

GRANITE FALLS SCHOOL DISTRICT

STUDENT

POLICY 5065: INFECTIOUS DISEASES

In order to safeguard the school and 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 a person(s) who have or has 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 and a certificate of immunization status (CIS) form which contain information on immunity to vaccine preventable, communicable diseases: measles, mumps, rubella, diphtheria, tetanus, Hepatitis B and Haemophilus influenza (Hib). The school nurse 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 or staff member who has been diagnosed by a physician or is suspected of having an infectious disease in accordance with the regulations within the most current Infectious Disease Control Guide. The district 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. The district nurse 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 and any information relating to the diagnosis or treatment of a sexually transmitted disease 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 or district nurse has the authority to send an ill child or staff member 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.

Cross Reference: Policy 5054; Policy 5160

Legal References: RCW 28A.210.010 Contagious diseases, limiting contact-rules and regulations; CH 246-101 School District-Contagious Diseases

WAC 246-100-071 Responsibility for reporting to local health department; 246-100-076 Reportable diseases and conditions

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POLICY 5065 PROCEDURES

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 or staff member. Staff members of a school must advise the principal when a student possesses symptoms of an infectious disease. The principal or district nurse 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:

- Animal Bites (when human exposure to rabies is suspected)
- Anthrax
- Botulism (foodborne, infant, wound)
- *Burkholderia mallei* (Glanders) and *pseudomallei* (Meliodosis)
- Cholera
- Diphtheria
- Disease of suspected bioterrorism origin
- Domoic acid poisoning
- *E.coli*- Refer to “Shiga toxin producing *E.coli*”
- Emerging condition with outbreak potential
- *Haemophilus influenza* (invasive disease, children under age 5)
- Influenza, novel or unsubtypable strain
- Measles (rubeola) – acute disease
- Meningococcal disease (invasive)
- Monkey pox
- Outbreaks of suspected foodborne origin
- Outbreaks of suspected waterborne origin
- Paralytic shellfish poisoning
- Plague
- Poliomyelitis
- Rabies (confirmed human or animal)
- Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies)
- Rubella (including congenital rubella syndrome (acute disease only)
- SARS
- Shiga toxin-producing *E.coli* infections (enterohemorrhagic *E.coli* including, but not limited to, *E.coli* O157:H7).
- Smallpox
- Tuberculosis
- Tularemia
- Vaccinia transmission
- Viral hemorrhagic fever
- Yellow fever

The following diseases or conditions require a case report to the local health department within 24 hours of diagnosis:

- Brucellosis (*Brucella* species)
- Hantavirus pulmonary syndrome
- Hepatitis A (acute infection)
- Hepatitis B (acute infection)
- Hepatitis E (acute infection)
- Legionellosis
- Leptospirosis
- Listeriosis
- Mumps (acute disease only)
- Pertussis
- Psittacosis
- Q Fever
- Relapsing fever (borreliosis)
- Salmonellosis
- Shingellosis
- Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin-intermediate)
- Vibriosis
- Yersiniosis
- Other rare diseases of public health significance
- Unexplained critical illness or death

The following diseases or conditions require a case report to the local health department within three (3) business days of diagnosis:

- Acquired Immunodeficiency Syndrome (AIDS)
- Arboviral Disease (acute disease only including, but not limited to, West Nile Virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, and Powassan)
- Campylobacteriosis
- Chancroid
- Chlamydia trachomatis infection
- Cryptosporidiosis
- Cyclosporiasis
- Giardiasis
- Gonorrhea
- Granuloma inguinale
- Hepatitis B surface antigen + pregnant women
- Hepatitis C (acute infection)
- Hepatitis D (acute and chronic infection)
- Herpes simplex, neonatal and genital (initial infection only)
- Human immunodeficiency virus (HIV) infection
- Influenza-associated death (lab confirmed)
- Lyme disease
- Lymphogranuloma venereum

- Malaria
- Prion disease
- Serious adverse reactions to immunizations
- Syphilis
- Tetanus
- Trichinosis
- Varicella-associated death

The following diseases or conditions require a monthly case report to the local health department:

- Hepatitis B (chronic infection) – initial diagnosis and previously unreported prevalent cases
- Hepatitis C (chronic infection)

The following disease or condition requires an immediate case report to the state health department at the time a case is suspected or diagnosed:

- Pesticide poisoning (hospitalized, fatal or cluster)

The following disease or condition requires a case report to the state health department within three (3) business days of diagnosis:

- Pesticide poisoning (all other)

The following diseases or conditions require a monthly case report to the state health department:

- Asthma (occupational)
- Birth defects – autism spectrum disorders, cerebral palsy, alcohol-related birth defects

In addition to rash illness, 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 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 or staff member 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. The principal may exclude the student from school until successfully treated.

PROCEDURES FOR LICE: The health attendant will let the teacher know if there is a student with live lice or nits in the classroom. Students with live lice will have their parents called to pick them up from school, receive a direction of how to remove lice, and directions to apply Lice Out gel to the hair. When the student returns the next day, the head will be checked again for live lice. When there are three or more cases in the classroom, a letter will be sent home.

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 or staff member who is afflicted with a reportable disease shall be reported by the district nurse 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 in strict confidence.

B. When symptoms of communicable disease are detected in a student or staff member 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.
5. Keep the staff member isolated until sent home or a family member can pick up.

NOTE: Pandemic/Epidemic - If anyone within the school is discovered or suspected to have a communicable disease, that may result in pandemic/epidemic, that person shall be quarantined pending further medical examination and local health officials notified immediately. Any student or staff member found to be infected with a communicable disease that bears risk of pandemic/epidemic will not be allowed to attend school until medical clearance is provided indicating that the risk of transmission no longer exists.

First Aid Procedures:

A. Wound cleansing should be conducted in the following manner.

1. Gloves must be worn when cleansing wounds that may put the staff member in contact with wound secretions.
2. Soap and water are recommended for washing wounds. Individual packets with cleansing solutions can also be used.
3. Gloves and any cleansing materials will be discarded in a lined trash container that is secured and disposed of daily.
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 cover will be discarded in an aligned trash container that is secured and disposed of daily.

Handling of Body Fluid:

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, vomit, nasal discharge, saliva, tears 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. Hands must then be washed thoroughly.

Cleaning and/or Disinfecting Contaminated Surfaces and Rugs:

A. Disinfectants 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 with the US Environmental Protection Agency for use in medical facilities.

B. 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, place in plastic bag to be sent to laundry.
6. Place paper towels, gloves and other disposable items in a secured, lined trash container and discard daily.
7. Wash hands thoroughly.

C. 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. Re-vacuum.
4. Rinse dustpan and broom in disinfectant.
5. Discard non-reusable cleaning equipment in a secured, lined trash container and discard daily.

Handling of Soiled Clothing, Blankets, Pillowcases:

A. 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 lined trash container that is secured and disposed of daily.

B. If washing clothing or bedding at school, wash separately in soap and water on wash cycle.

C. If not color fast, add intermediate level disinfectant to wash cycle.

Special Treatment of Student Infected With HIV/AIDS.

On the disclosure that a student has been identified as having Acquired Immunodeficiency Syndrome (AIDS) or 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 the least restrictive manner, free of discrimination, without endangering the other students and the teacher. 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 may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective, 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 the disclosure; parents must authorize disclosure pertaining to younger students. Any disclosure made pursuant to a release 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:

1. History and epidemiology of HIV/AIDS
2. Methods of transmission of HIV
3. Methods of prevention of HIV including universal precautions for handling body fluids;
4. Current treatment for symptoms of HIV and prognosis of disease progression;
5. State and federal laws governing discrimination of persons with HIV/AIDS; and
6. 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 SPI on new discoveries or changes in accepted knowledge of transmission, prevention and treatment of HIV/AIDS.