

Policy Change Questions/Comments

GBEB-AR: Nurses believe COVID is no longer a 'restrictable disease'

JH: New policy offered by OSBA - we do not have anything like it. Sounds reasonable.

EBBA 'First Aid': Replace with new EBBA 'Student Health Services'. Must add on page 2, all of the positions for which a First-Aid/CPR/AED certificate is required. HR has this.

JHCA/JHCB: Nurses recommend adding a fourth condition for students to return to sports following a concussion (page 2): "Student has returned to school without restrictions"

EBBB 'Injury/Illness': No comment. Replace with OSBA version

JHCCA "Students - HIV, HBA and AIDS **AND** GBEB 'Staff-HIV, AIDS and HBV': Delete both- information is now contained in the Communicable Disease Plan

JHC Student Health Services and Requirements: Delete - language is in new EBBA

JHCC 'Communicable Diseases - Students': Delete - information is now contained in the Communicable Disease Plan

OSBA Model Sample Policy

Code: JHCA/JHCB
Adopted:

~~Immunization, Physical Examination, Vision Screening/Eye Examination and Dental Screening~~ and School Sports Participation** {Highly recommended policy.}

Immunization

Proof of immunization must be presented at the time of initial enrollment¹ in school or within 30 days of transfer to the district in accordance with Oregon law. Proof consists of a signed Certificate of Immunization Status form documenting either evidence of immunization, a religious, philosophical beliefs and/or medical exemption or immunity documentation.²

~~Physical Examination~~ School Sports Participation

A student participating in extracurricular sports in grades 7 through 12 is required to submit to an appropriate School Sports Pre-Participation Examination³ prior to their initial participation in a related district program. The form⁴ is to be completed and signed by a parent or guardian giving permission for the student to participate and signed by a medical provider authorized by law⁵ who has examined and evaluated the student. The completed form(s) must be returned [as directed] [to the school office].~~The Board recommends that all students initially enrolling in school have a physical examination. Parents will be asked to complete a district [Health History form] when initially enrolling their student in the district and when registering them for grade 7.~~

~~All students participating in athletic programs are required to submit to the district a School Sports Pre-participation Examination form prior to their initial participation in a district athletic program. The form is to be completed and signed by a parent or guardian and physician giving permission for the student to participate.~~

A student who is subsequently diagnosed with a significant illness or has had a major surgery is required to have a physical examination prior to further participation ~~in extracurricular sports.~~

¹ The district shall immediately enroll a ~~homeless~~ student experiencing houselessness in the school selected even if the student is unable to produce records normally required for enrollment.

² Documentation requirements for exemptions are outlined in ORS 433.267.

³ The required form is available at <https://www.osaa.org/governance/forms>, a copy may be obtained from a school office, or a form generated by the medical provider may be used if it meets requirements of law in OAR 581-021-0041.

⁴ The form may be used in either a hard copy or electronic format.

⁵ This physical examination must be conducted by a physician possessing an unrestricted license to practice medicine, a licensed naturopathic physician, a licensed physician assistant, a licensed nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects.

A student who exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion will not be allowed to participate in any athletic event or training on that day, unless an athletic trainer licensed by the Board of Athletic Trainers or a physician licensed pursuant to ORS 677.100 - 677.228 has determined the student has not suffered a concussion.⁶ Except as allowed above, a student excluded for concussion reasons will not be allowed to return to participate in an athletic event or training until the following three conditions have been met:

1. It is not the same day as the student exhibited signs, symptoms or behaviors, experienced a blow to the head or body, or was diagnosed with a concussion;
2. The student no longer exhibits signs, symptoms or behaviors consistent with a concussion; and
3. The student has received a medical release form from a health care professional⁷.

(4) Student has returned to school without restriction - SD

A student who continues to participate in extracurricular sports in grades 7 through 12 shall be required to complete a **physical** sports examination once every two years, thereafter.

Vision Screening or Eye Examination

~~The parent or guardian of a student who is 7 years of age or younger and is beginning an education program with the district for the first time shall, within 120 days of beginning the education program, submit a certification that the student has received:~~

- ~~1. A vision screening or eye examination; and~~
- ~~2. Any further examination, treatments or assistance necessary.~~

~~The certification is not required if the parent or guardian provides a statement to the district that:~~

- ~~1. The student submitted a certification to a prior education provider; or~~
- ~~2. The vision screening or eye examination is contrary to the religious beliefs of the student or the parent or guardian of the student.~~

Dental Screening

~~The district shall file in the students dental health record any dental screening certifications and any results of a dental screening known by the district. The district will provide to the parent or guardian of each student, standardized information developed by the Oregon Health Authoritys dental director regarding dental screenings, further examinations or necessary treatments and preventative care including fluoride varnish, sealants and daily brushing and flossing.~~

⁶ For more information regarding medical releases for students in grades 9-12, see OSAA rules.

⁷ "Health care professional" includes a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, an occupational therapist, a physician assistant or a nurse practitioner who is licensed or registered under the laws of Oregon.

~~The parent or guardian of a student who is 7 years of age or younger, and is beginning an education program with the district for the first time, shall submit a certification within 120 days of beginning the education program that the student has received a dental screening within the previous 12 months.~~

~~The certification is not required if the parent or guardian provides a statement to the district that:~~

- ~~1. The student submitted a certification to a prior education provider;~~
- ~~2. The dental screening is contrary to the religious beliefs of the student or the parent or guardian of the student; or~~
- ~~3. The dental screening is a burden for the student or the parent or guardian of the student in the following ways:
 - ~~a. The cost of obtaining the dental screening is too high;~~
 - ~~b. The student does not have access to an approved screener;~~
 - ~~c. The student was unable to obtain an appointment with an approved screener.~~~~

~~The certification may be provided by a licensed dentist, a dental hygienist or a health care practitioner as defined by state law. The certification must include the:~~

- ~~1. Sts name;~~
- ~~2. Date of screening; and~~
- ~~3. Name of entity conducting the dental screening.~~

~~The district shall submit to the Oregon Department of Education a report that identifies the percentage of students who failed to submit the certification for the previous year, no later than October 1 of each year.~~

~~If the district is causing the dental screening to be conducted, the district will follow the notice requirements in accordance with law.~~

END OF POLICY

Legal Reference(s):

~~[ORS 326.580](#)
[ORS 336.211](#)
[ORS 336.213](#)
[ORS 336.214](#)
[ORS 336.479](#)~~

~~[ORS 336.485 - ORS 336.490](#)
[ORS 433.235 - 433.280](#)
[OAR 333-019-0010](#)
[OAR 333-050-0010 - 050-0120](#)
[OAR 581-021-0017](#)~~

~~[OAR 581-021-0031](#)
[OAR 581-021-0041](#)
[OAR 581-022-2220](#)~~

~~McKinney-Vento Homeless Assistance Act, Subtitle VII-B, reauthorized by Title IX-A of the Every Student Succeeds Act, 42 U.S.C. §§ 11431-11435 (2018).~~

~~Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (20202024).~~

~~OREGON SCHOOL ACTIVITIES ASSOCIATION, *OSAA HANDBOOK*.~~

OSBA Model Sample Policy

Code: EBBA
Adopted:

Student Health Services**

{Highly recommended policy. The requirement for school districts to develop and implement a health services plan comes from OAR 581-022-2220.}

Although the district's primary responsibility is to educate students, the students' health and general welfare is also an important Board responsibility. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices. A health services plan shall be developed, implemented, and updated annually. The plan shall describe a health services program for all students at each facility that is owned or leased where students are present for regular programming.

The district shall maintain a written prevention-oriented health services plan for all students services plan will¹:

Does all mean every or all the group?

1. Explain available health care space that is appropriately supervised and adequately equipped for providing health care and administering medication or first aid;
2. Refer to available communicable disease prevention and management plan that includes school-level protocols²;
3. Outline a district-to-school communication plan³;
4. Provide information about health screenings, including immunizations and TB certificate requirements;
5. Describe how services for all students, including those who are medically complex, medically fragile or nursing dependent, and those who have approved 504 plans, individual education program plans, and individualized health care plans or special health care needs are managed⁴;
6. Integrate school health services with school health education programs and coordinate with health and social service agencies, public and private;
7. Describe how hearing, vision and dental screenings are managed and/or verified for required students⁵;

¹ For exact language and complete requirement, see OAR 581-022-2220(1).

² For specific protocol content requirements, see OAR 581-022-2220(1)(b).

³ For requirements of this plan see OAR 581-022-2220(1)(c).

⁴ For more information regarding these requirements see ORS 336.201 and 339.869, OARs 581-021-0037, 581-015-2040, 581-015-2045, 851-045-0040 – 0060, and 851-047-0010 – 0030.

⁵ For vision screening or eye examination or dental screening information see ORS 336.211 and 336.213.

8. Include a process to assess and determine a student’s health services needs, including availability of a nurse to assess student nursing needs upon, during, and following enrollment with one or more new medical diagnose(s) impacting a student’s access to education, and implement a student’s individual health plan prior to attending school⁶;
9. Comply with OR-OSHA Bloodborne Pathogens Standards for all persons who are assigned to job tasks which may put them at risk for exposure to body fluids⁷;
10. Refer to adopted policy and procedures for medications in accordance with Oregon law⁸;
11. Include guidelines for the management of students who are medically complex, medically fragile, or nursing dependent as defined by ORS 336.201, including students with life-threatening food allergies and adrenal insufficiency while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities⁹[; and][.]
- ? 12. [List the positions in the district which shall be required to obtain and maintain a first-aid/CPR/AED card in accordance with OAR 581-022-2220(3).] *Nurses, Health Assistants,*
↳ Are you looking @ coaches + staff that are to get CPR trained?
- ? [Any nurse(s) employed by the district and providing services to students on behalf of the district shall be licensed in Oregon to practice as a registered nurse or nurse practitioner or be a licensed practical nurse (LPN) in alignment with LPN supervision requirements of OAR 851-045-0050 – 0060.

A nurse employed by the district shall follow all applicable requirements of ORS Chapter 678 and OAR Chapter 851. This includes, but is not limited to, delegation in accordance with OAR 851-047, which includes performing a nursing assessment of a student prior to delegation, providing adequate supervision during the delegation, and evaluating the skills, ability and willingness of the delegee.¹⁰

A nurse employed by the district will function as an integral member of the instructional staff, serving as a resource person to teachers in securing appropriate information and materials on health-related topics.]

The district provides a menstrual product dispenser with a variety of products in every student bathroom¹¹ which meets the requirements of law. ~~§~~

END OF POLICY

Legal Reference(s):

⁶ For definitions for this policy see ORS 336.201.

⁷ OAR 437-002-0360 lists various health and safety regulations that apply in the employment setting.

⁸ Medication laws can be found in ORS 339.866 – 339.874 and OAR 581-021-0037; relevant Board policy includes JHCD/JHCDA - Medications.

⁹ For guideline requirements see OAR 581-022-2220(1)(k).

¹⁰ For additional delegation requirements see OAR [851-047-0030](#).

¹¹ [“Student bathroom” means a bathroom that is accessible by students, including a gender-neutral bathroom, a bathroom designated for females, and a bathroom designated for males. (OAR 581-021-0587)]

[ORS 329.025](#)
[ORS 332.107](#)
[ORS 336.201](#)
[ORS 336.204](#)

[ORS 336.211 – 336.214](#)
[OAR 581-021-0017](#)
[OAR 581-021-0031](#)
[OAR 581-021-0587](#)

[OAR 581-021-0590](#)
[OAR 581-022-2050](#)
[OAR 581-022-2220](#)
[OAR 581-022-2515](#)

Every Student Succeeds Act, 20 U.S.C. § 7928 (2018).
Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (2018).

Communicable Diseases - Staff

In accordance with state law, administrative rule, the local health authority and the *Communicable Disease Guidance*, the procedures established below will be followed.

1. "Restrictable diseases" are defined by rule and include but are not limited to COVID-19¹, 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 person poses an unusually high risk to others (e.g., a child that exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public's health. A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by the local public health administrator after determining that it poses a danger to the public's health.
2. "Susceptible" for an employee means lacking evidence of immunity to the disease.
3. "Reportable diseases" means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health

Restrictable Diseases

1. An employee of the district will not attend or work at a district school or facility while in a communicable stage of a restrictable disease, including a communicable stage of COVID-19², unless authorized to do so under Oregon law. When an administrator has reason to suspect that an employee has a restrictable disease, the administrator shall send the employee home.
2. An administrator shall exclude an employee if the administrator has reason to suspect that an employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines that exclusion is not necessary to protect the public's health. The administrator may request the local health officer to make a determination as allowed by law. If the disease is reportable, the administrator will report the occurrence to the local health department.
3. An administrator shall exclude an employee if the administrator has been notified by a local public health administrator or local public health officer that the employee has had a substantial exposure to an individual with COVID-19 and exclusion is deemed necessary by same.

¹ Added per OAR 333-019-1000(2).

² "Communicable stage of COVID-19" means having a positive presumptive or confirmed test of COVID-19.

See Note

OSBA Model Sample Administrative Regulation

Code: GBEB-AR
Revised/Reviewed:

Communicable Diseases—Staff in Schools

{Highly recommended administrative regulation.}

In accordance with state law, administrative rule, the local health authority and the *Communicable Disease Guidance*, the procedures established below will be followed.

1. “Restrictable diseases” are defined by rule¹ and include but are not limited to COVID-19², 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 a child who, in the opinion of the local health officer, ~~the person~~ poses an unusually high risk to others children (e.g., ~~a child that~~ exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public’s health. ~~A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by the local public health administrator after determining that it poses a danger to the public’s health.~~
2. “Susceptible” for a child means lacking documentation of immunization required under OAR 333-050-0050, or if immunization is not required, lacking evidence of immunity to the disease.
3. “Susceptible” for ~~an~~ a school employee means lacking evidence of immunity to the disease.
4. “Reportable diseases” means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health.

Not any longer SD

Restrictable Diseases

1. ~~An~~A student or employee of the district will not attend school or work, respectively, at a district school or facility while in a communicable stage of a restrictable disease, ~~including a communicable stage of COVID-19³~~, unless authorized to do so under Oregon law. When an administrator has reason to suspect that ~~an~~ a student or employee has a restrictable disease, the administrator shall send ~~the employee~~ them home.
2. An administrator shall exclude ~~an~~ a susceptible student or employee if the administrator has reason to suspect ~~that an employee has~~ they have been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines that exclusion is not necessary to protect the public’s health. The administrator may request the local health officer to

¹ OAR 333-019-0010 lists restrictable diseases.

² ~~Added per OAR 333-019-1000(2).~~

³ ~~“Communicable stage of COVID-19” means having a positive presumptive or confirmed test of COVID-19.~~

make a determination as allowed by law. If the disease is reportable, the administrator ~~will~~ or designee may report the occurrence to the local health department.

- ~~3. An administrator shall exclude an employee if the administrator has been notified by a local public health administrator or local public health officer that the employee has had a substantial exposure to an individual with COVID-19 and exclusion is deemed necessary by same.~~
- 4.3. An A student or employee will be excluded in such instances until such time as the student or employee, respectively, presents a certificate from a physician, a physician assistant licensed under Oregon Revised Statute (ORS) 677.505 - 677.525, a nurse practitioner licensed under ORS 678.375 - 678.390, local health department nurse or school nurse stating that the student or employee does not have or is not a carrier of any restrictable disease. An exclusion for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting may be removed by a school nurse or health care provider.
- ~~5. An administrator may allow attendance of an employee restricted for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting if the restriction has been removed by a school nurse or health care provider.~~
- 6.4. More stringent exclusion standards for students or employees from school or work may be adopted by the local health department.
- ~~7. The district's emergency plan shall address the district's plan with respect to a declared public health emergency at the local or state level.~~

Reportable Diseases Notification

1. All employees shall comply with all reporting measures adopted by the district and with all rules set forth by Oregon Health Authority, Public Health Division and the local health department.
2. An administrator may seek confirmation and assistance from the local health officer to determine the appropriate district response when the administrator is notified that an employee or a student has been exposed to a restrictable disease ~~that~~ which is also a reportable disease.
3. [District staff with impaired immune responses, that are of childbearing age or some other medically fragile condition, should consult with a medical provider for additional guidance⁴.]
4. An administrator shall determine other persons who may be informed of an employee's communicable disease, or that of a student's when a legitimate educational interest exists or for health and safety reasons, in accordance with law.

Equipment and Training

1. The administrator or designee shall, ~~on a case-by-case basis~~, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.

⁴ Refer to *Communicable Disease Guidance for Schools* published by the Oregon Health Authority and the Oregon Department of Education.

2. The administrator or designee shall consult with the district's [school] nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.
3. All district personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA).

Lincoln County School District

Code: **EBBAA**
Adopted: 7/09/02
Revised/Readopted: 6/14/16 (Effective 7/01/16)
Orig. Code(s): EBBAA

Infection Control - HIV, AIDS, HBV

The district shall use standard precautions at all times for infection control. Each person is therefore treated as though an HIV, AIDS or HBV¹ infection exists.

The district shall develop an Exposure Control Plan that includes infection control procedures for staff and students.

Staff and students shall receive an annual in-service that includes correct procedures for cleaning up body fluid spills and for personal cleanup, appropriate disposal, immunization and personal hygiene, as well as the location and a content review of first-aid and clean-up kits. Kits shall be available for each room in the building and in each district vehicle.

In addition to an annual in-service, staff and students on a regular basis will receive HIV, AIDS and HBV information.

The information shall emphasize infection — how infection is spread as well as how it is not spread.

The district will cooperate with Oregon Department of Education in delivering HIV, AIDS and HBV education.

END OF POLICY

Legal Reference(s):

OAR 437-002-0360
OAR 437-002-0377

OAR 581-022-0705
OAR 581-022-1440

OAR 581-053-0240(23)
OAR 581-053-0250(1)

¹HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

OSBA Model Sample Policy

Code: EBBAA
Adopted:

Infection Control and Bloodborne Pathogens

{Optional policy. The requirements regarding an Exposure Control Plan and infection control, but are not limited to, are outlined below.}

The Board recognizes that staff and students incur some risk of infection and illness each time they are exposed to blood or other potentially infectious materials. While the risk to staff and students of exposure to body fluids due to casual contact with individuals in the school environment is very low, the Board regards any such risk as serious.

Consequently, the Board directs adherence to standard precautions. Standard precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for ~~HIV, AIDS, HBV¹ and/or other~~ bloodborne pathogens².

The district shall develop an Exposure Control Plan ~~that includes infection control procedures, and procedures to minimize and eliminate exposure incidents to bloodborne pathogens~~ in accordance with the requirements in law³.

~~Infection Control~~

~~Staff and students shall receive an annual in-service that includes correct procedures for cleaning up body fluid spills and for personal cleanup, appropriate disposal, immunization and personal hygiene, as well as the location and a content review of first aid and clean up kits. Kits shall be available for each room in the building and in each district vehicle.~~

~~In addition to an annual in-service, staff and students on a regular basis will receive HIV, AIDS and HBV information.~~

~~The information shall emphasize infection — how infection is spread as well as how it is not spread.~~

~~Bloodborne Pathogens~~

The Exposure Control Plan shall be reviewed and updated at least annually and 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. The review and update shall also:

¹ ~~HIV— Human Immunodeficiency Virus; AIDS— Acquired Immune Deficiency Syndrome; HBV— Hepatitis B Virus~~

² “Bloodborne pathogens” are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, ~~H~~hepatitis B virus (HBV) and ~~H~~human ~~i~~mmunodeficiency ~~v~~irus (HIV). 29 CFR 1910.1030(b)

³ See 29 CFR 1910.1030(c)(1) and OAR 437-002-1059 for more information about an Exposure Control Plan. {A template for an exposure control plan may be available from [Oregon OSHA](#).}

1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
2. Annually, document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

The plan shall include training followed by an offer of ~~immunization with H~~epatitis B vaccine and vaccination series for all staff who are required to provide first aid to students and/or for all staff who have occupational exposure as determined by the district. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually^[4] thereafter. Staff will receive the annual training⁵ as well as the location and a content review of first-aid and clean-up kits. Kits shall be readily available⁶ in close proximity⁷ to all employees in the building and for district vehicles, including each bus⁸.

Personal protective equipment appropriate to job tasks shall be provided by the district. A post-exposure evaluation and follow-up shall be made available to any employee sustaining an occupational exposure.

The district recognizes that, ~~as required by Oregon Administrative Rule (OAR) 437-002-1030~~, employees who use medical sharps in the performance of their duties (e.g., administering injectable medicines to students, such as epinephrine and glucagon) must, at least annually, be provided with the opportunity to identify, evaluate and select engineering and work practice controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems). The district will implement such work practice controls, as appropriate. The district will document the solicitation of input from such staff in the plan.

Documentation, including a sharps injury log, will be maintained ~~as required by OAR 437-002-1030(3) and 437-002-1035~~ in accordance with law⁹.

The Exposure Control Plan will be accessible to employees in accordance with law¹⁰.

Students will be instructed in safe practices to prevent transmission of bloodborne pathogens in accordance with Oregon Health Standards.

⁴ [Annual training for all employees shall be provided within one year of their previous training. (29 CFR 1910.1030(g)(2)(iv))]

⁵ See 29 CFR 1910.1030(g)(2) for information about training requirements.

⁶ OAR 437-002-0161(2) First-Aid Supplies. (a) The employer shall provide first-aid supplies based upon the intended use and types of injuries that could occur at the place of employment. The first-aid supplies shall be available in close proximity to all employees. Either bulk pack or unit pack supplies are acceptable. (b) "In proximity" is defined as that which is available nearby to ensure prompt treatment in the event of need.

⁷ "In proximity" is defined as that which is available nearby to ensure prompt treatment in the event of need. (OAR 437-002-0161(1)(b))

⁸ Emergency equipment for buses, includes, but is not limited to, body fluid cleanup and first-aid kits. (OAR 581-053-0240(23); OAR 581-053-0640)

⁹ See OAR 437-002-1030(3) and OAR 437-002-1035.

¹⁰ See 29 CFR 1910.1020(e) for requirements on providing access.

The district will cooperate with [the Oregon Department of Education] [the Oregon Health Authority, Public Health Division,] [the local health department] [the education service district] in delivering HIV, AIDS and HBV education.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)

[OAR 437-002-0161](#)

[OAR 437-002-0360](#)

~~OAR 437-002-0377~~

[OAR 437-002-1030](#)

[OAR 437-002-1035](#)

[OAR 581-022-2050](#)

[OAR 581-022-2220](#)

[OAR 581-053-0240\(23\)](#)

[OAR 581-053-0250\(1\)](#)

[OAR 581-053-0640\(2\)](#)

~~OAR 581-053-0517(13)(e),(e)~~

Occupational Safety and Health Standards, Bloodborne Pathogens, 29 C.F.R. §§ 1910.1020, 1910.1030.

OSBA Model Sample Policy

Code: JH
Adopted:

Student Welfare**

{Optional policy.}

The district provides supervision of students. ~~Students' safety will be assured through close supervision of students in [all school buildings and grounds during the hours] when students are normally present.~~ Such supervision does not include early morning or the time following usual departure, unless students are present for a scheduled school-sponsored activity. Hours when supervision is available shall be included in the [student/parent handbook].

The district further ~~assures~~ requires the following practices:

1. Maintaining a safe school environment; ~~appropriate~~ designated personnel will be responsible for periodically inspecting the physical condition of all equipment, buildings and grounds;
2. ~~Observation of safe practices on the part of~~ Expecting school personnel and students to observe safe practices, particularly in those areas of instruction or extracurricular activities that offer special hazards;
3. ~~Offering~~ Providing safety education to students as is germane to particular subjects such as, but not limited to, science, professional technical, health and physical education courses;
4. Providing, ~~[through the services of the school nurse,]~~ first-aid care for students in case of accident or sudden illness; and
5. Providing adequate supervision on the grounds when they are used by students **during established school hours** or school-sponsored activities.

~~In addition, s~~ School personnel will be concerned about ~~and~~ school safety issues, including but not limited to, safety issues in or on school property and awareness of ~~suspicious strangers~~ persons loitering in or near school buildings or sitting in parked vehicles nearby. Staff shall report all such instances to the principal [or designee]. The principal [or designee] will notify law enforcement if ~~the~~ circumstances warrant such action.

~~Teachers will instruct students not to accept gifts or vehicle rides from strangers~~ Students will be instructed on personal safety and that of others in accordance with State Health Standards. Students will be instructed to tell or report to teachers, their parents, law enforcement or school security personnel of any ~~suspicious strangers~~ safety concerns.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)

[OAR 581-022-2220](#)

[OAR 581-022-2225](#)

Lincoln County School District

Code: **EBBA**
Adopted: 7/09/02
Revised/Readopted: 6/14/16 (Effective 7/01/16)
Orig. Code(s): EBBA

First Aid**

In cases of sudden illness or injury to a student or staff member, first aid will be given by school staff. Further medical attention to students is the parents' responsibility, or of someone the parents designate in case of emergency.

Each principal is charged with providing for the immediate care of ill or injured persons within his/her area of responsibility.

Staff members shall report self-administered first-aid treatment to an immediate supervisor.

In each school, procedures for handling health emergencies will be established and made known to the staff. Each school and school vehicle will be equipped with appropriate first-aid supplies and equipment. All employees are expected to know where first-aid supplies and equipment are kept in their work areas.

Designated employees in each building shall hold current first-aid cards. In compliance with Oregon Administrative Rules, building administrators will ensure that, at a minimum, there is at least one staff member with a current first-aid card for every 60 students enrolled or an emergency response team per building. Such team shall consist of no less than six persons who hold current first-aid/CPR/AED cards and who are trained annually in the district and building emergency plans. Names of the designated employees will be posted.

END OF POLICY

replace with revised EBBA

Legal Reference(s):

ORS 30.800

OAR 437-002-0377

OAR 581-053-0003(37)

OAR 437-002-0120 to -0139

OAR 581-022-0705

OAR 581-053-0220(3)(B)(iii)

OAR 437-002-0161

OAR 581-022-1420

OAR 581-053-0320(5)(b)

OAR 437-002-0360

OAR 581-022-1440

OAR 581-053-0420(2)(f)(B)

Cross Reference(s):

GBE - Staff Health and Safety

OSBA Model Sample Policy

Code: EBBA
Adopted:

First Aid**

(Recommend delete. Considering recent changes to the health services OAR 581-022-2220, several OSBA model policies have been revised. This content has been revised according to the OAR and reorganized into EBC.)

In cases of sudden illness or injury to a student or staff member, first aid will be given by school staff. Further medical attention for a student is the responsibility of the student's parent(s), or of someone the parent(s) designate in the case of an emergency. Each principal is charged with providing for the immediate care of ill or injured persons within their area of responsibility.

Staff members shall report self-administered first-aid treatment to an immediate supervisor.

In each district facility, procedures for handling health emergencies will be established and made known to staff. Each district facility and district vehicle will be equipped with appropriate first-aid supplies and equipment. All employees are expected to know where first-aid supplies and equipment are kept in their work areas.

Designated employees in each building shall hold current first-aid cards. In compliance with Oregon Administrative Rules, each school shall have, at a minimum, at least one staff member with a current first-aid card for every 60 students enrolled or an emergency response team per building. Such team shall consist of no less than six persons who hold current first-aid/CPR cards and who are trained annually in the district and building emergency plans. Names of the designated employees will be posted.

END OF POLICY

Legal Reference(s):

[ORS 30.800](#)
[OAR 437-002-0042](#)
[OAR 437-002-0120 -0139](#)
[OAR 437-002-0161](#)
[OAR 437-002-0360](#)

[OAR 437-002-0377](#)
[OAR 581-022-2050](#)
[OAR 581-022-2220](#)
[OAR 581-022-2225](#)
[OAR 581-053-0003\(37\)](#)

[OAR 581-053-0220\(3\)\(B\)\(iii\)](#)
[OAR 581-053-0320\(5\)\(b\)](#)
[OAR 581-053-0420\(2\)\(f\)\(B\)](#)

OSBA Model Sample Policy

Code: EBBA-AR
Revised/Reviewed:

*We don't have
anyway,*

First Aid - Infection Control

(Recommend delete in lieu of current OSHA requirements and training standards.)

Health services information about the transmission of diseases including AIDS and HBV¹ focuses on “body fluids” as a possible carrier of organisms that can infect others. The term includes drainage from cuts and scrapes, vomit, urine, feces, respiratory secretions (nasal discharge), saliva, semen and blood. While any contact with the body fluids of another person represents a risk, the level of risk is very low. The risk is increased if the fluid comes in contact with a break in the skin of another individual. Generally, simple, consistent standards and procedures of cleanliness minimize risk.

The following procedures are precautionary measures against the transmission of diseases. Prudent actions are to be employed by all staff and students. These actions should focus primarily on steps that students and staff members can take to ensure their own well-being.

Those who administer first aid, provide physical care or may otherwise incur occupational exposure to blood or other potentially infectious materials as determined by the district will be specifically protected through the district’s Exposure Control Plan.

The following procedures are a review for all staff and students of appropriate hygienic and sanitation practices:

1. Standard precautions are to be followed at all times. Standard precautions require the assumption that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HIV, HBV and/or other bloodborne pathogens;
2. Whenever possible, students should be directed to care for their own minor bleeding injury. This includes encouraging students to apply their own band-aids. If assistance is required, band-aids may be applied after the caregiver removes their gloves, if the caregiver will not come into contact with blood or wound drainage;
3. Food and Drug Administration (FDA) approved gloves are required for all tasks in which an individual may come into contact with blood or other potentially infectious materials. Such tasks include cleaning body fluid spills, emptying trash cans, handling sharps/containers, handling contaminated broken glass, cleaning contaminated equipment and handling contaminated laundry/clothing. This also includes assisting with any minor wound care, treating bloody noses, handling clothes soiled by incontinence, diaper changing and cleaning up vomit;
4. Immediate, complete and effective hand washing with soap and running water of at least 30 seconds duration should follow any first aid or health care given to a student or contact with potentially infectious materials;

¹ HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

5. If exposure to blood or other potentially infectious materials occurs through coughing, any first-aid procedure, or through an open sore or break in the skin, thorough washing, preferably with germicidal soap, is necessary;
6. In the event hand-washing facilities are not readily available, thorough cleaning using an antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes provided by the district as an alternative is necessary. In the event alternatives are used, hands must be washed with soap and running water as soon as feasible;
7. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning. Clean surfaces with soap and water and then rinse with an Environmental Protection Agency (EPA) approved disinfectant^[2] following labeling instructions for use, or a freshly made solution of one part bleach to nine parts water, and allow to air dry. These surfaces include equipment, counters, mats (including those used in physical education classes and athletic events), toys or changing tables;
8. An EPA-approved disinfectant must be used when cleaning fluids such as blood or vomit from the floor or other such contaminated surfaces;
9. Contaminated laundry such as clothing and towels must be placed and transported in bags and containers in accordance with the district's standard precautions. All such items must be laundered in hot or cold water and soap and placed in a dryer;
10. Needles, syringes, broken glassware and other sharp objects found on district property must not be picked up by students at any time, nor by staff without appropriate puncture-proof gloves or mechanical device such as a broom, brush and dust pan. Any such items found must be disposed of in closable puncture resistant, leakproof containers that are appropriately labeled or color-coded;
11. All wastebaskets used to dispose of potentially infectious materials must be lined with a plastic bag liner that is changed daily;
12. Gloves and repellent gowns, aprons or jackets are required for tasks in which exposure to blood or other potentially infectious materials can be reasonably anticipated to contaminate street clothing. Type and characteristics of such protective clothing will depend on the task. Such tasks may include diapering/toileting with gross contamination, assisting with wound care, sorting or bagging contaminated laundry/clothing and disposing of regulated waste with gross contamination;
13. Maximum protection with gloves, face and/or eye protection and gowns is required whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated. Such tasks may include feeding a student with a history of spitting or forceful vomiting and assisting with severe injury and wound with spurting blood;

² [Disinfectants which can be used include Lysol, Purex, Clorox, Tough Act bathroom cleaner, Dow bathroom cleaner, Real Pine liquid cleaner, Pine Sol, Spic and Span, Tackle liquid, Comet and other products with EPA numbers. Other disinfectants as recommended by the Center for Disease Control may be used.]

14. If a first-aid situation occurs, students should report to a person in authority; staff should report to a supervisor.

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 HIV and HBV:

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.

Lincoln County School District

Code: **GBEBA**
Adopted: 7/09/02
Revised/Readopted: 6/14/16 (Effective 7/01/16);
9/10/19
Orig. Code(s): GBEBA

Staff - HIV, AIDS, and HBV

The district will strictly adhere in its policies and procedures, to Oregon Revised Statutes law and Oregon Administrative Rules as they relate to staff infected with HIV, AIDS, or HBV¹.

The district recognizes a staff member has no obligation under any circumstance to report a condition to the district, strict adherence to written guidelines outlined by the staff member shall be followed. These guidelines shall identify who may have the information, who will give the information, how the information will be given, and where and when the information will be given. All such information will be held in confidence in accordance with Oregon law.

Accommodations for an employee infected with HIV, AIDS, or HBV shall be the same as with any other illness.

END OF POLICY

¹ HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

Legal Reference(s):

ORS 243.650

ORS 342.850(8)

ORS 433.008

ORS 433.045

ORS 433.260

OAR 333-017-0000

OAR 333-018-0000

OAR 333-018-0005

OAR 581-022-2220

OSBA Model Sample Policy

Code: **GBEBA**
Adopted: **D**

Staff - HIV, AIDS, and HBV

(Recommend delete: the requirement for this policy was found in OAR 581-022-2220 which has since been revised in lieu of a new requirement for a Communicable Disease Plan.)

The district will strictly adhere in its policies and procedures, to Oregon law and Oregon Administrative Rules as they relate to staff infected with HIV, AIDS, or HBV¹.

The district recognizes a staff member has no obligation under any circumstance to report a condition to the district, and the staff member has a right to continue working. If the staff member reports a condition to the district, strict adherence to written guidelines outlined by the staff member shall be followed. These guidelines shall identify who may have the information, who will give the information, how the information will be given, and where and when the information will be given. All such information will be held in confidence in accordance with Oregon law.

Accommodations for a staff member infected with HIV, AIDS, or HBV shall be the same as with any other illness.

END OF POLICY

Legal Reference(s):

[ORS 243.650](#)
[ORS 342.850\(8\)](#)
[ORS 433.008](#)
[ORS 433.045](#)

[ORS 433.260](#)
[OAR 333-017-0000](#)
[OAR 333-018-0000](#)

[OAR 333-018-0005](#)
[OAR 581-022-2220](#)

T

E

¹ HIV - Human Immunodeficiency Virus; AIDS - Acquired Immune Deficiency Syndrome; HBV - Hepatitis B Virus

Lincoln County School District

Code: **JHCC**
Adopted: 7/08/08
Revised/Readopted: 6/14/16 (Effective 7/01/16);
6/12/18; 10/13/20
Orig. Code(s): JHCC

Communicable Diseases - Students

The district shall provide reasonable protection against the risk of exposure to communicable disease for students. Reasonable protection from communicable disease is generally attained through immunization, exclusion or other measures as provided by Oregon law, by the local health department or in the Communicable Disease Guidance published by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA). Services will be provided to students as required by law.

A student will not attend school while in a communicable stage of a restrictable disease or when an administrator has reason to suspect that any susceptible student has or has been exposed to any disease for which the student is required to be excluded in accordance with law and per administrative regulation JHCC-AR - Communicable Diseases – Students. If the disease is a reportable disease, the administrator will report the occurrence to the local health department. The administrator will also take whatever reasonable steps it considers necessary to organize and operate its programs in a way which both furthers the education and protects the health of students and others.

The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting.

The district will include, as a part of its emergency plan, a description of the actions to be taken by district personnel in the case of a declared public health emergency or other catastrophe that disrupts district operations.

The district shall protect the confidentiality of each student's health condition and record to the extent possible and consistent with federal and state law. In cases when a restrictable or reportable disease is diagnosed and confirmed for a student, the administrator shall inform the appropriate employees with a legitimate educational interest to protect against the risk of exposure.

The superintendent will develop administrative regulations necessary to implement this policy.

END OF POLICY

OSBA Model Sample Policy

Code: JHCC
Adopted: D

Communicable Diseases - Students

(Recommend delete: the requirement for this policy was found in OAR 581-022-2220, which has since been revised and requirement removed in lieu of a new requirement for a Communicable Disease Plan. Refer to policy GBEB and GBEB-AR.)

The district shall provide reasonable protection against the risk of exposure to communicable disease for students. Reasonable protection from communicable disease is generally attained through immunization, exclusion or other measures as provided by Oregon law, by the local health department or in the *Communicable Disease Guidance* published by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA). Services will be provided to students as required by law. A student will not attend school while in a communicable stage of a restrictable disease or when an administrator has reason to suspect that any susceptible student has or has been exposed to any disease for which the student is required to be excluded in accordance with law and per administrative regulation JHCC-AR - Communicable Diseases - Students. If the disease is a reportable disease, the administrator will report the occurrence to the local health department. The administrator will also take whatever reasonable steps it considers necessary to organize and operate its programs in a way which both furthers the education and protects the health of students and others.

The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting.

The district will include, as a part of its emergency plan, a description of the actions to be taken by district personnel in the case of a declared public health emergency or other catastrophe that disrupts district operations.

The district shall protect the confidentiality of each student's health condition and record to the extent possible and consistent with federal and state law. In cases when a restrictable or reportable disease is diagnosed and confirmed for a student, the administrator shall inform the appropriate employees with a legitimate educational interest to protect against the risk of exposure.

The superintendent will develop administrative regulations necessary to implement this policy.

END OF POLICY

Legal Reference(s):

[ORS 431.150 - 431.157](#)
[ORS 433.001 - 433.526](#)
[OAR 333-018](#)

[OAR 333-019-0010](#)
[OAR 333-019-0014](#)
[OAR 437-002-0360](#)

[OAR 437-002-0377](#)
[OAR 581-022-2220](#)

OREGON DEPARTMENT OF EDUCATION and OREGON HEALTH AUTHORITY, *Communicable Disease Guidance* (2020).
Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

Student Health Services and Requirements

Although the district's primary responsibility is to educate students, the students' health and general welfare is also a major Board concern. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices.

The nurse(s) employed by the district shall be licensed to practice as a registered nurse or nurse practitioner in Oregon and will function as an integral member of the instructional staff, serving as a resource person to teachers in securing appropriate information and materials on health-related topics.

The district shall provide:

1. One registered nurse or school nurse for every 125 medically fragile students;
2. One registered nurse or school nurse or one licensed practical nurse under the supervision of a registered nurse or school nurse for each nursing-dependent student; and
3. One registered nurse or school nurse for every 225 medically complex students.

The district may use the most cost effective means available to meet the above requirements.

The district shall maintain a prevention-oriented health services program, which provides:

1. Pertinent health information on the students, as required by Oregon statutes or rules;
2. Health appraisal to include screening for possible vision or hearing problems;
3. Health counseling for students and parents, when appropriate;
4. Health care and first-aid assistance that are appropriately supervised and isolates the sick or injured child from the student body;
5. Control and prevention of communicable diseases as required by Oregon Department of Human Services, Health Services, and the county health department;
6. Assistance for students in taking prescription and/or nonprescription medication according to established district procedures;
7. Services for students who are medically fragile or have special health care needs;

OSBA Model Sample Policy

Code: JHC
Adopted:

Student Health Services and Requirements**

*(Delete in lieu of new board policy using code EBBA - Student Health Services**)*

Although the district's primary responsibility is to educate students, the students' health and general welfare is also an important Board responsibility. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices.

[The district shall staff nursing services appropriate for students with medical needs and prevention-oriented health services per applicable requirements of Oregon Revised Statutes (ORS) 336.201 and Oregon Administrative Rule (OAR) 581-022-2220.]

The district shall provide:

1. One registered nurse or school nurse for every 125 medically fragile students;
2. One registered nurse or school nurse or one licensed practical nurse under the supervision of a registered nurse or school nurse for each nursing-dependent student; and
3. One registered nurse or school nurse for every 225 medically complex students.

The district may use the most cost effective means available to meet the above requirements.

[The nurse(s) employed by the district shall be licensed to practice as a registered nurse or nurse practitioner in Oregon and will function as an integral member of the instructional staff, serving as a resource person to teachers in securing appropriate information and materials on health-related topics.]

[Any nurse(s) providing services on behalf of the district shall follow all applicable requirements of ORS Chapter 678 and OAR Chapter 851. This includes, but is not limited to, delegation in accordance with OAR 851-047, which includes performing a nursing assessment of the patient prior to delegation, providing adequate supervision during the delegation, and evaluating the skills, ability and willingness of the delegee.¹]

The district shall maintain a prevention-oriented health services program which provides:

1. Pertinent health information on the students, as required by Oregon statutes or rules;
2. Health appraisal to include screening for possible vision or hearing problems;
3. Health counseling for students and parents, when appropriate;

¹ For additional delegation requirements, see OAR [851-047-0030](#).

4. Health care and first-aid assistance that are appropriately supervised and isolate the sick or injured child from the student body;
5. Control and prevention of communicable diseases as required by Oregon Health Authority, Public Health Division, and the county health department;
6. Assistance for students in taking prescription and/or nonprescription medication according to established district procedures;
7. Services for students who are medically fragile or have special health care needs;
8. Integration of school health services with school health education programs.

The Board directs its district health staff to coordinate with health personnel from other public agencies in matters pertaining to health instruction or the general health of students and employees.

In accordance with the requirements of federal law, the district recognizes its responsibility to notify parents in advance of any nonemergency, invasive physical examination² or screening that is required as condition of attendance; administered and scheduled by the school in advance; and not necessary to protect the immediate health and safety of the student, or of other students. Notification will be provided at least annually at the beginning of the school year or when enrolling students for the first time in school and will include the specific or approximate dates during the school year when such activities are scheduled or expected to be scheduled.

Procedures shall be developed and implemented to carry out this policy. All district employees will be apprised of their responsibilities in this area. Parents shall have the opportunity to request their students be exempt from participation in vision or hearing screening. The district will abide by those requests.

END OF POLICY

Legal Reference(s):

[ORS 329.025](#)
[ORS 336.201](#)

[ORS 336.211](#)
[OAR 581-022-2050](#)

[OAR 581-022-2220](#)
[OAR 581-022-2225](#)

Protection of Pupil Rights, 20 U.S.C. § 1232h (2018); Student Rights in Research, Experimental Programs and Testing, 34 C.F.R. Part 98 (2022).

Every Student Succeeds Act, 20 U.S.C. § 7928 (2018).

Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (2018).

² The term “invasive physical examination,” as defined by law, means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision or scoliosis screening. The term does not include any physical examination or screening that is permitted or required by state law, including physical examinations or screenings that are permitted without parental notification.

Lincoln County School District

Code: **JHCCA**
Adopted: 7/09/02
Revised/Readopted: 6/14/16 (Effective 7/01/16)
Orig. Code(s): JHCCA

Students - HIV, HBV and AIDS**

The district will adhere strictly in policies and procedures to the Oregon Revised Statutes and the Oregon Administrative Rules as they relate to a student infected with HIV or HBV or diagnosed with AIDS¹.

The district recognizes a parent (student) has no obligation to inform the district of an HIV, HBV or AIDS condition and that the student has a right to attend school. If the district is informed of such a student, written guidelines shall be requested of the parent (student). These guidelines shall include who may have the information, who will give the information, how the information will be given and where and when the information will be given.

When informed of the infection, and with written permission from the parent (student), the district will develop procedures for formulating an evaluation team. The team shall address the nature, duration and severity of risk as well as any modification of activities. The team shall continue to monitor the student's condition.

Notification of alternative educational programs shall be made to the parent or eligible student, if an HIV, HBV or AIDS student withdraws from school.

END OF POLICY

Legal Reference(s):

ORS 326.565
ORS 326.575
ORS 332.061
ORS 336.187
ORS 339.030

ORS 339.250
ORS 433.008
ORS 433.045

OAR 333-018-0000
OAR 333-018-0005
OAR 581-022-0705
OAR 581-022-1660

OREGON SCHOOL HEALTH SERVICES MANUAL: COMMUNICABLE DISEASES APPENDIX IV. GUIDELINES FOR SCHOOLS WITH CHILDREN WHO HAVE BLOODBORNE PATHOGENS, OREGON DEPARTMENT OF EDUCATION 2012.

¹HIV - Human Immunodeficiency Virus; HBV - Hepatitis B Virus; AIDS - Acquired Immune Deficiency Syndrome

OSBA Model Sample Policy

Code: JHCCA
Adopted: **D**

Students - HIV, HBV and AIDS**

(Recommend delete: the requirement for this policy was found in OAR 581-022-2220, which has since been revised in lieu of a new requirement for a Communicable Disease Plan.)

The district will adhere strictly in policies and procedures to the Oregon Revised Statutes and the Oregon Administrative Rules as they relate to a student infected with HIV or HBV or diagnosed with AIDS¹.

The district recognizes a parent (student) has no obligation to inform the district of an HIV, HBV or AIDS condition, and that the student has a right to attend school. If the district is informed of such a student, written guidelines shall be requested of the parent (student). These guidelines shall include who may have the information, who will give the information, how the information will be given and where and when the information will be given.

When informed of the infection, and with written permission from the parent (student), the district will develop procedures for formulating an evaluation team. The team shall address the nature, duration and severity of risk as well as any modification of activities. The team shall continue to monitor the student's condition. The district will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

Notification of alternative education programs shall be made to the parent or eligible student, if an HIV, HBV or AIDS student withdraws from school.

[The district may also develop procedures for rumor control, infection control, student accommodations and public relations/media.]

END OF POLICY

Legal Reference(s):

[ORS 326.565](#)
[ORS 326.575](#)
[ORS 332.061](#)
[ORS 336.187](#)
[ORS 336.615 to -336.665](#)

[ORS 339.030](#)
[ORS 339.250](#)
[ORS 433.008](#)
[ORS 433.045](#)
[OAR 333-018-0000](#)

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[OAR 333-018-0005](#)
[OAR 581-022-2060](#)
[OAR 581-022-2220](#)

OREGON DEPARTMENT OF EDUCATION and OREGON HEALTH AUTHORITY, *Communicable Disease Guidance* (2017).
Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2012); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2017).

¹ HIV - Human Immunodeficiency Virus; HBV - Hepatitis B Virus; AIDS - Acquired Immune Deficiency Syndrome

Lincoln County School District

Code: **EBBB**
Adopted: 6/14/16 (Effective 7/01/16)
Readopted: 2/13/18

Injury/Illness Reports

All injuries/illnesses, sustained by the employee while in the actual performance of the duty of the employee, occurring on district premises, in district vehicles, at a district-sponsored activity or involving staff members who may be elsewhere on district business will be reported immediately to a supervisor. All accidents involving students, visiting public or district property will be reported immediately to a supervisor.

A written report will be submitted within 24 hours to the safety officer or designee. Reports will cover property damage as well as personal injury.

In the event of a work-related¹ illness or injury to an employee resulting in overnight hospitalization for medical treatment² other than first aid, the safety officer or designee shall inform the Oregon Occupational Safety and Health Division (OR-OSHA). This report will be made within 24 hours after notification to the district of an illness or injury. Fatalities or catastrophes³ shall be reported to OSHA within eight hours.

ALL injuries/illnesses sustained by an employee, while in the actual performance of the duty of the employee or by a student or visiting public will be promptly investigated. As a result of the investigation any corrective measures needed will be acted upon.

The district safety officer or designee will maintain records on serious injuries/illnesses, including accidents involving district property or employees, students or visiting publics, and periodic statistical reports on the number and types of injuries/illnesses occurring in the district, as well as on the measures being taken to prevent such injuries/illnesses in the future.

The records will include monthly reporting information and an analysis of the data and trends will be conducted at least annually. Such reports will be submitted to the superintendent for review annually.

END OF POLICY

¹An injury or illness is work related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition.

²Medical treatment includes managing or caring for a patient for the purpose of combatting disease or disorder. The following are not considered medical treatment: visits to a doctor or health care professional solely for observation or counseling; diagnostic procedures including administering prescription medications used solely for diagnostic purposes; and any procedure that can be labeled first aid.

³A "catastrophe" is an accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility.

OSBA Model Sample Policy

Code: EBBB
Adopted:

Injury/ or Illness Reports

{This policy was originally released with the April 2024 Policy Update. Following that release, OSBA determined that a correction was necessary. This correction was made in May 2024 and this policy was re-released. This version includes the correction. Required policy. ORS 339.309 requires a district school board establish policy for reporting incidents, e.g., injury.}

All injuries/ or illnesses¹, sustained by the employee while in the actual performance of the duty of the employee, occurring on district premises, in district vehicles, at a district-sponsored activity or involving staff members who may be elsewhere on district business will be reported immediately to a supervisor. [Staff members will report self-administered first-aid² treatment to an immediate supervisor.] All accidents involving employees, students, visiting public or district property will be reported immediately to a supervisor.

A written report will be submitted within 24 hours to the district's safety officer. Reports will cover property damage as well as personal injury.

In the event of a work-related³ illness or injury to an employee resulting in ~~overnight~~ in-patient hospitalization ~~for medical treatment~~⁴ ~~other than first aid~~, loss of an eye, amputation or avulsion⁵, the district safety officer shall report the incident to the Oregon Occupational Safety and Health Division (OR-OSHA). ~~This report will be made~~ within 24 hours after notification to the district of an illness or injury. Fatalities or catastrophes⁶ shall be reported⁷ to OSHA within eight hours.

ALL injuries or /illnesses sustained by an employee, while in the actual performance of the duty of the employee or by a student or visiting public and accidents involving district property, employees, students

¹ The Oregon Occupational Safety and Health Division provides: "Injury or illness" means an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, skin disease, respiratory disorder, or poisoning (record injuries and illnesses only if they are new, work-related cases that meet one or more of the recording criteria). (OAR 437-001-0015(39))

² For employees, "first aid" means any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, or similar injuries that do not ordinarily require medical care. Such one-time treatment and subsequent observation is considered first aid even though it is provided by a physician or registered professional personnel. (OAR 437-001-0015(34))

³ An injury or illness is work related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a preexisting ~~condition~~injury or illness. (OAR 437-001-0700(6))

⁴ ~~"Medical treatment" includes managing or caring foris the management or care of a patient for the purpose ofto combatting disease or disorder. The following are not considered medical treatment: visits to a doctor physician or other licensed health care professional solely for observation or counseling; diagnostic procedures, such as x-rays and blood tests, including administering prescription medications used solely for diagnostic purposes; and or any procedure that can be labeled first aid according to OAR 437-001-0700(8)(d)(A)(iii).~~

⁵ Amputations and avulsions are only required to be reported if they result in bone loss. (OAR 437-001-0704(4))

⁶ ~~A~~ "eCatastrophe" is an accident in which two or more employees are fatally injured, or three or more employees are admitted to a hospital or an equivalent medical facility. (OAR 437-001-0015(11))

⁷ Reporting must be done in person or by telephone. (OAR 437-001-0704(3))

or visiting public will be promptly investigated. As a result of the investigation any corrective measures needed will be acted upon.

The district safety officer will maintain records ~~and reports on serious~~ on injuries⁸, illnesses, ~~including~~ and accidents involving district property, ~~or~~ employees, students or visiting publics, ~~and periodic statistical reports on the number and types of injuries/illnesses occurring in the district, as well as on the measures being taken to prevent such injuries/illnesses in the future.~~

~~The records will include monthly reporting information and an analysis of the data and trends will be conducted at least annually.~~ These records will include prevention measures taken, reporting information, periodic statistical reports on the number and types of injuries, illnesses and accidents occurring in the district, and monthly and annual analyses of accident data. Such reports will be submitted to the [superintendent] [Board] ~~for review [annually⁸].~~

END OF POLICY

Legal Reference(s):

[ORS 339.309](#)

[OAR 437-001-0700](#)

[OAR 437-002-0360](#)

[OAR 437-001-0704](#)

[OAR 437-002-0377](#)

[OAR 437-001-0015](#)

[OAR 437-001-0760](#)

[OAR 581-022-2225](#)

⁸ ~~[Annual reporting is required, but may occur more often.]~~

Communicable Diseases - Student

In accordance with state law, administrative rule, the local health authority and the *Communicable Disease Guidance*, the procedures established below will be followed.

1. "Restrictable diseases" are defined by rule and include but are not limited to COVID-19¹, 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 person poses an unusually high risk to others (e.g., a child that exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public's health. A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by the local public health administrator, after determining that it poses a danger to the public's health.
2. "Susceptible" for a child means lacking documentation of immunization required under OAR 333-050-0050.
3. "Reportable diseases" means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health

Restrictable Diseases

1. A student of the district will not attend a district school or facility while in a communicable stage of a restrictable disease, including a communicable stage of COVID-19², unless authorized to do so under Oregon law. When an administrator has reason to suspect any child has a restrictable disease, the administrator shall send the student home.
2. An administrator shall exclude a susceptible child from school if the administrator has reason to suspect that the student has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines that exclusion is not necessary to protect the public's health. The administrator may request the local health officer to make a determination as allowed by law. If the disease is reportable, the administrator will report the occurrence to the local health department.

¹ Added per OAR 333-019-1000(2).

² "Communicable stage of COVID-19" means having a positive presumptive or confirmed test of COVID-19.

2. The administrator or designee shall, utilizing information obtained above, determine an educational program for such a student and implement the program in an appropriate (i.e., regular or alternative) setting.
3. The administrator or designee shall review the appropriateness of the educational program and the educational setting of each individual student diagnosed with a restrictable disease.

Equipment and Training

1. The administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.
2. The administrator or designee shall consult with the district's school nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.
3. All district personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA). (*See* policy EBBAA).

OSBA Model Sample Policy

Code: JHCC-AR
Adopted:

Communicable Diseases – Student

(Recommend delete: the requirement for this AR was found in OAR 581-022-2220, which has since been revised and requirement removed in lieu of a new requirement for a Communicable Disease Plan.)

In accordance with state law, administrative rule, the local health authority and the *Communicable Disease Guidance*, the procedures established below will be followed.

1. “Restrictable diseases” are defined by rule and include but are not limited to COVID-19¹, 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 person poses an unusually high risk to others (e.g., a child that exhibits uncontrollable biting or spitting). Restrictable disease also includes any other communicable disease identified in an order issued by the Oregon Health Authority or the local public health officer as posing a danger to the public’s health. A disease is considered to be a restrictable disease if it is listed in Oregon Administrative Rule (OAR) 333-019-0010, or it has been designated to be a restrictable disease by the local public health administrator after determining that it poses a danger to the public’s health.
2. “Susceptible” for a child means lacking documentation of immunization required under OAR 333-050-0050.
3. “Reportable disease” means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health.

Restrictable Diseases

1. A student of the district will not attend a district school or facility while in a communicable stage of a restrictable disease, including a communicable stage of COVID-19², unless authorized to do so under Oregon law. When an administrator has reason to suspect any child has a restrictable disease, the administrator shall send the student home.
2. An administrator shall exclude a susceptible child from school if the administrator has reason to suspect that the student has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines that exclusion is not necessary to protect the public’s health. The administrator may request the local health officer to make a determination as allowed by law. If the disease is reportable, the administrator will report the occurrence to the local health department.

¹ Added per OAR 333-019-1000(2).

² “Communicable stage of COVID-19” means having a positive presumptive or confirmed test of COVID-19.

3. An administrator shall exclude a student if the administrator has been notified by a local public health administrator or local public health officer that the student has had a substantial exposure to an individual with COVID-19 and exclusion is deemed necessary by same.
4. A student will be excluded in such instances until such time as the student or the parent or guardian of the student presents a certificate from a physician, a physician assistant licensed under Oregon Revised Statute (ORS) 677.505 - 677.525, a nurse practitioner licensed under ORS 678.375 - 678.390, local health department nurse or school nurse stating that the student does not have or is not a carrier of any restrictable diseases.
5. The district may, for the protection of both the student who has a restrictable disease and the exposed student, provide an educational program in an alternative setting. A student may remain in an alternative educational setting until such time as a certificate from a physician, physician assistant, nurse practitioner, local health department nurse or school nurse states that the student does not have or is not a carrier of any restrictable disease, or until such time as a local public health administrator states that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission. A restrictable disease exclusion for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea or vomiting may be removed by a school nurse or health care provider.
6. More stringent exclusion standards for students from school may be adopted by the local health department.
7. The district's emergency preparedness plan shall address the district's plan with respect to a declared public health emergency at the local or state level.

Reportable Diseases Notification

1. All employees shall comply with all reporting measures adopted by the district and with all rules set forth by the Oregon Health Authority, Public Health Division and the local health department.
2. An administrator may seek confirmation and assistance from the local health officer to determine the appropriate district response when the administrator is notified that a student or an employee has been exposed to a restrictable disease that is also a reportable disease.
3. An administrator shall determine other persons who may be informed of a student's communicable disease when a legitimate educational interest exists or for health and safety reasons in accordance with law.

Education

1. The administrator or designee shall seek information from the district's school nurse or other appropriate health officials regarding the health needs/hazards of all students and the impact on the educational needs of a student diagnosed with a restrictable disease or exposed to a restrictable disease.
2. The administrator or designee shall, utilizing information obtained above, determine an educational program for such a student and implement the program in an appropriate (i.e., regular or alternative) setting.

3. The administrator or designee shall review the appropriateness of the educational program and the educational setting of each individual student diagnosed with a restrictable disease.

Equipment and Training

1. The administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.
2. The administrator or designee shall consult with the district's school nurse or other appropriate health officials to provide special training in the methods of protection from disease transmission.
3. All district personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure per the Occupational Safety and Health Administration (OSHA). [(See policy EBBAA).]

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HEALTH SERVICES

Summary

The State Board of Education adopted revisions to Oregon Administrative Rule (OAR) 581-022-2220 on health services. The changes result in a requirement to develop “a written prevention-oriented health services plan for all students” (OAR 581-022-2220(1)). The plan requirements include a variety of topics, including but not limited to, plan for health care space, communicable disease prevention, communication strategies, health screenings, and hearing, vision and dental screenings.

As a result of these changes there is a list of policies and administrative regulations (AR’s), included herein, which have been revised. Recommendations may include to delete or rescind policy or AR, recoding, and reassigning some policy content to a new section or policy of the policy manual.

The entire rule can be accessed here: [OAR 581-022-2220](#). Reach out to the Oregon Department of Education with additional questions regarding plan requirements and/or implementation.

ODE [resources](#) and [School Health Services](#) include tools to support some requirements.

Collective Bargaining Impact

Review any terms and conditions of an applicable agreement.

Local District Responsibility

Review the recommendations regarding board policy changes and make decisions regarding same. Any policy revisions or recommendation to rescind a policy should be submitted to the board for action. An AR may be submitted to the board for review for either removing or keeping and revising as recommended.

Policy(ies) and ARs Impacted by these Revisions

EBBA – First Aid**, Delete

EBBA – Student Health Services**, Highly Recommended, *New*

EBBA-AR – First Aid - Infection Control, Delete

EBBAA – Infection Control and Bloodborne Pathogens, Optional

EBBB – Injury or Illness Reports, Required

GBEB – Communicable Diseases in Schools, Highly Recommended

GBEB-AR – Communicable Diseases in Schools, Highly Recommended

GBEBA – Staff – HIV, AIDS, and HBV, Delete

JH – Student Welfare**, Optional

JHC – Student Health Services and Requirements**, Delete (in lieu of new EBBA)

JHCA/JHCB – Immunization and School Sports Participation**, Highly Recommended

JHCC – Communicable Diseases - Students, Delete

JHCC-AR – Communicable Diseases - Students, Delete

JHCCA – Students - HIV, HBV and AIDS**, Delete

Weapons in Schools - Staff

Employees, district contractors ~~and/or~~ ^{or replicas,} their employees and district volunteers shall not possess a dangerous or deadly weapon ^{or} firearm on district property or at school-sponsored events. This prohibition includes those who may otherwise be permitted by law to carry such weapons.

For purposes of this policy, and as defined by state and federal law, weapon includes:

1. "Dangerous weapon" - any weapon, device, instrument, material or substance, which under the circumstances in which it is used, attempted to be used or threatened to be used is readily capable of causing death or serious physical injury;
2. "Deadly weapon" - any instrument, article or substance specifically designed for and presently capable of causing death or serious physical injury;
3. "Firearm" - any weapon (including a starter gun) which will or is designed to or may readily be converted to expel a projectile by the action of an explosive, frame or receiver of any such weapon, any firearm silencer or any other destructive device including any explosive, incendiary or poisonous gas.

Weapons under the control of law enforcement personnel are permitted. The superintendent may authorize staff to possess weapons for courses, programs and activities approved by the district and conducted on district property including, but not limited to, hunter safety courses, weapons-related vocational courses or weapons-related sports. In specific cases, with prior and specific authorization from, and under the supervision of, a district administrator, staff may bring weapons to school that are of a historical nature.

The superintendent will ensure notice of this policy is provided.

Employees in violation of this policy will be subject to discipline up to and including dismissal. Individuals contracting with the district and volunteers will be subject to appropriate sanctions. A referral to law enforcement may be made.

END OF POLICY

Legal Reference(s):

ORS 161.015
ORS 166.210 to -166.370
ORS 332.107

Gun-Free School Zones Act of 1990, 18 U.S.C. §§ 921(a)(25)-(26), 922(q) (2006).
Doe v. Medford Sch. Dist. 549C, 232 Or. App. 38, 221 P3d 787 (2009).