Communicable Disease Plan

Academy for Character Education

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Introduction

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

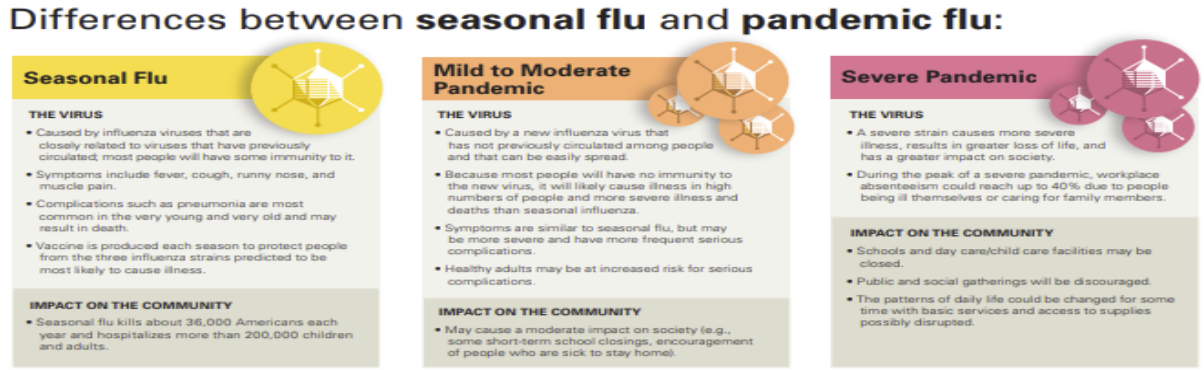
There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity but include cough, low-grade fever, sore throat (SDDH, 2019; Weatherspoon, 2019).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (CDC, 2020).

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a variant virus. Pandemic refers to the global circulation of a novel or variant strain of respiratory viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. 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 (CDC, 2016).



(Image: CDC)

Purpose

The purpose of this document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. NPI's, specifically in regards to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat.

Control Measures

While prophylactic vaccine and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza. These are not always accessible for novel strains. Non-pharmaceutical interventions (NPI's) are essential actions that can aid in the reduction of disease transmission. 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 (CDC, 2017).

(Image: CDC)

Everyday Measures

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 lending 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.

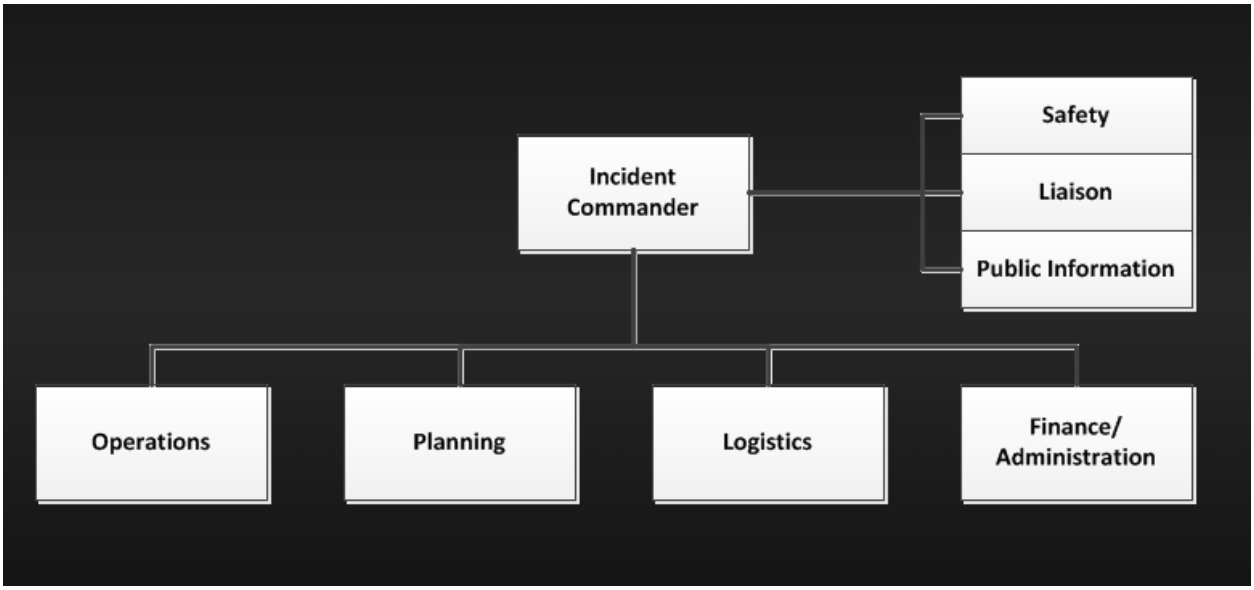
ROUTINE PRACTICES

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene. • Respiratory Etiquette • Stay home when ill.	• Routine illness exclusion (Appendix A).	• Routine sanitizing.	• 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. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Lane County, the Local Health Department (LHD) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district.

The response team should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities at minimum to meet the general structure of Incident Command.



(Image: prepare.gov)

When public health has deemed a novel virus a pandemic threat, defer to the CDC checklist for schools (Appendix B) in order to establish a specific emergency response framework with key stakeholders. During this time, planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication

• Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing • not an option. Cover coughs/ sneezes, throw away 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.	• 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 (Appendix C). • Increase space between students in the classroom. • Instruct students in small groups as feasible.	• 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.	• 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
• Public health-specific guidance • Be prepared to allow your staff and students to stay home if someone in	• Public health guidance • Increase space between people at school to at least 3 feet, as much as possible. • Temporarily dismiss students attending childcare	• Public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with LHD.	• 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.

their house is sick.	facilities, K- 12 schools (Teachers report to work, students do not report to school).		• 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
• Follow public health direction.	• Follow exclusion guidance designated by the Local Public Health Authority, which may include student dismissal.	• Follow local public health direction on environmental cleaning, which may include school closure and canceling major events.	• 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
• 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.	• Routine illness exclusion when LPHA deems processes may return to baseline.	• Routine sanitizing when LPHA deems processes may return to baseline.	• 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.

School Closures

If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration to ensure processes are consistent with legal preparedness processes (http://www.publichealthlaw.net/Projects/panflu.php).

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 COMMUNICABLE DISEASE MANAGEMENT

This plan is intended to be used in conjunction with the districts School Health Services Manual, Communicable Disease Plan, Pandemic Plan, and Exposure Control Plan, to meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education *Ready Schools Safe Learners* guidance. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control and Prevention *Reopening Guidance for Public Spaces.*

Background

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. While many cause mild illness, some, like COVID-19, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and trouble breathing. COVID-19 has additionally been reported to cause symptoms such as muscle pain, sore throat, headache, fatigue, nausea, vomiting, diarrhea, congestion/runny nose, and loss of taste or smell. Some people with the virus have mild symptoms or no symptoms, while other people can get quite sick and rarely people die from COVID-19 related complications (OHA, 2020).

COVID-19 is spread when people breathe in (or touch and expose themselves to) the droplets made when ill people cough, sneeze, sing, or talk. This can happen when someone is close to a sick person, within six feet. Rarely, people might catch COVID-19 by touching a surface that a person with the infection coughed or sneezed on, and then touching their own mouth, nose, or eyes. Coronaviruses can’t survive for long on surfaces though, so this isn’t currently thought to be common (OHA, 2020).

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to include slowly and incrementally reopening public spaces. Relative to school districts this requires coordinated infection control planning for the upcoming school year with a framework for specified areas of intervention:

- Social distancing
- Identification/screening, isolation, and exclusion of diagnosed or symptomatic students / staff
- Infection control and prevention including Personal Protective Equipment
- Communication
- Education
- Safe Facilities

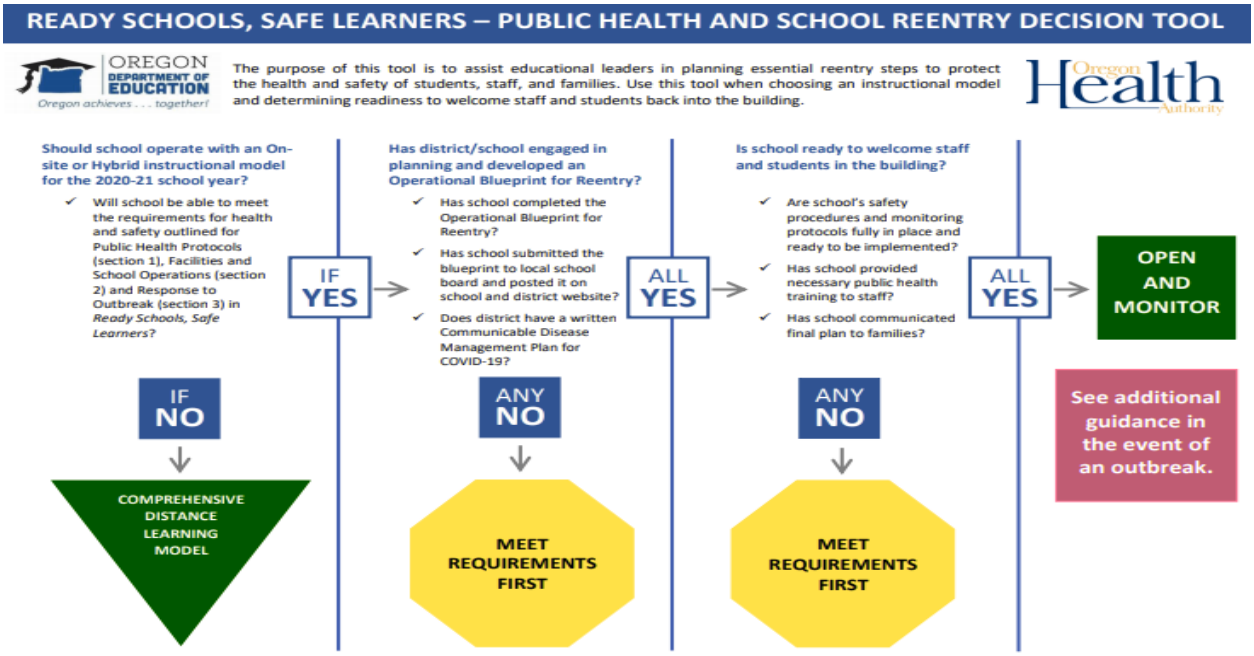
Guiding Principles

Any setting where people gather poses increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not currently been found to contribute substantially to the spread of the virus, it is important to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit infection to high risk individuals (NCDHHS, 2020).

In regard to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff related to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk	**More Risk**	**Highest Risk**
Students and teachers engage in virtual-only classes, activities, and events.	Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or rotated scheduling to accommodate smaller class sizes).	Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

The risk level category will be systematically approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school setting which will be used to revise interventions as they are delivered. Public Health Guidance will determine school's ability, capacity, and safety to reopen. It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, so too will infection control guidance be fluid. The district must be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting.



Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19 and it may be necessary to provide specific accommodations to these individuals to ensure safety.

Families of students who are high risk may produce provider's orders indicating when they must stay home beyond that of a general student. School nurses will identify and communicate with families of known high-risk students before school reopening.

Due to the high volume of students with asthma, communication should be made via district and school newsletter to advise families that students with asthma should connect with their provider before school starting to determine any measures that may be necessary for that student individually, to update any restrictions in writing, to update prescriptions for the school setting, and to help inform possible school accommodations. As needed, IHPs, 504s and IEPs may need to be revised by the education team to account for changes in provider orders, health restrictions, or to consider school accommodations.

It is also important to remember that many students and staff members may have fragile family or household members, and accommodations may be necessary for those situations. While we cannot compel families to disclose protected health information, a family provider or specialist can write a note expressing that the student and family could be kept safer with homebound instruction due to frail health in the family.

Due to the nature of health privacy, staff members must self-identify as high risk. While they do not have to provide a diagnosis to the district, documentation from the provider on accommodations may be necessary.

In any of these circumstances, specific measures may be put in place to reduce the risk of transmission to vulnerable populations:

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

• Offer alternative options for students and staff at higher risk for severe illness to limit their potential exposure.

o Staff: telework, modified job responsibilities that limit exposure risk, accessible PPE o Students: virtual learning opportunities
o Ensure protection of privacy

Leave (Time Off) Policies and Excused Absence Policies

Leave policies are the responsibility of human resources and district administration. Reference is made in this document relative to COVID-19 specific absences.

o Revised sick leave policies and practices should be provided that enable staff to stay home when they are sick, have been exposed, or are caring for someone who is sick related to COVID-19.

- ▪ Communicate policies and procedures for leave, telework, and employee compensation.

- ▪ Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members, and must be in alignment with contracts.

o Clearly define and communicate return-to-school guidelines after COVID-19 illness (as per public health requirements).

Back-Up Staffing Plan

o A roster of trained staff for key positions should be created for essential roles in the event that these individuals must be out for prolonged periods of time.

COVID-19 Specific Communicable Disease Management

Existing *Communicable Disease Management Plan* should be deferred to for standards in disease control and prevention. Increased attention and education should be paid to these measures, including reinforcing routine measures such as hand and respiratory hygiene, establishing screening protocols and isolation and exclusion practices, and ensuring access to appropriate PPE.

Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

o Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.

▪ If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer). At the very least, all individuals entering the school should be asked to wash or sanitize their hands upon entry.

o Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

▪ If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).

Isolation Plan

If a student become ill while on campus, he/she will be taken to the isolation room and monitored by a staff member. The parents will be notified as soon as the student is taking to the isolation room.

The students temperature will be taken and if symptomatic for Covid, a rapid test will be administered.