



OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Under ODE’s *Ready Schools, Safe Learners* guidance, each school¹ has been directed to submit a plan to the district² in order to provide on-site and/or hybrid instruction. Districts must submit each school’s plan to the local school board and make the plans available to the public. This form is to be used to document a district’s, school’s or program’s plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the [Ready Schools, Safe Learners guidance](#) document as they complete their Operational Blueprint for Reentry. ODE recommends plan development be inclusive of, but not limited to school-based administrators, teachers and school staff, health and nursing staff, association leadership, nutrition services, transportation services, tribal consultation,³ parents and others for purposes of providing expertise, developing broad understanding of the health protocols and carrying out plan implementation.

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Riverside Jr/Sr High School
Key Contact Person for this Plan	David Norton
Phone Number of this Person	541-481-2525
Email Address of this Person	david.norton@morrow.k12.or.us
Sectors and position titles of those who informed the plan	John Christy – Assistant Principal Sam Cornelius – Language Arts Teacher Robin Graff – CTE Teacher Charlene Baker – Special Education Teacher Clair Costello – PE Teacher / Athletic Director Tracy Gordanier – Educational Assistant Elizabeth Rosen – Counselor Alena Davis – IMESD Nurse
Local public health office(s) or officers(s)	Morrow County Public Health Nurse Diane Kilkenny IMESD Nurse Alena Davis
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	David Norton - Principal
Intended Effective Dates for this Plan	August 31,2020 – June 10, 2021
ESD Region	InterMountain Educational Service District

¹ For the purposes of this guidance: “school” refers to all public schools, including public charter schools, public virtual charter schools, alternative education programs, private schools and the Oregon School for the Deaf. For ease of readability, “school” will be used inclusively to reference all of these settings.

² For the purposes of this guidance: “district” refers to a school district, education service district, public charter school sponsoring district, virtual public charter school sponsoring district, state sponsored public charter school, alternative education programs, private schools, and the Oregon School for the Deaf.

³ Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a [government-to-government](#) basis.

- Please list efforts you have made to engage your community (public health information sharing, taking feedback on planning, etc.) in preparing for school in 2020-21. Include information on engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

- Indicate which instructional model will be used.

Select One:

- On-Site Learning Hybrid Learning Comprehensive Distance Learning

- If you selected Comprehensive Distance Learning, you only have to fill out the green portion of the Operational Blueprint for Reentry (i.e., page 2 in the initial template).
- If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-14 in the initial template) and [submit online](https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a). (<https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a>) by August 15, 2020 or prior to the beginning of the 2020-21 school year.

* **Note:** Private schools are required to comply with only sections 1-3 of the *Ready Schools, Safe Learners* guidance.

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning. Schools providing On-Site or Hybrid Instructional Models do not need to complete this section.

Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.

[Complete after June 30, 2020 when Comprehensive Distance Learning Guidance is released by ODE.] Describe how your school's model aligns to the Comprehensive Distance Learning Guidance.

Describe the school’s plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe Learners* guidance.

The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.

ESSENTIAL REQUIREMENTS FOR HYBRID / ON-SITE OPERATIONAL BLUEPRINT

This section must be completed by any school that is providing instruction through On-Site or Hybrid Instructional Models. Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section.



1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Implement measures to limit the spreads of COVID-19 within the school setting. <input type="checkbox"/> Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. <input type="checkbox"/> Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA. <input type="checkbox"/> Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan. <input type="checkbox"/> Process and procedures to train all staff in sections 1 - 3 of the <i>Ready Schools, Safe Learners</i> guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained. <input type="checkbox"/> Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff.	<p>Morrow County School District Communicable Disease Plan. See Attached.</p> <p>Administer and/or staff appointed by the administer will be designated as the person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance.</p> <p>School nurse Alena Davis RN and LPHA Diane Kilkenny with the support of OHA provide support and resources to the district policies and plans. Reviewing relevant local, state and national evidence for planning.</p> <p>Alena Davis RN will be training all staff on Health procedures and policies in sections 1-3 of the Ready Schools, Safe Learners guidance. We are considering virtual training where appropriate to ensure physical distancing is maintained.</p>

- Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas.
- Process to report to the LPHA any cluster of any illness among staff or students.
- Protocol to cooperate with the LPHA recommendations and provide all logs and information in a timely manner.
- Protocol for screening students and staff for symptoms (see section 1f of the *Ready Schools, Safe Learners* guidance).
- Protocol to isolate any ill or exposed persons from physical contact with others.
- Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the *Ready Schools, Safe Learners* guidance).
- Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official.
 - If a student(s) is part of a stable cohort (a group of students that are consistently in contact with each other or in multiple cohort groups) that conform to the requirements of cohorting (see section 1d of the *Ready Schools, Safe Learners* guidance), the daily log may be maintained for the cohort.
 - If a student(s) is not part of a stable cohort, then an individual student log must be maintained.
- Required components of individual daily student/cohort logs include:
 - Child's name
 - Drop off/pick up time
 - Parent/guardian name and emergency contact information
 - All staff (including itinerant staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student
- Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed.
- Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19.
- Protocol to respond to potential outbreaks (see section 3 of the *Ready Schools, Safe Learners* guidance).

Alena Davis RN school nurse and LPHA Diane Kilkenny RN have worked together on a procedure for notifying the LPHA of any confirmed COVID-19 cases among students or staff. As well as the policy to report to the LPHA any clusters of any illness among staff or students. **See Attached**

Each night the custodial staff will be disinfecting high traffic areas (bathrooms, door handles, office space, etc). Teachers will spray student desks at the end of each day, students will use their individual towel to wipe it clean.

School Nurse Alena Davis RN has assembled a procedure for cooperating with our LPHA recommendation and provide all logs and information in a timely manner. **See Attached**

Administration or designated staff will be in charge of visually screening staff members.

Isolation location will be in the current health room and medication and treatments will be moved to a room in the front office. Isolation room is 141 sq. feet, with room for more than 1 student and a staff member for supervision. **See Attached for Isolation Procedure.**

Administrators and the superintendent will communicate potential COVID-19 cases to school community and other stakeholders. Letters are established for communicating with students, parents and staff who may have become in close contact with a confirmed case. **See Attached.**

A system for each staff member of a stable cohorts and arternary staff has been created and will be maintained by each teacher on a daily basis within the classroom. This system has been developed by the school nurse Alena Davis RN in collaboration with LPHA Diane Kilkenny RN. Procedure for recording/keeping of daily logs for a minimum of four weeks. Included in this system is to ensure that school reports are sent for consultation with our LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19. **See Attached.**

See Attached for procedure for responding to potential outbreaks.

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Serve students in high-risk population(s) whether learning is happening through On-Site, Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models. Medically Fragile, Complex and Nursing-Dependent Student Requirements <input type="checkbox"/> All districts must account for students who have health conditions that require additional nursing services. Oregon law (ORS 336.201) defines three levels of severity related to required nursing services: <ol style="list-style-type: none"> 1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services. 2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services. 	<p>All staff and students are given the opportunity to self-identify as vulnerable or living with a vulnerable family member.</p> <p>Staff *Plan includes all staff self-identifying as vulnerable or part of a vulnerable household.</p> <ul style="list-style-type: none"> ● Redeployed options could include: <ul style="list-style-type: none"> *On-line instructions and support *Maintenance projects, custodial work, office work without student/staff contact. ● Staff could consider all leave options as well.

<p>3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.</p> <p><input type="checkbox"/> Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:</p> <ul style="list-style-type: none"> • Communicate with parents and health care providers to determine return to school status and current needs of the student. • Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services. • Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations. • The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association. • Service provision should consider health and safety as well as legal standards. • Work with an interdisciplinary team to meet requirements of ADA and FAPE. • High-risk individuals may meet criteria for exclusion during a local health crisis. • Refer to updated state and national guidance and resources such as: <ul style="list-style-type: none"> ○ US Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020. ○ ODE guidance updates for Special Education. Example from March 11, 2020. ○ OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education'. ○ OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion. 	<p>Students</p> <ul style="list-style-type: none"> • All students identified as vulnerable, either by physician or parent/guardian notification, will be enrolled in online instruction with weekly check-ins. • Students who experience disabilities will continue to receive specially designed instructions. As per ORS 336.201 • Students with language services will continue to receive English Language Development. <p>School Nurse, counselor, sped teacher and administer will continue to address individual student needs as we previously have done per ODE guidance and state law.</p> <p>School nurse will maintain communication with parents and health care providers to determine return to school status and current needs of the student.</p> <p>Health Management Plans, Care Plans IEP's and 504's will be updated to address current health care considerations as indicated.</p> <p>School nurse and interdisciplinary team will continue to meet requirements of ADA and FAPE</p> <p>Visitors/Volunteers</p> <p>Visitors/Volunteers will be unable to work in schools, or complete other volunteer activities that require in-person interaction, at this time. Adults in schools are limited to essential personnel only.</p>
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1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation.</p> <p><input type="checkbox"/> Support physical distancing in all daily activities and instruction, striving to maintain at least six feet between individuals.</p> <p><input type="checkbox"/> Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.</p>	<p>Rm 100 Baker – 837sq ft Rm 101 Simpson – 896 sq ft Rm 102 Baker – 837 sq ft Rm 103 Reynolds – 864 sq ft Rm 104 King – 837 sq ft Rm 106 Davis – 837 sq ft Rm 107 Alvarez – 837 sq ft Rm 108 Mittelsdorf – 837 sq ft Room 109 R. Boor – 837 sq ft</p>

- Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering).
- Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline.

Rm 110 Mangione – 837 sq ft
 Rm 112 Vanderpaas – 1165 sq ft
 Rm 113 Orcutt – 756 sq ft
 Rm 114 Beard – 1147 sq ft
 Rm 200 D. Booar – 1259 sq ft
 Rm 201 Dunlap – 4644 sq ft
 Rm 202 Birt – 899 sq ft
 Rm 205 Fox-Brennan – 1120 sq ft
 Library Costello – 5323 sq ft
 Rm 207 Kuchenbecker – 898 sq ft
 Rm 208 Ashby – 773 sq ft
 Rm 209 Landis – 961 sq ft
 Rm 210 G. Shimer – 524 sq ft
 Rm 211 Callow/Renfro – 2812 sq ft
 Rm 300 Jordan – 750 sq ft
 Rm 301 Cornelius – 840 sq ft
 Rm 302 Kirk – 750 sq ft
 Rm 303 Pullen – 840 sq ft
 Rm 402 Hynes – 1015 sq ft
 Rm 403 Graff – 986 sq ft
 Old Commons – 6930 sq ft
 New Commons – 6522 sq ft
 Gym – 4025 sq ft

6ft markings will be placed on surfaces to assist students and staff in maintain appropriate distance. Markings on walls and floors for one-way traffic flow will placed in hallways and cafeteria lunch lines for visual instruction of appropriate spacing.

Staggering schedules are being implanted as to keep single cohorts in a hall at transitioning time for the least amount of cross contaminating.

Plexiglass shields will be in place for individual supports such as speech and articulation as well as PT and OT services that can be done at a distance. When hands on is needed appropriate PPE's will be available and used.

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. <ul style="list-style-type: none"> • The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. <input type="checkbox"/> Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a of the <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. <input type="checkbox"/> Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. <input type="checkbox"/> Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers. <input type="checkbox"/> Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts. 	<p>Below are the identified stable cohorts to ensure capability of contact tracing.</p> <ol style="list-style-type: none"> 1) Transportation Cohort <ul style="list-style-type: none"> • This is a stable group of students each day. • Stable groups can be varied by AM/PM routes • Updated contact tracing logs are required for each run of a route. See Attached 2) Grade 7th through 12th Grade Classroom Cohorts <ul style="list-style-type: none"> • These grade-level cohorts are maintained throughout the year and for each special area. (ie PE, Music). 3) Speech and Language, ELL Cohorts <ul style="list-style-type: none"> • This is a stable group is maintained as much as possible. <p>In the event the stable cohort is changed, SLP will need to update the contract-tracing log.</p> <p><u>ELL and Special Education staff push into cohorts for service.</u></p> <ul style="list-style-type: none"> • To the extent possible, students receiving supports beyond core instruction (e.g., ELL, Special Education and Related Services) will receive these supports within their advisory cohort.

- When student needs or administrative logistics require a student to be pulled from a advisory cohort to receive support, it creates a new cohort and additional contact tracing log requirements.

Advisory Instructional Cohorts

- All students will be placed into their grade level advisory classroom for their cohort. These cohorts will be arranged appropriately based on the allowable square footage of classrooms. The cohorts will be 20-21 students in size. The advisory cohorts are grade level based (e.g. 7th graders together, 8th graders together, etc).
- Students will stay in these classrooms with the same teacher all day. Instruction will be delivered online in a flipped classroom model. If students need help from a specific teacher they will go to the helpdesk outside the given teacher’s classroom. Anytime students leave the classroom this will be documented for contact tracing.

Breakfast and Lunches

- All meals will be delivered to classrooms by educational assistants and cooks.

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Develop a letter or communication to staff to be shared at the start of on-site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. <ul style="list-style-type: none"> • Consider sharing school protocols themselves. <input type="checkbox"/> Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. <ul style="list-style-type: none"> • Consult with your LPHA on what meets the definition of “close contact.” <input type="checkbox"/> Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding. <input type="checkbox"/> Provide all information in languages and formats accessible to the school community.	<ul style="list-style-type: none"> • The district/school safety committee (including the school nurse) will develop communication to staff, students and families on the infection control measures being implemented to prevent spread of disease (See communicable disease plan) • The districtschool safety committee (including the school nurse) will develop procedures for communicating with anyone who has come into with a confirmed case or when a new close/sustained contact with a confirmed case or when a new case has been confirmed and how the district is responding. See Attached. <p>The district/school safety committee (including the school nurse) will update communicable disease plan with communication protocols.</p>

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms. COVID-19 symptoms are as follows: <ul style="list-style-type: none"> • Primary symptoms of concern: cough, fever or chills, shortness of breath, or difficulty breathing. • Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19, but are not enough in isolation 	<p>Screening Students:</p> <ul style="list-style-type: none"> ○ Entrances will be limited to 2 areas with staff member present, as well as each classroom teacher will conduct visual screening for appearance of symptoms. ○ When screening indicates that a student may be symptomatic, the student is directed to the office. *Follow established procedure from CDP (see section 1a). ○ Hand sanitizer will be placed by each entrance and classroom and is required to be used upon arrival or student will utilize

<p>to deny entry. More information about COVID-19 symptoms is available from CDC.</p> <ul style="list-style-type: none"> ● Emergency signs that require immediate medical attention: <ul style="list-style-type: none"> ○ Trouble breathing ○ Persistent pain or pressure in the chest ○ New confusion or inability to awaken ○ Bluish lips or face ○ Other severe symptoms <p><input type="checkbox"/> Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian.</p> <ul style="list-style-type: none"> ● Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the <i>Ready Schools, Safe Learners</i> guidance) and sent home as soon as possible. ● They must remain home until 72 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving. <p><input type="checkbox"/> Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 calendar days.</p> <p><input type="checkbox"/> Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.</p> <p><input type="checkbox"/> Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.</p>	<p>classroom sink to wash hands if unable to utilize hand sanitizer due to medical issues.</p> <ul style="list-style-type: none"> ○ There are transportation specific screening procedure that must be followed. See section 2i for more information <p>Screening Staff:</p> <ul style="list-style-type: none"> ○ Staff are required to report when they may be exposed to COVID-19. Staff are required to report when they have symptoms related to COVID-19. ○ Staff members are not responsible for screening other staff members for symptoms. <p>Ongoing: Weekly letters/emails: As reminders to parents to report actual symptoms when calling students in sick in part of communication disease surveillance. Any students or staff known to have been exposed to COVID-19 shall not be allowed on campus until the passage of 14 days after exposure or until symptoms (ie fever, cough, shortness of breath, sore throat, headache) have recovered without use of medication.</p> <p>Do not exclude staff or students who have a cough that is not a new onset or worsening cough (eg, asthma, allergies, etc) from school. When in question consult with school nurse. Exclusion of students is ultimately the discussion of the administrator of the school in collaboration with the school nurse.</p> <p>Parents/guardians can provide information regarding existing conditions that cause coughing to be utilized for the purpose of screening, as previously existing coughs that are not worsening are not considered symptomatic of COVID-19. School nurse Alena Davis RN may inquire of health providers records if further investigation is necessary.</p>
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1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Restrict non-essential visitors. Only allow visitors if six feet of physical distance between all people can be maintained. <input type="checkbox"/> Visitors must wash or sanitize their hands upon entry and exit. <input type="checkbox"/> Visitors must wear face coverings in accordance with local public health authority and CDC guidelines. <input type="checkbox"/> Screen all visitors for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19 within the preceding 14 calendar days. 	<p>Visitors/Volunteers will be unable to work in schools, or complete other volunteer activities that require in person interaction, at this time. Adults in schools are limited to essential personnel only.</p>

1h. FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Face coverings or face shields for: <ul style="list-style-type: none"> ● Staff who are regularly within six feet of students and/or staff <ul style="list-style-type: none"> ○ This can include staff who support personal care, feeding, or instruction requiring direct physical contact. ○ Staff who will sustain close contact and interactions with students. ● Bus drivers. ● Staff preparing and/or serving meals. <input type="checkbox"/> Face shields or clear plastic barriers for: 	<p>Face shields or Face Masks are Required for:</p> <ul style="list-style-type: none"> ● Bus Drivers ● Staff who are regularly within six feet of students and/or other staff. ● Staff preparing and/or serving food. ● For school nurses or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurse and staff supervising the isolation room will also wear appropriate Personal Protective Equipment

<ul style="list-style-type: none"> • Speech Language Pathologists, Speech Language Pathology Assistants, or other adults providing articulation therapy. • Front office staff. <p><input type="checkbox"/> Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role.</p> <p><input type="checkbox"/> Students who choose not to wear face coverings must be provided access to instruction.</p> <p><input type="checkbox"/> ADA accommodations: If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.</p>	<p>(ie: gown, gloves, mask and shield) while supervising the isolation room.</p> <p>Face shields or clear plastic barriers for:</p> <ul style="list-style-type: none"> • Speech Language Pathologists, Speech Language Pathologist Assistants, or other adults providing articulation therapy • Front office staff. <p>Students will be encouraged to wear a mask (which will be provided) but will continue to receive access to instruction if they choose not to wear one.</p> <p>ADA accommodations: Staff members that requires an accommodation for the face mask/shield requirements, the district and schools will work with the staff members. Proximity to students and other staff to the extent possible to minimize exposure.</p>
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1i. ISOLATION MEASURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> Protocols for surveillance COVID-19 testing of students and staff, as well as exclusion and isolation protocols for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day.</p> <p><input type="checkbox"/> Protocols for assessment of students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day.</p> <ul style="list-style-type: none"> • Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. • Consider required physical arrangements to reduce risk of disease transmission. • Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. <p><input type="checkbox"/> Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields.</p> <p><input type="checkbox"/> Establish procedures for safely transporting anyone who is sick to their home or to a health care facility.</p> <p><input type="checkbox"/> Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms.</p> <ul style="list-style-type: none"> • Symptomatic staff or students should seek COVID-19 testing from their regular physician or through the local public health authority. • If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. <ul style="list-style-type: none"> ○ Alternatively, a person who had a positive viral test may return to school when they have received two subsequent negative COVID-19 viral tests at least 24 hours apart and 72 hours have passed since fever is gone, without use of fever reducing medicine, and other symptoms are improving 	<p>Isolation procedure for surveillance of COVID-19 testing of students and staff as well as exclusion procedure for sick/staff as well as tracing are in place. See Attached</p> <p>Procedure for assessing students as well as isolation and exclusion are in place. See Attached.</p> <ul style="list-style-type: none"> • Principal has worked with Alena Davis RN, school nurse, to determine necessary modification to areas where staff/students will be isolated. • Have considered required physical arrangements to reduce risk of disease transmission. • Principal, Alena Davis RN and office staff have a plan in place for the needs of generally well students who need medication or routine treatment. This will be done in the health room located in the front office. <p>Designated isolation area within the school has been determined and is adequate for space and staff supervision and symptom monitoring by the school nurse or school staff until they are able to go home. Appropriate PPE's are determined and will be available for personnel supervising isolation room. All determined PPE's are a requirement and staff will be trained on appropriately putting on and off to not contaminate supervising staff as well as hand washing prior to the start of school.</p> <p>School policy for safely transporting anyone who is sick to their home or health care facility. See Attached.</p> <p>Daily logs will be maintained containing the following:</p> <ul style="list-style-type: none"> • Staff will maintain student confidentiality as appropriate. • Daily logs must be maintained containing the following: Name of student sent home for illness, cause of illness, time of onset as per designated communicable disease surveillance logs and name of students visiting the office for illness symptoms, even if not sent home as per routine health logs.

<ul style="list-style-type: none"> • If they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. • If they do not undergo COVID-19 testing, the person should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. <p><input type="checkbox"/> Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms (where staffing exists).</p> <p><input type="checkbox"/> Record and monitor the students and staff being isolated or sent home for the LPHA review.</p>	<ul style="list-style-type: none"> • Staff and students with known or suspected COVID-19 cannot remain at school and should return only after their symptoms resolve and they are physically ready to return to school. In no case can they return until: <ol style="list-style-type: none"> 1) The passage of 14 calendar days after exposure; and 2) Symptoms have been resolved for 72 hours without the use of anti-fever medications. <p>Maintain all logs for review by school nurse Alena Davis RN and LPHA. Policy for maintaining logs and sending to LPHA in place. See Attached</p>
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2. Facilities and School Operations

Some activities and areas will have a higher risk for spread (e.g., band, choir, science labs, locker rooms). When engaging in these activities within the school setting, schools will need to consider additional physical distancing or conduct the activities outside (where feasible). Additionally, schools should consider sharing explicit risk statements for higher risk activities (see section 5f of the *Ready Schools, Safe Learners* guidance).

2a. ENROLLMENT

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> Enroll all students following the standard Oregon Department of Education guidelines.</p> <p><input type="checkbox"/> Do not disenroll students for non-attendance if they meet the following conditions:</p> <ul style="list-style-type: none"> • Are identified as high-risk, or otherwise considered to be part of a population vulnerable to infection with COVID-19, or • Have COVID-19 symptoms for 10 consecutive school days or longer. <p><input type="checkbox"/> Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns.</p>	<ul style="list-style-type: none"> • All students will be enrolled following the Oregon Department of Education guidelines. No student will be dropped for non-attendance if they meet the following conditions: <ul style="list-style-type: none"> ○ Are identified as vulnerable, or otherwise considered to be part of a population vulnerable to infection with COVID-19 ○ Have COVID-19 symptoms for the past 14 days ○ CARE will communicate with students and families who are absent from school.

2b. ATTENDANCE

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> On-Site school students: Full-time and part-time students follow normal reporting policy and procedures.</p> <p><input type="checkbox"/> Full-Time Online and/or Hybrid school students: Full-time students who are enrolled in school and taking online and/or hybrid courses only are reported on an FTE basis using a standard record (ADMProgTypCd = 01) as identified in the Oregon Cumulative Average Daily Membership (ADM) Manual. This is an existing policy previously used in the online setting. As such, there should not be any need to reprogram student information systems to accommodate for this change and the addition of the hybrid setting.</p> <ul style="list-style-type: none"> • Note: Because the students in the online and/or hybrid setting do not regularly attend classes at the district facilities, the standard procedures for recording student days present and days absent cannot be effectively applied 	<ul style="list-style-type: none"> • Attendance will be taken daily for students who are in attendance in person. • Attendance will be taken twice per week following ODE guidance for students who are doing work online from alternate locations. • Attendance policies and plans will encourage staff and students to stay home if someone in their house is sick. • Teachers will notify the principal when the absence rate has increased by 20% or more. <ul style="list-style-type: none"> ○ Wrap around services will be coordinated with family to ensure the student is making adequate progress. • The principal will report this increase to the RN. • Teachers will use the Respiratory Surveillance spreadsheet to document students with respiratory illness.

to those students. This will reduce accuracy of attendance data for the state while this is in effect.

- For the purposes of this section, please use the following definition and clarification: **Online and/or Hybrid Check-in:** The responsibility of taking attendance must be performed by the teacher of record. "Check-ins" with appropriately licensed instructional staff are two-way communications between the student and the teacher. A check-in does not include a student leaving a message on an answering machine or sending an email that does not receive a response from the appropriately licensed instructional staff by the end of the next school day.
- The student must check-in **at least** twice a week with their teacher(s) of record on **at least two** separate weekdays in order to be counted as present for all five days of that week.
- If the student only checks in once during the week, the student must be counted as absent for half of the scheduled week (2.5 days, if there are 5 days scheduled in the week).
- The student must be counted as absent for the entire week (5 days, if there are 5 days scheduled in the week) if they do not report in at all during the week.
- Note: If a district schedule is based on a 4-day school week, the student would still need to check in twice a week as described above in order to be counted as present for the entire week (4 days) and once a week to be counted as present for half of the week (2 days).
- Days in attendance may not be claimed for days in which the student did not have access to appropriately licensed instructional staff. The purpose of the rule regarding checking in with the teacher of record is to assure that the teacher can evaluate whether the student is making adequate progress in the course and the student has additional guaranteed opportunities to engage with a teacher. The responsibility of taking attendance must be performed by the teacher of record, not another staff member (e.g., the registrar or school secretary).

Part-time students receiving online and/or hybrid instruction (not college courses): Students who are not enrolled full-time and are taking online and/or hybrid courses offered by the school district or charter school are reported as large group instruction (program type 4), unless they are an ESD-registered homeschooled or private school student receiving supplemental coursework in public school, which are reported as shared time (program type 9). The district may count up to 1 hour per day per course taken, provided appropriately licensed teachers for the coursework taken, are available and accessible to the student during regular business hours on each school day to be claimed. Because this is online and/or hybrid instruction, attendance is based on check-ins with the student's appropriately licensed teacher(s) of record at least two times (on different days) during the school week.

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Update procedures for district-owned devices to match cleaning requirements (see section 2d of the <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.	<ul style="list-style-type: none"> ● Clean and sanitize each device brought in for updates, repair, return, inventory, or redistribution. ● Continue Google Classroom work to facilitate continuous learning experiences that occur on-site and in a distance learning setting (off-site); include options for digital learning

	<p>and provision for non digital distance learning where internet and computers will not be available.</p> <ul style="list-style-type: none"> ● All students will be given their own individual chromebook to use. <ul style="list-style-type: none"> ○ They will be sanitized daily. ● Helpdesk will be available to families, students and staff to help with technology issues.
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2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Handwashing: All people on campus should be advised and encouraged to wash their hands frequently. <input type="checkbox"/> Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. <input type="checkbox"/> Events: Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing. <input type="checkbox"/> Transitions/Hallways: Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. <input type="checkbox"/> Personal Property: Establish policies for personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner. 	<ul style="list-style-type: none"> ● Handwashing: Provide age appropriate hand washing education, define appropriate times to wash hands, and provide hand sanitizer when hand washing is not available. ● Equipment: All classroom supplies and PE equipment will be cleaned and sanitized before use by another student or cohort group. ● Safety Drills: During fire drills (and all other safety drills), all cohort classes will be physically distanced during exit, recovery, and reentry procedures. ● Events: Field trips will be designed virtually for the school year. All assemblies, athletic events, special performances, schoolwide parent meetings and other large gatherings will be held in a virtual format until further notice. ● Transitions/Hallways: Hallway traffic direction marked to show travel flow. ● Classroom line up: students line up in cohort classes outside and in the gym in designated areas, keeping more than 6 feet between cohort groups. <ul style="list-style-type: none"> ○ Line up areas are to be marked with visual cues to indicate adequate physical distance. ● Personal Property: Each classroom will have a limit on the number of personal items brought in to school. A full list will be sent home prior to class starting with allowable items (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). ● Restrooms: Each cohort will have designated restroom schedules alleviating waiting and large groups. If this cannot be maintained, the restrooms will be cleaned multiple times throughout the day.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. <input type="checkbox"/> Create schedule(s) and communicate staggered arrival and/or dismissal times. <input type="checkbox"/> Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> Develop sign-in/sign-out protocol to help facilitate contact tracing: <ul style="list-style-type: none"> ● Eliminate shared pen and paper sign-in/sign-out sheets. 	<ul style="list-style-type: none"> ● Students will not be able to enter the building until they have been cleared. ● Students will have staggered drop-off and pick-up times by cohort and grade level. <ul style="list-style-type: none"> ○ For families with multiple children in different cohorts, outdoor spaces will be utilized to maintain cohort groups and ensure student supervision. ● Each teacher will use a sign-in/sign-out protocol to help facilitate contact tracing.

<ul style="list-style-type: none"> • Ensure hand sanitizer is available if signing children in or out on an electronic device. <p><input type="checkbox"/> Install hand sanitizer dispensers near all entry doors and other high-traffic areas.</p> <p><input type="checkbox"/> Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible.</p>	<ul style="list-style-type: none"> ○ Staff will fill in the information and not allow a shared pen/paper. ○ Hand sanitizer will be available at reception to use in conjunction with arrival/dismissal and sign-in/sign-out. <ul style="list-style-type: none"> • Handwashing stations or hand sanitizer dispensers will be placed near all entry doors and other high-traffic areas. • Share with families the need to keep drop-off/pick-up interactions as brief as possible. • Mark specific areas and designate one-way traffic flow for transitions of traffic for vehicles and on-foot.
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2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> Seating: Rearrange student desks and other seat spaces to at least six feet apart; assign seating so students are in the same seat at all times.</p> <p><input type="checkbox"/> Materials: Avoid sharing of community supplies when possible (e.g., scissors, pencils, etc.). Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff.</p> <p><input type="checkbox"/> Handwashing: Remind students through signage and regular reminders from staff of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of and hands washed or sanitized immediately.</p> <ul style="list-style-type: none"> • Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. 	<ul style="list-style-type: none"> • Seating: Rearrange student desks and tables to at least six feet apart; assign seating so students are in the same seat at all times. • Materials: Each classroom will limit sharing of community supplies when possible (e.g., scissors, pencils, etc.). If needed to share, these items will be cleaned frequently. Hand sanitizer and tissues will be available for use by students and staff. • Hand Washing: Post age appropriate signage and provide regular reminders for hand washing. • Classroom Procedures: All students will have an assigned location in their homeroom for their belongings. • Seating: Each class and hallway will have visual aids (e.g., painter's tape, stickers, etc.) to illustrate traffic flow, appropriate spacing, assigned seating areas. • Environment: When possible, windows will be open in the classroom before students arrive and after students leave.

2g. PLAYGROUNDS, FIELDS, RECESS, AND BREAKS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority's Specific Guidance for Outdoor Recreation Organizations).</p> <p><input type="checkbox"/> Students must wash hands before and after using playground equipment.</p> <p><input type="checkbox"/> Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect between sessions and between each group's use.</p> <p><input type="checkbox"/> Cleaning requirements must be maintained (see section 2j of the <i>Ready Schools, Safe Learners</i> guidance).</p> <p><input type="checkbox"/> Maintain physical distancing requirements, stable cohorts, and square footage requirements.</p> <p><input type="checkbox"/> Provide signage and restrict access to outdoor equipment (including sports equipment, etc.).</p> <p><input type="checkbox"/> Design recess activities that allow for physical distancing and maintenance of stable cohorts.</p> <p><input type="checkbox"/> Clean all outdoor equipment between cohorts.</p>	<ul style="list-style-type: none"> • Cleaning requirements must be maintained; refer to section 3j. • Recess activities will be planned to support physical distancing and maintain stable cohorts. This can include limiting the number of students on one piece of equipment, at one game, etc. • Given the lessened capacity for equipment use due to cohorting and physical distancing requirements, teachers will need to set expectations for shared use of equipment by students and may need to support students with schedules for when specific equipment can be used. • Students will be given daily breaks within their homeroom cohort to go outside together.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> Include meal services/nutrition staff in planning for school reentry.</p>	<ul style="list-style-type: none"> • All meals will be delivered to the classroom by school staff.

- Staff serving meals must wear face shields or face covering (see section 1h of the *Ready Schools, Safe Learners* guidance).
- Students must wash hands before meals and should be encouraged to do so after.
- Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items) in classrooms where meals are consumed.
- Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts.
- Adequate cleaning of tables between meal periods.

- All meals will be eaten in the classroom.
- All students must wash hands prior to meals. If possible, students will wash hands in the classroom. If not, follow hallway and restroom procedures above.
- Students will not share utensils or other items during meals.
- Each table/desk will be cleaned prior to meals being consumed and after.

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Include transportation departments (and associated contracted providers, if used) in planning for return to service. <input type="checkbox"/> Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. <ul style="list-style-type: none"> • If a student displays symptoms, provide a face shield or face covering and keep student at least six feet away from others. Continue transporting the student. <ul style="list-style-type: none"> ○ If arriving at school, notify staff to begin isolation measures. ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school. <input type="checkbox"/> Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service. <input type="checkbox"/> Drivers wear face shields or face coverings. <input type="checkbox"/> Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings). 	<ul style="list-style-type: none"> • Each bus driver will be required to: <ul style="list-style-type: none"> ○ Visually screen students for illness ○ Maintain logs for contact-tracing • Whenever Possible each bus will have: <ul style="list-style-type: none"> ○ three (3) feet of physical distance between passengers ○ six (6) feet of physical distance between the driver and passengers (except during boarding and in assisting those with mobility devices); reinforce this requirement by cordoning off seats as appropriate. • Use visual cues (e.g., floor decals, colored tape or signs) to discourage students from standing and sitting within three (3) feet of other passengers, drivers and other transit employees on the bus. • Clean and sanitize buses between cohort routes. • Meet with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service.

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Clean, sanitize, and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings, restrooms, and playgrounds. <input type="checkbox"/> Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. <input type="checkbox"/> Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and through other methods. Do <u>not</u> use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. For example, do not use fans if doors and windows are closed and the fans are recirculating the classroom air. <input type="checkbox"/> Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. 	<ul style="list-style-type: none"> • All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) will be cleaned between uses. • Ventilation systems will be checked and maintained monthly by maintenance staff.

- Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see [CDC's guidance on disinfecting public spaces](#)).
- Air circulation and filtration are helpful factors in reducing airborne viruses. Consider modification or enhancement of building ventilation where feasible (see [CDC's guidance on ventilation and filtration](#) and [American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance](#)).

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2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> OAR 581-022-2220 Health Services, requires districts to “maintain a prevention-oriented health services program for all students” including space to isolate sick students and services for students with special health care needs. <input type="checkbox"/> Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC). <input type="checkbox"/> Prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services. 	<ul style="list-style-type: none"> • Each school will provide age appropriate hand hygiene and respiratory etiquette education to endorse prevention. This includes website, newsletter and signage in the school setting for health promotion. • Schools will practice appropriate communicable disease isolation and exclusion measures. • Staff will participate in required health services related training to maintain health services practices in the school setting. • COVID-19 specific infection control practices for staff and students will be communicated. • Review of 504 and IEP accommodations and IHP’s will be advised to address vulnerable populations. • Immunization processes will be addressed as per routine timeline, which prioritizes the beginning of the year and new students. Information for immunization clinics will be provided to families. • Continuity of existing health management issues will have a plan for sustaining operations alongside COVID-19 specific planning (i.e. medication administration, diabetic care).



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. <input type="checkbox"/> Establish a specific emergency response framework with key stakeholders. <input type="checkbox"/> When new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the district nurse, or designated staff, on the diagnosed case(s). Likewise, the LPHA will impose restrictions on contacts. 	<ul style="list-style-type: none"> • Coordinate communication with the Local Public Health Department (LPHD) • If the region impacted is in Morrow County the LPHD will provide school-centered communication and will potentially host conference calls. • When cases are identified in the local region, a response team should be assembled within the school district with clearly defined roles and communication structures that work in close cooperation with the LHD. The main communicators between these two entities from the school district will be Erin Stocker (Human Resources), and Marie Shimer (Educational Services). • LPHD will advise on OHA guidelines for contacts, which will be communicated to Erin Stocker or Marie Shimer • Identify baseline absentee rates to determine if rates have increased by 20% or more. • Modify, postpone, or cancel large school events as coordinated with LPHD. • Work with LPHD to establish timely communication with staff and families. • If school closure is advised by the local public health department, consultation should occur between legal, union,

and district administration to ensure processes are consistent with legal preparedness process.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Follow the district's or school's outbreak response protocol. Coordinate with the LPHA for any outbreak response. <input type="checkbox"/> If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the LPHA regarding cleaning and possible classroom or program closure. <input type="checkbox"/> Report to the LPHA any cluster of illness (2 or more people with similar illness) among staff or students. <input type="checkbox"/> When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the district. <input type="checkbox"/> Modify, postpone, or cancel large school events as coordinated with the LPHA. <input type="checkbox"/> If the school is closed, implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students. <input type="checkbox"/> Continue to provide meals for students. <input type="checkbox"/> Communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families.	See District Communicable Disease Plan <ul style="list-style-type: none"> • In the event of a closure, the district will initiate the Distance Learning Model and schedule. • The district safety committee (w/school nurse) will develop clear communication on the criteria that must be met in order for on-site instruction to resume and relevant timelines with staff, students and families.

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Plan instructional models that support all learners in Comprehensive Distance Learning. <input type="checkbox"/> Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds. <input type="checkbox"/> Communicate with families about options and efforts to support returning to On-Site instruction. <input type="checkbox"/> Follow the LPHA guidance to begin bringing students back into On-Site instruction. <ul style="list-style-type: none"> • Consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools. 	See District Communicable Disease Plan



ASSURANCES

This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models. Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section. This section does not apply to private schools.

- We affirm that our school plan has met the requirements from ODE guidance for sections 4, 5, 6, 7, and 8 of the **Ready Schools, Safe Learners** guidance.
- We affirm that we cannot meet all of the ODE requirements for sections 4, 5, 6, 7 and/or 8 of the **Ready Schools, Safe Learners** guidance at this time. We will continue to work towards meeting them and have noted and

addressed which requirement(s) we are unable to meet in the table titled "Assurance Compliance and Timeline" below.



4. Equity



5. Instruction



6. Family and Community Engagement



7. Mental, Social, and Emotional Health



8. Staffing and Personnel

Assurance Compliance and Timeline

If a district/school cannot meet the requirements from the sections above, provide a plan and timeline to meet the requirement.

List Requirement(s) Not Met	Provide a Plan and Timeline to Meet Requirements <i>Include how/why the school is currently unable to meet them</i>
Not applicable - we have met all requirements	Not applicable - we have met all requirements.



Communicable Disease Management Plan

Updated: July 2020

A. Regulations

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

OAR 581-022-2220 (excerpted)

- 1) The school district shall maintain a prevention-oriented health services program for all students which provides:
 - (b) Communicable disease control, as provided in Oregon Revised Statutes; and
 - (g) Compliance with Oregon-OSHA Bloodborne Pathogens standard (Div. 2/Z 1910.1030) for all persons who are assigned to job tasks that may put them at risk for exposure to blood or other potentially infectious materials (OPIM) (ORS 191.103)
- 2) School districts shall adopt policies and procedures which consider admission, placement and supervision of students with communicable diseases, including but not limited to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

ORS 333-019-0010 (excerpted)

- 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.

B. 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.

C. Background

Prevention and Transmission Routes

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

Oregon public health law (see Appendix I) mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms (see pages 10-11).

The chart included in the Procedures section (15-25), entitled “Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease or a Health Care Provider Has Diagnosed a Specific Communicable Disease,” lists information regarding specific communicable diseases and includes control measures, which school nurses and administrators may employ to protect both students, school staff and visitors. Local school boards may wish to adopt the recommendations from this source as a basis for policy regarding school-restrictable diseases.

Prevention: Hand Washing is the most important action

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

Effective Hand Washing (<http://www.cdc.gov/Features/HandWashing>)

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

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

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

It is important to wash hands:

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

Prevention: Exposure Avoidance

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

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

Communicable Disease Transmission Routes

Airborne

Infection via airborne transmission routes can occur when the germ from an infected person becomes suspended in the air and is then inhaled by another person.

Examples of airborne diseases

tuberculosis, measles, chickenpox; less common diseases like smallpox and SARS

Prevention of airborne transmission diseases

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

Respiratory Droplet

Infection can occur when the germ from an infected person's nose or throat comes into contact with the mucous membranes (the eyes, nose or mouth) of another person by coughing, sneezing or spitting. Such transfers occur only at distances of less than 6 feet.

Examples of respiratory droplet diseases

Common cold, influenza (flu), whooping cough (pertussis), meningococcal disease

Prevention of respiratory droplet diseases

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

Direct or Indirect Contact

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

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

Examples of diseases spread by contact

Fungal infections (such as "ringworm"), herpes virus, mononucleosis, skin infections (such as Staph and Strep), influenza (flu), common cold

Prevention of diseases spread by contact

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

Fecal – Oral

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

Examples of fecal-oral diseases

Diarrheal illnesses, Hepatitis A, pinworms

Prevention of fecal-oral diseases

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

Foodborne

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

Examples of foodborne illnesses

Diarrheal diseases, Hepatitis A

Prevention of foodborne illnesses

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

Waterborne

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

Examples of waterborne illnesses

Diarrheal diseases, skin infections, Hepatitis A

Prevention of waterborne illnesses

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

Bloodborne

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

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

Examples of blood-borne illnesses

Hepatitis B, C, and D; HIV/AIDS

Prevention of blood-borne illnesses

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

Sexual Transmission

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

Examples of sexually transmitted infections

Gonorrhea, Chlamydia, Syphilis, Herpes, Genital warts (human papillomavirus)

Prevention of sexually transmitted infections

- Provide Oregon’s comprehensive sexuality curriculum so that students will be aware of safety issues in this area. [Sexuality Education and Risk Behavior Prevention](#)
- HPV vaccine is available

Communicable Disease Control – Resources and Support

School Health Resources

Health policy and procedures in the school setting should be developed in collaboration with those trained and/or licensed in the health field. Consider utilizing the resources listed below.

- School nurse; registered nurse practicing in the school setting
- Local public health authority (see Appendix 2)
- School-Based Health Centers
- Community health care providers
- Oregon Occupational Health and Safety Administration (OSHA)
- Oregon Health Authority, Public Health Division (PHD)

Whole School Support

School health is a shared responsibility. The Centers for Disease Control’s *Whole School, Whole Community, Whole Child* model highlights ways that individuals from different disciplines can contribute together to a healthier school community, including actions such as those described below. <https://www.cdc.gov/healthyschools/wsc/index.htm>

Roles and Responsibilities

Health education and support for students, school staff and parents is an essential component in the prevention and control of communicable diseases.

Health Education

Develop and use K-12 developmentally appropriate curricula that addresses the prevention of communicable diseases. For example, teach effective hand washing in K-3, provide parent information on recognizing signs and symptoms of communicable illness and when to keep ill children home, teach appropriate sexuality education to prevent the spread of sexually transmitted infections and encourage age-appropriate hygiene for all levels.

Physical Education

Develop and promote K-12 programs that ensure communicable disease prevention in all physical education and sport areas. For example, develop school district policies regarding body-contact sports or activities when open or draining wounds are present, provide proper cleaning and hand-washing equipment at all events and provide staff training regarding safe practices.

Health Services

Provide school-based or school-linked access (school nurses, school-based health centers) to communicable disease prevention services, referrals to health care providers, and training to assess, coordinate and report to local health departments.

Nutrition Services

Healthy students require balanced and nutritious diets to strengthen the immune system to fight illness. Safety measures must be followed to ensure that all food, food areas and utensils are prepared and cleaned in accordance with public health guidelines to prevent outbreaks of foodborne illness.

School Counseling, Psychological and Social Services

Work collaboratively with Health Services personnel to minimize fear and confusion for students and staff that often occur with communicable disease incidents or outbreaks. Make appropriate referrals of students to Health Services personnel. Act as a liaison to Health Services in following the district policy regarding the reporting of communicable diseases when information is made available from other staff, students and parents and assist in giving accurate information as permitted by confidentiality policies.

Healthy Schools Environment

Develop policies and procedures that align with Oregon Public Health law regarding exclusion of ill students and staff with specified communicable diseases and conditions (see page 10). Health Services should provide information and education on communicable diseases common in the school population. Develop, implement and review on an annual basis the Exposure Control Plan for Bloodborne Pathogens in the school setting per the OR-OSHA rule. Update when necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Health Promotion for Staff

Encourage a healthy lifestyle that reduces communicable disease risks for staff. For example, complete up-to-date immunizations, practice and model effective hand washing, and offer training in communicable disease recognition and prevention.

Family and Community Involvement

Promote meaningful partnerships among schools, families and communities to enhance the prevention of communicable disease in youth. For example, circulate newsletters on current communicable disease issues and sponsor PTA information programs to include communicable disease topics of interest to the school-age population.

D. Procedures

Communicable Disease Control Measures – Guidelines for Exclusion

Part 1: EXPANDED GUIDELINES FOR SCHOOL STAFF

Symptoms described in the EXPANDED GUIDELINES FOR SCHOOL STAFF should be considered reasons for exclusion until symptoms are resolved for the length of time indicated below OR until the student has been cleared by a licensed healthcare provider, unless otherwise noted.

School personnel considering a student exclusion should also consider the following:

- Only a licensed health care provider can determine a diagnosis or prescribe treatment.
- The school administrator has the authority to enforce exclusion. [[OAR 333-019-0010](#)]
- The registered nurse (RN) or school nurse* can be a valuable resource. Collaboration with the RN may be legally required, especially if health issues relate to a student's chronic condition.
 - “A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student.” [[ORS 336.201](#)]
 - A RN is licensed to provide “services for students who are medically fragile or have special health care needs” [[OAR 581-022-2220](#); ORS 336.201].
 - *School nurse: an RN certified by the Teacher Standards and Practices Commission to conduct and coordinate school health services. [[ORS 342.455](#)]
- Messages about health should be created in collaboration with those licensed or trained in the health field. The registered nurse practicing in the school setting or the local public health authority should be consulted regarding notifying parents/guardians about health concerns, including describing risks and control measures.
- During times of increased concern about a specific communicable disease, such as a local flu outbreak or another emergent disease, changes to this guidance may be warranted. School administrators should work with local public health authorities regarding screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern.

Communicable Disease Control Measures – Guidelines for Exclusion

EXPANDED GUIDELINES FOR SCHOOL STAFF

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.
 - 2) 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.
 - 2) 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 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.
 - 2) 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.
 - 2) Stay home until 72 hours after cough resolves.
 - 3) 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
 - 2) Stay home until 48 hours after diarrhea resolves.

- 6) **Vomiting**: at least 1 episode that is unexplained
 - 2) Stay home until 48 hours after last episode

...continues

EXPANDED GUIDELINES FOR SCHOOL STAFF, *continued*

- 7) **Headache with a stiff neck and fever** OR **headache with recent head injury** not yet seen and cleared by licensed health provider.
 - 2) Recent head injury: consider [ODE concussion guidance](#).
- 8) **Jaundice**: yellowing of the eyes or skin (new or uncharacteristic)
 - 2) 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.
 - 2) 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.
 - 2) In case of head injury, consider [ODE concussion guidance](#).
- 11) **Major health event**: may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
 - 2) Student should not be at school until health and safety are addressed.
 - 3) 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**
 - a) Student should not be at school until health and safety are addressed.
 - b) School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Communicable Disease Control Measures – Guidelines for Exclusion

Part 2: SIMPLIFIED GUIDELINES: SAMPLE LETTER TO SCHOOL COMMUNITY

BEGIN LETTER PAGE 1

Dear Parent/Guardian:

DO NOT SEND AN ILL STUDENT TO SCHOOL.

Please call the school office to notify us if your student is ill. The box on the back of this page gives examples of when your student should not be in school.

If your student's symptoms are related to a chronic condition, contact the school and follow school policies for chronic condition management.

Please contact your health care provider about serious illness, including any fever of 103°F or higher. If you need help in finding a health care provider, you may contact your local health department.

Notify school staff if your student requires medication during school hours. Follow school protocols for medication at school. Unless otherwise instructed, if your student's illness requires antibiotics, the student must have been on antibiotics for 24 hours before returning to school. Antibiotics are not effective for viral illnesses.

To help protect all students, please notify the school if your child is diagnosed with any of these diseases: *chickenpox, COVID-19, diphtheria, E. coli diarrhea, hepatitis, measles, mumps, pertussis, rubella, Salmonella, scabies, shigellosis, tuberculosis, or another disease as requested.* The school will protect your private information as required by law. [OAR 333-019-0010]

With consent, the school nurse may consult with your doctor about your student's health in order to keep your student safe, healthy, and ready to learn.

END LETTER PAGE 1

When Should I Keep My Student Home?

NOTE: These are school instructions, not medical advice. Please contact your doctor with health concerns.

Student's Symptoms or Illness	Student May Return to School When*
Fever: temperature by mouth greater than 100.4 degrees	No fever for at least 72 hours without the use of fever-reducing medicine.
Skin rash or open sores	Rash is gone; sores are dry or can be completely covered by a bandage; or with orders from doctor to school nurse.
New Cough illness	In general, when symptom-free for 72 hours. If pertussis (whooping cough) is diagnosed, after taking 5-day course of prescribed antibiotics, or when cleared for return by local public health authority. If COVID-19 is diagnosed, with orders from local public health authority.
Diarrhea: 3 loose or watery stools in one day OR newly not able to control bowel movements	Symptom-free for 48 hours.
Vomiting	Symptom-free for 48 hours.
Headache with stiff neck and fever; OR with recent head injury	Symptom-free or with orders from doctor to school nurse.
Jaundice: (new) yellow color in eyes or skin	After orders from doctor or local public health authority to school nurse.
Red eyes or eye discharge: yellow or brown drainage from eyes	Redness and discharge is gone OR with orders from doctor to school nurse.
Acting different without a reason: unusually sleepy or grumpy OR acting differently after a head injury	After return to normal behavior OR with orders from doctor to school nurse.
Major health event, like surgery OR an illness lasting 2 or more weeks	After orders from doctor to school nurse.
Student's health condition requires more care than school staff can safely provide	After measures are in place for student's safety.

To notify the school about your student's illness, please call (541) 481-2525.

To contact the school nurse or health office please call (541) 966-

3218 or email: alena.davis@imesd.k12.or.us END LETTER PAGE 2.

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

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

Children with any of the symptoms listed on pages 10–11 should be excluded from school until the symptoms are no longer present, or until the student is cleared to return by a licensed physician or by the school nurse.

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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>BOILS – (See Also STAPH SKIN INFECTION)</p> <ul style="list-style-type: none"> • Large pimple-like sore, swollen, red, tender may be crusted or draining • Headache, fever may be present 	<p>Exclude: Exclusion status may vary according to the state of the lesion in question. Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission, or lesion is dry and crusted with no drainage</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with drainage from sores or nasal secretions from carrier • Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> • As long as sores drain if untreated 	<ul style="list-style-type: none"> • Standard precautions • Wash hands thoroughly and often • No cafeteria duty while lesions present • Good personal hygiene
<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 10-11.</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 • Exclude exposed, susceptible persons from school • Wash hands thoroughly and often. • Cover mouth and nose if coughing or sneezing • Encourage safe disposal of used tissues • Contact school nurse regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears • Staff and students with impaired immune responses should consult their health care provider, if exposure to a confirmed or suspected case has occurred.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>CMV (Cytomegalovirus)</p> <ul style="list-style-type: none"> • Caused by a human herpes virus • Most severe form of the disease occurs to infants infected from mother during pregnancy, premature infants, and the immunocompromised. • A variety of symptoms can occur 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct mucosal contact with infected tissues, secretions and excretions (urine, saliva, breast milk, cervical secretion and semen) • Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> • Virus is secreted in urine and saliva for many months and may persist or be episodic for several years after initial infection. 	<ul style="list-style-type: none"> • Wash hands thoroughly and often. • Strict adherence to standard precautions when handling body fluids. • Take care when handling diapers or toileting children • Women of childbearing age or immunocompromised individuals should consult with their medical provider regarding risks when caring for children identified as carriers of CMV.
<p>COMMON COLD (Upper Respiratory Infection)</p> <ul style="list-style-type: none"> • Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions • Droplets from coughing or sneezing • Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> • 1 day before onset of symptoms until 5 days after 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Cover mouth, nose if coughing or sneezing • Encourage appropriate disposal of used tissues

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>COVID-19 VIRUS</p> <ul style="list-style-type: none"> Symptoms include fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and loss of taste or smell 	<p>Exclude: Consult with Local Health Department for guidelines on exclusion.</p> <p>Restriction: In accordance with Local Public Health Guidelines.</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Respiratory droplets <p>Communicable:</p> <ul style="list-style-type: none"> Highly 	<ul style="list-style-type: none"> Immunization being developed at this time
<p>DIARRHEAL DISEASES</p> <ul style="list-style-type: none"> Loose, frequent stools, sometimes with pus or blood Vomiting, headaches, abdominal cramping or fever may be present 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: Exclude students with acute diarrhea; see to Exclusion Guidelines on pages 10-11.</p> <p>Report: Not usually; depends on diagnosis; Report cluster outbreaks to local health department.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with feces Consumption of water or food contaminated with feces <p>Communicable:</p> <ul style="list-style-type: none"> Varies from hours to several days 	<ul style="list-style-type: none"> Wash hands thoroughly and often, especially after using bathroom or diapering/toileting children <u>No</u> food handling/preparation <u>No</u> cafeteria duty
<p>FIFTH DISEASE</p> <ul style="list-style-type: none"> Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission or when no rash or signs of illness are present</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> Greatest before onset of rash when illness symptoms occur No longer contagious after rash appears 	<ul style="list-style-type: none"> Wash hands thoroughly and often Encourage student to cover mouth/nose when coughing/sneezing Encourage safe disposal of used tissues Contact school nurse for recommendations for pregnant females / immunocompromised persons exposed by suspected/confirmed case Contact local health department for

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HAND, FOOT & MOUTH DISEASE</p> <ul style="list-style-type: none"> • Sudden onset fever, sore throat and lesions in mouth • Blistered lesions on palm, fingers and soles 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission or when blisters are gone</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with nose and throat discharges or feces <p>Communicable:</p> <ul style="list-style-type: none"> • During acute stage of illness and potentially for several weeks after in stool 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Good personal hygiene especially following bathroom use • Reinforce use of standard precautions
<p>HEAD LICE</p> <ul style="list-style-type: none"> • Itching of scalp • Lice or nits (small grayish brown eggs) in the hair <p>*See additional ODE guidance document on Head Lice</p>	<p>Exclude: If required by school policy</p> <p>Restriction: NO</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with infected person • Indirect contact with infected articles (rarely) <p>Communicable:</p> <ul style="list-style-type: none"> • Only when live bugs present 	<p>Refer to CDC guidance on head lice.</p> <ul style="list-style-type: none"> • Check siblings/close contacts for symptoms • Avoid sharing/touching clothing, head gear, combs/brushes • Contact school nurse or local medical provider for further treatment information.
<p>HEPATITIS A</p> <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>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restricted: 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 with feces • Consumption of water or food contaminated with feces <p>Communicable:</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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HEPATITIS B & C</p> <ul style="list-style-type: none"> Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay-colored stools and jaundice 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p>Report: YES</p>	<p>Spread by:</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>Communicable:</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 	<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 <ul style="list-style-type: none"> - see website for current information: Immunization Requirements for School and Child Care Getting
<p>HIV Disease (Human Immunodeficiency Virus Disease)</p> <ul style="list-style-type: none"> May have acute flu-like illness Most often, no symptoms present in early stages of infection AIDS is a later stage of HIV infection (See AIDS). 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Blood getting under the skin (e.g., through needles); or through sexual contact Some individuals have no symptoms but can spread the disease. <p>Communicable:</p> <ul style="list-style-type: none"> Lifetime infectivity after initial infection with virus 	<ul style="list-style-type: none"> Strict adherence to standard precautions when handling body fluids Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the school nurse.
<p>IMPETIGO (See also Staph Skin Infections)</p> <ul style="list-style-type: none"> Blister-like sores (often around the mouth and nose), crusted, draining and “itching” 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission, or when lesions are dry and crusted with no drainage.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with drainage from sores <p>Communicable:</p> <ul style="list-style-type: none"> As long as sore drains if untreated 	<ul style="list-style-type: none"> Wash hands thoroughly and often No cafeteria duty while sores present Avoid scratching or touching sores Cover sores if draining No sharing personal items when lesions are present No contact sports (wrestling) if drainage cannot be contained.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>INFLUENZA (flu)</p> <ul style="list-style-type: none"> • Abrupt onset, fever chills, headache, muscle aches, cough 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Droplets from coughing or sneezing <p>Communicable:</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
<p>MEASLES</p> <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>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with local health department permission</p> <p>Report: YES - Highly Communicable</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Airborne droplets from coughing <p>Communicable:</p> <ul style="list-style-type: none"> • 4 days before rash until 4 days after rash begins • Most contagious 4 days before rash appears 	<ul style="list-style-type: none"> • Contact school nurse or health department immediately for direction • School nurse or health department will identify population at risk and assist with parent notification • Immunization required – 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
<p>MENINGOCOCCAL DISEASE</p> <ul style="list-style-type: none"> Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy May have blotchy, purplish, non-blanching rash 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: None necessary. Patients are not contagious after treatment.</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:</p> <ul style="list-style-type: none"> Until bacteria are no longer present in discharges from nose and mouth Cases and contacts usually no longer infectious after 24 hours on antibiotics 	<ul style="list-style-type: none"> Wash hands thoroughly and often Cover mouth/nose when coughing or sneezing and practice safe disposal of used tissues No sharing food, drink or eating utensils Meningococcal vaccine recommended for students 11-18 years of age See County Health Department CD Specialist for further information
<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 10-11.</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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>MUMPS</p> <ul style="list-style-type: none"> Painful swelling of neck and facial glands, fever and possible abdominal pain 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</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:</p> <ul style="list-style-type: none"> 2 days before onset until 5 days after onset of symptoms. 	<ul style="list-style-type: none"> Wash hands thoroughly and often Report to school nurse No sharing of personal items Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons
<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 10-11.</p> <p>Restriction: May attend with licensed health care provider/school nurse 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:</p> <ul style="list-style-type: none"> As long as drainage is present 	<ul style="list-style-type: none"> Wash hands thoroughly No sharing of personal items Consult with school nurse or licensed medical provider
<p>PINWORMS</p> <ul style="list-style-type: none"> Nervousness, itching of anus, abdominal pain Sometimes no symptoms are present 	<p>Exclude: NO</p> <p>Restriction: Restriction may be necessary in situations where students are unable to control bowel function, otherwise No.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with infectious eggs by hand from anus to mouth of infected person Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> As long as female worms are discharging eggs in the anal area Eggs remain infective in an outdoor area for about 2 weeks 	<ul style="list-style-type: none"> Wash hands thoroughly Good personal hygiene Consult with school nurse or licensed medical provider

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>RINGWORM – SCALP</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 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider or school nurse 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, especially combs, brushes, hats, etc. • It is not necessary to shave the student’s head.
<p>RINGWORM – SKIN</p> <ul style="list-style-type: none"> • Ring-shaped red sores with blistered or scaly border • “Itching” common 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider or School Nurse 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 • No sport activity until lesions disappear

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>SCABIES</p> <ul style="list-style-type: none"> Intense itching, raised small red or pus-filled sores Common between fingers, behind knees, around waist, inside of wrists, on arms 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider/school nurse permission</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct skin contact Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> Until treated 	<ul style="list-style-type: none"> Wash hands thoroughly Screen close contacts/siblings for symptoms No sharing of personal items
<p>SHINGLES (Herpes Zoster)</p> <ul style="list-style-type: none"> Painful skin lesions which are a result of the same virus that causes chicken pox Lesions may appear in crops May occur in immune-compromised children Usually on trunk, may be accompanied by pain, itching 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with draining skin areas <p>Communicable:</p> <ul style="list-style-type: none"> As long as lesions are draining 	<ul style="list-style-type: none"> Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g., face, hand), consult with school nurse if available or local health department. Contact school nurse or local health department for recommendations for pregnant females/immunocompromised person if exposure occurs at school.
<p>STAPH SKIN INFECTIONS</p> <ul style="list-style-type: none"> Draining sores, slight fever, aches and headache Affected area may be red, warm and/or tender 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</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:</p> <ul style="list-style-type: none"> As long as sores are draining 	<ul style="list-style-type: none"> Wash hands thoroughly Good personal hygiene No sharing towels, clothing or personal items No food handling No contact sports until lesions are gone

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<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 • Scarlet Fever: Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider/school nurse permission.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions <p>Communicable:</p> <ul style="list-style-type: none"> • Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months. • Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists 	<ul style="list-style-type: none"> • Wash hands thoroughly • Encourage covering mouth & nose when coughing & sneezing • Encourage appropriate disposal of used tissues
<p>TUBERCULOSIS (infectious/active)</p> <ul style="list-style-type: none"> • Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</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:</p> <ul style="list-style-type: none"> • As long as living bacteria are discharged through coughing. Specific drug therapy usually diminishes communicability within weeks 	<ul style="list-style-type: none"> • Observe TB rule compliance: CDC- Tuberculosis (TB) • Report to school nurse 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) Slight or no fever 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</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. If treated with antibiotics, infected person is communicable 5 days 	<ul style="list-style-type: none"> Immunization required - see website for current informants: Immunization Requirements for School and Child Care Getting Immunized Exclusion of exposed, susceptible persons from school may be required; consult with local public health authority
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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

Appendix I

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

Appendix II

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

Appendix III

Communicable Disease Control Measures: Guidelines for Handling Body Fluids

Appendix IV

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

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.

After a student has been diagnosed by a *licensed health care provider* as having a communicable disease, the information in pages 15–25 of this document will assist school administrators regarding student attendance and restrictions.

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.

Provided by Oregon Department of Education in conjunction with the Oregon Health Authority, Public Health Division, and Oregon-OSHA.
Revised April 2020

If alternate format is needed or questions occur, please contact:

Sasha Grenier, MPH, CHES (she/her/hers)
Sexuality Education and School Health Specialist
Standards and Instructional Supports
Office of Teaching, Learning, and Assessment
503-947-5689 sasha.grenier@state.or.us |



COVID-19

Staff Guidance and Training



Students and other staff will look to you

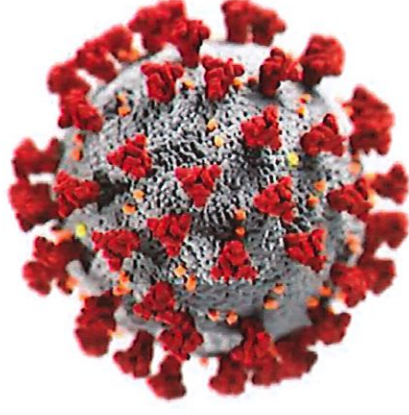


- ★ Model, teach and reinforce healthy hygiene, face coverings, and physical (social) distancing with kindness and grace.
- ★ The more students and other staff see you following the guidelines, the more they will follow suit!



Key Components

- How COVID-19 is spread from person to person
- Tools to help prevent the spread of COVID-19
 - 1. Monitoring for COVID-19 symptoms
 - 2. Physical (Social) Distancing
 - 3. Face Coverings
 - 4. Back to the Basics: Healthy Hygiene Practices
- Daily Health Screening



How COVID-19 is spread from person to person



What about aerosolized/airborne transmission?

Some virus may spread in very small particles. At the current time, it does not change the guidance to follow.

Tools to stop the spread COVID-19

[CDC Stop the Spread of Germs \(COVID-19\)](#)
English


[CDC Stop the Spread of Germs \(COVID-19\)](#)
Spanish

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

- Stay at least 6 feet (about 2 arms' length) from other people.** Illustration shows two people standing apart with a 6 ft distance marker.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.** Illustration shows a person coughing into a tissue.
- When in public, wear a cloth face covering over your nose and mouth.** Illustration shows people wearing face coverings.
- Do not touch your eyes, nose, and mouth.** Illustration shows a person with a red 'X' over their face, indicating not to touch it.
- Clean and disinfect frequently touched objects and surfaces.** Illustration shows hands being cleaned with a spray.
- Wash your hands often with soap and water for at least 20 seconds.** Illustration shows hands being washed with soap and water.

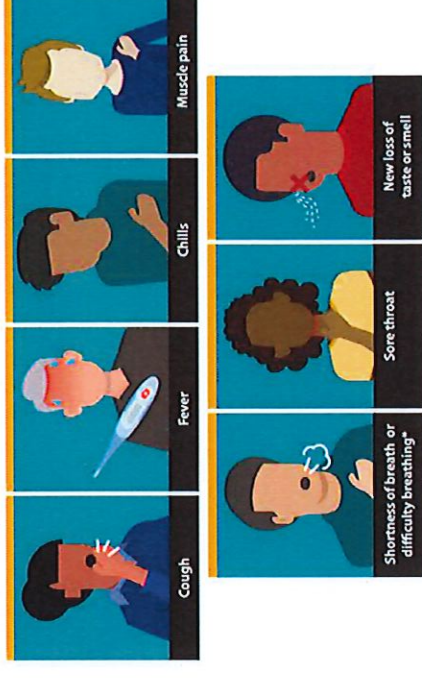
Stay home when you are sick, except to get medical care.

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Tool 1: Monitoring: Know the Symptoms of COVID-19

- **Primary symptoms of concern:**
 - Fever or chills, Cough, Shortness of breath or difficulty breathing
- **Other symptoms:** muscle pain, headache, sore throat, new loss of taste or smell, nausea, nasal congestion, runny nose, diarrhea, and vomiting (with the exception of diarrhea and vomiting, these symptoms alone do not warrant denial of entry to school).
- **Emergency signs that require immediate medical attention:** trouble breathing, persistent pain or pressure in chest, new confusion or inability to awaken, lips or face appear bluish (light skin) or dusky (dark skin)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Tool 1, continued: Monitor Yourself

- **Know if you are considered high risk**
 - [CDC people who are at increased risk for severe illness](#)
- **Stay home when you are sick.**
 - If you have an illness with a fever or cough, consult your healthcare provider. If there is a more likely diagnosis other than COVID-19, you must stay home until 72 hours after your fever is gone, without the use of fever reducing medicine.
 - If you have a positive COVID-19 test, you must remain home for at least 10 days after illness onset **OR** you have had two negative COVID-19 tests at least 24 hours apart.
 - You must **also** remain fever free for 72 hours, without the use of fever reducing medicine, and
 - Your COVID-19 symptoms must be improving.



CDC Handout to go home with ill students or staff

[10 things you can do to manage your health at home](#) English [10 things you can do to manage your health at home](#) Spanish

Tool 1, continued: Monitor Students and Staff



- **Students and Staff must be screened upon arrival to school.**
 - Staff may be screened by another staff member, or they may fill out the Staff Health Screening form on the computer.
 - If a student is feeling ill or showing signs of illness, contact the school office. MAINTAIN PRIVACY.
 - If you are feeling ill, contact your supervisor or district nurse.
 - When school is in session, school office will direct ill person to isolation room. At isolation room, designated staff member are to put on a face mask and face shield. If they are touching the person or must be within 6 feet, they are to put on gloves and gown.

ODE/OHA Communicable Disease Guidelines: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commndisease.pdf?utm_medium=email&utm_source=govdelivery



Tool 1, continued: Monitor Others

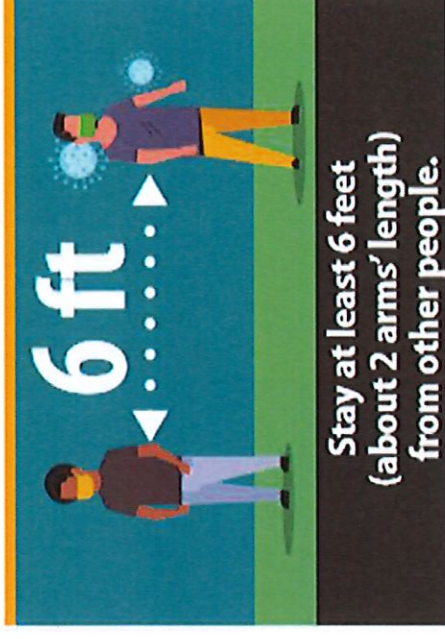
- **If you have been exposed to someone with COVID-19:**
 - Exposed means you have been within 6 feet of the person for 15 minutes or more.
 - Stay home and contact your supervisor.
 - Monitor yourself closely for symptoms.
- **If someone in your home or community living space has symptoms of COVID-19, but has not been tested:**
 - Stay home and contact your supervisor.
 - Monitor yourself closely for symptoms.
 - Encourage the symptomatic person to be tested.



Tool 2: Physical (Social) Distancing

Physical Distancing is one of the strongest tools we have to combat the spread of COVID-19

- Stay at least 6 feet apart from others whenever possible.
- Avoid the sharing of food, utensils, and other supplies.
 - Shared items and high touch surfaces should be cleaned and disinfected between uses.
- Ensure students keep their belongings separated from others' (no hanging coats next to each other, piling of athletic gear, etc).
- Restrict all non-essential visitors and volunteers (including family).
- Maintain physical distancing in staff work rooms.
- Do not congregate in the staff break room. Wear a face covering or face shield whenever possible. Maintain at least 6 feet physical distancing. Contact your supervisor about lunch staggering options.
- Open windows, increase ventilation whenever possible and safe.
- OHA guidance on [Physical Distancing](#)



Tool 3: Face coverings and face shields

- **School staff are required to wear a face covering or face shield if regularly within 6 feet of students and/or staff.**
 - Wear face covering correctly.
 - Use the face covering to help protect others in case you are infected but don't have symptoms.
 - Take off your face covering carefully. Wash cloth face coverings after use every day. Clean face shields after use every day according to manufacturer's instructions. If you are wearing a disposable face mask, after use you may bag it for 7 days (this is being very cautious, some guidelines may say 1-2 days), and then reuse it. Do not reuse if soiled or no longer provides a snug fit.
- **Students 5 and up will be required to wear face coverings.**
 - Children of any age should not wear a face covering if they have a medical condition that makes it difficult for them to breathe, if they experience a disability that prevents them from wearing a face covering, if they are unable to remove a face covering independently, or while sleeping.
- **CDC [How to Wear a Face Covering](#)**



Face covering: A cloth, paper, or disposable face covering that covers the nose and the mouth; may or may not be medical grade.



Face shield: A clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.

Tool 3, continued: Face coverings and face shields



Tool 3, continued: Face coverings and face shields

- Cloth face coverings and 3-ply disposable masks do not significantly restrict oxygen or increase carbon dioxide, but some can get hot and uncomfortable over time. Try different masks to see what works for you. Take mask breaks outside or away from others.
- [CDC Considerations when wearing face coverings](#)



Face masks 101

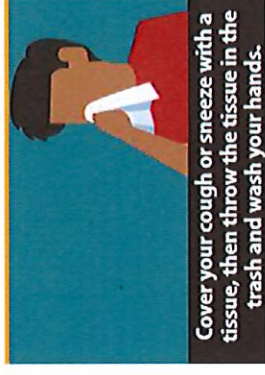
According to the FDA, there are two main types of masks. N95 respirators and surgical masks. Both are tested for fluid resistance and filtration efficiency.

- N95 masks are more tightly fitted, making them more likely to inhibit the breathing of the wearer if worn for a prolonged period of time.
- Surgical masks, which are disposable, and other types of cloth face masks are looser fitting, making it highly unlikely that wearers would see significant depletions in their oxygen intake. Non-N95 masks also are porous, allowing air to flow in and out and permitting normal respiratory functions, while limiting the release of respiratory droplets.

Tool 4: Back to the Basics- Healthy Hygiene Practices

Teach and Reinforce:

- Cover coughs and sneezes (throw tissue in trash can right away and wash/sanitize hands).
- Wash hands or use hand sanitizer:
 - Before and after meals, after coming inside the building, after using the restroom, after sneezing, blowing your nose, or coughing.
 - Proper hand washing technique [Washing your hands: The purple paint demonstration](#)
 - 20 seconds with warm soap and water is preferred; hand sanitizer with 60-95% alcohol can be used as an alternative.
- Avoid touching face.
- Clean and disinfect frequently touched objects and surfaces.



OHA [How to Protect Yourself and Others](#)



Daily health screening

- Complete the **Staff Health Screening Form** when you arrive at work every day. If you are in multiple buildings, you will need to complete this form when you arrive at each building.
- **Screening questions:**
 - Name (Last name, First name)? Please use legal name.
 - What building are you in right now?
 - Do you or someone in your home (or community living space) have COVID-19 or have any primary symptoms of COVID-19: FEVER (Temperature over 100.4) or CHILLS, COUGH, SHORTNESS OF BREATH or DIFFICULTY BREATHING?
 - Have you been exposed to someone with COVID-19 within the past 14 days?
 - Do you have any of these communicable disease symptoms: DIARRHEA, VOMITING, JAUNDICE (new yellow color in eyes or skin), EYE ILLNESS (unexplained redness, pain, swelling, vision changes; or yellow/brown drainage), RASH or OPEN SORES (new or spreading; or draining and cannot be completely covered with a bandage) ?





Quick Tips:

1. Imagine that you are carrying the virus, use all the tools provided to help protect others.



2. Leave your desk, wear a mask.



3. If you do not remember when you last cleaned your hands, do it now.



4. Fresh air is better.



5. Think you are 6 feet away? Now take two more steps back.



6. If you have the option, choose to eat in a location away from others.





**Contact a school district nurse with
any questions or concerns.**

**Alena Davis RN
(541) 379-3031**



Student Presents to Health Room for Screening

Designated Staff screen for 1-3

Student reports household member is sick and being tested for COVID-19, OR child has been identified by the health department as a positive case of COVID-19; OR student has been in *close contact with a positive COVID-19 case

*Close contact = within 6 ft for at least 15 minutes



1 Student has fever/chills [≥100.4°F]

Verify with parent

Student has symptoms of illness

Yes

No

Dismiss to home

Student is appropriately logged in to health room and CD logs

2 Student has shortness of breath or coughing not explained by an underlying condition and not relieved by their inhaler**

Student is offered a face covering

Student is taken to designated isolation space. Student is dismissed to home.

Student wears mask if feasible, student is supervised until parents arrive. Staff wears PPE. Distancing is maintained.

Student may come to school when their healthcare provider or the health department have told them it is safe to return

3 Student has: new onset of loss of taste or smell; vomiting; diarrhea; lethargy or unexplained behavior change; or other symptoms of illness

**Nebulizers should not be used in enclosed spaces within the school during a respiratory pandemic

Students must be free of fever or cough for 72 hours (or vomiting and diarrhea for 48 hours) without the use of fever reducing medications prior to returning to school. Student must remain home for the duration of home isolation assigned by public health if they have been diagnosed with or in contact with a confirmed case of COVID-19.

MORROW CO SCHOOL DISTRICT

Procedure for notifying MCPHD

Alena Davis RN & Diane Kilkenny RN still need to meet and determine when LPHA would like reports/logs sent to them as well as the best way to communicate any confirmed cases or clusters of illness that the school is seeing.

This will be completed prior to students returning to school.

Sincerely, Alena Davis RN

We have recently met and determined the needs of the MCPHD, Procedure is in the works and will follow. Alena Davis RN



ISOLATION ROOM PROCEDURE:

1. STUDENT PRESENTING WITH SYMPTOMS, USE HEALTH ROOM SCREENING ALGORITHM TO DECIDE IF STUDENT SHOULD GO TO DESIGNATED ISOLATION ROOM. BE SURE TO NOTIFY ADMINISTRATOR AND SCHOOL NURSE IMMEDIATELY.
2. ENSURE THAT SUPERVISING STAFF MEMBER WEARS APPROPRIATE PPE PRIOR TO ENTERING ISOLATION ROOM. THIS INCLUDES: GOWN, GLOVES, GOGGLES, N95 MASK AND FACE SHIELD.
3. ENCOURAGE SYMPTOMATIC STUDENT TO WEAR FACE COVERING WHEN STAFF MEMBER ENTERS ISOLATION ROOM, IF ABLE TO DO SO SAFELY.
4. MONITOR STUDENT FOR COMFORT AND PROVIDE CLEAR EXPLANATION OF PROCEDURES.
5. FILL OUT ISOLATION ROOM LOG, WHILE A STAFF MEMBER IN THE OFFICE CALLS STUDENTS PARENTS/GUARDIANS TO PICK UP STUDENT AS SOON AS POSSIBLE.
6. REPEAT TEMPERATURE CHECK EVERY HOUR AND DOCUMENT WHILE STUDENT IS IN ISOLATION ROOM. MONITOR FOR EMERGENCY SYMPTOMS SUCH AS DIFFICULTY BREATHING OR UNRESPONSIVENESS. CALL 911 IF ANY EMERGENCY SYMPTOMS ARE NOTED.
7. IF PARENTS/GUARDIANS HAVE NO CAR TO TRANSPORT STUDENT, TALK TO ADMINISTRATOR ABOUT OPTIONS FOR TRANSPORTING STUDENT.
8. CLEAN AND SANITIZE ISOLATION ROOM AS SOON AS STUDENT GOES HOME.
9. DOCUMENT TIME OF DEPARTURE ON ISOLATION LOG.

Morrow County Schools, in partnership with families and communities, provide each student the opportunity to develop values, knowledge, skills and self-confidence to become life-long learners and responsible citizens.

Morrow County School District prohibits discrimination and harassment on any basis protected by law, including but not limited to, an individual's perceived or actual race, religion, color, national or ethnic origin, mental or physical disability, marital status, age, sex, sexual orientation, age, pregnancy, familial status, economic status, veterans' status or genetic information in providing education or access to benefits of education services, activities and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issues; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act; and the Americans with Disabilities Act Amendments Act of 2008, Title II of the Genetic Information Nondiscrimination act of 2008.



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What If There Is An Outbreak of COVID-19 At My School?

Preventative Measures

Morrow County School District will continue to emphasize the daily preventative measure we can all take to keep students and staff safe:

1. **Practice Social Distancing:** The CDC defines a “close contact” as contact within 6ft for over 15 minutes. As the local public health authority completes contract tracing, they will focus on students that have had “close contact” with infected students or staff.
2. **Practice Good Hygiene:** Frequent washing with soap and water or use hand sanitizer helps lower risk of contracting COVID-19.
3. **Wear Protective Equipment:** We require staff and students to use face shields, face masks, and other tools to limit spread of the virus.
4. **Environmental Cleaning and Disinfection:** Students and staff will regularly clean high touch surfaces throughout the school day. The district has purchased cleaners and equipment that has proven to kill COVID-19 both in the short and long-term as surfaces are repeatedly touched.
5. **Cohorting:** The district will work to minimize student’s exposure to other students throughout the day. Various schedules and systems have been developed to maximize the benefits of cohorting.
6. **Stay Home If You’re Sick:** We encourage any students or staff that have COVID-19 symptoms or feel sick to stay home and limit their exposure to others until symptoms have subsided.

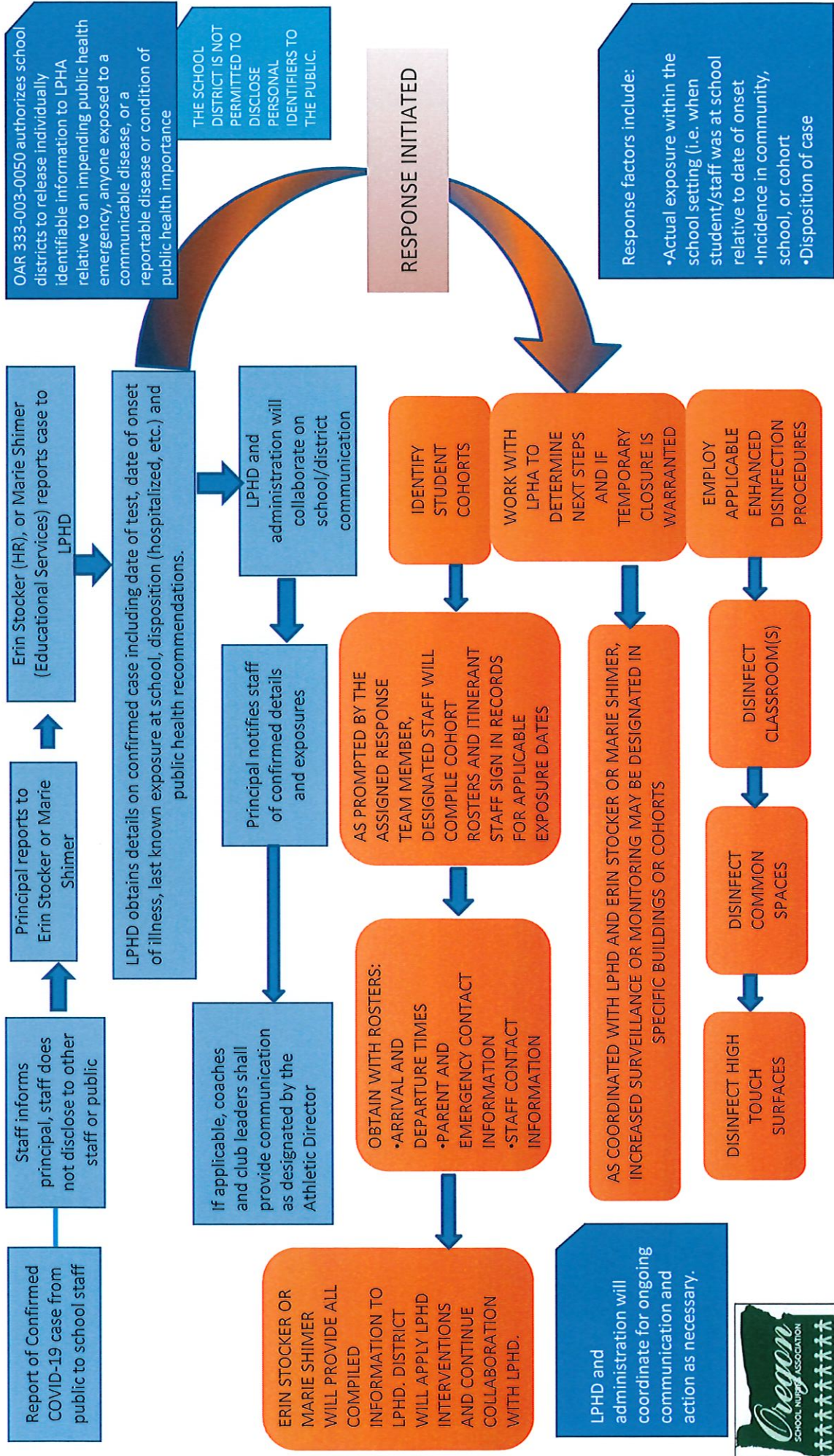
Outbreak Response

Morrow County School District recognizes that it is likely that individual cases or outbreaks of COVID-19 will continue to occur in the community and impact our schools. Our response to COVID-19 individual cases or outbreak are:

1. Student will be visually screened daily when entering school. Student that look sick or exhibit symptoms will have a follow-up screening that will include a temperature check. Staff will also be screened daily with temperature check when they arrive at schools.
2. Student that visually look, have fever, or describe feeling sick will be isolated in identified spaces and parents called to pick-up their student.
3. Parents will be encouraged to seek medical attention if symptoms are COVID-19 related.
4. Local Public Health Department (LPHD) will communicate immediately with the district if there is a student or staff with a confirmed case of COVID-19.
5. LPHD will conduct contact tracing and notify parents if their student has been identified, needs testing or additional steps.
6. School and district administration in partnership with LPHD will determine whether a student, classroom, school, or district needs to engage distance learning and for what duration depending on the scale of the outbreak.
7. MCSD will communicate with students, staff, and families regarding the outbreak and impact on classrooms, school, or the district. MCSD or public health will not release names of students that are isolated, test positive, or are contact traced the local health authority for COVID-19 to the public.
8. MCSD has developed short-term online programming using Google Classroom to continue to provide educational services when students or classes cannot attend school. MCSD also has a formal virtual online program for students and families that want a long-term online solution for their students during COVID-19. Go to <https://mec.morrow.k12.or.us/school-at-home> for more information.

Post-Outbreak Follow-up

Morrow County School District and Morrow County Public Health Department will continue to communicate regarding the outbreak and impact to school programming after the outbreak. Information will regularly be released on the district’s website and Facebook pages to keep students, staff, and families updated. Parents or staff are welcome to contact Morrow County Health Department if they are ever concerned that their child may be exposed to COVID-19.



OAR 333-003-0050 authorizes school districts to release individually identifiable information to LPHA relative to an impending public health emergency, anyone exposed to a communicable disease, or a reportable disease or condition of public health importance

THE SCHOOL DISTRICT IS NOT PERMITTED TO DISCLOSE PERSONAL IDENTIFIERS TO THE PUBLIC.

RESPONSE INITIATED

Response factors include:
 • Actual exposure within the school setting (i.e. when student/staff was at school relative to date of onset)
 • Incidence in community, school, or cohort
 • Disposition of case

ERIN STOCKER OR MARIE SHIMER WILL PROVIDE ALL COMPILED INFORMATION TO LPHD. DISTRICT WILL APPLY LPHD INTERVENTIONS AND CONTINUE COLLABORATION WITH LPHD.

LPHD and administration will coordinate for ongoing communication and action as necessary.



BUS COLOR

Irrigon Elementary Transportation Log

DATE	STUDENT'S NAME	VISUAL SYMPTOMS	ISOLATION??

Procedure for Transporting students home

Procedure for CARE Team members transporting isolation students home in development. Including legal aspects and current policy.

If student are in need of going home due to sickness and the parents/guardians are home but have no transportation our CARE members and a 2nd staff will give them a ride.

Upon return of staff vehicle must be cleaned per Covid-19 cleaning instructions.

Procedure to follow prior to students coming back to school.

Sincerely, Alena Davis RN

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Estimado padre/tutor:

NO ENVÍE A UN ESTUDIANTE ENFERMO A LA ESCUELA.

Por favor, llame a la oficina de la escuela para notificarnos si el estudiante está enfermo. El cuadro en la parte posterior de esta página da ejemplos de cuando su estudiante no debería estar en la escuela.

Si los síntomas del estudiante están relacionados con una condición crónica, comuníquese con la escuela y siga las políticas de la escuela para el manejo de la condición crónica.

Por favor, póngase en contacto con su proveedor de atención médica sobre enfermedades graves, incluyendo cualquier fiebre de 103°F o más. Si necesita ayuda para encontrar un proveedor de atención médica, puede ponerse en contacto con el departamento de salud local.

Notifique al personal de la escuela si el estudiante requiere medicamentos durante el horario escolar. Siga los protocolos de la escuela para la medicación en la escuela. A menos que se indique lo contrario, si la enfermedad de su estudiante requiere antibióticos, el estudiante debe haber tomado antibióticos durante 24 horas antes de poder regresar a la escuela. Los antibióticos no son eficaces para enfermedades virales.

Para ayudar a proteger a todos los estudiantes, por favor notifique a la escuela si su hijo es diagnosticado con alguna de estas enfermedades: *varicela, COVID-19, difteria, diarrea, E. coli, hepatitis, sarampión, paperas, tos ferina, rubéola, salmonela, sarna, shigellosis o disentería, tuberculosis, u otra enfermedad según se solicite*. La escuela protegerá su información privada como exige la ley. [OAR 333-019-0010]

Con el consentimiento, la enfermera de la escuela puede consultar con su médico sobre la salud de su estudiante para mantenerlo seguro, saludable y listo para aprender.

Morrow County Schools, in partnership with families and communities, provide each student the opportunity to develop values, knowledge, skills and self-confidence to become life-long learners and responsible citizens.

Morrow County School District prohibits discrimination and harassment on any basis protected by law, including but not limited to, an individual's perceived or actual race, religion, color, national or ethnic origin, mental or physical disability, marital status, age, sex, sexual orientation, age, pregnancy, familial status, economic status, veterans' status or genetic information in providing education or access to benefits of education services, activities and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issues; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act; and the Americans with Disabilities Act Amendments Act of 2008, Title II of the Genetic Information Nondiscrimination act of 2008.



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¿Cuándo debo mantener al estudiante en casa?

NOTA: Estas son instrucciones escolares, no consejos médicos. Por favor, póngase en contacto con su médico si tiene alguna duda de salud.

Síntomas o enfermedad del estudiante	El estudiante puede volver a la escuela cuando*
Fiebre: temperatura por boca superior a 100,4 grados	Sin fiebre por al menos 72 horas sin usar medicamentos para reducir la fiebre.
Erupción cutánea o llagas abiertas	El sarpullido o erupción ha desaparecido; las llagas están secas o pueden ser cubiertas completamente con venda; o con órdenes del médico a la enfermera de la escuela.
Enfermedad de tos nueva	En general, cuando no hay síntomas por 72 horas. Si se diagnostica tos ferina, después de tomar un curso de cinco días de antibióticos prescritos, o cuando la autoridad local de salud pública lo autorice. Si se diagnostica COVID-19, con órdenes de la autoridad de salud pública local.
Diarrea: 3 heces flojas o acuosas en un día O que no pueda controlar las evacuaciones intestinales desde hace poco	Sin síntomas por 48 horas.
Vómitos	Sin síntomas por 48 horas.
Dolor de cabeza con rigidez de cuello y fiebre; O con una reciente lesión en la cabeza	Sin síntomas o con órdenes del médico a la enfermera de la escuela.
Ictericia: (nuevo) color amarillo en los ojos o en la piel	Después de las órdenes del médico o de la autoridad local de salud pública a la enfermera de la escuela.
Ojos rojos o secreción de los ojos: secreción amarilla o marrón de los ojos	El enrojecimiento y la secreción desaparecen O con órdenes del médico a la enfermera de la escuela.
Actuar de modo distinto sin motivo: inusualmente somnoliento o malhumorado O actuar distinto tras una lesión en la cabeza	Después de volver a la conducta normal O con órdenes del médico a la enfermera de la escuela.
Problema importante de salud, como una cirugía O una enfermedad que dura 2 semanas o más	Después de las órdenes del médico a la enfermera de la escuela.
La condición de salud del estudiante requiere más cuidado del que puede dar el personal de la escuela de modo seguro	Después de que se tomen medidas para la seguridad de los estudiantes.

Para notificar a la escuela sobre la enfermedad del estudiante, por favor llame a___.

Para contactar con la enfermera de la escuela o la oficina de salud, por favor llame al_ o envíe un correo electrónico al_.

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Dear Parent/Guardian:

DO NOT SEND AN ILL STUDENT TO SCHOOL.

Please call the school office to notify us if your student is ill. The box on the back of this page gives examples of when your student should not be in school.

If your student's symptoms are related to a chronic condition, contact the school and follow school policies for chronic condition management.

Please contact your health care provider about serious illness, including any fever of 103°F or higher. If you need help in finding a health care provider, you may contact your local health department.

Notify school staff if your student requires medication during school hours. Follow school protocols for medication at school. Unless otherwise instructed, if your student's illness requires antibiotics, the student must have been on antibiotics for 24 hours before returning to school. Antibiotics are not effective for viral illnesses.

To help protect all students, please notify the school if your child is diagnosed with any of these diseases: *chickenpox, COVID-19, diphtheria, E. coli diarrhea, hepatitis, measles, mumps, pertussis, rubella, Salmonella, scabies, shigellosis, tuberculosis, or another disease as requested.* The school will protect your private information as required by law. [OAR 333-019-0010]

With consent, the school nurse may consult with your doctor about your student's health in order to keep your student safe, healthy, and ready to learn.

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When Should I Keep My Student Home?

NOTE: These are school instructions, not medical advice. Please contact your doctor with health concerns.

Student's Symptoms or Illness	Student May Return to School When*
Fever: temperature by mouth greater than 100.4 degrees	No fever for at least 72 hours without the use of fever-reducing medicine.
Skin rash or open sores	Rash is gone; sores are dry or can be completely covered by a bandage; or with orders from doctor to school nurse.
New Cough illness	In general, when symptom-free for 72 hours. If pertussis (whooping cough) is diagnosed, after taking 5-day course of prescribed antibiotics, or when cleared for return by local public health authority. If COVID-19 is diagnosed, with orders from local public health authority.
Diarrhea: 3 loose or watery stools in one day OR newly not able to control bowel movements	Symptom-free for 48 hours.
Vomiting	Symptom-free for 48 hours.
Headache with stiff neck and fever; OR with recent head injury	Symptom-free or with orders from doctor to school nurse.
Jaundice: (new) yellow color in eyes or skin	After orders from doctor or local public health authority to school nurse.
Red eyes or eye discharge: yellow or brown drainage from eyes	Redness and discharge is gone OR with orders from doctor to school nurse.
Acting different without a reason: unusually sleepy or grumpy OR acting differently after a head injury	After return to normal behavior OR with orders from doctor to school nurse.
Major health event, like surgery OR an illness lasting 2 or more weeks	After orders from doctor to school nurse.
Student's health condition requires more care than school staff can safely provide	After measures are in place for student's safety.

To notify the school about your student's illness, please call _____ or email _____.

To contact the school nurse or health office please call _____ or email _____.