COMMUNICABLE DISEASE PLAN

Helix School District

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Table of Contents

1)Introduction

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

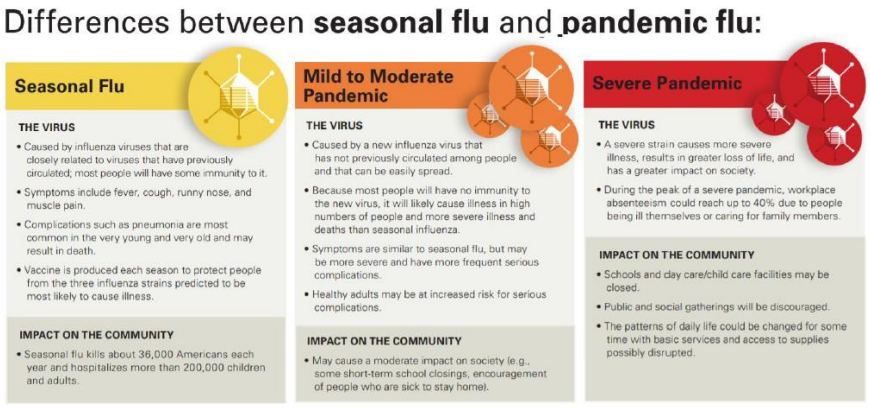
There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses,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

Seasonal Influenza

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

Novel, Variant and Pandemic Viruses

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



(Image: CDC)

2) Purpose

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

3) Control Measures

While prophylactic vaccine and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza. These are not always accessible for novel strains. Non-pharmaceutical interventions (NPI's) are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPI's in the school setting and at school-sponsored events (CDC, 2017).

4) Everyday Measures

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

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

5) Control Measures for Novel or Variant Viruses

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

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

Control measures are incremental based on the current situation. The current situation will be defined by the public health entities based on the severity, the incidence and the proximity to the school setting lending to level based responses

When cases of novel viruses are identified globally

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

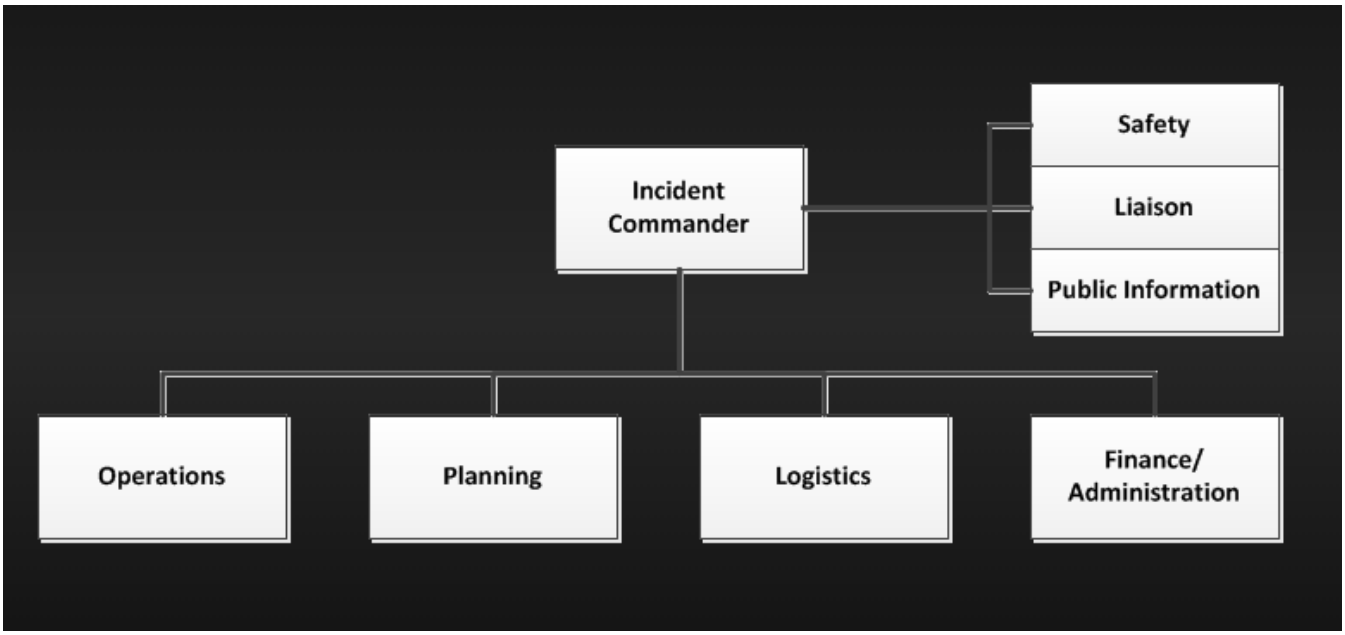
ROUTINE PRACTICES

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene • Respiratory etiquette • Stay home when ill	• Routine illness exclusion (Appendix B)	• Routine sanitizing	• Routine seasonal illness prevention and exclusion communication

When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., it is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Umatilla County, the Local Health Department (LHD) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district.

Response team should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities at minimum to meet the general structure of Incident Command.



(Image: prepare.gov)

When public health has deemed a novel virus a pandemic threat, defer to the CDC Recommended School Action *When a Person Exhibits Symptoms of a Disease…* (Appendix A) in order to establish a specific emergency response framework with key stakeholders. During this time, planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION-PREVENTION FOCUSED

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. • Cover coughs/sneezes, throw away tissues at each use, wash your hands. • Stay home when ill for at least 24 hours after fever free without the use of	• Identify baseline absentee rates to determine if rates have increased by 20% or more • Increase communication and education on respiratory etiquette and hand hygiene in the classroom • Teachers can provide age-appropriate education. • Communicable Disease surveillance -	• Increase sanitizing of flat surfaces and shared surfaces • Devise prevention and post-exposure sanitizing strategies based on current recommendations • Isolate students who become ill at school with febrile respiratory illness until parents can pick up.	• Provide communications to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal

fever-reducing medication.	monitoring and reporting student illness (Appendix C). • Instruct students in small groups as feasible. • Increase space between students in the classroom.	• Discourage the use of shared utensils in the classroom.	providers in regards to attendance.

When cases of novel viruses are identified in the community

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow local public health guidance as well.

When the local transmission is detected, planning for dismissal and academic continuity should be prioritized. As well, plans for prolonged staff absences should be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED (INCLUDES LEVEL ONE ACTIONS)

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Public health-specific guidance. • Be prepared to allow your staff and students to stay home if someone in their house is sick.	• Public health guidance • Increase space between people at school to at least 3 feet, as much as possible. • Temporarily dismiss students attending K-12 schools (Teachers report to work, students do not report to school).	• Public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with LHD.	• Work with LHD to establish timely communication with staff and families. • Provide communication to staff about the use of sick time and a reminder to stay home when sick. • Advise parents to report actual symptoms when calling students in sick as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the man power to impose individual restrictions and may create public statements that the school district should reiterate.

LEVEL THREE ACTIONS: RESPONSE FOCUSED (INCLUDES LEVEL ONE & TWO ACTIONS)

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Follow public health direction.	• Follow exclusion guidance designated by the Local Public Health Authority, which may include student dismissal.	• Follow local public health direction on environmental cleaning, which may include school closure and canceling major events.	• Coordinate communication with the Local Public Health Authority. • Identify potentially immediately impacted student populations such as Seniors and graduation track.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 24 hours fever free without the use of fever-reducing medications.	• Routine illness exclusion when LPHA deems processes may return to baseline.	• Routine sanitizing when LPHA deems processes may return to baseline.	• Routine seasonal illness prevention and exclusion communication. • Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the plans needed to make up lost academic time.

6) Special Considerations

Employee Sick Leave

Administration and human resources should work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regards to lost work, such as maximum incubation period exclusion (10-14 days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised or who are identified as potential cases.

School Closures

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

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their provider.

7) Procedures

Communicable Disease Control Measures – Guidelines for Exclusion

Part 1: EXPANDED GUIDELINES FOR SCHOOL STAFF

Symptoms described in the EXPANDED GUIDELINES FOR SCHOOL STAFF should be considered reasons for exclusion until symptoms are resolved for the length of time indicated below OR until the student has been cleared by a licensed healthcare provider, unless otherwise noted.

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

- Only a licensed health care provider can determine a diagnosis or prescribe treatment.

- The school administrator has the authority to enforce exclusion. [OAR 333-019-0010]

- The registered nurse (RN) or school nurse* can be a valuable resource. Collaboration with the RN may be legally required, especially if health issues relate to a student's chronic condition.
    - "A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student." [ORS 336.201]
    - A RN is licensed to provide "services for students who are medically fragile or have special health care needs" [OAR 581-022-2220; ORS 336.201].
    - *School nurse: an RN certified by the Teacher Standards and Practices Commission to conduct and coordinate school health services. [ORS 342.455]

- Messages about health should be created in collaboration with those licensed or trained in the health field. The registered nurse practicing in the school setting or the local public health authority should be consulted regarding notifying parents/guardians about health concerns, including describing risks and control measures.

- During times of increased concern about a specific communicable disease, such as a local flu outbreak or another emergent disease, changes to this guidance may be warranted. School administrators should work with local public health authorities regarding screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern.

Communicable Disease Control Measures – Guidelines for Exclusion

Students and school staff who are diagnosed with a school-restrictable disease must be excluded from work or attendance. Susceptible students and school staff may also be excluded following exposure to selected diseases, per instructions to the school administrator from the local public health authority or per OHA state-wide posted notices. [OAR 333-019-0010; 333-019-0100]

Students should also be excluded from school if they exhibit:

1) **Fever**: a measured oral temperature of 100.4°F, with or without the symptoms below.
   a) 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.

2) **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.
   a) Stay home until rash is resolved **OR** until sores and wounds are dry or can be completed covered with a bandage **OR** until diagnosis and clearance are provided by a licensed healthcare provider.

3) **Difficulty breathing or shortness of breath** not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
   a) Seek medical attention; return to school when advised by a licensed healthcare provider.

4) **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.
   a) Stay home until 72 hours after cough resolves.
   b) If pertussis ("whooping cough") is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.

5) **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
   a) Stay home until 48 hours after diarrhea resolves.

6) **Vomiting**: at least 1 episode that is unexplained
   a) Stay home until 48 hours after last episode

7) **Headache with a stiff neck and fever OR headache with recent head injury** not yet seen and cleared by licensed health provider.
   a) Recent head injury: consider ODE concussion guidance.

8) **Jaundice:** yellowing of the eyes or skin (new or uncharacteristic)
   a) Must be seen by a licensed prescriber and cleared before return to school

9) **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.
   a) Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.

10) **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.
   a) In case of head injury, consider ODE concussion guidance.

11) **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.
   a) Student should not be at school until health and safety are addressed.
   b) School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

12) **Student requiring more care than school staff can safely provide:**
   a) Student should not be at school until health and safety are addressed.
   b) School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Communicable Disease Control Measures – Guidelines for Exclusion

Part 2: SIMPLIFIED GUIDELINES: SAMPLE LETTER TO SCHOOL COMMUNITY

BEGIN LETTER PAGE 1

Dear Parent/Guardian:

DO NOT SEND AN ILL STUDENT TO SCHOOL.

Please call the school office to notify us if your student is ill. The chart on the following page gives examples of when your student should not be in school.

If your student's symptoms are related to a chronic condition, contact the school and follow school policies for chronic condition management.

Please contact your health care provider about serious illness, including any fever of 100.3°F or higher. If you need help in finding a health care provider, you may contact your local health department.

Notify school staff if your student requires medication during school hours. Follow school protocols for medication at school. Unless otherwise instructed, if your student's illness requires antibiotics, the student must have been on antibiotics for 24 hours before returning to school. Antibiotics are not effective for viral illnesses.

To help protect all students, please notify the school if your child is diagnosed with any of these diseases: *chickenpox, COVID-19, diphtheria, E. coli diarrhea, hepatitis, measles, mumps, pertussis, rubella, Salmonella, scabies, shigellosis, tuberculosis, or another disease as requested.* The school will protect your private information as required by law. [OAR 333-019-0010]

With consent, the school nurse may consult with your doctor about your student's health in order to keep your student safe, healthy, and ready to learn.

END LETTER PAGE 1

BEGIN LETTER PAGE 2

When Should I Keep My Student Home?

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

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

To notify the school about your student's illness, please call (541) 457-2175.

To contact the school nurse or health office please call or email the IMESD.

END LETTER PAGE 2.

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CDC.gov