



Jefferson County
School District 509J
UNITE. ENGAGE. SOAR.

COMMUNICABLE DISEASE GUIDANCE

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Overview

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

Background

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

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must have guidelines of exclusion based on non-diagnostic but readily identifiable signs or symptoms. Susceptible students and staff may also be excluded following exposure to selected diseases. [OAR 333-019-0010; 333-019-0100]

The exclusion guidelines listed in this document are taken from the Oregon Department of Education document *Communicable Disease Guidance*, written in conjunction with the Oregon Health Authority, Public Health Division and Oregon-OHSA, revised April 21, 2020. This guidance document will update as new information becomes available.

Prevention Measures

Hand washing is the most important action! Frequent and thorough hand washing is the primary prevention measure against the spread of communicable diseases. When done correctly, hand washing will help students, school staff, and visitors avoid spreading and receiving disease-causing bacteria and viruses.

Effective Hand Washing

- Use plenty of soap and water
- Scrub vigorously wrists, tops of hands, between fingers, under and around rings, palms and fingernails for 20 seconds
- Rinse well
- Dry
- Turn off the faucet with a paper towel so clean hands stay clean

The soap and rubbing action of hand washing helps dislodge and remove germs. When soap and water are not available, hand sanitizer can be used to help reduce the spread of germs.

Hand sanitizers may kill germs, but do not effectively remove particles, such as dirt or body fluids. Visibly dirty hands should always be washed with soap and water. Some bacteria and viruses are not killed by hand sanitizers. Check product labels for specific organisms killed. For greatest protection against the spread of disease, hands should be washed thoroughly with soap and water.

It is important to wash hands:

- After blowing your nose, coughing, or sneezing (even if using a tissue)

- After changing a diaper
- After handling animals or animal waste
- After recess or gym
- After touching garbage
- After using the bathroom or assisting another person in the bathroom
- Before and after caring for someone who is sick
- Before eating
- Before, during, and after preparing food
- When hands are dirty

Exposure Avoidance

All staff and students need to maintain strict adherence to body fluid exposure precautions. Report all body fluid contacts with broken skin, mucous membranes (in the nose, mouth, or eyes) or through puncture wounds (such as human bites and needle stick injuries) to your school's nurse and/or administrator.

Surfaces or objects commonly touched by students or staff (such as desktops, toys, wrestling mats) should be cleaned at least daily. Surfaces or objects soiled with blood or other body fluids should be cleaned and disinfected using gloves and any other precautions needed to avoid coming into contact with the fluid. Remove the spill, then clean and disinfect the surface.

Exclusion Guidelines for Symptoms of Illness

Exclusion Criteria	Exclusion Action
Fever: temperature greater than 100.4°F, with or without the symptoms below	Stay at home until temperature is below 100.4°F for 24 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 healthcare 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 completely 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 situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck	Seek medical attention; return to school when advised by 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 24 hours after cough resolves. 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 local public health authority

Diarrhea: 3 or more loose or watery 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 24 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode
Headache with stiff neck and fever	Refer to provider, exclusion as per provider, or after 24 hours of no fever
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	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	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	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

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to the health department. The health department typically notifies school health services. Although, there are occasions when the parent will notify the school first.

Students with diagnoses of restrictable diseases (see chart on the following pages) should return to school when documentation and/or communication is obtained from local health department indicating they are no longer communicable.

*COVID-19 is also declared a restrictable condition under OAR 333-018-0900.

Important to note:

- If a report is made to the office, administration, or other school staff in regard to any communicable disease diagnosis in students or staff, this should immediately be referred to the building RN and/or Health Services Supervisor.
- If the disease is regarded as a restrictable condition, this should be regarded as an urgent referral.
- The building RN or Health Services Supervisor and building administrators, in conjunction with the local health department as needed, will identify the need for communication, surveillance or control measures.

The interventions and communication are driven by multiple factors including the diagnosis, student health status, risk of exposure, number of individuals infected, and risk to cohort or specific students.

- School staff receiving reports should not inform any other students, staff, or parents of the report. Confidentiality should be strictly maintained.

Isolation Spaces

When students are identified with restrictable diseases or excludable symptoms (pp. 4-5), students should be separated in an appropriate space until they can be dismissed to home.

Novel Viruses

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

Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease or a Health Care Provider Has Diagnosed a Specific Communicable Disease

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
AIDS (Acquired Immune Deficiency Syndrome) <ul style="list-style-type: none"> AIDS is a later stage of an infection cause by the Human Immunodeficiency Virus (HIV) Swollen lymph nodes, loss of appetite, chronic diarrhea, weight loss, fever or fatigue, cancers and other infections 	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> YES – call Communicable Disease coordinator at Local Health Department</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with potentially infections blood to broken skin, mucous membranes or through puncture wounds <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Lifetime infection after initial infection with virus 	<ul style="list-style-type: none"> Strict adherence to standard precautions when handling body fluids Report, to school nurse or administrator, all accidental body fluid exposures to broken skin, mucous membranes, or puncture wounds (e.g., bites, needle stick injuries)
ATHLETE’S FOOT <ul style="list-style-type: none"> Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet 	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infectious areas Indirect contact with infected articles <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Until treated 	<ul style="list-style-type: none"> Restrict walking barefoot, sharing towels, socks, and shoes Encourage use of sandals in shower Routine disinfection of showers and locker room floors with approved agents

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If you become aware that a child has any of the following diseases, then clearance by the local health department is required before the child returns to school: chickenpox, COVID-19, diphtheria, hepatitis A, hepatitis C, measles, mumps, pertussis (whooping cough), rubella, *Salmonella enterica* serotype Typhi infection, scabies, Shiga-toxigenic *E. coli* (STEC) infection (O157 and others), shigellosis, and infectious tuberculosis.

Inform Jefferson County Public Health Department (JCPHD) of all diseases listed as reportable. The JCPHD should be consulted regarding any written communication that may be developed to inform parents/guardians about disease outbreaks, risk to students, families, and staff and/or control measures specific to an outbreak. Jefferson County Communicable Disease Program staff can be reached at **(541) 475-4456**.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
BOILS – (See also STAPH SKIN INFECTION) <ul style="list-style-type: none"> • Large pimple-like sore, swollen, red, tender may be crusted or draining • Headache, fever may be present 	<p><u>Exclude:</u> Exclusion status may vary according to the state of the lesion in question. Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> May attend with licensed health care provider permission, or lesion is dry and crusted with no drainage</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with drainage from sores or nasal secretions from carrier • Indirect contact with infected articles <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • As long as sores drain if untreated 	<ul style="list-style-type: none"> • Standard precautions • Wash hands thoroughly and often • No cafeteria duty while lesions present • Good personal hygiene

CHICKENPOX (Varicella) <ul style="list-style-type: none"> Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters, scab over 	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears) <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> Airborne droplets from coughing Direct contact with drainage from blisters or nasal secretions Indirect contact with infected articles <u>Communicable:</u> <ul style="list-style-type: none"> 2 days before to 5 days after rash appears 	<ul style="list-style-type: none"> Immunization required – see OHA website for current information Exclude exposed, susceptible persons from school Wash hands thoroughly and often Cover mouth and nose if coughing or sneezing Encourage safe disposal of used tissues Contact school nurse regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears Staff and students with impaired immune responses should consult their health care provider, if exposure to a confirmed or suspected case has occurred
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DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
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<p>CMV (Cytomegalovirus)</p> <ul style="list-style-type: none"> • Caused by a human herpes virus • Most severe form of the disease occurs to infants infected from mother during pregnancy, premature infants, and the immunocompromised • A variety of symptoms can occur 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with infected tissues, secretions, and excretions (urine, saliva, breast milk, cervical secretion and semen) • Indirect contact with infected articles <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Virus is secreted in urine and saliva for many months and may persist or be episodic for several years after initial infection 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Strict adherence to standard precautions when handling body fluids • Take care when handling diapers or toileting children • Women of childbearing age or immunocompromised individuals should consult with their medical provider regarding risks when caring for children identified as carriers of CMV
<p>COMMON COLD (Upper Respiratory Infection)</p> <ul style="list-style-type: none"> • Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions • Droplets from coughing or sneezing • Indirect contact with infected articles <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • 1 day before onset of symptoms until 5 days after 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Cover mouth, nose if coughing or sneezing • Encourage appropriate disposal of used tissues

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>DIARRHEAL DISEASES</p> <ul style="list-style-type: none"> • Loose, frequent stools, sometimes with pus or blood • Vomiting, headaches, abdominal cramping or fever may be present 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> Exclude students with acute diarrhea; see to Exclusion Guidelines on page 4</p> <p><u>Report:</u> Not usually; depends on diagnosis; Report cluster outbreaks to local health department</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with feces • Consumption of water or food contaminated with feces <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Varies from hours to several days 	<ul style="list-style-type: none"> • Wash hands thoroughly and often, especially after using bathroom or diapering/toileting children • <u>NO</u> food handling/preparation • <u>NO</u> cafeteria duty

FIFTH DISEASE <ul style="list-style-type: none"> Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache 	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with licensed health care provider permission or when no rash or signs of illness are present <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> Droplets from coughing or sneezing <u>Communicable:</u> <ul style="list-style-type: none"> Greatest before onset of rash when illness symptoms occur No longer contagious after rash appears 	<ul style="list-style-type: none"> Wash hands thoroughly and often Encourage student to cover mouth/nose when coughing/sneezing Encourage safe disposal of used tissues Contact school nurse for recommendation for pregnant females/immunocompromised persons exposed by suspected/confirmed case Contact local health department for latest recommendation for pregnant females exposed in school outbreak situations
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DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
HAND, FOOT & MOUTH DISEASE <ul style="list-style-type: none"> Sudden onset fever, sore throat and lesions in mouth Blistered lesions on palm, fingers, and soles 	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with licensed health care provider permission or when blisters are gone <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> Direct contact with nose and throat discharges or feces <u>Communicable:</u> <ul style="list-style-type: none"> During acute stage of illness and potentially for several weeks after in stool 	<ul style="list-style-type: none"> Wash hands thoroughly and often Good personal hygiene especially following bathroom use Reinforce use of standard precautions

HEAD LICE <ul style="list-style-type: none"> • Itching of scalp • Lice or nits (small grayish brown eggs) in the hair <p>*See additional ODE guidance document on Head Lice</p>	<p><u>Exclude:</u> If required by school policy</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with infected person • Indirect contact with infected articles (rarely) <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Only when live bugs present 	<ul style="list-style-type: none"> • Check siblings/close contacts for symptoms • Avoid sharing/touching clothing, head gear, combs/brushes • Contact school nurse or local medical provider for further treatment
HEPATITIS A <ul style="list-style-type: none"> • Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort • Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay-colored stools • May have mild or no symptoms 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> May attend only with local health department permission</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with feces • Consumption of water or food contaminated with feces <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Two weeks before symptoms until two weeks after onset 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • No food handling or sharing • School restrictions on home prepared foods for parties • Immunization required – see OHA website for current information • Exclude exposed, susceptible persons from school

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
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<p>HEPATITIS B & C</p> <ul style="list-style-type: none"> • Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay-colored stools and jaundice 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • One month prior to symptoms to 4 to 6 months or longer after jaundice • Some individuals have no symptoms but can transmit the disease 	<ul style="list-style-type: none"> • Strict adherence to standard precautions when handling bodily fluids • Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the health consultant • Immunization required for Hepatitis B – see OHA website for current information •
<p>HIV DISEASE (Human Immunodeficiency Virus Disease)</p> <ul style="list-style-type: none"> • May have acute flu-like illness • Most often, no symptoms present in early stages of infection • AIDS is a later stage of HIV infection (See AIDS) 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Blood getting under the skin (e.g., through needles); or through sexual contact • Some individuals have no symptoms but can spread the disease <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Lifetime infectivity after initial infection with virus 	<ul style="list-style-type: none"> • Strict adherence to standard precautions when handling bodily fluids • Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the school nurse

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
IMPETIGO (See also Staph Skin Infections) • Blister-like sores (often around the mouth and nose), crusted, draining and “itching”	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with licensed health care provider permission, or when lesions are dry and crusted with no drainage <u>Report:</u> NO	<u>Spread by:</u> • Direct contact with drainage from sores <u>Communicable:</u> • As long as sore drains if untreated	<ul style="list-style-type: none"> • Wash hands thoroughly and often • No cafeteria duty while sores are present • Avoid scratching or touching sores • Cover sores if draining • No sharing personal items when lesions are present • No contact sports (wrestling) if drainage cannot be contained
INFLUENZA (flu) • Abrupt onset, fever chills, headache, muscle aches, cough	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> NO <u>Report:</u> NO	<u>Spread by:</u> • Droplets from coughing or sneezing <u>Communicable:</u> • 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness	<ul style="list-style-type: none"> • Vaccination: recommended annually for all persons greater than 6 months of age • Wash hands thoroughly and often • Cover mouth/nose when coughing or sneezing • Encourage appropriate disposal of used tissues • See website for current information: http://flu.oregon.gov/Pages/Learn.aspx

MEASLES <ul style="list-style-type: none"> Fever, eye redness, runny nose, a very harsh cough 3-7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth 	Exclude: Refer to Exclusion Guidelines on page 4 Restriction: May attend with licensed health care provider permission Report: YES – Highly Communicable	Spread by: <ul style="list-style-type: none"> Airborne droplets from coughing Communicable: <ul style="list-style-type: none"> 4 days before rash until 4 days after rash begins Most contagious 4 days before rash appears 	<ul style="list-style-type: none"> Contact school nurse or health department immediately for direction School nurse or health department will identify population at risk and assist with parent notification Immunization required – see OHA website for current information Exclude exposed, susceptible persons from school
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DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
MENINGOCOCCAL DISEASE <ul style="list-style-type: none"> Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy May have blotchy, purplish, nonblanching rash 	Exclude: Refer to Exclusion Guidelines on page 4 Restriction: None necessary. Patients are not contagious after treatment Report: YES	Spread by: <ul style="list-style-type: none"> Direct contact with nose and throat secretions Droplets from coughing or sneezing Communicable: <ul style="list-style-type: none"> Until bacteria are no longer present in discharges from nose and mouth Cases and contacts usually no longer infectious after 24 hours on antibiotics 	<ul style="list-style-type: none"> Wash hands thoroughly and often Cover mouth/nose when coughing or sneezing and practice safe disposal of used tissues No sharing food, drink or eating utensils Meningococcal vaccine recommended for students 11-18 years of age See local health department for further information

MONONUCLEOSIS • Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> NO – Bed rest for a time and withdrawal from PE/Athletic activities are encouraged until student has recovered fully or with licensed health care provider permission <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> • Direct contact with saliva <u>Communicable:</u> <ul style="list-style-type: none"> • May be infectious for several months 	<ul style="list-style-type: none"> • Wash and disinfect shared items/toys which may be mouthed or in settings with children who drool • No sharing food, drink or eating utensils
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DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
MUMPS • Painful swelling of neck and facial glands, fever and possible abdominal pain	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with local health department permission <u>Report:</u> YES	<u>Spread by:</u> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions • Droplets from coughing or sneezing <u>Communicable:</u> <ul style="list-style-type: none"> • 2 days before onset until 5 days after onset of symptoms 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Report to school nurse • No sharing of personal items • Immunization required – see OHA website for current information • Exclude exposed, susceptible persons from school

PINK EYE (Conjunctivitis) <ul style="list-style-type: none"> • Eyes tearing, irritated and red, sensitive to light • Eye lids puffy, may have yellow discharge 	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with licensed health care provider/school nurse permission or when symptoms are gone <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> • Direct contact with infectious saliva or eye secretions • Indirect contact with infected articles <u>Communicable:</u> <ul style="list-style-type: none"> • As long as drainage is present 	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items • Consult with school nurse or licensed medical provider
PINWORMS <ul style="list-style-type: none"> • Nervousness, irritability, itching of anus, abdominal pain • Sometimes no symptoms are present 	<u>Exclude:</u> NO <u>Restriction:</u> Restriction may be necessary in situations where students are unable to control bowel function, otherwise NO <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> • Direct contact with infectious eggs by hand from anus to mouth of infected person • Indirect contact with infected articles <u>Communicable:</u> <ul style="list-style-type: none"> • As long as female worms are discharging eggs in the anal area 	<ul style="list-style-type: none"> • Wash hands thoroughly • Good personal hygiene • Consult with school nurse or licensed medical provider

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
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RING WORM – SCALP <ul style="list-style-type: none"> • Patchy areas of scaling with mild to extensive hair loss • May have round areas of “stubs” of broken hair 	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with licensed health care provider or school nurse permission or when symptoms are gone <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> • Direct contact with infectious areas • Indirect contact with infectious areas <u>Communicable:</u> <ul style="list-style-type: none"> • Until treated 	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items, especially combs, brushes, hats, etc. • It is not necessary to shave the student’s head
RING WORM – SKIN <ul style="list-style-type: none"> • Ring-shaped red sores with blistered or scaly border • “Itching” common 	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with licensed health care provider/school nurse permission or when symptoms are gone <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> • Direct contact with infectious areas • Indirect contact with infectious areas <u>Communicable:</u> <ul style="list-style-type: none"> • Until treated 	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items • Special attention to cleaning and disinfecting, with approved antifungal agent, gym/locker areas • No sport activity until lesions disappear
SCABIES <ul style="list-style-type: none"> • Intense itching, raised small red or pus-filled sores • Common between fingers, behind knees, around waist, inside of wrists, on arms 	<u>Exclude:</u> Refer to Exclusion Guidelines on page 4 <u>Restriction:</u> May attend with licensed health care provider/school nurse permission <u>Report:</u> NO	<u>Spread by:</u> <ul style="list-style-type: none"> • Direct skin contact • Indirect contact with infected articles <u>Communicable:</u> <ul style="list-style-type: none"> • Until treated 	<ul style="list-style-type: none"> • Wash hands thoroughly • Screen close contacts/siblings for symptoms • No sharing of personal items

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
SHINGLES (Herpes Zoster) <ul style="list-style-type: none"> • Painful skin lesions which are a result of the same virus that causes chicken pox • Lesions may appear in crops/clusters • May occur in immunocompromised children • Usually on trunk, may be accompanied by pain, itching or burning of affected area • Headache may precede eruption 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with draining skin areas <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • As long as lesions are draining 	<ul style="list-style-type: none"> • Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g., face, hand), consult with school nurse if available or local health department • Contact school nurse or local health department for recommendations for pregnant females/immunocompromised person if exposure occurs at school
STAPH SKIN INFECTIONS <ul style="list-style-type: none"> • Draining sores, slight fever, aches and headache • Affected area may be red, warm, and/or tender 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> May attend with licensed health care provider permission or when lesions are dry/crusted or gone</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with drainage from sores • Indirect contact with infected articles <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • As long as sores are draining 	<ul style="list-style-type: none"> • Wash hands thoroughly • Good personal hygiene • No sharing towels, clothing, or personal items • No food handling • No contact sports until lesions are gone

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
STREP THROAT – SCARLET FEVER (streptococcal infections) <ul style="list-style-type: none"> • <u>Strep throat:</u> Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain or nausea • <u>Scarlet fever:</u> Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> May attend with licensed health care provider/school nurse permission</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months • Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists 	<ul style="list-style-type: none"> • Wash hands thoroughly • Encourage covering mouth and nose when coughing and sneezing • Encourage appropriate disposal of used tissues
TUBERCULOSIS (infectious/active) <ul style="list-style-type: none"> • Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness and coughing up blood in later stages of disease 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> May attend only with local health department permission</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Primarily by airborne droplets from infected person through coughing, sneezing, or singing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • As long as living bacteria are discharged through coughing. Specific drug therapy usually diminishes communicability within weeks 	<ul style="list-style-type: none"> • Observe CDC TB rule compliance • Report to school nurse or consult with county health department

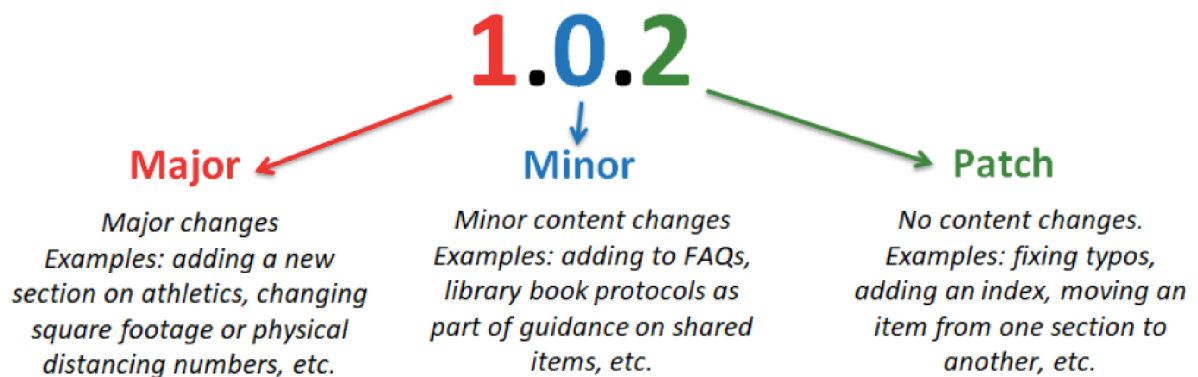
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>WHOOPING COUGH (Pertussis)</p> <ul style="list-style-type: none"> • Begins with mild “cold” symptoms and progresses to violent fits of coughing spells that may end in a whooping sound (infants and toddlers) or vomiting (older children and adults) • Slight or no fever 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on page 4</p> <p><u>Restriction:</u> May attend only with local health department permission</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions • Droplets from coughing or sneezing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Greatest just before and during “cold” symptoms to about 3 weeks without treatment • If treated with antibiotics, infected person is communicable 5 days 	<ul style="list-style-type: none"> • Immunization required – see OHA website for current information • Exclusion of exposed, susceptible persons from school may be required; consult with local public health authority

ADDENDUM: COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

VERSION 4.2.2

This addendum is intended to be used in conjunction with the district's Communicable Disease Guidance and Pandemic 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.

All updates will be dated and marked with version numbers. Updates to new versions will be named at the top of the document. The following version tracking protocol will be used:



Acknowledgements

Developed by JCSD Health Services in collaboration with District administration and local public health.

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Adapted in part from Molalla River School District's Comprehensive Communicable Disease Management Plan.

Background

COVID-19 is a respiratory illness caused by a new strain of the coronavirus. Coronaviruses are a family of viruses that can cause mild to severe illness. This new coronavirus has spread in people only since December 2019. Health experts are learning more and more about this new coronavirus and the illnesses it causes. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe. Symptoms can include:

- Fever (greater than 100.4°F)*
- Sore throat
- Dry cough*
- Shortness of breath*
- Body/muscle aches
- Fatigue
- Loss of smell/taste*
- Nausea
- Vomiting
- Diarrhea

***The primary symptoms of concern for COVID-19 are shortness of breath, cough, fever, new loss of smell or taste, and a positive x-ray of viral pneumonia.**

COVID-19 is spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby – within about 6 feet. COVID-19 may be spread by people who are not showing symptoms. It is also possible to get infected after touching an object that has the virus on it. Aerosolized spreading should also be considered.

Across Oregon and across the globe, restrictions on public spaces are slowly and incrementally being lifted. For school districts, this requires coordinated infection control planning under the state's guidelines for the upcoming school year with a framework for the specified area of interventions for reopening.

These coordinated interventions are based upon what is known, with an understanding that efforts to mitigate COVID-19 are evolving as more information becomes available.

Guiding Principles

Any setting where people gather poses an increased risk for infectious disease transmission, including COVID19. Anyone who comes into contact with the virus can become infected and may or may not show symptoms – coronaviruses spread easily to adults and children. In regard to schools and reopening, the CDC identifies three categories of exposure risk for students and staff as it relates to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

Table 1: Exposure Risk Related to COVID-19

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 inperson class structures or staggered/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 the school's ability, capacity, and safety to reopen.

It is important to remember that statewide guidance and requirements are fluid, based on disease incidence throughout the state and local communities. The district must be prepared to operate under the premise that guidance will be updated frequently until a stable environment of operations and disease transmission is established outside of the school setting.

Links:

[Oregon Department of Education \(ODE\)](#)

[Oregon Health Authority \(OHA\)](#)

[Jefferson County Public Health Department \(JCPHD\)](#)

[Centers for Disease Control and Prevention \(CDC\)](#)

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 333-018-0900](#), 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](#) Education Service Districts, School Districts, and Individual School Records

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

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

Occupational Centered

[1910.1030](#) OSHA Bloodborne Pathogens

Public Health Centered

[OAR 333-019-0010](#) 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](#) Authority of Public Health Director to take public health actions

COVID-19 Disease Management

To reduce potential exposure to and limit the spread of the coronavirus and other respiratory pathogens, the following areas of intervention are essential and should be carried out to the maximum extent possible:

- **Hand hygiene and Respiratory Etiquette** – frequent washing with soap and water or using hand sanitizer; utilizing safe practices when coughing or sneezing
- **Designated Personnel** – identifying staff members for specific roles
- **Physical distancing** – minimizing close contact (less than 6 feet) with other people
- **Cohorts** – conducting all activities in small groups that remain together over time with minimal mixing of groups
- **Protective equipment** – use of face shields, face coverings, and barriers
- **Environmental cleaning and disinfection** – especially of high-touch surfaces
- **Screening, Surveillance, Isolation & Exclusion** – of sick people and quarantine of exposed people

Hand Hygiene and Respiratory Etiquette

Reasoning: Washing hands can keep you healthy and prevent the spread of respiratory and other infections from one person to the next. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects

- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects (respiratory etiquette)

Hand Hygiene

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff upon entry, prior to eating, after restroom use, and before and after recess.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
 - Students should be supervised with the use of hand sanitizer.
 - Hand sanitizer should not be used with students that have a sensitivity or risk of ingesting sanitizer related to developmental or cognitive level.

Respiratory Etiquette

- 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.
 - Students and staff may also be encouraged to cough into their elbow and away from other individuals when tissues and handwashing are not immediately accessible.

Designated Personnel

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

Designated COVID-19 Point of Contact

- Designated staff will be responsible to responding to specific COVID-19 concerns within each school building as appropriate. This may be the principal or designee.
 - 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 facilitating tracking systems of individuals entering and leaving schools and classrooms. This may include modifying existing systems already in place.
- Designated staff will help enforce social distancing during peak hours, such as arrival and departure and transition periods.
- Designated staff will be trained on appropriate procedures for complete symptom screening and isolation
- Designated staff will monitor appropriate hygiene measures at designated times as needed.

Designated Resources

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

- Designated resources will also be made available to track sign-in information for each school and classroom for itinerant staff. This may include modifying existing systems already in place.

Physical Distancing

Reasoning: Physical distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying 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.

Room Capacity

- A minimum of 35 square feet per person will be used to determine individual room capacity.
- As needed, common areas or alternate spaces will be used to place student cohorts for instruction time in order to maintain appropriate spacing.

Modified Layouts

- Excess furniture should be removed from classrooms to allow for increased spacing of desks.
- Desks or seating should be 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.

Physical Barriers and Guides

- Physical barriers, such as sneeze guards and partitions, will be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks).
- Physical guides, such as tape or signs on the floors, sidewalks, and walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times.

Staggered Scheduling

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

Instruction and Activities

- Practices will be made adopted to maintain 6 feet distancing during activities and instruction.
- Outdoor spaces should be used as much as feasible.
- When distancing cannot be maintained, staff will wear appropriate facial coverings.

Communal Spaces

- Communal and shared spaces (cafeteria and playgrounds) will be restricted as much as feasible. When used, use will be staggered, and spaces will be cleaned between use.
 - Increased restrictions may occur if there has been identified cases in the building.

Cohorts

Reasoning: Cohorts will be established with minimum numbers where feasible, understanding that the fewer encounters and smaller number per cohort lend to reduced transmission of infectious disease.

It is important to note that cohorting may be more important in elementary settings where physical distancing is less likely to be maintained. Cohorting will not be established in the context of ability or disability. Cohorts will be established by grade levels or other specifications.

Elementary

- Student and staff groupings will remain as stable as possible by having the same group of children stay with the same staff as much as feasible.
- Interaction between groups will be limited as much as feasible.
 - If groups will be mixed, ensure that this information is appropriately mapped for contact tracing if needed.
- When cohorting is practiced, sanitizing common areas should be performed between each cohort.
- Staff moving between rooms/cohorts must practice hand hygiene in between interactions and must sign in to each classroom or have presence accounted for.
- Rosters of each cohort must be kept for all group encounters throughout the school day, including transportation.

Middle School and High School

- Where stable cohorts are difficult to maintain, practices will be re-emphasized to maintain 6 feet distancing during activities and instruction.
- When distancing cannot be maintained, face coverings should be encouraged for students who have the ability and capacity to wear one. Students are not required to wear facial coverings but may choose to do so.
- Staff moving between rooms/cohorts must practice hand hygiene in between interactions and must sign in to each classroom or have presence accounted for. • Accurate attendance logs must be maintained to assist in contact tracing.

Protective Equipment

Reasoning: Face coverings (masks and shields) may help prevent people who have COVID-19 from spreading the virus to others. Since individuals may unknowingly transmit the virus prior to showing symptoms – if they show symptoms at all – face coverings are a crucial aspect to mitigating the spread of COVID-19.

The specific type of face coverings, shields, or barriers are 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 of health status of the individuals involved. Face coverings for students will follow public health guidance.

****Currently, all students K-12, staff, and visitors/volunteers** are required to wear face coverings while on campus and/or in district transportation to/from campus.

If a student removes a face covering, or demonstrates a need to remove the face covering for a short period of time, the school/team must:

- Provide space from peers while the face covering is removed; students should not be left alone or unsupervised;
- Provide additional instructional supports to effectively wear a face covering;
- Provide students adequate support to re-engage in safely wearing a face covering;

- Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day.

Should a student or staff member require an accommodation for the face covering requirements, schools should work to limit their proximity to students and staff to the extent possible to minimize the possibility of exposure.

Important notes for face coverings:

- Cloth face coverings must be laundered regularly.
- New disposable face covering must be used daily.
- Face shields are reusable and should be designated to individual staff.
- 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 families on proper use, removal, and washing of cloth face coverings.

Environmental Cleaning & Disinfection

Reasoning: Routine and increased sanitation measures are critical to limit the spread of disease from frequently used surfaces and objects.

General Information

- 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, musical instruments) should be limited when possible or cleaned between use.
- A schedule will be designated by the Facilities/Maintenance department for increased, routine cleaning, and disinfection. Staff will be asked to assist in the routine cleaning of their areas when appropriate.
- As necessary, additional custodial staff may 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.
- Staff will use the cleaning products provided by Facilities/Maintenance to ensure consistent cleaning measures. Avoid bringing in personal cleaning products from home.
- Additional supplies will be provided by the district or designated department (e.g., soap, hand sanitizer with at least 60% alcohol, paper towels, tissues, disinfectant wipes, face coverings as feasible, and no-touch trash cans).

Shared Objects

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each other's belongings separated and in individually labeled containers, cubbies, or areas.

- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses.
- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised or who have special accommodations 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 and using fans. Do not open windows and doors or use fans if doing so poses a safety or health risk (e.g., increasing exposure to pollen/allergies, triggering asthma symptoms) to children using the facility.
- In cases where open doors and windows or fans impact the operational settings of the ventilation system, Facilities/Maintenance 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 shut down. Drinking fountains should be cleaned and sanitized but encourage staff and students to bring their own water bottles to minimize touching of water fountains.

Screening, Surveillance, Isolation, & Exclusion

Reasoning: Identification of ill students and staff is crucial in illness prevention in school buildings. Separating symptomatic or potentially exposed individuals aids in limiting the spread of infectious disease and ensuring that those individuals receive the proper care needed to recover.

All staff and students should have education provided on symptoms in order to self-identify when developmentally possible and identify when students may need to be referred for screening or when individuals need to stay home or be dismissed home. In addition, families and staff should be well versed in both exclusion criteria and when it is appropriate to stay home in regard to COVID-19 exposure.

Stay Home When Appropriate

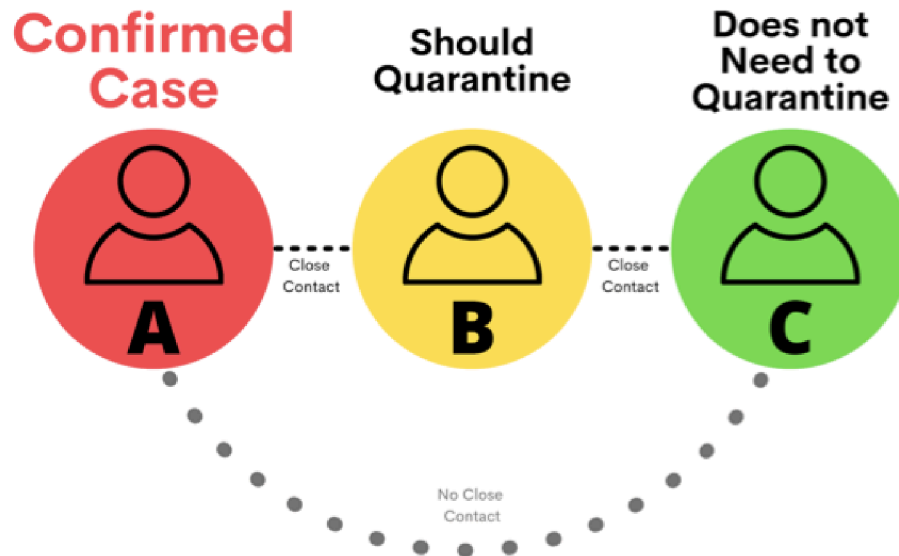
School staff and families should understand when individuals must stay home. It is important for all staff to role model appropriate behaviors. Communication will be made to regularly advise families not to send children to school ill and remind staff not to report to work ill. Strict stay at home policies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

See [Planning for COVID-19 Scenarios in Schools](#) for a specific scenarios and immediate action steps required to respond and communicate when student or staff member:

- Is exposed to a confirmed case of COVID-19
- Becomes ill with COVID-19 symptoms
- Tests positive for COVID-19
- Tests negative for COVID-19
- Does not get tested for COVID-19

Image 1: General Quarantine Protocol

General Quarantine Protocol



As an overall framework:

- People who have tested positive for COVID-19 **should** isolate.
- Any person who has been in close contact with a person with positive COVID-19 **should** quarantine.
- Anyone who has been in close contact with someone who was exposed to COVID-19 **does not need** to quarantine.

***Close contact is described as being within 6 feet of a person who tested positive for COVID-19 for longer than 15 minutes. This time is cumulative over a period (day or work shift) and does not have to be consecutive.**

Sick staff members or students should not return until they have met criteria to discontinue home isolation.

Illness Exclusion

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

Table 2: COVID-Specific Illness Exclusion

Exclusion Criteria	Exclusion Action
Fever: temperature greater than 100.4°F, with or without the symptoms below	Stay at home until temperature is below 100.4°F for 24 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 shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck	Seek medical attention; return to school when advised by 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 24 hours after cough resolves. 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 COVID19 is diagnosed, exclude until cleared for return by local public health authority
Diarrhea: 3 or more loose or watery 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 24 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode
Headache with stiff neck and fever	Refer to provider, exclusion as per provider, or after 24 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

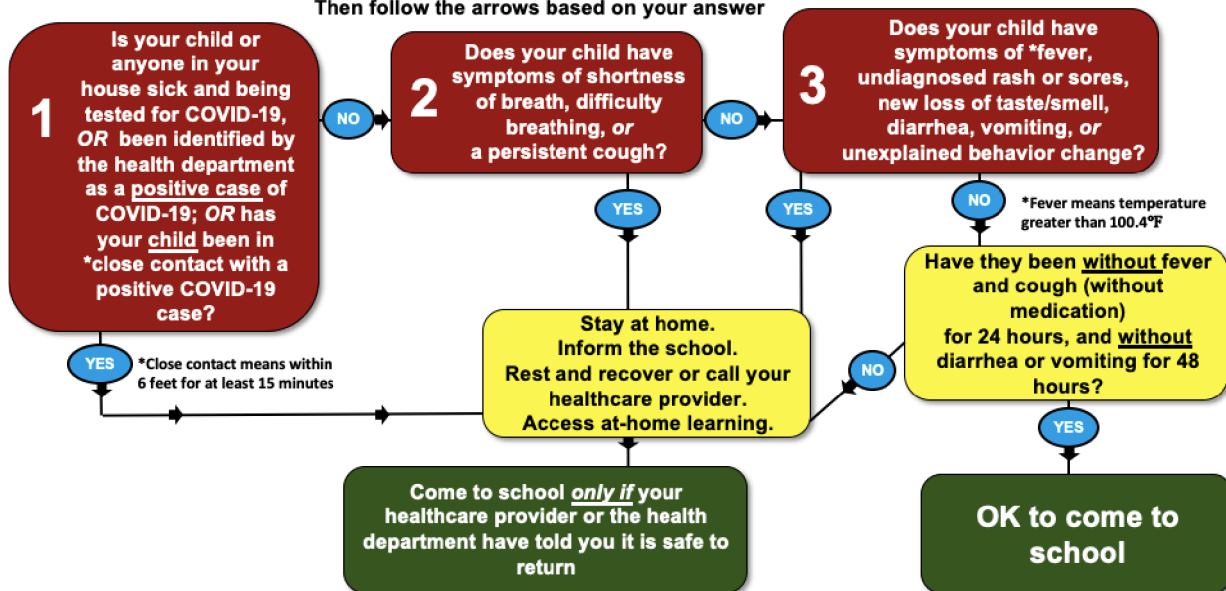
At Home Screenings

Parents and staff will be provided exclusion criteria and advised to self-screen or 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.

Can my child go to school today?

Start with the 3 questions below

Then follow the arrows based on your answer



[Image adapted from Multnomah ESD and Oregon School Nurses Association]

Entry Screening

Screening at the beginning of the school day will occur through visual and passive screening. It is important to remember that students should undergo a screening at home and remain home with illness. If they have been transported on the bus, a passive screening will have occurred there as well. Thus, entrance to the school is potentially the second or third screening. Also, it is important to remember that, despite best efforts to prevent students who have received fever-reducing medication from coming to school, these encounters do occur and thus illness symptoms may return within hours of the school day beginning or a new onset of illness may occur at any time.

Screening upon entry to the school may not be logistically feasible related to the volume of time required and the congestion of students in one location. If multiple entrances are accessible and students would not be forced to congregate in clusters outside of the building, visual screening is possible at entry. When multiple entrances are not feasible, visual screening can occur at the classroom level when staff takes attendance at the beginning of the day. Students should be visually screened for illness all throughout the day. Staff should understand to refer students for additional screening if observation or report of the following symptoms occur:

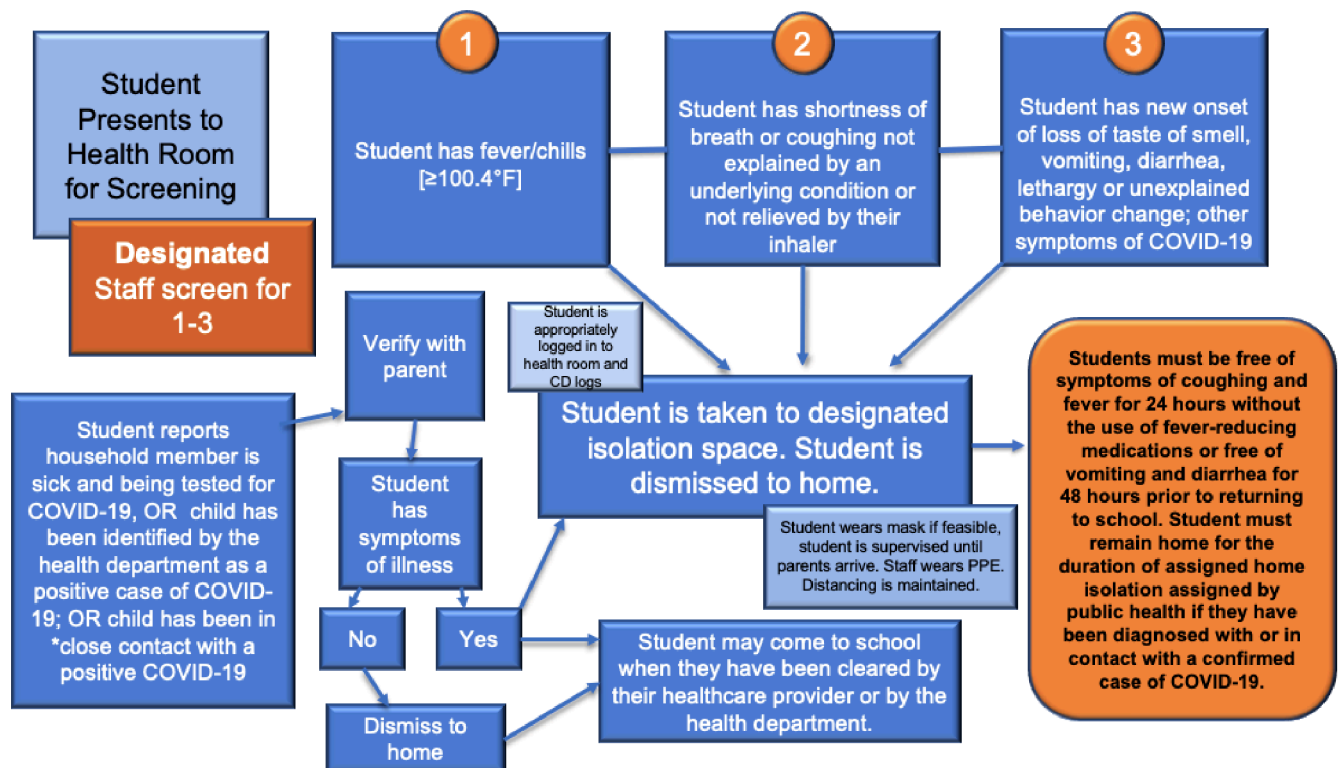
Table 3: Passive Screening Symptoms That Should Prompt Referral to Health Room

Visual Screening	Student Complaint
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<ul style="list-style-type: none"> • Unusual coloration (flushed/pale) change, • Unusual behavior (behavior lethargy, unusual fatigue) • New or significant coughing • Shortness of breath • Chills • Nasal congestion or runny nose 	<ul style="list-style-type: none"> • Nausea/vomiting/diarrhea • Sore throat • Headache • Muscle pain • Fever • Loss of taste or smell
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- If students are positive for any items listed in Visual screening or Student complaint, they should be sent to the health room or designated space to be screened by designated staff.
- Designated staff will specifically screen students as per the Symptom Screening Algorithm 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 a separate isolation space until picked up by parents.
- Students presenting to the office should be logged into the Health Room Log or applicable electronic system.
- Students who are isolated should be logged into Communicable Disease Surveillance Log or applicable electronic system.
- Health checks will be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations.

Symptom Screening Algorithm



[Image adapted from Multnomah ESD and Oregon School Nurses Association]

Isolate Those Who Are Sick

Each school must have designated personnel and designated isolation space. Appropriate PPE (surgical face mask, gown, gloves) must be available.

Students who are determined to require exclusion based on current rules and guidelines will be isolated under the following circumstances pending parent pick up:

- Identification of students meeting exclusion criteria based on screening
- Children identified as having been ill and having a pending test for COVID-19, OR having tested positive for COVID-19, OR having been exposed to someone with COVID-19 symptoms.

Box 1: Isolation Measures**ISOLATION MEASURES**

- Immediately separate students who have symptoms meeting exclusion criteria to the designated isolation area.
- Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible. Do not leave student unattended.
- Student will be offered to wear a face mask (if they can safely wear one).
- Staff should wear a face mask and gloves and maintain physical distancing.
- If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students.
- Ensure students are appropriately logged into Communicable Disease Surveillance Logs
- Reinforce appropriate exclusion action with parents (e.g., if student has a fever they must remain home until 24 hours fever free without use of fever-reducing medications and other symptoms improving or 24 hours without vomiting and diarrhea, or/and until released by provider of local public health authority.

Isolation Space

An appropriate isolation space should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals. The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per

Transmission Based Controls and COVID-19 guidance correctly. The isolation space should be logistically accessible in proximity to the health room if feasible.

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

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

Surveillance

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

- School staff identifies an increase in illness or absenteeism, and reports to the building RN or Health Services Supervisor
- The RN or Health Services Supervisor identifies a cohort, building, or the entire population to actively survey based on community trends or report from the local public health authority.
 - 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 symptom information for absent students

In these situations, school staff will respond as directed by the Health Services Supervisor.

Contact Tracing

The purpose of contact tracing is to be able to identify those with the potential exposure risk of a communicable disease. It is important to note that contact tracing at the school level is not performed at the extent of the public health department. Efforts from the school are to assist the public health department in their contact tracing efforts. Schools are required to report data on close contacts to the local health department.

To be able to provide necessary information for the local public health department, 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.
 - If the roster is not prepopulated in PowerSchool, a roster must be created.
- Having accurate attendance collected to determine who was present during potential exposures.
 - Reinforcing accurate attendance is crucial in provision of accurate information to the local public health department in regard to exposures.
 - This includes logging late arrival and early departures.

- Having a mechanism for sign-in at the front office and in record of itinerant staff that entered each classroom is necessary to track staff interaction with cohorts.

In relationship to local public health department request and in order to align with ODE/OHA guidance, each school must be able to produce:

- A list of students and staff that would have encountered a confirmed case if a member of the education community is diagnosed, this includes:
 - Classroom cohorts
 - Intervention and student support cohorts (SLP groups)
 - Lunchtime and recess cohorts (if these students overlap)
 - Transportation roster
- A list of all staff that encountered confirmed case.

Required information for local public health includes:

1. Student name
2. Arrival and departure time
3. Parent contact and emergency contact information
4. A list of staff and students who have interacted with the infected individual

If an ill student visited the health room prior to isolation or exclusion, health room logs should be reviewed for potential contacts.

A designated staff member should coordinate and ensure rosters and sign-ins are regularly used and maintained. The building administrator must reinforce the need for accurate attendance to reflect accurate arrival and departure times in student logs.

NOTE: As previously stated, a close contact is regarded as someone who was within 6 feet of an infected person for longer than 15 minutes starting from 2 days before illness onset until the time the infected person was isolated. Due to the nature of the school day, it is not feasible to be able to produce an accurate list of individuals who were within 6 feet of a confirmed case. Therefore, if a confirmed case is identified in the school setting, all members of the cohorts (including staff members) belonging to that case, will be considered a close contact and will be sent home immediately to begin quarantine until the contract tracing process is completed.

Communication Systems

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

District communications will be made available on the JCSD website.

Signs and Messages

- Post signs in highly visible locations that promote everyday protective measures and describe how to stop the spread of germs
- Distribute regular announcements on reducing the spread of COVID-19.
- Messages will be included on websites, in newsletters, and social media.

Direct Communication

Communication to families will be made in English and Spanish.

- Health promotion material will be made available for families prior to reopening specific to COVID-19 themes and subthemes.
- Families will be advised on policies related to sick students, potential home isolation criteria, and student exclusion criteria.
- Families and staff will have 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 COVID-19; ○ 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 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
 - Confidentiality should be strictly observed

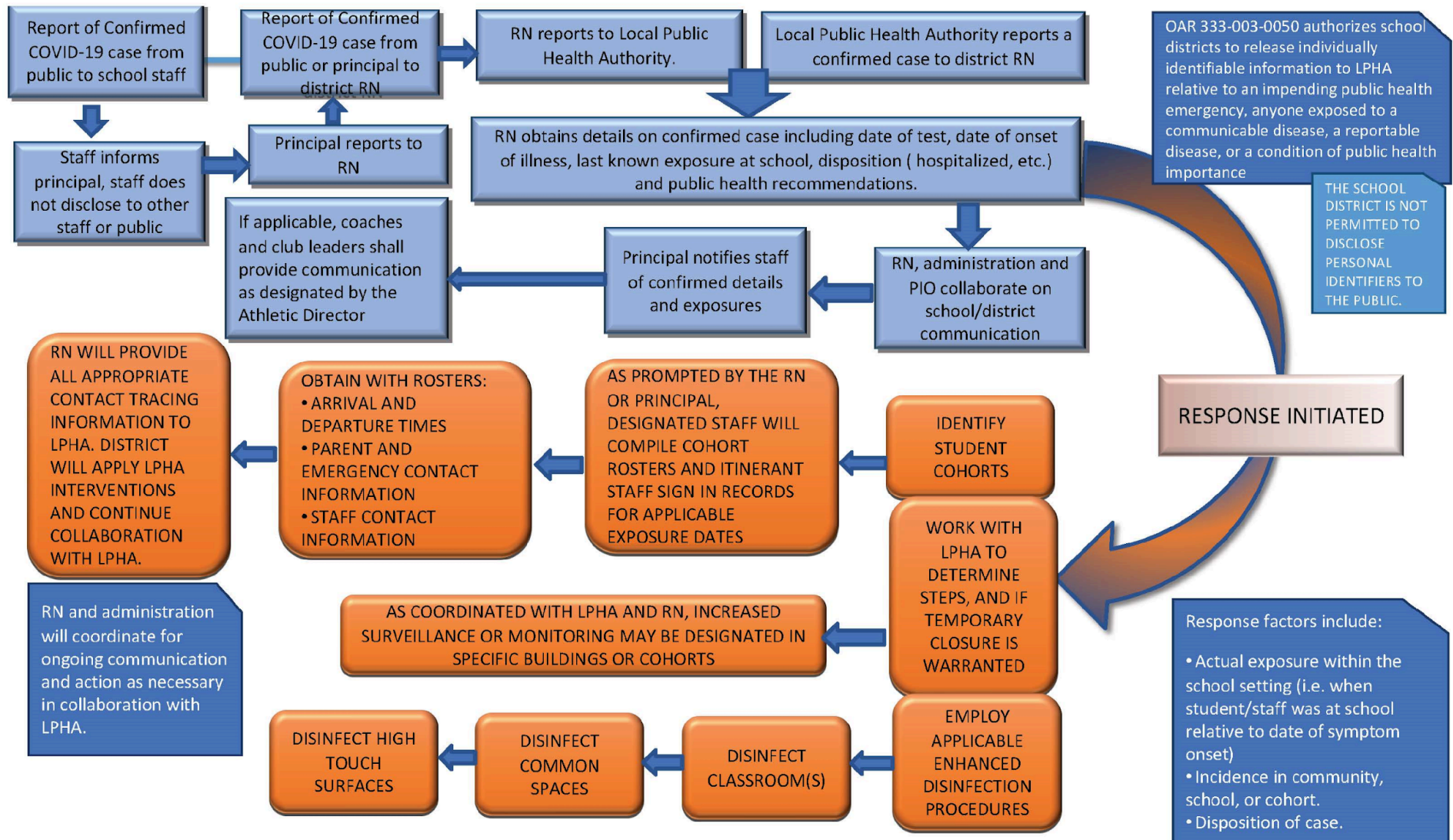
Communication Regarding Confirmed Cases

For a complete overview of communication and response of confirmed cases, refer to the Communication & Response Algorithm on page A-18. In the event of a confirmed case, some staff may be privy to information prior to official communication notices. These staff members should not share information with other staff or families. All measures should be taken to provide confidentiality in communication. Specific communication will be made based on exposure risk, incidence, and necessary interventions, including the potential for short term school closure or exclusion of specific cohorts. These specific practices will be made in collaboration with public health and communication by specific point persons.

- District specific protocols and practices will be communicated by the Superintendent or designee.
- Building specific protocols and interventions will be communicated by the building administrator or designee.
- The building RN or Health Services Supervisor will inform principals and superintendent of confirmed cases. The principal will inform staff of exposures.

The Health Services Supervisor, local health department, district administration, and district communications manager will collaborate to determine appropriate measures and messaging in the event that cohorts need to be excluded and to inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms. As well, this group will collaborate to determine messaging on short-term closures related to confirmed cases or clusters. Letters produced to the families will be revised to reflect potential exposure dates, associated risk, potential onset of illness windows, and interventions advised by the local public health authority.

Communication & Response Algorithm



Food Services

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

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

Transportation

Measures taken on transportation shall follow the processes of school operations to the extent feasible to employ distancing, health and hygiene measures, screening, and PPE. Coordination with the district transportation department and Operations manager will be ongoing to determine appropriate resources and capacity. Coordination with the district office will be ongoing for specific or special needs.

Bus drivers

- Transport vehicles that are used by the school require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face coverings).
 - Bus drivers shall have access to hand sanitizer and/or portable handwashing stations as needed.
- 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, follow department protocols.

Distancing and Staggering Measures

Create distance between children on school buses to the extent possible. While maximum spacing (6 feet) is observed in the school setting, minimum spacing (3 feet) may be promoted to the extent feasible, during shorter durations of exposure such as transport to and from school.

Buses should unload one at a time when arriving at school. When students unload from the bus, students will be directed to exit one at a time with proper distancing in between. Markers on the bus floor may be useful in promoting spatial distancing while exiting the bus.

Screening

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

Table 4: Passive Screening on Bus

IF...	THEN...
Student is visibly ill upon entry to bus	If parents are present, the bus driver should request the student remain at home. All efforts should be made to maintain dignity of student and family.
Student is visibly ill and parent/guardian is not present	Continue to transport student. Student should be seated where can be supervised and as separate from other students as feasible and offered a face covering if not already wearing one. The bus driver should radio to base in attempts to reach parents and notify school. Student should immediately be isolated upon arrival. Efforts should be made to maintain privacy and dignity of student.
Student becomes ill on the bus route	Bus driver should provide and encourage student to wear a face covering if not already wearing one and contact base to notify appropriate school and parents. Student should be immediately isolated upon arrival at school. School staff should report to bus to retrieve student and take to isolation space. All efforts should be made to maintain privacy and dignity of student. If transporting for dismissal and the student becomes ill, notify the school. Continue transporting student.
Student is in distress during bus route	Follow existing emergency transportation procedures to contact EMS.

*If the parent/guardian or emergency contact of a sick student who depends on district transportation cannot be reached, follow the above guidelines for transporting a sick student.

*If a sick student should need transportation home during the school day, coordinate with the Transportation Supervisor for an available vehicle and follow above guidelines for transporting a sick student.

Maintaining Healthy Operations

Regulatory Awareness

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

Visitors and Volunteers

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

- Visitors and volunteers will be restricted.
- Communication will be made to itinerant staff to indicate that they cannot report to buildings if they have been sick or in contact with sick persons in the past 14 days.
- Physical distancing will be maintained for essential visitors.
- Visitors will be required to wash hands or use hand sanitizer upon arrival.

- Visitors will be required to sign in and out 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 in the past 14 days.
- Face coverings are required.

Events, Gatherings, and Field Trips

- Events, gatherings, field trips, and athletics shall operate under current executive orders and phase level opening by county. Events, gatherings, and field trips will not be planned until direction is provided from the district office.
- Physical assemblies will be discontinued until large gatherings are permitted. Virtual assemblies and gatherings will be used where feasible. Any gatherings that occur will maintain all executive orders, physical distancing, and personal protective requirements.
- Virtual activities will be pursued as feasible.

Athletics

- Options to convene sporting events and participation will be done in accordance with current executive orders and county phase level opening.
- Athletics will observe OHA and OSAA guidance.
- Sports activities will be pursued in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Sharing Facilities

- All facility use will be in accordance with public health recommendations.
- Refer to facility use liability with JCSD district office.

Support Coping and Resilience

- The CDC provides pandemic specific mental health considerations for coping and stress.
- Employee assistance is addressed with Human Resources.

Continuity of Routine School Health Services

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

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

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