

Communicable Disease Guidance

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/wscc/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**
 - 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.

Biện Pháp Kiểm Soát Bệnh Truyền Nhiễm – Hướng Dẫn Ngoại Trừ

Phần 2: HƯỚNG DẪN ĐƠN GIẢN: THƯ MẪU CHO CỘNG ĐỒNG TRƯỜNG HỌC

BẮT ĐẦU THƯ TRANG 1

Kính thưa Phụ Huynh/Người Giám Hộ:

KHÔNG ĐỂ HỌC SINH BỊ BỆNH ĐẾN TRƯỜNG.

Vui lòng gọi cho văn phòng trường học để thông báo cho chúng tôi nếu học sinh của quý vị bị bệnh. Ở ở mặt sau trang này đưa ra ví dụ khi học sinh của quý vị không nên đến trường.

Nếu các triệu chứng của học sinh liên quan đến tình trạng mãn tính, hãy liên lạc với nhà trường và theo chính sách nhà trường để quản lý tình trạng mãn tính.

Vui lòng liên lạc với nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị về bệnh nghiêm trọng, bao gồm sốt từ 103°F trở lên. Nếu quý vị cần trợ giúp tìm một nhà cung cấp dịch vụ chăm sóc sức khỏe, quý vị có thể liên lạc với sở y tế địa phương của quý vị.

Thông báo cho nhân viên nhà trường nếu học sinh của quý vị cần thuốc trong giờ học. Tuân theo các quy định của nhà trường về thuốc tại trường học. Trừ khi có hướng dẫn khác, nếu bệnh của học sinh đòi hỏi việc dùng thuốc trụ sinh, học sinh phải dùng thuốc trụ sinh trong vòng 24 tiếng trước khi quay lại trường. Thuốc trụ sinh không hiệu quả đối với các bệnh do vi-rút gây ra.

Để giúp bảo vệ tất cả học sinh, vui lòng thông báo cho nhà trường nếu con quý vị được chẩn đoán mắc các bệnh này: *thủy đậu, COVID-19, bạch hầu, tiêu chảy E. coli, viêm gan, sởi, quai bị, ho gà, rubella, nhiễm khuẩn Salmonella, ghẻ, nhiễm khuẩn Shigella, bệnh lao, hoặc một bệnh khác theo yêu cầu*. Trường sẽ bảo vệ thông tin cá nhân của quý vị theo yêu cầu của pháp luật. [OAR 333-019-0010]

Với sự đồng ý, y tá nhà trường có thể tham khảo ý kiến bác sĩ của quý vị về sức khỏe của học sinh để giữ cho học sinh của quý vị an toàn, khỏe mạnh và sẵn sàng học tập.

KẾT THÚC THƯ TRANG 1

Khi Nào Tôi Nên Để Học Sinh Ở Nhà?

CHÚ Ý: Đây là những hướng dẫn của nhà trường, không phải tư vấn y tế. Vui lòng liên lạc với bác sĩ của quý vị nếu có lo ngại về sức khỏe.

Triệu Chứng hoặc Bệnh của Học Sinh	Học Sinh Có Thể Trở Lại Trường Khi*
Sốt: nhiệt độ ở miệng lớn hơn 100.4 độ	Không sốt trong ít nhất 72 tiếng mà không cần sử dụng thuốc giảm sốt.
Phát ban ở da hoặc lở loét	Đã hết phát ban; lở loét khô hoặc có thể được che phủ hoàn toàn bằng băng cá nhân; hoặc theo yêu cầu mà bác sĩ đưa ra cho y tá nhà trường.
Mới bị bệnh Ho	Nói chung, khi không có triệu chứng trong 72 tiếng. Nếu được chẩn đoán ho gà, sau khi dùng hết thuốc trị sinh theo toa trong 5 ngày, hoặc khi cơ quan y tế công cộng địa phương cho phép trở lại trường học. Nếu được chẩn đoán nhiễm COVID-19, theo yêu cầu của cơ quan y tế công cộng địa phương.
Tiêu chảy: 3 lần đi phân lỏng hoặc tiêu chảy trong một ngày HOẶC không thể kiểm soát việc đi cầu mới đây	Không có triệu chứng trong 48 tiếng.
Nôn mửa	Không có triệu chứng trong 48 tiếng.
Đau đầu kèm theo cổ cứng và sốt; HOẶC kèm theo chấn thương đầu gần đây	Không có triệu chứng hoặc theo yêu cầu mà bác sĩ đưa ra cho y tá nhà trường.
Vàng da: màu vàng trong mắt hoặc da (mới bị)	Sau khi theo yêu cầu mà bác sĩ hoặc cơ quan y tế công cộng địa phương đưa ra cho y tá nhà trường.
Mắt đỏ hoặc chảy dịch ở mắt: dịch chảy ra từ mắt có màu vàng hoặc nâu	Đã hết đỏ mắt và chảy dịch HOẶC theo yêu cầu mà bác sĩ đưa ra cho y tá nhà trường.
Hành động khác lạ mà không có lý do: buồn ngủ hoặc gất gỏng bất thường HOẶC hành động khác lạ sau khi bị chấn thương đầu	Sau khi hành vi trở lại bình thường HOẶC theo yêu cầu mà bác sĩ đưa ra cho y tá nhà trường.
Sự kiện y tế quan trọng , như phẫu thuật HOẶC bệnh kéo dài từ 2 tuần trở lên	Sau khi theo yêu cầu mà bác sĩ đưa ra cho y tá nhà trường.
Tình trạng sức khỏe của học sinh cần được chăm sóc nhiều hơn so với việc chăm sóc một cách an toàn của nhân viên nhà trường	Sau khi có sẵn các biện pháp cho sự an toàn của học sinh.

Để thông báo cho trường về bệnh của học sinh, vui lòng gọi_____.

Để liên lạc với y tá nhà trường hoặc văn phòng y tế, vui lòng gọi_____ hoặc email_____.

KẾT THÚC THƯ TRANG 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
AIDS (Acquired Immune Deficiency Syndrome) <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><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information</p> <p><u>Report:</u> YES – call CD coordinator at Local Health Department</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with potentially infectious blood to broken skin, mucous membranes or through puncture wounds <p><u>Communicable:</u></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)
ATHLETE’S FOOT <ul style="list-style-type: none"> Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet 	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infectious areas Indirect contact with infected articles <p><u>Communicable:</u></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
BOILS – (See Also STAPH SKIN INFECTION) <ul style="list-style-type: none"> Large pimple-like sore, swollen, red, tender maybe crusted or draining Headache, fever maybe present 	<p><u>Exclude:</u> Exclusion status may vary according to the state of the lesion in question. Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider permission, or lesion is dry and crusted with no drainage</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with drainage from sores or nasal secretions from carrier Indirect contact with infected articles <p><u>Communicable:</u></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
CHICKENPOX (Varicella) <ul style="list-style-type: none"> Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters, scab over 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears)</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></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><u>Communicable:</u></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
CMV (Cytomegalovirus) <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><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct mucosal contact with infected tissues, secretions and excretions (urine, saliva, breast milk, cervical secretion and semen) Indirect contact with infected articles <p><u>Communicable:</u></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.
COMMON COLD (Upper Respiratory Infection) <ul style="list-style-type: none"> Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions Droplets from coughing or sneezing Indirect contact with infected articles <p><u>Communicable:</u></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
DIARRHEAL DISEASES <ul style="list-style-type: none"> Loose, frequent stools, sometimes with pus or blood Vomiting, headaches, abdominal cramping or fever may be present 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> Exclude students with acute diarrhea; see to Exclusion Guidelines on pages 10-11.</p> <p><u>Report:</u> Not usually; depends on diagnosis; Report cluster outbreaks to local health department.</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with feces Consumption of water or food contaminated with feces <p><u>Communicable:</u></p> <ul style="list-style-type: none"> 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
FIFTH DISEASE <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><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider permission or when no rash or signs of illness are present</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Droplets from coughing or sneezing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> 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 latest recommendation for pregnant females exposed in school outbreak situations
HAND, FOOT & MOUTH DISEASE <ul style="list-style-type: none"> Sudden onset fever, sore throat and lesions in mouth Blistered lesions on palm, fingers and soles 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider permission or when blisters are gone</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with nose and throat discharges or feces <p><u>Communicable:</u></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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
HEAD LICE <ul style="list-style-type: none"> Itching of scalp Lice or nits (small grayish brown eggs) in the hair <p>*See additional ODE guidance document on Head Lice</p>	<p><u>Exclude:</u> If required by school policy</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infected person Indirect contact with infected articles (rarely) <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Only when live bugs present 	<ul style="list-style-type: none"> Refer to CDC guidance on head lice. Check siblings/close contacts for symptoms Avoid sharing/touching clothing, head gear, combs/brushes Contact school nurse or local medical provider for further treatment information.
HEPATITIS A <ul style="list-style-type: none"> Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay-colored stools May have mild or no symptoms 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restricted:</u> May attend only with local health department permission.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with feces Consumption of water or food contaminated with feces <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Two weeks before symptoms until two weeks after onset 	<ul style="list-style-type: none"> Wash hands thoroughly and often No food handling or sharing School restrictions on home prepared foods for parties Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school
HEPATITIS B & C <ul style="list-style-type: none"> Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay-colored stools and jaundice 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> One month prior to symptoms to 4 to 6 months or longer after jaundice Some individuals have no symptoms but can transmit the disease. 	<ul style="list-style-type: none"> Strict adherence to standard precautions when handling body fluids Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the health consultant. Immunization required for Hepatitis B - see website for current information: Immunization Requirements for School and Child Care Getting Immunized

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
HIV Disease (Human Immunodeficiency Virus Disease) <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><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Blood getting under the skin (e.g., through needles); or through sexual contact Some individuals have no symptoms but can spread the disease. <p><u>Communicable:</u></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.
IMPETIGO (See also Staph Skin Infections) <ul style="list-style-type: none"> Blister-like sores (often around the mouth and nose), crusted, draining and “itching” 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider permission, or when lesions are dry and crusted with no drainage.</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with drainage from sores <p><u>Communicable:</u></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.
INFLUENZA (flu) <ul style="list-style-type: none"> Abrupt onset, fever chills, headache, muscle aches, cough 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> NO</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Droplets from coughing or sneezing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness 	<ul style="list-style-type: none"> Vaccination: recommended annually for all persons ≥ 6 months of age Wash hands thoroughly and often Cover mouth/nose when coughing or sneezing Encourage appropriate disposal of used tissues See website for up-to-date information: http://flu.oregon.gov/Pages/Learn.aspx

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
MEASLES <ul style="list-style-type: none"> Fever, eye redness, runny nose, a very harsh cough 3–7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with local health department permission</p> <p><u>Report:</u> YES - Highly Communicable</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Airborne droplets from coughing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> 4 days before rash until 4 days after rash begins 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 Exclude exposed, susceptible persons from school
MENINGOCOCCAL DISEASE <ul style="list-style-type: none"> Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy May have blotchy, purplish, non-blanching rash 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> None necessary. Patients are not contagious after treatment.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions Droplets from coughing or sneezing <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Until bacteria are no longer present in discharges from nose and mouth 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
MONONUCLEOSIS <ul style="list-style-type: none"> Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restrictions:</u> 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><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with saliva <p><u>Communicable:</u></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
MUMPS <ul style="list-style-type: none"> Painful swelling of neck and facial glands, fever and possible abdominal pain 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with local health department permission.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions Droplets from coughing or sneezing <p><u>Communicable:</u></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 from school
PINK EYE (Conjunctivitis) <ul style="list-style-type: none"> Eyes tearing, irritated and red, sensitive to light Eye lids puffy, may have yellow discharge 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider/school nurse permission or symptoms are gone</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infectious saliva or eye secretions Indirect contact with infected articles <p><u>Communicable:</u></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
PINWORMS <ul style="list-style-type: none"> Nervousness, irritability, itching of anus, abdominal pain Sometimes no symptoms are present 	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> Restriction may be necessary in situations where students are unable to control bowel function, otherwise No.</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></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><u>Communicable:</u></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
RINGWORM – SCALP <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><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider or school nurse permission or when symptoms are gone.</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infectious areas Indirect contact with infectious areas <p><u>Communicable:</u></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.
RINGWORM – SKIN <ul style="list-style-type: none"> Ring-shaped red sores with blistered or scaly border “Itching” common 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider or School Nurse permission or when symptoms are gone.</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infectious areas Indirect contact with infectious areas <p><u>Communicable:</u></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
SCABIES <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><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider/school nurse permission</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct skin contact Indirect contact with infected articles <p><u>Communicable:</u></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
SHINGLES (Herpes Zoster) <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 or burning of affected area Headache may precede eruption 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with draining skin areas <p><u>Communicable:</u></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.
STAPH SKIN INFECTIONS <ul style="list-style-type: none"> Draining sores, slight fever, aches and headache Affected area may be red, warm and/or tender 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider permission or when lesions are dry/crusted or gone</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with drainage from sores Indirect contact with infected articles <p><u>Communicable:</u></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
STREP THROAT – SCARLET FEVER (streptococcal infections) <ul style="list-style-type: none"> <u>Strep throat:</u> Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain or nausea <u>Scarlet Fever:</u> Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend with licensed health care provider/school nurse permission.</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions <p><u>Communicable:</u></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
TUBERCULOSIS (infectious/active) <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><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend only with local health department permission</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Primarily by airborne droplets from infected person through coughing, sneezing or singing <p><u>Communicable:</u></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
WHOOPING COUGH (Pertussis) <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><u>Exclude:</u> Refer to Exclusion Guidelines on pages 10-11.</p> <p><u>Restriction:</u> May attend only with local health department permission</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact nose and throat secretions Droplets from coughing or sneezing <p><u>Communicable:</u></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 information: 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

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.

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

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