



Communicable Disease Management Plan

Introduction

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

In the school setting, there is a prevention-oriented approach for a communicable disease that is grounded in education, role modeling, standard precautions and hygiene. However, the nature of a population-based setting lends to the need to establish practices for measures and interventions associated with exposures or potential exposure. This section focuses on a population-based set of practices for communicable disease prevention. The subsequent Exposure Control Plan discusses work practice control measures for staff.

Santiam Canyon School District Policies

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

[Communicable Diseases - JHCC](#)

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

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

Oregon Legislation

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

[OAR 581-02202200 Health Services](#)

Oregon Health Authority and Oregon Department of Education

[Oregon Communicable Disease Guidelines for Schools - revised 4/21/2020](#)

Prevention and Transmission Routes

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

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

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 hygiene, sanitation, immunization and management of animals/insects that can cause illness. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can spread.

Communicable Disease Prevention

How these communicable diseases are spread depends on the specific infectious agent.

Common ways in which communicable diseases spread include:



Hand Hygiene



Cough Etiquette



Immunizations



Blood Borne Pathogen Training



Environmental Sanitation



Standard Precautions



Illness Policy



Food Safety

- Travel through the air, such as measles.

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

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB);
- Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria);
- Bites from insects or animals(aka, vectors) capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and
- Common Childhood Infectious Disease
- Vaccines
- Respiratory/Cough Etiquette

(Molalla River SD, Comprehensive Communicable Disease Management Plan)

Common Childhood Infectious Diseases

In the school setting, there are a variety of infectious diseases that are regularly present among the student population. These include the common cold, which may be due to a variety of viruses or bacteria. Other common illnesses include gastrointestinal illness with common symptoms of vomiting and/or diarrhea and influenza of a variety of strains. Click on the link summary of [Common Childhood Infectious Disease](#)

It is important to know what to look for and understand how a symptom should be handled in relation to attending school. Below is a table that shows some common symptoms and the school restrictions based on those symptoms.

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature of 100.4°F, with or without other symptoms.	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 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 situations 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 the cough resolves. <ul style="list-style-type: none"> • If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, students 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 healthcare provider.
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 the 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.

Vaccines

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

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

Handwashing

Effective handwashing is one of the most effective ways to prevent the transmission of many communicable diseases.

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

Students and staff should wash their hands:

- After arriving at school.
- After coughing or blowing your nose.
- After playing with animals.
- After using the toilet.
- After handling garbage.
- After playing outdoors.
- After touching or feeding your animal.
- Before making or eating food. (CDC, 2020)

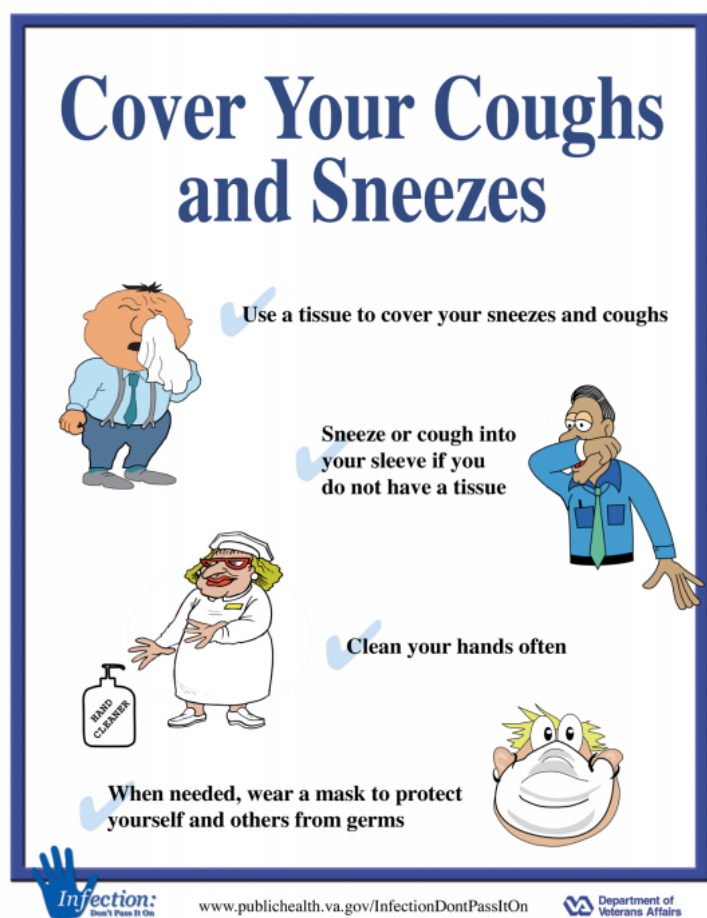
[Age-appropriate handwashing curriculum](#) is important. Use a variety of formats for reinforcing handwashing, including posters, videos and reminder prompts to increase effectiveness.

If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used. Hand sanitizer should not be used on hands that are visibly dirty.

Some bacteria and viruses are not killed by hand sanitizers. For greatest protection against the spread of disease, hands should be washed thoroughly with soap and water. If using hand sanitizing products they must adhere to CDC guidance for hand sanitizers.

Respiratory Hygiene/ Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures which decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet before reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like door knobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced and role modeled to prevent the spread of disease. Practices and interventions are described under Respiratory Hygiene and Cough Etiquette and Transmission Based Measure in Exposure Controls Plan. (Molalla River SD, *Comprehensive Communicable Disease Management Plan, 2020*)



Environmental Surface Cleaning

Maintaining regular cleaning of surfaces, particularly high contact surfaces with approved sanitizing agents, is an important part of infection control. In the school setting, most environmental surface cleaning will be done by custodial staff. Other staff may assist with activities such as wiping lunch tables. During times of increased illness, sanitizing wipes may be used in the classroom to supplement the efforts of custodial staff.

Communicable Disease Exclusion

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis and adequate isolation or treatment (ODE, 2020).

Oregon public health law (Oregon Administrative Rule 333-019-0010) mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. The Oregon Health Authority and Oregon Department of Education provide guidance to schools about communicable disease control in the school settings in the document titled [Oregon Department of Education Communicable Disease Guidance](#), which can be found in Appendix A. The following exclusion criteria for students and staff are excerpted from the ODE Guidance Document:

School Restrictable Diseases

School-restrictable diseases are communicable diseases for which the school is required by Oregon law to exclude a child. These cases are reported to the local health department, who then confirms the diagnosis. 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 only when documentation is obtained from the Local Health Department (LHD) indicating they are no longer communicable.

Restrictable diseases include:

- Chickenpox
- Diphtheria
- Hepatitis A
- Measles
- Mumps
- Pertussis
- Rubella
- Salmonella enterica serotype
- Typhi infection
- Shiga-toxigenic Escherichia coli (STEC) infection
- Shigellosis
- Tuberculosis
- Hepatitis B
- COVID-19

If a report is made to the school office, administration or other school staff in regard to any communicable disease diagnosis in students or staff, this should immediately be referred to the District RN.

This should be regarded as an urgent referral to the RN if the disease is regarded as a restrictable condition.

The District RN and administrators will contact the Local Public Health Department to determine actions to be taken, including the communication plan based on legal requirements to maintain confidentiality.

School staff receiving reports should not inform any other students, staff or parents of the report.

Isolation Spaces

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

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

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

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

Disease Outbreak & Cluster

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

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

Respiratory Illness

Respiratory illness or disease refer to the pathological conditions affecting the organs and tissues that make gas exchange possible. This includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, as well as 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 district RN in regards to respiratory illness:

- Any respiratory illness resulting in hospitalization or death of a student or staff member.
- Diagnosed pneumonia in 3 or more individuals in the same class
- Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with similar respiratory symptoms.
- Prolonged illness, lasting longer than 5 days on average, among 10 or more persons of the same cohort. (*Molalla River SD, Comprehensive Communicable Disease Management Plan, 2020*)

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:

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

Most VPDs are also notifiable diseases*, meaning they are reportable to the local health department and are under surveillance. The District Nurse should be notified of all reports of vaccine preventable illnesses. The District Nurse will notify the appropriate Local Public Health Department. There are numerous other vaccine preventable diseases not commonly found in the US. The District Nurse should be notified of any of the following situations:

- A single case of a vaccine preventable disease that is also a notifiable disease* or uncommon locally.
- More than 2 cases of chickenpox from separate households in the same classroom or more than 3 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same class.

Gastroenteritis

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

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

Indicators to report to the district RN include:

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

Other Situations

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

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

- 2 or more students in the same class or sports team with the same skin infection;
- Any student or staff member who comes in contact with blood or body fluids that is not their own;
- Any individual who received a human bite that breaks the skin;
- Any student or staff coming into contact with blood, saliva or feces from a non-domestic animal.
- Any illness or symptoms that do not present consistent with typical seasonal illnesses - including duration or intensity that is atypical.

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

Communication

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

Tracking Illness -Logs

As per OAR 166-400-0010 any student reporting to the office for health needs or other reasons needs to be documented in the office health/activity log. During this period, all students should

be accounted for whether injured or ill or visiting the office for alternate reasons. It is important to be able to determine potential exposures.

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

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

Animals in Schools

Santiam Canyon School Board Policy ING provides direction about animals in school buildings. Animals can cause infectious disease, so when deemed academically appropriate precautions must be taken. All domestic animals must be vaccinated prior to being allowed on school property.

Wild mammals, alive or recently dead, should not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.

Animal bites domestic or wild that occur on school property must be reported to school administration, District Nurse and Local Public Health Department.

Food Safety

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

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