

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 school nurse, the principal or designee 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. When staff members suspect a student may have an infectious disease, they should refer to and follow the guidelines outlined in the State Infectious Disease Control Guide. A copy of this guide is available electronically to all schools via the district website.

List of Reportable Diseases

In consultation with the school nurse, the district will report suspected disease or disease with known diagnosis to the local health department as indicated on the Notifiable Conditions page of the Washington Department of Health's website.

Cluster of Cases

The occurrence of any generalized (covering greater than 75% of the body) rash with or without fever, cough, runny nose, and reddened eyes in a school MUST be reported IMMEDIATELY to the school nurse who will in turn report as necessary to the local health department. Localized rash cases diagnosed as unrelated to a contagious disease, such as diaper rash, poison oak, etc. need not be reported. In addition to rash illnesses, any unusual cluster of infectious disease must be reported to the school nurse.

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 instruction provided by the attending physician, or instructions from the local health officer.
- B. The principal, based on the authority of the local health officer, has the responsibility for enforcing all exclusions.
- C. When school personnel suspect a nuisance disease such as pediculosis (head lice), the principal shall institute screening procedures to determine if, in fact, the disease exists. When it is determined that a student is infected, he/she will be excluded from school until such time as his/her hair is judged by the principal or designee to be free of pediculosis.

- D. When symptoms of communicable disease are detected in a student, the regular procedure for the disposition of ill or injured students shall be followed. The principal or designee will:
1. Call the parent, guardian, or emergency phone number to advise him/her of the student's 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 classroom teacher(s) of the arrangements that have been made prior to removing the student from school.

First Aid Procedures

- A. Students should be asked to wash their own minor wound areas with soap and water under staff guidance when practicable. If performed by staff, 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 that 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.
 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.
- B. Thermometers shall be handled in the following manner:
1. Disposable thermometers with disposable covers, or temporal artery scanning thermometers will be used when taking student's temperatures.
 2. Disposable 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, nasal discharge, saliva, tears, 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. If cloths and towels are used, place in labeled plastic bag to be sent to district laundry.
- D. 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.
- E. Sharps will be disposed 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.
- F. When a discharge of body fluids (i.e., nosebleed, vomiting) occurs in the classroom, the teacher will assist the student by first donning gloves. Most students will be able to take care of their own nosebleeds by using paper tissues and putting pressure on the nostrils. Tissues may be discarded in any lined classroom wastepaper basket. A student may also use a lined classroom wastepaper basket as a receptacle for vomit. The teacher will remove the liner and tie it closed. The teacher will call the custodian for pick up of liner. The custodian will supply a new liner, tie, and gloves to the teacher when he/she picks up the liner for proper disposal. Each teacher will have a pair of gloves and tie in his/her desk drawer.
- G. General cleaning procedures will include use of an intermediate level disinfectant to kill norovirus and *C.difficile* spores.
- H. Extract carpet with the department approved disinfectant product, let dry completely.
- I. Articles of clothing heavily contaminated with blood should be covered or removed and placed in a plastic bag that the student will take home with him/her.

Treatment of Students with Chronic Medical Conditions (e.g., HIV; AIDS; Hepatitis)
On the disclosure that a student has been identified as having acquired Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) or infectious Hepatitis 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 licensed healthcare provider, 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 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 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.”

Approved: June 26, 1986
Revised: June 30, 1993
Revised: May 23, 2001
Revised: April 29, 2015