

Communicable Disease Guidance for Schools

Overview

Communicable disease prevention is of paramount importance to support in person learning, support regular school attendance and to maintain the health of the school community. Communicable disease prevention, response and recovery efforts in school settings promote health and prevent disease among students, staff, and surrounding communities.

This document provides guidance to school administrators and staff to assist district-level and school-level planning. In addition to referencing this guidance, each school or district must maintain comprehensive written plans which include:

- Communicable Disease Management Plan per [OAR 581-022-0220](#).
- School-level COVID-19 Management Plans (Operational Plan per [OAR 581-022-0107](#) and Safe Return to In-Person Instruction and Continuity of Services Plan per [ODE ESSER III](#))
- Oregon Occupational Safety and Health Rules per [OR-OSHA](#) (e.g. [Exposure Control Plan](#), [COVID-19 Workplace Risk](#), and [COVID-19 Workplace Requirements for Employer-Provided Labor Housing](#), etc.)

Important actions in school settings include

- a. Promote educational systems that support every child’s identity, health and well-being, beauty and strength.
 - See [A. EQUITY](#) (page 2).
- b. Maintain communicable disease mitigation measures.
 - See [B. REGULATIONS](#) (page 3) and Appendix I.
- c. Collaborate with school health experts and school staff across all disciplines.
 - See [C. COLLABORATION](#) (page 4)
- d. Implement prevention strategies to reduce communicable disease transmission.
 - See [D. PREVENTION](#) (page 6) and Appendix II.
- e. Exclude students and staff when necessary based on symptoms, diagnoses, or exposure to communicable disease.
 - See [E. EXCLUSION](#) (page 9) including:
 - Symptom-Based Exclusion Guidelines
 - Guidance for Students, Staff, and Families
 - Disease-Specific Guidelines.

A. Equity

The Oregon Department of Education is committed to promoting educational systems that support every child’s identity, health and well-being, beauty, and strengths. As such, equity must not be a standalone consideration and should inform every decision. Much of this document is technical in nature; however, every decision has the potential to disproportionately impact those whom existing systems most marginalize and historically underserved communities by exacerbating existing conditions of inequity. ODE and OHA sought to apply an equity-informed, anti-racist, and anti-oppressive lens across all sections of this guidance.

ODE remains committed to the guiding principles introduced in spring 2020 to generate collective action and leadership for efforts to respond to the devastating impact of the COVID-19 pandemic. These principles remain salient as Oregon shifts its focus to address the long-term health, safety and education impacts of communicable disease while still planning for and responding to communicable disease in schools:

- Ensure safety and wellness. Prioritizing basic needs such as food, shelter, wellness, supportive relationships and support for mental, social, and emotional health of students and staff.
- Center health and well-being. Acknowledging the health and mental health impacts of these past years, commit to creating learning opportunities that foster creative expression, make space for reflection and connection, and center on the needs of the whole child rather than solely emphasizing academic achievement.
- Cultivate connection and relationship. Reconnecting each fall and throughout the school year can occur through quality learning experiences and deep interpersonal relationships among families, students and staff.
- Prioritize equity. Recognize the disproportionate impact of COVID-19 on Black, American Indian/Alaska Native, and Latino/a/x, Pacific Islander communities; students experiencing disabilities; students and families with underlying medical conditions; students living in rural areas; and students and families navigating poverty and houselessness. Apply an equity-informed, anti-racist, and anti-oppressive lens to promote culturally sustaining and revitalizing educational systems that support every child.
- Innovate. Seize every opportunity to improve teaching and learning by iterating new instructional strategies, rethinking learning environments, and investing in creative approaches to address unfinished learning.

B. Regulations

Oregon laws outline responsibilities for communicable disease control in the school setting. In particular school and district planning should comply with Oregon Administrative Rule (OAR) Chapter 581, Division 22, overseen by the Oregon Department of Education; and OAR Chapter 333, Division 19, overseen by the Public Health Division of the Oregon Health Authority. Oregon Occupational Health and Safety rules also apply (See [OR-OSHA](#)).

[OAR 581-022-2220](#)

(excerpt)

- (1) The school district shall maintain a prevention-oriented health services program for all students which provides:
 - (a) Health care and space that is appropriately supervised and adequately equipped for providing first aid, and isolates the sick or injured child from the student body;
 - (b) Communicable disease control, as provided in Oregon Revised Statutes;
 - ...
 - (g) Compliance with Oregon-OSHA Bloodborne Pathogens standard (Div. 2/Z 1910.1030) for all persons who are assigned to job tasks that may put them at risk for exposure to blood or other potentially infectious materials (OPIM) (ORS 191.103)
 - ...
- (2) School districts shall adopt policies and procedures which consider admission, placement and supervision of students with communicable diseases, including but not limited to Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV).

[OAR 333-019-0010](#)

(excerpt)

- (2) To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or food service facility may not attend or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under these rules.
- (3) A school administrator shall exclude a susceptible child who attends a school or children's facility or a susceptible employee of a school or children's facility if the administrator has reason to suspect that the child or employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines..., that exclusion is not necessary to protect the public's health.
- (4) A school administrator may request that the local health officer determine whether an exclusion under section (3) of this rule is necessary.

C. Collaboration

To maintain effective prevention-oriented health services programs, schools should engage in coordinated health efforts with multi-disciplinary teams.

School health is a shared responsibility.

Schools and districts should identify who is responsible for specific aspects of communicable disease control. Health policy and procedures in the school setting should be developed in collaboration with individuals trained and licensed in the health field, who have school- and subject specific knowledge. Policies and procedures should acknowledge individuals and communities disproportionately impacted by communicable diseases, which may include communities of color and tribal communities, communities experiencing poverty, food and housing insecurity and communities with underlying medical conditions, and tailor prevention strategies when appropriate. Consider utilizing resources such as:

- School nurse (as defined by [ORS 342.455](#) or a registered nurse practicing in the school setting)
- Community based health providers including School-Based Health Centers
- Local public health authority (LPHA; see www.healthoregon.org/lhddirectory)
- Oregon Occupational Health and Safety Administration ([OR-OSHA](#))
- Oregon School Nurses' Association ([OSNA](#))
- Oregon Health Authority (OHA), Public Health Division (PHD) including
 - OHA [Immunization Program resources for schools](#)
 - OHA [Acute and Communicable Disease Program resources for schools](#)

The [Centers for Disease Control and Prevention's Whole School, Whole Community, Whole Child model](#) highlights ways that individuals from different disciplines can work together to support a healthier school community, including actions such as those described below.

Health Education

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

Physical Education

Develop and promote K-12 programs that ensure communicable disease prevention in all physical education and sport areas. For example, develop school district policies regarding body-contact sports, water activities, or activities when open or draining wounds are present, provide proper cleaning and hand-washing equipment at all events, and provide staff training regarding safe practices.

Health Services

Provide school-based or school-linked access (school nurses, school-based health centers) to communicable disease prevention services, referrals to culturally specific health care providers, and training to assess, coordinate and report to local public health authority. Include school health professionals in planning communicable disease prevention measures in the school.

Nutrition Services

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

School Counseling, Psychological and Social Services

Work collaboratively with health services personnel to minimize fear and confusion for students and staff that often occur with communicable disease incidents or outbreaks. Make appropriate referrals of students to health services personnel. Follow district policy regarding the reporting of communicable diseases when information is made available and share accurate information as permitted by confidentiality policies.

Health Promotion for Staff

Encourage a healthy lifestyle that reduces communicable disease risks for staff. For example, complete up-to-date immunizations, wear a face covering when appropriate, practice and model effective hand washing, and offer training in communicable disease recognition and prevention.

Family and Community Involvement

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

Healthy Schools Environment

Develop policies and procedures that align with [Oregon law regarding exclusion](#) of ill students and staff with specified communicable diseases and conditions (see [E. Exclusions](#), page 9). Develop, implement and review on an annual basis the Exposure Control Plan for Bloodborne Pathogens in the school setting per the OR-OSHA rule. Update when necessary to reflect occupational exposures related to new or modified tasks and procedures and new or revised employee positions.

For more information and resources related to the CDC's *Whole School, Whole Community, Whole Child* model, visit <https://www.cdc.gov/healthyschools/wsc/index.htm>.

D. Prevention

The occurrence of communicable diseases in our communities is driven by systemic racism in health, education, economic and housing systems. These determinants of health must be understood and approaches to protect and promote health and reduce communicable disease need to be evaluated against their interactions with these determinants. School-wide efforts and individual behaviors can reduce the risk of disease transmission. In addition to specific practices such as [layered mitigation safety protocols](#) and respiratory disease outbreak thresholds, local planning should outline disease-prevention education for students and staff such as food handling, basic hygiene, sexuality education, OSHA blood-borne pathogens trainings as well as how decisions about the management of communicable disease in a school will address the needs of students and staff from communities who experience greater impacts from the disease itself, or from the school and community response to the disease.

School-Wide Efforts

School districts should have a “prevention-oriented health services program” which is “appropriately supervised and adequately equipped,” including space to isolate an ill student or staff member from the rest of the school population. [[OAR 581-022-2220](#)]. Prevention-oriented health services include many types of health promotion. Reducing the spread of communicable disease is an important part of these services.

Implementing [layered mitigation](#) can prevent illness and keep students in school learning with teachers and staff. When school communities have illness rates that result in high numbers of staff and student absences, they should lean into the protection offered by [layered mitigation safety protocols](#).

Germs (disease-causing organisms including bacteria and viruses) can be transmitted directly from person to person, or via contaminated surfaces, water, or food. To reduce the spread of disease, processes and protocols should be established in collaboration with school health experts. For example, school plans should identify the personnel and resources necessary to accomplish the following:

- Surfaces or objects commonly touched by students or staff (such as doorknobs, desktops, toys, exercise mats) should be cleaned at least daily.
- Transmission of respiratory pathogens can be reduced by the recommended or required use of face coverings indoors, and in crowded outdoor settings.
- Surfaces or objects soiled with body fluids (such as blood, phlegm, vomit, urine) should be cleaned as soon as possible. After the fluid is removed, the surface or object should be disinfected, using gloves and other precautions to avoid contact.
- Schools should ensure [effective ventilation](#) and improve indoor air quality by increasing the amount of fresh outside air that is introduced into the system, exhaust air from indoors to the outdoors, and clean the air that is recirculating indoors with effective filtration methods (e.g., HEPA filters).
- Schools should provide age-appropriate comprehensive sexuality education, including hygiene and appropriate barrier methods to reduce the spread of disease.

- Schools must verify [required immunizations](#), and should provide related information in a method that families can understand.
- The school must have protocols in place for identifying and responding to signs of illness, **including space to isolate an ill student or staff member away from the rest of the school population.** [[OAR 581-022-2220](#)]

Special protocols may be necessary related to specific illnesses or disease outbreaks. Consultation with the school health expert is strongly recommended.

Understanding disease transmission routes can inform local communicable disease plans and exposure control policies. See [Appendix II](#) for more information about transmission routes and related prevention measures.

Individual Behaviors

The school can promote health by making it easy for staff and students to clean their hands throughout the day and cover coughs and sneezes. Schools should communicate clearly to staff and students that individual actions help protect everyone in the community from illness, or death. All students and staff should be educated to maintain good hygiene and practice ways to reduce the spread of disease. Important prevention measures include wearing a face covering, respiratory etiquette, handwashing, and avoiding public settings when ill (See [Appendix II](#)). In addition, all staff and students should follow **Standard Precautions** to reduce body fluid exposure, and report to the school nurse or school administrator any body-fluid contacts with broken skin, mucous membranes in the nose, mouth or eyes, or through puncture wounds - such as human bites and needle-stick injuries (See [Appendix IV](#)).

Hand hygiene is important. Frequent and thorough hand washing is a critical way to prevent the spread of many communicable diseases. When done correctly, hand washing will help students, school staff and visitors avoid spreading and receiving germs.

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

Wearing a face covering is an effective way to reduce the spread of COVID-19 and other respiratory viruses. When local COVID-19 transmission is high, all individuals should wear a face covering in schools. During periods of low or moderate transmission, all individuals should consider wearing a face covering to reduce the spread of COVID-19 and other viruses. Cough, fever and other symptoms caused by respiratory viruses are important causes of student and staff absence in schools—wearing a face covering helps keep students in school where they learn best.

E. Exclusion

Guidelines for School Staff

Exclusion is the process of restricting individuals' attendance at school during a period when they are most likely to be contagious with a communicable disease. Appropriate prevention measures should be prioritized to reduce the need for school exclusions.

Students and staff must be excluded while in communicable stages of a restrictable disease. Follow guidance for school exclusion based on **SYMPTOMS** in **Symptom-Based Exclusion Guidelines** (pages 9-11). School nurse assessment strongly recommended for symptom-based exclusion, especially when symptoms may relate to underlying medical conditions.

Students and staff must be excluded from the school setting if they are **DIAGNOSED** with a school-restrictable disease, until permitted to return per local public health guidance. Other illnesses warrant exclusion until no longer contagious. See **Disease-Specific Guidelines** (pages 14-24). [[OAR 333-019-0010](#)]

In accordance with [OAR 333-019-0010](#), the school administrator must also exclude susceptible students and school staff if they are **EXPOSED** to a school-restrictable disease. The local public health authority (LPHA) can assist with guidance in individual cases and may waive the requirement for restriction.

School personnel considering a student exclusion should also consider the following:

- School staff may not determine a diagnosis or prescribe treatment unless they are licensed health care providers acting within their scope.¹
- The school administrator is required to enforce exclusion per Oregon law. [[OAR 333-019-0010](#)]
- Collaboration with the registered nurse practicing in the school setting is recommended and may be legally required when communicable disease concerns arise for students with underlying medical conditions. “A registered nurse or school nurse² is responsible for coordinating the school nursing services provided to an individual student.” [[ORS 336.201](#)]
- The registered nurse practicing in the school setting or the LPHA should be consulted regarding notifying parents/guardians about health concerns, including risks and control measures.
- [Specialized Clinical Procedures](#) guidance should be utilized to reduce spread of respiratory diseases while maintaining services for students with special healthcare needs.
- Changes to routine guidance may be warranted during times of increased concern about a specific communicable disease, such as during a local disease outbreak. School administrators should work with their school health teams and the LPHA regarding

¹ Special exceptions apply. A positive CLIA-waived or at-home rapid test for COVID-19 is considered diagnostic and requires exclusion.

² As defined in Oregon law, a “school nurse” is a registered nurse certified by the Teacher Standards and Practices Commission to conduct and coordinate school health services. [[ORS 342.455](#)]

screening for illness, reporting of illness, and length of exclusion related to specific symptoms of concern.

Symptom-Based Exclusion Guidelines

Students and staff **must** be excluded from the school setting if they are in the communicable stages of a school-restrictable disease. Symptoms which commonly indicate a communicable disease are listed below.

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

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

- **If 2+ primary symptoms, MAY RETURN AFTER**
 - Following applicable symptom-based guidance, **if COVID-19 test is negative**
 - Following applicable symptom-based guidance AND minimum 5-day isolation, **if COVID-19 test is positive OR if not tested**
1. ***FEVER:** a measured temperature equal to or greater than 100.4°F orally.
 - **MAY RETURN AFTER** fever-free for 24 hours without taking fever-reducing medicine.
 2. ***COUGH:** persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider **OR** any acute (non-chronic) cough illness that is frequent or severe enough to interfere with participation in usual school activities.
 - **MAY RETURN AFTER** symptoms improving for 24 hours (no cough or cough well-controlled.)
 3. ***DIFFICULTY BREATHING OR SHORTNESS OF BREATH** not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
 - **MAY RETURN AFTER** symptoms improving for 24 hours.
 - This symptom is likely to require immediate medical attention.
 4. ***NEW LOSS OF TASTE OR SMELL**
 - **MAY RETURN** per guidance for 2+ primary COVID-19 symptoms.

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5. **HEADACHE WITH STIFF NECK AND FEVER.**
 - **MAY RETURN AFTER** fever-free for 24 hours without taking fever-reducing medicine **AND** symptoms resolve.
 - This combination of symptoms may indicate a serious condition. Advise student’s guardian to seek medical attention.

6. **DIARRHEA:** three or more watery or loose stools in 24 hours **OR** sudden onset of loose stools **OR** student unable to control bowel function when previously able.
 - **MAY RETURN AFTER** 48 hours after diarrhea resolves **OR** after seen and cleared by a licensed healthcare provider or LPHA for specific diarrheal diagnoses.

7. **VOMITING:** at least 1 episode that is unexplained.
 - **MAY RETURN AFTER** 48 hours after last episode of vomiting **OR** after seen and cleared by a licensed healthcare provider.

8. **SKIN RASH OR SORES:** new rash³ not previously diagnosed by a health care provider **OR** rash increasing in size **OR** new unexplained sores or wounds **OR** draining rash, sores, or wounds which cannot be completely covered with a bandage and clothing.
 - **MAY RETURN AFTER** rash is resolved **OR** until draining rash, sores or wounds are dry or can be completely covered **OR** after seen and cleared by a licensed healthcare provider.

9. **EYE REDNESS AND DRAINAGE:** unexplained redness of one or both eyes **AND** colored drainage from the eyes **OR** eye irritation accompanied by vision changes **OR** symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.
 - **MAY RETURN AFTER** symptoms resolve **OR** after seen and cleared by a licensed healthcare provider.
 - Eye redness alone, without colored drainage, may be considered for attendance per [CDC guidelines](#) and school nurse assessment.

10. **JAUNDICE:** yellowing of the eyes or skin that is new or uncharacteristic.
 - **MAY RETURN AFTER** seen and cleared by a licensed healthcare provider.

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³ Some children have chronic non-infectious skin conditions—e.g., eczema; they need not be excluded for apparent exacerbations of these conditions.

11. **BEHAVIOR CHANGE:** may include uncharacteristic lethargy, decreased alertness, confusion, or a behavior change that prevents active participation in usual school activities.
- **MAY RETURN AFTER** symptoms resolve; return to normal behavior OR after seen and cleared by a licensed healthcare provider.
 - These symptoms may indicate a serious condition. Advise student’s guardian to seek medical attention.
12. **MAJOR HEALTH EVENT or STUDENT REQUIRING MORE CARE THAN SCHOOL STAFF CAN SAFELY PROVIDE.** May include an illness lasting more than two weeks, emergency room treatment or hospital stay, a surgical procedure with potential to affect active participation in school activities, loss of a caregiver or family member, or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
- **MAY RETURN AFTER** health and safety are addressed.
 - Written instructions from a licensed healthcare provider are likely to be required.
 - Schools must comply with state and federal regulations such as the Americans with Disabilities Act ensuring free and appropriate public education (FAPE). School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable laws.

End of symptom-based exclusion guidelines.

Simplified Guidelines for School Community: Sample Letters

Guidelines on the following pages are presented in simplified format to assist messaging to students, staff, and school communities. Sample letters may be modified by school health leaders to align with LPHA and district policies.

These sample letters are available from ODE in multiple languages. Please see the [ODE Student Health Conditions](#) page or use the contact information at the end of this document.

Dear Parent/Guardian:

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

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

If your student is ill, please CONTACT THE SCHOOL.

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

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







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

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

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

PLEASE KEEP STUDENTS WITH SYMPTOMS OUT OF SCHOOL

This list is school instructions, not medical advice. Please contact your health care provider with health concerns.

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER...
 Fever: temperature of 100.4°F (38°C) or greater	<p>*The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.</p> <p>*Fever-free for 24 hours without taking fever-reducing medicine AND per guidance for primary COVID-19 symptoms.</p>
 New cough illness	<p>* Symptoms improving for 24 hours (no cough or cough is well-controlled) AND per guidance for primary COVID-19 symptoms.</p>
 New difficulty breathing	<p>* Symptoms improving for 24 hours (breathing comfortably) AND per guidance for primary COVID-19 symptoms. Urgent medical care may be needed.</p>
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	<p>*Symptom-free for 48 hours OR with orders from doctor to school nurse.</p>
 Vomiting: one or more episode that is unexplained	<p>*Symptom-free for 48 hours OR with orders from doctor to school nurse.</p>
 Headache with stiff neck and fever	<p>*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions above. Urgent medical care may be needed.</p>
Skin rash or open sores	<p>*Symptom free, which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse.</p>
Red eyes with colored drainage	<p>*Symptom-free, which means redness and drainage are gone OR with orders from doctor to school nurse.</p>
Jaundice: new yellow color in eyes or skin	<p>*After the school has orders from doctor or local public health authority to school nurse.</p>
Acting differently without a reason: unusually sleepy, grumpy, or confused.	<p>*Symptom-free, which means return to normal behavior OR with orders from doctor to school nurse.</p>
Major health event , like an illness lasting 2 or more weeks OR a hospital stay, OR health condition requires more care than school staff can safely provide.	<p>*After the school has orders from doctor to school nurse AND after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.</p>

Disease-Specific Guidelines

Follow **recommended actions** when a health care provider has diagnosed a communicable disease, **or a person exhibits related symptoms**.

NOTE: This document is not a diagnostic tool. Related symptoms may inform exclusion decisions, but school staff do not diagnose.

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

Oregon public health laws regulate which diseases are “restrictable” and/or “reportable.” See [Appendix III](#) regarding reportable diseases.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>ATHLETE’S FOOT</p> <ul style="list-style-type: none"> Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet. 	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> Direct contact with infectious areas. Indirect contact with infected articles. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> Until treated. 	<ul style="list-style-type: none"> Restrict walking barefoot, sharing towels, socks & shoes. Encourage use of sandals in shower Routine disinfection of showers and locker room floors with approved agents.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>CHICKENPOX (Varicella)</p> <ul style="list-style-type: none"> Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters scab over 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restriction: YES. Exclude until chickenpox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears).</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Airborne or respiratory droplets from coughing. Direct contact with drainage from blisters or nasal secretions. Indirect contact with infected articles. <p>Communicable: 2 days before to 5 days after rash appears.</p>	<ul style="list-style-type: none"> Immunization required – see website for current information: Immunization Requirements for School and Child Care: Getting Immunized Exclude exposed, susceptible persons from school Wash hands thoroughly and often. Cover mouth and nose if coughing or sneezing. Encourage safe disposal of used tissues <p>Contact school nurse regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears. Staff and students with impaired immune responses or who are pregnant should consult their health care provider, if exposure to a confirmed or suspected case has occurred.</p>
<p>COMMON COLD (Upper/Lower Respiratory Infection)</p> <ul style="list-style-type: none"> Runny nose and eyes, cough, sneezing, possible sore throat, fever <p>Uncommon.</p>	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Droplets from coughing or sneezing. Direct contact with nose and throat secretions. Indirect contact with infected articles. <p>Communicable: Variable and poorly defined.</p>	<ul style="list-style-type: none"> Wash hands thoroughly and often. Cover mouth, nose if coughing or sneezing. Encourage appropriate disposal of used tissues.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>COVID-19</p> <ul style="list-style-type: none"> Mild to severe illness that can include fever or chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell Other symptoms include fatigue, muscle or body aches, headache, sore throat, nasal congestion or running nose, nausea or vomiting, and diarrhea 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (page 9-11) and see below.</p> <p>Restriction: YES. Minimum 5-day exclusion from day of positive test or day of symptom onset, whichever is earlier, with earliest return on day 6 if symptoms resolving. See Oregon COVID Investigative Guidelines, for additional detail regarding isolation.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Droplets from coughing or sneezing. Airborne small particles released when breathing, talking, singing. Rarely: Direct or indirect contact with contaminated skin or surfaces. <p>Communicable: Asymptomatic carriers can transmit disease. Communicable 2 days before onset of symptoms, and up to 10 days following the onset of illness. Persons with immune compromise may be communicable for longer periods.</p>	<ul style="list-style-type: none"> Refer to School-level COVID-19 Management Plan Maximize implementation of layered mitigation strategies such as vaccination and face coverings.
<p>DIARRHEAL DISEASES</p> <ul style="list-style-type: none"> Loose, frequent stools, sometimes with mucous or blood Vomiting, abdominal pain or fever may be present 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restriction: Exclude students with acute diarrhea. Diarrhea with diagnosis of E. coli, Salmonella, or Shigella, requires school exclusion until cleared for return per local public health authority.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct or indirect contact with feces Consumption of water or food contaminated with feces <p>Communicable: Variable</p>	<ul style="list-style-type: none"> Wash hands thoroughly and often, especially after using bathroom or diapering/toileting children. No food handling. No cafeteria duty.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>FIFTH DISEASE</p> <ul style="list-style-type: none"> Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: May attend with licensed health care provider permission or when no rash or signs of illness are present.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Droplets from coughing or sneezing. <p>Communicable:</p> <ul style="list-style-type: none"> Greatest before onset of rash when illness symptoms occur. No longer contagious after rash appears. 	<ul style="list-style-type: none"> Wash hands thoroughly and often Encourage student to cover mouth/nose when coughing/sneezing. Encourage safe disposal of used tissues. Contact school nurse for recommendations for pregnant females / immunocompromised persons exposed by suspected/confirmed case Contact local public health authority for latest recommendation for pregnant females exposed in school outbreak situations.
<p>HAND, FOOT & MOUTH DISEASE</p> <ul style="list-style-type: none"> Sudden onset fever, sore throat and lesions affecting mouth, hands, feet and genitals. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: May attend with licensed health care provider permission or when blisters have healed.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with lesions or feces. <p>Communicable:</p> <ul style="list-style-type: none"> During acute stage of illness and potentially for several weeks after in stool. 	<ul style="list-style-type: none"> Wash hands thoroughly and often Good personal hygiene especially following bathroom use. Reinforce use of standard precautions.
<p>HEAD LICE</p> <ul style="list-style-type: none"> Itching of scalp. Lice or nits (small grayish brown eggs) in the hair. <p>*See additional ODE guidance document on Head Lice</p>	<p>Exclude: Refer to CDC guidance on head lice.</p> <p>Restriction: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with infected person. Indirect contact with infected articles (rarely). <p>Communicable: Only when live bugs present.</p>	<ul style="list-style-type: none"> Refer to CDC guidance on head lice. Check siblings/close contacts for symptoms. Avoid sharing/touching clothing, head gear, combs/brushes. Contact school nurse or local medical provider for further treatment information.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HEPATITIS A & E</p> <ul style="list-style-type: none"> Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort. Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay- colored stools. May have mild or no symptoms. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restricted: YES. May attend only with local public health authority permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with feces. Consumption of water or food contaminated with feces. <p>Communicable:</p> <ul style="list-style-type: none"> Two weeks before symptoms until two weeks after onset. 	<ul style="list-style-type: none"> Wash hands thoroughly and often. No food handling or sharing. School restrictions on home prepared foods for parties. Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school.
<p>HEPATITIS B & C</p> <ul style="list-style-type: none"> Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay- colored stools and jaundice. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: NO. Restriction may apply to “hepatitis B infection in a child, who, in the opinion of the local health officer, poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting)” [OAR 333-019-0010]</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Infectious body fluids (blood, saliva, semen) getting under the skin (e.g., through needles) or into the eyes; or through sexual contact; or mother to baby transmission. <p>Communicable:</p> <ul style="list-style-type: none"> One month prior to symptoms to 4 to 6 months or longer after jaundice. Some individuals have no symptoms but can transmit the disease. 	<ul style="list-style-type: none"> Strict adherence to standard precautions when handling body fluids Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the health consultant. Immunization required for Hepatitis B - see website for current information: Immunization Requirements for School and Child Care Getting Immunized. Refer to Information for Employers Complying with OSHA’s Bloodborne Pathogens Standard or Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HIV Disease (Human Immunodeficiency Virus Disease)</p> <ul style="list-style-type: none"> • May have acute flu-like illness. • Most often, no symptoms present in controlled infection. • AIDS is a later stage of HIV infection. 	<p><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p><u>Restriction:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Blood getting under the skin (e.g., through needles); or through sexual contact. • Some individuals have no symptoms but can spread the disease. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Lifetime infectivity after initial infection with virus. 	<ul style="list-style-type: none"> • Strict adherence to standard precautions when handling body fluids Report all body fluid contact that penetrates the skin such as bites, scratches and needle sticks to the school nurse. • –Refer to Information for Employers Complying with OSHA’s Bloodborne Pathogens Standard or Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV.
<p>IMPETIGO</p> <ul style="list-style-type: none"> • Honey-crusted sores, often around the mouth and nose. 	<p><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p><u>Restriction:</u> May attend with licensed health care provider permission, or when lesions are dry and crusted with no drainage.</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with drainage from sores. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • As long as sore drains if untreated. 	<ul style="list-style-type: none"> • Wash hands thoroughly and often. • No cafeteria duty while sores present. • Avoid scratching or touching sores. • Cover sores if draining. • No sharing personal items when lesions are present. • No contact sports (wrestling) if drainage cannot be contained.
<p>INFLUENZA (flu)</p> <ul style="list-style-type: none"> • Mild to severe illness that can include fever or chills, cough, shortness of breath or difficulty breathing • Other symptoms include fatigue, muscle or body aches, headache, sore throat, nasal congestion or running nose, nausea or vomiting, and diarrhea 	<p><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p><u>Restriction:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Droplets from coughing or sneezing. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness. 	<ul style="list-style-type: none"> • Vaccination: recommended annually for all persons ≥6 months of age • Wash hands thoroughly and often • Cover mouth/nose when coughing or sneezing. • Encourage appropriate disposal of used tissues. • See website for up-to-date information: http://flu.oregon.gov/Pages/Learn.aspx

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>MEASLES</p> <ul style="list-style-type: none"> Fever, eye redness or discharge, runny nose, cough. 3–7 days later dusky red rash (starts at hairline and spreads down); Koplik spots in mouth. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restriction: YES. May attend with local public health authority permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Airborne small particles released when breathing, talking, and singing. Droplets from coughing or sneezing. <p>Communicable:</p> <ul style="list-style-type: none"> 4 days before rash until 4 days after rash begins. 	<ul style="list-style-type: none"> Contact school nurse or public health authority immediately for direction. School nurse or public health authority will identify population at risk and assist with parent notification. Immunization required – see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school.
<p>MENINGOCOCCAL DISEASE</p> <ul style="list-style-type: none"> Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy. May have blotchy, purplish, non-blanching rash. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: May attend after treatment and clearance from provider. Patients are not contagious after treatment.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions. Droplets from coughing or sneezing. <p>Communicable:</p> <ul style="list-style-type: none"> Until bacteria are no longer present in discharges from nose and mouth. Cases and contacts usually no longer infectious after 24 hours on antibiotics. 	<ul style="list-style-type: none"> Wash hands thoroughly and often. Cover mouth/nose when coughing or sneezing and practice safe disposal of used tissues. No sharing food, drink or eating utensils Meningococcal vaccine available and recommended for all children 11 years and older as well as some younger children. See local public health authority CD Specialist for further information.
<p>MONONUCLEOSIS</p> <ul style="list-style-type: none"> Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restrictions: NO –Withdrawal from PE/Athletic activities may be recommended by licensed health care provider permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with saliva. <p>Communicable:</p> <ul style="list-style-type: none"> May be infectious for several months. 	<ul style="list-style-type: none"> Wash and disinfect shared items. No sharing food, drink or eating utensils.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>MUMPS</p> <ul style="list-style-type: none"> Painful swelling of neck and facial glands, fever and possible abdominal pain. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restriction: YES. May attend with local public health authority permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with nose and throat secretions. Droplets from coughing or sneezing. <p>Communicable:</p> <ul style="list-style-type: none"> 2 days before onset until 5 days after onset of symptoms. 	<ul style="list-style-type: none"> Wash hands thoroughly and often Report to school nurse. No sharing of personal items. Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school.
<p>PERTUSSIS (Whooping Cough)</p> <ul style="list-style-type: none"> Begins with mild “cold” symptoms and may progress to violent coughing fits that may end in a whooping sound (infants & toddlers) or vomiting (older children & adults). Slight or no fever. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restriction: YES. May attend only with local public health authority permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact nose and throat secretions. Droplets from coughing or sneezing. <p>Communicable:</p> <ul style="list-style-type: none"> Greatest just before and during “cold” symptoms to about 3 weeks without treatment. If treated with antibiotics, infected person is communicable 5 days. 	<ul style="list-style-type: none"> Immunization required - see website for current information: Immunization Requirements for School and Child Care Getting Immunized Exclude exposed, susceptible persons from school may be required; consult with local public health authority.
<p>PINK EYE (Conjunctivitis)</p> <ul style="list-style-type: none"> Eyes tearing, irritated and red. Eyes may have yellow discharge. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: May attend with licensed health care provider/school nurse permission or symptoms are gone.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with infectious saliva or eye secretions. Indirect contact with infected articles. <p>Communicable:</p> <ul style="list-style-type: none"> As long as drainage is present. 	<ul style="list-style-type: none"> Wash hands thoroughly. No sharing of personal items. Consult with school nurse or licensed medical provider. Eye redness alone, with no colored drainage, may be considered for attendance per CDC guidelines and school nurse assessment.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>PINWORMS</p> <ul style="list-style-type: none"> • Anal itching. • Sometimes no symptoms are present. 	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> Restriction may be necessary in situations where students are unable to control bowel function, otherwise No.</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with infectious eggs by hand from anus to mouth of infected person. • Indirect contact with infected articles. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • As long as female worms are discharging eggs in the anal area. • Eggs remain infective in an outdoor area for about 2 weeks. 	<ul style="list-style-type: none"> • Wash hands thoroughly. • Good personal hygiene. • Consult with school nurse or licensed medical provider.
<p>RINGWORM – SCALP</p> <ul style="list-style-type: none"> • Patchy areas of scaling with mild to extensive hair loss. • May have round areas of “stubs” of broken hair. 	<p><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p><u>Restriction:</u> May attend with licensed health care provider or school nurse permission or when symptoms are gone.</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with infectious areas. • Indirect contact with infectious areas. <p><u>Communicable:</u> Until treatment initiated</p>	<ul style="list-style-type: none"> • Wash hands thoroughly. • No sharing of personal items, especially combs, brushes, hats, etc. • It is not necessary to shave the student’s head.
<p>RINGWORM – SKIN</p> <ul style="list-style-type: none"> • Ring-shaped red sores with blistered or scaly border. • “Itching” may occur. 	<p><u>Exclude:</u> Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p><u>Restriction:</u> May attend with licensed health care provider or school nurse permission or when symptoms are gone.</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> • Direct contact with infectious areas. • Indirect contact with infectious areas. <p><u>Communicable:</u></p> <ul style="list-style-type: none"> • Until treatment initiated 	<ul style="list-style-type: none"> • Wash hands thoroughly. • No sharing of personal items. Special attention to cleaning and disinfecting, with approved anti- fungal agent, gym/locker areas No sport activity until lesions disappear.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>SCABIES</p> <ul style="list-style-type: none"> Intense itching, raised small red or pus-filled sores. Common between fingers, behind knees, around waist, inside of wrists, on arms. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restriction: YES. May attend with licensed health care provider/school nurse permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct skin contact. Indirect contact with infected articles. <p>Communicable:</p> <ul style="list-style-type: none"> Until treated 	<ul style="list-style-type: none"> Wash hands thoroughly. Screen close contacts/siblings for symptoms. Disinfection of shared surfaces. No sharing of personal items.
<p>SHINGLES (Herpes Zoster)</p> <ul style="list-style-type: none"> Painful skin lesions which are a result of the same virus that causes chicken pox. Lesions may appear in crops. May occur in immune-compromised children. Usually on trunk, may be accompanied by pain, itching or burning of affected area. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: May attend with licensed health care provider permission and if lesions can be covered with dressing or when lesions are scabbed/dried.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with draining skin areas. <p>Communicable: As long as lesions are draining.</p>	<ul style="list-style-type: none"> Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g., face, hand), consult with school nurse if available or local public health authority. Contact school nurse or local public health authority for recommendations for pregnant females/Immunocompromised person if exposure occurs at school.
<p>STAPH SKIN INFECTIONS</p> <ul style="list-style-type: none"> Draining sores, slight fever, aches and headache. Affected area may be red, warm and/or tender. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: May attend with licensed health care provider permission or when lesions are dry/crusted or gone.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> Direct contact with drainage from sores Indirect contact with infected articles. <p>Communicable:</p> <ul style="list-style-type: none"> As long as sores are draining. 	<ul style="list-style-type: none"> Wash hands thoroughly. Good personal hygiene. No sharing towels, clothing or personal items. No food handling. No contact sports until lesions are gone.

DISEASE/SYMPTOMS	SCHOOL EXCLUSION/ SCHOOL RESTRICTION and REPORTING TO LOCAL PUBLIC HEALTH AUTHORITY	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>STREP THROAT & SCARLET FEVER</p> <ul style="list-style-type: none"> • <i>Strep throat:</i> Sore throat, fever, swollen, red tonsils, tender neck glands, headache, abdominal pain or nausea. • <i>Scarlet Fever:</i> Strep throat with a red, sandpaper rash on trunk. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11).</p> <p>Restriction: May attend with licensed health care provider/school nurse permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Direct contact with nose and throat secretions. <p>Communicable:</p> <ul style="list-style-type: none"> • Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or months. <p>Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists.</p>	<ul style="list-style-type: none"> • Wash hands thoroughly. • Encourage covering mouth & nose when coughing & sneezing. • Encourage appropriate disposal of used tissues.
<p>TUBERCULOSIS (infectious/active)</p> <ul style="list-style-type: none"> • Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease. 	<p>Exclude: Refer to Symptom-Based Exclusion Guidelines (pages 9-11) and see below.</p> <p>Restriction: YES. May attend only with local public health authority permission. Note: tuberculosis can be chronic/latent; is only restrictable in the infectious/active stage.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> • Primarily by airborne droplets from infected person through coughing, sneezing or singing. <p>Communicable: As long as living bacteria are discharged through coughing. Specific drug therapy usually diminishes communicability within weeks.</p>	<ul style="list-style-type: none"> • Observe TB rule compliance: CDC - Tuberculosis (TB) • Report to school nurse or consult with local public health authority.

Section References

Centers for Disease Control and Prevention. *COVID-19*. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Accessed July 2021.

Centers for Disease Control and Prevention. *Definitions of Symptoms for Reportable Illnesses*. <https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html>. Published June 30, 2017.

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

Communicable Disease Appendices

[Appendix I](#)

Oregon Public Health Law: Oregon Administrative Rule 333-019-0010

[Appendix II](#)

Transmission *Routes and Prevention Measures*

[Appendix III](#)

School Attendance Restrictions and Reporting

[Appendix IV](#)

Guidelines for Handling Body Fluids

Appendix I

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

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

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

(1) For purposes of this rule:

(a) "Evidence of immunity":

(A) To measles, mumps or rubella means meeting the criteria for presumptive evidence of immunity specified in the Morbidity and Mortality Weekly Report (MMWR) volume 64, issue RR04, issued June 14, 2013, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm;

(B) To diphtheria or pertussis means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 67, issue 2, dated April 27, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm;

(C) To hepatitis A means having documentation of detectable serum antibodies directed against this virus; having laboratory documentation of having had the disease; or having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 55, issue RR07, issued May 19, 2006, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm;

(D) To hepatitis B means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 67, issue 1, issued January 12, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm; or having documentation of ever having at least 10 milli-international units per milliliter of serum of antibodies to hepatitis B surface antigen.

(c) "Restrictable disease":

(A) As applied to food service facilities includes but is not limited to COVID-19, diphtheria, hepatitis A, hepatitis E, measles, Salmonella enterica serotype Typhi infection, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, infectious tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, any illness accompanied by diarrhea or vomiting.

(B) As applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, COVID-19, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, and infectious tuberculosis and may include a communicable stage of hepatitis B infection in a child, who, in the opinion of the local health officer, poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).

(C) Includes any other communicable disease identified in an order issued by the Authority or a local public health administrator as posing a danger to the public's health.

(d) "Susceptible":

(A) For a child, means lacking documentation of immunization required under OAR 333-050-0050, or if immunization is not required, lacking evidence of immunity to the disease.

(B) For an employee of a school or child care facility, means lacking evidence of immunity to the disease.

(2) To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or food service facility may not attend or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under these rules.

(3) A school administrator shall exclude a susceptible child who attends a school or children's facility or a susceptible employee of a school or children's facility if the administrator has reason to suspect that the child or employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, or hepatitis B, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.

(4) Until March 12, 2022, a school administrator shall exclude a susceptible child who attends a school or children's facility or a susceptible employee of a school or children's facility if the administrator has reason to suspect that the child or employee has been exposed to COVID-19, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.

(5) A school administrator may request that the local health officer determine whether an exclusion under section (3) or section (4) of this rule is necessary.

(6) If a local health officer receives a request from a school administrator to determine whether an exclusion is appropriate under this rule, the local health officer, in consultation as needed with the Authority, may consider the following non-exclusive factors in making the determination:

(a) The severity of the disease;

(b) The means of transmission of the disease;

(c) The intensity of the child's or employee's exposure; and

(d) The exposed child's or employee's susceptibility to the disease, including having initiated a vaccination series for the disease.

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

(8) A susceptible child may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267(1).

(9) The infection control committee at each health care facility shall adopt policies to restrict employees with restrictable diseases from work in accordance with recognized principles of infection control.

(10) Nothing in these rules prohibits:

(a) A school or children's facility from adopting more stringent exclusion standards under ORS 433.284.

(b) A health care facility or food service facility from adopting additional or more stringent rules for exclusion of employees.

Statutory/Other Authority: ORS 624.005, ORS 413.042, 431.110, 433.004, 433.255, 433.260, 433.284, 433.329, 433.332 & 616.750

Statutes/Other Implemented: ORS 433.255, 433.260, 433.407, 433.411 & 433.419

History:

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

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

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

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

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

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

PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

PH 1-2015(Temp), f. & cert. ef. 1-7-15 thru 7-5-15

PH 16-2013, f. 12-26-13, cert. ef. 1-1-14

PH 7-2011, f. & cert. ef. 8-19-11

PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

OHD 4-2002, f. & cert. ef. 3-4-02

HD 15-1981, f. 8-13-81, ef. 8-15-81

Appendix II

Transmission Routes and Prevention Measures

This Appendix provides information about transmission routes and recommended prevention measures. For guidance about when to exclude for specific diseases or symptoms, see [E. Exclusions](#).

*While all services require Standard Precautions in compliance with OSHA, individuals providing **special services** such as health care, close-contact support, and cleaning may need to take additional precautions related to increased exposure risks. Schools should collaborate with health professionals such as the school nurse and the local public health authority to inform required actions for specific scenarios.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">AIRBORNE</p> <p>Transmission occurs when germs from an infected person are released through breathing, coughing, talking, and singing and remain suspended in the air as very small droplets, which may be inhaled (breathed in) by another person or enter their eyes, nose or mouth.</p>	<ul style="list-style-type: none"> • Pulmonary tuberculosis • measles • chickenpox • COVID-19 • 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (measles, chickenpox, COVID-19). ▶ Recommend or require universal masking during times of high transmission or outbreaks; encourage masking at any level to protect access to education for students who are at higher risk for contracting illness. ▶ Isolate persons with airborne diseases from public places until no longer infectious. Exclusion may be required. See E. Exclusions. ▶ Special services* may require Airborne Precautions, such as fit-tested N95 masks. Guidance for Specialized Clinical Procedures may apply.
<p style="text-align: center;">RESPIRATORY DROPLET</p> <p>Transmission occurs when germs from an infected person are released through breathing, coughing, talking, and singing as small to large droplets, which may be inhaled (breathed in) by another person or enter their eyes, nose or mouth. Droplet transmission occurs most commonly within 6 feet of infected individuals.</p>	<ul style="list-style-type: none"> • common cold viruses • influenza (flu) • meningococcal disease • whooping cough (pertussis) • COVID-19 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (flu, meningococcal, pertussis, COVID-19). ▶ Recommend universal masking during times of high COVID-19 transmission in accordance with CDC COVID-19 Community Levels. ▶ Wash hands thoroughly and often, including after nose wiping, sneezing, or coughing. ▶ Cover mouth and nose when coughing and sneezing. <ul style="list-style-type: none"> • Use tissues when coughing and sneezing. Discard tissues promptly in a waste container and then wash hands.

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		<ul style="list-style-type: none"> ● If tissues are not available, cough or sneeze into a sleeve, not into hands. ▶ Isolation and exclusion may be required. See E. Exclusions. ▶ Special services* may require Droplet Precautions, such as medical-grade masks, eye protection (goggles or face shield), gloves and single-use isolation gowns. Guidance for Specialized Clinical Procedures may apply.
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TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">BLOODBORNE</p> <p>Transmission occurs when germs are spread from the blood of an infected person to another person through mucous membranes (such as the mouth), broken skin (such as a bleeding injury or injection by a contaminated needle), pregnancy or, rarely, via blood transfusions).</p> <p>Risks in schools most often relate to accidental needle-stick, injury from sharp objects, human bites or fights.</p>	<ul style="list-style-type: none"> • Hepatitis B • Hepatitis C • HIV 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep B) ▶ Wash hands thoroughly and often and use Standard Precautions: assume all body fluids are potentially infectious. See Appendix IV. ▶ Provide education to students and staff regarding risk factors and behaviors. ▶ Clean and disinfect items contaminated with body fluids as soon as possible. Have body fluid clean-up kits available for trained staff to utilize. Ensure compliance with the OSHA Bloodborne Pathogen Standards. ▶ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. See E. Exclusions. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) for splash risk.
<p style="text-align: center;">CONTACT</p> <p>Transmission occurs when germs are spread from person to person by direct (such as skin-to-skin contact) or indirect contact (such as touching a contaminated object). Germs spread by airborne or droplet transmission, such as colds, flu and COVID-19 may also be spread by contact as well.</p>	<ul style="list-style-type: none"> • fungal infections (Example: ringworm) • herpes virus (Example: cold sores) • skin infections (Examples: Staph and Strep) 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (flu) ▶ Wash hands thoroughly and often, including after contact with shared objects and high-touch surfaces. ▶ Clean frequently touched objects and surfaces at least daily. ▶ Follow guidance from the CDC, Oregon-OSHA Bloodborne Pathogens, and the school district exposure control plan (SDEP) when handling potentially infectious items. ▶ Isolate infectious areas, such as by covering open sores completely, ensuring no fluids can leak from bandage. Exclusion may be required. See E. Exclusions.

	<ul style="list-style-type: none"> • varicella zoster virus (shingles) during the blister phase 	<ul style="list-style-type: none"> ▶ Special services* may require Contact Precautions including gloves and single-use isolation gowns. May need mask and eye protection (goggles or face shield) for splash risk.
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TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p>FECAL-ORAL</p> <p>Transmission occurs when germs are spread from the stool or feces of an infected person to another person, usually by contaminated hand-to-mouth contact, or through contaminated objects, when effective hand washing is not done after toileting.</p>	<ul style="list-style-type: none"> • diarrheal illnesses • Hepatitis A • Pinworms 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep A). ▶ Wash hands thoroughly and often, including after using the bathroom or assisting others with elimination needs. ▶ Educate and train students and staff who work in direct student care, food preparation, food service and cleaning. ▶ Wash shared objects with soap or detergent before and after use, followed by EPA and district approved disinfectant. ▶ Isolation and exclusion may be required. See E. Exclusions. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated. May need mask and eye protection (goggles or face shield) for splash risk.
<p>FOODBORNE</p> <p>Transmission occurs as a result of eating food that has been improperly handled, prepared or stored.</p>	<ul style="list-style-type: none"> • diarrheal diseases • Hepatitis A 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep A) ▶ Wash hands thoroughly and often, including before touching foods. ▶ Prohibit any ill student or staff from working in food preparation, service or clean-up. ▶ Isolation and exclusion may be required. See E. Exclusions. ▶ Store food appropriately; keep cold foods cold and hot foods hot. ▶ All food service must follow food service guidelines and school district policies. This includes foods brought in for classroom events.

TRANSMISSION ROUTE	EXAMPLES	PREVENTION MEASURES
<p style="text-align: center;">SEXUAL</p> <p>Transmission occurs when germs are spread from person to person through sexual contact, including oral, vaginal and anal sex.</p> <p>Some diseases can be transmitted via both sexual and bloodborne routes, such as HIV, Hepatitis B and C.</p>	<ul style="list-style-type: none"> • chlamydia • herpes • genital warts (HPV) • gonorrhea • syphilis • HIV • Hepatitis B • Hepatitis C 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (HPV). ▶ Establish protocols for sexuality education and risk behavior prevention. Educate students using Oregon’s comprehensive sexuality curriculum to increase awareness of sexual health and safety issues. ▶ Isolation and exclusion are rarely required. Individuals with chronic infections should be considered for school inclusion. See E. Exclusions. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.
<p style="text-align: center;">WATERBORNE</p> <p>Transmission occurs via water that has been contaminated by germs. The contaminated water may be swallowed or contact the person’s skin or mucous membranes.</p>	<ul style="list-style-type: none"> • diarrheal diseases • skin infections • Hepatitis A 	<ul style="list-style-type: none"> ▶ Keep immunizations up to date (Hep A). ▶ Wash hands thoroughly and often, including before and after water activities. Encourage showering after exposure to potentially infectious water including pools. ▶ Disinfect water activity tables, pools per district procedure such as a chlorine bleach solution of 1 teaspoon per gallon of water. ▶ Wash objects used in water activities with soap or detergent before and after use, followed by an EPA and district approved disinfectant. ▶ Prohibit ill students and staff from participating in water activities. ▶ Isolation and exclusion may be required. See E. Exclusions. ▶ All services require Standard Precautions including gloves when body fluid contact is anticipated.

Appendix III

School Attendance Restrictions and Reporting

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

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

For restrictable disease, schools are responsible for upholding regulations regarding school exclusion. The information in **Symptoms-Based Guidance** (pages 8-12) and in **Disease-Specific Guidance** (pages 13-24) can assist with decision-making based on symptoms and/or based on diagnosis by a licensed health care provider. A positive CLIA-waived or at-home rapid test for COVID-19 is considered diagnostic and requires exclusion. Per Oregon public health law [[OAR 333-019-0010](#)], school communication with the LPHA may be required to verify exclusion requirements.

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

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

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

If a school reports illness to the LPHA, the LPHA may provide case-by-case guidance for school exclusions. The LPHA may also establish standing guidelines such that schools consistently exclude for specific symptoms or specific outbreak conditions. The school nurse or designated

school staff should collaborate with the LPHA regarding what (if any) communication should go out to the school community, regarding diseases of concern in the school population.

Appendix IV

Guidelines for Handling Body Fluids

The Oregon **Occupational Safety and Health Administration Bloodborne Pathogens standard Div. 2/Z (1910.1030)** outlines specific engineering and work practice controls employers must implement to eliminate or minimize employee occupational exposure to the blood and other potentially infectious materials of others. To comply with this regulation, districts must develop an exposure control plan as outlined in the standards.

Standard Precautions

Standard Precautions refers to an infectious disease control approach, which assumes the body fluids of all persons are infectious. Standard Precautions are designed to reduce the risk of transmission of all communicable diseases, whether a person exhibits symptoms of illness or not. Standard Precautions includes the use of barriers or protective measures when dealing with the following:

- Blood;
- All body fluids, secretions and excretions, except sweat, regardless of whether they contain visible blood;
- Non-intact skin; and
- Mucous membranes

Strict adherence to Standard Precautions and the appropriate use of personal protective equipment will decrease the risk of transmission of all communicable diseases.

Only employees who have been trained as described in the Oregon OSHA Bloodborne Pathogens rule should render first aid, offer assistance for ill or injured students, or be assigned other tasks that involve the potential risk of body fluid contact (e.g., feeding, diapering or delegated nursing tasks such as gastrostomy tube feedings or blood glucose monitoring). Other employees should be given information about avoidance measures. Peer tutors and volunteers in the school must also receive general information about avoidance measures and **cannot be assigned any task or offer assistance with tasks where there is expected contact with body fluids.**

Guidelines for COVID-19 Workplace Risks

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

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

Standard and Transmission-Based Precautions

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

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

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

Provided by Oregon Department of Education in conjunction with the Oregon Health Authority and Oregon-OSHA. Revised August 2022

If questions occur, please reach out to your [Local Public Health Authority](#).
If an alternate format is needed or for additional questions, please contact:

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