

Procedure - Infectious Diseases

Certain microorganisms in the body cause infectious disease. Infectious diseases may or may not be communicable or in a contagious state.

The district may control diseases in a contagious state by excluding the student from the classroom or by referring the student for medical attention. Staff members must advise the registered nurse and principal or designee when a student exhibits symptoms of an infectious disease based on the criteria outlined in this procedure. Staff should provide the registered nurse, principal, or designee 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 for school staff).

List of Reportable Diseases

The registered nurse will report suspected disease or disease with known diagnosis to the local health department as indicated on the Notifiable Conditions page of the Washington State 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 registered 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 registered nurse.

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 or instructions provided by the health care provider, 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 Building Level

A student with a diagnosed reportable disease will be reported by the registered nurse to the local health officer (or state health officer if local health officer is not available) as per schedule.

1. 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 but the health department. In all other instances, the principal, registered nurse or designee will:
 2. Call the parent/guardian or emergency phone number to advise him/her of the signs and symptoms;
 3. Determine when the parent/guardian will pick up the student;
 4. Keep the student isolated but observed until the parent/guardian arrives; and
 5. Notify the teacher of the arrangements that have been made prior to removing the student from school;
 6. Notify the registered nurse to ensure appropriate health-related interventions are in place.

First Aid Procedures

1. 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:
 - a. Soap and water are recommended for washing wounds. Individual packets with cleansing solutions or saline can also be used;
 - b. Gloves must be worn when cleansing wounds which may put the staff member in contact with wound secretions or when contact with any bodily fluids is possible ;
 - c. 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 blood borne pathogens and included in the most recent OSPI Infectious Disease Control Guide;
 - d. Hands must be washed before and after treating the student and after removing the gloves; and
 - e. Treatment must be documented in a health log program.

2. Thermometers will be handled in the following manner:
 - a. Only disposable thermometers or non-mercury thermometers with disposable sheath covers and/or temporal scan thermometers should be used when taking student's temperatures; and
 - b. 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.

3. Students with any of the following signs and symptoms will not be permitted to remain at school:
 - a. Fever of 100.4 degrees F orally or 99 degrees F axillary and/or who have any of the following:
 - i. Diarrhea
 - ii. Earache
 - iii. Rash
 - iv. Show signs of irritability or confusion
 - v. Sore throatStudents must be fever free for 24 hours without fever-reducing medication before returning to school.
 - b. Vomiting at school or on 2 or more occasions within the past 24 hours
 - c. Diarrhea – 3 or more watery stools within a 24 hour period or 1 bloody stool
 - d. Draining rash
 - e. Eye discharge with or without pink or red sclera
 - f. Fatigue that prevents participation in regular activities
 - g. Open or oozing sores that cannot be covered
 - h. Respiratory secretions that cannot be controlled
 - i. Scabies

4. Head Lice

The following procedure will be used for control of pediculosis (head lice):

- a. The registered nurse or designee will check students for lice or nits as needed based on symptoms.
- b. Students with live head lice OR viable nits (those a half – inch or closer to the scalp), visualized by the school nurse or other trained designee, will be referred for treatment at the end of the school day. Prompt treatment at home will be advised, including removal of live lice and all viable nits.

- c. Recommendations for treatment will follow current standards of evidence- based practice as recommended by the Spokane Regional Health District.
- d. Following treatment, the student will be rechecked before returning to the classroom. If no live lice or viable nits are found, the student may be readmitted to school.
- e. If ANY nits are found at the time of either the initial or return check, the student will be rechecked in 1 week or at the discretion of the registered nurse after an individualized assessment of the student.
- f. Students with nonviable nits will be monitored, not be referred for treatment, and may remain at school.
- g. If no lice or nits are found, but the parent of child reports he or she has recently been treated for lice, the child will be checked again in one week.
- h. Household members and close playmates of the student with the lice will also be checked. Parents will be informed if their child has lice. Parents will NOT be informed of other children who have lice in school.
- i. Students with lice will be checked when they return to school and one week later to make sure all lice are gone.
- j. If a parent does not follow through with the proper treatment, the student with lice will be excluded from school until proper treatment has been completed.
- k. The registered nurse retains the authorization, at his or her discretion, to exclude a child with repeated infestations of live lice or viable nits or a child with a current active infestation for which there is an apparent lack of adequate follow – through by parent/guardian.

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, saliva, and respiratory secretions;
2. Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating nosebleeds, bleeding abrasions), when handling clothes soiled by body fluids (e.g., urine and/or feces), when diapering children and when sanitizing spaced used for diapering. Hand washing is the most important intervention for preventing the spread of disease and must take place after gloves are removed and between care of multiple students;
3. Used gloves must be discarded in a secured lined trash container and disposed of daily according to WAC 296-823 - Blood borne Pathogens and included in the most recent OSPI Infectious Disease Control Guide. Hands must then be washed thoroughly; and
4. Self-treatment of minor injury, when reasonable, will be encouraged;
5. 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.
6. General cleaning procedures will include use of a 10% bleach solution to kill norovirus and *C.difficile* spores.

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

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/guardian, local health officer, registered nurse and the student's licensed healthcare provider 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, alcohol, mental health treatment, family planning, or abortion may be made only as pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed, 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, sexually transmitted diseases, or reproductive healthcare issues. Students thirteen and older must authorize disclosure regarding drug, alcohol, or mental health treatment. Students of any age must authorize disclosure regarding family planning or abortion. Parents/guardians must authorize disclosure pertaining to younger students.

Any disclosure made pursuant to a release regarding reproductive healthcare, including sexually transmitted diseases, HIV/AIDS, drug treatment, 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:

1. History and epidemiology of HIV/AIDS;
2. Methods of transmission of HIV;
3. Methods of prevention of HIV, including standard precautions for handling of body fluids;
4. Current treatment for symptoms of HIV/AIDS 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.

The district will ensure that new employees receive training 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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