

Central Curry School District 1

Communicable Disease Management Plan

Regulations Oregon laws outline responsibilities for communicable disease control in the school setting.

OAR 581-022-2220 (excerpted)

1) The school district shall maintain a prevention-oriented health services program for all students which provides: (b) Communicable disease control, as provided in Oregon Revised Statutes; and (g) Compliance with Oregon-OSHA Bloodborne Pathogens standard (Div. 2/Z 1910.1030) for all persons who are assigned to job tasks that may put them at risk for exposure to blood or other potentially infectious materials (OPIM) (ORS 191.103)

2) School districts shall adopt policies and procedures which consider admission, placement and supervision of students with communicable diseases, including but not limited to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

ORS 333-019-0010 (excerpted)

1) To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or food service facility may not attend or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under these rules.

2) A susceptible child or employee in a school or children's facility who has been exposed to a restrictable disease that is also a reportable disease for which an immunization is required under OAR 333-050-0050 must be excluded by the school administrator, unless the local health officer determines, in accordance with section (4) of this rule, that exclusion is not necessary to protect the public's health.

Prevention and Transmission Routes

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

Oregon public health law (see Appendix I) 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 chart included in the Procedures section entitled “Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease or a Health Care Provider Has Diagnosed a Specific Communicable Disease,” lists information regarding specific communicable diseases and includes control measures, which school nurses and administrators may employ to protect both students,

school staff and visitors. Local school boards may wish to adopt the recommendations from this source as a basis for policy regarding school-restrictable diseases.

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

Effective Hand Washing

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

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

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

It is important to wash hands:

- After blowing nose, coughing, or sneezing (even if you use a tissue!)
- After changing a diaper
- After handling animals or animal waste
- After recess or gym
- After touching garbage
- After using the bathroom or assisting another person in the bathroom
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- Before eating
- Before, during and after preparing food
- When hands are dirty

Prevention: Exposure Avoidance

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

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

Communicable Disease Transmission Routes

Airborne

Infection via airborne transmission routes can occur when the germ from an infected person becomes suspended in the air and is then inhaled by another person. Examples of airborne diseases include tuberculosis, measles, chickenpox; less common diseases like smallpox and SARS Prevention of airborne transmission diseases.

- If you haven't had measles or chickenpox, you should be vaccinated against them.
- Isolate persons with these diseases from public places until they are no longer infectious.

Respiratory Droplet

Infection can occur when the germ from an infected person's nose or throat comes into contact with the mucous membranes (the eyes, nose or mouth) of another person by coughing, sneezing or spitting. Such transfers occur only at distances of less than 6 feet. Examples of respiratory droplet diseases: Common cold, influenza (flu), whooping cough (pertussis), meningococcal disease.

Prevention of respiratory droplet diseases:

- Cover mouth and nose when coughing and sneezing.
- Use tissues when coughing and sneezing. Do not reuse handkerchiefs or tissues.
- Discard tissues promptly in an appropriate waste container. Wash hands after discarding tissue.
- If tissues are not available, cough or sneeze into one's sleeve, not into one's hands.
- Stay up-to-date on vaccinations (flu, pertussis, meningococcal)

Direct or Indirect Contact

Direct contact: Infections can spread from person to person by either skin-to-skin contact or skin-to-mucous membrane contact. (Germs that can be spread by respiratory droplet are often spread by this route as well.)

Indirect contact: Infections can spread from contaminated object to person.

Examples of diseases spread by contact: Fungal infections (such as “ringworm”), herpes virus, mononucleosis, skin infections (such as Staph and Strep), influenza (flu), common cold.

Prevention of diseases spread by contact:

- Wash hands thoroughly and often.
- Always follow work practice controls as required by the Oregon-OSHA Bloodborne Pathogens standard and described in the school district exposure control plan (SDEP) when handling potentially infectious materials or other body fluids.
- Cover sores and open areas on skin with a bandage which completely covers the affected area. Make sure that no fluids can leak from the bandage.
- Wash items contaminated with body fluids, such as saliva, blood, urine, feces, nasal secretions and vomit, following OR-OSHA and CDC Guidelines and District protocol.
- Appropriately clean frequently touched objects in the environment (door knobs, phones).
- Stay up-to-date on flu vaccination.

Fecal – Oral

Infection can spread from the stool or fecal matter of an infected person to another person, usually by contaminated hand-to-mouth contact, or by way of contaminated objects, when effective hand washing is not done after toileting or through poor personal hygiene.

Examples of fecal-oral diseases: Diarrheal illnesses, Hepatitis A, pinworms’

Prevention of fecal-oral diseases:

- Wash hands thoroughly and often.
 - After using the toilet;
 - After assisting with toileting or diapering;
 - Before eating, handling, or preparing all foods; and
 - After touching animals
- Provide training for all students and staff who work in direct student care, food preparation, food service and cleaning.
- Wash toys or other objects with soap or detergent before and after use, followed by an EPA and district approved disinfectant.
- Stay up-to-date on Hepatitis A vaccination.

Foodborne

Foodborne illnesses occur as a result of eating food that has been improperly handled, prepared or stored.

Examples of foodborne illnesses: Diarrheal diseases, Hepatitis A

Prevention of foodborne illnesses:

- Practice effective hand washing before touching foods
- Prohibit any ill student or staff from working in the cafeteria, kitchen or around food preparation, service or clean-up.
- Store food appropriately; keep cold foods cold and hot foods hot.
- Only commercially prepared and packaged foods can be brought to school for classroom parties.
- All food preparation and service must be done according to Food Service guidelines and local school district policies.
- A Hepatitis A vaccine is available.

Waterborne

Waterborne illnesses are spread by consumption or exposure to water that has been contaminated with infectious germs. The contaminated water may be swallowed or come into contact with the person's skin or mucous membranes.

Examples of waterborne illnesses: Diarrheal diseases, skin infections, Hepatitis A.

Prevention of waterborne illnesses:

- Make effective hand washing mandatory before preparing water for student activity, and after conclusion of the activity and activity clean up.
- Fill and disinfect 'water tables' or activity area immediately before play period with a chlorine bleach solution of 1 teaspoon per gallon of water, freshly mixed each day per district procedure.
- Wash toys or other objects with soap or detergent before and after use, followed by an EPA and district approved disinfectant.
- Prohibit ill students and staff from participating in water related activities.
- Showering after exposure to potentially infectious water can reduce the amount of germs on the skin.
- Hepatitis A vaccine is available.

Bloodborne

Bloodborne illnesses are spread through very specific and close contact with an infected person's body fluids, such as unprotected sexual contact, sharing needles or drug paraphernalia, by a pregnant mother to her unborn child, blood transfusions (rarely), tattooing or piercing in unlicensed establishments and puncture wounds (needle-stick injuries).

In the school setting, risk for infections can occur when infected body fluids come into contact with a person's broken skin, mucous membranes or through a puncture wound (e.g. needlestick injury, sharp objects, human bite or fight).

Examples of blood-borne illnesses: Hepatitis B, C, and D; HIV/AIDS.

Prevention of blood-borne illnesses

- Wash hands thoroughly and often.
- Provide continuing education to students and staff regarding risk factors and behaviors.
- Ensure compliance with the OSHA Bloodborne Pathogen Standard for school districts and employees.
- Use Standard Precautions for students, school staff and visitors: Assume that all body fluids of all persons have a potential for the spread of infections.
- Have body fluid clean-up kits available for trained staff to utilize.
- Hepatitis B vaccine is available.

Sexual Transmission

Sexually transmitted infections are spread from person to person through sexual intercourse (including oral and anal sex). Some diseases, such as HIV, and Hepatitis B and C, can be transmitted both by bloodborne and sexual routes.

Examples of sexually transmitted infections: Gonorrhea, Chlamydia, Syphilis, Herpes, Genital warts (human papillomavirus).

Prevention of sexually transmitted infections:

- Provide Oregon's comprehensive sexuality curriculum so that students will be aware of safety issues in this area.
- HPV vaccine is available.

Procedures

Communicable Disease Control Measures – Guidelines for Exclusion

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]
- Consultation with a registered nurse.
- 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.

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:

- Fever: a measured oral temperature of 100.4°F, with or without the symptoms below.
 - Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin.
- Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage.
 - Stay home until rash is resolved OR until sores and wounds are dry or can be completely covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider.
- Difficulty breathing or shortness of breath not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
 - Seek medical attention; return to school when advised by a licensed healthcare provider.
- Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.
 - Stay home until 72 hours after cough resolves.
 - If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.

- Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so.
 - Stay home until 48 hours after diarrhea resolves.
- Vomiting: at least 1 episode that is unexplained.
 - Stay home until 48 hours after last episode.
- Headache with a stiff neck and fever OR headache with recent head injury not yet seen and cleared by licensed health provider.
 - Recent head injury: consider ODE concussion guidance.
- Jaundice: yellowing of the eyes or skin (new or uncharacteristic)
 - Must be seen by a licensed prescriber and cleared before return to school.
- Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.
 - Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.
- Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.
 - In case of head injury, consider ODE concussion guidance.
- Major health event: may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
 - Student should not be at school until health and safety are addressed.
 - School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.
- Student requiring more care than school staff can safely provide.
 - Student should not be at school until health and safety are addressed.
 - School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

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.
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.
Jaundice: (new) yellow color in eyes or skin	After orders from doctor or local public health authority.
Red eyes or eye discharge: yellow or brown drainage from eyes	Redness and discharge is gone OR with orders from doctor.
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.
Major health event, like surgery OR an illness lasting 2 or more weeks	After orders from doctor.

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

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

Children with any of the symptoms listed in this plan should be excluded from school until the symptoms are no longer present, or until the student is cleared to return by a licensed physician.

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

	REPORTING TO LOCAL HEALTH DEPARTMENT		
BOILS – (See Also STAPH SKIN INFECTION) • Large pimple-like sore, swollen, red, tender may be crusted or draining • Headache, fever may be present	Exclude: Exclusion status may vary according to the state of the lesion in question. Restriction: May attend with licensed health care provider permission, or lesion is dry and crusted with no drainage Report: NO	Spread by: • Direct contact with drainage from sores or nasal secretions from carrier • Indirect contact with infected articles Communicable: • As long as sores drain if untreated	<ul style="list-style-type: none"> • Standard precautions • Wash hands thoroughly and often • No cafeteria duty while lesions present • Good personal hygiene
CHICKENPOX (Varicella) • Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters, scab over	Exclude: YES Restriction: Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears) Report: NO	Spread by: • Airborne droplets from coughing • Direct contact with drainage from blisters or nasal secretions • Indirect contact with infected articles Communicable: • 2 days before to 5 days after rash appears	<ul style="list-style-type: none"> • Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized • Exclude exposed, susceptible persons from school • Wash hands thoroughly and often. • Cover mouth and nose if coughing or sneezing • Encourage safe disposal of used tissues • Contact school nurse regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears • Staff and students with impaired immune responses should consult their health care provider, if exposure to a confirmed or suspected case has occurred.
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES

	REPORTING TO LOCAL HEALTH DEPARTMENT		
CMV (Cytomegalovirus) <ul style="list-style-type: none"> • Caused by a human herpes virus • Most severe form of the disease occurs to infants infected from mother during pregnancy, premature infants, and the immunocompromised. • A variety of symptoms can occur 	Exclude: NO Restriction: NO Report: NO	Spread by: <ul style="list-style-type: none"> • Direct mucosal contact with infected tissues, secretions and excretions (urine, saliva, breast milk, cervical secretion and semen) • Indirect contact with infected articles Communicable: <ul style="list-style-type: none"> • Virus is secreted in urine and saliva for many months and may persist or be episodic for several years after initial infection. 	<ul style="list-style-type: none"> • Wash hands thoroughly and often. • Strict adherence to standard precautions when handling body fluids. • Take care when handling diapers or toileting children • Women of childbearing age or immunocompromised individuals should consult with their medical provider regarding risks when caring for children identified as carriers of CMV.
COMMON COLD (Upper Respiratory Infection) <ul style="list-style-type: none"> • Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon 	Exclude: NO Restriction: NO Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with nose and throat secretions • Droplets from coughing or sneezing • Indirect contact with infected articles Communicable: <ul style="list-style-type: none"> • 1 day before onset of symptoms until 5 days after 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Cover mouth, nose if coughing or sneezing • Encourage appropriate disposal of used tissues
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES

DIARRHEAL DISEASES <ul style="list-style-type: none"> • Loose, frequent stools, sometimes with pus or blood • Vomiting, headaches, abdominal cramping or fever may be present 	Exclude: YES Restriction: Exclude students with acute diarrhea Report: Not usually; depends on diagnosis; Report cluster outbreaks to local health department.	Spread by: <ul style="list-style-type: none"> • Direct contact with feces • Consumption of water or food contaminated with feces Communicable: <ul style="list-style-type: none"> • Varies from hours to several day 	<ul style="list-style-type: none"> • Wash hands thoroughly and often, especially after using bathroom or diapering/toileting children • No food handling/preparation • No cafeteria duty
FIFTH DISEASE <ul style="list-style-type: none"> • Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache 	Exclude: YES Restriction: May attend with licensed health care provider permission or when no rash or signs of illness are present Report: NO	Spread by: <ul style="list-style-type: none"> • Droplets from coughing or sneezing Communicable: <ul style="list-style-type: none"> • Greatest before onset of rash when illness symptoms occur • No longer contagious after rash appears 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Encourage student to cover mouth/nose when coughing/sneezing • Encourage safe disposal of used tissues • Contact physician for recommendations for pregnant females/ immunocompromised persons exposed by suspected/confirmed case • Contact local health department for latest recommendation for pregnant females exposed in school outbreak situations
HAND, FOOT & MOUTH DISEASE <ul style="list-style-type: none"> • Sudden onset fever, sore throat and lesions in mouth • Blistered lesions on palm, fingers and soles 	Exclude: YES Restriction: May attend with licensed health care provider permission or when blisters are gone Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with nose and throat discharges or feces Communicable: <ul style="list-style-type: none"> • During acute stage of illness and potentia 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Good personal hygiene especially following bathroom use
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES

	REPORTING TO LOCAL HEALTH DEPARTMENT		
HEAD LICE <ul style="list-style-type: none"> • Itching of scalp • Lice or nits (small grayish brown eggs) in the hair 	Exclude: YES Restriction: NO Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with infected person • Indirect contact with infected articles (rarely) Communicable: <ul style="list-style-type: none"> • Only when live bugs present 	<ul style="list-style-type: none"> • Check siblings/close contacts for symptoms • Avoid sharing/touching clothing, head gear, combs/brushes • Contact local medical provider for further treatment information
HEPATITIS A <ul style="list-style-type: none"> • Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort • Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay- colored stools • May have mild or no symptoms 	Exclude: YES Restricted: May attend only with health care professional permission. Report: YES	Spread by: <ul style="list-style-type: none"> • Direct contact with feces • Consumption of water or food contaminated with feces Communicable: <ul style="list-style-type: none"> • Two weeks before symptoms until two weeks after onset 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • No food handling or sharing • School restrictions on home prepared foods for parties • Immunization required
HEPATITIS B & C <ul style="list-style-type: none"> • Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay-colored stools and jaundice 	Exclude: YES Restriction: NO Report: YES	Spread by: <ul style="list-style-type: none"> • Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission. Communicable: <ul style="list-style-type: none"> • One month prior to symptoms to 4 to 6 months or longer after jaundice • Some individuals have no symptoms but can transmit the disease. 	<ul style="list-style-type: none"> • Strict adherence to standard precautions when handling body fluids • Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the health consultant. • Immunization required for Hepatitis B
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES

	REPORTING TO LOCAL HEALTH DEPARTMENT		
HIV Disease (Human Immunodeficiency Virus Disease) <ul style="list-style-type: none"> • May have acute flu-like illness • Most often, no symptoms present in early stages of infection • AIDS is a later stage of HIV infection (See AIDS). 	Exclude: YES Restriction: NO Report: YES	Spread by: <ul style="list-style-type: none"> • Blood getting under the skin (e.g., through needles); or through sexual contact • Some individuals have no symptoms but can spread the disease. Communicable: <ul style="list-style-type: none"> • Lifetime infectivity after initial infection with virus 	<ul style="list-style-type: none"> • Strict adherence to standard precautions when handling body fluids • Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks.
IMPETIGO (See also Staph Skin Infections) <ul style="list-style-type: none"> • Blister-like sores (often around the mouth and nose), crusted, draining and “itching 	Exclude: YES Restriction: May attend only with health care professional permission., or when lesions are dry and crusted with no drainage. Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with drainage from sores Communicable: <ul style="list-style-type: none"> • As long as sore drains if untreated 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • No cafeteria duty while sores present • Avoid scratching or touching sores • Cover sores if draining • No sharing personal items when lesions are present • No contact sports (wrestling) if drainage cannot be contained.
INFLUENZA (flu) <ul style="list-style-type: none"> • Abrupt onset, fever chills, headache, muscle aches, cough 	Exclude: YES Restriction: NO Report: NO	Spread by: <ul style="list-style-type: none"> • Droplets from coughing or sneezing Communicable: <ul style="list-style-type: none"> • 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness 	<ul style="list-style-type: none"> • Vaccination: recommended annually for all persons ≥ 6 months of age • Wash hands thoroughly and often • Cover mouth/nose when coughing or sneezing • Encourage appropriate disposal of used tissues
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES

	REPORTING TO LOCAL HEALTH DEPARTMENT		
MEASLES <ul style="list-style-type: none"> • Fever, eye redness, runny nose, a very harsh cough • 3–7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth 	Exclude: YES Restriction: May attend only with health care professional permission. Report: YES - Highly Communicable	Spread by: <ul style="list-style-type: none"> • Airborne droplets from coughing Communicable: <ul style="list-style-type: none"> • 4 days before rash until 4 days after rash begins • Most contagious 4 days before rash appears 	<ul style="list-style-type: none"> • Contact health department immediately for direction • Health department will identify population at risk and assist with parent notification • Immunization required
MENINGOCOCCAL DISEASE <ul style="list-style-type: none"> • Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy • May have blotchy, purplish, non-blanching rash 	Exclude: YES Restriction: None necessary. Patients are not contagious after treatment. Report: YES	Spread by: <ul style="list-style-type: none"> • Direct contact with nose and throat secretions • Droplets from coughing or sneezing Communicable: <ul style="list-style-type: none"> • Until bacteria are no longer present in discharges from nose and mouth • Cases and contacts usually no longer infectious after 24 hours on antibiotics 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Cover mouth/nose when coughing or sneezing and practice safe disposal of used tissues • No sharing food, drink or eating utensils • Meningococcal vaccine recommended for students 11–18 years of age • See County Health Department CD Specialist for further information
MONONUCLEOSIS <ul style="list-style-type: none"> • Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain 	Exclude: YES Restrictions: NO – Bed rest for a time and withdrawal from PE/Athletic activities are encouraged until student has recovered fully or with licensed health care provider permission. Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with saliva Communicable: <ul style="list-style-type: none"> • May be infectious for several months 	<ul style="list-style-type: none"> • Wash and disinfect shared items/toys which may be mouthed or in settings with children who drool • No sharing food, drink or eating utensils
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES

MUMPS • Painful swelling of neck and facial glands, fever and possible abdominal pain	Exclude: YES Restriction: May attend only with health care professional permission. Report: YES	Spread by: • Direct contact with nose and throat secretions • Droplets from coughing or sneezing Communicable: • 2 days before onset until 5 days after onset of symptoms.	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Report to physician • No sharing of personal items • Immunization required
PINK EYE (Conjunctivitis) • Eyes tearing, irritated and red, sensitive to light • Eye lids puffy, may have yellow discharge	Exclude: YES Restriction: May attend only with health care professional permission. or symptoms are gone Report: NO	Spread by: • Direct contact with infectious saliva or eye secretions • Indirect contact with infected articles Communicable: • As long as drainage is present	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items • Consult with licensed medical provider
PINWORMS • Nervousness, irritability, itching of anus, abdominal pain • Sometimes no symptoms are present	Exclude: NO Restriction: Restriction may be necessary in situations where students are unable to control bowel function, otherwise No. Report: NO	Spread by: • Direct contact with infectious eggs by hand from anus to mouth of infected person • Indirect contact with infected articles Communicable: • As long as female worms are discharging eggs in the anal area • Eggs remain infective in an outdoor area for about 2 weeks	<ul style="list-style-type: none"> • Wash hands thoroughly • Good personal hygiene • Consult with licensed medical provider
RINGWORM – SCALP • Patchy areas of scaling with mild to extensive hair loss	Exclude: YES Restriction: May attend only with health care professional permission. or when symptoms are gone. Report: NO	Spread by: • Direct contact with infectious areas • Indirect contact with infectious areas Communicable: • Until treated	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items, especially combs, brushes, hats, etc. • It is not necessary to shave the student's head.
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES

	REPORTING TO LOCAL HEALTH DEPARTMENT		
RINGWORM – SKIN <ul style="list-style-type: none"> • Ring-shaped red sores with blistered or scaly border • “Itching” common 	Exclude: YES Restriction: May attend with licensed health care provider permission or when symptoms are gone. Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with infectious areas • Indirect contact with infectious areas Communicable: <ul style="list-style-type: none"> • Until treated 	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items • Special attention to cleaning and disinfecting, with approved antifungal agent, gym/locker areas • No sport activity until lesions disappear
SCABIES <ul style="list-style-type: none"> • Intense itching, raised small red or pus-filled sores • Common between fingers, behind knees, around waist, inside of wrists, on arms 	Exclude: YES Restriction: May attend with licensed health care provider permission Report: NO	Spread by: <ul style="list-style-type: none"> • Direct skin contact • Indirect contact with infected articles Communicable: <ul style="list-style-type: none"> • Until treated 	<ul style="list-style-type: none"> • Wash hands thoroughly • Screen close contacts/siblings for symptoms • No sharing of personal items
SHINGLES (Herpes Zoster) <ul style="list-style-type: none"> • Painful skin lesions which are a result of the same virus that causes chicken pox • Lesions may appear in crops • May occur in immune-compromised children • Usually on trunk, may be accompanied by pain, itching or burning of affected area • Headache may precede eruption 	Exclude: YES Restriction: May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with draining skin areas Communicable: <ul style="list-style-type: none"> • As long as lesions are draining 	<ul style="list-style-type: none"> • Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g., face, hand), consult with school nurse if available or local health department. • Contact local health department for recommendations for pregnant females or Immunocompromised person if exposure occurs at school.
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
STAPH SKIN INFECTIONS <ul style="list-style-type: none"> • Draining sores, slight fever, aches and headache 	Exclude: YES Restriction: May attend with licensed health care provider	Spread by: <ul style="list-style-type: none"> • Direct contact with drainage from sores 	<ul style="list-style-type: none"> • Wash hands thoroughly • Good personal hygiene

<ul style="list-style-type: none"> • Affected area may be red, warm and/or tender 	permission or when lesions are dry/crusted or gone Report: NO	<ul style="list-style-type: none"> • Indirect contact with infected articles Communicable: <ul style="list-style-type: none"> • As long as sores are draining 	<ul style="list-style-type: none"> • No sharing towels, clothing or personal items • No food handling • No contact sports until lesions are gone
STREP THROAT – SCARLET FEVER (streptococcal infections) <ul style="list-style-type: none"> • Strep throat: Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain or nausea • Scarlet Fever: Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue 	Exclude: YES Restriction: May attend with licensed health care provider permission. Report: NO	Spread by: <ul style="list-style-type: none"> • Direct contact with nose and throat secretions Communicable: <ul style="list-style-type: none"> • Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months. • Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists 	<ul style="list-style-type: none"> • Wash hands thoroughly • Encourage covering mouth & nose when coughing & sneezing • Encourage appropriate disposal of used tissues
TUBERCULOSIS (infectious/active) <ul style="list-style-type: none"> • Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease 	Exclude: YES Restriction: May attend only with health care professional permission. Report: YES	Spread by: <ul style="list-style-type: none"> • Primarily by airborne droplets from infected person through coughing, sneezing or singing Communicable: <ul style="list-style-type: none"> • As long as living bacteria are discharged through coughing. Specific drug therapy usually diminishes communicability within weeks 	<ul style="list-style-type: none"> • Observe TB rule compliance: CDC - Tuberculosis (TB) • Consult with county health department
DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
WHOOPING COUGH (Pertussis) <ul style="list-style-type: none"> • Begins with mild “cold” symptoms and progresses to violent fits of coughing spells that 	Exclude: YES Restriction: May attend only with health care professional permission. Report: YES	Spread by: <ul style="list-style-type: none"> • Direct contact nose and throat secretions • Droplets from coughing or sneezing 	<ul style="list-style-type: none"> • Immunization required

may end in a whooping sound (infants & toddlers) or vomiting (older children & adults) • Slight or no fever		Communicable: • Greatest just before and during “cold” symptoms to about 3 weeks without treatment. • If treated with antibiotics, infected person is communicable 5 days	
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Updated Pandemic Flu (COVID-19) Emergency Plan for School Re-opening - 2021-22

Section 1: Notification

The following protocol will be followed to notify the local public health authority (LPHA) of

- **Any confirmed COVID-19 case(s)** among students or staff.
- **Any cluster of illness** among students or staff (2 or more).

Notification Steps

1. The District will communicate (in their native language) to parents informing them of the school notification process and their responsibility to self-report prior to the start of the 2021-22 academic year.
2. Parents of students with a confirmed case of COVID-19 will self-report to office staff in their home school upon confirmation of the infection by medical personnel.
3. Staff with a confirmed case of COVID-19 will self-report to their school administrator upon confirmation of the infection by medical personnel.
4. Administrators at the school level will inform the District Nurse (TBD) of any confirmed cases and forward that information to the District Superintendent.
5. The District Nurse will document and communicate the details of the confirmed cases to the LPHA.
6. If the data shows that there is a cluster of confirmed cases, documentation (contact logs) will be forwarded to the LPHA for follow up.

Screening/Isolation Protocols

Primary Symptoms of Concern for screening:

- Cough
- Fever or chills
- Shortness of breath or difficulty breathing

Students

1. Each student will be assigned an entrance point (i.e., a specific door and wing) to the school building.
2. They will go directly to their first content cohort (i.e., the students in their first period class) through their assigned entry door.
3. Staff will be present at each entry point to visually screen students for symptoms.
4. When the screening indicates that a student may be symptomatic, the student is directed to a specified staffed Isolation room.
5. Staff assigned to each entry door will need to maintain contact tracing logs with information about each student who entered and other students with whom they came in contact during entry.
6. All contact logs will be reviewed and submitted to our LPHA.

Staff

1. Staff are required to report when they may have been exposed to COVID-19.
2. Staff are required to report when they have symptoms related to COVID-19.
3. Staff members are not responsible for screening other staff members for symptoms.
4. If a staff member reports symptoms during the school day, they will be asked to leave the building and return home to follow isolation protocols. If they cannot leave the building, they will be isolated until they are able to leave the building safely.
5. All contact logs associated with the staff member will be reviewed and submitted to our LPHA.

Communication

Any known COVID-19 cases will be communicated both internally and externally to report the status of the presumptive case to health officials and to notify parents/guardians of a student or staff exposure. If a staff member tests positive for COVID-19, a communication will be sent to all impacted families.

- Parents will be notified if their student has been exposed to COVID-19 in the school setting.

Maintaining Daily Logs

Staff will be trained in the importance and requirement of daily logs. At each building, certified staff (teachers/counselors) will be responsible for keeping a daily log of their classroom cohorts. In addition, classified staff (Educational Assistants, Office staff) responsible for entry/exit stations, and isolation room protocols will be responsible for keeping a daily log of student interactions.

All daily logs will be maintained for a minimum of 4 weeks after the completion of the term.

Entry/Exit Protocols

If essential personnel need to enter/exit the building during the school day, they will report to the office and the receptionist will document the entry/exit with a sign in/sign out log. The log will be maintained for the purposes of contact tracing for 4 weeks. The information collected will include:

- Name
- Contact Information
- Date of Visit
- School location visited
- Time/Date of entry and exit

Isolation Measures

The Central Curry School District attests to the following isolation measures:

- Adequate supply of face coverings at each of our facilities
 - Central Curry District Office
 - Transportation Department
 - Nutritional Services
 - Custodial Services
 - School Buildings:
 - Gold Beach High School
 - Riley Creek Elementary
 - All face coverings will be stored in the main office of each location, with a clear protocol for delivery to staff/students as needed.

- Designated space to isolate students and staff members who develop COVID-19 symptoms at each location. Designated staff will supervise students and symptoms will be monitored by a school nurse until they are able to go home.
- Masks will be used by students and supervising staff in the isolation space while waiting to go home unless students are in distress (nauseous, struggling to breathe, etc.)
- A designated space for students to receive non-COVID-19 health services that is separate from the COVID-19 isolation space will be provided for students and staff.

Anyone with these symptoms must remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. Alternatively, a person may return to school after receiving two negative COVID-19 molecular tests (PCR) at least 24 hours apart.

Designated space for students to receive non-COVID-19 health services that is separate from COVID-19 isolation space.

Environmental Management

Hand Washing: All students will be required to use school provided hand sanitizer prior to school entry.

All students will have access to hand washing locations/hand sanitizer prior to breakfast and/or lunch. Frequent opportunities for hand washing will be provided throughout the school day.

Hand washing will be supplemented with the use of hand sanitizer.

Equipment: Equipment includes materials such as school supplies (scissors, glue sticks), PE and recess equipment, Science lab supplies. Sharing of supplies will be restricted whenever possible. All shared equipment will be cleaned between users.

Routine Infection Prevention:

Building wide cleaning practices will be followed during the school day by our custodial staff, including regular cleaning of common spaces including rest rooms, entry doors, external classroom doors, etc.

In the event of a COVID case in a single cohort, all common spaces linked to the infected student will be deep cleaned after school. Empty classrooms will be deep cleaned, and staff will follow quarantine procedures (i.e. restricting access to the affected classrooms as per OHA guidelines).

In the event of a school-wide exposure, the school building will be shut down for deep cleaning. Access to the school will be restricted for all staff and students following OHA guidelines.

Each building will provide disinfecting supplies, which will be stored in the building's designated custodial closets. The head custodian in every building will be responsible for monitoring the disinfectant supply closets and additional supplies will be ordered in a timely manner.

Physical Distancing and Protection: Staff and students will follow distance requirements when feasible during exit of the building. Re-entry to the building will be through an assigned entry point to reduce incidental contact.

- Off-site field trips and events requiring visitors or volunteers will be reviewed by the administration team to determine the likelihood of the event being able to occur without exposure risk to the students and staff.
- In-school events will be modified to reduce the number of students congregating in small spaces. Outdoor events will be recommended.
- Use of the building by outside groups will be reviewed by the administrative team.
- Gold Beach High School will not cohort but rather classroom rosters and attendance will be reviewed. Single classrooms at Riley Creek Elementary will be considered cohorts.
- Visual reminders will be used in all restrooms to encourage hygienic practices including:
 - Handwashing techniques
 - Covering coughs/sneezes
 - Social distancing
 - Facial coverings
 - Covid-19 symptoms

Face Coverings

Communication to staff, parents, students and families about face mask protocols and requirements will be sent on a regular basis through district and building communication channels.

All communications will include a statement that children under age 5 and those who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering or other covering. CCSD has determined that face coverings will be optional. Masks will continue to be available to those who wish to wear them at school and school functions.