

## INFECTIOUS DISEASES

In order to safeguard the school community from the spread of certain communicable diseases the superintendent shall implement procedures assuring that all school buildings are in compliance with State Board of Health rules and regulations regarding the presence of persons who have or have been exposed to infectious diseases deemed dangerous to the public health. Such procedures shall also prescribe the manner in which safeguards are taken to remove the danger to others.

The district shall require that the parents or guardian shall complete a medical history form at the beginning of each school year. The nurse or school physician may use such reports to advise the parent of the need for further medical attention and to plan for potential health problems in school.

The board authorizes the school principal to exclude a student who has been diagnosed by a physician or is suspected of having an infectious disease in accordance with the regulations within the Infectious Disease Control Guide (SPI-1991). The principal and/or school nurse shall report the presence of suspected case or cases of reportable communicable disease to the appropriate local health authority as required by the State Board of Health. Such information concerning a student's present and past health condition shall be treated as confidential. The principal shall cooperate with the local health officials in the investigation of the source of the disease.

The fact that a student has been tested for a sexually transmitted disease, the test result, any information relating to the diagnosis or treatment of a sexually transmitted disease, and any information regarding drug or alcohol treatment for a student must be kept strictly confidential. If the district has a release, the information may be disclosed pursuant to the restrictions in the release.

A school principal has the authority to send an ill child home without the concurrence of the local health officer, but if the disease is reportable, the local health officer must be notified. The local health officer is the primary resource in the identification and control of infectious disease in community and school. The local health officer, in consultation with the superintendent can take whatever action deemed necessary to control or eliminate the spread of disease, including closing a school.

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Legal References:	RCW 28A.210.010	Contagious diseases, limiting contact--Rules and regulations
	WAC 246-110	School districts and day care centers--Contagious diseases
	246-100-071	Responsibility for reporting and cooperating with the local health department
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### Infectious Diseases

An infectious disease is caused by the presence of certain microorganisms in the body. Infectious diseases may or may not be communicable or in a contagious state.

Diseases in a contagious state may be controlled by the exclusion from the classroom or by referral for medical attention of the infected student. Staff members of a school must advise the principal when a student possesses symptoms of an infectious disease. The principal must be provided with as much health information as is known about the case in a timely manner so that appropriate action can be initiated. (See Infectious Disease Control Guide)

### List of Reportable Diseases.

The following diseases require an immediate report to the local health department at the time a case is suspected or diagnosed:

1. Diphtheria
2. Measles (rubeola), and
3. Poliomyelitis.
4. Small Pox

Health care workers should consult the current list of *Notifiable Conditions* published by the Washington State Department of Health for a complete list of diseases and conditions requiring reporting.

In addition to rash illnesses, any unusual cluster of diseases must be reported. In order to prevent outbreaks of measles and spread of the disease in a school, any rash illness suspected of being measles must be reported immediately. The occurrence of any generalized rash with fever, cough, runny nose, and reddened eyes in a school MUST be reported IMMEDIATELY by individual case (by telephone) to the local health department. Localized rash cases such as diaper rash, poison oak, etc. need not be reported.

### Identification and follow-up

- A. The length of absence from school for a student ill from a contagious disease is determined by the directions given in the Infectious Disease Control Guide or instructions provided by the health care provider or instructions from the local health officer.
- B. The principal has the final responsibility for enforcing all exclusions.

- C. When the principal suspects a nuisance disease such as pediculosis (lice), the principal may institute screening procedures to determine if, in fact, the disease exists, he/she may exclude the student from school until successfully treated.
- D. Follow-up of suspected communicable disease cases should be carried out in order to determine any action necessary to prevent the spread of the disease to additional children.

#### Reporting at Building Level

- A. A student who is afflicted with a reportable disease shall be reported by the school principal or designee to the local health officer as per schedule. Employees learning of a student with a sexually transmitted disease shall report directly to the health department and shall otherwise maintain the information is strict confidence.
- B. When symptoms of communicable disease are detected in a student who is at school, the regular procedure for the disposition of ill or injured students shall be followed unless the student is fourteen years or older and the symptoms are of a sexually transmitted disease. In those instances the student has confidentiality rights that proscribe notification of anyone but the health department. The principal or designee will:
  - 1. Call the parent, guardian or emergency phone number to advise him/her of the signs and symptoms.
  - 2. Determine when the parent or guardian will pick up the student.
  - 3. Keep the student isolated but observed until the parent or guardian arrives.
  - 4. Notify the teacher of the arrangements that have been made prior to removing the student from school.

#### First Aid Procedures

- A. Wound cleansing should be conducted in the following manner:
  - 1. Soap and water are recommended for washing wounds. Individual packets with cleansing solutions can also be used.
  - 2. Gloves must be worn when cleansing wounds which may put the staff member in contact with wound secretions.
  - 3. Gloves and any cleansing materials will be discarded in a lined trash container that is disposed of daily according to WAC-296-823, Bloodborne Pathogens and included in the most recent OSPI Infectious Disease Control Guide.

4. Hands must be washed before and after treating the student and after removing the gloves.
  5. Treatment must be documented in a health log program.
- B. Thermometers shall be handled in the following manner:
1. Only disposable thermometers or non-mercury thermometers with disposable sheath covers should be used when taking student's temperatures.
  2. Disposable sheath covers will be discarded in a lined trash container that is secured and disposed of daily.

#### Handling of Body Fluids

- A. Body fluids of all persons should be considered to contain potentially infectious agents (germs). Body fluids include blood, semen, vaginal secretions, drainage from scrapes and cuts, feces, urine, vomitus, saliva, and respiratory secretions.
- B. Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating nose bleeds, bleeding abrasions) and when handling clothes soiled by urine and/or feces and when diapering children. If gloves are not available, then hand washing is most important in preventing the spread of disease.
- C. Used gloves must be discarded in a secured lined trash container and disposed of daily according to WAC 296-823, Bloodborne Pathogens and included in the most recent OSPI Infectious Disease Control Guide. Hands must then be washed thoroughly.

For other universal precautions, the district shall comply with WAC 296- 823 Bloodborne Pathogens and the OSPI Infectious Disease Control Guideline.

#### Special Treatment of Students Infected With HIV

On the disclosure that a student has been identified as having acquired immunodeficiency syndrome (AIDS) (being infected with HIV) the superintendent, principal, parent, local health officer, school nurse and the private physician shall confer as necessary and determine the appropriate placement of the student. The student will be accommodated in a least restrictive manner, free of discrimination, without endangering the other students or staff. The student may only be excluded from school on the written concurrence of the public health officer and the student's personal physician, that remaining or returning to school would constitute a risk either to the student or to employees or other students.

All discussions and records will be treated as confidential, consistent with RCW 70.24.105.

Release of information regarding the testing, test result, diagnosis or treatment of a student for a sexually transmitted disease, HIV, drug or alcohol or mental health treatment or family planning or abortion may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed and dated, must specify to whom the release may be made and the time period for which the release is effective. Students fourteen and older must authorize disclosure regarding HIV or sexually transmitted diseases, students thirteen and older must authorize disclosure regarding drug or alcohol treatment or mental health treatment, and students of any age must authorize disclosure regarding family planning or abortion. Parents must authorize disclosure pertaining to younger students.

Any disclosure made pursuant to a release regarding sexually transmitted diseases, HIV or drug or alcohol treatment must be accompanied by the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

The district shall ensure that newly hired school district employees receive the HIV/AIDS training regarding:

- A. History and epidemiology of HIV/AIDS
- B. Methods of transmission of HIV
- C. Methods of prevention of HIV including universal precautions for handling of body fluids;
- D. Current treatment for symptoms of HIV and prognosis of disease progression;
- E. State and federal laws governing discrimination of persons with HIV/AIDS; and
- F. State and federal laws regulating confidentiality of a person's HIV antibody status.

New employee training shall be provided within six months from the first day of employment in the district.

Continuing employees will receive information, within one year of district receipt from OSPI, on new discoveries or changes in accepted knowledge of transmission, prevention, and treatment for HIV/AIDS.