

Policy 505.4

STUDENT HEALTH

505.4

Contagious and Communicable Diseases

It is the intention of the Board of Education to prevent the transmission of contagious disease, especially those which are transmitted by general and incidental contact with persons carrying the disease. Of particular concern are communicable infestations and diseases which include head lice, body mites, other similar infestations, and rash illnesses.

In chronic cases of re-infestation, the school nurse shall contact those city and state officials that have jurisdiction in matters of sanitation and disease control. However, the school district maintains authority only over the student attendance as prescribed by state law and does not directly interfere with matters of home, family and environment.

The Superintendent of Schools is responsible for developing reasonable rules and regulations for dealing with occurrences of communicable infestations. Such rules and regulations will identify procedures for handling of such cases. Specific guidelines will be developed to deal with cases of chronic and reoccurring infestations.

The following general rules and regulations govern the control practice for communicable diseases.

1. School personnel shall report all suspected communicable diseases to building principals and/or school health personnel.
2. Suspected cases shall be examined by the school nurse or principal.
3. A student found to have a suspected communicable disease shall be temporarily excluded from school with notification to guardians explaining treatment and procedures for returning to school. Students may return to school at such time that a qualified health professional determines that communicability no longer exists.
4. An employee found to have a suspected communicable disease shall be temporarily excluded from work with notification explaining treatment and procedures for returning to work. Employees may return to school at such time that a qualified health professional determines that communicability no longer exists.

Contact Communicable Diseases: Students, Head Lice, Mites, and Other Infestations:

It is the intent of the school district to handle cases of communicable infestations in such manner as to protect the safety of the individual, as well as students and staff with whom

the individual may come in contact. In such cases, the school district may act immediately to temporarily exclude those who are carriers of infestations that are communicable by contact and association. Control of such infestations depends upon prompt detection, correct diagnosis, effective treatment, and avoidance of transmission.

1. Student or students temporarily excluded from school shall have completed the treatment outlined by school personnel and shall submit to a re-examination before re-admission. Students who are found free of infestation shall be re-admitted to school.
2. In cases where infestations are confirmed, school health personnel may examine all children in the classroom to determine further infestations. Students from the same families in the school may also be examined. Depending upon the number of infestations identified, it may be necessary to examine all students of the school.
3. In cases where re-infestation of the same student occurs, the student shall again be excluded until such time that the treatment procedures have been completed. In cases of re-infestation, the following special rules apply:
  - a. The students will be re-admitted to school upon certification by a school nurse, physician, or other practicing health professional that all treatment procedures have been completed and student(s) are free of all mites and casing, including nits.
  - b. Upon returning to school, the student may be re-examined periodically, at least once a week until such time that health personnel determine that the infestation is under control.
  - c. Re-infestation may result in the reporting of such cases as follows:
    1. City health officials
    2. Department of Health and Human Services
4. Building principals are responsible for determining temporary exclusion or re-admission of students as policy dictates. Whenever possible, school health personnel shall be consulted regarding such decisions. It is the responsibility of building principals to report cases of re-infestation to the Superintendent of Schools. In addition, building principals shall report cases whenever substantial numbers of infestations are found.

### Contagious Diseases:

It is the intent of the school district to handle cases of communicable rash illnesses and other contagious diseases in such a manner as to protect the safety of the individual student, other students, and school personnel with whom the individual may come in contact. In suspected cases, the school district may act immediately to temporarily exclude students for diagnosis and treatment. Control of rash illness and other contagious diseases depends upon (1) prompt detection, (2) correct diagnosis, (3) and avoidance of transmission.

1. Students temporarily excluded from school shall be re-admitted when they have the permission of a qualified health professional.

### Guidelines for AIDS:

The school board establishes these guidelines for dealing with students and school employees who have or could transmit H.I.V. to other students or unit employees. The guidelines are to be reviewed periodically, and revised as necessary to reflect new medical information regarding H.I.V.

### On the basis of present knowledge of the symptoms of AIDS:

- (a) Infected students who lack control of their bodily secretions, or who display behavior such as biting, vomiting, etc., and infected students who have uncovered oozing lesions, should not be permitted to attend classes or participate in school activities with other students.
- (b) The determination of whether an infected student who is not excluded pursuant to Section 1 (a) above shall be permitted to attend classes or participate in school activities with other students shall be made on a case-by-case basis by a team composed of public health personnel, the student's physician, the student's parent or guardian, and appropriate unit personnel, which shall include the infected student's primary teacher(s). In making this determination, the team shall consider: (1) the behavior, neurological development, and physical condition of the student; (2) the expected type of interaction with others in the school setting; and (3) the impact on both the infected student and others in that setting.
- (c) The determination of whether an infected school employee should be permitted to remain employed in a capacity that involves contact with students or other school employees shall be made on a case-by-case by a team composed of public health personnel, the school employee's physician, the school employee and/ or his representative, and appropriate school personnel.

In making this determination, the team shall consider: (1) the physical condition of the school employee; (2) the expected type of interaction with others in the system; and (3) the impact on both the infected school employee and others in that setting.

2. If a school employer has reasonable cause to believe that a student or employee is an infected individual, the Superintendent of Schools may require said individual to submit to an appropriated medical evaluation.
3. If an infected student is not permitted to attend classes or participate in school activities with other students, the school administration shall make every reasonable effort to provide said student with an adequate alternative education. To the extent that this requires personal contact between the student and school employees, only those school employees who volunteer shall be utilized.

#### Recommendations:

Those recommendations apply to all children known to be infected with H.I.V. including children: (1) with AIDS as defined for reporting purposes: (2) diagnosed as having an illness due to infection with H.I.V. but who do not meet case definition (e.g. generalized lymphadenopathy, or splenomegaly) which has been called AIDS Related Complex (ARC); and (3) who are asymptomatic but have virologic or serologic evidence of infection with H.I.V.

1. Most school-age children and adolescents infected with H.I.V. should be allowed to attend school in an unrestricted manner with the approval of the student's physician. H.I.V. infection, in these recommendations, includes cases of AIDS, ARC and seropositivity since the potential for transmission of the virus is present in any of these three clinical conditions. Based on present data, the benefits of unrestricted school attendance outweigh the possibility that they will transmit the infection in the school environment.
2. Some infected students may pose a great risk to others in school. Students who lack control of their body secretions, who display behavior such as biting, or have open skin sores which cannot be covered, require a more restricted school environment until more is known about transmission of the virus under these conditions.
3. The school should identify individuals, including the student's physician, who have the qualifications to evaluate whether an infected student poses a risk to others. Evaluations to assess the need for alternatives to continuing in school should be performed regularly. Hygienic practices of an infected student may improve with maturation or deteriorate if the condition worsens. If it is determined that a risk exists, the student shall be removed from the classroom, and an appropriate alternative education program be established until a

subsequent review determines that the risk has abated. A plan for periodic review should be established at the time a decision has been made to exclude a child.

4. The number of personnel aware of the child's condition should be kept to the minimum needed to assure proper care of the child and to detect situations where the potential for transmission may increase. It is essential that persons involved in the care and education of an infected student respect the student's right to privacy. Confidential records should be maintained.
5. All schools will adopt routine procedures for handling blood or body fluids, including sanitary napkins, regardless of whether students with H.I.V. infection are known to be in attendance. Unit health care workers, teachers, administrators, and other employees will be educated about procedures which have been established. For example, soiled surfaces should be promptly cleaned with disinfectants, such as house-hold bleach, diluted one (1) part bleach to ten (10) parts water. Persons involved in such cleaning should avoid exposure to open skin lesions or mucous membranes to the blood or body fluids.
6. The general practice of handling bodily fluids includes uniform assumption that the fluids are contaminated including Hepatitis, H.I.V, and AIDS.
7. Students infected with H.I.V. may develop immunodeficiency, which places them at increased risk of experiencing severe complications from infections such as chickenpox, tuberculosis, measles, cytomegalovirus, and herpes simplex. Known infected students will be excused from regulations which mandate these vaccines as condition for school attendance. The student's physician should regularly assess the risk of an unrestricted environment on the health of the H.I.V. infected student.
8. Screening for H.I.V. of all children will not be undertaken. Screening of normal blood donors has had a very small yield of positives. Screening of school children would have an even lower yield, since it would exclude individuals who might be motivated to donate blood and who might be in a high risk group (e.g., intravenous drug abusers). The low yield would not make this cost effective.
9. The Superintendent shall speak for the school district when public knowledge of a student infected with a communicable disease creates a public relations need.

Adopted: July 10, 2000  
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