

Management of Communicable Disease Plan Weld County School District RE5J

May 2020

This plan will be reviewed annually and updated to reflect evidence-based knowledge and guidance.

Introduction

Infectious diseases are one of the most common causes of student and staff absenteeism, accounting for millions of school days lost each year. Prevention and control of infectious diseases are recognized as essential responsibilities of the school health staff. Professional school registered nurses were first introduced into the educational setting in the early 1900's expressly for this purpose. An important goal of school health services today continues to be the prevention and control of communicable disease. Infectious diseases are illnesses that can be viral, bacterial, parasitic or fungal. They are transmitted from one person to another in four main ways:

- Person-to-person (droplet, airborne, fecal to oral, direct contact with skin, blood & body secretions and through sexual activity)
- Through contaminated surfaces
- Through contaminated food
- Through contaminated water

Infectious diseases are readily transmitted in school environments for several reasons. Children easily spread illnesses to one another as a result of their close proximity, inefficient abilities to cover coughs and sneezes to contain respiratory secretions, and ineffective hand washing. Children may be susceptible to vaccine-preventable diseases because of immature immune systems or not being fully immunized. Routine cleaning procedures may not be enough to contain an infectious agent, and some areas (e.g. desks and playgrounds), are not routinely cleaned. This plan outlines guidance for reducing illness at school and ongoing routine surveillance as well as the procedures used by Weld RE-5J during outbreaks, epidemics or pandemic events.

The purposes of this plan include:

- Decreased exposure to disease
- Early recognition of potential outbreaks
- Timely response to outbreak
- Limited disruption of day-to-day learning activities

Implementation of this plan will require the coordinated effort of Weld RE5J and community partners, primarily Weld County Department of Public Health and Environment. District departments involved in an active response will include District Administration, Building Administration and Building Support (Sodexo), Health Services, Nutrition Services, Custodial Services, Transportation Services, and Student Information Services.

Definitions

Agent - An infectious microorganism or pathogen: a virus, bacterium, parasite or other microbe.

Airborne disease

Infectious agents that are carried by dust suspended in the air.

Blood and body fluids - Any secretion produced by the body including, but not limited to blood, drainage from eyes, ears, or a wound, nasal secretions, saliva, semen, stool, tears, urine and vomit.

Bloodborne pathogens - Microscopic organisms that are present in human blood or body fluids and which can cause disease in humans.

Carrier - An individual or animal that harbors a specific infectious agent, frequently in the absence of discernible clinical disease, and that is a potential source of infection to others.

Case - An individual with a particular disease.

CDC - United States Centers for Disease Control and Prevention (800-232-4636)

CDPHE-Colorado Department of Public Health and Environment (303-692-2000)

Chemical disinfection - Application of a chemical agent to an article that renders the object incapable of transmitting the disease to humans.

Cluster - Two or more cases of disease or illness associated by person, place and time.

Communicable disease - An infectious disease that is contagious and can be transmitted either directly or indirectly from one source to another by an infectious agent or its toxins. Also known as infectious disease.

Contact time - The time disinfectant needs to stay wet on a surface in order to ensure efficacy (also known as wet time).

Contagion period - The length of time during which an ill person can give the disease to others.

Contaminated - The presence of, or reasonably anticipated presence of, a potentially infectious agent on any item or surface.

Direct contact transmission - Physical transfer of microorganisms from an infected or colonized person to a susceptible host. This can occur with activities such as touching, kissing, sexual intercourse, biting or direct projection of a droplet via talking, sneezing, spitting, coughing or singing.

Droplet - A small drop, such as a particle of moisture, discharged from the mouth or nose during coughing, sneezing or speaking which may transmit infections while airborne to others.

Epidemic - The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

Epidemiologist - A person who specializes in the incidence, distribution and possible control of diseases and illnesses.

Exposure - Contact with an infectious person, environment or contaminated item or surface that may be capable of disease transmission.

Immunity - State of resistance to a communicable disease by a person due to natural body defenses or acquired by active or passive immunity.

Incubation period - The period of time from exposure to an infectious agent to the appearance of the first symptom.

Indirect transmission - Transfer of microorganisms from contaminated objects or materials, e.g. toys, soiled clothing, bedding, cooking or eating utensils, food, water or milk.

Infectious agent - An organism that is capable of producing infection or infectious disease in humans.

Occupational exposure - Skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Outbreak - A localized, as opposed to a generalized epidemic. This term may be used synonymously with epidemic and is sometimes the preferred word as it may prevent sensationalism associated with the word epidemic.

Pandemic - An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population.

Period of communicability - The period of time during which an individual may transmit a disease either directly or indirectly.

Personal protective equipment (PPE) - Protective clothing, helmets, goggles, gloves or other garments or equipment designed to protect the wearer's body from injury or infection.

Preventive measures - Actions taken to prevent or reduce the transmission of disease from one source to another.

Reportable disease - Diseases identified by the Colorado State Department of Public Health and Environment as reportable to the local or state health department definitions.

Standard precautions - Guidelines recommended by the Centers for Disease Control and Prevention to reduce the risk of transmission of blood-borne and other pathogens. These precautions apply to blood, all body fluids, secretions, excretions (regardless of whether they contain blood), non-intact skin and mucous membranes. The precautions are designed to reduce the transmission of microorganisms from both recognized and unrecognized sources of infection.

Transmission - Transfer or passage of a specific infectious agent either directly or indirectly from a source person, animal or inanimate object to a susceptible host.

WCDPHE - Weld County Department of Public Health and Environment. (970-304-6420)

General Information

When considering strategies to prevent and reduce the spread of communicable diseases in schools, it is important to understand that many illnesses spread before a person shows any symptoms. There are also many common childhood illnesses. For these reasons, it is important that schools institute control measures on an ongoing basis to prevent and reduce the spread of infectious diseases.

Education of Students and Staff

It is important that students and staff receive education to effectively control the spread of disease in schools. Education shall be provided on an annual basis, as needed, and as required in Colorado. Colorado State Health Academic Standard #2 (Physical and Personal Wellness), Expectation #2 (Develop self-management skills and personal hygiene skills to promote healthy habits) focuses specifically on preschool through first grade.

The three main control measures to include are:

1. Hand washing

- a. Hand washing is one of the most effective ways to control the spread of disease.
- b. Hands should be washed regularly, but especially at the following times:
 - i. Before and after using the bathroom
 - ii. After sneezing, coughing, or blowing your nose
 - iii. Before and after preparing food
 - iv. Before and after eating or drinking
 - v. Before and after assisting students with feeding and toileting or diapering
 - vi. Before and after the administration of medication or medical procedures
 - vii. Before putting on and after taking off personal protective equipment
 - viii. After caring for any student, especially those with nose, mouth, eye or ear discharge or drainage and before initiating contact with another student
 - ix. After contact with blood, body fluids, secretions and excretions
 - x. Before handling contact lenses or cosmetics
 - xi. After handling animals or animal waste
- c. Hands should be washed using soap and water. After soap is applied, the hands should be scrubbed for at least 20 seconds, paying close attention to all surfaces including nails and between fingers. Then rinsing, using a paper towel to turn the water off, and finally drying hands thoroughly with another paper towel.
- d. Running water, soap and paper towels shall be available at all district buildings.
- e. Students, staff and visitors are encouraged to wash their hands regularly.
- f. In the event that soap, and water are not available, an alcohol-based hand sanitizer may be used. The sanitizer must contain at least 60% alcohol. This should be supervised by an adult so it will be used properly. Hands must be rubbed together until dry. The use of hand sanitizer is temporary; hands should be washed with soap and water as soon as it is available.

2. Cough and Sneezing Hygiene

- a. Coughing and sneezing release respiratory droplets that may be infectious into the air.

- b. Students, staff and visitors are encouraged to cover their mouth when coughing or sneezing.
- c. Cover Your Cough etiquette, using upper sleeve rather than the hands, will be taught and reviewed as needed and required by the state of Colorado.
- d. Wash hands with soap and water after coughing or sneezing.

3. Standard precautions

- a. Blood and body fluids from other people may spread infectious diseases. Staff may be exposed while performing their job (occupational exposure).
- b. Standard precautions training will be provided to staff most likely to encounter bodily fluids and blood as needed, and as required by the state of Colorado. This is required for all preschool staff.
- c. Students will be taught not to touch blood and bodily fluids from other people.
- d. Best Practice: If it's wet and it's not yours, don't touch it without gloves.

Routine Surveillance

Routine prevention measures and early recognition of a potential outbreak are crucial in order to decrease and control the spread of communicable diseases. Attention to the following areas helps to reduce the likelihood of an outbreak occurring.

Attendance

School attendance is monitored for multiple reasons in every building. It is important to notify the school registered nurse when absence rates increase, especially when the absences are associated with a specific pattern of illness. In order to track average attendance rates for each building, attendance secretaries and office managers are encouraged to monitor the following: Infinite Campus attendance reports at a minimum of every week, more often if absence rates are climbing:

1. ADM (Average Daily Membership) and ADA (Average Daily Attendance) Detail. The summary version displays data for each Calendar/Grade selected and a grand total for all Calendars for the selected date range. This is useful to calculate average attendance rates over a period of time, identify decreases in average attendance rates and determine if specific grade levels are involved.

2. Classroom Monitor. This tool monitors classroom attendance. By clicking on the session beside each teacher, the reason for the absence of each student (if known) will populate in the roster. This can be useful in determining whether the illness is localized to one classroom/grade or if it is occurring randomly throughout the building.

Health Office Activity

District health clerks and school registered nurses are responsible for sending students home from school when they are ill. NOTE: Students should NOT be sent home for illness by school staff (teachers or administration) without consulting the health office team. When a cluster of students (two or more) are sent home with specific symptoms, the health clerk will notify the building school registered nurse. The building school registered nurse will in turn notify the school registered nurse and continue to monitor the situation.

Immunization Compliance

Immunizations significantly reduce occurrences of vaccine-preventable disease. Colorado State Law requires ALL students to present proof of immunizations received or signed exemption upon enrollment, prior to beginning to attend school (Board of Health rule 6 CCR 1009-2). Colorado follows the Advisory Committee on Immunization Practices (ACIP) guidelines to determine which vaccines are required. If a student does not meet the minimum requirements, the family is given two weeks to obtain the needed vaccines or present proof of an appointment to do so. Students that fail to meet state immunization requirements may be excluded from school until they receive the necessary vaccinations. Parents and guardians may choose to sign a non-medical exemption. In the event of a vaccine-preventable communicable disease occurrence, students with immunization exemptions can be excluded from school as a disease control measure.

Disinfection and Cleaning Procedures

Infectious agents can be spread through contact with environmental surfaces (indirect transmission). In addition to routine cleaning procedures, it is important to consider the following:

1. Keep commonly touched surfaces (stairway railings, door handles, computer keyboards, computer storage carts, bathroom faucets and surfaces, bathroom stall locks, light switches, drinking fountains, telephones and elevator buttons, etc.) clean by frequently wiping them down with the cleaning agent approved by Weld RE5J Facilities.

2. The health office must be thoroughly cleaned every day:

- a. Health clerks will spray cots with disinfectant approved by the district at least once daily and more often if ill students have rested on cots.

b. The building custodian will disinfect the health office bathroom following any use by a student experiencing vomiting or diarrhea.

c. All surfaces in the health office (including cots, floors, counters, sinks and toilets) will be thoroughly disinfected daily by the building custodian after students have left for the day using approved disinfectants and allowing for the minimum amount of contact time required for the products used.

3. Treat all vomiting and stool events as if they are contaminated with a highly infectious agent.

a. If at any time a student or staff member experiences a vomiting or stool event in a place other than a bathroom, the room will be emptied, and the contaminated area cleaned and disinfected by the building custodian as a matter of urgency. Infectious agents found in vomit can become airborne and contaminate surfaces within at least a 25-foot radius. Virus particles may remain on surface for weeks.

b. If vomiting or stool event occurs on carpet:

i. Do not vacuum vomit or fecal material.

ii. Wearing gloves, clean up physical material, using disposable towels.

iii. Utilize viricide in a detergent solution

iv. Ideally, a steam cleaner should be used. If the machine has a temperature gauge, clean for 5 continuous minutes at 170° F or for 1 continuous minute at 212° F. If the steam cleaner does not have a temperature gauge, turn the heat as high as it will go and clean for at least 5 minutes.

c. After cleaning and disinfecting the area, let the area sit for 10 minutes before students/staff return.

4. The person cleaning and disinfecting should wear personal protective equipment (gloves are mandatory; mask, protective eyewear and plastic disposable apron when available). Personal protective equipment (PPE) should be discarded immediately upon completion of the task and should not be worn to another area in the building. Hands must be washed or sanitized at the end of the procedure.

5. All cleaning materials must be contained within the area. For example, utilize disposable towels, and do not carry them from one place to another.

6. When a staff member or student with a suspected infectious disease is identified and has left the building, it is important their work area, along with any other known places they have been, are thoroughly cleaned and disinfected to minimize exposure to others. Clean the surface to remove dirt and soil with the approved cleaning agent and disinfect following manufacturer's instructions. If norovirus is suspected, a district-approved disinfectant or bleach solution at the proper concentration must be used, as many other disinfectants do not kill norovirus.

Preparation

Careful forethought and experience from past events are useful in planning the response to a contagious disease outbreak. Simple decisions made ahead of time can be critical in initiating a rapid, effective response. The following actions should be considered:

Building Preparations Building administration, in conjunction with health services personnel, are responsible to make the following decisions to prepare for a potential outbreak:

1. Identification of secondary triage site to separate infectious students from other students requiring medication, first aid, etc.

Factors to consider include:

a. Line of sight to health office

b. Immediate access to bathroom and sink

2. Identification of a minimum of two back-up personnel available to assist in the health office when the health clerk and school registered nurse request help to render care to ill students. The need for additional health office support will be determined on a case by case basis dependent on the number of ill students, nature of the symptoms, size of health office, availability of bathroom facilities, etc.

a. Back-up personnel must be trained and delegated to administer medications and provide first aid, comfort care to students.

b. CPR/First Aid certification is preferred.

Training of Health Services Personnel

Initial training and annual refresher training will be provided to all health services personnel, including school registered nurse, health clerks, Preschool staff, and SPED paras as needed during professional development time. Topics covered should include the following:

1. General knowledge of infectious disease, modes of transmission, standard precautions, Colorado Exclusion Guidelines, routine surveillance and what/when to report to school registered nurse.
2. Review of Colorado Exclusion policy.
3. Review of the Weld RE5J Management of Communicable Disease plan
4. Review of the roles and responsibilities of health clerks and school registered nurses

Training of Attendance/Office Staff

Initial training and refresher training, as needed, will be provided to all office staff, including attendance secretaries and others that may work with attendance. Topics covered should include the following:

1. Importance of attendance tracking and monitoring attendance reports in Infinite Campus.
2. Importance of accurate documentation and use of specific attendance codes when needed. A special numeric code may be employed to track student absences specifically related an event.
3. Importance of follow-up calls to determine the exact reason for student absences.
4. Who to contact when there is an increase in absence rate (> 10% of student enrollment) or unusual number of students exhibiting a specific disease pattern.

Training of Custodial Personnel

Initial training will be provided by the Custodial Department to all new custodial staff, including building managers, lead night custodians and part-time staff. A training packet covering the steps of disinfection, how to clean up bodily fluids, and how to use and properly remove personal protective equipment (gloves mandatory, mask and eye protection optional) is completed. All new staff must sign an acknowledgment of their understanding of the material presented. Custodial personnel are not required to complete standard precautions training. All custodial staff will receive annual training to review disinfection protocols. Additional meetings and/or bulletins will be held when specific training issues arise.

Bleach recommendations: If Weld RE5J approved disinfectant products are not immediately available, a bleach solution may be substituted. The correct dilution for bleach (regular or concentrated) is 1 cup of bleach to 10 cups of water. Note: The potency of bleach diminishes after the container has been open for 30 days. Write the date on bleach containers when opening. Discard the container after 30 days.

Outbreak Response

General information

Should a contagious disease outbreak occur, Weld RE5J must respond with a rapid, coordinated effort. This section will outline important steps to be taken and the roles and responsibilities of individual buildings, district administration and district departments.

Recognition of Occurrence

While not every increase in student absence rates or increased number of students with specific symptoms is determined to be an outbreak, rapid identification of an occurrence in the initial stages is critical to an effective response. The following actions are vital to early recognition:

1. Office managers and/or attendance secretaries will monitor individual building attendance rates, watching for increases in the overall absence rate or an increase in the number of students and/or staff experiencing specific symptoms. Any increasing trend in absence rates and/or >10% of students/staff experiencing similar illness will be immediately reported to the school registered nurse.
2. Health clerks will monitor the number of students and reasons students are being sent home during the school day. When a cluster of students (2 or more) are sent home with similar symptoms, the health clerk will immediately report the occurrence to the school registered nurse.
3. When a cluster of students is identified, especially when associated by person, place, or time, the building's school registered nurse will immediately notify the Weld County Department of Public Health epidemiologist of all clusters and provide other details as requested by health department staff. Identification of an outbreak will be done in conjunction with the epidemiologist. The school registered nurse will report the cluster to the direct supervisor and provide updates as the situation develops.
4. The Supervisor of Health Services will notify the Assistant Superintendent of Academic Achievement of the occurrence and provide updates as the situation unfolds.
5. When the incident is confirmed to be an outbreak, the Assistant Superintendent of Academic Achievement will notify the Superintendent. Communication to the Board of Education will be initiated from the Superintendent.

Management of Sick Students/Staff

In order to reduce the spread of a disease, students and staff suspected of having a communicable disease must be isolated as much as possible from the general population and must remain out of school or off work until the period of communicability has passed. When a student or cluster of students is suspected of having a communicable disease, the following steps will be taken:

1. Students identified with an illness will be separated from the general school population by isolating them in the health office or designated triage site with immediate access to a sink and bathroom facilities.
2. Weld RE5J Exclusion Guidelines will be followed unless more stringent parameters are deemed necessary, such as in the case of norovirus. The health clerk will use existing procedures to contact parent/guardian and request pick-up from school.
3. Parent/guardian will be provided with written instructions regarding next steps (treatment at home, clinical evaluation by a health care provider, when to return to school, etc.).
4. If transportation is not immediately available, the student will remain in the health office or designated triage site until parent/guardian arrives. Food, water, a comfortable resting spot, and immediate access to a bathroom will be provided.
5. If the number of students experiencing symptoms increases to a point that is not manageable by the health clerk and school registered nurse, additional building back-up support (pre-determined) will be enlisted to manage the incident. The need for additional health office support will be determined on a case by case basis dependent on the number of ill students, nature of the symptoms, size of health office, availability of bathroom facilities, etc.

When a staff member is suspected of having a communicable disease:

1. The health services office, along with the consultation of other appropriate school system personnel, will determine if it is appropriate to exclude the staff member from the work site.
2. If excluded, the staff member will be subject to the same exclusion period as students.

Implementation of Heightened Surveillance/Consistent Reporting

Upon direction from District Administration, all buildings will implement the heightened surveillance and consistent reporting methods described here.

1. Attendance line messages will be changed to predetermined scripts which request detailed information related to a student's absence, including symptoms specific to the illness causing the outbreak.
2. Office manager and attendance secretaries may request specific symptom information using phone scripts provided for each illness when speaking directly with parents/guardians who are reporting student absences.
3. Attendance staff will attempt to contact parents/guardians when the reason for absence is not known. Specific disease phone scripts may be utilized.
4. Consistent coding is critical for data collection. All absences related to the outbreak will be coded using the specific code assigned by Student Information Services at the time of the outbreak.
5. A preliminary number of student and staff absences and number of students and staff sent home with specific symptoms will be reported to the District School Registered Nurse daily.
6. The school registered nurse will track and monitor overall district attendance rates, individual building statistics, etc. Reports will be made to WCDPHE epidemiologist and District Administration as situations develop.

Communication

The following information outlines the systems of communication to support effective and efficient flow of accurate information.

1. Public Health

- a. The school registered nurse will be the primary contact with the Weld County Department of Public Health and Environment Communicable Disease Program (WCDPHE).
- b. The Superintendent of Support Services or their designee will be the primary contact(s) with the Weld County Department of Public Health and Environment - Environmental Health Services.

2. District Leadership

- a. After consultation with the Weld County Department of Public Health and Environment epidemiologist to confirm an emerging outbreak, the school registered nurse will contact the building principals and administration office with the findings.

3. School Community

- a. Building administration will be notified by the school registered nurse immediately when a cluster is identified. Building administration will be kept up to date as the event progresses. In order to deliver accurate information, a single source of information to building administration is preferred.
- b. Any information released to staff, students, parents and the community MUST be pre-approved by District Administration, WCDPHE and the school registered nurse.
 - i. Building staff will be notified of the event and kept up to date based on information received from District Administration and WCDPHE as the event progresses. Notification should not be sent to staff until approved by District Administration. They will be provided the information necessary to recognize symptoms and to reduce the spread of infectious disease.

- ii. Students will be informed about the situation according to their developmental level.
- iii. Parents/guardians will be provided information as necessary and as determined by guidance from WCDPHE, District

Administration and school registered nurse.

4. Departments, e.g. Facilities, Nutrition & Transportation

- a. District Administration will notify individual departments as the situation warrants.

5. Widespread Community

- a. General announcements to the community will be made through the Administration office.
- b. All information provided to the public will be reviewed by the school registered nurse and Administration office to assure accuracy.
- c. Information may be provided via written documents, the Weld RE5J website, individual building websites and social media platforms.

6. Health Care Providers

- a. Community health care providers will be advised of the outbreak, specific symptoms and exclusion guidelines by the school registered nurse.

7. Media

- a. All media requests will be directed to, and handled by, the Administrative office.