COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

[*Adapted for MESD and its component districts with permission from Dr. Jan Olson and team's comprehensive communicable disease management plan for the Molalla River School District*]

THIS PLAN CONTAINS:
MESD Communicable Disease Prevention Plan
MESD Exposure Control Plan
MESD Pandemic Response Plan
COVID-19 Specific Considerations

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INTRODUCTION

The health and safety of all students and staff is a priority of Multnomah Education Service District (MESD). The control of communicable diseases is an essential component of health and wellness in the school setting. Providing a safe, comfortable, and healthy environment facilitates the educational process, encourages social development, and allows children to 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 utmost importance. When children are injured or feel unwell at school, it can create risk to others and impact the ability of a child to fully participate in their educational activities. In the Whole School, Whole Community, Whole Child model, school personnel collaborate for the best outcomes of the individual student, and the school population as a whole. To accomplish this goal, staff must have access to and be trained on resources and materials to identify appropriate measures and interventions for child health issues (ACSD, 2020).

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

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

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

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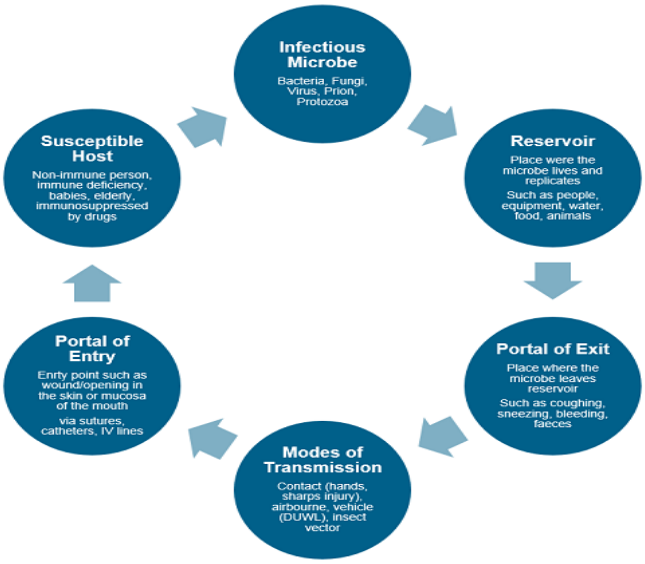
COMMUNICABLE DISEASE PREVENTION PLAN

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



A communicable disease is an infectious illness that is transmissible by contact with 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*, *contagious disease, and contagious condition* are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors are considered to be "contagious" diseases since they cannot be spread from direct contact with another person (ACPHD, 2013).

In the school setting there is a prevention-oriented approach for communicable disease 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 first section focuses on a population-based set of practices for communicable disease prevention, while the subsequent *Exposure Control Plan* discusses work-practice control measures for staff, per the OSHA Bloodborne Pathogen Standard (BBP, 29 CFR 1910.1030).

MESD Board Policies:

Communicable Diseases JHCC/EBBA/GBEB-AR

Communicable Diseases – Students and Staff JHCC/GBEB

School Health Services and Requirements JHC

Oregon Legislation

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

OAR 581-022-2200 Health Services

ORS 410-133-0000 School Based Health Services

Oregon Health Authority & Oregon Department of Education

Oregon Department of Education Communicable Disease Guidelines for Schools

Communicable Disease Prevention

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.


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 respiratory 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
- Airborne; dispersed through or suspended in the air, in diseases such as measles.

In the school setting the most frequent risks are associated with direct contact with ill individuals or contaminated surfaces, or through respiratory spread via droplets in the air. Primary sources of illness prevention include hand and surface hygiene, teaching and encouraging cough and sneeze etiquette, isolation and exclusion of symptomatic individuals, and standard precautions. This section of the plan will provide a brief overview of, and procedures on addressing the following communicable disease issues in the school setting:

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

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

Common Childhood Infectious Diseases

There are a variety of Common Childhood Infectious Diseases that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently), 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 also occur sporadically throughout the school year (BCDC, 2009).

Vaccines

In the school setting, vaccines are an important step toward 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 philosophical decisions. Each school has

record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. You can find more information on immunizations on the MESD School Health Services Website.

Under direction of the MESD Nurse Consultant:

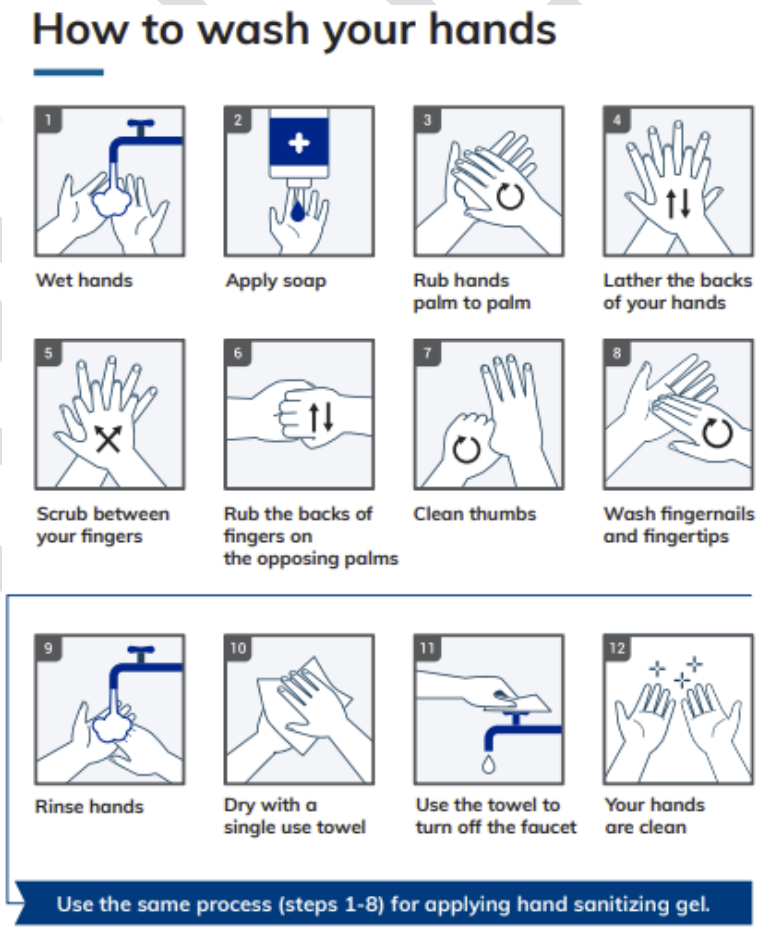
- When a positive case of a vaccine preventable disease (varicella, pertussis) is identified in the school setting, designated staff will run immunization reports to identify unvaccinated students in the building. The nurse consultant will work with the local health department and the school administrator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

Hygiene

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

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

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



(Image: Multicare.org)

Students and staff should wash hands:

- **Before, during,** and **after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage
  (CDC, 2020)

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

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection can be 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 objects or shaking hands, and then touching one's eyes, nose, or mouth. Droplets can live for a short time on a variety of objects such as high-contact areas like door knobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), and because some individuals can carry and spread diseases without ever showing any symptoms of illness, we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced, and modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory Hygiene* and *Cough Etiquette* and *Transmission Based Measures* in the *Exposure Control Plan*.
(Image: Manitoba Department of Health)

Environmental Surface Cleaning

Clean schools contribute to healthy environments and reduce the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include: the scheduling *and documenting of* routine cleaning of classrooms, common areas, and shared objects and surfaces; ensuring adequate stock of appropriate sanitizers and disinfectants; ensuring garbage and sharps containers are emptied before they become full; and ensuring that any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is largely governed by facilities management and custodial services, there are certain classroom measures that can be practiced to improve cleanliness and reduce the risk of illness-transmission during peak illness times, such as increasing access to sanitizing wipes, tissue, and hand sanitizer. (See the *Exposure Control Plan* for more detail on disinfection)

Communicable Disease Exclusion

In the school environment, communicable diseases are easily transmitted from one individual to another by various routes, and can even be transmitted while an individual is not showing symptoms of illness. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis, and adequate isolation or treatment (ODE, 2020). Restriction of some communicable diseases may be imposed by the local public health authority for reportable conditions (Oregon Administrative Rule 333-019-0010), which is addressed in a subsequent section.

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a provider visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. As a matter of routine practice, individuals with the following symptoms of illness should be excluded from school per OAR 333-019-0010, Local Health Department (LHD) guidelines, and the Oregon Department of Education Communicable Disease Guidance Document. **Parents, students, and staff should be taught to not come to school if experiencing any of the following**:

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature above 100.4°F, with or without the symptoms below	Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage	Stay home until rash is resolved OR until sores and wounds are dry or can be completed covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider
Difficulty breathing or shortness of breath not explained by situations such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with	Seek medical attention; return to school when advised by a licensed healthcare provider

extra effort such as using muscles of the stomach, chest, or neck.	

Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.	Stay home until 72 hours after cough resolves. b) If pertussis ("whooping cough") is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so	Stay home until 48 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode
Jaundice: yellowing of the eyes or skin (new or uncharacteristic)	Must be seen by a licensed prescriber and cleared before return to school
Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both 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	Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started
Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.	Refer to healthcare provider Student should not be at school until health and safety are addressed
Major health event: may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care	Student should not be at school until health and safety are addressed. School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws
Student requiring more care than school staff can safely provide	School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Some restrictable diseases are also *reportable to the local health department (LHD) – the MESD Nurse Consultant should always be contacted in these cases. The local health department typically also notifies the Nurse Consultant of confirmed cases of reportable illness in a student or staff member. There are occasions when the parent will notify the school first, and in these cases the

school nurse (RN) should be notified and they will work with the MESD Nurse Consultant to determine the need for collaboration with the LHD.

Students with diagnoses of disease restrictable by the local public health authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LHD) or healthcare provider indicating they are no longer communicable, including:

- Chickenpox (varicella),
- COVID-19*,
- Diphtheria*,
- Hepatitis A*,
- Hepatitis E*,
- Measles*,
- Mumps*,
- Pertussis* (whooping cough),
- Rubella*,
- Salmonella enterica serotype Typhi infection*,
- Scabies,
- Shiga-toxigenic Escherichia coli (STEC) infection*,
- Shigellosis*,
- Infectious tuberculosis*,

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

Isolation Spaces

Per OAR 581-022-2220: The school district is required to maintain a prevention oriented health services program which includes health care and space that is appropriately supervised and adequately equipped for first aid, and isolates the sick or injured child from the student body.

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.

Outbreaks of Illness, and Symptom Clusters

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same communicability time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness; rather an increase in morbidity or severity should be indicators to report to the school RN and nurse consultant for consideration of outbreak reports or control measure implementation. The attention to outbreaks, interventions, and resources are highly dependent on the severity or communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through the MESD Nurse Consultant, in collaboration with the school nurse and health assistant, the school or district administrator, and the local health department (LHD) with the use of the Oregon Health Authority Outbreak Toolkits for Schools.

Respiratory Illness

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

Respiratory illnesses are often observed in the school setting. The following indicators should be reported to the school RN, who will consult with the MESD Nurse Consultant:

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

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

Vaccine Preventable Disease

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

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

Most VPD's are also notifiable/reportable diseases*, meaning they are reportable to the local health department and are under consistent surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US. These may include: cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis, and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest.

Reports of VPDs should be referred to the MESD Nurse Consultant, whether coming from a parent, provider, community member, or the local health department (LHD). Indicators for possible nurse consultant report to the health department of school-identified VPDs include:

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

Gastroenteritis

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

Gastrointestinal indicators to report to the school nurse include:

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

Other Circumstances

Less commonly, outbreaks of skin infections or other novel diseases occur, or unusual infectious disease circumstances arise.

To ensure that appropriate disease control, intervention, and follow-up occur, these unusual situations should be referred to the MESD Nurse Consultant, and will be handled on a case by case basis. Examples of these circumstance may include:

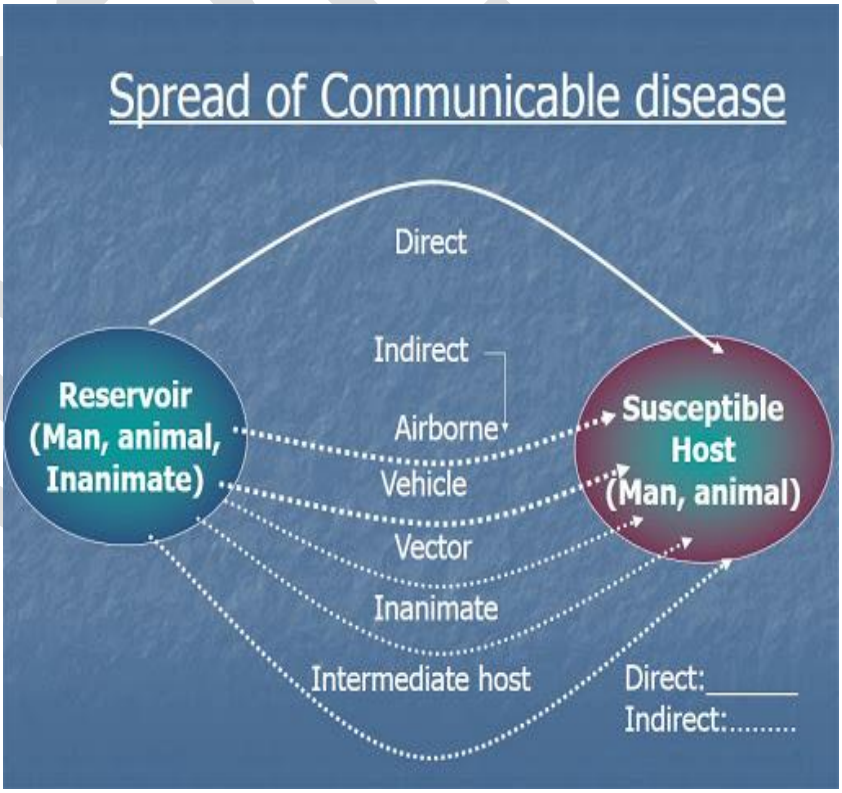
- More than 2 students from separate households with reported compatible skin infections in the same school setting or athletic team
- Any student or staff member coming into contact with blood, saliva, or feces from a non-domestic animal
- Any staff coming into contact with blood or other potentially infectious body fluid that is not their own (following the MESD Exposure Control Plan). *Students coming into contact with the body fluids of others should be referred to the school nurse or principal*
- Any combination of illness symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness

In regard to determined outbreaks or novel diagnoses the nurse consultant may decide that additional control measures or data collection are necessary, and will consult with administration and the LHD as needed.

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

Animals in School

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



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

- In the event of an animal bite in the school setting, please ensure standard first aid is followed and the student/staff is referred to medical care. 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) any classroom animals should be removed from the classroom setting until the risk is determined to be resolved.

Food Safety

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

For elementary school classrooms

- **Hand hygiene is enforced prior to eating**
- **General principles of food safety can be taught that are age appropriate**
- **Food sharing should not be allowed**
- **For classroom and school sponsored events, only commercially prepared products are permitted. No homemade food from non-licensed kitchens.**

For middle school or high school culinary classrooms

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

EXPOSURE CONTROL PLAN

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

The principle of Standard Precautions holds that **all body fluids or other potentially infectious materials should be considered potentially infectious at all times, since many disease-causing bacteria and viruses may be carried in the body fluids of persons who show no symptoms of illness**. Standard Precautions shall be observed in all MESD sites in order to prevent contact with all body fluids and other potentially infectious materials, including blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Transmission-based Precautions should additionally be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff member.

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

BOARD POLICIES

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

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

Staff Development – Nonlicensed GDL-AR

Communicable Diseases JHCC/EBBA/GBEB-AR

Communicable Diseases – Students and Staff JHCC/GBEB

OSHA

Blood Borne Pathogens 1910.1030

Personal Protective Equipment 1910 Subpart 1

Exposure Prevention

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

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

Employee Exposure Determination

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

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

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

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

1. General Educational Teachers/Educational Assistants & Substitutes
2. School Psychologist

3. Physical/Occupational Therapists
4. Speech Language Pathologists
5. Students and Instructors in Health Occupation Programs
6. Bus Drivers

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

Universal & Standard Precautions

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

Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the school setting body fluid exposures most frequently occur with physical injury but may also occur relative to a health related issue or procedure, or a developmental or behavioral issue or disability. Students and co-workers should be encouraged to care for their own bleeding injuries. If assistance is necessary, the use of disposable gloves and other barriers, followed by hand washing, is required for the designated caregiver when body fluids are present. There may be occasions when unanticipated contact with body fluids will occur, and in such cases, staff should follow the MESD Body Fluid Exposure Protocol (to be discussed below).

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

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 should 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 context of BBP and exposure control, hand hygiene should be enforced each time a staff member has an interaction with a student for standard first aid, medication administration, or direct care. Hands should be washed prior to donning gloves, and after care is completed when gloves are removed.

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect staff from exposure to or contact with infectious agents. PPE that is appropriate for various types of interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially

infectious materials (OPIM) should be available to school staff, in the appropriate sizes. These include gloves, face masks, face coverings, protective eye wear, face shields, CPR masks, Kevlar sleeves or bite guards, and protective clothing (e.g., reusable or disposable gown). Contaminated PPE must be removed and disposed of before further contact with other surfaces or individuals occurs. Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in **all situations involving possible contact with blood or body fluids**, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis), or OPIM. Gloves must be removed and replaced as soon as practical when they are contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Always wash hands after glove removal.
- Use of gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated, such as diapering, toileting, feeding, suctioning, general cleansing, or providing first aid for students with erratic movements.
- Use of mouth, nose, and eye protection (such as a face shield) during activities that are likely to generate splashes or sprays of blood or other body fluids, such as: feeding, providing care to, or assisting with a child with forceful vomiting or coughing; suctioning a child with a tracheostomy with a history of forceful coughing or copious secretions; assisting in the care of a student with a severe injury and spurting blood; assisting a student with a head or facial wound; or assisting a student who displays erratic behavior that places the employee at risk (i.e. fighting, spitting).
- Use of Kevlar-sleeves or bite-guards when working with students with a history of biting or scratching behaviors.
- Use of mask, face covering, or face shield when respiratory transmission is of concern (see pandemic plan).

General Principles of PPE:

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

Appropriate application and removal of PPE are crucial pieces of infection control (Image :CDC)**:**


APPLY + REMOVE PPE
APPLYING PPE
1
GOWN
Fully cover from neck to knees, arms to end of wrists, and wrap around the back.
2
SHOE COVERS
Sit in chair and apply sanitary shoe covers. For a hands-free application, use a shoe cover
3
MASK
Secure ties or elastic bands at middle of head and neck. Fit snug to face and below chin.
4
GOGGLES
Place over face and eyes and adjust to fit.
5
GLOVES
Extend to cover wrist of isolation gown.
REMOVING PPE
1
GLOVES
Grasp outside of glove with opposite gloved hand and remove. Hold removed glove in gloved hand. Slide fingers under remaining glove and peel off.
2
GOGGLES
Handle by head band or ear pieces. Do not touch outside of googles or face shield.
3
GOWN
Unfasten ties and pull away from neck and shoulders, touching only the inside of the gown. Turn inside out and roll into a bundle.
4
SHOE COVERS
Shoe covers are contaminated. For hands-free removal, use a shoe cover remover system.
5
MASK
Do not touch front of mask. Grasp bottom, then top ties or bands and remove.

Respiratory Hygiene/Cough Etiquette

In the school setting, respiratory etiquette and hygiene are important measures to teach to staff and students as developmentally appropriate, and to remind them of on a frequent basis. In addition, visual alerts such as Cover Your Cough signage can be used.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing
- Using the nearest waste receptacle to dispose of the tissue after use
- Performing hand hygiene (e.g., hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions or contaminated objects/materials, such as a used tissue
- Sneezing or coughing into the fabric of an elbow joint when hand hygiene is not immediately accessible

  *When tissues and hand hygiene are not accessible, individuals should be encouraged to cough into their elbow, away from others, and not directly into their hands, where they may subsequently contaminate other items or surfaces.

Further respiratory hygiene practice controls should be endorsed, such as:

- Having symptomatic individuals placed in a location where risks to others are minimized until dismissed to home. A face covering can be offered if tolerated. Spatial separation of the person with a respiratory infection from others is important since respiratory droplets travel through the air for on average 3-6 feet.
- Stressing hand hygiene after every contact with respiratory secretions is important.

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

- Provide tissues and no-touch trash 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.

Engineering And Work Practice Controls:

Regulated Waste Containers

OR-OSHA defines regulated waste as “liquid or semi-liquid blood or other potentially infectious materials.” There will be few items that are true regulated waste in a school setting, with the exception of contaminated sharps, or in the event of a traumatic event where **large amounts** of blood are present. Items with blood or other potentially infectious materials in a liquid or semi-liquid state, that if compressed would release liquid, must be disposed of in properly-labeled regulated waste containers that have a biohazard label. Items ***exempt*** from regulated waste are contaminated items such as diapers soaked with urine or feces, and feminine hygiene napkins, because the fluids are absorbed and contained easily within the product. To determine what constitutes *regulated waste* that must go into a biohazard-labeled container, versus *contaminated waste* that can be disposed of in the regular trash in the school setting requires some independent decision and judgment. If waste soiled with blood or body fluids, as identified in the OR-OSHA definition of other potentially infectious materials, is saturated to the point of dripping, or would release fluids under compression, it needs to be identified, handled, and discarded as ***regulated waste***. It is recommended that extra absorbent materials be utilized to clean up large body fluid spills, so that the waste is **not** liquid or dripping, and can therefore be disposed of

in the normal trash as contaminated waste. School districts are encouraged to also review Oregon Statutes and Rules that govern the disposal of infectious waste.

Sharps Safety

Needle stick injuries (piercing the skin with a used needle) are a potential risk in any work environment where medications 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. It is preferred that students provide self-care for such high-risk tasks whenever feasible, however this is not always safe developmentally or cognitively, nor in relationship to specific emergency medications. Staff should be appropriately trained by the school nurse to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

To reduce the risk of needle sticks, specific controls must be enforced in any situation where sharps are present:

1. Avoid using needles that must be taken apart or manipulated after use.
2. **Do not** recap, bend, or break one-time-use needles or other sharp devices. Two-hand manipulation of sharps is prohibited. For example, students needing glucose monitoring by use of a lancet device should be encouraged to remove the lancet from the device themselves. If the student is unable, the use of a tool such as needle nose pliers or medical clamps is required to prevent hand contact with the contaminated sharp.
3. Always dispose of used needles or lancets in a sharps container appropriately labeled with a biohazard sign.
4. Know and understand that needles should only be used a single time.
5. Participate in specific training related to injectable medications.
6. ALWAYS use a needle-stick-prevention tool in cases where a multi-use injection pen needs to be recapped after use. DO NOT EVER hold a cap, vial, or other container with your fingers while bringing the needle or sharp object toward the cap, vial, or container – use the prevention tool.

Contaminated sharps must be stored in closed puncture-resistant containers (sharps containers) with appropriate biohazard label and fill-line designation. It is the responsibility of the district to ensure the provision of a sharps container for each school/location (this is usually accomplished through a contract with the local refuse service provider), along with timely removal and replacement when containers become full.

Health Room, Isolation Space, and Classroom Safety

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

Cleaning and Disinfecting Environmental Surfaces.

The cleanliness of the district facilities 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, any body fluid spills should be immediately referred to custodial services. Schools should

determine and **implement an appropriate written schedule and documentation log for cleaning and decontamination of high contact surfaces and areas** that may be susceptible to contamination with blood or OPIM, and specifically such areas as the health room and isolation area.

In the event of a blood spill, blood spill kits should be accessible on campuses. If custodial services are not immediately available, then another trained staff member who has gone through the in-person MESD BBP class should be called to clean the spill up immediately. Appropriate PPE should always be used with any body fluid clean up (gloves at a minimum). Any articles used to clean body fluid spills must be handled with gloved hands and disposed of in an appropriate receptacle as defined by the individual school district. If an absorbent agent is used, sweepings must be disposed of in a similar manner. Brooms and dustpans must be cleaned with disinfectant. A CDC-recommended, freshly-mixed (no more than 24 hours old), diluted-bleach-solution (a 1:10 solution [1 part bleach to 9 parts water]) should be used to disinfect areas with body fluid spills. Keep students away from areas being disinfected, or use a disinfectant from the EPA's List N with asthma-safer ingredients. If a bleach solution is not available, the school may use an EPA-approved tuberculocidal agent instead. Absorb the fluid spill first, and then wash the surface with general cleaner. All surfaces must be visibly clean prior to using the disinfecting solution or the solution will be rendered ineffective. Leave the disinfectant on the contaminated surface for 10 minutes for blood spills, or follow manufacturer's directions.

All school settings should be equipped with a regulated (biohazardous) waste container to dispose of materials that are oversaturated with body fluids.

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

TRANSMISSION-BASED PRECAUTIONS

- 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 is identified in the school setting, the following precautions should be taken:

- **Ensure appropriate student placement:** The student should 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.
- **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 should not be providing wound care or procedures beyond basic first aid necessitating the use of gloves**.**
- **Limit student activity** once an open and draining lesion is identified, the student's activity should 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 was a risk of contamination in other settings such as the classroom, cafeteria, or playground for example, ensure areas are appropriately addressed before use by another student**.**

Droplet Precautions

Use Droplet Precautions for students or staff known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by an individual 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 face covering/mask on the ill individual.
- **Ensure appropriate student placement** as feasible; a student who becomes symptomatic when the risk of specific viruses is increased, should be placed in a room individually if possible, with appropriate supervision. Students may routinely be located in the health room with acute respiratory illness in typical seasons. However, during severe respiratory illness seasons and when the circulation of novel viruses has been identified, isolation rooms should be identified.
- **Use personal protective equipment (PPE) appropriately.** For staff screening ill students, masks should be donned upon entry into the isolation space.
- **Limit activity of the ill student** outside of isolation room; the student or staff's activity should be restricted, except travel as needed to dismiss to home.

Airborne Precautions

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

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

Exposure Incidents

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, but in the school setting this primarily occurs through: contact with body fluids via mucous membranes or open, unprotected skin; through a human or animal bite; or through a needle stick injury.

When an exposure has occurred, the affected staff should immediately clean the affected area following the district's Body Fluid Exposure Protocol (below), call and be assessed by the MESD Nurse Consultant, and

report the event to administration and fill out a district incident report. Students who are exposed to the body fluids of others should follow the initial preventive steps of the Body Fluid Exposure Protocol, and then the administrator should call the parent/guardian to recommend that they call their healthcare provider with any concerns or questions. This should be followed up with an incident report completed by the staff member who witnessed or was closest to the event.

Needle-stick Injuries

If a staff member's skin is pierced or punctured with an object that may be contaminated with the body fluid of others, immediate first aid should occur including:

- Allow the wound to bleed, ideally by holding it under running water (***Do not suck the wound***).
- Wash the wound thoroughly with soap and running water.
- Dry the wound and cover it with a clean dressing.
- Immediately notify your administrator and call the MESD Nurse Consultant for assessment/referral.
- As soon as feasible, complete an incident report for your supervisor.
- Staff may be referred immediately to an occupational health clinic for further assessment and possible treatment, and may be required to report back for subsequent blood tests.
- In the nature of this being a high-risk and stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure toward the face, including the nose, mouth, eyes, or skin should be immediately followed by flushing with running water following MESD's Body Fluid Exposure Protocol. Report incident to administrator immediately and call the MESD Nurse Consultant for assessment and possible referral to an occupational health clinic (CDC, 2016a).

Blood Spill

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

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

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

Cleaning spills – equipment

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

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' should be available. PPE should also be accessible including disposable gloves suitable for cleaning, face shield, and apron or disposable gown.

Bites

While blood borne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff should follow MESD's Exposure Protocol, including thoroughly cleaning the area with soap and water, notifying their supervisor of the event, calling the MESD Nurse Consultant for assessment and possible referral to an occupational health clinic, and filling out an incident report for the school.

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

MESD Body Fluid Exposure Protocol:

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

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

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

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

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

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

PANDEMIC PLAN

A pandemic occurs when an infectious disease has spread globally. Most pandemics occur from novel viruses associated with influenza. Other viruses, such as coronaviruses are routinely surveyed due to the propensity for mutations, human to animal transmission, and potential for pandemic events.

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

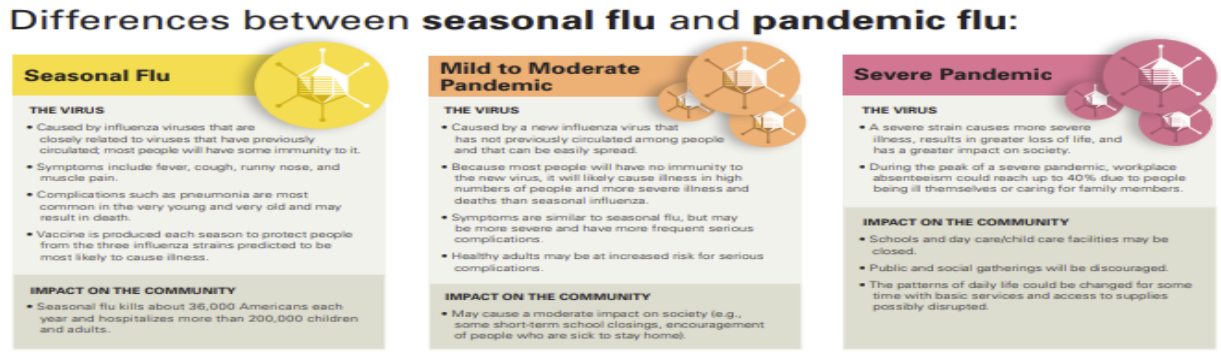
There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The "common cold" is caused by rhinoviruses,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

Seasonal Influenza

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

Novel, Variant, and Pandemic Viruses

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



(Image: CDC)

Purpose

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. NPI's, 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.

Control Measures

While prophylactic vaccine and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza, these are not always accessible for novel strains. Non-pharmaceutical interventions (NPI's) 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 NPI's in the school setting and at school-sponsored events (CDC, 2017).

(Image: CDC)

Everyday Measures

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

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine disinfection of shared items and flat surfaces
- Staying home when students or staff are sick, until they have been without symptoms for the specified timeframe, without the use of symptom-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity and incident of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

That being said, historical pandemic responses have provided a baseline set of evidence-based guidance to create a framework for response planning for such events in the school setting.

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

When cases of novel viruses are identified globally

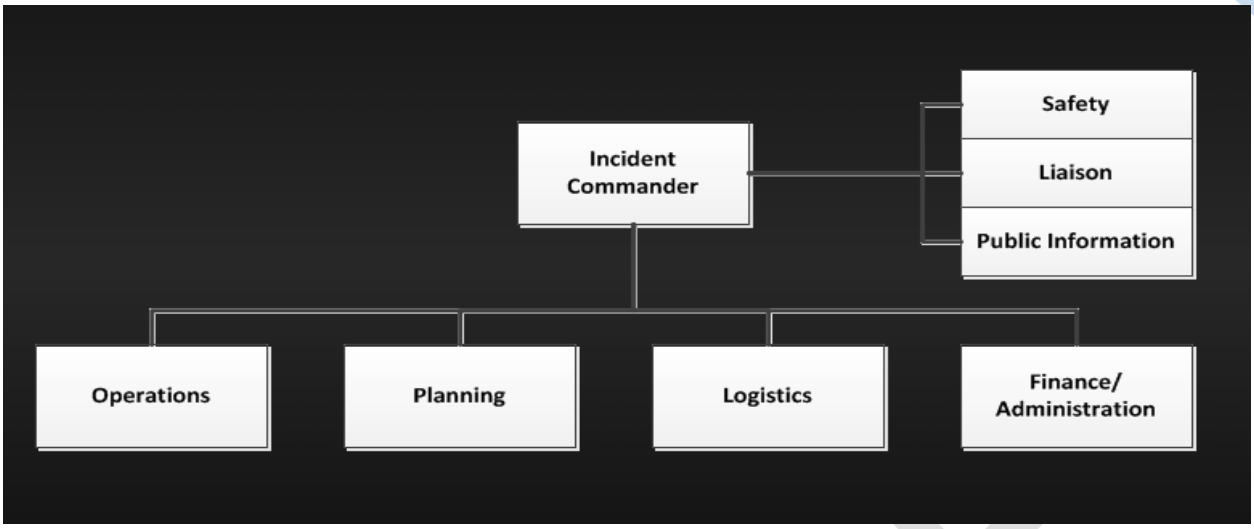
When a novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent's responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

ROUTINE PRACTICES

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene. • Respiratory Etiquette. • Stay home when ill.	• Routine illness exclusion (as noted in *Communicable Disease Prevention Plan*).	• Routine disinfection of high contact surfaces and shared items.	• Routine seasonal illness prevention and exclusion communication.

When cases of novel viruses are identified regionally or nationally

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



(Image: prepare.gov)

When public health has deemed a novel virus a pandemic threat, defer to the CDC checklist for schools in order to establish a specific emergency response framework with key stakeholders. During this time, preparedness planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. • Cover coughs/sneezes, throw away tissues at each use, wash your hands. • Stay home when ill for at least 72 hours after fever free without the use of fever-reducing medication.	• Identify baseline absentee rates to determine if rates have increased by 20% or more. • Increase communication and education on respiratory etiquette and hand hygiene in the classroom. • Teachers can provide age-appropriate education. • Communicable Disease surveillance - monitoring and reporting student illness. • Increase space between students in the classroom. • Instruct students in small, stable groups as feasible.	• Increase sanitizing of flat surfaces and shared objects • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school with febrile respiratory illness until parents can pick up. • Discourage the use of shared utensils in the classroom.	• Provide communications to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers in regard to attendance.

When cases of novel viruses are identified in the community or incidence is increasing.

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. Increased public health guidance will likely occur if the overall incidence is

increasing despite the proximity to the school. This guidance will vary by event, based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow local public health guidance as well.

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

LEVEL TWO ACTIONS: (INTERVENTION FOCUSED) [INCLUDES LEVEL 1 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Public health-specific guidance • Be prepared to allow your staff and students to stay home if someone in their house is sick.	• Public health guidance • Increase space between people at school following public health guidelines, as much as possible. • Consider temporary dismissal of students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school).	• Public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with or advised by public health officials.	• Work with LHD to establish timely communication with staff and families about specific exposures. • Provide communication to staff about the use of sick time and a reminder to stay home when sick. • Advise parents to report actual symptoms when calling students in sick, as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the MESD Nurse Consultant on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the capacity to contact-trace and impose individual restrictions, and may create public statements that the school district should reiterate. If the school receives report of a confirmed case, they should immediately contact the MESD Nurse Consultant who will work with the school nurse and principal to gather cohort lists to allow the health department to complete their contact tracing efforts.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication

• Follow public health or government direction.	• Follow exclusion guidance designated by the Local Public Health Authority, which may include social distancing, revised gathering requirements, or student dismissal.	• Follow local public health direction on environmental cleaning, which may include school closure and canceling major events.	• Coordinate Communication with the Local Public Health Authority. • Identify potentially immediately impacted student populations such as seniors and graduation track.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 72 hours fever free without the use of fever-reducing medications.	• Routine illness exclusion when LPHA deems processes may return to baseline.	• Routine sanitizing when LPHA deems processes may return to baseline.	• Routine illness prevention and exclusion communication. • Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the plans needed to make up lost academic time.

Special Considerations

Employee Sick Leave

Administration and human resources should work together with their legal advisor to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regard to lost work, such as maximum incubation period exclusion (10-21 days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised, or who are identified as potential cases.

School Closures

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

Immunocompromised Students

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

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 pathogenic (cause disease).

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

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

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

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.

Contaminated Waste: Items or surfaces with the presence or reasonably-anticipated presence of blood or Other Potentially Infectious Materials (OPIM). These are items that are contaminated with body fluids, but with the capacity to absorb and contain those fluids so that they will not pool or drip. Examples of contaminated waste are diapers, sanitary pads, bandages, minor dressings from wounds or first aid treatment, and Personal Protective Equipment (PPE). Contaminated items do not need to be placed in a Regulated Waste Container unless they are *not* able to contain the fluid and there is the possibility that they will allow dripping or pooling of the fluid within the container.

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

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

Engineering Controls protect individuals by engineering interventions that can be used to eliminate or reduce hazard.

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

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

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

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

Isolation: Moving a symptomatic individual or positive case to an area 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.

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

Pathogen: A microorganism that can cause disease.

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

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, including contaminated sharps; and pathological and microbial wastes containing blood or other potentially infectious materials.

Restrictable Diseases: Diseases that require exclusion from work, school, 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 illness 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; all human body fluids including blood are treated as if they are known to be infectious for bloodborne pathogens or other communicable diseases.

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

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

- Direct—physical contact with infected host or vector
- Indirect—contact with infected fluids or tissues
- Droplet—contact with respiratory particles sprayed into the air (sneezed or coughed)
- 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.

Work practice controls: measures intended to reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for handwashing, sharps disposal, lab specimen handling, laundry handling, contaminated material cleaning (OSHA, 2019b), and prohibiting two-handed manipulation of contaminated sharps.

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Images:

- CDC.gov
- Manitoba Department of Health
- Multicare.org
- Open University
- Prepare.gov

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT ADDENDUM

This plan is intended to be used in conjunction with the districts School Health Services Manual, Communicable Disease Plan, Pandemic Plan, and Exposure Control Plan, to meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education *Ready Schools Safe Learners* guidance. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control and Prevention *Reopening Guidance for Public Spaces*.

Background

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. While many cause mild illness, some, like COVID-19, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and trouble breathing. COVID-19 has additionally been reported to cause symptoms such as muscle pain, sore throat, headache, fatigue, nausea, vomiting, diarrhea, congestion/runny nose, and loss of taste or smell. Some people with the virus have mild symptoms or no symptoms, while other people can get quite sick and rarely people die from COVID-19 related complications (OHA, 2020).

COVID-19 is spread when people breathe in (or touch and expose themselves to) the droplets made when ill people cough, sneeze, sing, or talk. This can happen when someone is close to a sick person, within six feet. Rarely, people might catch COVID-19 by touching a surface that a person with the infection coughed or sneezed on, and then touching their own mouth, nose, or eyes. Coronaviruses can't survive for long on surfaces though, so this isn't currently thought to be common (OHA, 2020).

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to include slowly and incrementally reopening public spaces. Relative to school districts this requires coordinated infection control planning for the upcoming school year with a framework for specified areas of intervention:

- Social distancing
- Identification/screening, isolation, and exclusion of diagnosed or symptomatic students / staff
- Infection control and prevention including Personal Protective Equipment
- Communication
- Education
- Safe Facilities

Guiding Principles

Any setting where people gather poses increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not currently been found to contribute substantially to the spread of the virus, it is important to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit infection to high risk individuals (NCDHHS, 2020).

In regard to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff related to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk	More Risk	Highest Risk
Students and teachers engage in virtual-only classes, activities, and events.	Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or rotated scheduling to accommodate smaller class sizes).	Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

The risk level category will be systematically approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school setting which will be used to revise interventions as they are delivered. Public Health Guidance will determine school's ability, capacity, and safety to reopen. It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, so too will infection control guidance be fluid. The district must be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting.

Resource Links:

Oregon Department of Education

Oregon Health Authority

Local Public Health Authority

Centers for Disease Control & Prevention

Important Contacts:

MESD Nurse Consultant – Communicable Disease Liaison – 503-257-1732

MESD Coordinator of School Health Services – 503-257-1732

Multnomah County Health Department Communicable Disease Team – 503-988-3406

Applicable Legislation

Emergency Rules Related to COVID-19

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

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

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

1910-1030 OSHA Bloodborne Pathogens

Public Health Centered

OAR 333-019-0015 Investigation and Control Of Diseases: General Powers And Responsibilities

OAR 333-003-0050 **Impending Public Health Crisis: Access to Individually Identifiable Health Information**

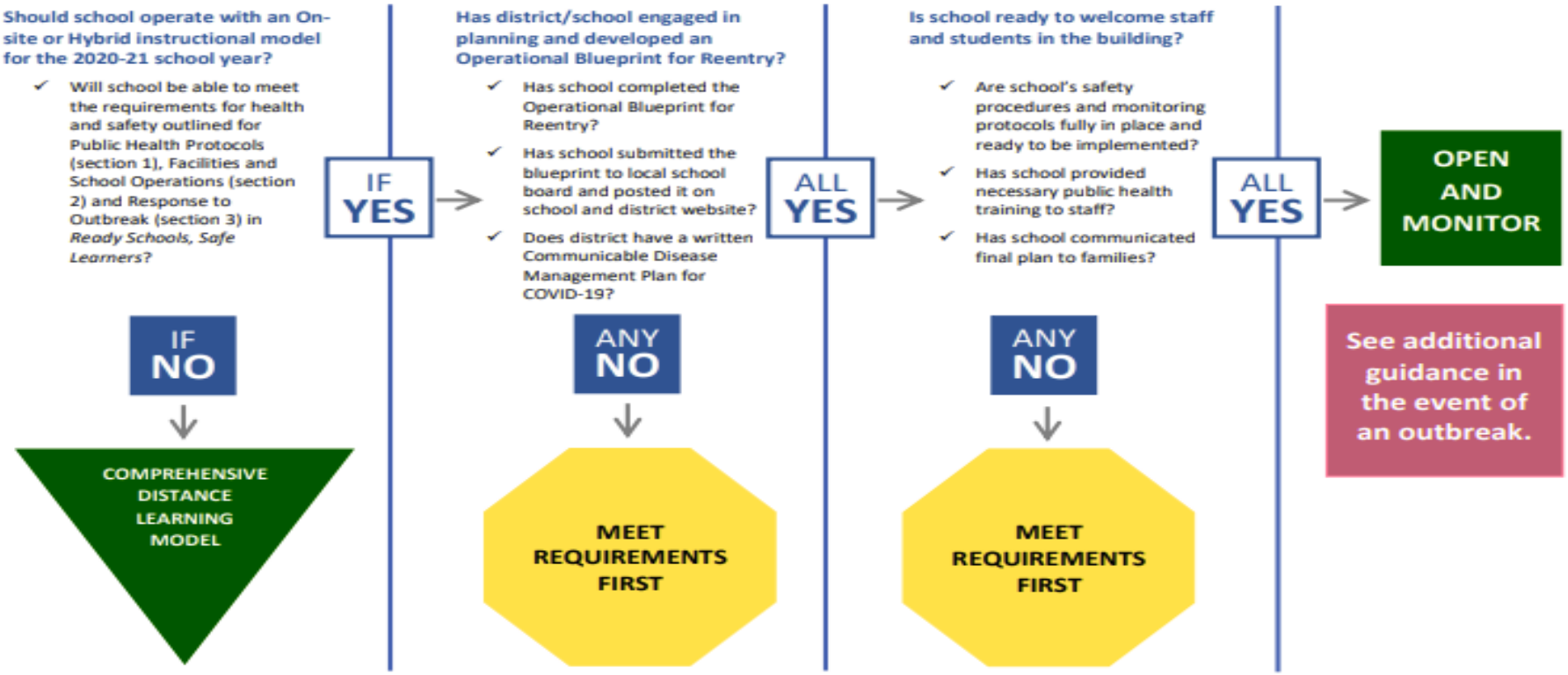
ORS 431A.015[1] Authority of Public Health Director to take public health actions

READY SCHOOLS, SAFE LEARNERS – PUBLIC HEALTH AND SCHOOL REENTRY DECISION TOOL

OREGON DEPARTMENT OF EDUCATION
Oregon achieves . . . together!

The purpose of this tool is to assist educational leaders in planning essential reentry steps to protect the health and safety of students, staff, and families. Use this tool when choosing an instructional model and determining readiness to welcome staff and students back into the building.

Oregon Health Authority



Pediatric Populations

In Oregon, as of 07/07/2020, at least 10,605 individuals have been infected with COVID-19, and at least 220 lives have been lost due to COVID-19 (OHA, 2020).

It is important to note that complications from COVID-19 are well documented in elderly and fragile populations. Likewise, individuals testing positive for COVID-19 are more frequently recognized in older individuals with chronic health conditions. Current research shows that children most frequently resolve mild to moderate illness with symptomatic care only, and rarely encounter severe disease or critical complications (Hasan, A., Mehmood, & Fergie, 2020).

Although the risk of infection and complication is currently not thought to be high in student groups, students that are chronically ill or immunocompromised, or who live with fragile or high risk household members must be accounted for. As schools reopen, accommodation for staff and students who are in high risk categories will be necessary. These accommodations must be driven by their primary healthcare provider. Consideration must be paid to the reviewing of 504s, IEPs, and IHPs of vulnerable populations.

COVID-19 Quick Facts: Hospitalization Status

This shows the percentage of COVID-19 cases in that group that have ever been hospitalized for their illness.

Female:	15%
Male:	18%
Ages 9 and younger:	6%
Ages 10 to 19:	2%
Ages 20 to 29:	5%
Ages 30 to 39:	7%
Ages 40 to 49:	12%
Ages 50 to 59:	18%
Ages 60 to 69:	30%
Ages 70 to 79:	44%
Ages 80+:	45%

Vulnerable Populations

Vulnerable Individuals (CDC, 2020)

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

Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19 and it may be necessary to provide specific accommodations to these individuals to ensure safety.

Families of students who are high risk may produce provider's orders indicating when they must stay home beyond that of a general student. School nurses will identify and communicate with families of known high-risk students before school reopening.

Due to the high volume of students with asthma, communication should be made via district and school newsletter to advise families that students with asthma should connect with their provider before school starting to determine any measures that may be necessary for that student individually, to update any restrictions in writing, to update prescriptions for the school setting, and to help inform possible school accommodations. As needed,

IHPs, 504s and IEPs may need to be revised by the education team to account for changes in provider orders, health restrictions, or to consider school accommodations.

It is also important to remember that many students and staff members may have fragile family or household members, and accommodations may be necessary for those situations. While we cannot compel families to disclose protected health information, a family provider or specialist can write a note expressing that the student and family could be kept safer with homebound instruction due to frail health in the family.

Due to the nature of health privacy, staff members must self-identify as high risk. While they do not have to provide a diagnosis to the district, documentation from the provider on accommodations may be necessary.

In any of these circumstances, specific measures may be put in place to reduce the risk of transmission to vulnerable populations:

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

- Offer alternative options for students and staff at higher risk for severe illness to limit their potential exposure.
    - Staff: telework, modified job responsibilities that limit exposure risk, accessible PPE
    - Students: virtual learning opportunities
    - Ensure protection of privacy

Leave (Time Off) Policies and Excused Absence Policies

Leave policies are the responsibility of human resources and district administration. Reference is made in this document relative to COVID-19 specific absences.

- Revised sick leave policies and practices should be provided that enable staff to stay home when they are sick, have been exposed, or are caring for someone who is sick related to COVID-19.
    - Communicate policies and procedures for leave, telework, and employee compensation.
    - Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members, and must be in alignment with contracts.
- Clearly define and communicate return-to-school guidelines after COVID-19 illness (as per public health requirements).

Back-Up Staffing Plan

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

COVID-19 Specific Communicable Disease Management

Existing *Communicable Disease Management Plan* should be deferred to for standards in disease control and prevention. Increased attention and education should be paid to these measures, including reinforcing routine measures such as hand and respiratory hygiene, establishing screening protocols and isolation and exclusion practices, and ensuring access to appropriate PPE.

Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
  - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer). At the very least, all individuals entering the school should be asked to wash or sanitize their hands upon entry.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
  - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).

COVID-19 Specific Exclusion Criteria

Exclusion of illness and syndromes in the school setting should continue per current guidance, rules, and policy as outlined in the Communicable Disease Plan. As an overview of COVID-19 specific concerns, the following symptoms associated with COVID-19 are excludable in the school setting per ODE/OHA Communicable Disease Guidelines:

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature of 100.4°F, with or without the symptoms below	Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
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.	Seek medical attention; return to school when advised by a licensed healthcare provider
Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.	Stay home until 72 hours after cough resolves. b) If pertussis ("whooping cough") is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so	Stay home until 48 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode

Headache with a stiff neck and fever	Refer to provider, exclusion as per provider or after 72 hours of no fever.
Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion .	Refer to healthcare provider Student should not be at school until health and safety are addressed
Student requiring more care than school staff can safely provide	School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Physical Distancing (Social Distancing/ Spatial Distancing)

Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen spatial measures must be taken to ensure physical distance between individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020).

[Image: Toronto Public Health]

Modified Layouts

- Excess furniture should be removed from classrooms to allow for increased spacing of desks.
- Desks or seating should at least 6 feet apart when feasible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced at appropriate distances.
- Create distance between children on school buses (g., seat children one child per row, skip rows) when possible. While maximum spacing (6 feet) should be observed with prolonged contact, minimum spacing (3 feet) may be observed with shorter interactions, such as bus rides.

Physical Barriers and Guides

- Physical barriers, such as sneeze guards and partitions can be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria).
- Physical guides, such as tape on floors or sidewalks and signs on walls, should be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one way routes" in hallways, if feasible).

Identifying Small Groups and Keeping Them Together (Cohorting)

- Student and staff groupings will remain as static as possible by having the same group of children stay with the same staff as much as feasible.
- Mixing between groups will be limited as much as feasible.
  - When groups will be mixed, or when itinerant staff enter a cohort, ensure that this information is appropriately mapped for contact tracing, if needed.
- Rosters of each cohort must be kept for all group encounters throughout the school day, including transportation.

Staggered Scheduling

- Arrival and drop-off times may be staggered by location and cohort, and direct contact with parents should be restricted as much as feasible.

Communal Spaces

- Communal and shared spaces (such as cafeteria and playgrounds) will be restricted as much as feasible. When used, use will be staggered and spaces will be cleaned and disinfected between use.
  - Increased restrictions may occur if there have been identified cases in the building.
- Staff should avoid congregating in the same room with other adults without their face coverings, such as in a staff room while eating – this has been a source of outbreaks elsewhere.
- If feasible, physical barriers such as plastic flexible screens may be added between sinks, or certain sinks can be labeled out of order to ensure spacing, especially when students cannot be at least 3-6 feet apart.

Designated Personnel

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

Designated COVID-19 Points of Contact

- Designated staff will be responsible for responding to specific COVID-19 concerns within each school building, as appropriate; this may be the principal or school nurse, who will work with the MESD Nurse Consultant.
  - Talking points will be provided to answer simple and frequent inquiries.
- Designated responsible persons will be assigned per building for screening and isolation of ill persons, and appropriate data collection/data entry and data retrieval as needed.
- Designated personnel will be assigned to supervise the isolation space.
- Designated personnel will be assigned to facilitate tracking of documents of individuals entering and leaving schools and classrooms.

- Designated staff will be specifically trained to enforce social distancing during peak hours, such as arrival and departure, and transition periods.
- Designated staff will be identified to provide visual screening of all individuals entering the school each day.

Designated Resources

- A laptop/tablet/Chromebook should be designated to and accessible in the health room and isolation areas to appropriately log students complaining of illness or being dismissed to home. It is preferable that these logs are compiled in electronic data entry form.
    - Electronic logs are important for preserving information.
    - Designated materials per space is important in infection control, related to potential contamination of surfaces.

Staff Training

- All staff will be trained on identification of concerning or excludable symptoms to determine when a student should be referred to the office for further symptom screening and isolation.
- All staff will be trained and advised on the logistical, operational, and physical changes in the building to maintain infection control and appropriate cohorting and physical distancing.
- Designated staff will be trained on appropriate procedures for complete symptom screening, isolation, and enforcement of social distancing.
- Custodial staff will be trained, under the direction of facilities management to increase sanitation measures as appropriate in shared spaces and isolation spaces.
- Training will be conducted virtually, or social distancing will be maintained during training periods while social distancing orders are in place.

Food Service

Food Service personnel should follow all existing mandates on health and hygiene and food safety. Any specific measures or intervention will be coordination with the Facilities Manager and the Nutrition Manager. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services.

- Children should wash/sanitize hands prior to eating.
- Children using school lunch services will be served individually plated meals.
- Elementary school students should eat in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies.
- Middle school and high school lunch times should be staggered to maintain spatial distancing to the extent feasible. Shared spaces will be sanitized between use.
- Use of disposable food service items is promoted when feasible (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Food service personnel shall wear PPE as designated under PPE section.
- Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, that meets current guidelines, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils, and ensure the safety of children with food allergies.

Transportation

Measures taken on transportation shall follow the processes of school operations to the extent feasible to employ distancing, health and hygiene measures, visual screening, and PPE use. Coordination with transportation services and the facilities manager will be ongoing.

Bus Drivers

- Transport vehicles (e.g., buses) that are used by the school, require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings/face shields).
    - Bus drivers shall wear PPE as designated under PPE section.
- All frequently touched surfaces on school buses will be cleaned and disinfected at least daily and between use as much as possible.
- To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.

Screening

- Bus drivers shall passively/visually screen students as they enter the bus, and mark attendance and any existence of symptoms of illness on a daily bus log. In recognition of transportation and safety measures, and the priority of the district to maintain student safety in all areas, buses will not remain stationed in the roadway for prolonged periods of time to assess students. Measures will be taken to isolate students who become ill on bus routes and as soon as students arrive at school:

If…	Then…
Student is visibly ill upon entry into the bus	The bus driver should request the student remain at home, if age appropriate or parent present. Document attendance and symptoms present on bus log. All efforts should be made to maintain dignity of student and family.
Student is visibly ill and parents are not present	Student should be seated close to the front, and as separate from other students as feasible. The bus driver should radio dispatch in an attempt to reach parents and notify school. Document attendance and symptoms present on bus log. Student should be immediately isolated upon arrival to school - school staff should report to bus to retrieve student and take to isolation space. All efforts should be made to maintain privacy and dignity of student.
Student becomes ill on bus route	Bus driver should contact dispatch to notify appropriate school and parents. Document attendance and symptoms present on bus log. Student should be immediately isolated upon arrival at school - school staff should report to bus to retrieve student and take to isolation space. All efforts should be made to maintain privacy and dignity of student.
Student is in distress during bus route	Follow existing emergency transportation procedures to contact EMS.

Distancing

Create distance between children on school buses (g., seat children one child per row, skip rows) to the extent feasible. While maximum spacing (6 feet) should be observed with prolonged contact, minimum spacing (3 feet) may be observed with shorter durations of exposure.

When students unload from bus, they will be directed to exit bus one at a time. Markers shall be placed on the bus floor 3 feet apart to maintain minimum spatial distancing while exiting the bus.

Healthy Environments

Outside of isolating and excluding ill students and staff, sanitation and other preventive measures are crucial in providing healthy environments.

Cleaning and Disinfection

Routine sanitation measures will be in full effect in the school building, including processes to respond to potentially infectious material as outlined in the *Exposure Control Plan*

- All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses will be cleaned and disinfected **at least daily and between use** as much as possible.
- Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
- A schedule will be designated by the Facilities Manager for increased routine cleaning and disinfection during pandemics.
- As necessary, additional custodial staff will be deployed.
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

Shared Objects

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment, or desk) or limit use of supplies and equipment by one group of children at a time, and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.
- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised or in otherwise vulnerable populations for COVID-19 illness will have their own supplies.

Ventilation

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

- In cases where open doors and windows impact the operational settings of the ventilation system, facilities management will be consulted.

Water Systems

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

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk or chemical exposure. PPE includes, gloves, gowns, masks, goggles and like devices or items. The district Communicable Disease Plan should be consulted for necessary and appropriate use of PPE. For the purposes of COVID-19 response, where cloth facial coverings are used in unprecedented frequency, it should be clarified that face coverings are not synonymous with masks. Protection for the face may include masks, cloth covers, or shields.

PPE will be advised based on the interaction with students or the risk involved related to frequency and type of interaction, volume and duration of interaction, and the developmental stages and health status of the individuals involved.

PERSONAL PROTECTIVE EQUIPMENT/BARRIERS		
INDIVIDUALS	**RECOMMENDED PPE**	**REQUIRED PPE**
Front office staff or other staff interacting with public	Face shields, if Plexiglas barriers are not an option	**Face shield, face covering, or clear plastic barrier**
Bus Drivers	Face shields	**Face covering or face shield**
Speech and Language Pathologists Special Education Staff Anyone participating in articulation services. Staff teaching students with hearing impairment	Face covering and face shield	**Face shield, face covering, or clear plastic barrier**
Staff providing direct services, such as feeding.	Face covering and face shield, gown and gloves	**Face covering or face shield**
Staff moving in between cohorts and classes. Staff interacting with public	Face covering	**Face covering or face shield**

Child Nutrition Staff	Mask, gloves for kitchen staff, face shield if Plexiglas barrier is not an option, and gloves for staff in direct student contact	**Face covering or face shield, gloves**
Music Teacher/ Choir/ Band	Face covering and face shield (**Classes held outside)**	**Face covering or face shield**
PE Teacher	Face covering and face shield (**Classes held outside)**	**Face covering or face shield**
All education staff	Face Covering	**Face covering or face shield**
Any persons in an environment where physical distancing cannot be maintained	Face Covering	**Face covering or face shield**
Staff of advanced age or with chronic illness	Face coverings or PPE recommended by personal provider if permitted to be at work	
Clinical Staff	Appropriate PPE per Transmission Based Precautions	**Medical grade PPE per Transmission Based Precautions**
Front line staff screening students with illness	N95 Masks and gloves. Surgical Mask and face shield if N95 shortage persists	**Medical grade PPE per Transmission Based Precautions**
Students/Staff that are coughing for other reasons (asthma)	Face covering, as developmentally appropriate	
Acutely ill student in isolation	N-95 mask until parent picks up	**Face covering or mask until parent picks up**

Facial covering is NOT recommended **for:**

- **Children under the age of 2;**
- **Individuals of any age who:**
  - **Have a medical condition that makes it difficult for them to breathe with a face covering;**
  - **Experience a disability that prevents them from wearing a face covering;**
  - **Are unable to wear it correctly, thereby increasing potential transmission risk;**
  - **Are unable to remove the face covering independently; or**
  - **Are sleeping.**

Face coverings are not required for use by children and should never prohibit or prevent access to instruction or activities

If face coverings are used:

- **Cloth face coverings** must be laundered regularly **or**
- **New disposable face covering must be used daily**
- **Face shields are reusable, should be designated to individual staff, and disinfected regularly.**

N95 Masks and Surgical Masks

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

- The Centers for Disease Control and Prevention (CDC) does not recommend that the general public wear N95 respirators to protect themselves from respiratory diseases, including coronavirus (COVID-19). Those are critical supplies that must continue to be reserved for health care workers and other medical first responders, as recommended by current CDC guidance. Please note that N95 masks should be fit tested and trained for appropriate use.
- Surgical masks are appropriate for cases where direct face to face interactions will occur, in order to create a physical barrier of protection. If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.

Face Shields

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

Cloth Face Coverings

- Face coverings should be worn by staff and students (particularly older students) *as feasible*, and are **most** essential in times when physical distancing is difficult. Teach and reinforce proper use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings. Staff should avoid congregating in the same room with other adults without their face coverings, such a staff room while eating – this has been a source of outbreaks elsewhere.

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

Adequate Supplies

Support healthy hygiene behaviors by providing adequate supplies of PPE and hygiene items such as soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans. Each school should have hand sanitizer dispensers installed near all entry doors and other high traffic areas.

Staying Home When Appropriate

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

Strict stay at home policies will be endorsed:

IF…	THEN…
Staff/ Student has tested positive for COVID-19, or they are symptomatic for COVID-19 and have been identified as a close contact of a positive case	Individuals should stay at home as directed by their provider and/or the local health department. This should be a minimum of 10 days since the onset of illness and 72 hours symptom free without the use of fever reducing medication.
Individual has Recently had close contact with a person with COVID-19, but they are showing *no* symptoms of illness	Individuals should stay home until 14 days after the last exposure, and monitor for symptoms of illness.
Individual has symptoms of COVID-19, but no identified close contact with a positive case	Individual should seek testing from their provider, health department, or SBHC. They should stay home until 72 hours have passed without a fever, without the use of medication to reduce symptoms.
If there has been COVID-19 currently identified in the school setting.	Follow public health guidance. Encourage cohorts to monitor for signs and symptoms regularly. Increase sanitizing of high touch surfaces in the affected cohort.

Screening for, Identifying, and Isolating Ill Students and Staff

Identification of ill students and staff is crucial in illness prevention in school buildings. All staff and students should have education provided on symptoms, in order to self-identify when developmentally possible. Screening will happen through a multi-layered approach:

1. Parents are educated on and asked to screen their students each morning before sending to school, using Parent Symptom Screening Algorithm
2. Bus drivers visually screen (pg.65) students getting onto bus – daily documentation - school and parent notified if symptomatic
3. Designated school staff perform visual screening (pg.65) on all individuals entering the building each day – send symptomatic individuals to designated area for further screening and possible isolation
4. Cohort instructors/staff provide passive screening throughout school day for symptoms of exclusion – send symptomatic individuals to designated area for further screening and possible isolation
5. Additional screening provided in health room (pg.66) to determine need to isolate individual.

Health Promotion, Prevention, and at Home Screening

Parents will be provided a Parent Symptom Screening Algorithm, and be advised to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school. Families and staff will additionally be provided with COVID-19 symptom checkers to use as tools to determine follow up. School staff should not provide medical advice.

- Johns Hopkins Symptom Checker
- CDC Self-Checker

Recognize Signs and Symptoms

- Ensure that all staff are aware of symptoms associated with COVID-19.
- Individuals should be visually screened each day to determine if illness may be present. Individuals should remain 6 feet apart as they enter the building or school bus, and staff must ensure that they are not shamed or subjected to bias based on race, ethnicity, clothing, or perceived socioeconomic status. If individuals are positive for any items listed in *Visual Screening*, they should be sent to the office to be further screened by designated staff.

Visual Screening
- Unusual coloration (flushed, pale)
- Unusual behavior (lethargy, fatigue)
- New or significant coughing
- Shortness of breath
- Chills

- Any student ill during the course of the day with fever, respiratory illness, achiness, or gastrointestinal issues should be referred to designated staff for screening and isolation.
- Designated staff will specifically screen students as per the *Symptom Screening Criteria* (and the algorithm on pg.66) to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* and previously listed *Exclusion Criteria.*
- Students meeting exclusion criteria should be dismissed to home.
- Ill students must be placed in separate isolation space until picked up by parents.
- Students presenting to the office should be logged into the health room log.

Symptom Screening Criteria
- Check temperature to assess for fever
- Identify if the following symptoms are present:
  - Chills
  - New onset of cough
  - Shortness of breath (not explained by an underlying condition such as asthma)
  - New onset of loss of smell or taste

- Health checks will be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations.
- Symptomatic individuals will be logged into a symptom tracker shared by the front office, health room, and isolation space.

Isolate Those Who Are Sick

- Thorough communication should be made to families and staff so that all are aware of when they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.
- *Each* school must have a designated isolation space with designated personnel to supervise the space. PPE must be available for designated staff to use Standard and Transmission-Based Precautions , as per the District *Exposure Control Plan*.
- The district *Communicable Disease Plan* should be referred to for isolation measures.
- COVID-19 specific isolation measures will be updated as state public health guidance is updated.

ISOLATION MEASURES
• Immediately separate students who are determined to have symptoms meeting exclusion criteria to isolation area. • Students awaiting pick up are supervised by staff in the designated isolation area. Student will be provided a face covering (if they can safely wear one). • Staff should wear a facial covering and maintain physical distancing, and never leave a child unattended. • While exercising caution to maintain safety is appropriate when working with children exhibiting symptoms, it is also critical that staff maintain sufficient composure and disposition so as not to unduly worry a student or family. • If more than one student is in an isolation space, appropriate distance must be maintained, and appropriate barriers and privacy must be in place. • Staff will maintain student confidentiality as appropriate. • Ensure students are appropriately logged into shared *Symptom Tracker Log.* • Reinforce appropriate exclusion action with parents (e.g. if student has fever they must remain home until 72 hours symptom free without use of anti-fever medications)

Isolation Space

An appropriate isolation space as described in the *Communicable Disease Plan* and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per *Transmission Based Controls* and COVID-19 guidance correctly.

CDC guidelines should be visited with four driving principles in mind:

- Isolation space must be separate from routine health room
- Students must be supervised
- Staff must have appropriate PPE
- Physical distancing must be maintained

Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 6 feet or more between cots, chairs, or isolated individuals. Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic sheeting. A barrier should be high and long enough to prevent direct transfer of air between spaces, i.e. 6 feet or more in all directions from isolated individuals.

Cleaning and sanitizing	After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting. To limit the risk of exposure to aerosolized particles, plan disinfection after space has been empty 4 hours; **or**, disinfect while wearing full PPE (medical grade mask, gloves, isolation gown). Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
Ventilation	Designated isolation space should have adequate ventilation, i.e. exterior windows and/or ventilation fans. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).
Hand hygiene	Care providers should wash hands frequently and thoroughly before and after providing care, including after removal of gloves. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 60% or greater alcohol content and wash hands with soap and water as soon as possible.
Face covering or mask; other PPE	Staff tending to symptomatic individuals should wear, at a minimum, a medical-grade face mask. Additional PPE may be needed, such as N-95 mask, gloves, face shield, etc. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space, and hands washed after removing PPE.
Student safety and well-being	Consult school nurse for direct care provision. Adjust protocols to age and developmental abilities. Ensure line of sight; keep ill student visible. To reduce fear, anxiety, or shame related to isolation, provide clear explanation of procedures, including use of PPE and handwashing.

Surveillance Logs and Contact Tracing Documents

Surveillance

Surveillance is an important measure to identify trends of illness including increased incidence within the school setting. Surveillance has two primary response mechanisms within the school setting.

- School staff identifies an increase in illness or absenteeism, and reports to the RN and nurse consultant
- The nurse consultant identifies a cohort, building, or the entire population to actively survey based on community trends or report. Surveillance may include:
    - Logging symptom specific complaints of ill students and staff
    - Collecting information on specific diagnoses and syndromes in the school community
    - Communication to families and staff asking for specific information or advising on specific practices

In these situations, school staff will respond as directed by the MESD Nurse Consultant. For specific indicators and identification of clusters of illness within the school setting, please refer to the district *Communicable Disease Plan*.

Contact Tracing

The purpose of contact tracing is to be able to identify those with the potential exposure risk of a communicable disease. This occurs on a small scale readily throughout the year with specific communicable disease exposures. In regard to COVID-19, schools are required to report data on close contacts of confirmed cases to the local health department, to assist the health department with their contact-tracing efforts.

OAR 333-003-0050 authorizes school districts to release individually identifiable information relative to an Impending Public Health Crisis which includes a declared public health emergency, anyone exposed to a communicable disease, a reportable disease, or a condition of public health importance. COVID-19 response meets all of these categories.

A close contact for COVID-19 is regarded as: *Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated (CDC, 2020).*

To be able to provide necessary information for the LPHA, each school must plan in advance by:

- Having easily accessible rosters of each stable cohort. This can be accomplished through accurate student rosters of each classroom, intervention group, and bus route.
- Having a mechanism for sign in/out of visitors or itinerant employees at the front office including contact info of the individual, and sign in/out in each classroom for visitors outside of the stable cohort.
- Having a list of all students accessing the health room, with time, duration, and date.
- Having a shared *Symptom Tracking Log* (**see pg.69**) that documents individuals in the isolation space each day, as well as individuals who have called in sick each day.
- *Reinforcing accurate attendance tracking is crucial in provision of accurate contact-tracing information to the LPHA.*

In response to LPHA request, and in order to align with ODE/OHA guidance, each individual school must be able to produce:

- A list of students and staff, including their contact info, who would have interacted with a confirmed case if a member of the education community is diagnosed; this includes:
  - Classroom cohorts
  - Intervention and student support cohorts (SLP groups)
  - Lunchtime cohorts
  - Transportation attendance rosters
  - List of all students accessing the health room, with time, duration, and date

Designated staff members should coordinate and ensure rosters and sign-ins are developed and maintained for a minimum of 4 weeks.

During this pandemic, all students should be accounted for, whether injured or ill, or visiting the health room for alternate reasons. It is important to be able to determine potential exposures in the health room, thus all students visiting the health room must be logged in.

A shared *Symptom Tracking Log* (**see pg.69**) should be maintained for each school, and will be able to identify individuals who:

- Are absent due to COVID-19
- Have any symptoms and have been in close contact with a confirmed case
- Call out absent with compatible illness or symptoms associated with COVID-19
- Have been dismissed to home for symptoms associated with COVID-19

In the event of an outbreak or cluster of respiratory illness symptoms, respiratory outbreak line lists will be provided to the school by the MESD Nurse Consultant to assist the LHD in their investigation, and can be filled in with information from the lists and logs detailed above.

Communication Systems

The district will implement and provide communications, including health promotion, communication of policies and restrictions, and communication regarding potential exposures or exclusions.

School Communication

Signs and Messages

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

Direct Communication

- Health promotion material will be sent during the summer in advance of school reopening, specific to COVID-19
- In addition to posting exclusion criteria on web pages and in newsletters, families will be advised on policies related to sick students, potential home isolation criteria, and student exclusion criteria (**see pgs.63-64**)
- Families and staff will receive communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors
- Families will be advised to report if:
  - Their student has symptoms of illness,
  - Their student has had a positive test for COVID-19,
  - Their student was exposed to someone with COVID-19 within the last 14 days.
    - The staff point of contact, to the best of their ability should attempt to obtain:
      - Date of onset of illness
      - Date of positive test, if applicable

- Last day of exposure to confirmed case (for case contacts)
- For students, list of household contacts in the district
- Last day present in the school building
- **Staff should not advise other staff or families of potential exposures**
- **Confidentiality should be strictly observed**

Staff Communication

Staff will be given the opportunity to self-identify as high risk. Staff will be advised to report to administration if they:

- Have symptoms of COVID-19
- Have had a positive test for COVID-19
- Were exposed to someone with COVID-19 within the last 14 days
- Sick staff members or students should not return until they have met criteria to discontinue home isolation

Communication Regarding Confirmed Cases

For a complete overview of communication and response related to confirmed communicable disease cases, refer to the MESD Communicable Disease Communication Protocol (pg. 62).

- District specific protocols and practices will be communicated by the superintendent
- Building specific protocols will be communicated by the building administrator
- The MESD Nurse Consultant will inform school nurse, principal, and designated district contacts of all confirmed cases of COVID-19 communicated by the LHD
- Any parent, student, or staff reports of illness should be reported to the school nurse and the MESD Nurse Consultant

Staff, student, or parent reports diagnosis of, symptoms of, or health department notification of close contact with a positive COVID-19 case	Report is provided to building administrator, school nurse, and MESD Nurse Consultant	MESD Nurse Consultant advises administrator on next steps	MESD Nurse Consultant collaborates with local public health authority (LPHA)	Communication needs, process, and language are defined in collaboration between the MESD Nurse Consultant, the LPHA, the school administrator, and the district communications specialist and district admin as warranted

- The nurse consultant will work with the Local Health Department to provide district administration with a letter to share with appropriate student families and staff, to inform those who have had close contact with a person diagnosed with COVID-19, to stay home and self-monitor for symptoms

Public Health Communication

- The MESD Nurse Consultant is the liaison with the Local Public Health Authority (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer
- The MESD Nurse Consultant is subscribed to daily COVID-19 updates via Oregon Health Authority that reports the daily incident of disease and provides routine updates by region
- The MESD Nurse Consultant has established connection with the LPHA School Reopening Coordinator

Maintaining Healthy Operations

Schools may consider implementing several strategies to maintain healthy operations.

Regulatory Awareness

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

Visitors and Volunteers

- Communication will be made to essential visitors to indicate that they cannot report to buildings if they have been sick or in contact with sick persons in the past 14 days
- Non-essential visitors will be restricted
- Physical Distancing must be maintained for essential visitors
- Face coverings are required
- Visitors will be required to wash hands or use hand sanitizer upon arrival
- Visitors will be required to sign and out in at the front office and in any classroom entered
    - Front office sign-in should have an acknowledgement indicating the visitor has not been symptomatic or in contact with ill persons the past 14 days, and the visitor must leave contact information so that they can be included in contact tracing efforts in the event of a school exposure

Gatherings and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Limit activities involving external groups or organizations as possible and under executive orders – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Participation in Community Response Efforts

- Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees)

Sharing Facilities

- Encourage any organizations that share or use the school facilities to also follow these considerations

Support Coping and Resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling
- Consider posting signage for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746

Continuity of Routine School Health Services

Ongoing school health services must be provided in tandem with COVID-19 specific interventions. School Health Services should continue operations per established MESD policies, procedures, School Health Services Manuals, and service contracts.

Special consideration should be paid to where care (such as diabetic care or medication administration) is provided for high risk students in vicinity to isolation rooms.

Routine annual training should observe social distanced methods or online delivery as feasible in each building.

REFERENCES

American Academy of Pediatrics (2020) Research Highlights: COVID-19 and Pediatric Populations. Retrieved from https://www.aappublications.org/sites/default/files/additional_assets/aap_files/COVID-19-Pediatric-Research-Highlights.pdf

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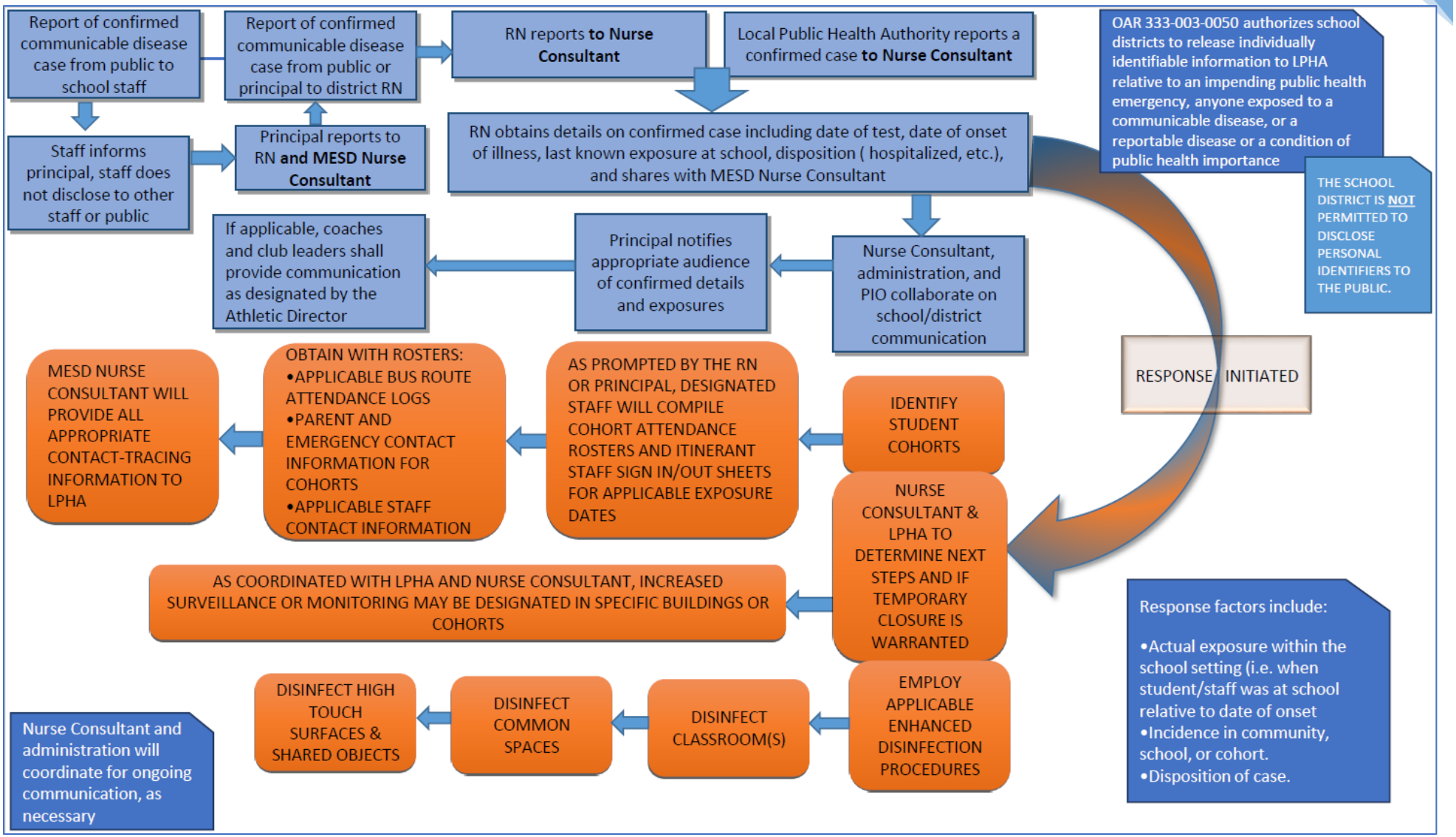
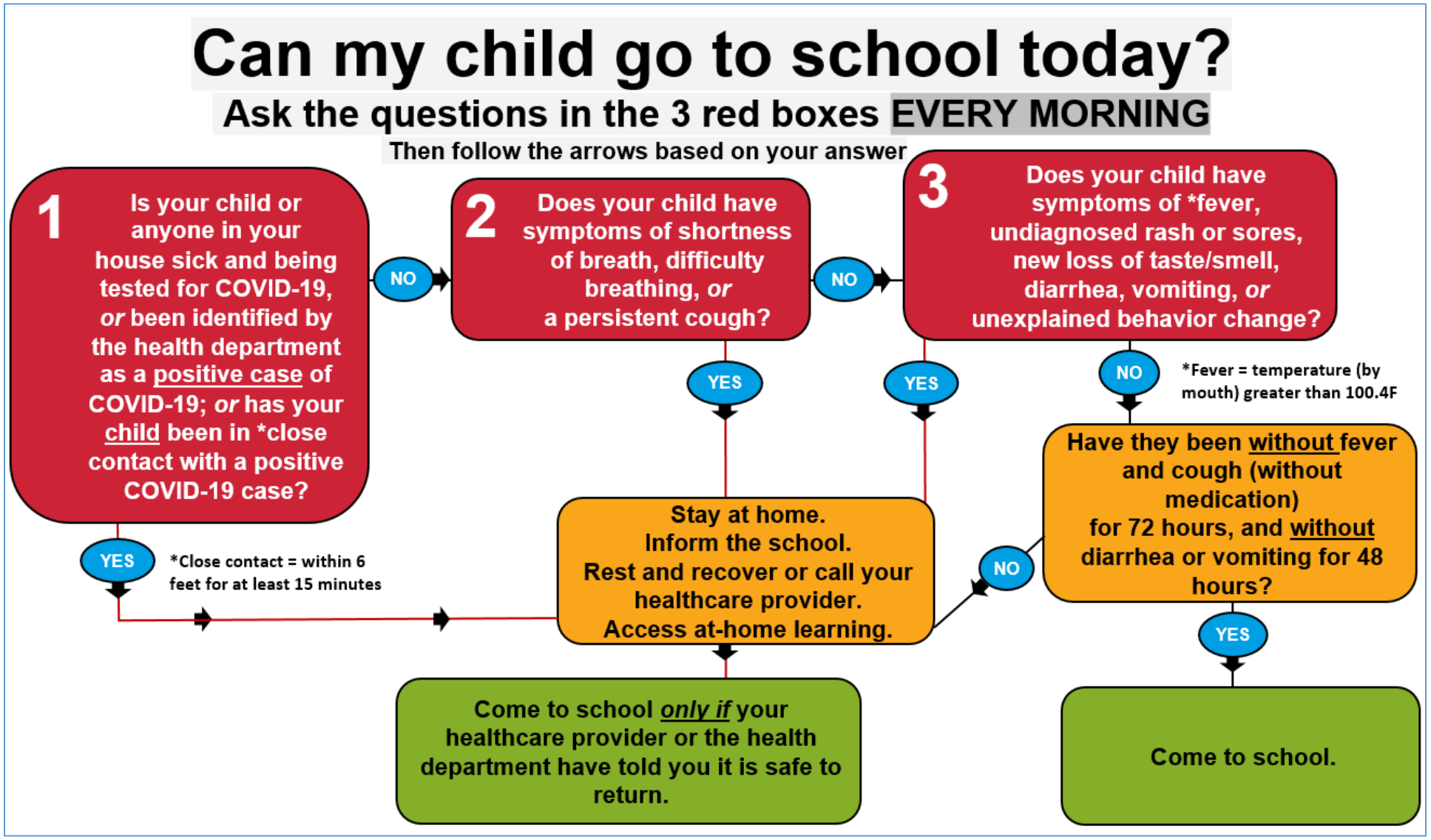
Oregon Department of Education (ODE) (2020). Ready Schools, Safe Learners. Retrieved from https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf

SCREENING & TRACKING TOOLS

MESD Communicable Disease Communication & Response Protocol



Parent Daily Symptom Checker Flowchart



Parent Instructions on When to Keep Symptomatic Students Home

When Should I Keep My Student Home?

NOTE: These are school instructions, not medical advice. Please contact your doctor with health concerns.

Student's Symptoms or Illness	Student May Return to School When*
 Fever: temperature by mouth greater than 100.4 degrees	No fever for at least 72 hours without the use of fever-reducing medicine.
 Skin rash or open sores	Rash is gone; sores are dry or can be completely covered by a bandage; or with orders from doctor to school nurse.
 New Cough illness	In general, when symptom-free for 72 hours. If pertussis (whooping cough) is diagnosed, after taking 5-day course of prescribed antibiotics, or when cleared for return by local public health authority. If COVID-19 is diagnosed, with orders from local public health authority.
 Diarrhea: 3 loose or watery stools in one day OR newly not able to control bowel movements	Symptom-free for 48 hours.
 Vomiting	Symptom-free for 48 hours.
 Headache with stiff neck and fever; OR with recent head injury	Fever-free for 72 hours or with orders from doctor to school nurse. Release to participate for concussion.
 Jaundice: (new) yellow color in eyes or skin	After orders from doctor or local public health authority to school nurse.
 Red eyes or eye discharge: yellow or brown drainage from eyes	Redness and discharge is gone OR with orders from doctor to school nurse.
Acting different without a reason: unusually sleepy or grumpy OR acting differently after a head injury	After return to normal behavior OR with orders from doctor to school nurse.
Major health event, like surgery OR an illness lasting 2 or more weeks	After orders from doctor to school nurse.
Student's health condition requires more care than school staff can safely provide	After measures are in place for student's safety.

Oregon Health Authority

OREGON DEPARTMENT OF EDUCATION

Instructions for Daily Visual Symptom Screening Upon Entry

All staff should be made aware of symptoms associated with COVID-19.

- Individuals should be *visually* screened by designated staff each day upon entry to the school bus or the school building, to determine if illness may be present. (Individuals should remain 6 feet apart as they enter the building or school bus, and staff must ensure that they are not shamed or subjected to bias based on race, ethnicity, clothing, or perceived socioeconomic status.) If individuals are positive for any items listed in *Visual Screening*, they should be sent to the office to be further screened by designated staff.
- Any student who reports or is visually assessed to be ill during the course of the day should be referred to designated staff for further screening and isolation.

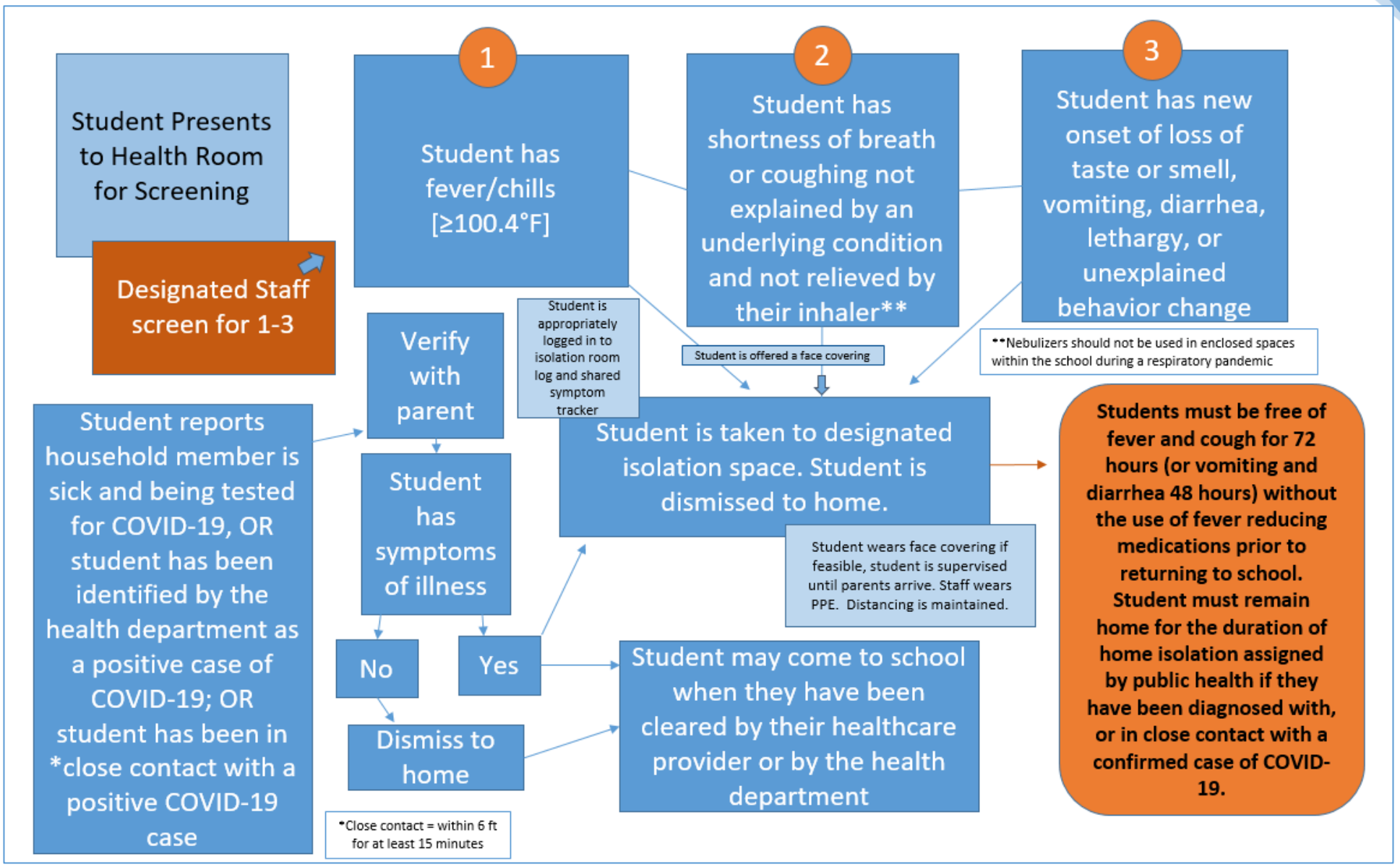
Visual Screening
- Unusual coloration (flushed, pale)
- Unusual behavior (lethargy, fatigue)
- New or significant coughing
- Shortness of breath
- Chills

- Students presenting to the office should be logged into the health room log.
- Health checks will be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations.
- Designated health staff will specifically screen students as per the *Symptom Screening Criteria* (and algorithm on pg. 66) to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* and previously listed *Exclusion Criteria.*

Symptom Screening Criteria
- Check temperature to assess for fever
- Identify if the following symptoms are present:
  - Chills
  - New onset of cough
  - Shortness of breath (not explained by an underlying condition such as asthma)
  - New onset of loss of smell or taste

- Students meeting exclusion criteria should be dismissed to home.
- Ill students must be placed in separate isolation space until picked up by parents.
- Symptomatic individuals will be logged into a symptom tracker shared by the front office, health room, and isolation space.

Symptom Screening Steps for Health-rooms / Isolation Spaces



PPE Requirements and Inventory Template for Schools

Personal Protective Equipment (PPE) Requirements for School

Required PPE for staff who are regularly within six feet of students and/or staff (includes staff who support personal care, feeding, or instruction):

Staff role	Face masks	Face coverings or face shields	Face shields or clear plastic barrier
Front office staff			Required
SLP/SLP assistant			Required
Teachers		Required	
EA/Paras		Required	
Bus drivers (if employed by district)		Required	
Cafeteria staff		Required	
Other staff not listed		Required	
Symptomatic students		Recommended if tolerated	

Required PPE for staff who provide direct contact care and monitoring for staff/students displaying symptoms:

Staff role	Face masks	Face coverings or face shields	Face shields or clear plastic barrier
Nurse	Required		
School Health Assistant	Required		
Designated school staff	Required		

Interim Guidance for Administrators of US K-12 Schools and Childcare Programs (CDC)

Ready Schools, Safe Learners (ODE/OHA)

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 (CDC)

Personal Protective Equipment (PPE) Inventory for Schools

Use this worksheet to estimate the numbers of PPE inventory required (MESD is not responsible for purchasing decisions based upon this tool).

If purchasing disposable face coverings or face masks, order one per person per day multiplied by the number of employee contract days.

If purchasing reusable PPE (i.e. face shields) purchase one per person. PPE must be replaced if it is soiled or damaged. Keep extra stock on hand.

	Total # staff	# employee or student days	# medical grade face masks	# adult disposable face coverings	# pediatric disposable face coverings	# face shields	# plastic barriers
Front office staff							
SLP/SLP assistant							
Teacher							
EA/Para							
Bus driver (if employed by school)							
Cafeteria staff							
Symptomatic elementary student (order 2/student)							
Symptomatic middle/high student (order 2/student)							
Nurse							
School Health Aides							
Designated staff caring for symptomatic students/staff							
Totals							

Template for Shared School Symptom Tracker

Each school should have a way to track symptoms of illness present in their population at any given time so that efficient surveillance by the school health services team, and contact-tracing by the local health department can be completed during times of the year with seasonal illness, clusters of illness, or increased overall absences due to illness. This symptom tracker should be shared between front office staff taking phone calls from parents reporting student absences due to illness, and health-room or isolation space staff.

This symptom tracker must remain confidential, and data from it should only be shared between essential district staff and the health department during outbreak or contact-tracing investigations. Schools may consider using this template spreadsheet example to instead create a Google Form (using the column headers as suggested form submission fields) so that designated staff can confidentially enter student information into a form, and a shared spreadsheet will be automatically populated with each individual's information, without revealing the information of others on the sheet to the staff charged with recording symptom information.

Date & Time of Report/Evaluation	Date & Time of Earliest School Return	Name of Student or Staff Member	Grade	Teacher	Absent	Time Sent Home	Date of Symptom Onset	Time of Symptom Onset	Fever (enter readout #)	Cough	Shortness Of Breath	Vomiting	Diarrhea	Rash	Significant Unexplained Behavior Change or Lethargy	Nausea or Abdominal Cramping	Congestion or Runny Nose	Sore Throat	Headache	New Loss of Smell or Taste	Body Aches	Date COVID Tested	Date FLU Tested	Date of PCP Visit	Date of ED / Hospital	Contact Info	Comments