

Communicable Disease Guidance for Schools

Overview

Communicable disease prevention is of paramount importance to decrease school absenteeism, and to maintain the health of the school population. Efforts in school settings can promote health and prevent disease among students, staff, and surrounding communities.

Important actions in school settings include

- A. recognizing responsibility for communicable disease control.
 - See **A. REGULATIONS** and Appendix I.
- B. understanding how to prevent communicable disease transmission.
 - See **B. PREVENTION**, including **Transmission Routes and Prevention Measures** (p 4-7).
- C. collaborating with school health experts and school staff across all disciplines.
 - See **C. COLLABORATION**.
- D. identifying when exclusion is necessary based on symptoms, diagnoses, or exposure to communicable disease.
 - See **D. EXCLUSIONS**, including **Symptom-Based Exclusion Guidelines** (p 10-11) and **Disease-Specific Guidelines** (p 15-25).

During the 2020-2021 school year, please refer to the [Ready Schools, Safe Learners](#) guidance including [Planning for COVID-19 Scenarios in Schools](#) for most current recommendations and required actions related to COVID-19 mitigation.

A. Regulations

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

OAR 581-022-2220

(excerpt)

- 3) 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)
- 4) 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).

OAR 333-019-0010

(excerpt)

- a) 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.
- b) 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. Prevention

School-wide efforts and individual behaviors can reduce risk of disease transmission.

School Prevention Efforts

School districts should have a “prevention oriented health services program” which is “appropriately supervised and adequately equipped” [OAR 581-022-2220]. School processes and protocols should be established to reduce the spread of disease, in collaboration with school health experts. For example:

- Surfaces or objects commonly touched by students or staff (such as door knobs, desk tops, toys, exercise mats) should be cleaned at least daily.
- Surfaces or objects soiled with body fluids (such as blood, phlegm, vomit, urine) should be cleaned as soon as possible. After the fluid is removed, the surface or object should be disinfected, using gloves and other precautions to avoid contact.
- The school’s ventilation system should be appropriately maintained.
- The school should have protocols in place for identifying and responding to signs of illness, including space to isolate an ill student or staff member away from the rest of the school population. [[OAR 581-022-2220](#)] Consultation with the school nurse is strongly recommended to develop and maintain care protocols.

Special protocols may be necessary related to specific illnesses or disease outbreaks.

During 2020-2021, please refer to [Ready Schools, Safe Learners](#) and [Planning for COVID-19 Scenarios in Schools](#) for updates and required actions related to COVID-19.

Individual Behaviors

All students and staff should be educated to maintain good hygiene and behave in ways that reduce the spread of disease. (See **Transmission Routes and Prevention Measures.**)

Examples include handwashing, respiratory etiquette, and avoiding public settings when ill.

All staff and students should follow Standard Precautions (See Appendix III) to reduce body fluid exposure, and should report any 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 the school nurse and/or school administrator.

Handwashing is critically important. Frequent and thorough hand washing is the number one way to prevent the spread of communicable diseases. When done correctly, hand washing will help students, school staff and visitors avoid spreading and receiving germs.

When soap and water is not available, **hand sanitizer** can be used to reduce the spread of germs. The soap and rubbing action of handwashing helps dislodge and remove germs. Hand sanitizers kill some germs but do not effectively remove particles, such as dirt or body fluids. Therefore, visibly dirty hands should always be washed with soap and water. Additionally, some bacteria and viruses are not killed by hand sanitizers. For greatest protection, hands should be washed with soap and water.

It is important to wash hands

- after nose-blowing, coughing, or sneezing (even if a tissue is used)
- after using the bathroom, assisting another person to do so, or changing a diaper
- after recess or gym
- after handling animals or animal waste
- after touching garbage
- before and after preparing, serving, or eating food
- before and after water activities or swimming
- before and after caring for someone who is sick
- before and after treating a cut or wound
- when hands are visibly dirty.

For 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.

Transmission Routes and Prevention Measures

Germs (disease-causing organisms including bacteria and viruses) can be transmitted directly from person to person, or via contaminated surfaces, food, or water. Understanding disease transmission routes can reinforce prevention measures everyone should take. Individuals providing special services such as health care, close-contact support, and cleaning may need to take additional precautions in some circumstances related to increased exposure risks.

AIRBORNE ROUTE	EXAMPLES	PREVENTION MEASURES
Transmission occurs when germs from an infected person are breathed out, become suspended in the air as tiny particles, and then are inhaled (breathed in) by another person.	<ul style="list-style-type: none"> • Pulmonary tuberculosis • measles • chickenpox • smallpox (rare) • SARS (rare) 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (measles, chickenpox) ▶ Isolate persons with airborne diseases from public places until they are no longer infectious. ▶ Special services may require Airborne Precautions, such as fit-tested N95 masks

RESPIRATORY DROPLET ROUTE	EXAMPLES	PREVENTION MEASURES
Transmission occurs when germs from an infected person are released in respiratory droplets as the person talks, coughs, sneezes, or spits, and those germs reach another person’s mucous membranes (the eyes, nose or mouth). Droplet transmissions most often occur at distances of less than 6 feet. Some droplets are also spread by contact with contaminated skin, mucous membranes, or surfaces.	<ul style="list-style-type: none"> • common cold • influenza (flu) • meningococcal disease • whooping cough (pertussis) 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (flu, meningococcal, pertussis) ▶ Wash hands thoroughly and often, including after nose wiping, sneezing, or coughing. ▶ Cover mouth and nose when coughing and sneezing. <ul style="list-style-type: none"> • Use tissues when coughing and sneezing. Discard tissues promptly in a waste container and then wash hands. • Do not reuse handkerchiefs or tissues. • If tissues are not available, cough or sneeze into a sleeve, not into hands. ▶ Special services may require Droplet Precautions, such as medical-grade masks, eye protection (goggles or face shield), gloves and single-use isolation gowns.

BLOODBORNE ROUTE	EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs are spread from the blood or body fluids of an infected person to another person through mucous membranes (such as via unprotected sexual contact), broken skin (such as a bleeding injury or injection by a contaminated needle); or blood exchanges (such as from a pregnant mother to her unborn child or, rarely, via blood transfusions).</p> <p>Risks in schools most often relate to accidental needle-stick, injury from sharp objects, human bite or fight.</p>	<ul style="list-style-type: none"> • Hepatitis B • Hepatitis C • Hepatitis D • HIV 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep B) ▶ Wash hands thoroughly and often and use Standard Precautions: assume all body fluids are potentially infectious. See Appendix III. ▶ Individuals with chronic infections should be considered for school inclusion. See Appendix IV. ▶ Provide education to students and staff regarding risk factors and behaviors. ▶ Ensure compliance with the OSHA Bloodborne Pathogen Standard for school districts employees. Have body fluid clean-up kits available for trained staff to utilize. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) if there is splash risk.

CONTACT-MEDIATED ROUTE	EXAMPLES	PREVENTION MEASURES
<p>Direct contact: Transmission occurs when germs are spread from person to person by skin-to-skin contact or skin-to-mucous membrane contact.</p> <p>Germs spread by respiratory droplet are often spread by this route as well.</p> <p>Indirect contact: Transmission occurs when germs from an infected person contaminate a surface or object, and that surface or object is touched by another person.</p>	<ul style="list-style-type: none"> • fungal infections (such as “ringworm”) • herpes virus (such as cold sores) • mononucleosis • skin infections (such as Staph and Strep) • varicella zoster virus (shingles) during the blister phase • influenza (flu) • common cold 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (flu) ▶ Wash hands thoroughly and often, including after contact with shared objects and high-touch surfaces. ▶ Cover open sores with a bandage which completely covers the affected area, ensuring no fluids can leak from bandage. ▶ Clean frequently-touched objects and surfaces at least daily. Clean and disinfect items contaminated with body fluids as soon as possible. ▶ Follow guidance from the CDC, Oregon-OSHA Bloodborne Pathogens, and the school district exposure control plan (SDEP) when handling body fluids or potentially infectious items. ▶ Special services may require Contact Precautions including gloves and single-use isolation gowns. May need mask and eye protection (goggles or face shield) if there is splash risk.

FECAL-ORAL ROUTE	EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs are spread from the stool or fecal matter of an infected person to another person, usually by contaminated hand-to-mouth contact, or via contaminated objects, when effective hand washing is not done after toileting or through poor personal hygiene.</p>	<ul style="list-style-type: none"> • diarrheal illnesses • Hepatitis A • pinworms 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep A) ▶ Wash hands thoroughly and often, including after using the bathroom or assisting others with elimination needs. ▶ Educate and train students and staff who work in direct student care, food preparation, food service and cleaning. ▶ Wash shared objects with soap or detergent before and after use, followed by an EPA and district approved disinfectant. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) if there is splash risk.

FOODBORNE ROUTE	EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs as a result of eating food that has been improperly handled, prepared or stored.</p>	<ul style="list-style-type: none"> • diarrheal diseases • Hepatitis A 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep A) ▶ Wash hands thoroughly and often, including before touching foods. ▶ 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. ▶ All food service must follow Food Service guidelines and school district policies. This includes foods brought in for classroom events.

SEXUAL ROUTE	EXAMPLES	PREVENTION MEASURES
<p>Transmission occurs when germs are spread from person to person through sexual intercourse, including vaginal, oral, and anal sex.</p> <p>Some diseases can be transmitted via both sexual and bloodborne routes, such as HIV, Hepatitis B and C.</p>	<ul style="list-style-type: none"> • chlamydia • herpes • genital warts (HPV) • gonorrhea • syphilis • HIV • Hepatitis B • Hepatitis C 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (HPV). ▶ Educate students using Oregon’s comprehensive sexuality curriculum to increase awareness of sexual health and safety issues. Establish protocols for sexuality education and risk behavior prevention. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.

WATERBORNE ROUTE	EXAMPLES	PREVENTION MEASURES
Transmission occurs via water that has been contaminated by germs. The contaminated water may be swallowed or contact the person’s skin or mucous membranes.	<ul style="list-style-type: none"> • diarrheal diseases • skin infections • Hepatitis A 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep A) ▶ Wash hands thoroughly and often, including before and after water activities. Encourage showering after exposure to potentially infectious water including pools. ▶ Prohibit ill students and staff from participating in water activities. ▶ Disinfect water activity tables, pools per district procedure such as a chlorine bleach solution of 1 teaspoon per gallon of water. ▶ Wash objects used in water activities with soap or detergent before and after use, followed by an EPA and district approved disinfectant. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.

C. Collaboration

Health policy and procedures in the school setting should be developed in collaboration with individuals trained and licensed in the health field, who have school-specific knowledge. Consider utilizing resources such as:

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

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

Health Education

Develop and use K-12 developmentally appropriate curricula that addresses the prevention of communicable diseases. For example, teach effective hand washing, 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, water activities, 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 p10-11 and p14). Develop, implement and review on an annual basis the Exposure Control Plan for Bloodborne Pathogens in the school setting per the OROSHA rule. Update when necessary to reflect occupational exposures related to new or modified tasks and procedures and new or revised employee positions.

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. Exclusions

Guidelines for School Staff

Some exclusions are required to reduce the spread of communicable disease. Appropriate prevention measures should be prioritized to reduce the need for school exclusions.

Students and staff **DIAGNOSED** with a reportable school-restrictable disease must be excluded from the school setting until permitted to return per local public health guidance. Other illnesses warrant exclusion until no longer contagious. See **Disease-Specific Guidelines** (p 14-25).

Students and staff should be excluded from the school setting if they exhibit **SYMPTOMS** of communicable disease. See **Symptom-Based Exclusion Guidelines** (p 10-11).

Susceptible students and school staff may be excluded if they are **EXPOSED** to restrictable diseases, per instructions to the school administrator from the local public health authority or OHA state-wide posted notices. [[OAR 333-019-0010](#)]

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 is required by Oregon law to enforce exclusion. [[OAR 333-019-0010](#)]
- Collaboration with the registered nurse practicing in the school setting is recommended and may be legally required, especially if health issues relate to a student's chronic condition. A school nurse is defined as a registered nurse certified by the Teacher Standards and Practices Commission to conduct and coordinate school health services [[ORS 342.455](#)]. "A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student." [[ORS 336.201](#)]
- 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 risks and control measures.
- During times of increased concern about a specific communicable disease, such as local disease outbreak, 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.

During the 2020-2021 school year, please refer to [Ready Schools, Safe Learners and Planning for COVID-19 Scenarios in Schools](#) for guidance updates, including definitions of COVID-like symptoms and required actions.

Symptom-Based Exclusion Guidelines

Students and staff should be excluded from the school setting if they exhibit:

***PRIMARY SYMPTOMS OF COVID-19:** See below and refer to [Planning for COVID-19 Scenarios in Schools](#) for updates and additional details during 2020-2021.

- **MAY RETURN** per symptom-specific guidance **AND**
- after COVID-19 test is negative (unless exposed)
- **OR** after 10 days if not tested (unless exposed)
- **OR** after 14 days if exposed to a positive case of COVID-19.
 - Following exposure to a case of COVID-19, may not return until 14 days since last exposure, regardless of test result.

***FEVER:** a measured temperature equal to or greater than 100.4°F orally. Temperature checked via other routes should be considered fever if equivalent to 100.4°F orally.

- **MAY RETURN AFTER** fever-free for 24 hours without taking fever-reducing medicine **AND** per guidance for primary COVID-19 symptoms.

***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.

- **MAY RETURN AFTER** symptom-free for 24 hours (no cough or cough is well-controlled) **AND** per guidance for primary COVID-19 symptoms. 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.

***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.

- **MAY RETURN AFTER** symptom-free for 24 hours **AND** per guidance for primary COVID-19 symptoms.
- This symptom is likely to require immediate medical attention.

HEADACHE WITH A STIFF NECK OR FEVER.

- **MAY RETURN AFTER** symptoms resolve **AND** per fever guidelines if applicable.
- This combination of symptoms can indicate a serious condition. Medical attention strongly recommended.

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

- **MAY RETURN AFTER** 48 hours after diarrhea resolves **OR** after seen and cleared by a licensed healthcare provider.

VOMITING: at least 1 episode that is unexplained

- **MAY RETURN AFTER** 48 hours after last episode of vomiting **OR** after seen and cleared by a licensed healthcare provider.

List continues on next page

SKIN RASH OR SORES: new rash 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.

- **MAY RETURN AFTER** rash is resolved **OR** until sores and wounds are dry or can be completely covered with a bandage **OR** after seen and cleared by a licensed healthcare provider.

EYE REDNESS AND DRAINAGE: unexplained redness of one or both eyes **OR** colored drainage from the 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.

- **MAY RETURN AFTER** symptoms resolve **OR** after seen by a licensed healthcare provider and indicated therapy has been started.
- Eye redness alone, with no colored drainage, may be considered for attendance per [CDC guidelines](#) and school nurse assessment.

JAUNDICE: yellowing of the eyes or skin that is new or uncharacteristic.

- **MAY RETURN AFTER** seen and cleared by a licensed healthcare provider.

BEHAVIOR CHANGE: may include uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or a behavior change that prevents active participation in usual school activities.

- **MAY RETURN AFTER** symptoms resolve; return to normal behavior **OR** after seen and cleared by a licensed healthcare provider.
- This symptom can indicate a serious condition. Medical attention strongly recommended.

MAJOR HEALTH EVENT: may include an illness lasting more than 2 weeks; an emergency room treatment or hospital stay; 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.

- **MAY RETURN AFTER** health and safety are addressed.
- Medical attention strongly recommended. Written instructions from a licensed healthcare provider are likely to be required.
- School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

STUDENT REQUIRING MORE CARE THAN SCHOOL STAFF CAN SAFELY PROVIDE

- **MAY RETURN AFTER** health and safety are addressed.
- Medical attention strongly recommended. Written instructions from a licensed healthcare provider are likely to be required.
- School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Simplified Guidelines for School Community: *Sample Letter*

Dear Parent/Guardian:

Please follow these guidelines to help all students stay healthy and ready to learn.

Please **DO NOT SEND AN ILL STUDENT TO SCHOOL**. The other page of this letter gives examples of when your student should not be in school.

If your student is ill, please CONTACT US by calling the office at _____ or emailing_____.

Please contact your health care provider about any **SERIOUS ILLNESS** or if you are worried about your student's health. If you need help in finding a health care provider, you may contact your local health department.

Please notify the school if your child is diagnosed with a **CONTAGIOUS DISEASE**, including these: *chickenpox, COVID-19, diphtheria, E. coli diarrhea, hepatitis, measles, mumps, pertussis, rubella, Salmonella, scabies, shigellosis, tuberculosis, or another disease as requested*. The school will protect your private information as required by law. [OAR 333-019-0010; ORS 433.008.]

Please notify the school if your student requires **MEDICATIONS** during school hours. Follow school protocols for medication at school. If your student's illness requires antibiotics, the student must have been on antibiotics for at least 24 hours before returning to school, and longer in some cases. Antibiotics are not effective for viral illnesses.

Please notify the school if your student has a **CHRONIC HEALTH CONDITION**. We will work with you to address the health condition so that the student can learn. With consent, the school nurse may consult with the student's health care provider about the health condition and necessary treatments. To contact the school nurse or health office please call _____ or email_____.

We want to support your student. Please contact us if you have questions or concerns.

PLEASE KEEP ILL STUDENTS OUT OF SCHOOL

The list below gives school instructions, not medical advice. Please contact your health care provider with health concerns. **During 2020-2021, anyone exposed to COVID-19 must stay home for 14 days.**

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER...
 Fever: temperature of 100.4°F [38°C] or greater	<p style="text-align: center;">*The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.</p> <p>*Fever-free for 24 hours without taking fever-reducing medicine AND after a COVID-19 test is negative, OR 10 days if not tested.</p>
 New cough illness OR New difficulty breathing	<p>*Symptom-free for 24 hours AND after a COVID-19 test is negative, OR 10 days if not tested. If diagnosed with pertussis (whooping cough), the student must take 5 days of prescribed antibiotics before returning.</p>
 Headache with stiff neck or with fever	<p>*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions if fever is present.</p>
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	<p>*Symptom-free for 48 hours OR with orders from doctor to school nurse.</p>
 Vomiting: one or more episode that is unexplained	<p>*Symptom-free for 48 hours OR with orders from doctor to school nurse.</p>
Skin rash or open sores	<p>*Symptom free, which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse.</p>
Red eyes with eye discharge: yellow or brown drainage from the eyes	<p>*Symptom-free, which means redness and discharge are gone OR with orders from doctor to school nurse.</p>
Jaundice: new yellow color in eyes or skin	<p>*After the school has orders from doctor or local public health authority to school nurse.</p>
Acting different without a reason: unusually sleepy, grumpy, or confused.	<p>*Symptom-free, which means return to normal behavior OR with orders from doctor to school nurse.</p>
Major health event, like an illness lasting 2 or more weeks OR a hospital stay.	<p>*After the school has orders from doctor to school nurse.</p>
Student's health condition requires more care than school staff can safely provide	<p>*After measures are in place for student's safety.</p>

Disease-Specific Guidelines

Follow recommended actions when a health care provider has diagnosed a communicable disease or a person exhibits related symptoms.

Reportable diseases don't always require exclusion. A health care provider who makes a diagnosis is responsible for reporting to local public health. The school nurse or designated staff should collaborate with public health to manage care. (See below and Appendix II.)

Restrictable diseases require exclusion. If the student or staff has any of the following diseases, then clearance by the local health department is required before the individual 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.**

During the 2020-2021 school year, refer to the [Ready Schools, Safe Learners](#) and [Planning for COVID-19 Scenarios in Schools](#) for updates and required actions related to COVID-19 diagnosis and COVID-like symptoms.

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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>BOILS – (See Also STAPH SKIN INFECTION)</p> <ul style="list-style-type: none"> Large pimple-like sore, swollen, red, tender may be crusted or draining Headache, fever may be present 	<p>Exclude: Exclusion status may vary according to the state of the lesion in question. Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission, or lesion is dry and crusted with no drainage</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with drainage from sores or nasal secretions from carrier Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> As long as sores drain if untreated 	<ul style="list-style-type: none"> Standard precautions Wash hands thoroughly and often No cafeteria duty while lesions present Good personal hygiene
<p>CHICKENPOX (Varicella)</p> <ul style="list-style-type: none"> Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters, scab over 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears)</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Airborne or respiratory droplets from coughing Direct contact with drainage from blisters or nasal secretions Indirect contact with infected articles <p>Communicable:</p> <ul style="list-style-type: none"> 2 days before to 5 days after rash appears 	<ul style="list-style-type: none"> Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school Wash hands thoroughly and often. Cover mouth and nose if coughing or sneezing Encourage safe disposal of used tissues Contact school nurse regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears Staff and students with impaired immune responses should consult their health care provider, if exposure to a confirmed or suspected case has occurred.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>CMV (Cytomegalovirus)</p> <ul style="list-style-type: none"> • Caused by a human herpes virus • Most severe form of the disease occurs to infants infected from mother during pregnancy, premature infants, and the immunocompromised. • A variety of symptoms can occur 	<p><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.
<p>COMMON COLD (Upper Respiratory Infection)</p> <ul style="list-style-type: none"> • Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon 	<p><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
<p>DIARRHEAL DISEASES</p> <ul style="list-style-type: none"> Loose, frequent stools, sometimes with pus or blood Vomiting, headaches, abdominal cramping or fever may be present 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: Exclude students with acute diarrhea.</p> <p>Report: Not usually; depends on diagnosis; Report cluster outbreaks to local health department.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with feces Consumption of water or food contaminated with feces <p>Communicable:</p> <ul style="list-style-type: none"> Varies from hours to several days 	<ul style="list-style-type: none"> Wash hands thoroughly and often, especially after using bathroom or diapering/toileting children No food handling / preparation; No cafeteria duty
<p>FIFTH DISEASE</p> <ul style="list-style-type: none"> Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission or when no rash or signs of illness are present</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> Greatest before onset of rash when illness symptoms occur No longer contagious after rash appears 	<ul style="list-style-type: none"> Wash hands thoroughly and often Encourage student to cover mouth/nose when coughing/sneezing Encourage safe disposal of used tissues Contact school nurse for recommendations for pregnant females / immunocompromised persons exposed by suspected/confirmed case Contact local health department for latest recommendation for pregnant females exposed in school outbreak situations
<p>HAND, FOOT & MOUTH DISEASE</p> <ul style="list-style-type: none"> Sudden onset fever, sore throat and lesions in mouth Blistered lesions on palm, fingers and soles 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission or when blisters are gone</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with nose and throat discharges or feces <p>Communicable:</p> <ul style="list-style-type: none"> During acute stage of illness and potentially for several weeks after in stool 	<ul style="list-style-type: none"> Wash hands thoroughly and often Good personal hygiene especially following bathroom use Reinforce use of standard precautions

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HEAD LICE</p> <ul style="list-style-type: none"> Itching of scalp Lice or nits (small grayish brown eggs) in the hair <p>*See additional ODE guidance document on Head Lice</p>	<p>Exclude: Refer to CDC guidance on head lice.</p> <p>Restriction: NO</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with infected person Indirect contact with infected articles (rarely) <p>Communicable:</p> <ul style="list-style-type: none"> Only when live bugs present 	<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.
<p>HEPATITIS A</p> <ul style="list-style-type: none"> Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay-colored stools May have mild or no symptoms 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restricted: May attend only with local health department permission.</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with feces Consumption of water or food contaminated with feces <p>Communicable:</p> <ul style="list-style-type: none"> Two weeks before symptoms until two weeks after onset 	<ul style="list-style-type: none"> Wash hands thoroughly and often No food handling or sharing School restrictions on home prepared foods for parties Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school
<p>HEPATITIS B & C</p> <ul style="list-style-type: none"> Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay-colored stools and jaundice 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission. <p>Communicable:</p> <ul style="list-style-type: none"> One month prior to symptoms to 4 to 6 months or longer after jaundice Some individuals have no symptoms 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
<p>HIV Disease (Human Immunodeficiency Virus Disease)</p> <ul style="list-style-type: none"> • May have acute flu-like illness • Most often, no symptoms present in early stages of infection • AIDS is a later stage of HIV infection (See AIDS). 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Blood getting under the skin (e.g., through needles); or through sexual contact • Some individuals have no symptoms but can spread the disease. <p>Communicable:</p> <ul style="list-style-type: none"> • Lifetime infectivity after initial infection with virus 	<ul style="list-style-type: none"> • Strict adherence to standard precautions when handling body fluids • Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the school nurse.
<p>IMPETIGO (See also Staph Skin Infections)</p> <ul style="list-style-type: none"> • Blister-like sores (often around the mouth and nose), crusted, draining and “itching” 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider permission, or when lesions are dry and crusted with no drainage.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with drainage from sores <p>Communicable:</p> <ul style="list-style-type: none"> • As long as sore drains if untreated 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • No cafeteria duty while sores present • Avoid scratching or touching sores • Cover sores if draining • No sharing personal items when lesions are present • No contact sports (wrestling) if drainage cannot be contained.
<p>INFLUENZA (flu)</p> <ul style="list-style-type: none"> • Abrupt onset, fever chills, headache, muscle aches, cough 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: NO</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> • 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness 	<ul style="list-style-type: none"> • Vaccination: recommended annually for all persons ≥ 6 months of age • Wash hands thoroughly and often • Cover mouth/nose when coughing or sneezing • Encourage appropriate disposal of used tissues • See website for up-to-date information: http://flu.oregon.gov/Pages/Learn.aspx

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>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with local health department permission</p> <p>Report: YES - Highly Communicable</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Airborne droplets from coughing <p>Communicable:</p> <ul style="list-style-type: none"> 4 days before rash until 4 days after rash begins Most contagious 4 days before rash appears 	<ul style="list-style-type: none"> Contact school nurse or health department immediately for direction School nurse or health department will identify population at risk and assist with parent notification Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized 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>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: None necessary. Patients are not contagious after treatment.</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> Until bacteria are no longer present in discharges from nose and mouth Cases and contacts usually no longer infectious after 24 hours on antibiotics 	<ul style="list-style-type: none"> Wash hands thoroughly and often Cover mouth/nose when coughing or sneezing and practice safe disposal of used tissues No sharing food, drink or eating utensils Meningococcal vaccine recommended for students 11–18 years of age See County Health Department CD Specialist for further information
MONONUCLEOSIS <ul style="list-style-type: none"> Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restrictions: NO – Bed rest for a time and withdrawal from PE/Athletic activities are encouraged until student has recovered fully or with licensed health care provider permission.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with saliva <p>Communicable:</p> <ul style="list-style-type: none"> May be infectious for several months 	<ul style="list-style-type: none"> Wash and disinfect shared items/toys which may be mouthed or in settings with children who drool No sharing food, drink or eating utensils

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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>RINGWORM – SCALP</p> <ul style="list-style-type: none"> • Patchy areas of scaling with mild to extensive hair loss • May have round areas of “stubs” of broken hair 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider or school nurse permission or when symptoms are gone.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with infectious areas • Indirect contact with infectious areas <p>Communicable:</p> <ul style="list-style-type: none"> • Until treated 	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items, especially combs, brushes, hats, etc. • It is not necessary to shave the student’s head.
<p>RINGWORM – SKIN</p> <ul style="list-style-type: none"> • Ring-shaped red sores with blistered or scaly border • “Itching” common 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider or school nurse permission or when symptoms are gone.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with infectious areas • Indirect contact with infectious areas <p>Communicable:</p> <ul style="list-style-type: none"> • Until treated 	<ul style="list-style-type: none"> • Wash hands thoroughly • No sharing of personal items • Special attention to cleaning and disinfecting, with approved anti-fungal agent, gym/locker areas • No sport activity until lesions disappear

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL HEALTH DEPARTMENT	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
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
<p>STREP THROAT – SCARLET FEVER (streptococcal infections)</p> <ul style="list-style-type: none"> • Strep throat: Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain or nausea • Scarlet Fever: Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend with licensed health care provider/school nurse permission.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions <p>Communicable:</p> <ul style="list-style-type: none"> • Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months. • Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists 	<ul style="list-style-type: none"> • Wash hands thoroughly • Encourage covering mouth & nose when coughing & sneezing • Encourage appropriate disposal of used tissues
<p>TUBERCULOSIS (infectious/active)</p> <ul style="list-style-type: none"> • Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend only with local health department permission</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Primarily by airborne droplets from infected person through coughing, sneezing or singing <p>Communicable:</p> <ul style="list-style-type: none"> • As long as living bacteria are discharged through coughing. Specific drug therapy usually diminishes communicability within weeks 	<ul style="list-style-type: none"> • Observe TB rule compliance: CDC - Tuberculosis (TB) • Report to school nurse or consult with county health department
<p>WHOOPING COUGH (Pertussis)</p> <ul style="list-style-type: none"> • Begins with mild “cold” symptoms and progresses to violent fits of coughing spells that may end in a whooping sound (infants & toddlers) or vomiting (older children & adults) • Slight or no fever 	<p>Exclude: Refer to Exclusion Guidelines on pages 10-11.</p> <p>Restriction: May attend only with local health department permission</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact nose and throat secretions • Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> • Greatest just before and during “cold” symptoms to about 3 weeks without treatment. • If treated with antibiotics, infected person is communicable 5 days 	<ul style="list-style-type: none"> • Immunization required - see website for current 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

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<https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportableillnesses.html>. Published June 30, 2017.

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<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-durationprecautions.html>. Published July 22, 2018

Communicable Disease Appendices

Appendix I

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

Appendix II

School Attendance Restrictions and Reporting

Appendix III

Guidelines for Handling Body Fluids

Appendix IV

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 COVID-19, 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, COVID-19, 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 in a child, who, in the opinion of the local health officer, 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 72011, 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

Appendix II

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 14–25 of this document will assist school administrators regarding student attendance and restrictions.

When cases of communicable diseases occur in the school population, the school nurse or designated school staff should collaborate with the local public health authority regarding when to report clusters of disease or disease outbreaks to the local public health authority, and what (if any) communication should go out to the school community. If the school nurse is not available, another school staff member should be designated to contact the local health department for reporting concerns or questions.

Appendix III

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

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 OROSHA 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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