones, and toys. Standard procedures often call for disinfecting specific areas of the school, like bathrooms.

If a surface is soiled with body fluids and/or blood, secure the area and defer cleaning to trained custodial staff. Increased disinfecting of high contact surfaces maybe a mitigation strategy during times of increases illness or outbreaks.

3. Clean and disinfect routinely

It is important to match your cleaning and disinfecting activities to the types of germs you want to remove or kill. Most studies have shown that the flu virus can live and potentially infect a person for up to 48 hours after being deposited on a surface.

Flu viruses are relatively fragile, so standard cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects. Specific guidance from public health is important in each situation.

4. Clean and disinfect correctly

Always follow label directions on cleaning products and disinfectants. Wash surfaces with a general household cleaner to remove germs. Rinse with water, and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against influenza A virus.

If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes).

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time. Make sure that the electronics can withstand the use of liquids for cleaning and disinfecting.

5. Use products safely

Pay close attention to hazard warnings and directions on product labels. Cleaning products and disinfectants often call for the use of gloves or eye protection. For example, gloves should always be worn to protect your hands when working with bleach solutions.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

Ensure that custodial staff, teachers, and others who use cleaners and disinfectants read and understand all instruction labels and understand safe and appropriate use. This might require that instructional materials and training be provided in other languages.

6. Handle waste properly

Follow your school's standard procedures for handling waste, which may include wearing gloves. Place no-touch wastebaskets where they are easy to use. Throw disposable items used

to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying wastebaskets. Wash your hands with soap and water after emptying wastebaskets and touching used tissues and similar waste.

II. NSSD Communicable Disease Prevention Plan

Introduction

A communicable disease is an infectious disease transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors. Although the terms infectious disease, communicable disease and contagious disease are often used interchangeably, it is important to note that not all infectious 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 (Alameda County Public Health Department Communicable Disease Plan, 2013)). Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff.

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

In the school setting, there is a prevention-oriented approach for communicable disease that is grounded in education, role modeling, 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.

Related North Santiam School District Policies

[Student Health Services and Requirements - JHC](#)

[Communicable Diseases -Student -JHCC AR \(1\)](#)

[Communicable Diseases- JHCC AR \(2\)](#)

[Students HIV, HBV and AIDS - JHCCCA](#)

[HBV/Bloodborne Pathogens -JHCCF](#)

Related Oregon Legislation

[OAR 333-019-0010 Disease Related school, Child Care and Worksite Restrictions: Imposition of Restrictions](#)

[OAR 581-02202200 Health Services](#)

OAR 581-022-2220 Standards for Public Elementary and Secondary Schools: Health Services •

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.

OAR 437-001-0744 Oregon Occupational Safety and Health Division

OAR 333-019-0015 Investigation and Control of Diseases: General Powers and Responsibilities •

Oregon Health Authority and Oregon Department of Education

[ODE/OHA Communicable Disease Guidelines for Schools - revised 5/2023](#)

Prevention and Transmission Routes

In the school environment, communicable diseases can be transmitted from one individual to another. This can occur between students, school staff, and visitors. Effective prevention measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis, and appropriate isolation or treatment.

The purpose of this document is to provide guidance to North Santiam School District staff, students, and the school community in maintaining health and safety to support students' access to education.

Communicable Disease Prevention

There is a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include hygiene, sanitation, immunization, and management of animals/insects that can cause illness. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread.



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), or droplets (influenza, TB);
- 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 (aka, vectors) capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and
- Travel through the air, such as measles, or COVID-19

In the school setting, the most frequent risks are associated with direct contact with ill individuals, contamination of surfaces, or airborne transmission.

- Primary sources of prevention include hand and surface hygiene, isolation, exclusion, and standard precautions, including but not limited to:
- Common childhood infectious disease
- Vaccines
- Handwashing

(Molalla River SD, Comprehensive Communicable Disease Management Plan)

Common Childhood Infectious Diseases

In the school setting, there are a variety of infectious diseases that are regularly present among the student population. These include the common cold, which may be due to a variety of viruses or bacteria. Other common illnesses include gastrointestinal illness with common symptoms of vomiting and/or diarrhea and influenza of a variety of strains. More severe infectious diseases occur with less predictable trends (COVID-19) and profoundly severe conditions (meningococcal) are rare occurrences

[OHA/ODE Communicable Guidelines for Schools provides current guidance on exclusions.](#)

There are a multitude of methods that can be applied to control communicable diseases at each level of prevention.

- Primary Prevention: Measures to prevent disease
- Secondary Prevention: Early Identification and mitigation measures to prevent spread.
- Tertiary Prevention: Measures to prevent complications.

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, Monkey Pox), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
- 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); and
- Travel through the air (measles).

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

PREVENTION ORIENTED MEASURES

Clean & Healthy Environments

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with a 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, ensuring working ventilation and clean filtration, and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is primarily governed by facilities management and custodial services, there are specific classroom measures that can be practiced improving cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer, disposal of tissues in appropriate receptacles and immediate notification of body fluid spills (such as vomit).

Vaccines

Vaccines (immunizations) prevent diseases that can make children very sick, some can cause lifelong disabilities, and even death. In the school setting, vaccines are a significant tool in preventing communicable diseases. Oregon law requires students to have designated immunizations to attend school. It is important to consider that some students may not be fully vaccinated. This may be the result of various reasons including medical conditions or personal beliefs.

In the event of a vaccine-preventable illness, the District Nurse or designee can run an immunization report to identify the immunization status of students. The District Nurse will collaborate with the Local Public Health Authority to determine the appropriate actions in the management of a disease outbreak of a vaccine-preventable disease.

Hand Hygiene

Effective handwashing is one of the most effective ways to prevent the transmission of many communicable diseases. Handwashing is particularly important in the school setting where a large number of children and adults are together. Effective handwashing needs to be taught, role-modeled, and practiced. Assuring that all sinks have adequate soap and paper towels and that students can reach these items is critical in maintaining effective hand hygiene. Making sure that motion sensor sinks are functioning properly is critical.

[Age-appropriate handwashing curriculum](#) is important.

Handwashing practices will be taught, role-modeled, and practiced. Use a variety of formats for reinforcing

handwashing, including posters, videos and reminder prompts to increase effectiveness should be used when teaching children about the need to wash hands and how to do so properly. According to the CDC, students and staff should wash their hands:



- **Before, during, and after** preparing food
- **Before** and **after** 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

Use Hand Sanitizer When You Can't Use Soap and Water

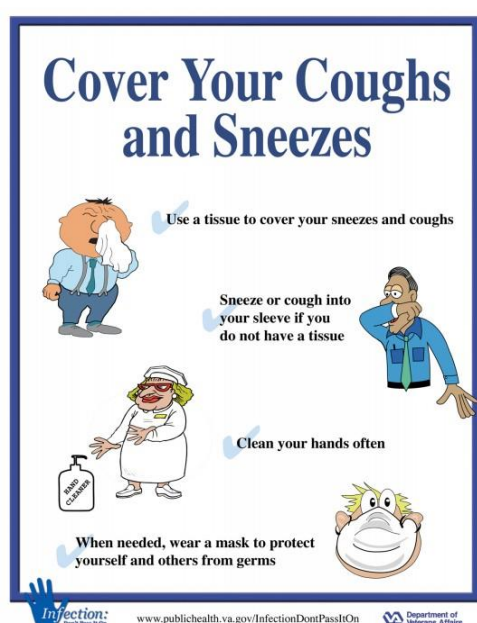
Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based [hand sanitizer](#) that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

Respiratory Hygiene/ Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures which 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 doorknobs 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.

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).

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. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. The Oregon Health Authority and Oregon Department of Education provide guidance to schools about communicable disease control in the school settings in the document titled [Oregon Department of Education Communicable Disease Guidance](#).

The following exclusion criteria for students and staff are excerpted from the ODE Guidance Document:

School Restrictable Diseases

School-restrictable diseases are communicable diseases for which the school is required by Oregon law to exclude a child or staff. These cases are reported to the Local Public Health Authority, who then confirms the diagnosis. Students or staff with diagnoses of disease restrictable by the Local Public Health Authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 should return to school only when documentation is obtained from the Local Public Health Authority (LPHA) indicating they are no longer communicable. Effective May 11, 2023 COVID 19 cases in the school setting are no reportable to LPHA.

Restrictable diseases include:

- Chickenpox
- Diphtheria
- Hepatitis A
- Measles
- Mumps Rubella
- Salmonella enterica serotype
- Typhi infection
- Pertussis
- Shiga-toxigenic Escherichia coli (STEC) infection
- Shigellosis
- Tuberculosis
- 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 in students or staff, this should immediately be 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 follow guidance of Local Public Health Department to determine actions to be taken, including the communication plan based on legal requirements to maintain confidentiality.
- **School staff receiving reports should not inform any other students, staff or parents of the report.**

Isolation Spaces

As per [OAR 581-022-2220](#), the school district is required to maintain health care and space that is appropriately supervised and adequately equipped for providing first aid and isolates the sick or injured child from the student body.

When students are identified with potentially communicable diseases, particularly those with respiratory and gastrointestinal symptoms, they need to be isolated from others in a manner to keep staff and other students safe.

Use of Personal Protective Equipment by staff is needed when students are in an isolation space waiting to be picked up.

Each school needs a separate space for health care activities for healthy children, such as medication administration, diabetes care, or first aid that is separate from care of students in isolation.

Disease Outbreak & Cluster

Outbreaks happen in schools when more students and staff than expected are out sick. Oregon Administrative Rule 333-018-0000 requires that all outbreaks of any disease be reported to and investigated by the Local Public Health Authority. An outbreak is defined as more cases than expected for a given population and time period. If multiple children in a facility are absent due to the same illness, this may constitute an outbreak. (*ODE Flu Outbreak Toolkit, 2020*)

Investigation of potential outbreaks is done by the District Nurse in collaboration with administration and the Local Public Health Authority (LPHA). The Local Public Health Authority determines if a school has an outbreak, they also provide direction for when an increase in illness is to be reported to them. The LPHA will provide guidance regarding parent communication, mitigation, additional cleaning requirements, and in some cases school closure.

[Oregon Health Authority Outbreak Toolkits for Schools](#)

Respiratory Outbreak

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

- Any respiratory illness resulting in hospitalization or death of a student or staff member.
- Diagnosed pneumonia in 3 or more individuals in the same cohort.
- At cohort level $\geq 20\%$ absenteeism with at least 3 students or staff absent or $\geq 30\%$ of school level with at least 10 students or staff
- Any uncommon incidence of illness in more than two students.

In the event of respiratory illnesses related to novel viruses, the *Pandemic Plan* or State issued disease specific protocols or guidelines will be deferred to.

Most respiratory illnesses that have major interventions or mitigation measures associated fall under the Vaccine Preventable Disease (VPD) category.

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:

1. Diphtheria*
2. Tetanus*
3. Measles*
4. Mumps*
5. Rubella*
6. Haemophilus influenza 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 VPDs are also notifiable diseases*, meaning they are reportable to the Local Public Health Authority and are under surveillance. The District Nurse should be notified of all reports of vaccine-preventable illnesses, and the District Nurse will notify the appropriate Local Public Health Authority. There are numerous other vaccine-preventable diseases not commonly found in the US.

The District Nurse should be notified of any of the following situations:

- 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 3 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same class.

Gastroenteritis

An outbreak of gastroenteritis is defined as more cases than expected for a given population and time period. Common symptoms of gastroenteritis are vomiting and/diarrhea. These illnesses are common in school settings, especially where students are still learning effective hand hygiene practices.

Monitoring attendance and sick calls for multiple cases of students in the same school or classroom out sick with GI symptoms is the first step in outbreak investigation. Because an outbreak of bacterial gastroenteritis may start with similar symptoms, it is important to be alert to potential patterns and report these to the District Nurse. The District Nurse will collaborate with the Local Public Health Authority to evaluate the situation.

Indicators to report to the District Nurse include:

- Multiple children with similar symptoms in 48 hours within the same class or grade, 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 class or grade;-
- Any unusual combination of gastrointestinal symptoms, severity, duration, or incidence.

Gastrointestinal illness that are also notifiable or restrictable have individual measures that require collaboration with local public health and may include investigation and implementation of specific mitigation measures, restrictions, and prophylaxis. These most common parasitic and bacterial diarrheal illnesses include:

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

Other Situations

Some outbreaks of illness are less common, such as skin infections. If there is concern about a potential pattern of other illnesses consult the District Nurse who will collaborate with the Local Public Health Authority.

Other situations in a school setting that warrant District Nurse notification due to the risk of potential infectious disease include:

- 2 or more students in the same class or sports team with the same skin infection;
- Any student or staff member who comes in contact with blood or body fluids that is not their own;
- Any individual who received a human bite that breaks the skin;
- Any student or staff coming into contact with blood, saliva, or feces from a non-domestic animal.
- Any combination of illness, symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness.

The District Nurse will evaluate the need for additional information, potential collaboration with the Local Public Health Authority, and evaluate the need for additional control measures.

Communication & Documentation

All student and staff health information is protected under HIPPA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act). There are specific and strict guidelines about when medical information can be shared with others. The Local Public Health Authority has the authority to determine what diseases and conditions are a risk to public health and communicate information that is necessary to protect public health

Tracking Illness

The Student Illness Tracking Log documents the reason and symptoms for students missing school due to illness. It will be helpful if this log documents absence due to non-illness as well, since these absences would not impact the epidemiologic assessment of a school. The review of student symptoms and which classes each student is assigned to will be an important consideration in the identification of illness trends.

Documentation of student illness at school including symptoms, treatment and outcome – sent home or returned to class is a key part of communication and effective communicable disease tracking

The District Nurse will be notified of potential trends or patterns, such as a number of students in the same class or grade who are out with similar illnesses.

Communications to Local Public Health Authority (LPHA)

- LPHA will be notified of cases of excludable illness and/or increased cases of illness, per current guidance.
- The district will maintain contact with LPHA for case investigations and outbreak mitigation measures to coordinate response and communication, as needed.

Animals in Schools

[NSSD School Board Policy ING](#) provides direction about animals in school buildings. Animals can cause infectious disease, so when deemed academically appropriate for an animal to be present, precautions must be taken. All domestic animals must be vaccinated and appropriately approved prior to being allowed on school property.

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.

All animal bites that occur on school property must be reported to school administration, District Nurse, and the Local Public Health Authority.

Food Safety

Food safety for kitchen staff is managed by Nutrition Services. For academic settings where food preparation is a regular part of the curriculum, the curriculum will also include instruction about food safety. For occasional food activities, hand washing and sanitizing of all food handling equipment is required.

For classroom and school-sponsored events, only commercially prepared products are permitted. No homemade food is allowed.

Communicable Illness Management Resources

Individuals testing positive for COVID-19

Per Oregon Health Authority Investigative Guideline for COVID 19, updated May 22, 2023

Most people infected with COVID-19 (i.e., cases) do not need to isolate for a set number of days. However, they should be aware of their potential to infect others around them.

All cases, regardless of vaccination status or prior infection with COVID-19 are recommended to:

- Stay home until 24 hours after fever is gone without use of antipyretics and other COVID-19 symptoms are improving. •
- Avoid contact with high-risk individuals (e.g., residents of congregate care facilities, persons with immunocompromising conditions, etc.) for 10 days.
- Mask when they are around other people in the 10 days after they become sick or test positive. [ODE/OHA Communicable disease school guidance](#) say consider masking for 10 days.







Prevention Oriented Measures

Prevention oriented measures, as outlined in the District Communicable Disease Management Plan, are those measures which seek to prevent transmission based on practices in the school setting.

STAYING HOME AND GOING HOME WHEN ILL *UPDATES MAY 2023*

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...
 Fever: temperature of 100.4°F (38°C) or greater	*Fever-free for 24 hours without taking fever-reducing medicine. <i>*The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.</i>
 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). <i>Urgent medical care may be needed.</i>
 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. <i>Urgent medical care may be needed.</i>
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.



[Communicable Disease Guidelines](#) for school setting far predated COVID-19, which means that there are many measures that are already in place related to when one can and cannot attend school. The Exclusion Measures outlined in the district Communicable Disease Management Plan should be referred to for an exhaustive list of excludable illnesses and symptoms. The categories above are compatible with areas of response for the school setting.

SCREENING

Students who present with potential illness need to be evaluated to determine if they are potentially ill and need to go home.



Look

Visual screening (observational indicators)

- Unusual Coloration (flushed or pale)
- Unusual Behavior (behavior change, lethargy, fatigue)
- New or significant cough
- Respiratory Symptoms not typical for student
- Shortness of Breath
- Chills
- Appearing Ill
- Vomiting
- Pink Eye (conjunctivitis)
- Rash



Listen!

Student Complaint (verbal indicators)

- Nausea/Vomiting/Diarrhea
- Fever/Chills
- Headache
- General unwell feeling
- Muscle Pain
- Sore Throat
- Cough
- Hard to breathe
- Other complaints

Full Screening

Take Temperature (>100.4 is a fever)

Ask/Observe for

- Cough
- Respiratory Symptoms not typical for student
- Shortness of Breath
- Nausea/Vomiting
- Diarrhea
- Unusual fatigue
- Muscle Pain or body aches
- Headache
- Congestion
- Rash
- Other Symptoms

Ask about date of onset

Students who upon screening are potentially ill need to go home and remain home until they meet the criteria to return to school.

ISOLATION

Isolation Room Protocol/Procedures

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 healthcare conditions.

CDC provides guidance on an isolation plan if someone arrives or becomes ill at school. The definition of **isolation** “separates sick people with a contagious disease from people who are not sick” (CDC, 2017).

This plan will be individualized to address the specific space in each building and other unique considerations in each building.

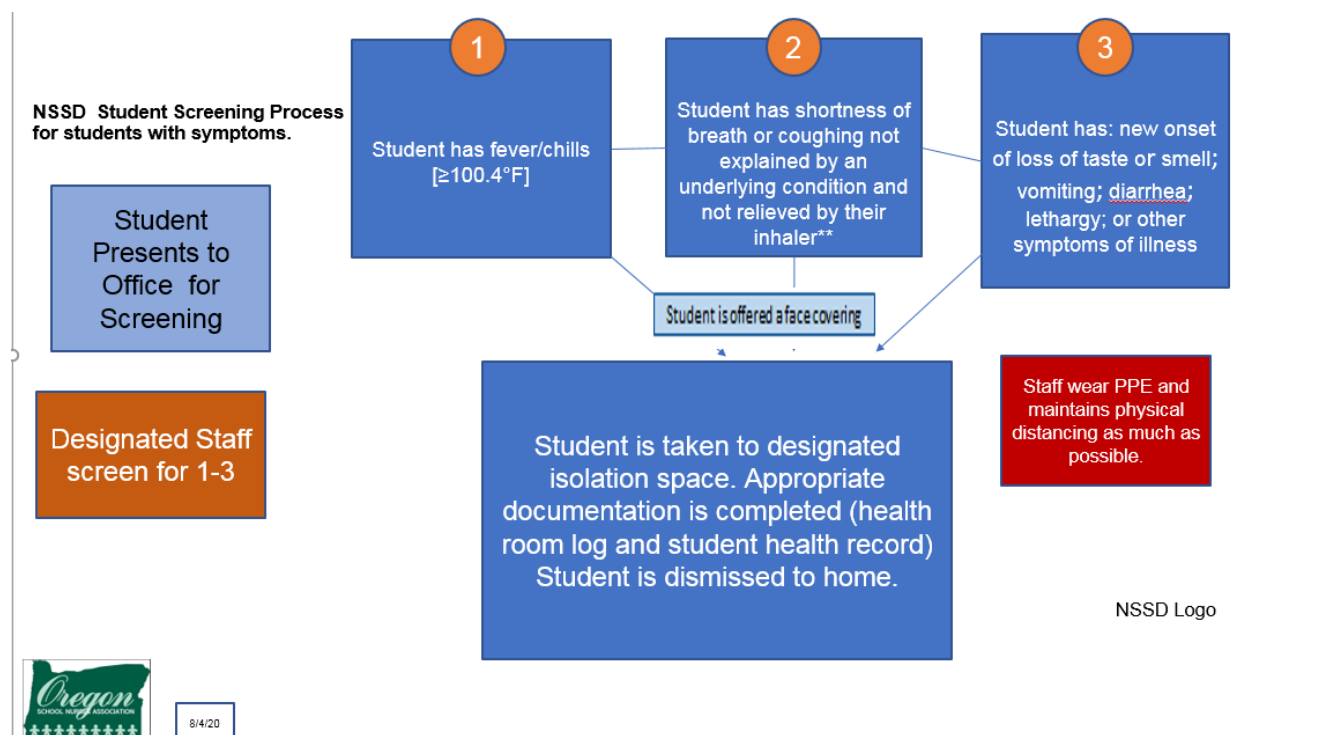
Remember that schools are not expected to screen students or staff to identify what illnesses they have. Families of ill students will be directed to contact their health care provider for guidance.

Isolation Space - each building will have designated, identified space

- A room that provides adequate space, with doors that close.
- Furnished with a cot or other furniture that allows a student to rest and is made of surfaces that are cleanable.
- A shelf, counter or wall mounting for storage of PPE immediately adjacent to the room.
- The location is such that it supports building plans for supervision and monitoring of students in the isolation space.
- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in potential exposure areas
- If the isolation space is large enough to allow for multiple students at the same time they will maintain a distance of 6 feet or greater from each other. If the space is not large enough and two students need to be isolated at the same time, a second location that is separated from others needs to be identified.

Isolation Room Supplies

- PPE
 - Gloves - small, medium and large (non-latex)
 - Disposable Surgical Masks
 - Gowns - washable gowns or cover garments with disposable gowns as back up
 - Eye protection or face shield
- Trash Can
- Linen or Blankets, if any must be washed between each use and clean items stored outside the room.
- Clean/dirty sign for posting outside the room



Documentation:

Students' illness is documented in the Health Room Log, Student Illness Tracking Log and in the individual student record.

Face coverings and Personal Protective Equipment.

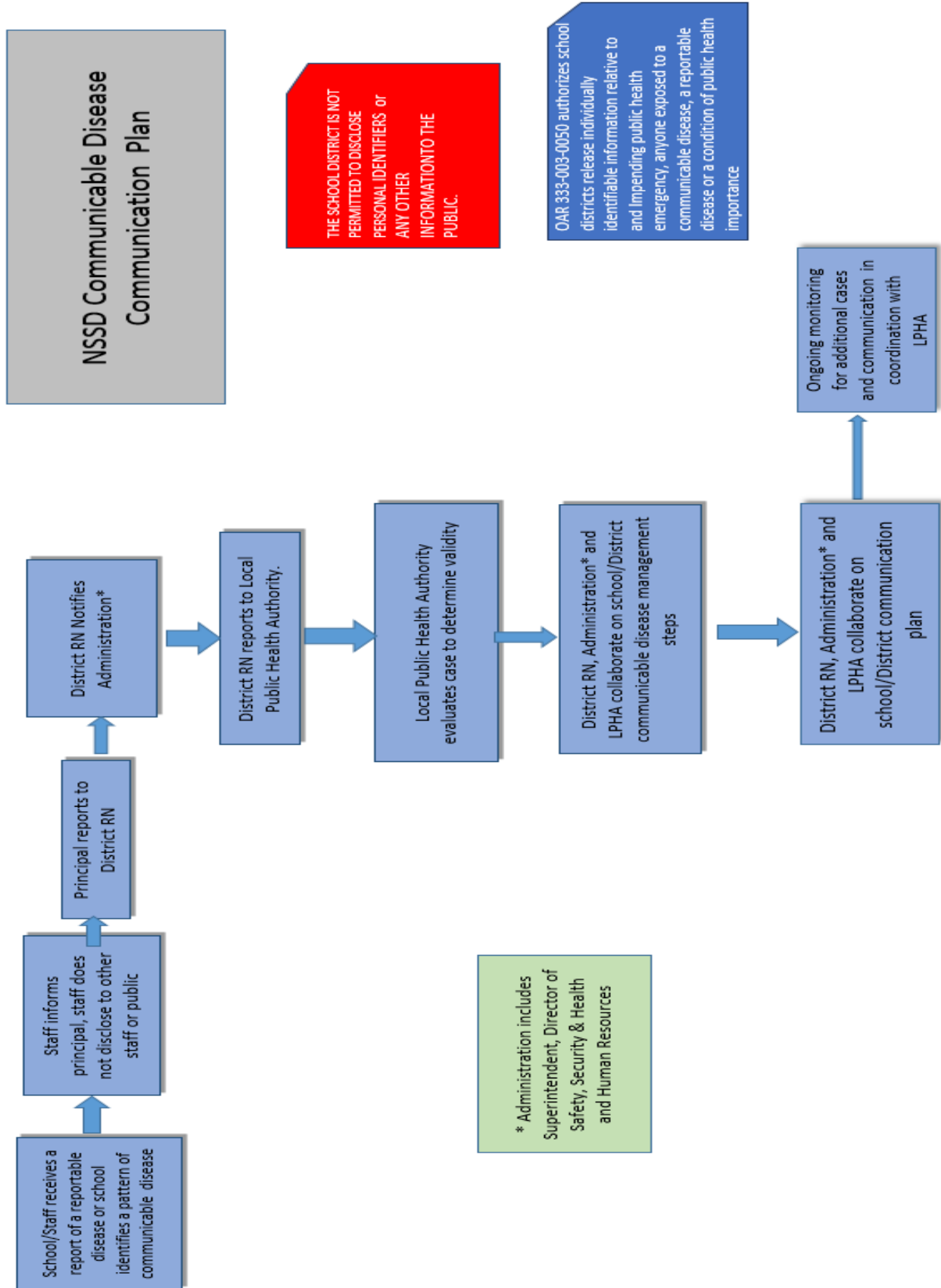
- If able to do so safely, symptomatic individuals should be offered a face covering.
- Staff in close contact with symptomatic individuals shall wear a medical-grade face mask. Other PPE may be needed depending on symptoms, such as gloves, gown, eye protection/face shield, etc.
- Any PPE used during care of a symptomatic individual should be properly removed prior to exiting the care space, and hands washed after removing PPE.
- PPE is either disposed of or placed in designated dirty PPE containers for sanitizing.
- Posters outlining correct use of PPE will be posted at each isolation room.

Hand hygiene

- Care providers should wash hands/sanitize hands frequently and thoroughly before and after providing care.
- If hand sanitizer is used, ensure it is 60% alcohol and will be district provided.

Cleaning of Isolation Room

Cleaning of isolation rooms will be done in accordance with NSSD Custodial Care Program Handbook and [CDC guidelines for cleaning and disinfecting your facility.](#)



GLOSSARY OF TERMS

Airborne precautions: Precautions that are required 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, and some are harmless, but some can be pathogenic (cause disease).

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

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 mice.

Contact Tracing: Working with an infected person to determine who they have had contact with and potentially exposed, to an illness.

Disinfection: High level cleaning intended to kill germs on surfaces

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

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

Immunocompromised: Having a weakened immune system that cannot respond normally to an infectious agent. This limits the body's ability to fight disease.

Isolation: Being kept separate from others. A method of controlling the spread of a disease.

Novel: New—in medical terms, previously unidentified, as in, novel coronavirus

Mitigation: Strategies put in place to decrease the spread of communicable illness.

Pandemic: An epidemic that spreads over countries or continents.

Pathogen: A microorganism that can cause disease.

Personal Protective Equipment (PPE): Physical barriers used when exposure to hazards cannot be engineered completely out of normal operations and when safe work practices and administrative controls cannot provide sufficient protection from exposure to infectious or hazardous conditions. PPE includes such items as gloves, gowns, and masks.

Restrictable Diseases: Diseases that require exclusion from work, school, childcare facilities, for the protection of public health. According to the Oregon Health Authority, restrictable diseases include diphtheria, measles, Salmonella enterica serotype Typhi infection, shigellosis, Shiga-toxinigenic Escherichia coli (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, chickenpox, mumps, pertussis, rubella, scabies, and any illness accompanied by diarrhea or vomiting.

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 illness are more common during the winter months when people are more often indoors.

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 spread. 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)
- Droplet Nuclei—dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

The mode of transmission of a disease will determine what PPE is required.

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

Vaccine: A preparation containing a weakened or killed germ. Vaccines stimulate the immune system to produce antibodies to prevent a person from contracting the illness.

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

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

Updated 5/2023

IV. NSSD Pandemic Flu & Outbreak Plan

This plan is an overview of pandemic flu planning. In the case of an Outbreak of illness many of the same strategies will be in place as those for pandemic flu. An in-depth understanding of pandemic flu planning and preparedness for school settings is found at [Pandemic Flu Planning for Schools](#). The plan is based on the guidance from the CDC for school readiness for addressing Pandemic flu. (CDC 2017)

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

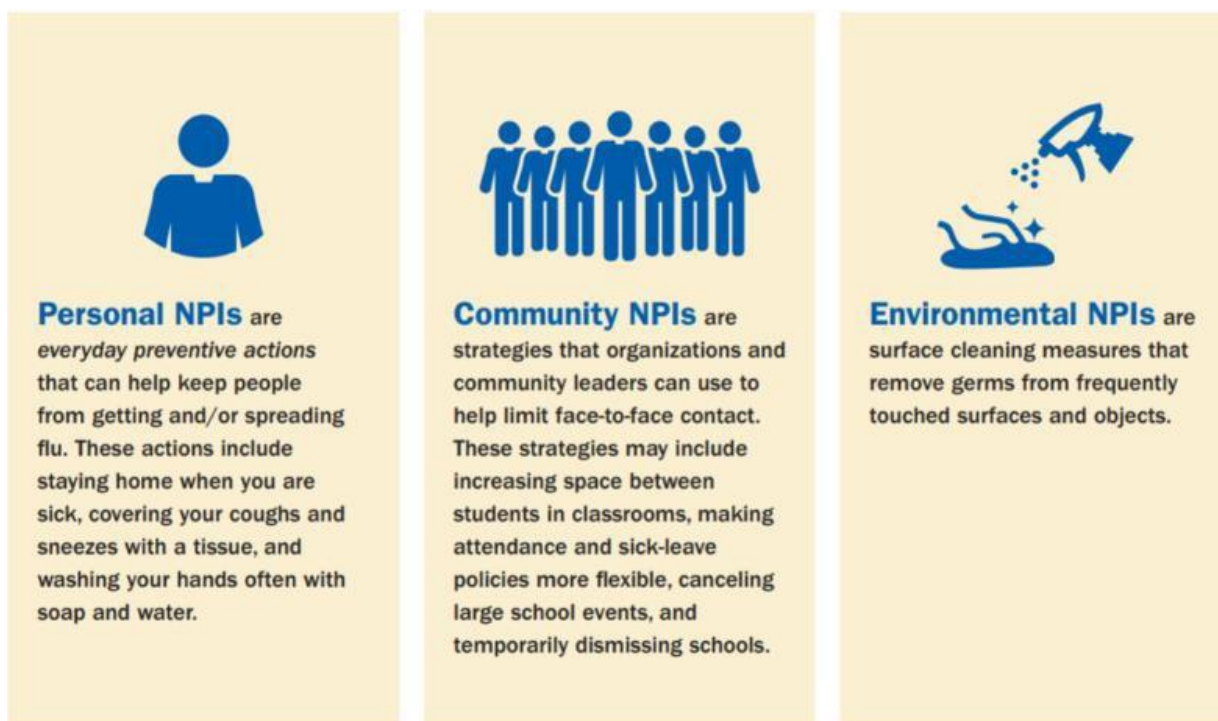
Pandemic flu is not seasonal flu! Flu can be very dangerous for school-aged children. It causes more hospitalizations among children than any other vaccine-preventable disease. Early action to slow the spread of flu will help keep staff and students healthy and help students continue to learn.

A flu pandemic occurs when a new flu virus that is different from seasonal flu viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to the pandemic flu virus. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings.

When a new flu virus emerges, it can take up to 6 months before a pandemic flu vaccine is widely available. When a vaccine is not available, NPIs are the best way to help slow the spread of flu. They include personal, community, and environmental actions. These actions are most effective when used together. NPIs also can provide protection against other infectious diseases in schools. The school plays a key role in flu readiness. Planning for and practicing NPI actions will help the school respond more effectively when an actual emergency occurs. Safeguard the health of students, staff, and the community by making sure emergency plans include provisions for pandemic flu.

Measures to Help Slow the Spread of Flu and Illness

While preventative vaccines and antiviral medications are appropriate interventions in some viral respiratory conditions, such as seasonal influenza, they are not always accessible for novel strains. Nonpharmaceutical interventions (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).



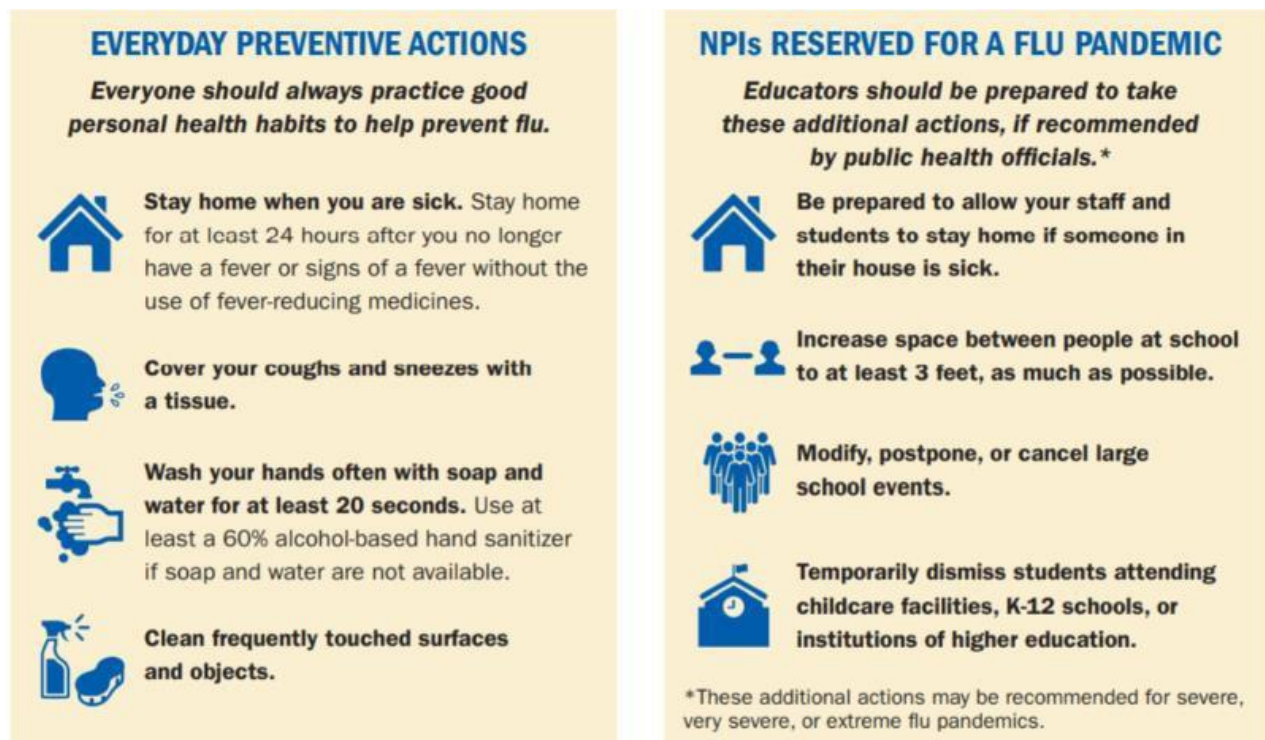
CDC has developed recommended actions for preventing the spread of flu and illness in educational settings. Promote and reinforce the practice of everyday preventive actions at all times. Teaching good hand hygiene and respiratory etiquette skills, which will promote a healthy school environment, is critical. A strong understanding and use of NPIs is important in the management of pandemic flu.

Outbreaks happen in schools and daycare centers when more students and staff are out sick than expected. When an increased number of students and/or staff are sick, it's important that we take steps to keep the sickness from spreading. During winter months schools need to be particularly aware of influenza-like illnesses (ILI).

Oregon Administrative Rule 333-018-0000 requires that all *outbreaks* of any disease be reported to and investigated by the Local Public Health Authority (LPHA). An outbreak is defined as more cases than expected for a given population and time period.

Outbreak Management and Mitigation

When an outbreak or an increased incidence of a similar illnesses occur the Local Public Health Authority (LPHA) will be notified and consulted. In consultation with the LPHA mitigation and communication strategies will be identified. The district will then convene the appropriate team to implement the response and develop a mitigation and monitoring plan



Promote the daily practice of everyday preventive actions at all times!

Use health messages and materials developed by credible public health sources, such as your Local Public Health Authority or the Centers for Disease Control and Prevention (CDC).

✓ Provide flu-prevention supplies. Have supplies on hand for staff and students, such as soap, hand sanitizer with at least 60% alcohol, tissues, trash baskets, and disposable facemasks. Plan to have extra supplies on hand during a pandemic. Use only hand sanitizers that meet CDC guidance.

✓ Plan for staff and student absences Assure that parents, staff, and students know when to stay home and for how long. Staying home when sick is critical to minimizing the spread of illness.

✓ Tracking flu-related staff and student absences. Understand the usual absenteeism patterns at your school. Assure that school office staff and school administration notify a District Nurse of increasing levels of absence or patterns of absence. A District Nurse will collaborate with the Local Public Health Authority (LPHA) If staff and student absenteeism increase to disruptive levels, some schools may need to consider temporarily dismissing classes, or, if in collaboration with LPHA, it is determined that the level of illness is such that dismissing classes is important to infection control management. -

✓ Identify isolation space that can be used to separate sick students. Designate a space for sick students and staff who cannot leave school immediately. Develop a plan for cleaning the room daily and after each use. Plan for increased bathroom cleaning for nearby bathrooms.

- ✓ Plan ways to increase the space between students/staff to at least 3 feet or limit face-to-face contact between people at school. Several ways to do this include moving desks farther apart, leaving empty seats between students, dividing classes into smaller groups, holding outdoor classes, and canceling school-related group meetings and activities.
- ✓ Consider encouraging staff and students to wear well fitting masks.
- ✓ Work closely with LPHA to develop a contingency plan if assessing and managing risks among students and staff is needed (for example, conducting daily health screenings for flu-like symptoms during a pandemic).
- ✓ Plan ways to continue educating students if schools are temporarily dismissed. Consider using web-based instruction, e-mail, social media, or U.S. mail.
- ✓ Identify strategies to continue essential student services. If schools are dismissed, meal, health, and social services may need to continue.
- ✓ Identify action steps for re-opening your school. The decision to re-open schools should be made in consultation with LPHA.

Emergency Operations and Communication Plans

During a pandemic or significant illness outbreak, coordinated effective communication is critical. It is important to assure that critical team members are involved. This Response Team should consist of individuals who can fulfill roles with expertise in District policy and administration, clinical information, human resources, building-level management, nursing services food service risk management, technology, communication, and facilities.

Regular meetings of the Response Team with established duties and timelines will enhance effective planning. Each different team member offers valuable perspectives and should be included in communication on a regular basis and at all steps in the decision-making process. Efficiency is maintained by regular meetings since each area is able to share their expertise in a timely manner. In addition, understanding of needs, benefits, and risks are enhanced by the regular communication among the response team.

All student and staff health information is protected under HIPPA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act). There are specific and strict guidelines about when medical information can be shared with others. The Local Public Health Authority has the authority to determine what diseases and conditions are a risk to public health and communicate information that is necessary to protect public health.

Communication during an outbreak or times of significant illness is very important. Communication needs to be accurate, timely, and concise. It also is important that communication is shared with all stakeholders. Arrangement for translation of communication must occur at the time of all district communication.

Privacy laws do not allow for the disclosure of individual cases. The LPHA has the authority to communicate specific information when they deem it is due to a public health need.

An established chain of communication with templates ready will enhance effective communication. Staff also need to understand the plan and how critical their role is to effective communication.

Plans need to address the school closure and plans for the delivery of educational services during closures.

Statutory & Administrative Regulations

EXISTING RULES AND STATUTES

SCHOOL CENTERED

[OAR 581-022-2220](#) Standards for Public Elementary and Secondary Schools: Health Services

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

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

[ORS 433.255](#)¹ Persons with or exposed to restrictable disease excluded from school or children's facility.

[ORS 336.201](#)¹ Nursing services provided by district.

OCCUPATIONAL CENTERED

[1910-1030](#) OSHA Bloodborne Pathogens

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

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.015](#)¹ Authority of Public Health Director to take public health actions.

Designated Personnel

To effectively address Pandemic Flu or an Outbreak specific role are important to ensure consistent and appropriate control measure implementation and processes. The following outlines where designated personnel or resources are required with role and responsibility.

Required Designation	Responsibility	Role
Designated Point Person Per Each Building	Implementation and oversight of safety and mitigation measures	Administrator
Designated Person to Respond to Inquiries	Point person for within the school setting.	<ul style="list-style-type: none"> Logistics: Administrator – District or Building depending on the situation Clinical: District Nurses Human Resources Related: HR Director
Clinical Point of contact Point of Contact for LPHA	Liaison to LPHA and point person for internal reports.	District Nurses
Data Entry/Logs	Health Room Logs, Absence tracking logs, Surveillance logs	Office staff
Case and Contact Data and Follow Up	Case and contact calls, communication, and data.	District Nurses

Medical Contacts

Person	Title	Contact	Agency
varies	School Team Epidemiologist	ReadySchoolsReentry@co.marion.or.us	Marion County Health Department
varies	School Team Epidemiologist	Call 541-967-3888 ext. 2488 Staff are then assigned	Linn County Health Department
Denise Cardinali, RN	District Nurse	Denise.cardinali@nsantiam.k12.or.us	No. Santiam SD
Michelle Young, RN	District Nurse	Michelle.young@nsantiam.k12.or.us	No. Santiam SD
Corinna Bower, RN	Oregon School Nurse Consultant	Corrina.E.Brower@dhsosha.state.or.us	Oregon Health Authority
Ely Sanders, MPH	School Health Specialist	ely.sanders@state.or.us	Oregon Department of Ed

References

1. Oregon Department of Education and Oregon Health Authority (2020). Communicable Disease Guidance for Schools.
<https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Updated%20CD%20Guidance.pdf>
2. Centers for Disease Control and Prevention, Pandemic Flu Planning for Schools (2017)
<https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf>

Statutory & Administrative Regulations

EXISTING RULES AND STATUTES

SCHOOL CENTERED

[OAR 581-022-2220](#) Standards for Public Elementary and Secondary Schools: Health Services

[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

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

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.

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