



SHERWOOD CHARTER SCHOOL

Communicable Disease Management Plan

Sherwood Charter School

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Adapted with permission from Molalla River School District's Communicable Disease Management plan, authored by Dr. Jan Olson.

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Introduction

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff. Communicable diseases can be transmitted from person to person by various routes. A basic understanding of how these diseases are transmitted and common prevention measures can help decrease the spread of infections. Early identification of signs and symptoms of communicable disease is of paramount importance to maintain the health of the school population and decrease school absenteeism.

In the school setting there is a prevention oriented approach for communicable disease which is grounded in education, role modeling and standard precautions and hygiene.

Prevention

Hand Washing is the most important action

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

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

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

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

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

It is important to wash hands:

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

- Before, during and after preparing food
- When hands are dirty

Exposure Avoidance

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

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

Communicable Disease Control Measures – Guidelines for Exclusion

Students and school staff who are diagnosed with a school-restrictable disease must be excluded from work or attendance. Susceptible students and school staff may also be excluded following exposure to selected diseases, per instructions to the school administrator from the local public health authority or per OHA state-wide posted notices. [OAR 333-019-0010; 333-019-0100]

Students should also be excluded from school if they exhibit:

- Fever: a measured oral temperature of 100.4°F, with or without the symptoms below.
 - Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin.
- Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage.
 - Stay home until rash is resolved OR until sores and wounds are dry or can be completely covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider.
- 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.
 - Seek medical attention; return to school when advised by a licensed healthcare provider.
- Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.
 - Stay home until 72 hours after cough resolves.
 - If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.

- Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so
 - Stay home until 48 hours after diarrhea resolves.
- Vomiting: at least 1 episode that is unexplained
 - Stay home until 48 hours after last episode
- Headache with a stiff neck and fever OR headache with recent head injury not yet seen and cleared by licensed health provider.
 - Recent head injury: consider ODE concussion guidance.
- Jaundice: yellowing of the eyes or skin (new or uncharacteristic)
 - Must be seen by a licensed prescriber and cleared before return to school
- Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.
 - Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.
- Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.
 - In case of head injury, consider ODE concussion guidance.
- Major health event: may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
 - Student should not be at school until health and safety are addressed.
 - School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.
- Student requiring more care than school staff can safely provide
 - Student should not be at school until health and safety are addressed.
 - School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

[View the Communicable Disease Exclusion Guidelines for Schools here.](#)

Outbreaks – Pandemic Plan

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the district RN for consideration of outbreak reports or control measure implementation. The attention to outbreaks, interventions and resources are highly dependent on the severity or communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through the district RN

in collaboration with administration and the local health department with the use of Oregon Health Authority Outbreak Toolkits for Schools.

Infectious Disease and Pandemic Plan

Seasonal Influenza

Influenza can spread quickly from sick staff and students to others who are nearby in the educational setting. Seasonal influenza, also known as “the flu,” is a contagious respiratory illness caused by flu viruses that infect the nose, throat, and lungs (see flu symptoms and complications). Staff and students are often in close contact, sharing the same space, supplies, and equipment for long periods of time. As a result, there is an increased risk that staff and students will spread flu and other illnesses to each other. Flu spreads mostly by droplets containing flu viruses traveling through the air (up to 6 feet) when a sick person coughs or sneezes. Less often, people might get flu by touching surfaces or objects with flu viruses on them and then touching their eyes, nose, or mouth. The CDC recommends that people practice everyday preventive actions (or personal NPIs) at all times to protect themselves and their community from flu and other respiratory infections.

Flu and Other Pandemic Viruses, including COVID-19

The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new flu virus that is different from seasonal flu viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to the pandemic flu virus. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings.

Control Measures

When a new virus emerges, it can take up to 6 months before a pandemic vaccine is widely available. When a vaccine is not available, NPIs are the best way to help slow the spread of the virus. They include personal, community, and environmental actions. These actions are most effective when used together. NPIs also can provide protection against other infectious diseases in schools. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPI’s in the school setting and at school-sponsored events.



Personal NPIs are everyday preventive actions that can help keep people from getting and/or spreading flu. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.



Community NPIs are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include increasing space between students in classrooms, making attendance and sick-leave policies more flexible, canceling large school events, and temporarily dismissing schools.



Environmental NPIs are surface cleaning measures that remove germs from frequently touched surfaces and objects.

Everyday Measures - Personal NPIs

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health services plan. Routine control measures include:

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the school setting.

Control measures are incremental based on the current situation. The current situation will be defined by the public health entities based on the severity, the incidence and the proximity to the school setting leading to level based responses.

When cases of novel viruses are identified globally

When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, which may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent’s responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

ROUTINE PRACTICES

Personal NPI’s	Community NPI’s	Environmental NPI’s	Communication
<ul style="list-style-type: none"> • Routine hand hygiene • Respiratory Etiquette • Stayhome when ill. 	<ul style="list-style-type: none"> • <u>Routine illness exclusion</u> 	<ul style="list-style-type: none"> • Routine sanitizing. 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication.

When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., it is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. During this time, planning will need to be initiated on the continuity of education in the event of school closure.

LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION-PREVENTION FOCUSED

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. • Cover coughs/sneezes, throwaway tissues at each use, wash your hands. • Stay home when ill for at least 24 hours after fever free without the use of fever-reducing medication. 	<ul style="list-style-type: none"> • Identify baseline absentee rates to determine if rates have increased by 20% or more. • Increase communication and education on respiratory etiquette and hand hygiene in the classroom. • Teachers can provide age-appropriate education. • Communicable Disease surveillance-monitoring and reporting student illness. • Increase space between students in the classroom. • Instruct students in small groups as feasible. 	<ul style="list-style-type: none"> • Increase sanitizing of flat surfaces and shared surfaces • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school with febrile respiratory illness until parents can pick up. • Discourage the use of shared utensils in the classroom. 	<ul style="list-style-type: none"> • Provide communications to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers in regards to attendance.

When cases of novel viruses are identified in the community

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow local public health guidance as well. When the local transmission is detected, planning for dismissal and academic continuity should be prioritized. As well, plans for prolonged staff absences should be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Public health-specific guidance Be prepared to allow your staff and students to stay home if someone in their house is sick. 	<ul style="list-style-type: none"> Public health guidance Increase space between people at school to at least 3 feet, as much as possible. Temporarily dismiss students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school). 	<ul style="list-style-type: none"> Public health-specific guidance. Modify, postpone, or cancel large school events as coordinated with LHD. 	<ul style="list-style-type: none"> Work with LHD to establish timely communication with staff and families. Provide communication to staff about the use of sick time and a reminder to stay home when sick. Advise parents to report actual symptoms when calling students in sick as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the man power to impose individual restrictions and may create public statements that the school district should reiterate.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Follow public health direction. 	<ul style="list-style-type: none"> Follow exclusion guidance designated by the Local Public Health Authority, which may include student dismissal. 	<ul style="list-style-type: none"> Follow local public health direction on environmental cleaning, which may include school closure and canceling major events. 	<ul style="list-style-type: none"> Coordinate Communication with the Local Public Health Authority. Identify potentially immediately impacted student populations such as Seniors and graduation track.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 24 hours fever free without the use of fever-reducing medications. 	<ul style="list-style-type: none"> • Routine illness exclusion when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> • Routine sanitizing when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication. • Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the plans needed to make up lost academic time.

Special Considerations

Employee Sick Leave

Administration should work to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regards to lost work, such as maximum incubation period exclusion (10-14 days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised or who are identified as potential cases.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their provider.

COVID-19 Specific Prevention Measures and Procedures for the 2021-2022 School Year

The 2021-2022 Ready Schools Safe Learners Resiliency Framework for COVID-19 includes specific measures that school must address.

Risk Assessment

A risk assessment to address COVID-19 in the workplace is required. Sherwood Charter School's assessment can be found [here](#).

Designated Contacts

The designated point person for Sherwood Charter School is Joy Raboli, Administrator. She is responsible for the implementation and oversight of safety and mitigation measures and for COVID related inquiries. The school office team (including the Office Manager, Administrative Specialist and Secretary) will be responsible for data entry and logs, reports, and, in partnership with the LPHA, case and contact data and follow up.

Prevention Oriented Measures

Masks and physical Distancing

Sherwood Charter School will align to all current executive orders and guidelines regarding mask wearing. Currently all visitors, staff and students over the age of 5 will be required to wear masks while on school campus as well as during school sponsored activities. All future executive orders will be followed.

Students and staff will also maintain to the extent possible 3 feet distance when wearing masks and 6 foot distance when masks are not worn (such as when eating or taking a mask break).

Hand Hygiene

Students will be encouraged and directed to wash and sanitize hands throughout the day, including before and after eating and recess.

Cohort Tracking/Contact Tracing

Students will maintain grade level cohorts, with additional lists for any small groups or other activities. Other close contact will be logged using contact forms so that lists can be compiled for any possible exposures where there was close proximity (within 6 feet or as designated by the ODE Framework for the 2021-2022 school year, if wearing masks within 3 feet) for 15 minutes or more.

Environmental Health

As ventilation and airflow are key tools to reduce viral spread, all classrooms will have portable air purifiers running at all times along with upgraded HVAC filters in all portable classrooms. Outside air flow will also be prioritized into the classroom when possible. Surfaces will also be sanitized regularly throughout the day.

Vaccination

Vaccination is one of the best methods of stopping the pandemic and returning society to a typical pattern of Function (Oregon Health Authority, 2021). Vaccines are not typically offered in the school setting and will not be administered by school staff. As vaccination status does impact quarantine, proof of vaccination may be required in the event of an exposure in the school setting to remove quarantine restrictions.

Testing

Testing for COVID-19 will be done in the school setting relative to current rapid testing guidelines and requirements. Testing will occur only under the specified circumstances identified in the state testing manual when appropriate parent authorization is provided. Staff will have access to appropriate PPE and students, or staff being tested, will be provided appropriate patient privacy.

Response Oriented Measures

Screening and Exclusion

Universal screening will not be used in the 2021-2022 school year, but students will be passively screened for symptoms during the school day. In the event of illness, exclusion guidelines will be followed as per the above.

Isolation and Quarantine

As per OAR 581-022-2220, a health care space that is appropriately supervised and adequately equipped for first aid and isolation of ill or injured child from the student body will be maintained. When students are identified with restrictable diseases or excludable symptoms, students will be isolated in an appropriate space until they can be dismissed to home. This space will have adult supervision and will be cleaned regularly.

Communication Process

Families will be received reminders of exclusion guidelines throughout the year as well as regular updates from the school office. In the event of an outbreak or case at school, they will be notified when their children are impacted in collaboration with the LPHA.

Staff will be regularly contacted and notified of any outbreak or case of COVID-19 at school. They will also receive communication regarding any accommodations needed for impacted students.

References

Sherwood Charter School Board Policies

[Communicable Diseases JHCC](#)

[Communicable Diseases JHCC-AR](#)

[Student Health Services JHC](#)

[Communicable Diseases GBEB](#)

[Communicable Diseases GBEB-AR](#)

Oregon Legislation

[ORA 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions](#)

[OAR 581-022-2200 Health Services](#)

[ORS 410-133-0000 School Based Health Services](#)

Get Your School Ready for Pandemic Flu, 2017. Atlanta, GA: Community Interventions for Infection Control Unit, Division of Global Migration and Quarantine, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, April 2017.

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