Siuslaw School District 97J

COMMUNICABLE DISEASE MANAGEMENT PLAN

THIS DOCUMENT CONTAINS

Siuslaw School District Communicable Disease Plan
Siuslaw School District Exposure Control Plan
Siuslaw School District Pandemic Plan
COVID-19 Addendum

Updated – **August 25, 2023 – School-level Communicable Disease Management Plan for the 2023-2024 School Year; there is a symptoms-based exclusion reference for when to stay home for students, staff, visitors and volunteers.**

Siuslaw School District 97J

Table of Contents
Comprehensive Disease Management Plan

Content Section	Page #
Introduction	2
Communicable Disease Plan	**3**
Communicable Disease Prevention	**4**
Common Childhood Infectious Diseases, Vaccines, Hygiene	5
How to wash your hands	6
Respiratory Hygiene & Cough Etiquette, Environmental Surface Cleaning	7
Communicable Disease Exclusion – Symptom-based exclusion from school	8
Restricable Diseases, Isolation Spaces	12
Outbreaks, Respiratory Illnesses	13
Vaccine Preventable Disease	14
Gastroenteritis, Other Circumstances	15
Animals in School	16
Food Safety	17
Exposure Control Plan	18
OSHA, Exposure Prevention	18
Universal & Standard Precautions, Hand Hygiene	19
Personal Protective Equipment	20
Respiratory Hygiene & Cough Etiquette	21
Sharps Safety, Cleaning & Disinfection of Environmental Surfaces	22
Transmission-Based Precautions – Contact, Droplet, Airborne	22
Exposure Incident – Needle-stick, Mucous Membranes	24
Exposure Incident – Blood Spill, Cleaning Spills, Bites	25
Pandemic Plan	**26**
Seasonal Respiratory Illness, Seasonal Influenza	27
Novel, Variant and Pandemic Viruses	29
Control Measures	29
Level One Actions – Prevention Focus	31
Level Two Actions – Intervention Focus	32
Level Three Actions – Response Focus	32
Post Event Non-Pharmaceutical Interventions	32
Special Considerations	33
Glossary of Terms – Pandemic Plan	34
References – Pandemic Plan	36

Siuslaw School District 97J

Introduction

Students and staff health and safety is a priority of the Siuslaw School District. One area of health and wellness in the school setting includes controlling communicable diseases. Providing a safe, comfortable, and healthy environment facilitates the educational process, encourages social development, and allows children to acquire healthy attitudes toward school (NRC, 2020).

Illness and injury are not uncommon in the school setting and thus policies, procedures and guidance in regards to infection control is of the utmost importance. When children are injured or feel unwell it can create difficulties in the school setting in regards to both risk to others and the ability of a child to fully participate in class or educational activities. In the nature of a Whole School, Whole Community, Whole Child model, staff collaborate for the best outcomes of the student population and individuals. In this regard staff must be prepared have accessible resources and materials to identify appropriates measures and interventions for child health issue (ACSD, 2020).

The purpose of this comprehensive guide is to provide infection control guidance and practice standards to the employees of Siuslaw School District.

This document combines the district's Communicable Disease Plan, Exposure Control Plan and Pandemic Plan for a Comprehensive Communicable Disease Plan.

This plan was authored by Colton School District health services, in collaboration with district administration & the Siuslaw School District.

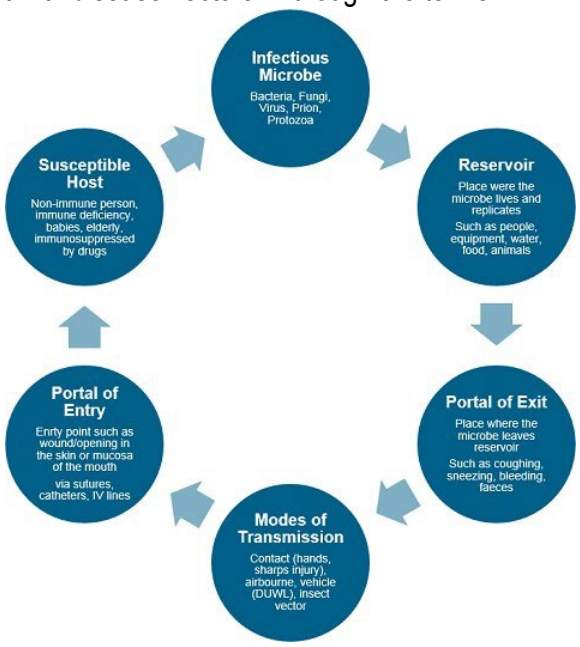
Primary Author: Dr. Jan Olson, DNP, MSNEd, BSN, RN, NCSN, District Nurse (CSD)
Coordination: Lane County Public Health

Siuslaw School District 97J

Communicable Disease Plan

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

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



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

Siuslaw School District Board Policies
Communicable Diseases - JHCC
Communicable Diseases - JHCC-AR
Student Health Services and Requirements - JHC
Animals on District Grounds / in Facilities - ING
Animals in District Facilities – ING-AR

Oregon Legislation – Administrative Rules & Statutes
OAR 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions
OAR 581-022-2200 Health Services
ORS 410-133-0000 School Based Health Services

Oregon Health Authority & Oregon Department of Education
Oregon Communicable Disease Guidelines for School

Siuslaw School District 97J

Communicable Disease Prevention

There are a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread.

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

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

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

This section of the plan will provide a brief overview:

- Common Childhood Infectious Disease
- Vaccines
- Respiratory & Cough Etiquette

This section will provide procedures on addressing the following communicable disease issues in the school setting.

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

Common Childhood Infectious Disease

There are a variety of common childhood infectious diseases (lists from CDC, BCDC) that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently) and croup (most commonly parainfluenza) and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand foot and mouth disease, fifths disease and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year (BCDC, 2009).

Vaccines

In the school setting vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school has record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. The vaccine process is covered in detail in the Siuslaw School District Registration materials and policy.

As per OAR 333-019-1030, all school personnel must show proof of vaccination, or have a valid medical or religious exception on file by October 18, 2021, or they may no longer work at a school. A school may not employ, contract with, or accept the volunteer services of any person not fully vaccinated or that does not have a valid medical or religious exception on as of October 19, 2021.

Under the direction of the district personnel:

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

Hygiene

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

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

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

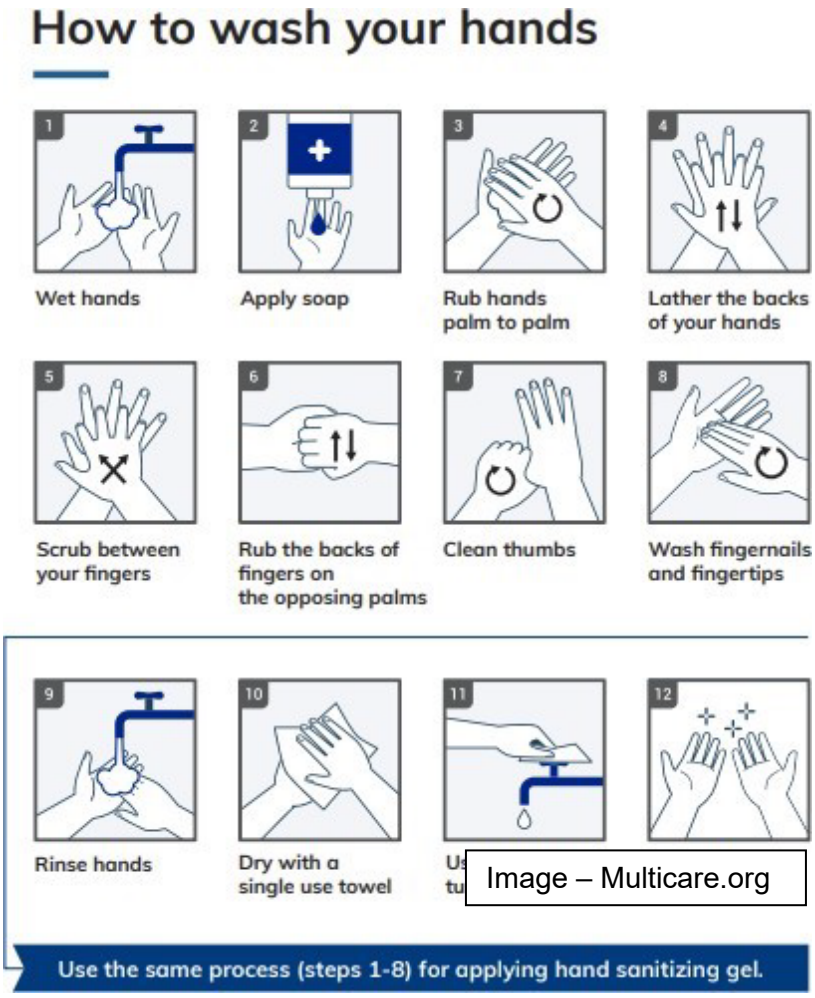


Image – Multicare.org

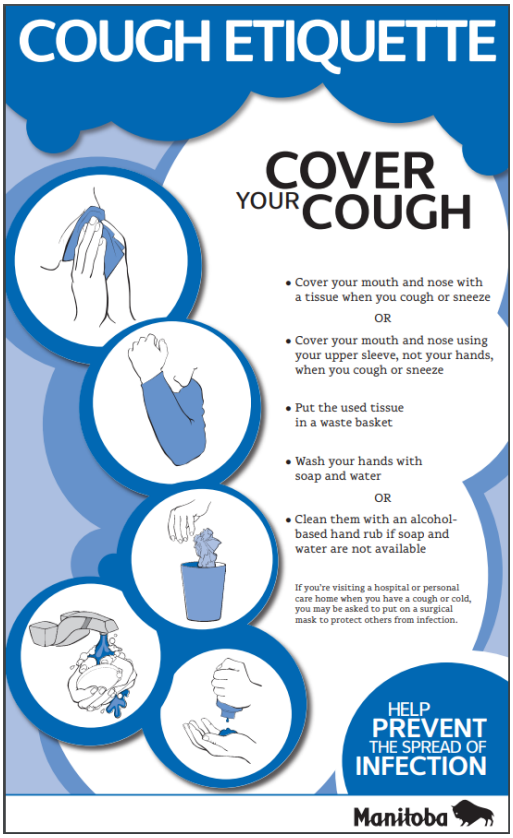
Students and staff should wash hands when:

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

When immunocompromised students and staff are present increase in hand hygiene frequency is a necessary prevention intervention (Centers for Disease Control, 2020).

Respiratory Hygiene & Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like 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 (see Cover Your Cough, Oregon DHS). Practices and interventions are described under Respiratory Hygiene and Cough Etiquette and Transmission Based Measure in Exposure Controls Plan.



Environmental Surface Cleaning

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include scheduling routine cleaning of each classroom and common areas, ensuring appropriate stock of appropriate sanitizers and disinfectants, ensuring garbage is emptied regularly and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is largely governed by facilities management and custodial services, there are certain classroom measures that can be practiced to improve cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer.

Siuslaw School District 97J

Communicable Disease Exclusion

Communicable diseases are diseases that can be transmitted from person to person, by a variety of transmission routes. While some conditions are restrictable based on diagnosis, more often it is by early identification of signs and symptoms of communicable disease that is of paramount importance to increase the health of the school population and to 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). Restriction of some communicable diseases may be imposed by the local public health authority, for reportable conditions (Oregon Administrative Rule 333-019-0010) which is addressed in a subsequent section.

The local district policies and/or administrative rules related to communicable diseases and exclusion from school are:

- JHCC – Communicable Diseases – Students
  - JHCC-AR – Communicable Diseases – Students
- GBEB – Communicable Diseases – Staff
  - GBEB-AR – Communicable Diseases – Staff

Symptom-Based Exclusion Guidelines

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

Students, staff, volunteers and visitors should be excluded from the school setting if they exhibit:

1. *FEVER: a measured temperature equal to or greater than 100.4°F orally.
   a. MAY RETURN AFTER fever-free for 24 hours without taking fever- reducing medicine.

2. *COUGH: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness that is frequent or severe enough to interfere with participation in usual school activities.
   a. MAY RETURN AFTER symptoms improving for 24 hours (no cough or cough well-controlled.)

3. *DIFFICULTY BREATHING OR SHORTNESS OF BREATH not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
    a. MAY RETURN AFTER symptoms improving for 24 hours.
    b. This symptom is likely to require immediate medical attention.

4. HEADACHE WITH STIFF NECK AND FEVER.
    a. MAY RETURN AFTER WHEN **Symptom-free OR** with orders from doctor to school nurse; follow fever instructions above.
    b. This combination of symptoms may indicate a serious condition. Advise student's guardian to seek medical attention.

5. DIARRHEA: three or more watery or loose stools in 48 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able.
    a. MAY RETURN AFTER WHEN symptom-free for 48 hours **OR** with orders from doctor to school nurse.

6. VOMITING: at least 1 episode that is unexplained.
    a. MAY RETURN AFTER WHEN symptom-free for 48 hours **OR** with orders from doctor to school nurse.

7. SKIN RASH OR SORES: new rash[#] not previously diagnosed by a health care provider OR rash increasing in size OR new unexplained sores or wounds OR draining rash, sores, or wounds which cannot be completely covered with a bandage and clothing.
    a. MAY RETURN AFTER WHEN **Symptom free**, which means rash is gone OR sores are dry or can be completely covered by a bandage **OR** with orders from doctor to school nurse.

    [#]Some children have chronic non-infectious skin conditions—e.g., eczema; they need not be excluded for apparent exacerbations of these conditions.

8. EYE REDNESS WITH COLORED DRAINAGE: unexplained redness of one or both eyes AND colored drainage from the eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.
    a. MAY RETURN AFTER WHEN **Symptom-free**, which means redness and drainage are gone **OR** with orders from doctor to school nurse.
    b. Eye redness alone, without colored drainage, may be considered for attendance per CDC guidelines and school nurse assessment.

9. JAUNDICE: yellowing of the eyes or skin that is new or uncharacteristic.
    a. MAY RETURN **After the school has orders** from doctor or local public health authority to school nurse.

10. BEHAVIOR CHANGE: may include uncharacteristic lethargy, decreased alertness, confusion, or a behavior change that prevents active participation in usual school activities.
    a. MAY RETURN WHEN **Symptom-free**, which means return to normal behavior **OR** with orders from doctor to school nurse.
    b. These symptoms may indicate a serious condition. Advise student's guardian to seek medical attention.

11. MAJOR HEALTH EVENT or STUDENT REQUIRING MORE CARE THAN SCHOOL STAFF CAN SAFELY PROVIDE. May include an illness lasting more than two weeks, emergency room treatment or hospital stay, a surgical procedure with potential to affect active participation in school activities, loss of a caregiver or family member, or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
    a. MAY RETURN **After the school has orders** from doctor to school nurse **AND** after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.
    b. Schools must comply with state and federal regulations such as the Americans with Disabilities Act ensuring free and appropriate public education (FAPE). School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable laws.

12. WHEN ILL WITH 2 OR MORE PRIMARY COVID-19 SYMPTOMS (fever, new cough illness, difficulty breathing or shortness of breath, and new loss of taste or smell):
    a. Following a Negative Test: someone may return to campus once fever-free for 24 hours AND other symptoms have been improving for 24 hours
    b. Following a Positive Test or No Test with multiple active symptoms : someone may return to campus after 5 days of isolation and then resolution of symptoms for at least 24 hours (following the symptoms-based guidance listed above).

REFERENCE – Primary & Non-primary Symptoms of COVID-19

- Primary symptoms of COVID-19
    - Cough
    - *Temperature of 100.4°F or higher or chills*
    - *Shortness of breath or difficulty breathing*
    - *New loss of taste or smell*
- Non-primary symptoms – Fatigue, muscle or body aches, Headache, Sore throat, Nasal congestion or runny nose, Nausea or vomiting, Diarrhea

Siuslaw School District 97J

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 often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. The Lane County Exclusion Guidelines are a quick reference for school staff. When in question the district personnel should be consulted and the Oregon Department of Education Communicable Disease Guidance Document.

As a matter of routine practice students with the following symptoms should be excluded from school as per OAR 333-019-0010 and Local Health Department (LHD) guidelines and ODE guidelines:

- Fever greater than 100.4ºF;
- Vomiting;
- Stiff neck or headache with fever;
- Any rash with or without fever;
- Unusual behavior change, such as irritability, lethargy, or somnolence;
- Jaundice (yellow color or skin or eyes);
- Diarrhea (3 watery or loose stools in one day with or without fever);
- Skin lesions that are “weepy” (fluid or pus-filled);
- Colored drainage from eyes;
- Brown/green drainage from nose with fever of greater than 100.4ºF;
- Difficulty breathing or shortness of breath; serious, sustained cough;
- Symptoms or complaints that prevent the student from participating in his/her usual school activities, such as persistent cough, with or without presence of fever, or student requires more care than school staff can safely provide

Students with the above symptoms should be excluded from school and, generally speaking should remain out of school for at least 24 hours following symptom resolution or with a note from a doctor to the school nurse. Provider note, however does not supersede public health law or restriction. Specific consideration should be made in regards to spread of illness when students are being dismissed or returning to school:

- Students meeting exclusion criteria due to illness should be separated from other students while waiting for dismissal.
- Only a licensed health care provider can determine a diagnosis and/or prescribe treatment and provide instructions regarding the student’s return to school.
- The school nurse may evaluate a rash to determine exclusion.
- Students who have been excluded for fever should not return to school until 24 hours without fever and use of fever reducing medications.
- Students who have been excluded for vomiting or diarrhea should not return until 48 hours’ symptom free.
- Students with draining lesions should remain out of school until 24 hours after initiation of antibiotics and the dressing can remain dry and intact.
- Students with conjunctivitis that has colored drainage should not return to school until 24 hours after initiation of antibiotics.

A variety of other conditions may not be excludable; however personal physicians may restrict as student from returning to school for a specific duration. In this case, a provider's note is needed.

Restricable 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 local health department (LHD). The local health department typically notifies school health services. Although, there are occasions when the parent will notify the school first. Students with diagnoses of disease restrictable by the local public health authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including:

- Diphtheria,
- Measles,
- Salmonella
- Typhi infection,
- Shigellosis,
- Shiga-toxigenic Escherichia coli (STEC) infection,
- Hepatitis A,
- Tuberculosis,
- Pertussis,
- Rubella,
- Acute Hepatitis B,

- If a report is made to the school office, administration or other school staff in regards to any communicable disease diagnosis of students or staff, this should immediately be referred to the district personnel.
- This should be regarded as an urgent referral to the district personnel if the disease is regarded as a restrictable condition.
- The district personnel and administrators 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.

Isolation Spaces

As per OAR 581-022-2220 the school district is required to maintain a prevention- oriented program which includes a health care space that is appropriately supervised and adequately equipped for first aid and isolation of ill or injured child from the student body.

When students are identified with restrictable diseases or excludable symptoms, students should be isolated in an appropriate space until they can be dismissed to home.

Outbreaks

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

Respiratory Illness

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

Respiratory illnesses are often observed on the school setting. The following indicators should be reported to district personnel 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 cohort.
- Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
- Prolonged illness, lasting longer than 3 days on average, among 10 or more persons of the same cohort.
- Any uncommon incidence of illness in more than two students.

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

Vaccine Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists.

Current VPD routinely immunized for in the United States includes:

- Diphtheria*
- Tetanus*
- Measles*
- Mumps*
- Rubella*
- Haemophilus influenzae type b infections (Hib)*
- Pneumococcal infections*
- Meningococcal disease*
- Pertussis (whooping cough) *
- Poliomyelitis (polio)*
- Hepatitis A*
- Hepatitis B*
- Varicella
- Influenza

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

Indicators for VPD include:

- 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 5 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same school setting.

Gastroenteritis

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

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

Other Circumstances

Less common outbreaks of skin infections, novel diseases occurrences or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions and following guidelines these other situations should be deferred to the school nurse immediately and will be handled on a case by case basis. **Examples of these circumstance may include:**

- More than 2 students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva or feces from a non-domestic animal.
- Any student or staff coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration or frequency that seems unusual as compared to routine seasonal illness.

The district personnel may decide that additional control measures or data collection is necessary and will consult with administration and LCPH as needed, in regards to determined outbreaks or novel diagnoses. Administration and LCPH should always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak.

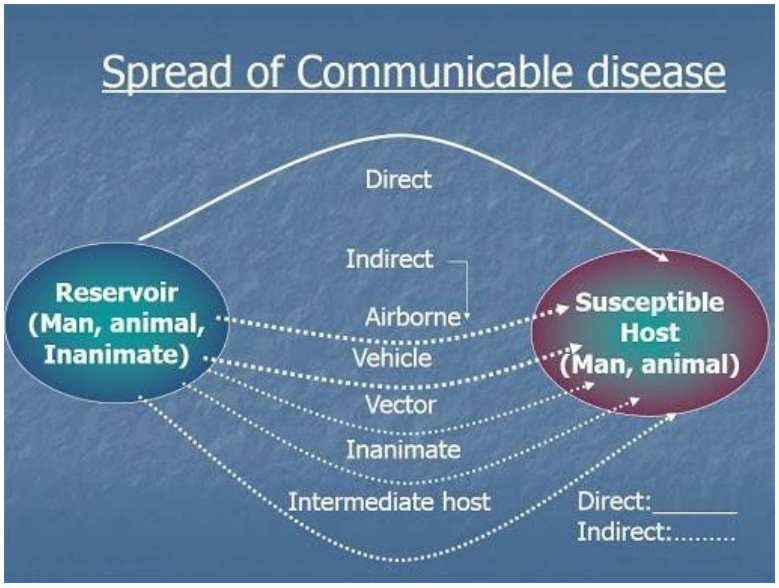
Any presentation of illness or combination of illnesses as described above should be reported to the district personnel and administrator.

Siuslaw School District 97J

Animals in School

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

- Wild mammals, alive or recently dead, should not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school should have a current rabies vaccine.
- Any animal bites on school premised should be reported to the local health department for follow up.
- Animals who are ill should not be allowed into the school setting.
- Class pets should be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent diseases such as transmission.
- Animals should not be present or handled in areas where food and drink are consumed or prepared.



- Children should not kiss high risk animals such as chicks, ducks, turtles and other reptiles.
- Children should always be monitored with animal interactions.
- Consider the medical needs of students who may be immunosuppressed or who may have allergies as they may become severely ill when exposed to certain pathogens.
- In the event of an animal bite in the school setting, please ensure standard first aid is followed and the student/staff is deferred to medical care. Unprovoked bites sustained from canines are reportable to the local health department.
- In the event that a student in a classroom is diagnosed with a disease known to be carried by animals (campylobacteriosis or salmonellosis, for example) the animal should be removed from the classroom setting until the risk is determined to be resolved.

Siuslaw School District 97J

Food Safety

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

For Elementary School Classrooms:

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

For Middle School or High School Culinary Classrooms:

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

Siuslaw School District 97J

Exposure Control Plan

This plan provides the employees of Siuslaw School District with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements.

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

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

OSHA – Occupational Health and Safety Administration

Notices and citations in federal policy or law:

- Blood Borne Pathogens 1920.1030
- Personal Protective Equipment 1910 Subpart 1

Exposure Prevention

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

- Blood Borne Pathogens (BBP) Training (this is an annual requirement presented electronically by District Office).
- Hepatitis B vaccination (education and recommendations on Hepatitis B Vaccination is provided each year with BBP training). A waiver may be signed in lieu of immunization if you opt out AFTER completing BBP training and understand the risk and implications.
- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers and understanding of appropriate first aid.
- Routine training or refreshers for staff who provide direct care to students or who work with students with specific disabilities.

Universal & Standard Precautions

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

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

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

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

Hand Hygiene

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

Personal Protective Equipment

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

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

General Principles of Personal Protective Equipment (PPE) –

IF…	THEN…
It is wet, it is infectious	Wear gloves
It could splash in your face	Wear a face shield
It is airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Use gloves, wash hands before & after
You are providing CPR	Use a barrier
This is blood or body fluid spill	Have the staff appropriately trained do clean up

Appropriate application and removal are crucial aspects of infection control. Depending upon the specific situation, a variety of personal protective equipment may be used. The Centers for Disease Control guidelines for PPE application and removal are summarized:

Applying Personal Protective Equipment

- Gown – Fully cover torso from neck to knees, arms to ends of wrists, and wrap around the back.
- Shoe Covers – Sit in chair and apply sanitary shoe covers. For a hands-free application, use a shoe cover dispenser.
- Mask – Secure ties or elastic bands at middle of head and neck. Fit snug to face and below chin.
- Googles – Place over face and eyes, adjust to fit.
- Gloves – Extend to cover wrist of gown.

Removing Personal Protective Equipment

- Gloves – Grasp outside of glove with opposite gloved hand and remove. Hold removed glove in gloved hand. Slide fingers under remaining glove and peel off.
- Googles – Handle by head band or ear pieces. Do not touch outside of goggles or face shield.
- Gown – Unfasten ties and pull away from neck and shoulders, touching only the inside of the gown. Turn in side out and roll into a bundle.
- Shoe Covers – Touch highest portion of shoe cover behind the ankle and pull shoe cover off, trying to turn it inside out, then place foot in clean area.
- Mask – Do not touch front of the mask. Grasp bottom, the top ties or bands and remove.

Respiratory Hygiene & Cough Etiquette

In the school setting respiratory etiquette and hygiene are important measures to teach to students as developmentally appropriate. In addition, visual alerts such as COVER YOUR COUGH signage can be used.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Use in the nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing our coughing into an elbow when hand hygiene is not immediately accessible.

Further respiratory hygiene can endorse practice controls such as:

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

To follow these practices each school should ensure the availability of materials for adhering to Respiratory Hygiene & Cough Etiquette in shared areas:

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

Sharps Safety – Engineering and Work Practice Controls

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

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

- Avoid using needles that must be taken apart or manipulated after use.
- Do not recap needles.
- Always dispose of used needles in a sharps container appropriately labeled with a biohazard sign.
- Know and understand that needles should only be used a single time.
- Participate in specific training related to injectable medications.

Contaminated sharps stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard label or sign. FDA-cleared sharps disposal containers will most likely be colored red, while some are yellow or clear with a red lid or top.

Cleaning and Disinfection of Environmental Surfaces

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

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

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

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

TRANSMISSION-BASED PRECAUTIONS

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for individuals in certain infectious circumstances to prevent the potential spread of infectious agents for which additional precautions are needed to prevent infection transmission beyond standard precautions: Contact Precautions, Droplet Precautions & Airborne Precautions.

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

- Ensure appropriate student placement – The student should be removed from the classroom setting and placed in the health room while awaiting parent arrival. Open and draining skin wounds are an excludable condition.
- If the student requires care, use PPE appropriately – This means that gloves must be worn. Unlike a clinical setting it is unlikely that gowns or masks will need to be used for contact precautions because staff should not be providing wound care or procedures.
- Limit transport and movement of student once an open and draining lesion is identified – The student's activity should be limited to reduce additional opportunity for contamination of surfaces.
- Prioritize cleaning and disinfection once the student has been dismissed home – Ensure the area the student was located during direct care in appropriately sanitized. If there was a risk of contamination in other settings such as the classroom, cafeteria or playground for example, ensure areas are appropriately addressed. Launder supplies in the health room as warranted.

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

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

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

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

EXPOSURE INCIDENT

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

Needle-stick

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

- Encouraging the wound to bleed, ideally by holding it under running water
- Wash the wound with plenty of soap and running water
- Do not use cold water as that would encourage restriction of blood vessels
- Do not scrub the wound
- Do not suck the wound
- Dry the wound and cover is with a waterproof dressing
- Immediately notify your administrator and seek medical attention
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The nurse or district administrator should make this communication to families. Confidentially will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to District Office.
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.
- In the nature of being a high stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure to the nose, mouth, or skin with water should be immediately followed by flushing with warm water. For splashes in eyes, irrigate eyes with clean water, saline, or another sterile irrigation fluid. Report incident to administrator immediately and consult with a medical provider (CDC, 2016a).

Blood Spill

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

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

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

Cleaning spills – Equipment

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

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' should be available. PPE should also be accessible including disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood), eye protection and apron, a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process) (VSG, 2020).

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While blood borne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff may be directed to take antibiotic prophylaxis as deemed necessary for bites, specifically those from non-human sources.

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

Siuslaw School District 97J

PANDEMIC PLAN

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

Seasonal Respiratory Illness & Seasonal Influenza

Seasonal Respiratory Illness

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

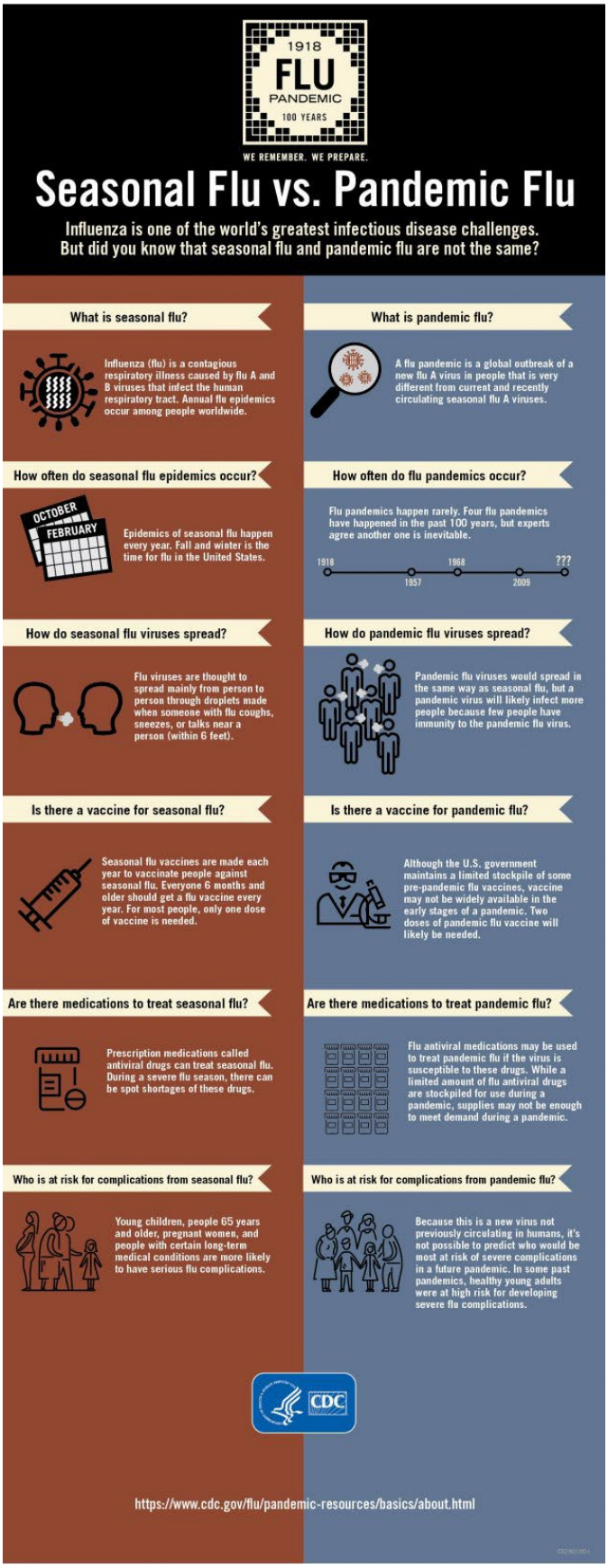
Seasonal Influenza

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

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may be a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a variant virus. Pandemic refers to the global circulation of a novel or variant strain of respiratory viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be 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, 2016b).


1918
FLU
PANDEMIC
100 YEARS
WE REMEMBER. WE PREPARE.
Seasonal Flu vs. Pandemic Flu
Influenza is one of the world's greatest infectious disease challenges.
But did you know that seasonal flu and pandemic flu are not the same?
What is seasonal flu?
Influenza (flu) is a contagious respiratory illness caused by flu A and B viruses that infect the human respiratory tract. Annual flu epidemics occur among people worldwide.
What is pandemic flu?
A flu pandemic is a global outbreak of a new flu A virus in people that is very different from current and recently circulating seasonal flu A viruses.
How often do seasonal flu epidemics occur?
OCTOBER
FEBRUARY
Epidemics of seasonal flu happen every year. Fall and winter is the time for flu in the United States.
How often do flu pandemics occur?
Flu pandemics happen rarely. Four flu pandemics have happened in the past 100 years, but experts agree another one is inevitable.
1918
1957
1968
2009
???
How do seasonal flu viruses spread?
Flu viruses are thought to spread mainly from person to person through droplets made when someone with flu coughs, sneezes, or talks near a person (within 6 feet).
How do pandemic flu viruses spread?
Pandemic flu viruses would spread in the same way as seasonal flu, but a pandemic virus will likely infect more people because few people have immunity to the pandemic flu virus.
Is there a vaccine for seasonal flu?
Seasonal flu vaccines are made each year to vaccinate people against seasonal flu. Everyone 6 months and older should get a flu vaccine every year. For most people, only one dose of vaccine is needed.
Is there a vaccine for pandemic flu?
Although the U.S. government maintains a limited stockpile of some pre-pandemic flu vaccines, vaccine may not be widely available in the early stages of a pandemic. Two doses of pandemic flu vaccine will likely be needed.
Are there medications to treat seasonal flu?
Prescription medications called antiviral drugs can treat seasonal flu. During a severe flu season, there can be spot shortages of these drugs.
Are there medications to treat pandemic flu?
Flu antiviral medications may be used to treat pandemic flu if the virus is susceptible to these drugs. While a limited amount of flu antiviral drugs are stockpiled for use during a pandemic, supplies may not be enough to meet demand during a pandemic.
Who is at risk for complications from seasonal flu?
Young children, people 65 years and older, pregnant women, and people with certain long-term medical conditions are more likely to have serious flu complications.
Who is at risk for complications from pandemic flu?
Because this is a new virus not previously circulating in humans, it's not possible to predict who would be most at risk of severe complications in a future pandemic. In some past pandemics, healthy young adults were at high risk for developing severe flu complications.
CDC
https://www.cdc.gov/flu/pandemic-resources/basics/about.html

Siuslaw School District 97J

Purpose

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

Control Measures

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

(Image: CDC)

Everyday Measures

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and 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

Control Measures for Novel or Variant Viruses

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

That being said, historical pandemic responses have provided a baseline set of evidence-based 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 official based on the severity, the incidence and the proximity to the school setting lending to level-based responses. Level based responses are defined in many ways, generally using a mild, moderate and severe category, or for the purposes of this document level 1, 2, and 3 categories.

When cases of novel viruses are identified globally

When 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 responsibility of staff and parents to communicate this restriction to the school district. Routine infection control and communication should continue to assist public health officials in tracing potentially exposed persons.

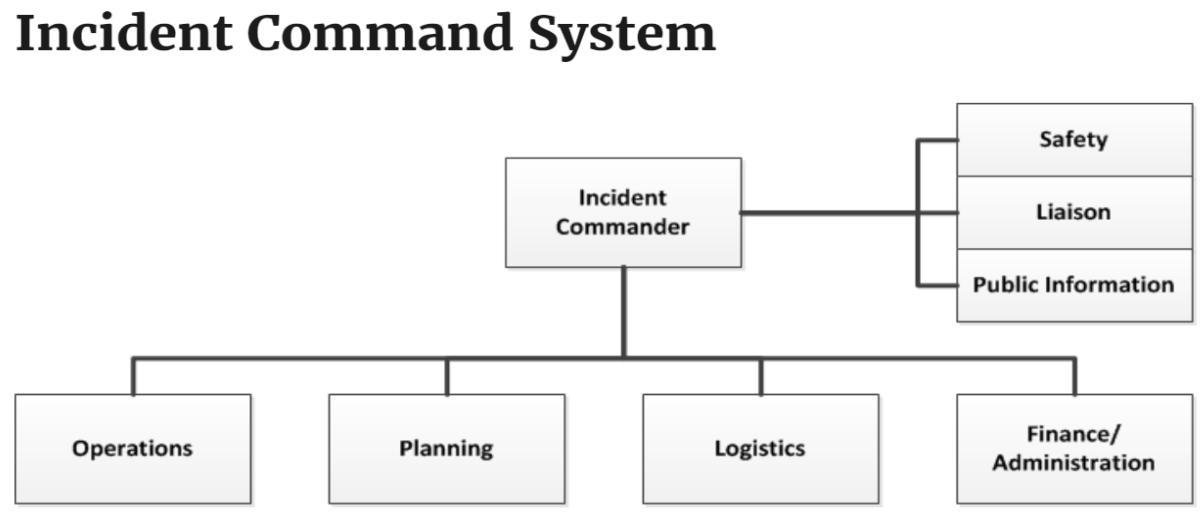
Routine Practices

Personal NPIs	Community NPIs	Environmental NPIs	Communication
• Rountine hand hygiene • Respiratory etiquette • Stay home when ill	• Routine illness exclusion from events and activities	• Routine sanitizing of surfaces and objects	• 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 Lane County, Lane County Health Department (LCHD) 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: Ready.gov – Incident Command System)

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

Siuslaw School District 97J

Level One Actions: Virus Detected in the Region – PREVENTION FOCUS

Personal NPIs	Community NPIs	Environmental NPIs	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 fever reducing medication	• Identify baseline absentee rates to determine if rates have increased by 20% or more • Increase communication and education on respiratory etiquette and hand hygiene in the classroom. • Teachers can provide age-appropriate education • Communicable Disease surveillance - • monitoring and reporting student illness • Increase space between students in the classroom • Instruct students in small groups as feasible	• 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 • Discourage the use of shared utensils in the classroom	• Provide communications to families based on the current situation, general information, and public health guidance • Provide communication to staff of the current situation. • Communication with immunocompromised student families to defer to personal providers in regards to attendance

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

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

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

Siuslaw School District 97J

Level Two Actions – INTERVENTION FOCUS – including Level 1 actions

Personal NPIs	Community NPIs	Environmental NPIs	Communication
• Public health issues 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 childcare facilities, K-12 schools (Teachers may report to work, students do not report to school).	• Public health issues specific guidance • Modify, postpone, or cancel large school events as coordinated with or advised by officials	• Work with Lane County Public Health Authority to establish timely communication with staff and families about specific exposures. • Provide communication to staff about the use of sick time and a reminder to stay home when sick. • Advise parents to report actual symptoms when calling students in sick as part of communicable disease surveillance.

Level Three Actions – RESPONSE FOCUS – including Level 1 & 2 actions

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

Post Event Non-Pharmaceutical Interventions

Personal NPIs	Community NPIs	Environmental NPIs	Communication
• Routine hand hygiene and respiratory etiquette when LCPHA 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 LCPHA deems processes may return to baseline.	• Routine sanitizing when LCPHA deems processes may return to baseline.	• Routine illness prevention and exclusion communication. • Participate in post- event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the plans needed to make up lost academic time.

Special Considerations

Employee Sick Leave

Administration and district office 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 Lane County Public Health Department, consultation should occur between legal, union, and district administration to ensure processes are consistent with legal preparedness processes.

Immunocompromised Students

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

Siuslaw School District 97J

GLOSSARY OF TERMS

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

Airborne precautions: Precautions that are required to protect against airborne transmission of infectious agents. Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and Mycobacterium tuberculosis

Antibody: A protein produced as an immune response against a specific antigen.

Antigen: A substance that produces an immune response.

Bacteria: Microscopic living organisms. Some bacteria are beneficial and some are harmless, but some can pathogenic (cause disease).

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

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

Communicable Disease: Illness that spreads from one person to another through contact with the infected person or their bodily fluids, or through contaminated food/water or disease vectors, such as mosquitos or mice.

Contact Tracing: Working with an infected person to determine who they have had contact with and potentially exposed, to an illness.

Disinfection: High level cleaning intended to kill germs on surfaces

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

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

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

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

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

Isolation: Being kept separate from others. A method of controlling the spread of a disease.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts.

Novel: New—in medical terms, previously unidentified, as in, novel coronavirus

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

Pandemic: An epidemic that spreads over countries or continents.

Pathogen: A microorganism that can cause disease.

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

Restrictable Diseases: Diseases that require exclusion from work, school, childcare facilities, for the protection of public health. According to the Oregon Health Authority, restrictable disease include: diphtheria, measles, Salmonella enterica serotype Typhi infection, shigellosis, Shiga-toxigenic Escherichia coli (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, chickenpox, mumps, pertussis, rubella, scabies, and any illness accompanied by diarrhea or vomiting.

Sanitize: Reduce contaminants (viruses, bacteria) on an object or surface.

Seasonal Illness: Illnesses whose occurrence appears to be associated with environmental factors (temperature and humidity changes). For example, colds, and other upper respiratory illness are more common during the winter months when people are more often indoors.

Sharps: Any devices that can be used to cut or puncture skin. Examples include: needles, syringes, and lancets (used for checking blood sugar). Sharps must be disposed of in an approved container, to avoid blood borne pathogen exposure.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

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

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

- Direct – physical contact with infected host or vector
- Indirect – contact with infected fluids or tissues
- Droplet – contact with respiratory particles sprayed into the air (sneezed or coughed)
- Droplet Nuclei – dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

The mode of transmission of a disease will determine what PPE is required.

Universal Precautions: Preventing exposure to blood borne pathogens by assuming all blood and bodily fluids to be potentially infectious, and taking appropriate protective measures.

Vaccine: A preparation containing a weakened or killed germ. Vaccines stimulate the immune system to produce antibodies to prevent a person from contracting the illness.

Variant: A difference in the DNA sequence, a mutation. Viruses can change and mutate, and these variant forms can be intractable to established treatments.

Vector: A carrier of a pathogen (germ) that can transmit the pathogen to a living host. Mosquitoes, fleas, ticks, and rodents are examples of vectors.

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

References

Alameda County Public Health Department (2013) Communicable Disease. Retrieved from http://www.acphd.org/communicable-disease.aspx

ASCD (Association for Supervisors and Curriculum Development) (2020). WSCC. Retrieved from http://www.ascd.org/programs/learning-and-health/wscc-model.aspx

BC Center for Disease Control (BCDC) (2009) A Quick Guide to Common Childhood Diseases. Retrieved from http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/Epid_GF_childhood_quickguide_may_09.pdf

Centers for Disease Control and Prevention. (2020). Influenza. Retrieved from https://www.cdc.gov/flu/about/index.html

CDC (2020) When and how to wash your hands. Retrieved from https://www.cdc.gov/handwashing/when-how-handwashing.html

CDC (2016a) Bloodborne Pathogens. Retrieved from https://www.cdc.gov/niosh/topics/bbp/emergnedl.html

CDC (2016b) Variant Influenza Viruses: Background and CDC Risk Assessment and Reporting. Retrieved from https://www.cdc.gov/flu/swineflu/variant.htm

CDC (2017) Getting your school ready for pandemic flu. Retrieved from https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf

Minnesota Department of Health (2020). Teaching Hand Hygiene. Retrieved from https://www.health.state.mn.us/people/handhygiene/curricula/index.html

Montana Department of Public Health and Human Services (MDPHHS) (2018) Communicable Disease: A guide for Schools in Montana. Retrieved from https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/CDGuideforSchools2018_Final.pdf

National Resource Center for Health and Safety in Child Care and Early Education (NRC). (2020). Environmental Health in Early Care and Education. Retrieved from https://nrckids.org/CFOC/Environmental_Health

Oregon Department of Education (2020) Communicable Disease Guidance for Schools. Retrieved from Oregon Department of Education Communicable Disease Guidance Document

South Dakota Department of Health (2019) Seasonal Respiratory Viruses. Retrieved from https://doh.sd.gov/diseases/infectious/diseasefacts/viral-respiratory.aspx

Victoria State Government. (2020). Managing spills of blood and body fluids and substances. Retrieved from https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/manage-blood-body-fluid-spills

Virginia Department of Health (2011) FAQ Respiratory Hygiene and Cough Etiquette. Retrieved from https://www.vdh.virginia.gov/content/uploads/sites/3/2016/01/RespiratoryHygieneCoughEtiquette_FAQ.pdf

Weatherspoon, D. (2019) Acute Viral Respiratory Infections. Retrieved from https://www.healthline.com/health/acute-respiratory-disease

References – General

Oregon Health Authority – COVID-19 Updates & Resources
Oregon Department of Education – COVID-19 Resources
Lane County Public Health – School Reopening Resources

Images:

- Centers for Disease Control and Prevention – Coronavirus (COVID-19)
- Manitoba Department of Health
- MultiCare – Coronavirus Resource Center
- The Open University – Coronavirus Information
- Ready.gov – Incident Management