



Communicable Disease Plan

Utilizing ODE/OHA Guidance for Schools

Updated August, 2022

Overview

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

Pendleton School District Plan includes the following:

A. EQUITY (Page 2)

- Promote educational systems that support every child’s identity, health and well-being, beauty and strength.

B. REGULATIONS (Page 3 and Appendix I)

- Recognizing responsibility for communicable disease control.

C. COLLABORATION (Page 4)

- Collaborating with school health experts and school staff across all disciplines.

D. PREVENTION (Page 5)

- Implementing measures to prevent and reduce communicable disease transmission.

E. EXCLUSIONS (Page 7)

- Identifying when exclusion is necessary based on symptoms, diagnoses, or exposure to communicable disease.
 - Symptom-Based Exclusion Guidelines (Pages 8-9)
 - Guidance for Students, Staff, and Families
 - Disease Specific Guidelines (Pages 12-21)

APPENDICES

- **APPENDIX I** Oregon Public Health Law (Pages 23-25)
- **APPENDIX II** Transmission Routes and Prevention (Pages 26-29)
- **APPENDIX III** School Attendance Restrictions and Reporting (Page 30)
- **APPENDIX IV** Guidelines for Handling Body Fluids (Pages 31-32)
- **APPENDIX V** Isolation Room Protocol (Pages 33-34)

A. Equity

The Pendleton School District is committed to providing an education system that supports every child's identity, health and well-being, beauty, and strengths. Equity must be at the center of all decision making at the district and school level. As such, we utilize the guidance for health equity from the Oregon Department of Education and Oregon Health Authority published in the Communicable Disease Guidance for Schools. We employ our board policy [JBB for Educational Equity](#) and utilize [IMESD Equity Lens Questions](#) for making decisions to determine potential disproportionate impact on historically underserved communities and those who existing systems most marginalize by exacerbating existing conditions of inequity.

Pendleton School District remains committed to respond to the devastating impact of the COVID-19 Pandemic as we shift focus to address the long-term health, safety, and education impacts of communicable disease in schools. We continue to plan and respond to communicable disease in schools to:

- Ensure safety and wellness. Prioritize base needs such as food, shelter, wellness, supportive relationships and support for mental, social, and emotional health of students, staff, and families.
- Center health and well-being. Acknowledging the health and mental health impacts of the past few years centering on the needs of the whole child including creating learning opportunities that foster creative expression, make space for reflection and connection, and lead to academic excellence in all of its forms.
- Cultivate connection and relationship. Reconnecting each fall and throughout the school year through quality learning experiences and authentic interpersonal relationships with students, staff and families.
- Prioritize equity. Recognize the disproportionate impact of COVID-19 on Black, American Indian/Alaskan Native, and Latino/a/x, Pacific Islander communities; students experiencing disabilities; students and families navigating poverty and houselessness; students and families with underlying medical conditions; and students living in rural and remote areas of our district.
- Innovate. Seize every opportunity to improve teaching and learning by iterating new instructional strategies, rethinking learning environments, and investing in creative approaches to address unfinished learning.

B. Regulations

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

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; and

...

(g) Compliance with Oregon-OSHA Bloodborne Pathogens standard (Div. 2/Z 1910.1030) for all persons who are assigned to job tasks that may put them at risk for exposure to blood or other potentially infectious materials (OPIM) (ORS 191.103)

...

2) School districts shall adopt policies and procedures which consider admission, placement and supervision of students with communicable diseases, including but not limited to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

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 or a susceptible employee of a school or children's facility if the administrator has reason to suspect that the child or employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, 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 section (4) of this rule is necessary.

C. Collaboration

School health is a shared responsibility.

Health policy and procedures in the school setting are developed in collaboration with individuals trained and licensed in the health field, who have school-specific knowledge.

Pendleton utilizes resources such as:

- School nurse; registered nurse practicing in the school setting
- Local public health authority (see Appendix II)
- School-Based Health Centers
- Community health care providers
- Oregon Occupational Health and Safety Administration (OSHA)
- Oregon Health Authority, Public Health Division (PHD) including
 - OHA [Immunization Program for schools](#)
 - OHA [Acute and Communicable Disease Program resources for schools](#)

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

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

Health Education

Pendleton develops and uses K-12 developmentally appropriate curricula that addresses the prevention of communicable diseases. For example, teach effective hand washing, provide parent information on recognizing signs and symptoms of communicable illness and when to keep ill children home, teach appropriate sexuality education to prevent the spread of sexually transmitted infections and encourage age-appropriate hygiene for all levels.

Physical Education

Pendleton develops and promotes K-12 programs that ensure communicable disease prevention in all physical education and sport areas. For example, 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

Pendleton provides school-based or school-linked access (school nurses, school-based health centers) to communicable disease prevention services, referrals to health care providers, and training to assess, coordinate and report to local health departments.

Nutrition Services

Healthy students require balanced and nutritious diets to strengthen the immune system to fight illness. Safety measures must be followed to ensure that all food, food areas and utensils are prepared and cleaned in accordance with public health guidelines to prevent outbreaks of foodborne illness.

School Counseling, Psychological and Social Services

Work collaboratively with Health Services personnel to minimize fear and confusion for students and staff that often occur with communicable disease incidents or outbreaks. Make appropriate referrals of students to Health Services personnel. Act as a liaison to Health Services in following the district policy regarding the reporting of communicable diseases when information is made available from other staff, students and parents and assist in giving accurate information as permitted by confidentiality policies.

Healthy Schools Environment

Pendleton develops policies and procedures that align with Oregon Public Health law regarding exclusion of ill students and staff with specified communicable diseases and conditions (see p.10-11 and p.14). Pendleton develops, implements and reviews on an annual basis the Exposure Control Plan for Bloodborne Pathogens in the school setting per the OROSHA rule.

Pendleton updates when necessary to reflect occupational exposures related to new or modified tasks and procedures and new or revised employee positions.

Health Promotion for Staff

Pendleton encourages a healthy lifestyle that reduces communicable disease risks for staff. For example, complete up-to-date immunizations, practice and model effective hand washing, practice and model effective respiratory etiquette, and training in communicable disease recognition and prevention.

Family and Community Involvement

Pendleton promotes meaningful partnerships among schools, families and communities to enhance the prevention of communicable disease in youth. For example, circulate newsletters on current communicable disease issues and sponsor PTA information programs to include communicable disease topics of interest to the school-age population.

D. Prevention

School-wide efforts and individual behaviors can reduce risk of disease transmission. All staff participate in annual training for safety and wellness.

School Prevention Efforts

School districts should have a “prevention oriented health services program” which is “appropriately supervised and adequately equipped” [\[OAR 581-022-2220\]](#). School processes and protocols should be established to reduce the spread of disease, in collaboration with school health experts. We provide layered mitigation strategies to prevent illness and keep students in schools learning with teachers and staff.

Pendleton School District uses the following prevention processes and procedures:

- Surfaces or objects commonly touched by students or staff (such as door knobs, desk tops, toys, exercise mats) are cleaned at least daily.
- Surfaces or objects soiled with body fluids (such as blood, phlegm, vomit, urine) are cleaned as soon as possible. After the fluid is removed, the surface or object is disinfected, using gloves and other precautions to avoid contact.
- The school’s ventilation system is appropriately maintained.
- Schools provide developmentally appropriate health education including comprehensive sexuality education, hygiene and appropriate barrier methods to reduce the spread of disease.
- Schools verify immunization requirements and provide related information and education in a format understandable to parents and families.
- The schools 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. [\[OAR 581-022-2220\]](#) Schools and District staff consult with the school nurses to develop and maintain care protocols.

Special protocols may be necessary related to specific illnesses or disease outbreaks. Pendleton School District consults with local health authorities regularly to ensure alignment and best practices.

Understanding disease transmission routes informs our communicable disease plan and exposure control policies. See Appendix II for more information about transmission routes and related prevention measures.

Individual Behaviors

All students and staff receive education and training to maintain good hygiene and behave in ways that reduce the spread of disease. (See **Transmission Routes and Prevention Measures.**) Examples include handwashing, wearing a face covering, respiratory etiquette, and avoiding public settings when ill. All staff and students follow Standard Precautions (See Appendix III) to reduce body fluid exposure, and should report any body fluid contacts with broken skin, mucous membranes (in the nose, mouth or eyes) or through puncture wounds (such as human bites and needle stick injuries) to the school nurse and/or school administrator.

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

It is important to wash hands	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • before and after preparing, serving, or eating food • before and after water activities or swimming • before and after caring for someone who is sick • before and after treating a cut or wound • when hands are visibly dirty.

For effective hand washing (<http://www.cdc.gov/Features/HandWashing>): Use plenty of soap and water. Scrub vigorously wrists, tops of hands, between fingers, under and around rings, palms and fingernails for 20 seconds. Rinse well. Dry. Turn off the faucet with a paper towel so clean hands stay clean.

Respiratory Illnesses: Wearing a face covering is an effective way to reduce the spread of respiratory illnesses including COVID-19. When local transmission rates of respiratory illnesses are high, all individuals should wear face coverings to prevent the spread. Cough, fever and other symptoms caused by respiratory illnesses lead to student and staff absences from school interrupting learning. Wearing a face covering reduces transmission rates in schools.

E. Exclusions

Guidelines for School Staff

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

Students and staff **DIAGNOSED** with a reportable school-restrictable disease must be excluded from the school setting until permitted to return per local public health guidance. Other illnesses warrant exclusion until no longer contagious. See **Disease-Specific Guidelines** (p 12-21).

Students and staff should be excluded from the school setting if they exhibit **SYMPTOMS** of communicable disease. See **Symptom-Based Exclusion Guidelines** (p 8-9).

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

School personnel considering a student exclusion also consider the following:

- Only a licensed health care provider can determine a diagnosis or prescribe treatment.
- The school administrator is required by Oregon law to enforce exclusion. [[OAR 333-019-0010](#)]
- Collaboration with the registered nurse practicing in the school setting is recommended and may be legally required, especially if health issues relate to a student's chronic condition. A school nurse is defined as a registered nurse certified by the Teacher Standards and Practices Commission to conduct and coordinate school health services [[ORS 342.455](#)]. "A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student." [[ORS 336.201](#)]
- Messages about health should be created in collaboration with those licensed or trained in the health field. The registered nurse practicing in the school setting or the local public health authority should be consulted regarding notifying parents/guardians about health concerns, including risks and control measures.
- [Specialized Clinical Procedures](#) guidance will be utilized to reduce the spread of respiratory diseases while maintaining serves for students with special healthcare needs.
- During times of increased concern about a specific communicable disease, such as local disease outbreak, changes to this guidance may be warranted. School administrators should work with local public health authorities regarding screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern.

Symptom-Based Exclusion Guidelines

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

***PRIMARY SYMPTOMS OF COVID-19:** fever, cough, difficulty breathing or shortness of breath and loss of taste or smell.

- **Experiencing 2+ primary symptoms of MAY RETURN AFTER**
 - If COVID-19 test is negative, Follow Symptom Specific Exclusion Rules below
 - If COVID-19 test is positive, isolate for at least 5 days from symptom onset
 - If not tested, isolate for at least 5 days from symptom onset
 - AND following symptom-specific guidance below.
1. ***FEVER:** a measured oral temperature equal to or greater than 100.4°F.
 - **MAY RETURN AFTER** fever-free for 24 hours without taking fever-reducing medicine.
 2. ***COUGH:** persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider **OR** any acute (non-chronic) cough illness that is frequent or severe enough to interfere with active participation in usual school activities.
 - **MAY RETURN AFTER** symptom-free for 24 hours (no cough or cough is well-controlled).
 3. ***DIFFICULTY BREATHING OR SHORTNESS OF BREATH** not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
 - **MAY RETURN AFTER** symptom-free for 24 hours
 - This symptom is likely to require immediate medical attention.
 4. ***NEW LOSS OF TASTE OR SMELL**
 - **MAY RETURN** per guidance for 2+ primary COVID-19 Symptoms.
 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 for specific diarrheal diagnosis.
 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 unexplained sores or wounds **OR** draining rash, sores, or wounds that cannot be completely covered with a bandage and clothing.
 - **MAY RETURN AFTER** rash is resolved **OR** until draining rash, sores or wounds are dry or can be completely covered **OR** after seen and cleared by a licensed healthcare provider.

9. **EYE REDNESS AND DRAINAGE:** unexplained redness of one or both eyes **AND** 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.
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.
 - These symptoms 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 active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
 - **MAY RETURN AFTER** health and safety are addressed.
 - Medical attention strongly recommended. Written instructions from a licensed healthcare provider are likely to be required.
 - School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

End of symptom-based exclusion guidelines

You may receive a letter with the following information during the school year:

Dear Parent/Guardian:

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

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

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

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

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







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

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

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

PLEASE KEEP ILL STUDENTS OUT OF SCHOOL

The list below gives school instructions, not medical advice. Please contact your health care provider with health concerns.

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER...
 Fever: temperature of 100.4°F (38°C) or greater	*The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses. *Fever-free for 24 hours without taking fever-reducing medicine AND per guidance for primary COVID-19 symptoms.
 New cough illness	* Symptoms improving for 24 hours (no cough or cough is well-controlled) AND per guidance for primary COVID-19 symptoms.
 New difficulty breathing	* Symptoms improving for 24 hours (breathing comfortably) AND per guidance for primary COVID-19 symptoms. <i>Urgent medical care may be needed.</i>
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
 Vomiting: one or more episode that is unexplained	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
 Headache with stiff neck and fever	*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions above. <i>Urgent medical care may be needed.</i>
Skin rash or open sores	*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.
Red eyes with colored drainage	*Symptom-free, which means redness and drainage are gone OR with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	*After the school has orders from doctor or local public health authority to school nurse.
Acting differently without a reason: unusually sleepy, grumpy, or confused.	*Symptom-free, which means return to normal behavior OR with orders from doctor to school nurse.
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.	*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.

Disease-Specific Guidelines

Follow recommended actions when a health care provider has diagnosed a communicable disease or a person exhibits related symptoms.
 NOTE: This document is not a diagnostic tool. Related symptoms may inform exclusion but school staff do not diagnose.

Restrictable diseases require exclusion. If the student or staff has any of the following diseases, then clearance by the local health department is required before the individual returns to school: **chickenpox, COVID-19, diphtheria, Hepatitis A, Hepatitis E, measles, mumps, pertussis (whooping cough), rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic E. coli (STEC) infection (O157 and others), shigellosis, and infectious tuberculosis.**

Oregon Public Health laws regulate which diseases are “restrictable” and/or “reportable”. See Appendix III regarding reportable diseases.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
ATHLETE’S FOOT <ul style="list-style-type: none"> Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet 	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infectious areas Indirect contact with infected articles <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Until treated 	<ul style="list-style-type: none"> Restrict walking barefoot, sharing towels, socks & shoes Encourage use of sandals in shower Routine disinfection of showers and locker room floors with approved agents
CHICKENPOX (Varicella) <ul style="list-style-type: none"> Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters, scab over 	<p><u>Exclude:</u> Refer to Exclusion Guidelines on pages 8-9.</p> <p><u>Restriction:</u> Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears)</p>	<p><u>Spread by:</u></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><u>Communicable:</u> 2 days before to 5 days after rash appears</p>	<p>Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school</p> <p>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.</p>

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<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>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: NO</p>	<p>Spread by:</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>Communicable:</p> <ul style="list-style-type: none"> • Variable and poorly defined 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • Cover mouth, nose if coughing or sneezing • Encourage appropriate disposal of used tissues
<p>COVID-19 Respiratory illness caused by SARS-CoV-2</p> <ul style="list-style-type: none"> • Mild to severe illness that can include fever or chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell • Other symptoms include fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea 	<p>Exclude: YES, Refer to guidelines on page 8-9</p> <p>Restrictions: YES, minimum 5-day exclusion from day of positive test or day of symptom onset, whichever is earlier, with earliest return on day 6 if symptoms resolving. See Oregon COVID Investigative Guidelines, for additional details regarding isolation.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Droplets from coughing or sneezing • Airborne small particles released when breathing, talking, singing • Rarely: Direct or indirect contact with contaminated skin or surfaces <p>Communicable:</p> <ul style="list-style-type: none"> • Asymptomatic carriers can transmit • 2 days before onset of symptoms, up to 10 days following onset of illness. (Persons with immune compromise may be communicable for longer) 	<ul style="list-style-type: none"> • Wear a fitted face covering over mouth and nose • Wash hands thoroughly and often • Cover mouth, nose if coughing or sneezing • Encourage appropriate disposal of used tissues • Physical distancing • Environmental cleaning • Isolation and Quarantine sick and exposed people • Adequate Airflow and Circulation • Vaccination

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>DIARRHEAL DISEASES</p> <ul style="list-style-type: none"> Loose, frequent stools, sometimes with pus or blood Vomiting, headaches, abdominal cramping or fever may be present 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: Exclude students with acute diarrhea.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with feces Consumption of water or food contaminated with feces <p>Communicable:</p> <ul style="list-style-type: none"> Varies from hours to several days 	<ul style="list-style-type: none"> Wash hands thoroughly and often, especially after using bathroom or diapering/toileting children No food handling / preparation; No cafeteria duty
<p>FIFTH DISEASE</p> <ul style="list-style-type: none"> Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider permission or when no rash or signs of illness are present</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> Greatest before onset of rash when illness symptoms occur No longer contagious after rash appears 	<ul style="list-style-type: none"> Wash hands thoroughly and often Encourage student to cover mouth/nose when coughing/sneezing Encourage safe disposal of used tissues Contact school nurse for recommendations for pregnant females/immunocompromised persons exposed by suspected/confirmed case Contact local health department for latest recommendation for pregnant Females exposed in school outbreak situations
<p>HAND, FOOT & MOUTH DISEASE</p> <ul style="list-style-type: none"> Sudden onset fever, sore throat and lesions affecting mouth, hands, feet and genitals. 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider permission or when blisters are gone</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with nose and throat discharges or feces <p>Communicable:</p> <ul style="list-style-type: none"> During acute stage of illness and potentially for several weeks after in stool 	<ul style="list-style-type: none"> Wash hands thoroughly and often Good personal hygiene especially following bathroom use Reinforce use of standard precautions

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HEAD LICE</p> <ul style="list-style-type: none"> Itching of scalp Lice or nits (small grayish brown eggs) in the hair <p>*See additional ODE guidance document on Head Lice</p>	<p>Exclude: Refer to CDC guidance on head lice.</p> <p>Restriction: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with infected person Indirect contact with infected articles (rarely) <p>Communicable:</p> <ul style="list-style-type: none"> Only when live bugs present 	<ul style="list-style-type: none"> Refer to CDC guidance on head lice. Check siblings/close contacts for symptoms Avoid sharing/touching clothing, head gear, combs/brushes Contact school nurse or local medical provider for further treatment information.
<p>HEPATITIS A & E</p> <ul style="list-style-type: none"> Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay-colored stools May have mild or no symptoms 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restricted: YES. May attend only with local public health authority permission.</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 Exclude exposed, susceptible persons from school.
<p>HEPATITIS B & C</p> <ul style="list-style-type: none"> Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay-colored stools and jaundice 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: NO – Restrictions may apply to “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) [OAR 333-019-0010]</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 Refer to OSHA Bloodborne Pathogens Standard & CDC guidance for HBV, HCV and HIV

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 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Blood getting under the skin (e.g., through needles); or through sexual contact • Some individuals have no symptoms but can spread the disease. <p>Communicable:</p> <ul style="list-style-type: none"> • Lifetime infectivity after initial infection with virus 	<ul style="list-style-type: none"> • Strict adherence to standard precautions when handling body fluids • Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the school nurse. • Refer to OSHA Bloodborne Pathogens Standard & CDC guidance for HBV, HCV and HIV
<p>IMPETIGO</p> <ul style="list-style-type: none"> • Honey-crusted sores (often around the mouth and nose) 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider permission, or when lesions are dry and crusted with no drainage.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with drainage from sores <p>Communicable:</p> <ul style="list-style-type: none"> • As long as sore drains if untreated 	<ul style="list-style-type: none"> • Wash hands thoroughly and often • No cafeteria duty while sores present • Avoid scratching or touching sores • Cover sores if draining • No sharing personal items when lesions are present • No contact sports (wrestling) if drainage cannot be contained.
<p>INFLUENZA (flu)</p> <ul style="list-style-type: none"> • Mild to severe illness that can include fever or chills, cough, Shortness of breath or difficulty breathing • Other symptoms may include fatigue, muscle or body aches, headache, sore throat, nasal congestion or running nose, nausea or vomiting, and diarrhea 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Droplets from coughing or sneezing <p>Communicable:</p> <ul style="list-style-type: none"> • 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness 	<ul style="list-style-type: none"> • Vaccination: recommended annually for all persons ≥ 6 months of age • Wash hands thoroughly and often Cover mouth/nose when coughing or sneezing • Encourage appropriate disposal of used tissues • See website for up-to-date information: http://flu.oregon.gov/Pages/Learn.aspx

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>MEASLES</p> <ul style="list-style-type: none"> Fever, eye redness, runny nose, and a very harsh cough 3–7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: YES. May attend with local public health authority permission</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Airborne droplets from coughing <p>Communicable:</p> <ul style="list-style-type: none"> 4 days before rash until 4 days after rash begins Most contagious 4 days before rash appears 	<ul style="list-style-type: none"> Contact school nurse or health department immediately for direction. School nurse or health department will identify population at risk and assist with parent notification. Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school.
<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 Exclusion Guidelines on pages 8-9.</p> <p>Restriction: None necessary. Patients are not contagious after treatment.</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 years or older as well as some younger children See County Health Department 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 Exclusion Guidelines on pages 8-9.</p> <p>Restrictions: NO –withdrawal from PE/Athletic activities may be recommended by licensed health care provider permission.</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 No sharing food, drink or eating utensils
<p>MUMPS</p> <p>Painful swelling of neck and facial glands, fever and possible abdominal pain</p>	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: YES May attend with local public health authority permission</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> <p>2 days before onset until 5 days after onset of symptoms.</p>	<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

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>PERTUSSIS (Whooping Cough)</p> <ul style="list-style-type: none"> • Begins with mild “cold” symptoms and may progress to violent coughing fits that may end in a whooping sound (infants & toddlers) or vomiting (older children & adults) • Slight or no fever. 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: YES May attend with local public health authority permission</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"> • 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 • Exclude exposed, susceptible persons from school; consult local public health authority.
<p>PINK EYE (Conjunctivitis)</p> <ul style="list-style-type: none"> • Eyes tearing, irritated and red, sensitive to light • Eye lids puffy, may have yellow discharge 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider/school nurse permission or symptoms are gone</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"> • Anal itching • 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>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
RINGWORM – SCALP <ul style="list-style-type: none"> Patchy areas of scaling with mild to extensive hair loss May have round areas of “stubs” of broken hair 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider or school nurse permission or when symptoms are gone.</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 treatment initiated 	<ul style="list-style-type: none"> Wash hands thoroughly No sharing of personal items, especially combs, brushes, hats, etc. It is not necessary to shave the student’s head.
RINGWORM – SKIN <ul style="list-style-type: none"> Ring-shaped red sores with blistered or scaly border “Itching” may occur 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider or school nurse permission or when symptoms are gone.</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 treatment initiated 	<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
SCABIES <ul style="list-style-type: none"> Intense itching, raised small red or pus-filled sores Common between fingers, behind knees, around waist, inside of wrists, on arms 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: YES May attend with licensed health care provider/school nurse permission</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 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</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>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 health department. Contact school nurse or local health department 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 Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider permission or when lesions are dry/crusted or gone</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: strep throat with a red, sandpapery rash on trunk 	<p>Exclude: Refer to Exclusion Guidelines on pages 8-9.</p> <p>Restriction: May attend with licensed health care provider/school nurse permission.</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 Exclusion Guidelines on pages 8-9.</p> <p>Restriction: YES. May attend with local public health authority permission NOTE: tuberculosis can be chronic/latent; is only restrictable in the infectious/active stage.</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: CDCTuberculosis (TB) Report to school nurse or consult with local public health authority

Section References

Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/index.html> Accessed July 2021

Centers for Disease Control and Prevention. *Definitions of Symptoms for Reportable Illnesses.*

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

Centers for Disease Control and Prevention. *Type of Duration of Precautions Recommended for Selected Infections and Conditions.* <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html> Published July 22, 2018

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

Pendleton Isolation Room Protocol

Appendix I

Oregon Public Health Law: Oregon Administrative Rule [333-019-0010](#)

NOTE: The most up-to-date Oregon Administrative Rule is available at the link above.

(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; or

(ii) 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) A close contact, as that is defined in the Oregon Health Authority's Disease Investigative Guidelines, published at

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/REPORTINGGUIDELINES/pages/index.aspx>; 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, or if

immunization is not required, lacking evidence of immunity to the disease.

(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 or a susceptible employee of a school or children's facility if the administrator has reason to suspect that the child or employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, 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) Until March 12, 2022, a school administrator shall exclude a susceptible child who attends a school or children's facility or a susceptible employee of a school or children's facility if the administrator has reason to suspect that the child or employee has been exposed to 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 section (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, including having initiated a vaccination series for the disease.

(7) The length of exclusion under this rule for illness or exposure must be consistent with current Oregon Health Authority guidance related to isolation or quarantine, as applicable. Guidance may be found at www.healthoregon.org/iguides.

(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

History:

[PH 22-2022, temporary amend filed 03/03/2022, effective 03/03/2022 through 08/29/2022](#)

[PH 90-2021, amend filed 12/23/2021, effective 12/23/2021](#)

[PH 27-2021, temporary amend filed 06/29/2021, effective 06/29/2021 through 12/25/2021](#)

[PH 60-2020, amend filed 09/04/2020, effective 09/04/2020](#)

[PH 17-2020, amend filed 03/26/2020, effective 04/06/2020](#)

[PH 21-2017, amend filed 12/21/2017, effective 01/01/2018](#)

PH 24-2016, f. 8-8-16, cert. ef. 8-16-16

PH 10-2015, f. 7-2-15, cert. ef. 7-3-15
PH 1-2015(Temp), f. & cert. ef. 1-7-15 thru 7-5-15
PH 16-2013, f. 12-26-13, cert. ef. 1-1-14
PH 7-2011, f. & cert. ef. 8-19-11
PH 11-2005, f. 6-30-05, cert. ef. 7-5-05
OHD 4-2002, f. & cert. ef. 3-4-02

Appendix II

Transmission Routes and Prevention Measures

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

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">AIRBORNE</p> <p>Transmission occurs when germs from an infected person are released through breathing, coughing, talking, and singing and remain suspended in the air as very small droplets, which may be inhaled (breathed in) by another person or enter their eyes, nose or mouth.</p>	<ul style="list-style-type: none"> • Pulmonary tuberculosis • measles • chickenpox • COVID-19 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (measles, chickenpox, COVID-19) ▶ Recommend or require universal masking during times of high transmission or outbreaks; encourage masking at any level to protect access to education for students who are at higher risk for contracting illness. ▶ Isolate persons with airborne diseases from public places until they are no longer infectious. Exclusion may be required. ▶ Special services may require Airborne Precautions, such as fitted N95 masks. Guidance for Specialized Clinical Procedures may apply.
<p style="text-align: center;">RESPIRATORY DROPLET</p> <p>Transmission occurs when germs from an infected person are released through breathing, coughing, talking, and singing as small to large droplets, which may be inhaled (breathed in) by another person or enter their eyes, nose or mouth. Droplet transmissions occurs most commonly within 6 feet of infected individuals.</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) ▶ Recommend or require universal masking during times of high COVID-19 transmission or outbreaks ▶ 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. ▶ Special services may require Droplet Precautions, such as medical-grade masks, eye protection (goggles or face shield), gloves and single-use isolation gowns. Guidance for Specialized Clinical Procedures may apply.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">BLOODBORNE</p> <p>Transmission occurs when germs are spread from the blood of an infected person to another person through mucous membranes (such as mouth), broken skin (such as a bleeding injury or injection by a contaminated needle), pregnancy 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 • 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 OSHA Bloodborne Pathogen Standards. ▶ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) if there is splash risk.
<p style="text-align: center;">CONTACT</p> <p>Transmission occurs when germs are spread from person to person by direct (such as skin-to-skin) or indirect contact (such as touching a contaminated item).</p> <p>Germs spread by airborne or droplet transmission such as colds, flu, and COVID-19 may also be spread by contact.</p>	<ul style="list-style-type: none"> • fungal infections (such as “ringworm”) • herpes virus • mononucleosis • skin infections (such as Staph and Strep) • varicella zoster virus (shingles) during the blister phase • influenza (flu) • common cold 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (flu) ▶ Wash hands thoroughly and often, including after contact with shared objects and high-touch surfaces. ▶ 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. Exclusions may be required. ▶ Special services may require Contact Precautions including gloves and single- use isolation gowns. May need mask and eye protection (goggles or face shield) if there is splash risk.

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 through contaminated objects, when effective hand washing is not done after toileting or through poor personal hygiene.</p>	<ul style="list-style-type: none"> • diarrheal illnesses • Hepatitis A • pinworms 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep A) ▶ Wash hands thoroughly and often, including after using the bathroom or assisting others with elimination needs. ▶ Educate and train students and staff who work in direct student care, food preparation, food service and cleaning. ▶ Wash shared objects with soap or detergent before and after use, followed by an EPA and district approved disinfectant. ▶ Isolation and exclusion may be required. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) if there is splash risk.
<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 food preparation, service or clean-up. ▶ Isolation and exclusion may be required. ▶ 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.
<p style="text-align: center;">SEXUAL</p> <p>Transmission occurs when germs are spread from person to person through sexual contact, including vaginal, oral, and anal sex.</p> <p>Some diseases can be transmitted via both sexual and bloodborne routes, such as HIV, Hepatitis B and C.</p>	<ul style="list-style-type: none"> • chlamydia • herpes • genital warts (HPV) • gonorrhea • syphilis • HIV • Hepatitis B • Hepatitis C 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (HPV). ▶ Educate students using Oregon’s comprehensive sexuality curriculum to increase awareness of sexual health and safety issues. Establish protocols for sexuality education and risk behavior prevention. ▶ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<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. ▶ Prohibit ill students and staff from participating in water activities. ▶ Disinfect water activity tables, pools per district procedure such as a chlorine bleach solution of 1 teaspoon per gallon of water. ▶ Wash objects used in water activities with soap or detergent before and after use, followed by an EPA and district approved disinfectant. ▶ Isolation and exclusion may be required. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.

Appendix III

School Attendance Restrictions and Reporting

NOTE: The most up-to-date Oregon Administrative Rule are on the [Oregon Secretary of State](#) website.

Oregon Administrative Rules identify some communicable diseases as “reportable” and some as “school restrictable.” Some diseases are in both categories, but many reportable diseases are not school-restrictable.

For restrictable disease, schools are responsible for upholding regulations regarding school exclusion. The information in **Symptoms-Based Guidance** (pages 8-12) and in **Disease-Specific Guidance** (pages 12-21) can assist with decision-making based on symptoms and/or based on diagnosis by a licensed health care provider. A positive CLIA-waived or at-home rapid test for COVID-19 is considered diagnostic and requires exclusion. Per Oregon public health law [OAR 333-019-0010], school communication with the LPHA may be required to verify exclusion requirements.

Reportable diseases must be reported to the LPHA by diagnosing health care practitioners and laboratories. In general, school staff do not diagnose and therefore are not responsible for reporting. However, a positive CLIA-waived or at-home rapid test for COVID-19 is considered diagnostic or school staff may receive information from a parent or other source regarding a student’s diagnosis. The school may need to communicate this information to the LPHA to determine appropriate response, as well as to monitor disease clusters or outbreaks. For diseases which are reportable (see lists on this OHA page), the LPHA may provide directions regarding whether the case is confirmed, as well as guidance about the student’s return to school, and any action necessary to prevent the spread of disease to others.

The school administrator should refer information about illnesses among students or staff to the school nurse, if available. The nurse may assess the situation, and the nurse or designated staff should communicate with the LPHA as needed. The school nurse should plan ahead with the LPHA about when to report disease clusters or outbreaks. If a school nurse is not available, another school staff member should be designated to contact the LPHA for reporting concerns or questions.

FERPA allows schools to share personally identifiable information with local public health authorities (LPHAs) without consent when needed to respond to a health emergency. Schools should work with their local public health authority to ensure they are able to effectively respond to and control outbreaks through sharing of information, even without parental consent, when appropriate. Consult with district legal counsel for more clarification.

If a school reports illness to the LPHA, 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. The school nurse or designated school staff should collaborate with the LPHA regarding what (if any) communication should go out to the school community, regarding diseases of concern in the school population.

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.**

Guidelines for COVID-19 Workplace Risks

The Oregon **Occupational Safety and Health Administration COVID-19 Workplace Risks 431-001-0744 standard Healthcare. (1910.502)** requires specific safety and mitigation measures, including the development of a written COVID-19 plan, which must include:

- A designated safety coordinator knowledgeable in infection control;
- Policies and procedures to determine employees’ vaccination status;
- The potential workplace hazards related to COVID-19; and
- Policies and procedures to minimize the risk of COVID-19 for each employee.

Standard and Transmission-Based Precautions

Employers must develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's “Guidelines for Isolation Precautions” (incorporated by reference, § [1910.509](#)):

- A workplace hazard assessment of potential hazards related to COVID-19 (which must also have sought the input and involvement of non-managerial employees);

- Monitoring the areas where healthcare services are provided to ensure ongoing effectiveness of the plan;
- Minimization of the risk of transmission for each employee;
- Policies and procedures detailing how to minimize that risk in accordance with the CDC's Guidelines for Isolation Precautions;
- Monitoring points of entry;
- The wearing of face masks when indoors (with certain exceptions);
- Providing PPE and respirators;
- Assessment of HVAC systems;
- Daily screenings of all employees;
- Reasonable time off and paid leave to deal with vaccine-related issues;
- Employee training and education; and
- Maintenance of a COVID-19 log.

Strict adherence to Standard Precautions and the appropriate use of personal protective equipment will decrease the risk of transmission of all communicable diseases. Schools should carefully assess where healthcare services are being provided and plan accordingly.

Appendix V
Pendleton School District 16R
Isolation Room Protocol

Adopted 10/30/20, Revised 8/4/22

Written by H. Ficken, RN &

Kim Johnson, RN, BSN

Per OHA and ODE requirements & communicable disease guidance, PSD will have the following protocol to isolate any ill or exposed persons from physical contact with others, for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. Each school site is to identify “isolation” area in addition to health room.

Isolation separates sick people with a contagious disease from people who are not sick.

The protocol will be as follows:

A student or staff member becomes ill with primary communicable disease symptoms (cough, temperature of greater than 100.4 °F or chills, shortness of breath, or difficulty breathing). Ill symptomatic person may or may not have known COVID-19 contacts following **OHA/CDC Guidance**

1. Use **Health room screening algorithm attached** to decide if student should go to isolation room or health room using **Symptom screening tool attached, (both are posted in room).**
2. If able to do so safely, a **symptomatic individual should wear a face covering.**
3. Students and staff who report or develop symptoms must be isolated in a **designated isolation** area in the school, with adequate space and staff supervision and symptom monitoring by a school staff until they are able to go home. Ensure line of sight, keep ill person visible at all times, by trained staff.
4. Notify building administrator immediately. Notify IMESD nurse as soon as you can, do not delay treatment.
5. Follow **physical distancing** measures intended to limit the movement of people in order to interrupt the transmission of infectious, contagious diseases.
 - a. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness. Maintain 6 feet or more between cots, chairs, or isolated individuals.
 - b. Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic barrier or sheeting (compliant with fire codes). Barrier should be high and long enough to prevent direct transfer of air between spaces, ie 6 feet or more in all directions from isolated individual.
 - c. Guidance section 2f recommends "Furniture: Consider removing upholstered furniture and soft seating and replace with surfaces that can be wiped down and cleaned easily."
6. Before entering the room, anyone providing supervision and symptom monitoring must wear appropriate PPE including **disposable gown, face covering N95 and face shields/eye covering.** See CDC sequence for putting on PPE attached (posted in room).
7. To reduce fear, anxiety, or shame related to isolation, **provide a clear explanation of procedures,** including use of PPE and handwashing.
8. **Send student or staff member home** as soon as possible, following the updated 8/2022 Communicable disease guidance.
9. Refer transportation issues to building administrator.
10. Record the symptoms reported or observed, and the date school became aware and excluded the individual, as well as earliest return date. Document the time of entry/departure. **Use Isolation Symptom Log**
11. Any PPE used during care of a symptomatic individual should be properly removed and disposed of **prior to exiting the care space.** See CDC how to safely remove PPE attached and posted in rm.
12. After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol.

Cleaning and sanitizing in isolation:

Use effective disinfection methods on surfaces [see EPA list]. Follow ***CDC guidance for cleaning and disinfecting.***

1. Ensure surfaces in the designated isolation space can be properly sanitized and disinfected. Limit use of cloth or other permeable materials, unless items are removed and washed between individuals.
2. To limit exposure to aerosolized particles, plan disinfection while wearing full PPE (medical grade mask, gloves, isolation gown).
3. Clean and disinfect all areas around person, instruments, thermometers, pens, timers, phone etc. that are used as soon as person has left the room, and again in 24 hrs. **Updated 7/31/2020:** CDC guidance considers likelihood viral particles are still airborne and either could be breathed in or could settle later and re-contaminate surfaces.

Training materials, Reference posters and Links for this protocol:

Health room screening algorithm: https://higherlogicdownload.s3.amazonaws.com/NASN/784ade29-1f66-48a8-8c2d-3f9bc57af6bf/UploadedImages/COVID-19_Toolkit/Symptom_Screening/Health_Room_Symptom_Screening_Algorithm.pptx
ODE/OHA communicable disease guidance update 9/2020: <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf>

Symptom screening tool: https://higherlogicdownload.s3.amazonaws.com/NASN/784ade29-1f66-48a8-8c2d-3f9bc57af6bf/UploadedImages/COVID-19_Toolkit/Symptom_Screening/Symptom_Screening.pdf

- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

CDC guidance for putting on and off PPE: <https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>

CDC cleaning and disinfecting guidance: https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf

Planning for COVID -19 scenarios in school: <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools.pdf>

Covid-19 exclusion summary guidance: <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/COVID-19%20Exclusion%20Summary%20Chart.pdf>

Face covering guidance: <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Face%20Coverings%20and%20FAPE.pdf>

Provided by Oregon Department of Education in conjunction with the Oregon Health Authority, and Oregon-OSHA.
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If questions occur, please reach out to [Umatilla County Public Health](#).

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

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