

PURPOSE

Silverleaf School desires to maintain a prevention-oriented approach to the health and safety of our community. Health education and support for students, instructors and parents is an essential component in the prevention and control of communicable diseases. The following communicable disease guidance is general in nature, though Silverleaf may issue additional guidance and protocols specific to various communicable diseases, as required. Staff, students, volunteers, contractors and families are expected to comply with this plan and all related protocols, policies and board guidance.

OVERVIEW

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

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

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms (see pages 7-8).

The chart titled *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 the school may employ to protect the school community.

Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands,
- Prepare or eat food and drinks with unwashed hands,
- Touch a contaminated surface or objects, and
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.

PREVENTION

HAND WASHING

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community.

Staff and students will be encouraged to exercise frequent and thorough **hand washing, which is known to be the primary prevention measure against the spread of communicable diseases.** When done correctly, hand washing will help students, staff and visitors avoid spreading and receiving disease-causing bacteria and viruses.



More information about effective handwashing procedures can be found at:
(<http://www.cdc.gov/Features/HandWashing>)

<https://www.cdc.gov/handwashing/campaign.html>

Key times to wash hands:

We encourage all staff, students, and families to wash your hands often, especially during these key times when you are likely to get and spread germs:

- **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

DURING THE COVID-19 PANDEMIC, YOU SHOULD ALSO CLEAN HANDS:

- **After** you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- **Before** touching your eyes, nose, or mouth because that's how germs enter our bodies.

Use an alcohol-based hand sanitizer that contains at least 70% alcohol if soap and water are not available.

EXPOSURE AVOIDANCE

Communicable Diseases are transmitted via various routes, each with particular strategies for avoiding, limiting or containing exposure. Until further notice, all persons over the age of five are required to wear a face covering in Silverleaf School to help with exposure avoidance.

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, smallpox and SARS.

In order to prevent transmission of common airborne diseases, Oregon Health Authority recommends vaccination against the measles and chickenpox if you have not yet had them. Infected persons should be isolated from public places until they are no longer infectious.

Respiratory Droplet

Infection via respiratory droplet 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

six (6) feet. Examples of respiratory droplet diseases include common cold, influenza (flu), whooping cough (pertussis), meningococcal disease, and COVID-19.

Strategies to prevent transmission includes covering mouth and nose when coughing and sneezing, using tissues when coughing and sneezing, discarding tissues promptly in an appropriate waste container, and washing hands after discarding tissue. If tissues are not available, cough or sneeze into one's sleeve, not into one's hands. The Oregon Health Authority recommends that persons stay up-to-date on vaccinations (flu, pertussis, meningococcal) to prevent spread of these diseases.

There are simple steps you can take to protect yourself and your family from COVID-19 as well as influenza and other illnesses spread via respiratory droplets.

- Wash your hands often with regular soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with sick people or animals.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw it away. If you don't have a tissue, cough into your elbow.
- Clean and disinfect objects and surfaces that you frequently touch.
- Avoid non-essential travel to regions listed in Center for Disease Control (CDC) travel advisories.
- Use a face covering to reduce the spread of COVID-19. This includes viral spread from people who have the infection, but no symptoms.

Direct or Indirect Contact

Infections can spread via direct contact from person to person by either skin-to-skin contact or skin-to-mucous membrane contact. (Germs that can be spread by respiratory droplet, including COVID-19, are often spread by this route as well.) Infections can spread through indirect contact as well, from contaminated object to person. Examples of diseases spread by contact include: fungal infections (such as "ringworm"), herpes virus, mononucleosis, skin infections (such as Staph and Strep), influenza (flu), common cold.

Recommendations to avoid exposure via direct or indirect contact include:

- Wash hands thoroughly and often.
- Always follow work practice controls as required by the Oregon-OSHA Bloodborne Pathogens standard 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 bandages.
- 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 and sanitize frequently touched objects in the environment (door knobs, phones)

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 diseases include diarrheal illnesses, Hepatitis A, and pinworms. Prevention includes: washing 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.

Foodborne

Foodborne illnesses occur as a result of eating food that has been improperly handled, prepared or stored. Examples of foodborne illnesses include: diarrheal diseases and Hepatitis A. To prevent exposure, practice effective handwashing before touching food and store food appropriately.

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 include: diarrheal diseases, skin infections, and Hepatitis A.

Surfaces or objects commonly touched by students or staff (such as desk tops, chairs, and supplies) should be cleaned at least daily.

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. needle-stick injury, sharp objects, human bite or fight). Examples of blood-borne illnesses include Hepatitis B, C, and D; and HIV/AIDS.

Prevention of blood-borne illnesses include: washing hands thoroughly and often, assuming that all body fluids of all persons have a potential for the spread of infections. Staff will 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 a teacher and/or administrator. 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.

PERSONAL HEALTH

Keeping your body resilient is an important way to prevent the spread of disease. You should:

- Eat a healthy diet.
- Exercise.
- Get plenty of rest.
- Quit smoking and vaping.

Silverleaf believes that school health is a shared responsibility. Health education and support for students, school staff and parents is an essential component in the prevention and control of communicable diseases. In support of a healthy community, Silverleaf will:

- Develop and use appropriate tools to communicate the importance of the prevention of communicable diseases to students, staff, families and visitors.
- Develop and promote physical education programs that ensure communicable disease prevention.
- Encourage staff and students to pack food that supports a balanced and nutritious diet to strengthen the immune system to fight illness.
- Provide social and emotional support to students to minimize fear and confusion for students and staff that often occur with communicable disease incidents or outbreaks.
- Provide accurate and timely information, as permitted by confidentiality policies, in regard to any communicable disease incidents or outbreaks.
- Develop policies and procedures that align with Oregon public health law regarding exclusion of ill students and staff with specified communicable diseases and conditions.
- Promote meaningful partnerships among school staff, administrators, families, students and communities to enhance the prevention of communicable disease in youth.

Communicable Disease Control Measures – Guidelines for Exclusion

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

Students should also be excluded from school if they exhibit:

- 1) **Fever**: a measured oral temperature of 100.4°F, with or without the symptoms below.
 - Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin.
- 2) **Skin Rash or Sores**: **ANY** new rash if not previously diagnosed by a health care provider **OR** if rash is increasing in size **OR** if new sores or wounds are developing day-to-day **OR** if rash, sores or wounds are draining and cannot be completely covered with a bandage.
 - 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.
- 3) **Difficulty Breathing or Shortness of Breath**: not explained by a 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.
- 4) **Concerning cough**: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider **OR** any acute (non-chronic) cough illness **OR** cough that is frequent or severe enough to interfere with active participation in usual school activities.
 - 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.

- 5) **Diarrhea**: three or more watery or loose stools in 24 hours **OR** sudden onset of loose stools **OR** student unable to control bowel function when previously able to do so.
 - Stay home until 48 hours after diarrhea resolves.
- 6) **Vomiting**: at least one (1) episode that is unexplained.
 - Stay home until 48 hours after last episode

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

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

- 9) **Concerning eye symptoms:** colored drainage from the eyes **OR** unexplained redness of one or both eyes **OR** eye irritation accompanied by vision changes **OR** symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.
 - Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.

- 10) **Behavior change:** unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion **OR** any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.
 - In case of head injury, consider ODE concussion guidance.

- 11) **Major health event:** may include an illness lasting more than two (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.

- 12) **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.

Silverleaf will refer to the Oregon Department of Education and Oregon Health Authority recommendations for *Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease or a Health Care Provider Has Diagnosed a Specific Communicable Disease*, below with related appendices, as needed.

If we become aware a student has any of the following diseases, then clearance by the local health department or attending physician is required before the child returns to school: Chickenpox, 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. **Any staff or student with a confirmed or presumptive case of COVID-19 can return to school 10 days after onset of symptoms, and 72 hours after fever has subsided, without fever-reducing medications, and other symptoms are improving.**

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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>CHICKENPOX (Varicella)</p> <ul style="list-style-type: none"> Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters, scab over 	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears)</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Airborne droplets from coughing Direct contact with drainage from blisters or nasal secretions Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> 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 <input type="checkbox"/> Exclude exposed, susceptible persons from school <input type="checkbox"/> Wash hands thoroughly and often. <input type="checkbox"/> Cover mouth and nose if coughing or sneezing <input type="checkbox"/> Encourage safe disposal of used tissues <input type="checkbox"/> Contact physician regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears
<p>COVID-19</p> <p>Fever, cough, runny nose, shortness of breath, new loss of taste or smell, fatigue</p>	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: YES</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respiratory droplets <input type="checkbox"/> Indirect contact with infected articles <p>Communicable:</p> <p>May be transmitted with or without symptoms.</p>	<ul style="list-style-type: none"> Wash hands thoroughly and often Cover mouth, nose if coughing or sneezing Encourage appropriate disposal of used tissues Physical distancing <input type="checkbox"/> Face coverings

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
HEAD LICE <ul style="list-style-type: none"> Itching of scalp Lice or nits (small grayish brown eggs) in the hair 	<p><u>Exclude:</u> If required by school policy</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infected person Indirect contact with infected articles (rarely) <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Only when live bugs present 	<ul style="list-style-type: none"> Refer to CDC guidance on head lice. Check siblings/close contacts for symptoms Avoid sharing/touching clothing, head gear, combs/brushes Contact physician or 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 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 7-8.</p> <p><u>Restricted:</u> May attend only with local health department permission.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with feces Consumption of water or food contaminated with feces <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Two weeks before symptoms until two weeks after onset 	<ul style="list-style-type: none"> Wash hands thoroughly and often No food handling or sharing School restrictions on home prepared foods for parties Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school
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 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 7-8.</p> <p><u>Restriction:</u> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> One month prior to symptoms to 4 to 6 months or longer after jaundice Some individuals have no symptoms but can transmit the disease. 	<ul style="list-style-type: none"> Strict adherence to standard precautions when handling 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 - see website for current information: Immunization Requirements for School and Child Care Getting Immunized

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
INFLUENZA (flu) <ul style="list-style-type: none"> • Abrupt onset, fever chills, headache, muscle aches, cough 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 7-8.</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO—unless 20% of students develop flulike symptoms in 72 hour period. Follow and utilize flu outbreak toolkit from OHA as necessary.</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Droplets from coughing or sneezing <p><u>Communicable:</u></p> <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 • See website for up-to-date information: http://flu.oregon.gov/Pages/Learn.aspx
MEASLES <ul style="list-style-type: none"> • Fever, eye redness, runny nose, a very harsh cough • 3–7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 7-8.</p> <p><u>Restriction:</u> May attend with local health department permission</p> <p><u>Report:</u> YES - Highly Communicable</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Airborne droplets from coughing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • 4 days before rash until 4 days after rash begins <p>Most contagious 4 days before rash appears</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Contact physician or health department immediately for direction <input type="checkbox"/> Physician or health department will identify population at risk and assist with parent notification <input type="checkbox"/> Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized • Exclude exposed, susceptible persons from school
MENINGOCOCCAL DISEASE <ul style="list-style-type: none"> • Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy <p>May have blotchy, purplish, non-blanching rash</p>	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 7-8.</p> <p><u>Restriction:</u> None necessary. Patients are not contagious after treatment.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions • Droplets from coughing or sneezing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Until bacteria are no longer present in discharges from nose and mouth <p>Cases and contacts usually no longer infectious after 24 hours on antibiotics</p>	<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 <input type="checkbox"/> See County Health Department CD Specialist for further information

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>MONONUCLEOSIS</p> <ul style="list-style-type: none"> Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain 	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>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.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with saliva <p>Communicable:</p> <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
<p>MUMPS Painful swelling of neck and facial glands, fever and possible abdominal pain</p>	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: May attend with local health department permission.</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions Droplets from coughing or sneezing <p>Communicable: 2 days before onset until 5 days after onset of symptoms.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Wash hands thoroughly and often <input type="checkbox"/> Report to school nurse <input type="checkbox"/> No sharing of personal items <input type="checkbox"/> Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school
<p>PINK EYE (Conjunctivitis)</p> <ul style="list-style-type: none"> Eyes tearing, irritated and red, sensitive to light Eye lids puffy, may have yellow discharge 	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: May attend with licensed health care provider permission or symptoms are gone</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with infectious saliva or eye secretions Indirect contact with infected articles <p>Communicable: As long as drainage is present</p>	<ul style="list-style-type: none"> Wash hands thoroughly No sharing of personal items Consult with licensed medical provider

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<p>RINGWORM</p> <ul style="list-style-type: none"> • Patchy areas of scaling with mild to extensive hair loss • May have round areas of “stubs” of broken hair • Ring-shaped red sores with blistered or scaly border • “Itching” common 	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: May attend with licensed health care provider permission or when symptoms are gone.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with infectious areas • Indirect contact with infectious areas <p>Communicable:</p> <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 anti-fungal agent, gym/locker areas
<p>STAPH SKIN INFECTIONS</p> <ul style="list-style-type: none"> • Draining sores, slight fever, aches and headache <p>Affected area may be red, warm and/or tender</p>	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: May attend with licensed health care provider permission or when lesions are dry/crusted or gone</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with drainage from sores • Indirect contact with infected articles <p>Communicable: As long as sores are draining</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Wash hands thoroughly <input type="checkbox"/> Good personal hygiene <input type="checkbox"/> No sharing towels, clothing or personal items <input type="checkbox"/> No food handling • No contact sports until lesions are gone
<p>STREP THROAT – SCARLET FEVER (streptococcal infections)</p> <ul style="list-style-type: none"> • Strep throat: Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain or nausea <p>Scarlet Fever: Same as strep throat with a red blotchy, sandpapery rash on trunk</p>	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: May attend with licensed health care provider permission.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Direct contact with nose and throat secretions <p>Communicable:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months. 	<ul style="list-style-type: none"> • Wash hands thoroughly • Encourage covering mouth & nose when coughing & sneezing • Encourage appropriate disposal of used tissues

<p>TUBERCULOSIS (infectious/active) Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease</p>	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: May attend only with local health department permission</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Primarily by airborne droplets from infected person through coughing, sneezing or singing <p>Communicable: As long as living bacteria are discharged through coughing. Specific drug therapy usually diminishes communicability within</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Observe TB rule compliance: CDC - Tuberculosis (TB) Report to physician or consult with county health department
<p>WHOOPING COUGH (Pertussis)</p> <ul style="list-style-type: none"> Begins with mild “cold” symptoms and progresses to violent fits of coughing spells that may end in a whooping sound (infants & toddlers) or vomiting (older children & adults) <p>Slight or no fever</p>	<p>Exclude: Refer to Exclusion Guidelines on pages 7-8.</p> <p>Restriction: May attend only with local health department permission</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact nose and throat secretions Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> Greatest just before and during “cold” symptoms to about 3 weeks without treatment. 	<ul style="list-style-type: none"> Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized <input type="checkbox"/> Exclusion of exposed, susceptible persons from school may be required; consult with local public health authority

Communicable Disease Control Measures: References

Centers for Disease Control and Prevention. *Definitions of Symptoms for Reportable Illnesses*. <https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html>. Published June 30, 2017.

Centers for Disease Control and Prevention. *Type of Duration of Precautions Recommended for Selected Infections and Conditions*. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>. Published July 22, 2019.

Communicable Disease Appendices

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CD Guidance 2020



Appendix I

Oregon Public Health Law: Oregon Administrative Rule 333-019-0010

Disease Related to School, Child Care, and Worksite Restrictions: Imposition of Restrictions

(1) For purposes of this rule:

(a) "Restrictable disease":

(A) As applied to food service facilities includes but is not limited to diphtheria, hepatitis A, hepatitis E, measles, Salmonella enterica serotype Typhi infection, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, infectious tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, and any illness accompanied by diarrhea or vomiting.

(B) As applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, and infectious tuberculosis and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the child poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).

(C) Includes any other communicable disease identified in an order issued by the Authority or a local public health administrator as posing a danger to the public's health. [*]

(b) "Susceptible" means being at risk of contracting a restrictable disease by virtue of being in one or more of the following categories:

(A) Not being complete on the immunizations required by OAR chapter 333, division 50;

(B) Possessing a medical exemption from any of the vaccines required by OAR chapter 333, division 50 due to a specific medical diagnosis based on a specific medical contraindication; or

(C) Possessing a nonmedical exemption for any of the vaccines required by OAR chapter 333, division 50.

(c) "Reportable disease" means a human reportable disease, infection, microorganism, or condition specified by OAR chapter 333, division 18.

(2) 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.

(3) 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.

(4) A school administrator may request that the local health officer determine whether an exclusion under section (3) of this rule is necessary. In making such a determination the local health officer may, in consultation as needed with the Authority, consider factors including but not limited to the following:

(a) The severity of the disease;

(b) The means of transmission of the disease;

(c) The intensity of the child's or employee's exposure; and

(d) The exposed child's or employee's susceptibility to the disease, as indicated by:

(A) A previous occurrence of the disease;

(B) Vaccination records;

(C) Evidence of immunity as indicated by laboratory testing;

(D) Year of birth; or

(E) History of geographic residence and the prevalence of the disease in those areas.

(5) The length of exclusion under section (3) of this rule is one incubation period following the child or employee's most recent exposure to the disease.

(6) A susceptible child or employee may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267(1).

(7) Nothing in these rules prohibits a school or children's facility from adopting more stringent exclusion standards under ORS 433.284.

(8) The infection control committee at all health care facilities shall adopt policies to restrict the work of employees with restrictable diseases in accordance with recognized principles of infection control. Nothing in these rules prohibits health care facilities or the local public health authority from adopting additional or more stringent rules for exclusion from these facilities.

Statutory/Other Authority: 624.005, ORS 413.042, 431.110, 433.004, 433.255, 433.260, 433.284, 433.329, 433.332 & 616.750

Statutes/Other Implemented: ORS 433.255, 433.260, 433.407, 433.411 & 433.419

History:

[PH 17-2020, amend filed 03/26/2020, effective 04/06/2020](#); [PH 21-2017, amend filed 12/21/2017, effective 01/01/2018](#); PH 24-2016, f. 8-8-16, cert. ef. 8-16-16; PH 10-2015, f. 7-2-15, cert. ef. 7-3-15; PH 1-2015(Temp), f. & cert. ef. 1-7-15 thru 7-5-15; PH 16-2013, f. 12-26-13, cert. ef. 1-1-14; PH 7-2011, f. & cert. ef. 8-19-11; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; OHD 4-2002, f. & cert. ef. 3-4-02; HD 15-1981, f. 8-13-81, ef. 8-15-81

**At time of writing COVID-19 is included per temporary rule ORS 333-019-0100, with anticipated permanent inclusion.*

Appendix II

Communicable Disease Control Measures: Recommendations for School Attendance Restrictions and Reporting

Oregon Administrative Rules identify some communicable diseases as “reportable” or as “school restrictable.” Some communicable diseases may be in both categories.

“Reportable” diseases are to be reported to the local health department by the diagnosing health care practitioner. A school administrator may receive information from a parent or other source regarding a student’s possible diagnosis with a “reportable” disease. The school administrator should refer that information to the school nurse if available or to the county health department, with appropriate consent. The health department will provide directions regarding the student’s return to school and any action necessary to prevent the spread of disease to others.

“School-restrictable” diseases are communicable diseases for which the school administrator is required by Oregon law to exclude a child. When the administrator has reasonable cause to believe that the child has a school-restrictable disease, the child must be excluded until no longer infectious to others, as determined by the local public health authority, a licensed physician or school nurse, depending on the child’s illness or condition.

If a school nurse is not available, contact the local health department for reporting concerns or questions.

Appendix III

Communicable Disease Control Measures: Guidelines for Handling Body Fluids

The Oregon **Occupational Safety and Health Administration Bloodborne Pathogens standard Div. 2/Z (1910.1030)** outlines specific engineering and work practice controls employers must implement to eliminate or minimize employee occupational exposure to the blood and other potentially infectious materials of others. To comply with this regulation, districts must develop an exposure control plan as outlined in the standards.

Standard Precautions

“Standard Precautions” refer to a system of infectious disease control, which assumes the body fluids of all persons are infectious. Standard Precautions are designed to reduce the risk of transmission of all communicable diseases, whether a person exhibits symptoms of illness or not. Standard Precautions refer to the use of barriers or protective measures when dealing with the following:

- Blood;
- All body fluids, secretions and excretions, except sweat, regardless of whether they contain visible blood;
- Non-intact skin; and
- Mucous membranes

Strict adherence to Standard Precautions and the appropriate use of personal protective equipment will decrease the risk of infection from bloodborne microorganisms as well as the transmission of all communicable diseases.

Only employees who have been trained as described in the Oregon OSHA Bloodborne Pathogens rule should render first aid, offer assistance for ill or injured students, or be assigned other tasks that involve the potential risk of body fluid contact (e.g., feeding, diapering or delegated nursing tasks such as gastrostomy tube feedings or blood glucose monitoring). Other employees should be given information about avoidance measures. Peer tutors and volunteers in the school must also receive general information about avoidance measures and **cannot be assigned any task or offer assistance with tasks where there is expected contact with body fluids.**

Appendix IV

Communicable Disease Control Measures: Guidelines for Schools with Children Who Have Bloodborne Infections such as HIV, Hepatitis B and C

These guidelines were prepared as recommendations for school administrators developing policies and procedures for providing education safely to children infected with hepatitis B virus (HBV), hepatitis C virus (HCV) or Human Immunodeficiency Virus (HIV – the virus that causes the Acquired Immunodeficiency Syndrome [AIDS]).

I. Background

A. General

HBV and HIV cause serious illnesses and are spread from one person to another, primarily through blood, semen or vaginal fluids. HBV infections are much more common in Oregon school children than HIV infections. The risk of spread of either disease in the school setting is extremely low. Since the basic measures to reduce this low risk even further are similar for the two diseases, the guidelines for both are presented.

B. Hepatitis B

The Illness

Some persons infected with HBV develop no illness, but older children and adults are typically ill for several weeks and then recover completely. Symptoms include general malaise, abdominal discomfort, nausea and jaundice. Most persons are infectious for a few weeks or months. Occasionally, long-term complications may occur, including liver failure and cancer.

Carriers

About 5% to 10% of adults and 25% to 95% of infants infected with HBV will continue to harbor the virus in their blood for life (carriers). Carriers are infectious to other persons and may develop serious liver disease.

Transmission

HBV is not spread by ordinary social contact. Transmission occurs only when a body fluid such as blood, semen, vaginal fluids and, rarely, saliva from an infected person is introduced through broken skin, or onto the mucus membrane of the eye, mouth, vagina or rectum. HBV does not penetrate intact skin. Specifically, HBV can be spread from an infected person to an uninfected person by sexual contact, by needle sharing, by contact with infected blood or saliva through a cut in the skin or splash into the mouth or eye or from an infected woman to her child.

No significant risk of HBV transmission has been documented in the usual school setting. Any risk is limited to persons exposed to infected students who exhibit aggressive behaviors such as biting, scratching or spitting, and to persons who provide first aid to students with injuries involving blood or body fluids.

Vaccine

An effective vaccine is available to protect against HBV infection; it is required for school attendance in Oregon. Hepatitis B vaccine is given in three doses over a six-month period. It is a safe vaccine. A sore arm occurs frequently at the injection site, but more serious side effects have not been documented. Since 1991, health authorities have recommended that all children be immunized against HBV as part of the usual childhood immunization schedule. Persons who could reasonably anticipate occupational exposures to blood or other body fluids, such as those who are designated to provide first aid to injured persons must be offered the hepatitis B vaccine and vaccination series in accordance with the OR-OSHA Bloodborne Pathogen standard.

Specific Recommendations for Hepatitis B

Standard precautions should always be followed.

Consult your school health expert/local health department/health care provider with questions.

See OR-OSHA Div. 2/Z (1910.1030(f)) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up for guidelines that may affect your workplace.

1. Screening for HBV Carriers

Hepatitis B is not a school-restricted disease under OAR 333-019-0010. Attempts to specifically identify carrier children are generally discouraged. The exceptions to this are the previously institutionalized individuals who are subject to frequent injuries, who have frequent visible bleeding from the gums or have aggressive or self-destructive behaviors (biting, scratching, etc.) that may lead to bleeding injuries. Such an individual should be referred to a health care provider who, with their consent, can determine whether the person is infected with HBV.

2. HBV Carriers

If a student is an identified Hepatitis B carrier, the local health department should be consulted for individual special precautions to be incorporated into the educational program for that child. Such precautions may include restricting contacts with other students and assuring that the teaching staff is immunized when appropriate.

3. Immunizing Staff

School staff members who provide direct personal care to students who lack control of their body secretions or who display behavior such as biting, spitting or scratching should be offered Hepatitis B vaccine and encouraged to consult with the health department and with their personal physician.

4. Immunizing Parents or Residential Caretakers

The parents or residential caretakers of students who are likely to have ongoing classroom or household contact with students who lack control of their body secretions or who display behavior such as biting, spitting or scratching should be offered Hepatitis B vaccine and encouraged to consult with their personal physician or health department for information about it.

C. Hepatitis C Virus (HCV)

Hepatitis C is a liver disease caused by the Hepatitis C Virus (HCV), which is found in the blood of persons who have this disease. The infection is spread by contact with the blood of an infected person. Almost four million Americans have been infected with the Hepatitis C Virus. Most people who get Hepatitis C carry the virus for the rest of their lives. Most of these people have some liver damage, but many do not feel sick. Hepatitis C may cause cirrhosis (scarring) of the liver and liver failure.

HCV is spread primarily by exposure to human blood. Risk factors may be:

- Injecting street drugs (even once or years ago).
- Receiving blood products before 1987.
- Receiving a blood transfusion or solid organ transplant (e.g. kidney, liver and heart) from an infected donor, especially prior to 1992.
- Long- term kidney dialysis.
- Health care workers who have frequent contact with blood in the work place, especially accidental needle sticks.
- Being born to a mother infected with Hepatitis C.
- Sex with a person infected with HCV.
- Living with someone who was infected with HCV and sharing items such as razors or toothbrushes that may have had blood on them.

There is no vaccine for Hepatitis C. Antiviral drugs given for 24–48 weeks can cure some people of chronic Hepatitis C.

D. HIV/AIDS – Specific Recommendations

1. General Considerations

Oregon school districts shall strive to protect the safety and health of children and youth in their care, as well as their families, school employees and the general public. Staff members shall cooperate with public health authorities to promote these goals.

2. About HIV

HIV can be spread by semen or vaginal fluids during sexual intercourse and by blood or blood products during transfusion or by using infected needles. Infected children most commonly acquire HIV from an infected mother before or during birth, or during breastfeeding. Children may also become infected as a result of sexual abuse.

Transmission may also occur if infected blood is introduced through broken skin or onto the mucous membranes such as in the eyes or mouth. HIV may be present in very low concentrations in saliva and tears, feces and urine of infected persons, but such fluids have never been known to transmit the virus.

3. School Attendance

A student with HIV infection has the same right to attend school and receive services as any other student and will be subject to the same rules and policies. HIV infection shall not factor into decisions concerning class assignments, privileges or participation in any school sponsored activity.

4. Placement

School authorities will determine the educational placement of a student known to be infected with HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision makers must consult with the student's physician and parent or guardian; respect the student's and family's privacy rights; and reassess the placement if there is a change in the student's need for accommodations or services.

5. Legal/Privacy

Under Oregon law, cases of HIV infection in children and adults of any age must be confidentially reported to the local health department by the health care provider. When a case of HIV infection in a child is reported, the HIV Program in Oregon State Public Health or the local health department contacts the physician or parent(s) or guardian(s) to collect public health related information on the case, provide information on disease transmission and ensure that the patient and the family are aware of available health services.

Students or staff members are not required to disclose HIV infection status to anyone in the education system. Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member.

Violation of medical privacy is cause for disciplinary action, criminal prosecution and/or personal liability for a civil suit. No information regarding a person's HIV status shall be divulged to any individual or organization without a court order or the informed, written, signed and dated consent of the person with HIV infection (or the parent or guardian of a legal minor). The written consent must specify the name of the recipient of the information and the purpose for disclosure.

All health records, notes and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those named in written permission from the person (or parent or guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record without written consent.

6. Infection Control

All school employees shall consistently follow infection control guidelines in all settings and at all times, including playgrounds and school buses. Schools shall follow standard precautions promulgated by the U.S. Occupational Safety and Health Administration for the prevention of bloodborne infections (CFR 1910.1030) and adopted by reference in Oregon Revised Statute (ORS 437, Division 2). (See also page 5 and Appendix 1 of this document). Equipment and supplies needed to comply with the infection control guidelines will be maintained and kept reasonably accessible. School district designees shall implement the precautions and investigate, correct, and report on instances of failure to comply.

7. HIV and Athletics

The privilege of participating in physical education classes, athletic programs,

competitive sports and recess is not conditional on a person's HIV status. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rulebooks will reflect these guidelines. First aid kits must be on hand at every athletic event.

8. Employee Education and Training

School personnel and the general public should receive education about bloodborne infections and standard precautions regularly. The Oregon Health Authority Public Health Division, local health departments, Oregon Department of Education, education service districts and local school districts should cooperate to deliver this education.

All school staff members including teachers, instructional assistants, support staff, administrators, custodians, bus drivers and secretaries should be fully informed of these recommendations and basic prevention measures including personal hygiene and immunizations as part of annual in-service training.

E. Human Immunodeficiency Virus (HIV) Infection

HIV infection results in a broad range of clinical illness ranging from no symptoms to the life-threatening condition of AIDS. Most, if not all, people infected with HIV will eventually become ill, sometimes months, but usually years after they become infected. HIV infection causes failure of a person's immune system and, as a result, that person is prone to many infections that others would normally fight off.

Carriers

Persons who become infected with HIV continue to carry the virus in their blood and are infectious for the rest of their lives.

Transmission

HIV is not spread from one person to another by casual contact. HIV is more fragile than the HBV. Consequently, the risk of transmission is very low in school situations. HIV can be spread by semen or vaginal fluids during sexual intercourse and by blood or blood products during transfusion or by sharing injection needles. Children may acquire HIV from their infected mothers before or during birth or during breastfeeding. Transmission may also occur if infected blood is introduced through broken skin or onto the mucous membranes such as in the eyes or mouth. HIV may be present in very low concentrations in the saliva, tears, feces and urine of infected persons, but such fluids have never been known to transmit the virus.

If any risk of spread in the school setting exists, it is limited to situations where an uninfected person is exposed to blood from an infected person through open skin lesions, mucous membranes or needle sharing.

F. Legal Issues

Among the legal issues to be considered in forming policies for the education of children

with bloodborne infections are confidentiality, the responsibility of the school district to provide a safe and healthy environment for students and employees, the civil rights aspect of public school attendance and protection for children with disabilities. Oregon law requires health care providers to report any person diagnosed with hepatitis B, hepatitis C or HIV infection to the local health department ([Oregon County Department Directory](#)).

G. Confidentiality Issues

School personnel, parents and others involved in the education of children with HBV or HIV infections should be aware of the laws regarding student confidentiality and potential for social isolation should the child's condition become known to others. Information from student educational records is confidential and cannot be released without written parental consent. Local school board hearings on matters pertaining to or examination of confidential medical records of a student must be held in executive session, and the name of the student, the issue, the board members' discussion and their decision cannot be made public. Results of an HIV antibody test and the identity of a person receiving the test are confidential and may not be released without specific written consent from the child's parent(s) or guardian(s). No person in Oregon may be tested for HIV without his/her informed consent or, in the case of a child, the consent of the child's parents(s) or legal guardian(s).

II. Recommendations

B. General

1. Education

School personnel and the general public should receive intensive education about bloodborne infections on a regular basis. This education should emphasize information about how the infections are spread and how they are not spread. It should be done before problems arise in individual schools. The Oregon Public Health Division, local health departments, Oregon Department of Education, education service districts and local school districts should cooperate to deliver this education.

2. Training

All school staff members, including teachers, instructional assistants, support staff, administrators, custodians, bus drivers and secretaries should be fully informed of these recommendations and basic prevention measures including personal hygiene and immunizations as part of annual in-service training. Adopted procedures should be carried out in all school situations.

3. Standard Precautions

Because of the risk of bloodborne transmission from infected persons, and because most infected students will not be identifiable, standard precautions should be observed by persons in all situations involving exposure to blood, body fluids or excrement. Routine care involving exposure to all children's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the modes of possible disease transmission.

In any setting, good hand washing after exposure to blood and body fluids and before

caring for another child should be observed and gloves should be worn.

Any open lesions on the caregiver's hands should be covered. These precautions must be used for all children, not just those known or suspected to be infected:

- 1) Wear disposable gloves when providing first aid for bleeding injuries.
- 2) Wash your hands immediately after completing the first aid with soap and running water for at least 20 seconds (<http://www.cdc.gov/Features/HandWashing/>).
- 3) Avoid skin, mouth or eye contact with the blood from an injured child. If such an exposure occurs, wash skin with soap and water and rinse eyes or mouth thoroughly with water.
- 4) Clean up any spilled blood with absorbent material and clean with soap and water, followed by disinfectant for 10 minutes. Use germicidal products with an EPA number or a freshly made solution of 1 part bleach to 9 parts water.
- 5) Blood-contaminated items such as gloves, bandages and paper towels should be disposed of properly. Please consult your district policy for proper disposal of these items.
- 6) Report the first aid situation to your supervisor.

4. Additional Precautions

The following additional precautions should be applied in all school settings. These procedures will help prevent transmission of many infections in addition to bloodborne infections. These include:

- 1.) A sink with soap, hot and cold running water and disposable towels should be available close to the classroom.
- 2.) Sharing of personal toilet articles, such as toothbrushes and razors should not be permitted.
- 3.) Skin lesions that may ooze blood or serum should be kept covered with a dressing.
- 4.) Exchange of saliva by kissing on the mouth, by sharing items that have been mouthed and by putting fingers in others' mouths should be discouraged.
- 5.) Environmental surfaces and toys that may be regularly contaminated by student's saliva or other body fluids should be washed with soap and water and disinfected daily, or anytime they are soiled. Changing tables should be cleaned and disinfected.

5. Confidentiality

Strict confidentiality should be maintained in accordance with state and federal laws and local school district policies. Knowledge of the child's condition should be shared with others only if the school superintendent determines it is necessary to do so after receiving recommendations from the team. Written consent from the parents or guardians of the AIDS-diagnosed or HIV-infected child is required before a child is identified by name to team members or to others. Oregon rules guide confidentiality, reporting and informed consent.

Communicable disease control

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)

In accordance with Oregon Revised Statute (ORS) 333-019-0010, 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.

Provided by Oregon Department of Education in conjunction with the Oregon Health Authority, Public Health Division, and Oregon-OSHA.
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If alternate format is needed or questions occur, please contact:

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