



# Banks School District Comprehensive Communicable Disease Plan



*Adapted with permission from Molalla River School District's Communicable Disease Management plan, authored by Dr. Jan Olson.*

## Introduction

A communicable disease is an infectious disease that can spread from person to person by various routes such as contact with infected individuals or their bodily discharges/fluids, by contact with contaminated surfaces/objects, by ingestion of contaminated food or water, breathing in airborne viruses or by direct or indirect contact with disease vectors. Although the terms *infectious disease*, *communicable disease* and *contagious disease* are often used interchangeably, it is important to note that not all infectious diseases that are spread by contact with disease vectors are considered to be "contagious" since they cannot be spread from direct contact with another person ([ACPHD, 2013](#)).

There are many infectious diseases regularly circulating in the school setting. Due to the various nature, contagiousness and mode of transmission of different communicable diseases, Oregon laws and the Oregon Health Authority have exclusion from school criteria for restrictable diseases and certain excludible symptoms. See the Oregon Department of Education and Oregon Health Authority's [Communicable Disease Guidance](#) for an up-to-date list of restrictable diseases and symptoms.

### **Applicable Banks School District Board Policies**

Banks School District Policy [JHCC](#) and [JHCC-AR](#) Communicable Disease- Students  
Banks School District Policy [GBEB](#) and [GBEB-AR](#) Communicable Disease- Staff  
Banks School District Policy [EBAA/GBEBC/JHCCC](#) Infection Control- Students  
Banks School District Policy [EBAA/GBEBC/JHCCC](#) Infection Control- Staff  
Banks School District Policy [JHC](#) Student Health Services and Requirements

## Communicable Disease Prevention

The most effective thing all of us can do to prevent transmitting communicable diseases are everyday measures. Everyday measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health service plan.

There are a multitude of methods that can be applied to control communicable diseases at each level of prevention. The levels are Primary, Secondary and Tertiary.

**Primary Prevention:** Measures to prevent disease

- Environmental Surface Cleaning
- Vaccines
- Hand Hygiene
- Respiratory Etiquette
- Food safety
- Proper school policies and training for staff
- Educating students and families on illness prevention and management

**Secondary Prevention:** Early Identification and measures to prevent spread.

- Stay home when you're sick
- Maintain social distancing
- Additional Personal protective equipment
- Exclusion
- Isolation

**Tertiary Prevention:** Measures to prevent complications.

- Outbreak Response
- Pandemic Response

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

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

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

## **Prevention Oriented Measures**

Prevention oriented measures are those which seek to prevent transmission of communicable diseases based on routine practices associated with sanitation and hygiene. Prevention also includes important steps such as vaccination and health promotion.

### **Primary Prevention**

#### **Environmental Surface Cleaning**

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

## Vaccines

In the school setting vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to state that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school maintains records of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. Vaccine process is in accordance with Oregon Health Authority regulations, Washington County Public Health guidance, and Banks SD board policy.

The district maintains appropriate records of each student's vaccination record, including medical and non-medical exemptions. These are reported annually to the Washington County Public Health Department. Students who do not have the appropriate vaccinations or exemptions will be excluded from school per Public Health procedures and Oregon State Laws.

In coordination with the district nurse:

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

## Vaccine-Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists. Current VPD routinely immunized for in the United States includes:

1. [Diphtheria](#)\*
2. Tetanus\*
3. [Measles](#)\*
4. [Mumps](#)\*
5. [Rubella](#)\*
6. [Haemophilus influenzae](#) type b infections (Hib)\*
7. Pneumococcal infections\*
8. [Meningococcal disease](#)\*
9. [Pertussis](#) (whooping cough) \*
10. Poliomyelitis (polio)\*
11. [Hepatitis A](#) \*
12. Hepatitis B\*
13. Varicella
14. Influenza
15. [COVID-19](#)\*

Most VPD's are also notifiable diseases\*, meaning they are reportable to the local health department and are under consistent surveillance.

Other VPD that are not routinely vaccinated for the United States may arise for a particular person or group of people in specific situations such cholera, plague, rabies, bat lyssavirus, yellow fever,

Japanese encephalitis, Q fever, tuberculosis, and typhoid. While these conditions are uncommon locally, a diagnosed case should be deferred to the RN immediately.

## Hand Hygiene

- Washing hands with soap and water for 20 seconds
- Use alcohol based hand sanitizer if handwashing is not available

Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices will be taught, role-modeled, and practiced. Handwashing should always be the primary and preferred method for cleaning hands. Hand sanitizer is not effective against all pathogens, so it should be used when hand washing stations are not available.

Age appropriate education and reminders will be provided on when to wash hands or use alcohol based hand sanitizer. These include:

- **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
- (CDC, 2020)

## Respiratory Etiquette

- Cover your coughs and sneezes

A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet, reaching the nose or mouth of others and causing illness. Droplets can also live for a short time on a variety of objects such as high touch areas like doorknobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are essential components to protecting yourself from illness and preventing others from becoming ill.



## **Food Safety**

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

Appropriate food handling processes must be taught, role-modeled, and endorsed. This includes:

- Hand hygiene and appropriate use of gloves.
- Clean surfaces and appropriate use of sanitizers.
- Separating raw and ready to eat foods/ avoidance of cross-contamination.
- Cooking food to appropriate temperatures.
- Appropriate storage and refrigeration.
- Measures to prevent allergic reactions.
- Abstaining from food preparation when specific symptoms or specific illnesses have been identified.

## **Staff Training**

Training will be provided to staff annually regarding Communicable Disease Management, current health and safety protocols, Infection Control, and location of all applicable School Board policies and district documents. Additional training for Medication Administration and additional Personal Protective Equipment to applicable staff when necessary.

## **Student and Family Education**

Reminders will be sent to students and families regarding current health and safety protocols, excludable symptoms and when to keep ill students home. Age appropriate education and reminders will be given to students regarding health promotion and prevention measures.

## **Secondary Prevention**

### **Communicable Disease Exclusion**

Oregon public health law requires individuals who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until they are no longer contagious. However, a physician confirmed diagnosis is not always possible and schools may need to make exclusion decisions based on clearly identifiable signs and/or symptoms. The Oregon Health Authority and Oregon Department of Education's Exclusion Guidelines are an easy reference for staff and parents. Consult district nurse as needed.

\*Per OHA/ODE Expanded Exclusion Guidelines Updated 3/2022\*

## PLEASE KEEP ILL STUDENTS OUT OF SCHOOL

The list below gives school instructions, not medical advice. Please contact your health care provider with health concerns.

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER...
 <b>Fever:</b> temperature of 100.4°F (38°C) or greater	<b>*Fever-free for 24 hours</b> without taking fever-reducing medicine <b>AND per guidance for primary COVID-19 symptoms.</b>
 <b>New cough illness OR New difficulty breathing</b>	<b>* Symptoms improving for 24 hours (no cough or cough is well-controlled) AND per guidance for primary COVID-19 symptoms.</b> If diagnosed with pertussis (whooping cough), the student must take 5 days of prescribed antibiotics before returning.
 <b>Headache with stiff neck or with fever</b>	<b>*Symptom-free OR</b> with orders from doctor to school nurse. Follow fever instructions if fever is present.
 <b>Diarrhea:</b> 3 loose or watery stools in a day <b>OR</b> not able to control bowel movements	<b>*Symptom-free for 48 hours OR</b> with orders from doctor to school nurse.
 <b>Vomiting:</b> one or more episode that is unexplained	<b>*Symptom-free for 48 hours OR</b> with orders from doctor to school nurse.
<b>Skin rash or open sores</b>	<b>*Symptom free,</b> which means rash is gone <b>OR</b> sores are dry or can be completely covered by a bandage <b>OR</b> with orders from doctor to school nurse.
<b>Red eyes with eye discharge:</b> yellow or brown drainage from the eyes	<b>*Symptom-free,</b> which means redness and discharge are gone <b>OR</b> with orders from doctor to school nurse.
<b>Jaundice:</b> new yellow color in eyes or skin	<b>*After the school has orders</b> from doctor or local public health authority to school nurse.
<b>Acting differently without a reason:</b> unusually sleepy, grumpy, or confused.	<b>*Symptom-free,</b> which means return to normal behavior <b>OR</b> with orders from doctor to school nurse.
<b>Major health event,</b> like an illness lasting 2 or more weeks <b>OR</b> a hospital stay, <b>OR health condition requires more care than school staff can safely provide.</b>	<b>*After the school has orders</b> from doctor to school nurse <b>AND</b> after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.

**Restrictable diseases** are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to Washington County Public Health. The local health department typically notifies school health services. Although, there are occasions when the parent will notify the school first.

Students with diagnoses of disease restrictable by Washington County Public Health under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including:

- Diphtheria
- Measles
- Salmonella
- Typhi infection
- Shigellosis
- Shiga-toxigenic Escherichia coli (STEC) infection
- Hepatitis A
- Tuberculosis
- Pertussis
- Rubella
- Acute Hepatitis B
- COVID-19 is also declared a restrictable condition under OAR 333-018-0900

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

The School Nurse and Student Services Administration will identify the need for communication, surveillance or control measures, including potential communication with Washington County Public Health.

The interventions and communication are driven by multiple factors including the diagnosis, student health status, risk of exposure, number of individuals infected and risk to cohort or specific students.

**In compliance with FERPA and HIPPA, school staff receiving reports *should not* inform any other students, staff or parents of the report.**

## **Isolation**

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

## **Tertiary Prevention**

### **Outbreaks**

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of

school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity will be indicators to report to the district RN for consideration of outbreak reports or control measure implementation.

The attention to outbreaks, interventions, and resources are highly dependent on the severity or communicability of the syndrome or pathogen identified. Outbreak response including surveillance, infection control measures, and potentially exclusion are also diagnosing specific and may be indicated when:

- A single significant infectious diagnosis is confirmed in the school setting.
- Clusters of compatible syndromes or diagnoses associated with an infectious condition are identified within the school setting.
- Significant absenteeism is identified to be associated with compatible syndromes.
  - See Covid-19 specific section for current absenteeism thresholds of when to contact LPHA.
- Community transmission of an infectious disease is significant in the community and the Local Public Health Authority (LPHA) or the RN has deemed increased surveillance or response to outbreak a necessary measure.

Other times when to call Washington County Public Health for School Outbreaks

- Unusually high absenteeism in students or staff with vomiting and/or diarrhea in the same classroom or across the school within a two-week period
- Students or staff ill with high fevers or bloody stools
- Evidence of severe illness (i.e. multiple students or staff hospitalized with similar symptoms)
- Unusually high absenteeism in students or staff with fever and cough and/or sore throat
  - 10 or more people or 20% or more of facility, absence is prolonged 3 or more days
  - In school, 40% or more of students in any one classroom absent

For further guidance on specific outbreaks including respiratory and gastrointestinal disease outbreaks, consult the district nurse, Washington County Public Health and utilize the Oregon Health Authority [Outbreak Toolkits](#).

## Other Circumstances

Less commonly outbreaks of skin infections, novel diseases, or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions, and coordination with appropriate stakeholders, these other situations will be referred to the school nurse immediately. These circumstances will be handled on a case-by-case basis. Examples of these circumstances may include:

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

See [Pandemic Plan](#) for specifics on novel virus response plan deemed a pandemic.

See [COVID-19 Specific Plan](#) for guidance on the response to the COVID-19 pandemic.

# Resources

## **Oregon State Information**

[Oregon Health Authority COVID-19 Information](#)

[Oregon Department of Education](#)

[Oregon Communicable Disease Guidelines for School](#)

[COVID-19 Testing Site Locations](#)

[Oregon School Nurses Association COVID-19 Toolkit](#)

## **Washington County**

[Washington County Public Health Department](#)

## **National**

[Centers for Disease Control](#)



# School Outbreak Guidance Document



October 4, 2019

## School Outbreak Guidance

**When to call Washington County Public Health (available 24/7 at 503-846-3594):**

- Unusually high absenteeism in students or staff with vomiting and/or diarrhea in the same classroom or across the school within a two-week period
- Students or staff ill with high fevers or bloody stool
- Evidence of severe illness (i.e. multiple students or staff hospitalized with similar symptoms)
- Unusually high absenteeism in students or staff with fever and cough and/or sore throat:
  - $\geq 10$  people or  $\geq 20\%$  of facility, absence is prolonged  $\geq 3$  days
  - In school,  $\geq 40\%$  of students in any one classroom absent

**What information to include in the initial report to Washington County Public Health:**

- Total number of students, staff and food handlers in your school
- Total number of ill students, staff and food handlers and classrooms/grade levels affected
- General symptoms and when symptoms started
  - It is important to distinguish between gastroenteritis (i.e. nausea, vomiting, diarrhea) and respiratory (i.e. fever, cough, sneezing, sore throat) symptoms as early as possible
- Any lab-confirmed illnesses, hospitalizations or deaths
- Baseline absentee rates (the expected number of absent staff and/or students).

**What to return to Washington County Public Health during an outbreak investigation:**



## Cleaning Schedule

### Guidelines for a Clean and Healthy School Environment

\*Please note that high-touch areas need to be disinfected more frequently than daily; any shared equipment or surface needs to be disinfected after each use. This list is not comprehensive as each environment is different, however, it will give you a template to use for your facility.

Task	Sanitize	Disinfect	Daily	Weekly	Before & After Each Use	Comments
<b>General Areas</b>						
Door & cabinet handles		X	X			At the end of the day.
Drinking fountains/only used If touch free dispensing		X	X			Only use drinking fountains if they are dispenser/touch free; otherwise, deactivate.
helmets	X				X	After each use.
Upholstered furniture – try to remove and provide cleanable furniture				X*		Wash using soap and water and/or find a disinfectant that is effective against COVID-19 to use that won't damage the surface. Replace these if possible with cleanable furniture.
Garbage cans- non-bodily fluids		X		X		If visibly soiled, clean daily and disinfect.
Garbage cans- toilet area garbage cans or facial tissue/bodily fluid containing waste		X	X			
Rugs & carpets			X*			Vacuumed (use hepa filter on vacuum) daily when children are not present. Clean at least once every 6 months using a carpet shampoo machine or steam cleaner.
Floors (tile, linoleum, etc.)			X			Sweep or vacuum using a HEPA filter, then disinfect.
Floors with bodily fluid (Other potentially infection media-OPIM)		X	X immediately			Students and staff shall be moved from area contaminated with blood or OPIM <i>prior</i> to cleaning and <b>disinfecting</b> with either high heat or an EPA registered disinfectant product. Children should not return till the area is dry.
Carpets, rugs, or cloth type surfaces with bodily fluids			X immediately			Students and staff shall be moved from area contaminated with blood or OPIM <i>prior</i> to cleaning (see rugs & carpeting above) and <b>disinfecting</b> with either high heat or an EPA registered product. Children should not return to carpeted areas until dry.

Task	Sanitize	Disinfect	Daily	Weekly	Before & After Each Use	Comments
<b>Toilets</b>						
Handwashing sinks, counters, toilets, toilet handles, & floors		X	X*			Clean immediately if visibly soiled.
Bathroom floors		X	X*			Disinfectant is not used on floors when students are present; follow cleaner and disinfectant label directions.
<b>Food Areas</b>						
Refrigerator/ freezer	X			X		Cleaning and sanitizing refrigerator monthly is OK.
Eating utensils & dishes	X				X	After each use.
Kitchen counters	X				X*	
Food preparation surfaces	X				X	
Food preparation sinks	X		X		X*	Sanitize as needed
Kitchen equipment: blenders, can openers, pots & pans, cutting boards	X				X*	After each use.
Tables	X				X	
Kitchen floors		X	X			Swept, washed, and disinfected
<b>Other Cleaning Items</b>						
Gym and fitness areas Identify all touch surfaces		X			X	
Electronics and computer equipment		X			X	Consider using wipeable covers; follow manufacturer's instructions for disinfection and cleaning; if none available try using a 70% or more alcohol wipe or spray
Outdoor areas		X			X	Clean routinely; disinfection after each use unless raining or extended time between uses
<b>Other Cleaning Items</b>						
Mops		X	X			Cleaned, rinsed and disinfected in utility sink. Air dried in an area with ventilation to the outside & inaccessible to children.
Laundry	X				X	Sanitized with bleach according to equipment manufacturer's instructions or washed above 140°F.
Spray bottles of soap, rinse water & bleach solutions		X	X			See Bleach Solution Preparation Procedure for where to clean bottles.