

TIGARD-TUALATIN SCHOOL DISTRICT

COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

Adapted for TTSD with permission from Dr. Jan Olson DNP, MSNEd, BSN, RN, NCSN, MRSD Clinical Consultant and team's comprehensive communicable disease management plan for the Molalla River School District.

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Introduction

The health and safety of all students and staff is a priority of the Tigard-Tualatin School District. The control of communicable diseases is an essential component of health and wellness in the school setting. Providing a safe, comfortable, and healthy environment facilitates the educational process, encourages social development, and allows children to acquire healthy attitudes toward school (NRC, 2020).

Illness and injury are not uncommon in the school setting, and thus, policies, procedures, and guidance regarding infection control are of the utmost importance. When children are injured or feel unwell, it can create difficulties in the school setting with regard to both risk to others and the ability of a child to participate in class or educational activities. Like the “Whole School, Whole Community, Whole Child model,” school personnel collaborate for the best outcomes of the individual student, and the school population as a whole. To accomplish this goal, staff must have accessible resources and materials to identify appropriate measures and interventions for child health issues (ACSD, 2020).

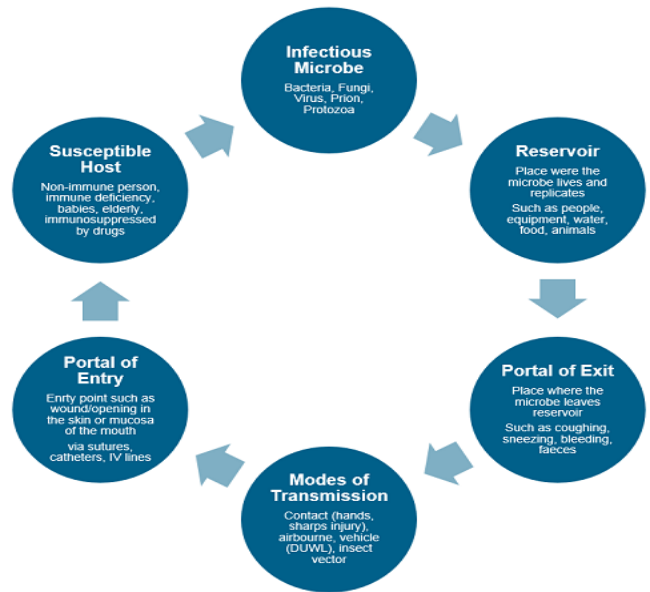


The purpose of this comprehensive guide is to provide infection control guidance, practice standards, and protocols for the Tigard-Tualatin School District.

COMMUNICABLE DISEASE & PREVENTION PLAN

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff. A communicable disease is an infectious disease transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors. Although the terms *communicable disease* and *contagious disease* are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors are considered to be "contagious" diseases, since they cannot be spread from direct contact with another person (ACPHD, 2013).

In the school setting, there is a prevention-oriented approach for communicable disease, which is grounded in education, role modeling, and standard precautions and hygiene. However, the nature of a population-based setting lends to the need to establish practices for measures and interventions associated with exposures or potential exposure. This section focuses on a population-based set of practices for communicable disease prevention. The subsequent *Exposure Control Plan* discusses work practice control measures for staff per the [OSHA Bloodborne Pathogen Standard](#) (BBP, 29 CFR 1910.1030).



TTSD Board Policies

[Communicable Diseases-Students](#)

[Communicable Diseases-Students/Restrictable Diseases](#)

[Students: HIV/HBV/AIDS](#)

[Communicable Diseases-Staff](#)

[Communicable Diseases-Staff/Restrictable Diseases](#)

[Staff: HIV/HBV/AIDS](#)

[Emergency Procedures and Evacuation Plans](#)

[Animals in District Facilities](#)

Oregon Legislation

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

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

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

Oregon Health Authority & Oregon Department of Education

[Oregon Communicable Disease Guidelines for School](#)

COMMUNICABLE DISEASE PREVENTION



Hand Hygiene



Cough Etiquette



Immunizations



Blood Borne Pathogen Training



Environmental Sanitation



Standard Precautions



Illness Policy



Food Safety

There are a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation, and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread.

How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases spread include:

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
- Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria).
- Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and
- Travel through the air, such as measles.

In the school setting, the most frequent risks are associated with direct contact with ill individuals or contamination of surfaces or through airborne transmission. Primary sources of prevention include hand and surface hygiene, isolation, exclusion, and standard precautions.

This section of the plan will provide a brief overview.

- | | | |
|--|--|--|
| <ul style="list-style-type: none">● Common Childhood Infectious Disease● Vaccines | <ul style="list-style-type: none">● Respiratory/Cough Etiquette● Hand hygiene | <ul style="list-style-type: none">● Environmental surface cleaning |
|--|--|--|

This section will provide procedures for addressing the following communicable disease issues in the school setting.

The district *Exposure Control Plan* in this manual discusses *Standard Precautions* in detail as well as *Transmission Based Precautions*, which include contact, droplet, and airborne precautions. The District *Pandemic Plan* will address measures specific to novel virus response.

Common Childhood Infectious Diseases

There is a variety of [Common Childhood Infectious Diseases](#) that are regularly encountered in the school setting. Routine childhood respiratory illnesses, such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis are caused by a variety of bacteria and viruses, and occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently), croup (most commonly parainfluenza), and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand, foot, and mouth disease, fifth disease, and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year (BCDC, 2009).

Vaccines

In the school setting, vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications, or because of religious or philosophical decisions. Each school has a record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine-preventable diseases. You can find more information on required vaccines for schools here: [OHA immunization requirements for schools](#)

Under the direction of the district nurse:

- When a vaccine-preventable disease (varicella, pertussis) is identified in the school setting, designated staff will run immunization reports to identify unvaccinated students in the school setting.
- When the circulation of a vaccine-preventable disease (measles) is increasing in incident in the community identification of students and staff who are not fully immunized is an important measure

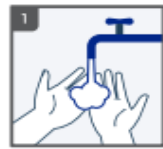
Hygiene

Prevention-oriented measures are grounded in knowledge of how diseases are transmitted, and practice application related to appropriate sanitizing measures and precautions. Hygiene and sanitation are some of the most important methods of disease prevention. Handwashing is one of the single most important methods of keeping infection at bay, specifically in the school setting. Appropriate handwashing practices will be taught, role-modeled, and practiced.

[Age-appropriate hand hygiene curriculum](#) can be found from a variety of resources and will be modeled and reinforced throughout the year and as needed during peak illness season or specific increases of disease in the school setting.

Hand sanitizer, while not effective against a large number of pathogens, will be made available for times that handwashing is not immediately accessible. Hand sanitizer will be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible. Hand sanitizers will be accessible in each classroom.

How to wash your hands



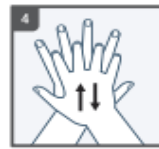
Wet hands



Apply soap



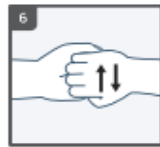
Rub hands palm to palm



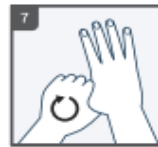
Lather the backs of your hands



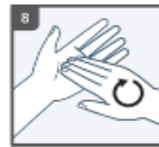
Scrub between your fingers



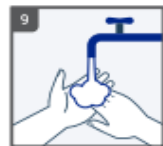
Rub the backs of fingers on the opposing palms



Clean thumbs



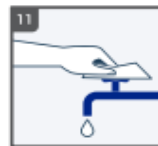
Wash fingernails and fingertips



Rinse hands



Dry with a single use towel



Use the towel to turn off the faucet



Your hands are clean

Use the same process (steps 1-8) for applying hand sanitizing gel.

Students and staff will wash their hands when:

- **Before, during, and after** preparing food.
 - **Before** eating food
 - **Before and after** caring for someone at home who is sick with vomiting or diarrhea
 - **Before and after** treating a cut or wound
 - **After** using the toilet
 - **After** changing diapers or cleaning up a child who has used the toilet
 - **After** blowing your nose, coughing, or sneezing
 - **After** touching an animal, animal feed, or animal waste
 - **After** handling pet food or pet treats
 - **After** touching garbage
- (CDC, 2020)

When immunocompromised students and staff are present, an increase in hand hygiene frequency is a necessary prevention intervention.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet, reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like doorknobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are essential components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that will be taught, practiced, and role-modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory Hygiene and Cough Etiquette* and *Transmission Based Measure* in *Exposure Controls Plan*.



Environmental Surface Cleaning

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with a reduction in illness include scheduling routine cleaning of each classroom and common areas, ensuring appropriate stock of appropriate sanitizers and disinfectants, ensuring garbage is emptied regularly, and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is primarily governed by facilities management and custodial services, there are specific classroom measures that can be practiced to improve cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer.

COMMUNICABLE DISEASE EXCLUSION

Communicable Diseases are transmitted from person to person by various routes. While some conditions are restorable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis and adequate isolation and treatment (ODE, 2020).

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until they are no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. [Washington County's Exclusion Guidelines](#) are a quick reference for school staff. When in question, the school nurse will be consulted and the [Oregon Department of Education Communicable Disease Guidance Document](#). The following exclusion criteria and actions are excerpted from the ODE Guidance Document:

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature of 100.4°F or higher, with or without the symptoms below:	Stay home until temperature is below 100.4°F for 24 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if the rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are	Stay home until the rash is resolved OR until sores and wounds are dry or can be completely covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider

draining and cannot be completely covered with a bandage	
Difficulty breathing or shortness of breath not explained by a situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.	Seek medical attention; return to school when advised by a licensed healthcare provider
Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.	Stay home until 24 hours after cough resolves. b) If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by their healthcare provider, or by decision of the COVID response team
Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so	Stay home until 48 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode
Headache with a stiff neck and fever	Referral to physician and/or 24 hours after fever has resolved.
Jaundice: yellowing of the eyes or skin (new or uncharacteristic)	Must be seen by a licensed prescriber and cleared before return to school
Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities	Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started
Behavior changes unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.	Refer to healthcare provider. Student will not be at school until health and safety are addressed
Major health event: may include an illness lasting more than two weeks; a surgical procedure with the potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care	Student will not be at school until health and safety are addressed. School staff will follow the appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws
Student requiring more care than school staff can safely provide	School staff will follow the appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to the local health department (LHD). The local health department typically notifies school health services. Although there are occasions when the parent will notify the school first.

Students with diagnoses of disease restrictable by the local public health authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 will return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including:

- | | | |
|---|--|--|
| <ul style="list-style-type: none">● Diphtheria,● Measles,● Salmonella● Typhus infections,● Shigellosis, | <ul style="list-style-type: none">● Shiga-toxigenic Escherichia coli (STEC) infection,● Hepatitis A,● Tuberculosis,● Pertussis, | <ul style="list-style-type: none">● Rubella● Acute Hepatitis B.● COVID-19 is also declared a restrictable condition under OAR 333-018-0900 |
|---|--|--|

- If a report is made to the school office, administration, or other school staff in regard to any communicable disease diagnosis in students or staff, this will immediately be referred to the district RN.
- This will be regarded as an urgent referral to the RN if the disease is regarded as a restrictable condition.
- The District RN and Administrators will identify the need for communication, surveillance or control measures. The interventions and communication are driven by multiple factors, including the diagnosis, student health status, risk of exposure, number of individuals infected, and risk to cohort or specific students.
- School staff receiving reports will not inform any other students, staff, or parents of the report.

Isolation Spaces

As per OAR 581-022-2220, The school district is required to maintain a prevention-oriented program which includes a health care space that is appropriately supervised and adequately equipped for first aid and isolation of ill or injured children from the student body.

When students are identified with restrictable diseases or excludable symptoms, they will be isolated in an appropriate space until they can be discharged to home.

OUTBREAKS & CLUSTERS

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity will be indicators to report to the district RN for consideration of outbreak reports or control measure implementation. The attention to outbreaks, interventions, and resources are highly dependent on the severity or communicability of the syndrome or pathogen identified. Outbreak response including surveillance, infection control measures, and potentially exclusion are also diagnosing specific and may be indicated when:

- A single significant infectious diagnosis is confirmed in the school setting.
- Clusters of compatible syndromes or diagnoses associated with an infectious condition are identified within the school setting.
- Significant absenteeism is identified to be associated with compatible syndromes.
- Community transmission of an infectious disease is significant in the community and the LPHA or the RN has deemed increased surveillance or response to outbreak a necessary measure.

Outbreak investigations will be facilitated through the district RN in collaboration with administration and the local health department with the use of [Oregon Health Authority Outbreak Toolkits for Schools](#).

Respiratory Illness

Respiratory illness or disease refer to the pathological conditions affecting the organs and tissues that make gas exchange possible, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. Respiratory diseases range from mild and self-limiting, such as the common cold, to life-threatening entities like bacterial pneumonia. Respiratory illnesses are often observed in the school setting. The following indicators will be reported to the district RN in regard to respiratory illness:

- Any respiratory illness resulting in hospitalization or death of a student or staff member.
- Diagnosed pneumonia in 3 or more individuals in the same cohort.
- An unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
- Prolonged illness, lasting longer than three days on average, among ten or more persons of the same cohort.
- Any uncommon incidence of illness in more than two students.

In the event of respiratory illnesses related to novel viruses, the *Pandemic Plan* will be deferred to.

Vaccine-Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists. Current VPD routinely immunized for in the United States includes:

1. Diphtheria*	6. Haemophilus influenzae type B infections (Hib)*	10. Poliomyelitis (polio)*
2. Tetanus*	7. Pneumococcal infections*	11. Hepatitis A*
3. Measles*	8. Meningococcal disease*	12. Hepatitis B*
4. Mumps*	9. Pertussis (whooping cough) *	13. Varicella
5. Rubella*		14. Influenza

Most V-PDs are also notifiable diseases*, meaning they are reportable to the local health department and are under constant surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US. These may include cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis, and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest. Vaccine-Preventable Disease reports will be referred to the school nurse, whether coming from a parent, provider, community member, or the local health department. Indicators for VPD include:

- A single case of a vaccine-preventable disease that is also a notifiable disease* or is uncommon locally.
- More than 2 cases of chickenpox from separate households in the same classroom or more than 5 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same school setting.

Gastroenteritis

An outbreak of gastroenteritis is defined as more cases than expected for a given population and time period. For example, two children in a 25- person classroom with vomiting or diarrhea within one week could potentially indicate an outbreak. Because the nature of norovirus (viral gastroenteritis) is common, seasonal, and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected, frequency, or duration is unusual. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness. Indicators to report to the district RN include:

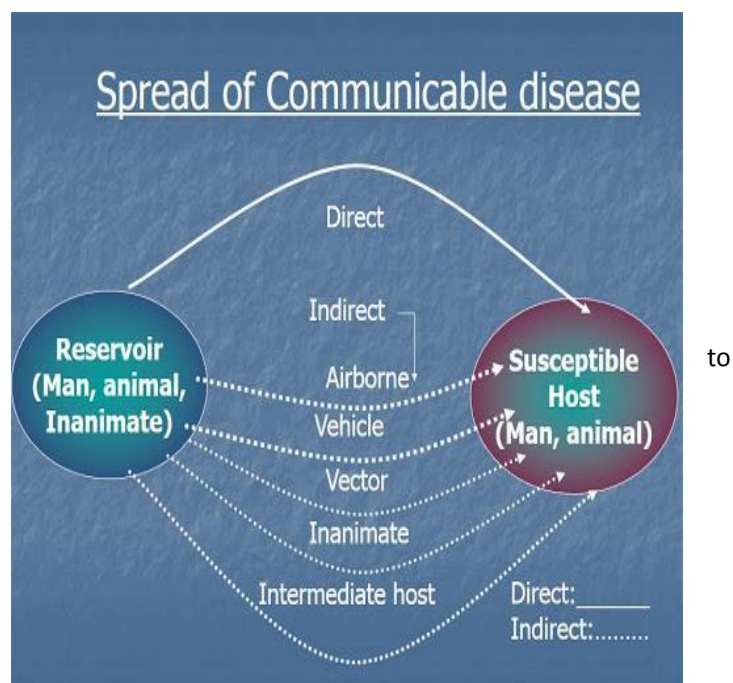
- Multiple children with compatible symptoms in 48 hours within the same cohort, but separate households.
- More than 2 cases of diarrhea with bloody stool in the school setting.
- Sudden onset of vomiting in multiple persons in the same cohort.
- Any unusual combination of gastrointestinal symptoms, severity, duration, or incidence.

Other Circumstances

Less commonly outbreaks of skin infections, novel diseases, or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions, and follow up occur, these other situations will be referred to the school nurse immediately. These circumstances will be handled on a case-by-case basis. Examples of these circumstances may include:

- More than two students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva, or feces from a non-domestic animal.
- Any student or staff coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness.

The school nurse may decide that additional control measures or data collection is necessary and will consult with administration and LHPA as needed, in regard to determined outbreaks or novel diagnoses. The school RN will always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak. Any presentation of illness or combination of illnesses as described above will be reported to the district RN and administrator.



ANIMALS IN SCHOOL

Animals in schools can have a positive effect in the school environment, but also may cause infectious disease issues for staff and students. Tigard-Tualatin School District only allows for schools on district property with specific approval under specific circumstances. School board policies and district applications will be visited for this. Other considerations will be made in regard to controlling spread on infectious disease from animals:

- Wild mammals, alive or recently dead, will not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school will have a current rabies vaccine.
- Any animal bites on school premises will be reported to the local health department for follow up.
- Animals who are ill will not be allowed into the school setting.
- Class pets will be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent diseases such as transmission. [Image: Science Direct]
- Animals will not be present or handled in areas where food and drink are consumed or prepared.
- Children will not kiss high-risk animals such as chicks, ducks, turtles, and other reptiles.
- Children will always be monitored with animal interactions.
- Consider the medical needs of students who may be immunosuppressed or who may have allergies, as they may become severely ill when exposed to certain pathogens.

- In the event of an animal bite in the school setting, please ensure standard first aid is followed, and the student/staff is deferred to medical care. Unprovoked bites sustained from canines are reportable to the local health department.
- In the event that a student in a classroom is diagnosed with a disease known to be carried by animals (campylobacteriosis or salmonellosis, for example), the animal will be removed from the classroom setting until the risk is determined to be resolved.

FOOD SAFETY

Food safety for kitchen staff is supervised by nutrition services. For the purpose of population-based health and food preparation and consumption within the classroom, general food safety standards and disease prevention principles will be endorsed.

For elementary school classrooms

- Hand hygiene is practiced prior to eating,
- General principles of food safety can be taught that are age appropriate.
- Food sharing will be avoided.
- For classroom and school-sponsored events, only commercially prepared products are permitted. No homemade goods from non-licensed kitchens are permitted.

For middle school or high school culinary classrooms

- Hand hygiene will always be encouraged.
 - Age-appropriate food safety principles are taught.
 - Appropriate food handling processes must be taught, role-modeled, and endorsed. This includes overview of:
 - Hand hygiene and appropriate use of gloves.
 - Clean surfaces and appropriate use of sanitizers.
 - Separating raw and ready to eat foods/ avoidance of cross-contamination.
 - Cooking food to appropriate temperatures.
 - Appropriate storage and refrigeration.
 - Measures to prevent allergic reactions.
- [Image: Slideserve]
- Abstaining from food preparation when specific symptoms or specific illnesses have been identified.



EXPOSURE CONTROL PLAN

This plan provides TTSD employees with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements.

Standard precautions shall be observed in TTSD sites in order to prevent contact with all body fluids and other potentially infectious materials. All body fluids or other potentially infectious materials will be considered infectious at all times. Transmission based precautions will be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff.

It is presumed by the nature of the jobs performed in a congregate setting that ALL district employees are reasonably anticipated to have “occupational exposure” to blood or other potentially infectious material.

BOARD POLICIES

[Site Safety Committees](#)

Handling and Disposing of Contaminated Fluids EBBA-AR

HBV/ Blood Borne Pathogens [GBEBA/JHCCA/](#)

[Communicable Diseases JHCC/GBEB-AR](#)

OSHA

[Blood Borne Pathogens 1920.1030](#)

[Personal Protective Equipment 1910 Subpart 1](#)

EXPOSURE PREVENTION

In order to reduce risk and promote prevention of infections related to blood or body fluids, the district will provide or promote specific trainings or practices to prepare staff, these include:

- Blood Borne Pathogens (BBP) Training (this is an annual requirement presented electronically through Safe Schools).
- Hepatitis B vaccination (Education and Recommendations on Hepatitis B Vaccination is offered to employees working in certain job descriptions each year with BBP training). A waiver may be signed in lieu of immunization if you opt-out AFTER completing BBP training and understand the risk and implications.

- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers, and understanding of appropriate first aid.
- Routine training or refreshers for staff who provide direct care to students or who work with students with specific disabilities.

UNIVERSAL & STANDARD PRECAUTIONS

The premise of universal precautions is to treat all body fluids as potentially infectious. Standard precautions align with this and provide a set of standards for hygiene and barrier protection or Personal Protective Equipment with any and all encounters with body fluids.

Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the school setting, body fluid exposures most frequently occur with physical injury but may also occur relative to a health-related issues or procedure or developmental issue or disability.



Standard precautions endorse the appropriate use of personal protective equipment (PPE) and practices such as hand hygiene and respiratory etiquette as well as work practice controls such as sharps safety and environmental disinfection.

When Standard Precautions alone cannot prevent transmission, they are supplemented with transmission-based Precautions. This second tier of infection prevention is used when there is a specific risk related to an ill student or staff in the school setting that can spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. While transmission-based Precautions are typically isolated to the health room with specific conditions, the exposure risk is still possible in the school setting and will be addressed as well.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections. In the school setting, hand hygiene is an important infection prevention method as a matter of habit with restroom use and food preparation. In the contact of BBP and exposure control, hand hygiene should be done each time a staff member has an interaction with a student for standard first aid or direct care. Hands will be washed prior to donning gloves, and after care is completed when gloves are removed.

Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect staff from exposure to or contact with infectious agents. PPE that is appropriate for various types of interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) will be available. These include gloves, face masks, protective eyewear, face shields, and

protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.
- Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- Use of mask when respiratory transmission is of concern.

General Principles of PPE:

IF:	THEN:
It's wet (it's infectious)	Wear gloves
It could splash into your face	Wear a face shield
It's airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier
There is a blood spill or body fluid spill	Then have staff trained in appropriate cleanup

Appropriate application and removal of PPE are crucial pieces of infection control.

APPLY + REMOVE PPE

APPLYING PPE	REMOVING PPE
1 GOWN Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.	1 GLOVES Grasp outside of glove with opposite gloved hand and remove. Hold removed glove in gloved hand. Slide fingers under remaining glove and peel off.
2 SHOE COVERS Sit in chair and apply sanitary shoe covers. For a hands-free application, use a shoe cover	2 GOGGLES Handle by head band or ear pieces. Do not touch outside of goggles or face shield.
3 MASK Secure ties or elastic bands at middle of head and neck. Fit snug to face and below chin.	3 GOWN Unfasten ties and pull away from neck and shoulders, touching only the inside of the gown. Turn inside out and roll into a bundle.
4 GOGGLES Place over face and eyes and adjust to fit.	4 SHOE COVERS Shoe covers are contaminated. For hands-free removal, use a shoe cover remover system.
5 GLOVES Extend to cover wrist of isolation gown.	5 MASK Do not touch front of mask. Grasp bottom, then top ties or bands and remove.

Respiratory Hygiene/Cough Etiquette

In the school setting, respiratory etiquette and hygiene are important measures to teach to students as developmentally appropriate. Also, visual alerts such as [Cover Your Cough](#) signage can be used.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Use the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing or coughing into an elbow when hand hygiene is not immediately accessible.

Further respiratory hygiene practices are:

- Having masks available for students who become sick at school with respiratory illness. A mask will only be used if the student can tolerate the mask.
- The person can be placed in a location where risks to others are minimized until dismissed to home.
- Spatial separation of the person with a respiratory infection from others is important in some cases. Since droplets travel through the air for 3-6 feet, separating an ill person from others by more than 3 feet decreases the risk of transmission.
- Stressing hand hygiene after every contact with respiratory secretions is important.

To ensure these practices, each school will ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in shared areas.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- When tissues and hand hygiene are not accessible, individuals will be encouraged to cough into their elbow, away from others, and not directly into their hands, where they may subsequently cross-contaminate other items or surfaces.

Further respiratory hygiene can be developed by masking ill individuals during periods of increased respiratory infection activity in the community, specifically those who are ill enough to be dismissed to home. This is described further in transmission-based controls.

Sharps safety (engineering and work practice controls).

Needle sticks are a potential risk in any work environment where medications may be delivered via syringe or compatible device or where lancets are used. In the school setting this is most often associated with care of students with specific medical conditions, such as type 1 diabetes, for example. It is preferred that students provide self-care whenever feasible, however this is not always possible. Staff will be appropriately trained to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

Specific control must be endorsed in any situation sharps are present to reduce the risk of needle sticks:

1. Avoid using needles that must be taken apart or manipulated after use.
2. Do not recap needles.
3. Always dispose of used needles in a sharps container appropriately labeled with a biohazard sign.
4. Know and understand that needles will only be used a single time.
5. Participate in specific training related to injectable medications.

Contaminated sharps will be stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard signage.



Clean and Disinfect Environmental Surfaces.

The cleanliness of the district facilities at the professional level is the responsibility of facility and custodial services who have specific expertise in the appropriate formulations to use for specific circumstances. For this reason, anybody with fluid exposure will be immediately referred to custodial services.

In the event of a blood spill, blood spill kits will be readily accessible throughout campuses. This will be deferred to custodial services. If custodial services are not immediately available, the area will be isolated and appropriate sanitizer designated by facilities applied. PPE will be used by anybody doing fluid clean up.

All schools settings will be equipped with a biohazardous waste container to dispose of materials coming into contact containing body fluids.

All disposal of biohazard waste will be in accordance with the Environmental Protection Agency (EPA). The directives from appropriate sanitizing and waste will come from facilities.

TRANSMISSION-BASED PRECAUTIONS

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for individuals in certain infectious circumstances to prevent the potential spread of infectious agents for which additional precautions are required.

Contact Precautions

The use of Contact Precautions may be required when an open and draining lesion is identified at school. When an open and draining lesion, such as a cyst, boil or abscess are identified in the school setting the following precautions will be taken:

- **Ensure appropriate student placement** the student will be removed from the classroom setting and placed in the health room while awaiting parent arrival. Open and draining skin wounds are an excludable condition.
- **Use personal protective equipment (PPE) appropriately**, if the student requires care. This means that gloves must be worn. Unlike a clinical setting it is unlikely that gowns or masks will need to be used for contact precautions because staff will not be providing wound care or procedures.
- **Limit transport and movement of student** once an open and draining lesion is identified, the student's activity will be limited to reduce additional opportunity for contamination of surfaces.
- **Prioritize cleaning and disinfection** once the student has been dismissed to home, ensure the area the student was located during direct care is appropriately sanitized. If there is a risk of contamination in other settings such as the classroom, cafeteria, or playground, for example, ensure areas are appropriately addressed. Launder supplies in the health room as warranted.

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. In the school setting, this may be relevant during influenza season and specifically during the circulation of novel viruses.

- **Source control** for droplet precautions includes putting a mask on the sick individual.
- **Ensure appropriate student placement** as feasible, a student who become symptomatic when the risk of specific viruses is increased, will be placed in a room individually, if possible. Students may routinely be located in the health room with acute respiratory illness in typical seasons. However, during severe respiratory illness seasons and when the circulation of novel viruses has been identified, isolation rooms will be identified.
- **Use personal protective equipment (PPE) appropriately.** For staff screening ill students, masks will be donned upon entry into the isolation space.
- **Limit transport and movement of ill person** outside of isolation room, the student or staff's activity will be restricted, except travel as needed to dismiss to home.

Airborne Precautions

Use of Airborne Precautions for individuals known or suspected to be infected with pathogens transmitted by the airborne route (e.g., measles, chickenpox). Airborne precautions will rarely be used in the school setting; however, it is important to identify control measures as increases of vaccine-preventable respiratory diseases are on the rise related to increase in vaccine hesitancy.

- **Source control** for airborne precaution includes putting a mask on the ill individual.
- **Ensure appropriate patient placement in the isolation room as feasible.** If an isolation room is not available, ensure the student is isolated from other students and staff.
- **Use personal protective equipment (PPE) appropriately,** including an N95/ KN95 mask, or surgical mask with face shield for individuals having direct care contact with the student.
- **Limit transport and movement of students, aside from travel to be dismissed to home.**
- **Immunization of susceptible persons** as soon as possible. Following contact with an individual identified as having a vaccine-preventable disease, individuals susceptible to any diagnosed infection, such as measles or varicella will be advised to immunize against the infection by district nurse as directed by LPHA. It is important to note that the school district cannot compel anyone to immunize their children, but students and staff who are unvaccinated can be excluded for the maximum incubation period of a vaccine-preventable disease (up to 21 days) from their last exposure.

EXPOSURE INCIDENT

An exposure incident is regarded as an event where the potential or risk of exposure to infectious disease has occurred. This can occur through a variety of ways; in the school setting, this primarily occurs through contact of body fluids through mucous membranes, through a human or animal bite or through a needle stick.

When an exposure has occurred, the affected staff will immediately attend to the injury and report to administration.

Needle stick

If a staff member's skin is pierced or punctured with a needle that has been used to deliver medication to a student, immediate first aid will occur including:

- Encouraging the wound to bleed, ideally by holding it under running water.

- Wash the wound with plenty of soap and running water.
- Do not use cold water as that encourages restriction of blood vessels.
- Do not scrub the wound.
- Do not suck the wound.
- Dry the wound and cover it with a waterproof dressing.
- Immediately notify your administrator and seek medical attention.
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The Principal will make this communication to families. Confidentiality will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to Human Resources.
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.
- In the nature of being a high stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure to the nose, mouth, or skin with water will be immediately followed by flushing with warm water. For splashes in eyes, irrigate eyes with clean water, saline, or sterile irrigants. Report incident to administrator immediately and consult with provider (CDC, 2016a)

Blood Spill

Blood spills frequently occur in small volumes in the school setting. Cleaning up minor spills requires the use of standard precautions. Contact custodian for blood spill kit or other cleaning supplies as indicated. PPE will also be accessible, including disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood), eye protection, and apron, a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process) (VSG, 2020). Spills will be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and will be avoided), and generation of aerosols from spilled material will be avoided.

Using these basic principles, the management of spills will be flexible enough to cope with different types of spills, taking into account the following factors:

- the nature (type) of the spill (for example, sputum, vomit, feces, urine, blood or laboratory items)
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens,
- the size of the spill – for example, spot (few drops), small (< or = 4 in) or large (>4 in)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as a science laboratory), or in a common area or in a restroom.

- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

Cleaning spills

Standard cleaning equipment, including a mop, cleaning bucket, and cleaning agents, will be readily available for spills management. While these spills will be deferred to custodial services for their expertise in sanitation, supplies will also be stored in an area known to all, in case custodial services are unavailable.

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While bloodborne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Students and/or staff may be directed to take antibiotic prophylaxis, tetanus injections or other treatments as deemed necessary for bites, specifically those from non-human sources. If the bite occurred from a canine, this is reportable to the local health department.

COVID PLAN

A pandemic occurs when an infectious disease has spread globally. Most pandemics occur from novel viruses associated with influenza. Other viruses, such as coronaviruses, are routinely surveyed due to the propensity for mutations, human to animal transmission, and potential for pandemic events.

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, and 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 with underlying health conditions or weak immune systems, 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 in terms of infecting 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 microorganisms. 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, 2016b).

[Tigard-Tualatin Communicable Disease Plan: COVID-19](#)

As an extension of the TTSD Communicable Disease Plan, this COVID plan serves as a guide to prevent and respond to the current COVID-19 pandemic. The plan is based on recommendations from the Oregon Health Authority (OHA) and Center for Disease Control (CDC), American Association of Pediatric (AAP), and meets the Oregon Department of Education (ODE) requirements.

This plan was developed by the district's Public Health Team that included representatives from operations, human resources, health services, student services, and communication departments. The public health team continues to meet regularly, monitor public health and up-date the plan as needed. The district also has a COVID Response team who will be responsible for responding to a positive case, answering questions, providing direction to families & staff, and communicating with Washington County Public Health.

[COVID Communicable Disease Plan](#)

Special Considerations

Employee Sick Leave

Accommodation of staff leave shall be consistent with laws associated with state and federal leave acts and union contracts.

School Closures

If school closure is ordered by the state, the district will abide by executive order. If closure is advised by the local public health department, consultation will occur between legal, union, and district administration to ensure processes are consistent with [legal preparedness processes](#).

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students will provide documentation from their healthcare providers. This change in placement will be accommodated as appropriate under IDEA and FAPE.

GLOSSARY OF TERMS

Administrative controls: Administrative controls are measures used in conjunction with engineering controls that eliminate or reduce the hazard. By following established safe work practices and procedures for accomplishing a task safely

Airborne precautions: Precautions that are required to protect against airborne transmission of infectious agents. Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and Mycobacterium tuberculosis

Antibody: A protein produced as an immune response against a specific antigen.

Antigen: A substance that produces an immune response.

Bacteria: Microscopic living organisms. Some bacteria are beneficial, and some are harmless, but some can be pathogenic (disease causing).

Biological Hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms which are spread through contact with infected blood, and that can cause diseases such as human immunodeficiency virus (HIV), hepatitis A, or hepatitis B (HBV).

Communicable Disease: Illness that spreads from one person to another through contact with the infected person or their bodily fluids, or through contaminated food/water or disease carriers, such as mosquitos or mice.

Contact Tracing: Working with an infected person to determine who they have had contact with and have potentially exposed to an illness.

Disinfection: High-level cleaning intended to kill germs on surfaces

Droplet precautions: Safety measures used for diseases or germs that are spread in tiny **droplets** caused by coughing and sneezing (examples: pneumonia, influenza, whooping cough, bacterial meningitis).

Epidemic: A disease affecting a large number of people in a community or region.

Exclusion: Preventing someone from entering a place or participating in an activity

Engineering Controls: Measures to protect individuals through engineering interventions that can be used to eliminate or reduce hazards.

Immunocompromised: Having a weakened immune system that cannot respond normally to an infectious agent. This limits the body's ability to fight disease.

Isolation: Being kept separate from others. A method of controlling the spread of a disease.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts.

Novel: New—in medical terms, previously unidentified, as in novel coronavirus

Other Potentially Infectious Materials (OPIM): Human bodily fluid or tissue that can harbor or spread bloodborne pathogens, including but not limited to saliva, cerebrospinal fluid, semen, vaginal secretions.

Pandemic: An epidemic that spreads over countries or continents.

Pathogen: A microorganism that can cause disease.

Personal Protective Equipment (PPE): Physical barriers used when exposure to hazards cannot be engineered completely out of normal operations and when safe work practices and administrative controls cannot provide sufficient protection from exposure to infectious or hazardous conditions. PPE includes such items as gloves, gowns, and masks.

Restrictable Diseases: Diseases that require exclusion from work, school, childcare facilities, for the protection of public health. According to the Oregon Health Authority, restrictable disease include diphtheria, measles, Salmonella enterica serotype Typhi infection, shigellosis, Shiga-toxigenic Escherichia coli (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, chickenpox, mumps, pertussis, rubella, scabies, and any illness accompanied by diarrhea or vomiting.

Sanitize: Reduce contaminants (viruses, bacteria) on an object or surface.

Seasonal Illness: Illnesses whose occurrence appears to be associated with environmental factors (temperature and humidity changes). For example, colds, and other upper respiratory illnesses are more common during the winter months when people are more often indoors.

Sharps: Any devices that can be used to cut or puncture skin. Examples include needles, syringes, and lancets (used for checking blood sugar). Sharps must be disposed of in an approved container, to avoid bloodborne pathogen exposure.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Surveillance: Collecting and analyzing data related to a disease in order to implement and evaluate control measures

Transmission: How a disease spreads. There are four modes of transmission:

- Direct—physical contact with infected host or vector
- Indirect—contact with infected fluids or tissues.
- Droplet—contact with respiratory particles sprayed into the air (sneezed or coughed)

- Droplet Nuclei—dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

The mode of transmission of a disease will determine what PPE is required.

Universal Precautions: Preventing exposure to blood borne pathogens by assuming all blood and bodily fluids to be potentially infectious and taking appropriate protective measures.

Vaccine: A preparation containing a weakened or killed germ. Vaccines stimulate the immune system to produce antibodies to prevent a person from contracting the illness.

Variant: A difference in the DNA sequence, a mutation. Viruses can change and mutate, and these variant forms can be intractable to established treatments.

Vector: A carrier of a pathogen (germ) that can transmit the pathogen to a living host. Mosquitoes, fleas, ticks, and rodents are examples of vectors.

Work practice controls: Measures intended to reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for handwashing, sharps disposal, lab specimen handling, laundry handling, and contaminated material cleaning.

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Images:

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