

STUDENTS

Infectious Diseases

An infectious disease is caused by the presence of certain micro-organisms 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, noncutaneous;
2. Measles (rubeola); and
3. Poliomyelitis.

The following diseases or conditions require a case report within one day of diagnosis:

1. Gastroenteritis of suspected food-borne or water borne origin;
2. Hemophilus influenza invasive disease (excluding otitis media) in children age five years and under;
3. Hepatitis A and B acute;
4. Meningococcal disease;
5. Pertussis;
6. Rubella;
7. Salmonellosis, including paratyphoid fever and typhoid fever; and
8. Shigellosis.

The following diseases or conditions require a case report within seven days of diagnosis:

1. Acquired immunodeficiency syndrome (AIDS) and class IV human immunodeficiency virus (HIV);
2. Giardiasis;
3. Hepatitis non-A, non-B, and unspecified;
4. Mumps;
5. Reye Syndrome;
6. Rheumatic fever;
7. Tetanus;
8. Toxic shock syndrome;
9. Tuberculosis;
10. Viral encephalitis;
11. Kawasaki syndrome; and
12. Lyme disease.

STUDENTS

Infectious Diseases (continued)

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 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:

1. 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 (SPI) or instructions provided by the attending physician or instructions from the local health officer.
2. The principal has the final responsibility for enforcing all exclusions.
3. 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 the building level:

1. The school nurse will report to the program specialist for nursing a student who is afflicted with a reportable disease. The program specialist for nursing will then report the disease to the local health officer.
2. If a student is 14 years or older and the symptoms are of a sexually transmitted disease, there is a higher degree of confidentiality which prohibits notification of anyone but the health department. When other 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. The principal or designee will:
 - a. Call the parent/guardian or emergency phone number to advise him/her of the signs and symptoms;
 - b. Determine when the parent/guardian will pick up the student;
 - c. Keep the student isolated but observed until the parent/guardian arrives;
 - d. Notify the teacher of the arrangements that have been made prior to removing the student from school.

STUDENTS

Infectious Diseases (continued)

First Aid Procedures

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 secured, lined trash container which is discarded daily;
4. Hands must be washed before and after treating the student; and
5. Treatment must be documented in a health log program.

Thermometers shall be handled in the following manner:

1. Only disposable thermometers or thermometers with disposable sheath covers should be used when taking student's temperatures, and
2. Disposable sheath covers will be discarded in a secured, lined trash container which is discarded daily.

Handling of Body Fluids

1. 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, nasal discharge, saliva, tears, and respiratory secretions;
2. 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; and
3. Used gloves must be discarded in a secured, lined trash container which is discarded daily. Hands must then be washed thoroughly.

Cleaning and/or Disinfecting Contaminated Surfaces and Rugs

Intermediate level disinfectant (e.g., household bleach dilution (1:10), isoprophyl alcohol, lysol (1%), or Tri-quat) should be used to clean surfaces contaminated by body fluids. Such disinfectants will kill fungi, tubercle bacillus, and viruses. The disinfectant chosen should be registered by the U.S. Environmental Protection Agency for use in medical facilities.

STUDENTS

Infectious Diseases (continued)

Cleaning and/or Disinfecting Contaminated Surfaces and Rugs (continued)

Hard surfaces should be cleaned in the following manner:

1. Put gloves on both hands;
2. Remove soil;
3. Apply disinfectant with mop or cloth;
4. Dispose of water in toilet or sink designed for contaminated water;
5. If cloths and towels are used, placed in plastic bag to be sent to laundry;
6. Place paper towels and other disposable items in a secured, lined trash container which is discarded daily; and
7. Wash hands thoroughly.

Rugs should be handled in the following manner:

1. Apply sanitary absorbent agent;
2. Allow to dry. Vacuum. If necessary, mechanically remove soil with dustpan and broom;
3. Apply rug shampoo using a germicidal detergent;
4. Re-vacuum;
5. Rinse dust pan and broom in disinfectant; and
6. Discard non-reusable cleaning equipment in a secured, lined trash container which is discarded daily.

Handling of Soiled Clothing, Blankets, and Pillowcases

Wear gloves when handling clothing contaminated with blood or body secretions. If clothing is to be sent home or to laundry, place in plastic bag and tie securely. At times, a heavily soiled article of clothing must be discarded rather than washed. If so, discard in a secured, lined trash container which is discarded daily.

If washing clothing or bedding at school, wash separately in soap and water on wash cycle. If material is bleachable, add 1/2 cup household bleach to wash cycle. If not colorfast, add intermediate level disinfectant to wash cycle.

STUDENTS

Infectious Diseases (continued)

Acquired immunodeficiency syndrome (AIDS)/Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV)

Acquired immunodeficiency syndrome (AIDS) is caused by infection with human immunodeficiency virus (HIV). The following procedures apply to persons who do not have symptoms but have antibodies to this infection in the bloodstream (asymptomatic HIV infection) and persons with active symptoms of AIDS as defined for case reporting procedures. Should a student or staff member with HIV/AIDS be identified in the district, the following guidelines developed by the Center for Disease Control, the State Department of Social and Health Services, the American Academy of Pediatrics, and the National Association of State Boards of Education will be used.

The following will apply to students infected with AIDS/HIV and Hepatitis B (HBV):

1. All discussions and records of infected students will be strictly confidential consistent with RCW 70.24.105.
2. Students infected, except for those subject to the conditions described in #4 below, should be allowed to attend school and before- and after-school care in an unrestricted manner because of the apparent nonexistent risk of transmission of HIV in these settings.
3. The infected student will be considered eligible for all rights, privileges, and services provided by law and local policies of the school district.
4. Following consent for release of information provided by the infected student, if age 14 or above, or his/her parent/guardian, communication will be established with the student's physician. The physician will be able to provide guidance with regard to any transmission risks in the school setting related to behavior, neurological impairment or other medical conditions which might warrant a more restrictive placement. Consultation from public health officials with knowledge in the field of HIV/AIDS and HBV may also be used to assist in decisionmaking.
5. Any disclosure of confidential information made pursuant to a release must be accompanied by the following statement:

“This information has been disclosed to you from records that are protected by State law. State law prohibits you from making further disclosure without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose.”

STUDENTS

Infectious Diseases (continued)

Acquired immunodeficiency syndrome (AIDS)/Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV) (continued)

6. If a district staff person to whom the presence of HIV/AIDS and HBV has been appropriately disclosed, has reason to believe, based on first-hand observations, that a student, by reason of his/her behavior at school and/or disability, presents a risk to other students and staff, then the staff person shall consult with the parent/guardian and the student, if age 14 or above, and an authorized health official. Such consultation shall be for the purposes of determining the nature and extent of risk, if any, that may be present and the formation of an action plan, if appropriate, to minimize any potential risk. Such action plan may seek permission to disclose confidential information (HIV/AIDS and HBV) to other specifically identified district staff who may be needed to implement and monitor the plan of action.
7. For most infected students, the benefits of a normal school setting would outweigh the risks of their acquiring potentially serious infections in that setting. Assessment of the risk to the immunosuppressed student of attending school in an unrestricted setting is best made by the student's physician who is aware of the student's immune status.
8. Mandatory screening of students for HIV/AIDS and HBV infection, as a condition of school entry, is not warranted by available data.

The following will apply to staff members:

1. Mandatory screening of staff for HIV/AIDS and HBV infection, as a condition of employment, is not warranted by available data.
2. Staff infected with HIV/AIDS and HBV, except when determined otherwise as described in #3 below, will be permitted to remain employed in a capacity that involves contact with students or other school employees.
3. Assessment of the risk of continuing employment to the welfare of the immunosuppressed staff member is best made by the employee's physician who is aware of the employee's immune status.

STUDENTS

Infectious Diseases (continued)

Acquired immunodeficiency syndrome (AIDS)/Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV) (continued)

The following will apply to students and staff members:

1. The confidentiality of information related to HIV/AIDS and HBV status is protected by State law. Employees and students cannot be required to reveal their AIDS/HIV or HBV status. Disclosure of such information shall be limited only to those persons expressly authorized by the infected person or his/her parents/guardian if the infected person is under 14 years of age. A “need to know” cannot be assumed.
2. Such authorization shall be made on the consent form maintained in a manner which protects the identity of the infected person. It shall not be a part of the regular or supplemental student record or an employee’s personnel file.
3. Disclosure to any authorized individual shall include a copy of the document, “Statement of Records Confidentiality.”

Training and Education Regarding HIV/AIDS and Hepatitis B

Training and education regarding HIV/AIDS and Hepatitis B shall be received by all employees within six months of their employment and yearly thereafter.

Submitted March 30, 2012
 March 6, 1995
 October 17, 1994
 December 9, 1991