

Communicable Disease Guidance for Schools

Overview

The Ontario School District will adhere to the OHA/ODE CD Guidance. 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.

The purpose of this document is to provide guidance and assist in local planning. In addition to referencing this guidance, each school or district should maintain comprehensive written plans which include:

- Communicable Disease Prevention Plan
- Pandemic / Flu plan
- Operational Plan / Safe Return to In-Person Instruction and Continuity of Services Plan (COVID-19 plan per [ODE ESSER III](#))
- Exposure Control Plan per [OR-OSHA](#)

Important actions in school settings include

- a. maintaining responsibility for communicable disease control.
 - See **A. REGULATIONS** (page 2) and Appendix I.
- b. collaborating with school health experts and school staff across all disciplines.
 - See **B. COLLABORATION** (page 3)
- c. implementing prevention strategies to reduce communicable disease transmission.
 - See **C. PREVENTION** (page 5) and Appendix II.
- d. identifying when exclusion is necessary based on symptoms, diagnoses, or exposure to communicable disease.
 - See **D. EXCLUSIONS** (page 7) including:
 - Symptom-Based Exclusion Guidelines
 - Guidance for Students, Staff, and Families
 - Disease-Specific Guidelines.

During the 2021-2022 school year, please refer to the [Ready Schools, Safe Learners Resiliency Framework](#) and [Planning for COVID-19 Scenarios in Schools](#) for the most current recommendations and required actions related to COVID-19 mitigation in Oregon.

A. Regulations

Oregon laws outline responsibilities for communicable disease control in the school setting. In particular school and district planning should comply with Oregon Administrative Rule (OAR) 581, Division 22, overseen by the Oregon Department of Education; and OAR 333, Division 19, overseen by the Public Health Division of the Oregon Health Authority. Oregon Occupational Health and Safety rules also apply (See [OR-OSHA](#)).

OAR 581-022-2220

(excerpt)

- (1) The school district shall maintain a prevention-oriented health services program for all students which provides:
- (a) Health care and space that is appropriately supervised and adequately equipped for providing first aid, and isolates the sick or injured child from the student body;
 - (b) Communicable disease control, as provided in Oregon Revised Statutes;
 - ...
 - (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).

OAR 333-019-0010

(excerpt)

- (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 school administrator shall exclude a susceptible child who attends a school or children's facility if the administrator has reason to suspect that the child has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, hepatitis B, or COVID-19, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.
- (4) A school administrator shall exclude a susceptible employee of a school or children's facility if the administrator has reason to suspect that the employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, hepatitis B, or COVID-19, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.

B. Collaboration

To maintain effective prevention-oriented health services programs, schools should engage in coordinated health efforts with multi-disciplinary teams.

School health is a shared responsibility.

Schools and districts should identify who is responsible for specific aspects of communicable disease control. 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 (a registered nurse practicing in the school setting; a registered nurse who holds TSCP certification as a Professional School Nurse)
- Local public health authority (LPHA; see www.healthoregon.org/lhddirectory)
- Oregon Occupational Health and Safety Administration ([OR-OSHA](#))
- School-Based Health Centers ([OHA School-Based Health Centers](#))
- Oregon School Nurses' Association ([OSNA](#))
- Oregon Health Authority (OHA), Public Health Division (PHD) including
 - OHA [Immunization Program resources for schools](#)
 - OHA [Acute and Communicable Disease Program resources for schools](#)

The Centers for Disease Control and Prevention's *Whole School, Whole Community, Whole Child* model, pictured at right, highlights ways that individuals from different disciplines can work together to support a healthier school community, including actions such as those described below.

Health Education

Develop and use K-12 developmentally appropriate curricula that address the prevention of communicable diseases. For example, teach effective hand hygiene, 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 public health authority. Include school health professionals in planning communicable disease prevention measures in the school.

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. Follow district policy regarding the reporting of communicable diseases when information is made available and share accurate information as permitted by confidentiality policies.

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.

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 **D. Exclusions**, page 7). 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 occupational exposures related to new or modified tasks and procedures and new or revised employee positions.

For more information and resources related to the CDC's *Whole School, Whole Community, Whole Child* model, visit

<https://www.cdc.gov/healthyschools/wsc/index.htm>.

C. Prevention

School-wide efforts and individual behaviors can reduce risk of disease transmission. In addition to specific practices, local planning should outline disease-prevention education for students and staff such as food handling, basic hygiene, sexuality education, OSHA blood-borne pathogens trainings, and more.

School-Wide Efforts

School districts should have a “prevention-oriented health services program” which is “appropriately supervised and adequately equipped,” including space to isolate an ill student or staff member from the rest of the school population. [OAR 581-022-2220]. Prevention-oriented health services include many types of health promotion. Reducing the spread of communicable disease is an important part of these services.

Germs (disease-causing organisms including bacteria and viruses) can be transmitted directly from person to person, or via contaminated surfaces, water, or food. To reduce the spread of disease, processes and protocols should be established in collaboration with school health experts. For example, school plans should identify the personnel and resources necessary to accomplish the following:

- 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.
- Schools should provide age-appropriate comprehensive sexuality education, including hygiene and appropriate barrier methods to reduce the spread of disease.
- Schools must verify [required immunizations](#), and should provide related information in a method that families can understand.
- 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 health care protocols. Special protocols may be necessary related to specific illnesses or disease outbreaks. **Please refer to the Ready Schools, Safe Learners Resiliency Framework and Planning for COVID-19 Scenarios in Schools for latest updates and required actions related to COVID-19.**

Understanding disease transmission routes can inform local communicable disease plans and exposure control policies. See **Appendix II** for more information about transmission routes and related prevention measures.

Individual Behaviors

All students and staff should be educated to maintain good hygiene and practice ways to reduce the spread of disease. Important prevention measures include handwashing, respiratory etiquette, and avoiding public settings when ill (See **Appendix II**). In addition, all staff and students should follow **Standard Precautions** to reduce body fluid exposure, and report to the school nurse or school administrator 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 (See **Appendix IV**).

Hand hygiene 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 are 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:

- 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. (<http://www.cdc.gov/Features/HandWashing>)

For more information and related resources such as the *Wash Your Hands* poster pictured at left, visit CDC's Health Promotion pages, "Life is Better with Clean Hands."

<https://www.cdc.gov/handwashing/campaign.html>

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 must be excluded from the school setting if they are **DIAGNOSED** with a school-restrictable disease, until permitted to return per local public health guidance. Other illnesses warrant exclusion until no longer contagious. See **Disease-Specific Guidelines** (pages 13-24). [[OAR 333-019-0010](#)]

Students and staff should be excluded from the school setting if they exhibit **SYMPTOMS** of communicable disease. See **Symptom-Based Exclusion Guidelines** (pages 8-10).

In accordance with [OAR 333-019-0010](#), the school administrator must exclude susceptible students and school staff if they are **EXPOSED** to restrictable diseases. The local public health authority (LPHA) can assist with guidance in individual cases, and may waive the requirement for restriction.

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 when communicable disease concerns arise for students with chronic conditions. “A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student.” [[ORS 336.201](#)] Per Oregon law, a “school nurse” is a registered nurse certified by the Teacher Standards and Practices Commission to conduct and coordinate school health services. [[ORS 342.455](#)]
- The registered nurse practicing in the school setting or the LPHA 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 their school health teams and the LPHA regarding screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern.

Please refer to the [Ready Schools, Safe Learners Resiliency Framework](#) and [Planning for COVID-19 Scenarios in Schools](#) for latest updates and required actions related to COVID-19.

Symptom-Based Exclusion Guidelines

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

1. ***PRIMARY SYMPTOMS OF COVID-19:** Refer to [Resiliency Framework and Planning for COVID-19 Scenarios in Schools](#).
 - **If no known close contact with a COVID-19 case, MAY RETURN AFTER**
 - COVID-19 test is negative
 - OR 5-day isolation, if COVID-19 test is positive
 - OR 5-day isolation, if not tested
 - AND after following symptom-specific guidance, below.

NON-PRIMARY SYMPTOMS OF COVID-19: Refer to [Resiliency Framework and Planning for COVID-19 Scenarios in Schools](#).

- **Exclusion may not be required in all cases.**
- **If no known close contact with a COVID-19 case, MAY RETURN AFTER** following symptom-specific guidance, below, AND district protocols.
 - District protocols may require updates in collaboration with the LPHA, particularly during times of increased disease transmission.

CLOSE CONTACT WITH A PERSON WITH COVID-19: Refer to [Resiliency Framework and Planning for COVID-19 Scenarios in Schools](#).

- **MAY RETURN AFTER** following LPHA quarantine guidance; may require
 - 5-day quarantine since last day of exposure
 - OR 10-day quarantine if exposure is continuous, such as household case
 - OR 5-day isolation, if COVID-19 test is positive
 - OR 5-day isolation, if symptoms fit definition of presumptive positive.

Fully-vaccinated individuals with symptoms of illness should follow above guidance unless otherwise advised by LPHA and OHA statewide posted notices.

Fully-vaccinated individuals after close-contact should watch for symptoms of COVID-19 for at least 14 days, and should be tested for COVID-19 per LPHA and statewide posted guidance. Quarantine recommendations for vaccinated persons will be updated when more data become available and additional COVID-19 vaccines are authorized.

2. ***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.
3. ***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 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.

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- 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 LPHA.
4. ***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.
 5. **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.
 6. **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.
 - **MAY RETURN AFTER** 48 hours after diarrhea resolves **OR** after seen and cleared by a licensed healthcare provider.
 7. **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.
 8. **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.
 9. **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.

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10. **JAUNDICE:** yellowing of the eyes or skin that is new or uncharacteristic.
- **MAY RETURN AFTER** seen and cleared by a licensed healthcare provider.
11. **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.
12. **MAJOR HEALTH EVENT or STUDENT REQUIRING MORE CARE THAN SCHOOL STAFF CAN SAFELY PROVIDE.** 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.
 - Schools must comply with state and federal regulations such as the Americans with Disabilities Act ensuring free and appropriate public education (FAPE). School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable laws.

End of symptom-based exclusion guidelines.

Simplified Guidelines for School Community: *Sample Letters*

Guidelines on the following pages are presented in simplified format to assist messaging to students, staff, and school communities. Sample letters may be modified by school health professionals to align with LPHA and district policies.

These sample letters are available from ODE in multiple languages. Please see the [ODE Student Health Conditions](#) page or use the contact information at the end of this document.

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 THE SCHOOL.

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 the local public health authority.

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. We will partner with the local public health authority to manage COVID-19.

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 5 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 5 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 differently 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, OR health condition requires more care than school staff can safely provide.	<p>*After the school has orders from doctor to school nurse AND after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.</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 public health authority 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.**

Please refer to the Ready Schools, Safe Learners [Resiliency Framework](#) and [Planning for COVID-19 Scenarios in Schools](#) for latest updates and required actions related to COVID-19 diagnosis and COVID-like symptoms.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	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 V, “Guidelines for Schools with Children who have Bloodborne Infections” for further information</p> <p>Report: YES – call CD coordinator at Local Public health authority</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 PUBLIC HEALTH AUTHORITY	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 Symptom-Based Exclusion Guidelines (pages 8-10).</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 Symptom-Based Exclusion Guidelines (pages 8-10) and see below.</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 PUBLIC HEALTH AUTHORITY	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 Symptom-Based Exclusion Guidelines (pages 8-10).</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 Symptom-Based Exclusion Guidelines (pages 8-10).</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 PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>COVID-19</p> <ul style="list-style-type: none"> Please refer to Ready Schools, Safe Learners Resiliency Framework and Planning for COVID-19 Scenarios in Schools. 	<p>Exclude: Refer to Ready Schools, Safe Learners Resiliency Framework and Planning for COVID-19 Scenarios in Schools.</p> <p>Restriction: YES</p> <p>Report: YES</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Droplets from coughing or sneezing. Airborne small particles released when breathing, talking, and singing. Rarely: Direct or indirect contact with contaminated skin or surfaces. <p>Communicable: Asymptomatic carriers can transmit disease. Also communicable 2 days before onset of symptoms, up to 9 days following the onset of illness. (Persons with immune compromise may be communicable for longer periods.)</p>	<p>Refer to Ready Schools, Safe Learners Resiliency Framework and Planning for COVID-19 Scenarios in Schools.</p>
<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 Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: Exclude students with acute diarrhea.</p> <p>Report: Not usually; depends on diagnosis. Report cluster outbreaks to local public health authority.</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. No cafeteria duty.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<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 Symptom-Based Exclusion Guidelines (pages 8-10).</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 public health authority 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 Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend with licensed health care provider permission or when blisters are gone.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with nose and throat discharges or feces. <p>Communicable:</p> <ul style="list-style-type: none"> During acute stage of illness and potentially for several weeks after in stool. 	<ul style="list-style-type: none"> Wash hands thoroughly and often. Good personal hygiene especially following bathroom use. Reinforce use of standard precautions.
<p>HEAD LICE</p> <ul style="list-style-type: none"> Itching of scalp. Lice or nits (small grayish brown eggs) in the hair. <p>*See additional ODE guidance document on Head Lice</p>	<p>Exclude: 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: Only when live bugs present.</p>	<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.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<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 Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restricted: May attend only with local public health authority 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 Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: NO – See Communicable Disease Appendix V, “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 PUBLIC HEALTH AUTHORITY	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><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p><u>Restriction:</u> NO – See Communicable Disease Appendix V, “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.
<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><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</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.
<p>INFLUENZA (flu)</p> <ul style="list-style-type: none"> • Abrupt onset, fever chills, headache, muscle aches, cough. 	<p><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</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.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>MEASLES</p> <ul style="list-style-type: none"> Fever, eye redness, runny nose, a very harsh cough. 3–7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend with local public health authority permission.</p> <p>Report: YES - Highly Communicable</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Airborne small particles released when breathing, talking, and singing. Droplets from coughing or sneezing. <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 public health authority immediately for direction. School nurse or public health authority 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.
<p>MENINGOCOCCAL DISEASE</p> <ul style="list-style-type: none"> Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy. May have blotchy, purplish, non-blanching rash. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</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 local public health authority CD. Specialist for further information.
<p>MONONUCLEOSIS</p> <ul style="list-style-type: none"> Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</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 PUBLIC HEALTH AUTHORITY	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 Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend with local public health authority 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 Symptom-Based Exclusion Guidelines (pages 8-10).</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. Eye redness alone, with no colored drainage, may be considered for attendance per CDC guidelines and school nurse assessment.
<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 PUBLIC HEALTH AUTHORITY	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 Symptom-Based Exclusion Guidelines (pages 8-10).</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 Symptom-Based Exclusion Guidelines (pages 8-10).</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.
<p>SCABIES</p> <ul style="list-style-type: none"> Intense itching, raised small red or pus-filled sores. <p>Common between fingers, behind knees, around waist, inside of wrists, on arms.</p>	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend with licensed health care provider/school nurse permission.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct skin contact. Indirect contact with infected articles. <p>Communicable:</p> <ul style="list-style-type: none"> Until treated. 	<ul style="list-style-type: none"> Wash hands thoroughly. Screen close contacts/siblings for symptoms. No sharing of personal items.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>SHINGLES (Herpes Zoster)</p> <ul style="list-style-type: none"> Painful skin lesions which are a result of the same virus that causes chicken pox. Lesions may appear in crops. May occur in immune-compromised children. Usually on trunk, may be accompanied by pain, itching or burning of affected area. Headache may precede eruption. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with draining skin areas. <p>Communicable:</p> <ul style="list-style-type: none"> As long as lesions are draining. 	<ul style="list-style-type: none"> Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g., face, hand), consult with school nurse if available or local public health authority. Contact school nurse or local public health authority for recommendations for pregnant females/Immunocompromised person if exposure occurs at school.
<p>STAPH SKIN INFECTIONS</p> <ul style="list-style-type: none"> Draining sores, slight fever, aches and headache. Affected area may be red, warm and/or tender. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend with licensed health care provider permission or when lesions are dry/crusted or gone.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with drainage from sores. Indirect contact with infected articles. <p>Communicable:</p> <ul style="list-style-type: none"> As long as sores are draining. 	<ul style="list-style-type: none"> Wash hands thoroughly. Good personal hygiene. No sharing towels, clothing or personal items. No food handling. No contact sports until lesions are gone.
<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 Symptom-Based Exclusion Guidelines (pages 8-10).</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. <p>Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists.</p>	<ul style="list-style-type: none"> Wash hands thoroughly. Encourage covering mouth & nose when coughing & sneezing. Encourage appropriate disposal of used tissues.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<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 Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend only with local public health authority 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 local public health authority.
<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 Symptom-Based Exclusion Guidelines (pages 8-10).</p> <p>Restriction: May attend only with local public health authority 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

Section References

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Communicable Disease Appendices

Appendix I

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

Appendix II

Transmission Routes and Prevention Measures

Appendix III

School Attendance Restrictions and Reporting

Appendix IV

Guidelines for Handling Body Fluids

Appendix V

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 School, Child Care, and Worksite Restrictions: Imposition of Restrictions

(1) For purposes of this rule:

(a) "Evidence of immunity":

(A) To measles, mumps or rubella means meeting the criteria for presumptive evidence of immunity specified in the Morbidity and Mortality Weekly Report (MMWR) volume 64, issue RR04, issued June 14, 2013, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm;

(B) To diphtheria or pertussis means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 67, issue 2, dated April 27, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm;

(C) To hepatitis A means having documentation of detectable serum antibodies directed against this virus; having laboratory documentation of having had the disease; or having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 55, issue RR07, issued May 19, 2006, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm;

(D) To hepatitis B means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 67, issue 1, issued January 12, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm; or having documentation of ever having at least 10 milli-international units per milliliter of serum of antibodies to hepatitis B surface antigen.

(E) To COVID-19 means:

(i) Having received a complete series of COVID-19 vaccine as recommended by the Centers for Disease Control and Prevention;

(ii) Having received a dose of COVID-19 vaccine after having documented SARS-CoV-2 infection; or

(iii) Having had laboratory-confirmed SARS-CoV-2 infection within the preceding 90 days.

(b) "Exposed" for purposes of being susceptible to COVID-19 means having been:

(A) Within six feet of a confirmed COVID-19 case or presumptive COVID-19 case for 15 minutes or more within one day; or

(B) In contact with the infectious secretions or clinical specimens of a confirmed COVID-19 case or presumptive COVID-19 case.

(c) "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, 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.

(d) "Susceptible":

(A) For a child, means lacking documentation of immunization required under OAR 333-050-0050.

(B) For an employee of a school or child care facility, means lacking evidence of immunity to the disease.

(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 school administrator shall exclude a susceptible child who attends a school or children's facility if the administrator has reason to suspect that the child has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, hepatitis B, or COVID-19, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.

(4) A school administrator shall exclude a susceptible employee of a school or children's facility if the administrator has reason to suspect that the employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, hepatitis B, or COVID-19, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.

(5) A school administrator may request that the local health officer determine whether an exclusion under section (3) or (4) of this rule is necessary.

(6) If a local health officer receives a request from a school administrator to determine whether an exclusion is appropriate under this rule, the local health officer, in consultation as needed with the Authority, may consider the following non-exclusive factors in making the determination:

(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.

(7) The length of exclusion under this rule is one incubation period following the child or employee's most recent exposure to the disease.

(8) A susceptible child may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267(1).

(9) The infection control committee at each health care facility shall adopt policies to restrict employees with restrictable diseases from work in accordance with recognized principles of infection control.

(10) Nothing in these rules prohibits:

(a) A school or children's facility from adopting more stringent exclusion standards under ORS 433.284.

(b) A health care facility or food service facility from adopting additional or more stringent rules for exclusion of employees.

Statutory/Other Authority: ORS 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

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Appendix II

Transmission Routes and Prevention Measures

This Appendix provides information about transmission routes and recommended prevention measures. For guidance about when to exclude for specific diseases or symptoms, see **D Exclusions**.

*While all services require Standard Precautions in compliance with OSHA, individuals providing **special services** such as health care, close-contact support, and cleaning may need to take additional precautions related to increased exposure risks. Schools should collaborate with health professionals such as the school nurse and the local public health authority to inform required actions for specific scenarios.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">AIRBORNE</p> <p>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.</p>	<ul style="list-style-type: none"> • Pulmonary tuberculosis • measles • chickenpox • COVID-19 • smallpox (rare) • SARS (rare) 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (measles, chickenpox, COVID-19) ▶ Isolate persons with airborne diseases from public places until no longer infectious. Exclusion may be required. See D: Exclusions. ▶ Special services* may require Airborne Precautions, such as fit-tested N95 masks
<p style="text-align: center;">RESPIRATORY DROPLET</p> <p>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.</p> <p>Some droplets are also spread by contact with contaminated skin, mucous membranes, or surfaces.</p>	<ul style="list-style-type: none"> • common cold • influenza (flu) • meningococcal disease • whooping cough (pertussis) • COVID-19 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (flu, meningococcal, pertussis, COVID-19) ▶ 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. ▶ Isolation and exclusion may be required. See D: Exclusions. ▶ Special services* may require Droplet Precautions, such as medical-grade masks, eye protection (goggles or face shield), gloves and single-use isolation gowns.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p align="center">BLOODBORNE</p> <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 IV. ▶ Provide education to students and staff regarding risk factors and behaviors. ▶ Clean and disinfect items contaminated with body fluids as soon as possible. Have body fluid clean-up kits available for trained staff to utilize. Ensure compliance with the OSHA Bloodborne Pathogen Standards. ▶ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. See D: Exclusions and Appendix V. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) for splash risk.
<p align="center">CONTACT-MEDIATED</p> <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>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> <p>Note: Germs spread by respiratory droplet, such as cold and flu, are often spread by contact as well.</p>	<ul style="list-style-type: none"> • fungal infections (Example: ringworm) • herpes virus (Example: cold sores) • mononucleosis • skin infections (Examples: Staph and Strep) • varicella zoster virus (shingles) during the blister phase 	<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. ▶ Clean frequently touched objects and surfaces at least daily. ▶ Follow guidance from the CDC, Oregon-OSHA Bloodborne Pathogens, and the school district exposure control plan (SDEP) when handling potentially infectious items. ▶ Isolate infectious areas, such as by covering open sores completely, ensuring no fluids can leak from bandage. Exclusion may be required. See D: Exclusions. ▶ Special services* may require Contact Precautions including gloves and single-use isolation gowns. May need mask and eye protection (goggles or face shield) for splash risk.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">FECAL-ORAL</p> <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 EPA and district approved disinfectant. ▶ Isolation and exclusion may be required. See D: <p>Exclusions.</p> <ul style="list-style-type: none"> ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) for splash risk.
<p style="text-align: center;">FOODBORNE</p> <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. ▶ Isolation and exclusion may be required. See D: <p>Exclusions.</p> <ul style="list-style-type: none"> ▶ 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.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">SEXUAL</p> <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). ▶ Establish protocols for sexuality education and risk behavior prevention. Educate students using Oregon’s comprehensive sexuality curriculum to increase awareness of sexual health and safety issues. ▶ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. See D: Exclusions and Appendix V. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.
<p style="text-align: center;">WATERBORNE</p> <p>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.</p>	<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. ▶ 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. ▶ Prohibit ill students and staff from participating in water activities. ▶ Isolation and exclusion may be required. See D: Exclusions. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.

Appendix III

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 public health authority 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 public health authority (local public health authority, LPHA), with appropriate consent. The LPHA 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 LPHA, 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 **Disease-Specific Guidance** (pages 13-24) will assist school administrators regarding student attendance and restrictions.

School and district planning should anticipate cases of communicable diseases that occur in the school population. The school nurse should collaborate with the LPHA regarding when to report clusters of disease or disease outbreaks to the LPHA. If the school nurse is not available, another school staff member should be designated to contact the LPHA for reporting concerns or questions.

The LPHA may provide case-by-case guidance for school exclusions. The LPHA may also establish standing guidelines such that schools consistently exclude for specific symptoms or specific outbreak conditions. School and district communicable disease plans should clarify what is expected. When an outbreak occurs, the school nurse or designated school staff should collaborate with the LPHA regarding what (if any) communication should go out to the school community.

Appendix IV

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 V

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 public health authority/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 public health authority 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 public health authority 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 public health authority 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 public health authority 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 public health authority 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 2 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 public health authorities, 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 public health authority ([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 public health authorities, 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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