

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 excluding the student from the classroom or by referring the student for medical attention. 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 OSPI Infectious Disease Control Guide for School Staff)

List of Reportable Diseases

In consultation with the school nurse, the district will report suspected disease or confirmed disease with known diagnosis to the local health department as indicated on the Notifiable Conditions page of the Washington Department of Health's website, and in accordance with the time frames set out in WAC 246-101-101.

Cluster of Cases

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 (covering greater than 75 percent of the body) with or without 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 building administrator has the final responsibility for enforcing all exclusions.
 1. In the rare case that the student has a 'nuisance disease' such as pediculosis, ringworm, or scabies, that is disruptive to the learning environment (treatment guidelines not followed or successful repeatedly), the school nurse will use their professional judgment in determining if exclusion is to be considered. The nurse will consult with building administrator if exclusion is a consideration. If the building administrator decides to exclude, they must do so according to the following due process requirements:
 - a) Written notice to the parents, guardians or persons in loco parentis delivered to the parents in person or by certified mail;
 - b) Notice of the applicable laws, including a copy of the laws and rules;
 - c) The order that the student will be excluded from school immediately and until treatment is verified;
 - d) Explain the rights of the parents and student to a hearing, the hearing process and that the exclusion continues until treatment is verified or the hearing officer determines that the student should no longer be excluded from school;
 - e) If the parents request a hearing, the district will schedule one within three school days of receiving the request, unless more time is requested by the parents; and
 - f) The hearing process will be consistent with the procedures established for disciplinary cases pursuant to Chapter 392-400 WAC.
- C. 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. The school principal or designee to the local health officer as per schedule will report a student who is afflicted with a reportable disease. Employees learning of a student with a sexually transmitted disease will report directly to the health department and will otherwise maintain the information in 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 will 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 prohibit notification of anyone, excepting the health department. In all other instances, 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; and
 - 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 – Occupational exposure to 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; and
 - 5. Treatment must be documented in a health log program.
- B. Thermometers will 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; and
 - 2. Disposable sheath covers will be discarded in a lined trash container that is secured and disposed of daily; temporal scan thermometers will be disinfected after each use.

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 nosebleeds, 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, 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;
- D. Self-treatment, when reasonable, will be encouraged; and

- E. Sharps will be disposed of in an approved container. Sharps containers must be maintained upright throughout use, be tamper-proof and safely out of students' reach, be replaced routinely and not be allowed to overfill.

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

Special Treatment of Students Infected With HIV/AIDS

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 will 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 will 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 will 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.

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