



SEASIDE SCHOOL DISTRICT COMMUNICABLE DISEASE PLAN

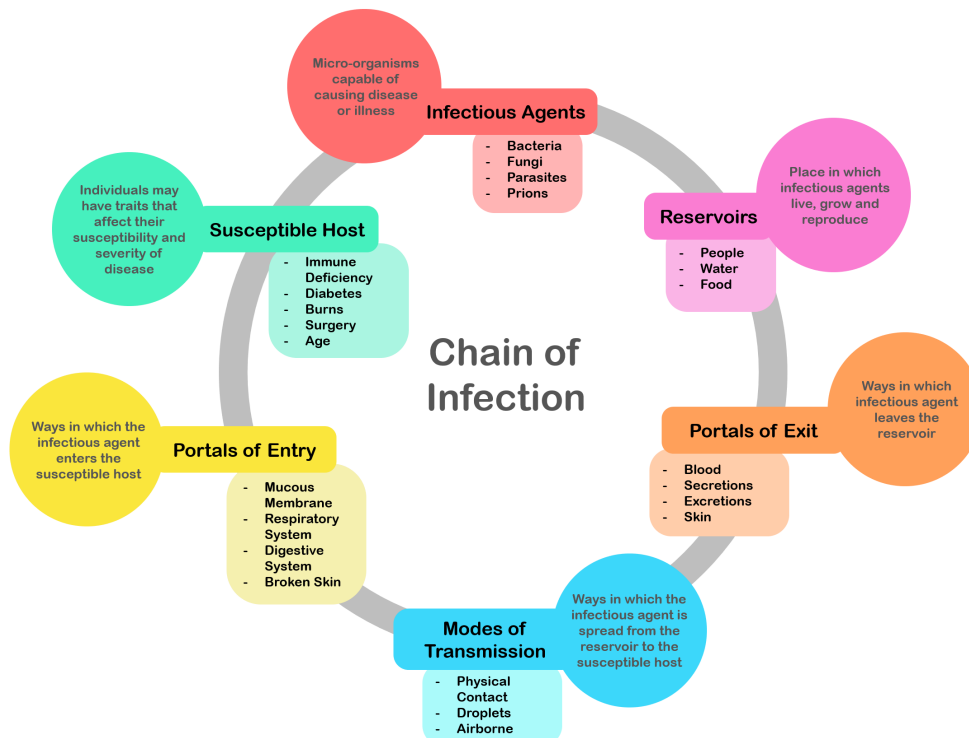
This document was made in collaboration with Clatsop County Public Health Authority, Clatsop County school district registered nurses, Oregon Department of Education, and The Oregon Health Authority. (Created: 07-2020) (Updated 8/2021, 1/26/22), 3/1/23, 4/22/24)

Communicable disease control and prevention is of significant importance in creating a safe and healthy school environment for students and staff.

A **communicable disease** is an infectious disease that is transmissible by:

- contact with infected individuals or their bodily discharges or fluids,
- contact with contaminated surfaces or objects,
- ingestion of contaminated food or water,
- direct or indirect contact with disease vectors/carriers.

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/carriers 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 document focuses on a population-based set of practices for communicable disease prevention.

Seaside School District Communicable Disease-Related Board Policies

[Communicable Diseases-Student JHCC](#)

[Communicable Diseases-Student GBEB](#)

[Student Health Services JHC](#)

[Animals in District Facilities ING](#)

Oregon Legislation/Administrative Rules Regarding Communicable Disease

OAR 333-019-0010

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

OAR 581-022-2200

Health Services

OAR 410-133-0000

School-Based Health Services

Oregon Health Authority & Oregon Department of Education

Oregon Communicable Disease Guidelines for School

Communicable Disease Prevention

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, 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

- Common Childhood Infectious Diseases
- Vaccines
- Respiratory/Cough Etiquette

Common Childhood Infectious Diseases

There are 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 caused by a variety of bacteria and viruses 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.

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.



Hand Hygiene



Cough Etiquette



Immunizations



Blood Borne Pathogen Training



Environmental Sanitation



Standard Precautions



Illness Policy



Food Safety

You can find a list of the immunizations required by age by the state of Oregon on the Oregon Health Authority website at:

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINES/IMMUNIZATION/GETTINGIMMUNIZED/Pages/SchRequiredImm.>

Hygiene

Prevention-oriented measures are grounded in education 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 germs at bay, specifically in the school setting. Appropriate handwashing practices should be taught, role-modeled, and practiced. As additional preventative measures, during the 2021-2022 school year, all persons entering a school building will wash or sanitize their hands upon entry and exit.

How to wash your hands



(Image: Multicare.org)

Additional hand hygiene information can be found on the Center For Disease Control website at:

www.cdc.gov/handwashing/index.html

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

Students and staff should wash 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 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 very important components to protecting yourself from illness and preventing



others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced, and role-modeled to prevent the spread of disease. *(Image: Manitoba Department of Health)*

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 largely governed by facilities management and custodial services, there are certain 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.

Personal Protective Equipment

In some instances, personal protective equipment (PPE) may be necessary to ensure the safety of staff and students. PPE shields the wearer from potentially infectious bacteria or viruses. Masks worn by persons infected with viruses such as influenza have also been shown to decrease the spread of infectious respiratory droplets. If a staff member is required to use PPE, students will be educated as to the reasoning behind these precautions. In the event that an item of PPE has failed (e.g. torn glove/gown), the staff member will immediately report this to their administration. Instructions for safely putting on and removing PPE are shown in Appendix A.

Communicable Disease Exclusion

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable 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 or 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 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. Examples of restrictable signs or symptoms are listed in the Oregon Health Authority's Communicable Disease Guidance for Schools. See Appendix B.

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 (LPHA). 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 should return to school when documentation is obtained from the local health department (LPHA) indicating they are no longer communicable including:

- Diphtheria,
- Measles,
- Salmonella
- Typhi infection,
- Shigellosis,
- Shiga-toxigenic Escherichia coli (STEC) infection,
- Hepatitis A,
- Tuberculosis,
- Pertussis,
- 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 regards to any suspected communicable disease diagnosis in students or staff, this should immediately be referred to the district RN. This should be regarded as an urgent referral to the RN if the suspected 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 communications 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 should not inform any other students, staff, or parents of the report.

COVID-19 Restrictions

Seaside School District will follow any COVID-19 recommendations set forth by the Oregon Health Authority, Oregon Department of Education, and the Clatsop County Health Department. The Oregon Health Authority and Oregon Department of Education have released guidelines for communicable disease and COVID-19 Scenarios in Schools.

Both Of these documents are linked below:

[Oregon School Communicable Disease Guidelines](#)

[COVID-19 Scenarios in Schools](#)

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, adequately equipped for first aid, and isolation of ill or injured child/children from the student body. When students are identified with restrictable diseases or excludable symptoms, students should be isolated in an appropriate space until they can be dismissed to home.

Outbreaks

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. The attention to outbreaks, interventions and resources is highly dependent on the severity or communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through the district RN in collaboration with the administration and the local health department with the use of [Oregon Health Authority Outbreak Toolkits for Schools](#). In the event of illnesses related to novel viruses, the school district's *Pandemic Response Plan* will be deferred to.

Respiratory Illness

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.

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

**Most VPD's 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.*

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 the 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 will occur. These situations should be deferred to the school nurse immediately and will be handled on a case by case basis. Examples of these circumstances may include:

- More than 2 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 LPHA as needed, in regards to determined outbreaks or novel diagnoses. The school RN should 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. For more information, please refer to the district's *Pandemic Response Plan*.

Any presentation of illness or combination of illnesses as described above should be reported to the district RN and administrator.

During the school year, the following handwashing, respiratory etiquette practices, and surface cleaning measures are recommended by the Oregon Department of Education:

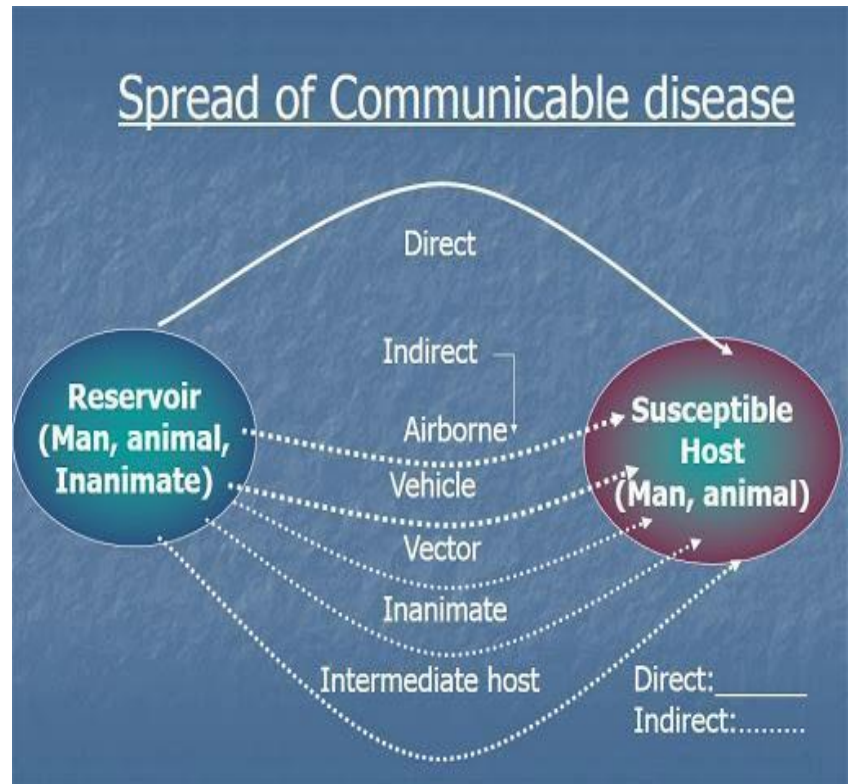
- All people on campus should be advised and encouraged to wash their hands frequently.
- Hand sanitizer dispensers will be available near all entry doors and other high-traffic areas.
- All staff, students, and visitors will wash with soap and water for 20 seconds or use an alcohol-based sanitizer when entering/exiting school each day.
- Students will be directed to wash their hands before and after use of playground equipment.
- Students must wash their hands before meals and will be encouraged to do so after.
- Students will be reminded throughout the day through signage and verbal reminders from staff to wash hands and use cough etiquette.
- All staff who interact with multiple groups of students must wash/sanitize hands between interactions with different groups.
- Schools will work to clean, sanitize, and disinfect frequently touched surfaces between uses and

maintain clean and disinfected environments including classrooms, cafeteria settings, restrooms and playgrounds.

Animals in School

Animals in schools can have a positive effect on the school environment but also may cause infectious disease issues for staff and students. School board policies and district applications should be visited for this. Other considerations should be made in regard to controlling the spread of infectious diseases from animals:

- Wild mammals, alive or recently dead, should 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 are recommended to have met current vaccine requirements.
- Any animal bites on school premises should be reported to the local health department for follow up.



- Animals who are ill should not be allowed into the school setting.
- Class pets should be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent disease transmission.
- Animals should not be present or handled in areas where food and drink are consumed or prepared.
- Children should not kiss high risk animals such as chicks, ducks, turtles, and other reptiles.
- Children should 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 that a student in a classroom is diagnosed with a disease known to be carried by animals (e.g. campylobacteriosis or salmonellosis-also known as salmonella) the animal should 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 should be endorsed.

For all classrooms

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

For all culinary classrooms

- Hand hygiene should 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.
 - Abstaining from food preparation when specific symptoms or specific illnesses have been identified.



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- Weatherspoon, D. (2019) *Acute Viral Respiratory Infections*. Retrieved from <https://www.healthline.com/health/acute-respiratory-disease>

Images:

- CDC.gov
- Manitoba Department of Health
- Multicare.org
- Open University

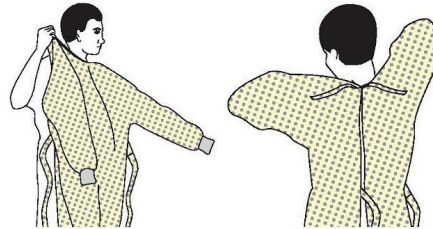
Appendix A: Personal Protective Equipment (PPE)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



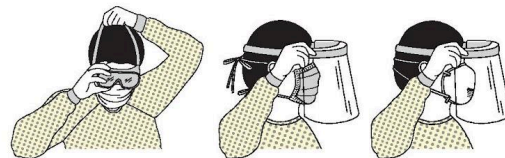
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



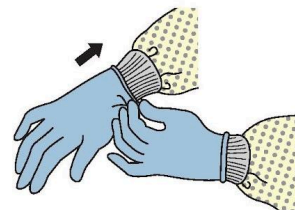
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



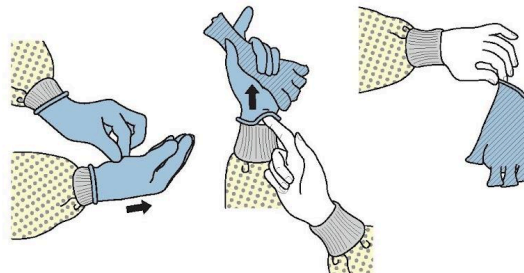
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



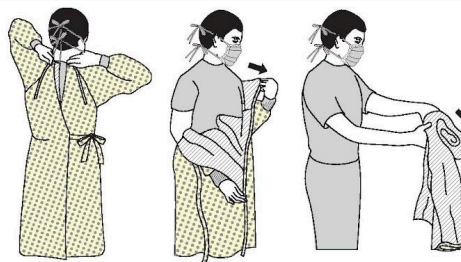
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



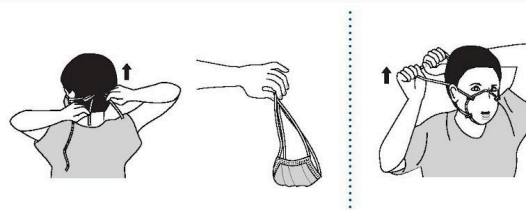
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

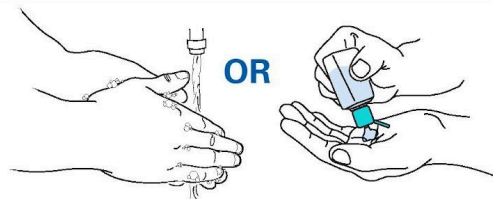


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



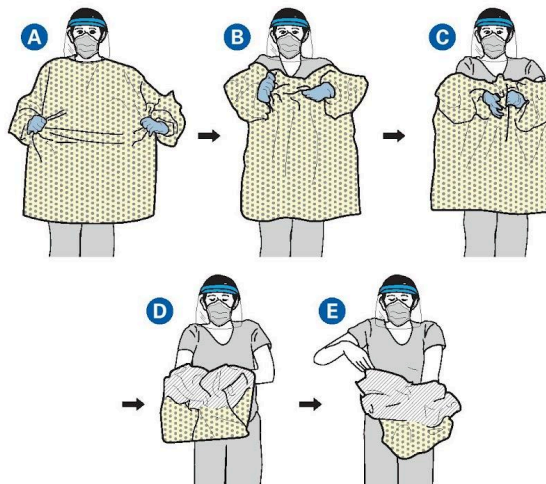
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



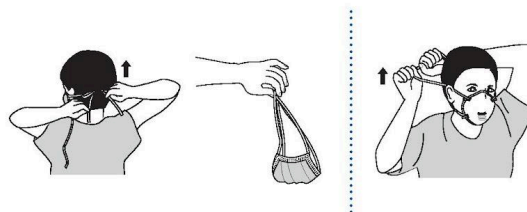
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

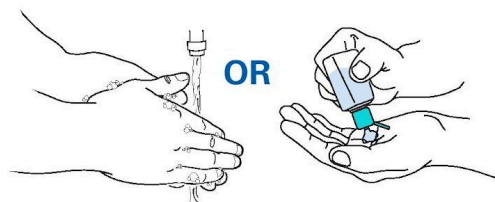


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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YOUR CHILD SHOULD STAY HOME WHEN

Clatsop County Public Health Authority and Oregon Health Authority Communicable Disease Guidance for exclusion. This chart of concerns does not mention every possible complaint indicating exclusion and DOES NOT replace Medical Provider advice.

Symptom / Illness / Complaint:	School staff will:	Your child may return to school when:
Fever: ≥ 100°F	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	24 hours with normal temperature and without fever-reducing medications,(Acetaminophen or Ibuprofen).
Cough: New, undiagnosed by MD.	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	24 hours after the cough resolves If diagnosed pertussis (whooping cough): written clearance by LPHA OR Health Care Provider & 5 days of antibiotics.
Vomiting (at least one unexplained episode)	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	at least 48 hours after last episode.
Diarrhea (unable to control bowel function, when previously could) OR (sudden onset of loose stools) OR <u>3 or more loose, watery stools in 24 hours.</u>	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	at least 48 hours after last episode.
Concerning Eye Symptoms: colored discharge OR unexplained eye redness OR eye irritation, pain, swelling.	Separate child from shared student space. Notify parent/guardian to pick up & encourage an evaluation by a health care provider as soon as possible.	Eye drainage & redness has subsided OR Student has been examined and cleared by Medical Provider. OR student has been seen by Medical Provider and indicated therapy has started.
Suspected Strep Throat	Separate child from shared student space. Notify parent/guardian to pick up & encourage an evaluation by a health care provider as soon as possible.	Antibiotic therapy for at least 24 hours & no fever (refer to Fever criteria above). OR with Health Care Provider written permission.
Skin rash or open sore	If dispersed & suspicion of associated illness: Separate child from shared student space. Notify parent/guardian as soon as possible. Advise health care provider evaluation. If open sore, apply band aid & avoid touching.	No rash. Cleared by Medical Provider if associated illness exclusion criteria met. If fungal(ringworm) start treatment & exclude from contact sports/activities until resolved. Keep covered. If athlete's foot: start treatment & wear shower sandals, if using the locker room showers.
Headache with stiff neck and fever; OR with a recent head injury	Separate child from shared student space. If febrile. Provide rest. Observe. Notify parent/guardian to pick up & encourage an evaluation by a health care provider as soon as possible.	Fever & symptom-free for 24 Hours. Medical Provider note or Medical Provider release to return to activity following a head injury.
Acting different without reason: unusually sleepy or grumpy OR acting differently after a head injury	Notify parent/guardian to pick up & encourage an evaluation by a health care provider as soon as possible. Rest. Observe/monitor.	After return to normal behavior OR with Health Provider release and guidance.

A variety of other conditions may not be excludable; however personal physicians may restrict a student from returning to school for a specific duration. In this case, a provider's note is needed. **Questions/concerns-call Tobi Boyd, Seaside School district Nurse: (503)738-5586 or email: tboyd@seasidek12.org**

SU HIJO DEBE QUEDARSE EN CASA CUANDO

Autoridad de Salud Pública del Condado de Clatsop y Guía de Enfermedades Transmisibles de la Autoridad de Salud de Oregón para la exclusión. Este cuadro de inquietudes no menciona todas las quejas posibles que indican exclusión y **NO** reemplaza el consejo del proveedor médico.

Síntoma/enfermedad /queja:	El personal de la escuela:	Su hijo puede regresar a la escuela cuando:
Fiebre: ≥ 100 °F	Separe al niño del espacio compartido para estudiantes. Notifique a los padres / tutores para que lo traigan a casa lo antes posible.	24 horas con temperatura normal y sin bajar la fiebre medicamentos para (acetaminofén o ibuprofeno).
Tos: Nuevo, no diagnosticado por MD.	Separe al niño del compartido espacio con estudiantes . Notifique a los padres / tutores para que lo traigan a casa lo antes posible.	24 horas después de que se resuelve la tos. Si se diagnostica tos ferina: autorización por escrito de LPHA O del proveedor de atención médica y 5 días de antibióticos.
Vómitos (al menos un episodio inexplicable)	Separe al niño del estudiante del espacio compartido. Notifique a los padres / tutores para que lo traigan a casa lo antes posible.	Por lo menos 48 horas después del último episodio.
Diarrea (incapacidad para controlar la intestinal hacerlo función, cuando antes podía) O (aparición repentina de heces blandas) O 3 o más heces blandas y acuosas en 24 horas.	Separe al niño del compartido espacio de los estudiantes Notifique a los padres / tutores para que lo traigan a casa lo antes posible.	Por lo menos 48 horas después del último episodio.
Con respecto a los síntomas oculares: secreción coloreada Ocular inexplicable enrojecimiento irritación ocular, dolor, hinchazón.	Separe al niño del espacio compartido del estudiante. Notifique a los padres/tutores para que los recojan y anime una evaluación por parte de un proveedor de atención médica lo antes posible.	Drenaje de ojos y el enrojecimiento ha disminuido O el estudiante ha sido examinado y aprobado por un proveedor médico. O el estudiante ha sido atendido por un proveedor médico y ha comenzado la terapia indicada.
Sospecha de farinitis estreptocócica	Separe al niño del espacio compartido del estudiante. Notifique a los padres/tutores para que los recojan y anime una evaluación por parte de un proveedor de atención médica lo antes posible.	Terapia con antibióticos durante al menos 24 horas y sin fiebre (consulte los criterios de fiebre anteriores). O con el permiso por escrito del proveedor de atención médica.
La piel Erupciones o abierta herida	Si se dispersa y sospecha de una enfermedad asociada: separe al niño del espacio compartido para estudiantes. Notifique a los padres/tutores tan pronto como sea posible. Recomendar la evaluación del proveedor de atención médica. Si tiene una llaga abierta, aplique una tirita y evite tocarla.	Sin sarpullido. Aprobado por el proveedor médico si se cumplen los criterios de exclusión de enfermedades asociadas. Si se trata de hongos (tiña), inicie el tratamiento y excluya de los deportes / actividades de contacto hasta que se resuelva. Manténgase cubierto. Si tiene pie de atleta: comience el tratamiento y use sandalias para la ducha, si usa las del vestuario duchas.
Dolor de cabeza con rigidez en el cuello y fiebre; O con una lesión en la cabeza reciente	Separe al niño del espacio compartido del estudiante. Si es febril. Proporcionar descanso. Observar. Notificar a los padres/tutores para que recojan y alentar una evaluación por parte de un proveedor de atención médica lo antes posible.	Fiebre y sin síntomas durante 24 Horas. Nota del proveedor médico o Liberación del proveedor médico para volver a la actividad después de una lesión en la cabeza.
Actuar diferente sin razón: inusualmente somnoliento o de mal humor O actuar de manera diferente después de una lesión en la cabeza	Notifique a los padres/tutores para que recojan y fomente una evaluación por parte de un proveedor de atención médica lo antes posible. Descansar. Observar/supervisar.	Después de volver al comportamiento normal O con autorización y orientación del proveedor de salud.

Es posible que no se pueda excluir una variedad de otras condiciones; sin embargo, los médicos personales pueden restringir que un estudiante regrese a la escuela por un período específico. En este caso, se necesita una nota del proveedor. **Si tiene preguntas o inquietudes, llame a Tobi Boyd, enfermera del distrito escolar de Seaside: (503)738-5586 o envíe un correo electrónico a: tboyd@seasidek12.org**