

## Infectious Diseases

In order to safeguard the school community from the spread of certain communicable diseases the superintendent will implement procedures assuring that all school buildings are in compliance with State Board of Health rules and regulations regarding the presence of persons who have or have been exposed to infectious diseases deemed dangerous to the public health. Such procedures will also prescribe the steps to remove the danger to others.

The district may require that the parent/guardian complete a medical history form at the beginning of each school year. The school nurse may use this information to advise the parent (as defined by 246-110 WAC) 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 who has been diagnosed by a licensed health care provider (LHP) or is suspected of having an infectious disease in accordance with the regulations within the most current, *Infectious Disease Control Guide for School Staff*, provided by the Office of the Superintendent of Public Instruction. The principal and/or school nurse will 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 and its staff will treat all information concerning a student's present and past health condition as confidential. The principal will 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, any information relating to the diagnosis or treatment of a sexually transmitted disease, and any information regarding drug or alcohol treatment for a student must be kept strictly confidential. If the district receives authorization to release information, the district may disclose information pursuant to the restrictions in the release.

A school principal or designee has the authority to send an ill student home without the concurrence of the local health officer, but if the disease is reportable, the district must notify the local health officer. The local health officer is the primary resource in the identification and control of infectious disease in the 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.

Legal References: Chapter 70.02 RCW Medical records — Health care information access and disclosure  
RCW 70.24.290 – Public school employees – Rules for blood-borne pathogens education and training  
RCW 28A.210.010 Contagious diseases, limiting contact — Rules  
Chapter 246-110 WAC Contagious disease --School districts and day care centers

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## 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 school 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 school 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 [OSPI's Infectious Disease Control Guide for School Staff](#)) (IDCGSS).

### 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 State Department of Health 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, who will report to the local health jurisdiction as necessary.

### 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 for School Staff](#) or instructions provided by the student's licensed health care provider, and/or 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.
4. Staff should follow the directions of the local health officer and WA DOH guidelines for mitigation measures.

### Reporting at Building Level

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

When symptoms of communicable disease are detected in a student who is at school, the regular procedure for the disposition of an ill or injured student will be followed. In all instances, the school nurse, principal, or designee will:

1. Notify the parent/guardian or emergency contact to advise him/her of the signs and symptoms.
2. Arrange for parent/guardian or emergency contact to pick up the student as soon as possible; recommend follow-up with licensed health care provider.
3. Notify the school nurse to ensure appropriate health-related interventions are in place;
4. Keep the student isolated but monitored until the parent/guardian or emergency contact arrives;

**Note:** When the student is fourteen years or older and the symptoms are of a sexually transmitted disease, the student has confidentiality rights that prohibit notification of anyone but the health department.

### **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.
  - 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 bloodborne pathogens and included in OSPI's most recent [Infectious Disease Control Guide for School Staff](#);
  - d) Hands must be washed before and after treating the student and after removing the gloves; and
  - e) Treatment must be documented in a school health record.
2. Thermometers will be handled in the following manner:
  - a) Only non-contact infrared, disposable, or non-mercury thermometers with disposable sheath covers and/or temporal scan thermometers should be used when taking student 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 being in contact with student or staff.

### **Handling of Body Fluids**

1. Body fluids of all persons should be considered to contain potentially infectious agents (germs). Body fluids include blood, drainage from scrapes and cuts, feces, urine, vomitus, saliva, respiratory secretions, semen, and vaginal 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 spaces 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](#) - Bloodborne Pathogens and included in OSPI's most recent [OSPI Infectious Disease Control Guide for School Staff](#). Hands must then be washed thoroughly;
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; and
6. For cleaning and disinfection, follow CDC and EPA recommendation. In addition, the district will comply with [WAC 296-823- Bloodborne Pathogens](#) and in OSPI's [Infectious Disease Control Guideline for School Staff](#).

### **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, school 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, BBP (Bloodborne Pathogens) illness, 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 BBP illness, 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, blood-borne pathogens, 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 blood-borne pathogens training regarding:

1. History and epidemiology of blood-borne pathogens;
2. Methods of transmission of blood-borne pathogens;
3. Prevention of exposure to blood-borne pathogens, including universal precautions for handling of body fluids;
4. Current treatment for symptoms of blood-borne pathogens and prognosis of disease progression;
5. State and federal laws governing discrimination of persons with a blood-borne pathogen; and
6. State and federal laws regulating confidentiality of a person's blood-borne pathogens.

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 blood-borne pathogens.

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