



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, COVID-19).
- 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, increased airflow and ventilation, 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. Certain vaccines are required 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 incidence 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 5/2023

PLEASE KEEP STUDENTS WITH SYMPTOMS OUT OF SCHOOL

This list is school instructions, not medical advice. Please contact your health care provider with health concerns.

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER...
 Fever: temperature of 100.4°F (38°C) or greater	*Fever-free for 24 hours without taking fever-reducing medicine. *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.
 New cough illness	* Symptoms improving for 24 hours (no cough or cough is well-controlled).
 New difficulty breathing	* Symptoms improving for 24 hours (breathing comfortably). <i>Urgent medical care may be needed.</i>
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
 Vomiting: one or more episode that is unexplained	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
 Headache with stiff neck and fever	*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions above. <i>Urgent medical care may be needed.</i>
Skin rash or open sores	*Symptom free , which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse.
Red eyes with colored drainage	*Symptom-free , which means redness and drainage are gone OR with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	*After the school has orders from doctor or local public health authority to school nurse.
Acting differently without a reason: unusually sleepy, grumpy, or confused.	*Symptom-free , which means return to normal behavior OR with orders from doctor to school nurse.
Major health event , like an illness lasting 2 or more weeks OR a hospital stay, OR health condition requires more care than school staff can safely provide.	*After the school has orders from doctor to school nurse AND after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.

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

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 Appendix 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 throughout the school and is above what you would expect for the time of year AND at least 2 students or staff who live in separate households and are in the same classroom or cohort
- Students or staff ill with high fevers or bloody stools
- Evidence of severe illness (i.e. multiple students or staff hospitalized with similar symptoms)
- Respiratory illnesses (fever, cough, sore throat or positive test results) associated with unusually high levels of absenteeism for three or more consecutive days
 - 20% or more of a cohort or classroom with at least three people
 - 30% or more of students and/or staff schoolwide, with at least 10 people
 - In a medically fragile class/cohort not yet meeting the % threshold levels

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 district 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.

Pandemic Specific Response Plan

According to the World Health Organization, a pandemic is the worldwide spread of a new disease.

Most pandemics occur from novel viruses associated with influenza. Other viruses, such as coronaviruses, are routinely surveyed due to the propensity for mutations, human to animal transmission, and potential for pandemic events. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses.

Seasonal Respiratory Illness

There are several viruses that routinely circulate in the community to cause upper respiratory illnesses. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these viruses may vary in severity but include cough, low-grade fever, runny nose and sore throat ([SDDH, 2019](#); [Weatherspoon, 2019](#)).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza viruses: Types A and B. The flu A and B viruses that routinely spread in people are responsible for seasonal flu epidemics each year. The flu can cause mild to severe illness. Serious cases of the flu can result in hospitalization or even death. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue and sometimes vomiting (CDC 2020).

Novel, Variant, and Pandemic Viruses

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

Purpose

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

Control Measures

Prophylactic vaccines and antiviral medications are appropriate interventions in some viral respiratory conditions such as seasonal influenza, they are not always accessible for novel strains. NPIs are essential and can aid in the reductions of disease transmission. It is important to note that a disease that is widely spread in the community has many options for transmission beyond a school setting. A school district can only account for NPIs in a school setting and at school-sponsored events ([CDC, 2017](#)).

Measures associated with novel or variant viruses are based on the severity of the virus. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified.

Everyday measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health service plan. These measures include, but are not limited to:

- Washing hands with soap and water for 20 seconds or using approved alcohol based hand sanitizer when hand washing is not available
- Effectively cover your coughs and sneezes and throw the tissue in the garbage after each use
- Routine sanitizing with EPA approved disinfectant (list of [effective disinfectants against COVID-19](#))
- Stay home when you're sick
- Personal protective equipment when appropriate

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity and incident of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively. That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the school setting. Control measures are incremental based on the current situation. The current situation will be defined by the public health official based on the severity, the incidence and the proximity to the school setting lending to level-based responses. Level based responses are defined in many ways, generally using a mild, moderate and severe category, or for the purposes of this document level 1, 2, and 3 categories.

Globally Identified Novel Viruses Cases

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

Routine Practices

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Routine Hand Hygiene • Respiratory Etiquette • Stay home when ill 	<ul style="list-style-type: none"> • Routine Illness exclusion (See Communicable Disease Plan & Guidance from ODE/OHA) 	<ul style="list-style-type: none"> • Routine and regular sanitizing or disinfection 	<ul style="list-style-type: none"> • Routine seasonal illness and exclusion communication • Communication on flu vaccine clinics

Regionally or Nationally Identified Novel Viruses

It is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will send out guidance. When novel viruses emerge in the state, Oregon Health Authority (OHA) will provide direct guidance. An identified individual that is part of the district's Response Team will be subscribed to OHA's alerts specific to pandemic content. Routine infection control and communication will continue. When cases are identified in the local region, a response team will be assembled within the district and responsibilities assigned within the school district.

Response Team

Banks School District has put together a Response Team that consists of individuals who can fulfill roles in district policy, clinical information, human resources, risk management, administration and facilities.

Banks School District's Response Team will assume the following roles:

- Develop capabilities to implement non-pharmaceutical measures (NPI) to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and the Washington County Public Health Department.
- Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of the pandemic.
- Communicate with and educate the school community about approved public health practices and what each person can do to prepare or respond to minimize health risks.
- Consult with Oregon Health Authority (OHA) and Washington County Department of Health and Human Services (WCDHHS) to implement a plan.
- Develop and implement educational support plans for students who are isolated or quarantined.
- Develop and/or review a recovery plan that provides educational support and emotional support for staff and students.

When public health has deemed a novel virus a pandemic threat, defer to the [CDC checklist for schools](#) (appendix B) in order to establish a specific emergency response framework with key stakeholders. During this time, planning will need to be initiated on the continuity of education in the event of school closures. Response team members will meet regularly.

Actions

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

Personal NPIs	Community NPIs	Environmental NPIs	Communication
<ul style="list-style-type: none"> • Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing station not available. • Cover coughs/sneezes effectively. Wash hands. • Stay home when sick for at least 24 hours after fever free without use of a fever reducer. 	<ul style="list-style-type: none"> • Identify baseline absenteeism rates to determine if rates increase by 20% or more. • Increase communication and education on respiratory etiquette and hand hygiene in schools. • Teachers provide age-appropriate education. • Communicable Disease surveillance monitoring and student illness. • Increase space between students in the classrooms. • Implement stable cohorts or assigned seating when possible to minimize transmission and aid in contact tracing. 	<ul style="list-style-type: none"> • Increase sanitizing of shared surfaces. • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school until parents can pick-up. • Discourage the use of shared utensils in the classroom. • Encourage and increase use of outdoor activities for maximum airflow. • Maintain and alter building ventilation systems as needed to increase airflow and filtration. • Maximize airflow in closed spaces by opening windows, doors or using stand alone HEPA filters when windows are not available. 	<ul style="list-style-type: none"> • Provide communication to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers for recommendations.

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

When novel viruses are identified in the community but not in a student or staff, the district will defer to local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school sponsored events. Private clubs, organizations, or faith communities are not part of the school district. These congregate settings are responsible for following local public health guidance.

When local transmission is detected, planning for dismissal and academic continuity should be prioritized. Prolonged absence of staff should also be prioritized.

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

Personal NPIs	Community NPIs	Environmental NPIs	Communication
<ul style="list-style-type: none"> Defer to public health specific guidance. Prepare for staff and students to stay home if someone in their household becomes ill. Exclude staff/students who test positive for COVID-19 or are exposed to a positive case according to public health authority guidelines. 	<ul style="list-style-type: none"> Defer to public health guidance. Social distance at school as much as possible. Dismiss students temporarily. Staff still report to work. Provide resources and information on COVID-19 vaccines. Minimize visitors into school buildings. 	<ul style="list-style-type: none"> Defer to public health guidance. Modify, postpone, or cancel large school events. Increase physical distance between staff during meetings or hold virtual meetings when possible. 	<ul style="list-style-type: none"> Use guidance from local health departments to establish communication with staff and families. Communicate with staff regarding sick time and to stay home when sick. Ask parents to report symptoms when calling students in sick as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting and the incidence is low, the local health department will provide direct guidance to district administration/school nurse on the diagnosed case. The LPHA may impose restrictions on contacts.

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

Personal NPIs	Community NPIs	Environmental NPIs	Communication
<ul style="list-style-type: none"> Follow public health direction/government. 	<ul style="list-style-type: none"> Follow exclusion guidance from the LPHA, which may include social distancing, gathering requirements, & student dismissal. Appendix A 	<ul style="list-style-type: none"> Follow local public health direction on environmental cleaning/sanitizing, which may include school closure and canceling major school events based on health metrics. 	<ul style="list-style-type: none"> Coordinate communication with the local health authority. Identify possible impacted student populations such as Seniors. Communicate regarding continued meal service.

RE-ENTRY DURING PANDEMIC

Personal NPIs	Community NPIs	Environmental NPIs	Communication
<ul style="list-style-type: none"> Follow public health direction. 	<ul style="list-style-type: none"> Follow exclusion guidance, and intervention guidance designated by the LPHA/OHA for re-entry. 	<ul style="list-style-type: none"> Follow OHA/LPHA guidance on bringing students back to school based on public health metrics if required. 	<ul style="list-style-type: none"> Communicate with staff, students and families on re-entry restrictions, and potentially impacted populations.

POST EVENT

Personal NPIs	Community NPIs	Environmental NPIs	Communication
<ul style="list-style-type: none">● Routine hand hygiene and respiratory etiquette.● Stay home when sick until 24 hours fever free without using fever reducing medications.	<ul style="list-style-type: none">● Maintain routine exclusion when state or LPHA determine appropriate to return to baseline.	<ul style="list-style-type: none">● Maintain routine sanitizing procedures.	<ul style="list-style-type: none">● Routine illness prevention and exclusion communication with staff and families.● Evaluate post-event procedures to determine what worked in our response plan and what needs revised.● Determine the plans needed to make up for lost academic time and mental health supports as needed.

Special Considerations

School Closures

If school closure is ordered by the state, the district will abide by executive order. If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration.

Employee Sick Leave

Accommodation of staff leave shall be consistent with laws associated with state and federal leave acts and union contracts.

Immunocompromised Students

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









COVID-19 Specific Response Plan

The response to COVID-19 in the K-12 school setting has evolved and changed numerous times over the course of the pandemic. Mitigation measures have been developed, adjusted and implemented based on guidance and mandates from the Centers for Disease Control (CDC), Oregon Health Authority (OHA), the Governor's office and the Oregon Department of Education (ODE). Guidelines are subject to change based on updated guidelines and executive orders during the duration of the COVID-19 pandemic and this document will be updated as needed.

This document is a district level COVID-19 Response Plan. Per ODE requirement, School Level Communicable Disease Management Plans (including COVID-19) are developed for the 2023-2024 School Year. School Level Plans identify roles and responsibilities for each member of the Communicable Disease Response Team.

Control Measures Specifically for COVID-19

KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS
The mainstays of reducing exposure to the coronavirus and other respiratory pathogens are:

-  **Vaccination** – The most powerful tool available to stop the spread of COVID-19.
-  **Protective Equipment** – Use of face coverings and barriers.
-  **Physical Distancing** – At least three feet with other people.
-  **Hand Hygiene** – Frequent washing with soap and water or using hand sanitizer.
-  **Airflow & Circulation** – Outdoor activities are safer than indoor activities; maximize airflow in closed spaces.
-  **Cohorts** – Conducting all activities in small groups that remain together over time with minimal mixing of groups.
-  **Isolation & Quarantine** – Isolation separates people who have a contagious disease from people who do not. Quarantine separates and restricts the movement of people who were exposed to a contagious disease.
-  **Environmental Cleaning & Disinfection** – Especially of high touch surfaces.

Screening

All students, parents/guardians and staff will be receiving frequent reminders in various communication formats such as notes sent home, emails, flyers, newsletters and social media to stay home when sick, and follow the OHA/ODE Communicable Disease Exclusion Guidelines.

Students or staff will not be excluded from school for a cough that is a chronic condition or not new and is not worsening (i.e. asthma, allergies, etc). Parents/guardians may provide information regarding existing conditions that cause coughing that are not new onset and not worsening for screening purposes and will not be excluded. Information will be documented.

Student Screening

Any student or staff displaying or reporting any excludable symptoms upon arrival will immediately be escorted to the designated school isolation room by trained staff. Students will be further screened to determine if any of the excludable symptoms (fever of 100.4 or higher, chills, new or worsening cough, or difficulty breathing or shortness of breath, new loss of taste or smell) are present and will be sent home. Additionally, they will be escorted to the isolation room if displaying any excludable symptoms per the [Communicable Disease Guidelines for Schools](#) from the Oregon Health Authority and the Oregon Department of Education and sent home if applicable.

Staff Screening

All staff are to self-screen daily before coming to work. All staff are required to report any symptoms of illness and stay home when sick. Staff members will not be responsible for screening or reporting other staff members symptoms.

Exclusion

Banks SD will continue to follow ODE/OHA, CDC and LPHA guidance as it is updated in regards to exclusion from school and work, utilizing OHA/ODE Communicable Disease Guidelines referenced above.

If a student or staff test positive for COVID-19 they do not need to isolate for a set number of days. All positive cases, regardless of vaccination status or prior infection, need to stay home until fever free (without the use of fever reducing medication), no vomiting or diarrhea for 48 hours and any other symptoms are improving.

Banks SD will also clearly communicate with parents and staff the exclusion criteria and any updates throughout the school year to Isolation or Quarantine and excludable symptoms protocols and policies.

Isolation

Any student that develops symptoms of an illness during the school day will immediately be escorted by trained staff to the isolation room. Each school will have an isolation space that is separate from the health room where routine health needs are addressed such as diabetic students, injuries and routine medications. The closest restroom to the isolation room will be used if needed. Any staff member supervising the Isolation Room will receive additional training and PPE per CDC guidelines. A trained staff member will supervise ill students until a parent/guardian picks them up. Ill staff members will immediately be sent home. If any ill staff or student develops any of the emergency warning signs or symptoms, (trouble breathing, constant pain or pressure in chest, bluish lips or face in lighter skinned individuals or grayish lips or face in darker skinned individuals, sudden new onset confusion or inability to wake or stay away), supervising staff will call 911.

Quarantine

Per current guidance from CDC, OHA and ODE, Banks School District is no longer requiring Quarantining after an exposure to a positive COVID-19 case.

Per current CDC and OHA guidance, individuals do not need to quarantine after an exposure to a positive case. Exposed individuals should monitor for symptoms for 10 days after last date of exposure. It is recommended, but not required, for exposed individuals to get tested around day 5 after last exposure, even if vaccinated. If exposed individual develops symptoms, it is recommended they stay home and consider testing for COVID-19.

Testing Options

Banks School District will have iHealth at-home test kits available for free to send with staff or students as long as the state supply is available. If a student or staff member test positive, they will notify the school and follow the ODE/OHA Communicable Disease Guidelines.

Protocol for Reporting

There will be a designated staff member at Banks Elementary, Banks Middle School and Banks High School responsible for all confirmed COVID 19 positive cases in staff and students. When the district is notified of a confirmed positive COVID-19 case of a student or staff member, the school designated employee will notify the District RN. At this time, individual cases are no longer required to be reported to WCPH. The District Nurse will monitor cohort and school wide absenteeism for clusters of respiratory related absenteeism (including COVID-19) and will notify the LPHA if the thresholds are met.

The District Nurse or designated staff will identify if any medically fragile, immunocompromised or individuals with risk of severe disease are exposed. Banks School District will work with WCPH as needed to identify outbreaks or high risk individuals/cohorts and consult regarding cleaning/sanitation and possible classroom or school closure.

Contact Tracing

Per current ODE/OHA and CDC guidance, Banks SD will no longer perform universal contact tracing for every known positive case.

Notification

Whenever possible, Banks SD will notify staff and students when there is an outbreak of respiratory illnesses (including COVID-19) in a cohort. This will vary by school setting and building. Notification of every identified COVID-19 case will no longer be performed.

Environmental Management

Hand Washing:

- Staff will be trained in communicable disease prevention measures, including hand washing routines.
- Staff will provide age appropriate hand washing education, define appropriate times to wash hands, and provide hand sanitizer containing at least 60% alcohol when hand washing is not available.



- Supplies:
 - Hand sanitizer will be placed in each classroom
 - Hand soap and paper towels will be maintained in each classroom that has a sink
- Signage and teaching around when to wash hands will follow CDC recommendations of washing their hands for 20+ seconds or use hand sanitizer

Protocol for disinfection procedures for prevention of spread:

All cleaning products will be distributed daily as needed to classrooms and refilled by Facilities staff as needed.

- Product use by staff will be trained by facilities staff for proper use.
- Facilities may and will include all trained facilities staff and trained staff.
- The Facilities Director is responsible for training and direction of staff.

Cleaning and sanitizing high touch point surfaces (e.g., desks, dry erase boards, door handles, etc.) will be maintained to the extent possible.

Protocol for sanitizing classroom/school wide exposure of an outbreak of COVID-19:

- All disinfecting supplies will be EPA approved emerging viral pathogen claim as detailed on the EPA website: [EPA approved disinfectants for use against COVID-19](https://www.epa.gov/pesticide-registration/epa-approved-disinfectants-for-use-against-covid-19).
- Cleaning staff responsible for sanitizing classroom/school in the building must be properly trained.
- Cleaning staff will have available and don all required PPE before sanitizing process.
- All waste from cleaning and exposed area will be treated as contaminated and disposed of securely and properly.

Required Process per CDC guidelines:

- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours to enter area to disinfect and sanitize when possible or wait as long as is feasible.
- Do not vacuum a room or space prior to decontamination. Decontamination must be fully completed prior to vacuuming.
- Isolate area using signage / barrier or tape – to prevent anyone other than the disinfecting team from entering the contaminated area.
- Provide a safe zone outside of the contaminated area for cleaning staff to remove all PPE as properly trained and be disposed of as contaminated waste.

- Refer to **NAM-SOFT-CLEA COVID-19 Unoccupied Contaminated Area Disinfection (Revised 7-15-2020)** from Sodexo for further guidance. See your facilities supervisor for location of document.

Face Coverings

As of March 12, 2022, per ODE/ODE, masks requirements in schools will become a district decision. As of that time, face coverings will be optional for all students, staff and volunteers at Banks School District whether the individual is vaccinated or unvaccinated. This includes school buses and sporting events.

Banks School District will support all staff, volunteers and students decision to wear a face covering or not in the school setting.

ODE, OHA, CDC and Banks School District recommends those who are immunocompromised, individuals at higher risk for complications from COVID-19, or individuals who live with someone in one of these categories wear a face covering.

OHA recommends students and staff to wear a face covering for 10 days when in close contact with others after testing positive for COVID-19, but it not required.

It may be required for staff to wear a face covering when in close contact with medically fragile or immunocompromised students if it is in their IEP/504.

When face coverings are worn, they should meet [CDC guidance](#) for approved materials, proper use, and washing. Face coverings are preferred to face shields and face shields alone are not an effective substitute.

Face coverings should not be worn if:

- If they have a medical condition or symptoms that makes it difficult for them to breathe with a face covering
- If they are under 2 years of age
- If they experience a disability that prevents them from wearing a face covering
- If they are unable to remove the face covering independently
- While sleeping

Educator Vaccination

Per Oregon Health Authority, as of June 17, 2023 Banks School District will no longer have to enforce the COVID-19 vaccination requirement for all K-12 school staff and volunteers.

Special Considerations

School Closures

If school closure is ordered by the state, the district will abide by executive order. If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration.

Immunocompromised Staff/Students

Staff/students with immunocompromising health conditions and treatments may require exclusion from work/school outside of public health guidance. These staff/students should provide documentation from their health care provider.

Further accommodation and/or protective measures will be implemented on a case-by-case basis for Immunocompromised Staff/Students if they are attending in person school. These may include providing free KN95 or N95 masks, increased air filtration, assigned seating considerations to minimize potential exposure to ill students/staff, providing school supplied at-home tests when requested, encouraging staff to wear masks whenever they are in close contact (less than 6 feet for more than 15 minutes) with immunocompromised students/staff.

Resources

Banks School District

[Link to ODE/OHA School Level Template Plans](#)

[Banks Elementary School](#)

[Banks Middle School](#)

[Banks High School](#)

Oregon State Information

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

[Oregon Department of Education](#)

[Oregon Communicable Disease Guidelines for School](#)

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

Washington County

[Washington County Public Health Department](#)

National

[Centers for Disease Control](#)

Appendix



School Outbreak Guidance

(Changes highlighted in yellow)

Phone: (503) 846-3594 Fax: (503) 846-3644 Email: HHSPublicHealth_DCAP@washingtoncountyor.gov

Contact Washington County Public Health (WCPH) when students or staff have:

- Case(s) or suspected outbreaks of reportable diseases
- Gastrointestinal illnesses (e.g., vomiting and/or diarrhea) associated with unusually high levels of absenteeism
 - At least 2 students or staff who live in separate households and are in the same classroom or cohort
 - An increase of GI illness spread throughout the school and is above what you would expect for the time of year
- Respiratory illnesses (e.g., fever, cough, sore throat, or positive test results) associated with unusually high levels of absenteeism for three or more consecutive days
 - $\geq 20\%$ of cohort or classroom
 - $\geq 30\%$ across school
 - In a medically fragile class/cohort not yet meeting % threshold levels
- High fevers or bloody stools
- Hospitalization with severe, similar symptoms

Information to include in the initial report to WCPH:

- Total number of students and staff in your school
- Total number of students, staff and food handlers (if GI related) who are:
 - Ill or absent
 - In the affected cohort(s) (e.g., class, grade, office, team, etc.)
- Type of symptoms and onset dates
 - Distinguish between gastroenteritis (i.e., nausea, vomiting, diarrhea) and respiratory (i.e., fever, cough, sneezing, sore throat) symptoms as early as possible
- Any lab/test-confirmed illnesses; hospitalizations; or deaths
- Baseline absentee rates (the expected number of staff and/or students usually absent)

Prevent other students and staff from becoming ill:

- Send anyone home who develops symptoms at school; advise ill individuals to:
 - Follow [Oregon Department of Education \(ODE\) exclusion guidelines](#)
 - Seek care and testing, as appropriate
- Increase handwashing with soap and water. Use alcohol-based hand sanitizers frequently if soap and water are not available.
- Follow [cleaning and disinfection guidance](#) for your school

During an outbreak, regularly provide an updated line list and/or daily count of new illnesses/absenteeism:

- After the initial report, a line list and/or ongoing daily count of new illnesses/absenteeism is NOT required for COVID-19 and non-reportable respiratory outbreaks.
- Regularly provide a line list and/or daily count of new illnesses/absenteeism ONLY for person-to-person gastroenteritis and non-COVID-19 reportable disease outbreaks. WCPH requires information for the first 10 ill students and staff, after which only a daily count of additional ill or absent students and staff is required.
- WCPH will provide disease-specific guidance, including cleaning and disinfection, preventing disease transmission, exclusions, testing, case definitions, education for staff and parents, recommendations for seeking medical care, notification of outbreak investigation closure, and other information as requested or needed.

ODE disease guidance: <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commddisease.pdf>

Last updated May 03, 2023

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
General Areas						
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 disinfecting 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 disinfecting 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
Toilets						
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.
Food Areas						
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
Other Cleaning Items						
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
Other Cleaning Items						
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.