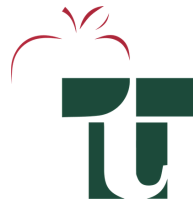


TIGARD-TUALATIN SCHOOL DISTRICT

HEALTH SERVICES & COMMUNICABLE DISEASE PLAN, 2026/2027

September 4, 2026



Adapted for TTSD with permission from Dr. Jan Olson, DNP, MSN.Ed., BSN, RN, NCSN, MRSD, Clinical Consultant, and the team's comprehensive communicable disease management plan for the Molalla River School District.

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Introduction

The health and safety of all students and staff is a priority of the Tigard-Tualatin School District (TTSD). 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 acquire 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 the utmost importance. When children are injured or feel unwell, it can create difficulties in the school setting with regard to both risk to others and the ability of a child to participate in class or educational activities. Because school personnel collaborate for the best outcomes of the individual student, and the school population as a whole, staff must have accessible resources and materials to identify appropriate measures and interventions for child health issues.

TTSD Health Services are available to all students, including those who are medically complex, medically fragile or nursing dependent, and those who have approved 504 plans, individual education program plans, and individualized health care plans or special health care needs.

Each school in TTSD has a dedicated healthcare space that is appropriately supervised and adequately equipped for providing basic health care and administering medication or first aid. In addition, TTSD has a team of nurses who oversee these healthcare spaces and provide health services to students. Each TTSD nurse is licensed to practice nursing by the Oregon State Board of Nursing (OSBN).

The purpose of this comprehensive guide is to provide infection control guidance, practice standards, and protocols for the Tigard-Tualatin School District.

Quick References

[Communicable Disease Guidance for Schools - ODE - Updated June 2024](#)

- [Quick Symptom-Based Exclusion Chart](#) - a simplified guideline for school communities (updated Dec. 2024)
- **SYMPTOMS:** Symptom-based Exclusion Guidelines (pages 9-11)
- **DIAGNOSED:** Disease-Specific Guidelines (pages 14-24)
- [Parent Communicable Disease Letter Template](#) (page 12) - Letters in multiple languages

COMMUNICABLE DISEASE PREVENTION

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff. A communicable disease is an infectious disease transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors. Although the terms *communicable disease* and *contagious disease* are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors are considered to be "contagious" diseases, since they cannot be spread from direct contact with another person (ACPHD, 2013).

In the school setting, there is a prevention-oriented approach for communicable disease, which is grounded in education, role modeling, and standard precautions and hygiene. However, the nature of a population-based setting lends to the need to establish practices for measures and interventions associated with exposures or potential exposure. This section focuses on a population-based set of practices for communicable disease prevention. The subsequent *Exposure Control Plan* discusses work practice control measures for staff per the [OSHA Bloodborne Pathogen Standard](#) (BBP, 29 CFR 1910.1030).

There are a multitude of 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 a level of understanding of how communicable diseases can be spread.

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

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
- 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, such as measles.

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

Oregon Health Authority & Oregon Department of Education

[Communicable Disease Guidance for Schools - ODE](#) - Updated June 2024

TTSD Board Policies (<https://policy.osba.org/tigard/index.asp>)

[Communicable Diseases-Staff and Students](#)

[Communicable Diseases-Students & Staff/Restrictable Diseases](#)

[Emergency Procedures and Evacuation Plans](#)

[HIV/AIDS Education](#)

[Animals in District Facilities](#)

Oregon Legislation

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

[OAR 581-022-2200 Health Services](#)

[ORS 410-133-0000 School-Based Health Services](#)

Common Childhood Infectious Diseases

There is a variety of [Common Childhood Infectious Diseases](#) that are regularly encountered in the school setting. Routine childhood respiratory illnesses, such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis are caused by a variety of bacteria and viruses, and occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently), croup (most commonly parainfluenza), and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand, foot, and mouth disease, fifth disease, and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year.

Vaccines

In the school setting, vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications, or because of philosophical decisions. Each school has a record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine-preventable diseases. You can find more information on required vaccines for schools here: [OHA immunization requirements for schools](#) and the TTSD document, [Immunization Requirements for New Students](#).

Under the direction of the district nurse:

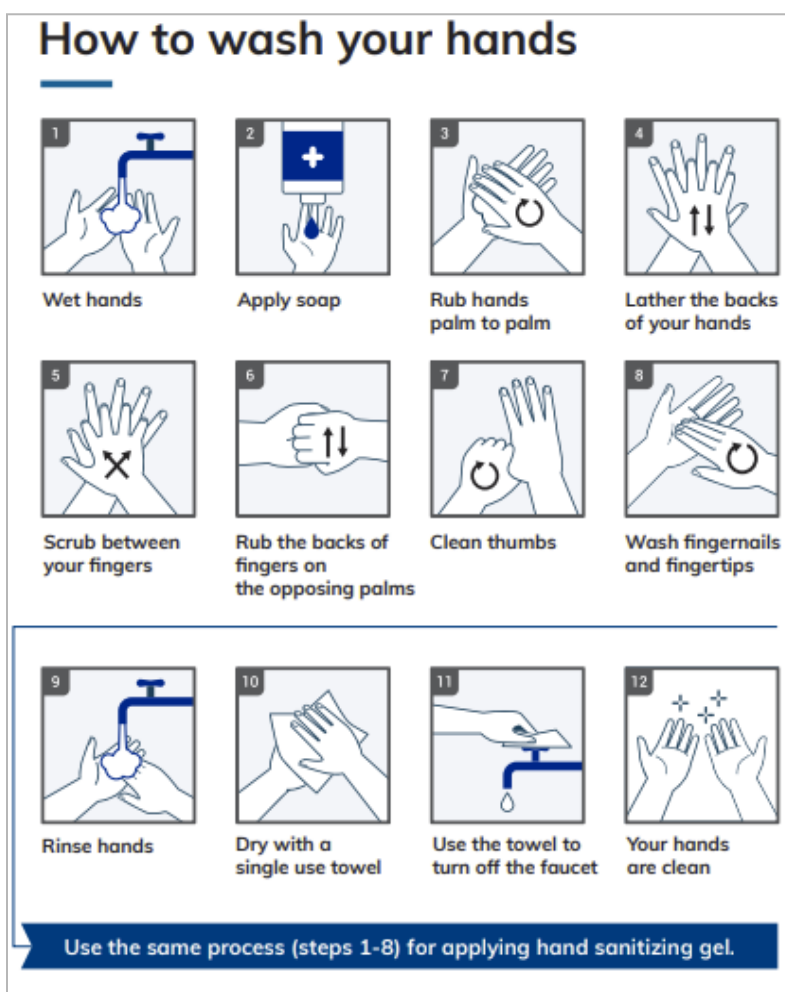
- When a vaccine-preventable disease (varicella, pertussis) is identified in the school setting, designated staff will run immunization reports to identify unvaccinated (or incompletely vaccinated) students in the school setting.
- When the circulation of a vaccine-preventable disease is increasing in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

Hygiene

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

[Age-appropriate hand hygiene curriculum](#) can be found from a variety of resources and will be modeled and reinforced throughout the year and as needed during peak illness season or specific increases of disease in the school setting.

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



Students and staff should wash their hands when:

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

(CDC, 2020)

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

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet, reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like 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 essential components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that will be taught, practiced, and role-modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory Hygiene and Cough Etiquette* and *Transmission Based Measure in Exposure Controls Plan*.



Environmental Surface Cleaning

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

COMMUNICABLE DISEASE EXCLUSION

Exclusion is the process of restricting individuals' attendance at school during a period when they are most likely to be contagious with a communicable disease. Appropriate prevention measures should be prioritized to reduce the need for school exclusions. (ODE, 2023)

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until they are 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.

Students and staff must be excluded while in communicable stages of a restrictable disease. Follow guidance for school exclusion based on **SYMPTOMS** in the **Symptom-Based Exclusion Guidelines** section below. School nurse assessment strongly recommended for symptom-based exclusion, especially when symptoms may relate to underlying medical conditions.

Students and staff must be excluded from the school setting if they are **DIAGNOSED** with a school-restrictable disease, until permitted to return per local public health guidance. Other illnesses warrant exclusion until they are no longer contagious. See the **Disease-Specific Guidelines** section below. [OAR 333-019-0010]

In accordance with OAR 333-019-0010, the school administrator must also exclude susceptible (and not fully immunized) students and school staff if they are **EXPOSED** to measles, mumps, rubella, diphtheria, pertussis, hepatitis A or hepatitis B. The local public health authority (LPHA) can assist with guidance in individual cases and may waive the requirement for restriction.

School personnel considering a student exclusion should also consider the following:

- School staff may not determine a diagnosis or prescribe treatment unless they are licensed health care providers acting within their scope of practice.
- The school administrator is required to enforce exclusion per Oregon law. [OAR 333- 019-0010]
- Collaboration with the registered nurse practicing in the school setting is recommended and may be legally required when communicable disease concerns arise for students with underlying medical conditions. "A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student." [ORS 336.201]
- The registered nurse practicing in the school setting or the LPHA should be consulted regarding notifying parents/guardians about health concerns, including risks and control measures.
- [Specialized Clinical Procedures](#) guidance should be utilized to reduce spread of respiratory diseases while maintaining services for students with special healthcare needs.
- Changes to routine guidance may be warranted during times of increased concern about a specific communicable disease, such as during a local disease outbreak. School administrators should work with their

school health teams and the LPHA regarding screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern.

Symptom-Based Exclusion Guidelines

Resources: [Communicable Disease Guidance for Schools](#) and [Quick Symptom-Based Exclusion Chart](#)

(12/2024, OHA, ODE)

Students and staff must be excluded from the school setting if they are in the communicable stages of a school-restrictable disease. Symptoms which commonly indicate a communicable disease are listed below.

	SYMPTOMS of ILLNESS	EXCLUSION ACTION <i>The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.</i>
1.	FEVER: a measured temperature equal to or greater than 100.4°F orally.	MAY RETURN AFTER fever-free for 24 hours without taking fever-reducing medicine.
2.	COUGH: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness that is frequent or severe enough to interfere with participation in usual school activities.	MAY RETURN AFTER symptoms improving for 24 hours (no cough or cough well-controlled.)
3.	DIFFICULTY BREATHING OR SHORTNESS OF BREATH not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.	MAY RETURN AFTER symptoms have been gradually improving for 24 hours. - In its acute (sudden onset) stage, this symptom is likely to require immediate medical attention
4.	HEADACHE WITH STIFF NECK AND FEVER.	MAY RETURN AFTER fever-free for 24 hours without taking fever-reducing medicine AND symptoms resolve. - This combination of symptoms may indicate a serious condition. Advise student's guardian to seek medical attention.
5.	DIARRHEA: three or more watery or loose stools in 24 hours OR sudden onset of loose or bloody stools OR student unable to control bowel function when previously able.	MAY RETURN AFTER diarrhea has improved (no more than two bowel movements more than normal in 24 hours) and the child is no longer having accidents. Bloody diarrhea should be evaluated by a healthcare provider prior to return.

6.	VOMITING: two or more unexplained episodes in 24 hours.	● MAY RETURN AFTER 24 hours after the last episode of vomiting OR after seen and cleared by a licensed healthcare provider.
7.	SKIN RASH OR SORES: new rash⁺ not previously diagnosed by a healthcare provider OR rash increasing in size OR new unexplained sores or wounds OR draining rash, sores, or wounds which cannot be completely covered with a bandage and clothing. <i>*Some children have chronic non-infectious skin conditions—e.g., eczema; they need not be excluded for apparent exacerbations of these conditions.</i>	● MAY RETURN AFTER rash is resolved OR until draining rash, sores or wounds are dry or can be completely covered OR after seen and cleared by a licensed healthcare provider.
8.	EYE REDNESS AND DRAINAGE: unexplained redness of one or both eyes AND colored drainage from the eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.	● MAY RETURN AFTER symptoms resolve OR after seen and cleared by a licensed healthcare provider. • Eye redness alone, without colored drainage, may be considered for attendance per CDC guidelines and school nurse assessment.
9.	JAUNDICE: yellowing of the eyes or skin that is new or uncharacteristic.	● MAY RETURN AFTER seen and cleared by a licensed healthcare provider.
10.	BEHAVIOR CHANGE: may include uncharacteristic lethargy, decreased alertness, confusion, or a behavior change that prevents active participation in usual school activities.	● MAY RETURN AFTER symptoms resolve; return to normal behavior OR after seen and cleared by a licensed healthcare provider. ● These symptoms may indicate a serious condition. Advise student's guardian to seek medical attention.
11.	MAJOR HEALTH EVENT or STUDENT REQUIRING MORE CARE THAN SCHOOL STAFF CAN SAFELY PROVIDE. May include an illness lasting more than two weeks, emergency room treatment or hospital stay, a surgical procedure with potential to affect active participation in school activities, loss of a caregiver or family member, or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.	● MAY RETURN AFTER health and safety are addressed. ● Written instructions from a licensed healthcare provider are likely to be required. ● Schools must comply with state and federal regulations such as the Americans with Disabilities Act ensuring free and appropriate public education (FAPE). School staff should follow the appropriate process to address reasonable accommodations and school health service provision in accordance with applicable laws.

Disease-Specific Guidelines

For Disease-Specific and Restrictable Diseases Guidelines, please see this document:

[Communicable Disease Guidance for Schools](#) (6/2024, OHA, ODE)

NOTE: This document is not a diagnostic tool. Related symptoms may inform exclusion decisions, but school staff do not diagnose. Follow recommended actions when a health care provider has diagnosed a communicable disease, or a person exhibits related symptoms.

Restrictable Diseases

Oregon public health laws regulate which diseases are “restrictable” and/or “reportable.” Restrictable diseases require school exclusion. If the student or staff has any of the following diseases, then clearance by the local public health authority is required before the individual returns to school: **chickenpox, diphtheria, Hepatitis A, Hepatitis E, measles, mumps, pertussis (whooping cough), rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic E. coli (STEC) infection (O157 and others), shigellosis, and infectious tuberculosis.**

Reportable Diseases

Oregon public health laws regulate which diseases are “restrictable” and/or “reportable.”

Oregon Administrative Rules identify some communicable diseases as “reportable” and some as “school restrictable.” Some diseases are in both categories, but many reportable diseases are not school-restrictable. Per Oregon public health law [OAR 333-019-0010], school communication with the LPHA may be required to verify exclusion requirements.

Reportable diseases must be reported to the LPHA by diagnosing health care practitioners and laboratories. In general, school staff do not diagnose and therefore are not responsible for reporting. However, school staff may receive information from a parent or other source regarding a student’s diagnosis. The school may need to communicate this information to the LPHA to determine appropriate response, as well as to monitor disease clusters or outbreaks. For diseases which are reportable (see lists on [this OHA page](#)), the LPHA may provide directions regarding whether the case is confirmed, as well as guidance about the student’s return to school, and any action necessary to prevent the spread of disease to others.

The school administrator should refer information about illnesses among students or staff to the school nurse, if available. The nurse may assess the situation, and the nurse or designated staff should communicate with the LPHA as needed. The school nurse should plan ahead with the LPHA about when to report disease clusters or outbreaks. If a school nurse is not available, another school staff member should be designated to contact the LPHA for reporting concerns or questions.

FERPA allows schools to share personally identifiable information with local public health authorities (LPHAs) without consent when needed to respond to a health emergency. Schools should work with their local public health authority

to ensure they are able to effectively respond to and control outbreaks through sharing of information, even without parental consent, when appropriate. Consult with district legal counsel for more clarification.

If a school reports illness to the LPHA, the LPHA may provide case-by-case guidance for school exclusions. The LPHA may also establish standing guidelines such that schools consistently exclude for specific symptoms or specific outbreak conditions. The school nurse or designated school staff should collaborate with the LPHA regarding what (if any) communication should go out to the school community, regarding diseases of concern in the school population.

Isolation Spaces

TTSD maintains health care spaces in each school that are appropriately supervised and adequately equipped for first aid and isolation of ill or injured children from the student body. When students are identified with restrictable diseases or excludable symptoms, they are isolated in an appropriate space until they can be discharged to home. [OAR 581-022-2220]

Outbreaks & Clusters

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

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

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

Gastroenteritis

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

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

- Sudden onset of vomiting in multiple persons in the same cohort.
- Any unusual combination of gastrointestinal symptoms, severity, duration, or incidence.
- Refer to [Washington County School Outbreak Guidance](#) (updated July 2024)

Less Common Outbreaks

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

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

Student & Family Support

For long term illness, Home Instruction services are provided by the district. For short-term illnesses, teachers offer individual make-up work opportunities to students.

Each TTSD school is served by a Family Partnership Advocate (FPAs) who are liaisons between families and the school. The FPAs work with district staff, including School Nurses, Counselors, Social Workers and the district Social Services Manager, to identify needs and provide additional support and resources as needed. The TTSD Family Resource Center is available to all families to coordinate support services for a variety of needs, including maintaining a [Family Resource Guide](#) and a [Community Resources page](#) on the TTSD website.

One of the primary responsibilities of the district Equity and Inclusion and Student Services departments is to engage and support students and families, especially families of color, LGBTQ2SIA+, multilingual families, and individuals with disabilities, with the goal of strengthening linguistic and culturally responsive health/mental health supports and services in education.

In addition to the FPAs the district has a network of support staff from the Equity & Inclusion Department and Student Services. Current partnerships include LatinoNetwork, IRCO, REAP, GLSEN, Resolutions NW, SARC, and CARES NW also support our work and address the needs of our community.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students will provide documentation from their healthcare providers. This change in placement will be accommodated as appropriate under IDEA and FAPE.

Animals in School

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

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

[TTSD Policy on Animals in Schools](#)

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

Food Safety

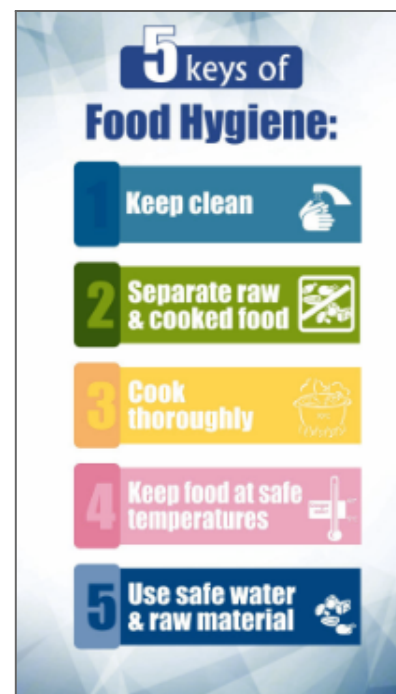
Food safety for kitchen staff is supervised by nutrition services. For the purpose of population-based health and food preparation and consumption within the classroom, general food safety standards and disease prevention principles will be endorsed.

For elementary school classrooms

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

For middle school or high school culinary classrooms

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



EXPOSURE CONTROL PLAN

This plan provides TTSD employees with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements. Bloodborne pathogen training is provided yearly to designated staff through their assigned Vector trainings.

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

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

TTSD Board Policies

[Site Safety Committees](#)

Handling and Disposing of Contaminated Fluids EBBA-AR

HBV/ Blood Borne Pathogens [GBEBA](#)

[Communicable Diseases JHCC/GBEB-AR](#)

[TTSD Bloodborne Pathogen Exposure Control Plan](#)

OSHA

[Bloodborne Pathogens 1920.1030](#)

[Personal Protective Equipment 1910 Subpart 1](#)

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

- Bloodborne Pathogens (BBP) Training (this is an annual requirement presented electronically through Safe Schools).
- Hepatitis B vaccination (Education and Recommendations on Hepatitis B Vaccination is offered to employees working in certain job descriptions each year with BBP training). A waiver may be signed in lieu of immunization if you opt out of the vaccine, AFTER completing BBP training and understanding the risk and implications.

[TTSD Hepatitis B Vaccine Info](#)

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

Universal & Standard Precautions

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



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

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

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

Hand Hygiene

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

Personal Protective Equipment

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

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

General Principles of PPE:

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

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

Respiratory Hygiene/Cough Etiquette

In the school setting, respiratory etiquette and hygiene are important measures to teach to students as



developmentally appropriate. Also, visual alerts such as [Cover your cough](#) signage can be used.



Appropriate respiratory etiquette includes the practices of:

- 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 non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing or coughing into an elbow when hand hygiene is not immediately accessible.

Further respiratory hygiene practices are:

- Having masks available for students who become sick at school with respiratory illness. A mask will only be used if the student can tolerate the mask.
- The person can be placed in a location area where risks to others are minimized until dismissed to home.
- Spatial separation of the person with a respiratory infection from others is important in some cases. Since droplets travel through the air for 3-6 feet, separating an ill person from others by more than 3 feet decreases the risk of transmission.
- Stressing hand hygiene after every contact with respiratory secretions is important.

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

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

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

Sharps safety (engineering and work practice controls)

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



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

1. Avoid using needles that must be taken apart or manipulated after use.

2. Do not recap needles.
3. Always dispose of used needles in a sharps container appropriately labeled with a biohazard sign.
4. Know and understand that needles will only be used a single time.
5. Participate in specific training related to injectable medications.

Contaminated sharps will be stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard signage. All injuries related to sharps will be reported promptly to the TTSD Risk Management department, and an incident report filled out. [TTSD Employee Incident Report](#)

Clean and Disinfect Environmental Surfaces

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

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

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

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

Transmission-Based Precautions

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

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

Contact Precautions

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

- **Ensure appropriate student placement:** the student will be removed from the classroom setting and placed in the health room while awaiting parent arrival. Open and draining skin wounds are an excludable condition. Refer to [Communicable Disease Guidance for Schools - ODE - Updated June 2024 \(pg. 14\)](#).

- **Use personal protective equipment (PPE) appropriately**, if the student requires care. This means that gloves must be worn. Unlike a clinical setting it is unlikely that gowns or masks will need to be used for contact precautions because staff will not be providing wound care or procedures.
- **Limit transport and movement of student** once an open and draining lesion is identified, the student's activity will be limited to reduce additional opportunity for contamination of surfaces.
- **Prioritize cleaning and disinfection** once the student has been dismissed to home, ensure the area the student was located during direct care is appropriately sanitized. If there is a risk of contamination in other settings such as the classroom, cafeteria, or playground, for example, ensure areas are appropriately addressed. Clean supplies in the health room as warranted.

Droplet Precautions

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

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

Airborne Precautions

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

- **Source control** for airborne precaution includes putting a mask on the ill individual.
- **Ensure appropriate patient placement in the isolation room as feasible.** If an isolation room is not available, ensure the student is isolated from other students and staff.
- **Use personal protective equipment (PPE) appropriately**, including an N95/ KN95 mask, or surgical mask with face shield for individuals having direct care contact with the student.
- **Limit transport and movement of students, aside from travel to be dismissed to home.**

- **Immunization of susceptible persons** as soon as possible. Following contact with an individual identified as having a vaccine-preventable disease, individuals susceptible to any diagnosed infection, such as measles or varicella will be advised to immunize against the infection by district nurse as directed by LPHA. It is important to note that the school district cannot compel anyone to immunize their children, but students and staff who are unvaccinated can be excluded for the maximum incubation period of a vaccine-preventable disease (up to 21 days) from their last exposure.

Exposure Incident

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

Needle stick

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

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

Mucous Membranes

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

Blood Spills

Blood spills frequently occur in small volumes in the school setting. Cleaning up minor spills requires the use of standard precautions. Contact custodian for blood spill kit or other cleaning supplies as indicated. PPE will also be accessible, including disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood), eye protection, an apron, a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process) (VSG, 2020). Spills will be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and will be avoided), and generation of aerosols from spilled material will be avoided.

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

- the nature (type) of the spill (for example, sputum, vomit, feces, urine, blood or laboratory items)
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens,
- the size of the spill – for example, spot (few drops), small (< or = 4 in) or large (>4 in)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as a science laboratory), or in a common area or in a restroom.
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

Cleaning spills

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

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While bloodborne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Students and/or staff may be directed to take antibiotic prophylaxis, tetanus injections or other treatments as deemed necessary for bites, specifically those from non-human sources. If the bite occurred from a canine, this is reportable to the local health department.

DISTRICT COMMUNICATION PLAN

Procedure

Any presentation of illness or combination of illnesses as described above will be reported to a district RN and a school building administrator. The district RN may decide that additional control measures or data collection is necessary and will consult with administration and LPHA as needed, in regard to determined outbreaks or novel diagnoses. In consultation with the district RN, the district Communications Office will coordinate any written, posted, or recorded communication to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to an outbreak.

Key Roles, Responsibilities and Contact Information

Role/Responsibility	Primary person	Back up person
District Nurse	Lisa Church lchurch_ext@ttsd.k12.or.us 503-431- 4190	Megan Magula, RN mmagula_ext@ttsd.k12.or.us 503-431-4106
Possible Disease Outbreak	Contact immediate supervisor, who will contact Carol Kinch or Jordan Mills	
Student/Health Services	Carol Kinch, Student Services Director ckinch@ttsd.k12.or.us 503-431-4006	Audra Stave, Mental Health/Wellness astave@ttsd.k12.or.us 503-431-4104 Africa Ramirez Lopez, SS Assistant aramirezlopez@ttsd.k12.or.us 503-431- 4137
Human Resources	Lenichtka Reed, HR Director lreed@ttsd.k12.or.us 503-431-4018	Brian Bailey, Associate Director bbailey@ttsd.k12.or.us 503-431-4013
Communications	Jordan Mills, Community Relations jmills@ttsd.k12.or.us 503-431-4180	Lisa Burton (Spanish) lbarton@ttsd.k12.or.us 503-431-4098
Operations	Jarvis Gomes, Director of Operations jgomes@ttsd.k12.or.us 503-431-4172	Kevin Montague, Facilities Mgr. kmontague@ttsd.k12.or.us 503-431-4017
Primary contact for Washington County	Jordan Mills, Community Relations jmills@ttsd.k12.or.us 503-431-4180	

HEALTH SERVICES INTEGRATION

TTSD is working to integrate school health services with school health education programs and coordinate with health and social service agencies, public and private.

Health Classes Curriculum are delivered by licensed Health teachers and enhanced by visits from district school social workers, school counselors, Lifeworks NW Care Coordinators, local mental health agency representatives, Oregon Youthline, Sexual Assault Resource Center, among others.

School staff refer regularly to the two School-Based Health Centers located on the campuses of TTSD's two comprehensive high schools (Tigard and Tualatin). Both School-Based Health Centers offer professional physical and mental health services and do not turn any student away due to inability to pay.

ASSESSMENT & PLANNING FOR STUDENT HEALTH PLANS

Assessment

District Nurses assess student nursing needs upon, during, and following enrollment with one or more new medical diagnose(s) impacting a student's access to education, and develop the student's individual health plan for school.

Medications at School

Administration of Medications during School Hours

District RNs follow a set procedure for gathering permissions, detailing information, training staff and managing protocols for the delivery of medications to students during school hours.

The District RNs train staff on the administration of medication following the guidelines set forth by ODE using the following training documents:

[Medication Administration](#)

[Glucagon Training](#)

[Epinephrine Training Protocol for Severe Allergic Reaction](#)

[Adrenal Training Protocol](#)

Self-Carrying Prescription Medications

TTSD has a process for determining if or when a student may self-carry medication as allowed by [OAR 581-021-0037](#)

Medically Complex Students

District RNs use ODE standards to communicate, track, and conduct training for school staff, in order to care for medically complex, medically fragile, or nursing dependent students.

Trainings include:

- Procedures for responding to life threatening medical conditions, such as asthma, anaphylaxis, adrenal insufficiency, diabetes and seizures.
- Protocols for preventing exposures to allergens.
- CPR/First Aid: TTSD nurses are trained instructors in CPR and First Aid through the American Safety & Health Institute, and hold sessions twice a year to maintain the ratio of one person trained for every 60 students in each district school building.

GLOSSARY OF TERMS

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

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 (disease causing).

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

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

Contact Tracing: Working with an infected person to determine who they have had contact with and have 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

Engineering Controls: Measures to protect individuals through engineering interventions that can be used to eliminate or reduce hazards.

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.

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—in medical terms, previously unidentified, as in novel coronavirus

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

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 disease include diphtheria, measles, Salmonella enterica serotype Typhi infection, shigellosis, Shiga-toxigenic 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 illnesses are more common during the winter months when people are more often indoors.

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 and the mode of transmission of a disease will determine what PPE is required (continued on next page):

- 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)

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 containing a weakened or killed germ, or a genetic “piece” of the organism. 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.

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, and contaminated material cleaning.

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