

**Administrative Procedures for Policy #1520 (Administration) of the Board of Education
Regarding Communicable Disease**

I. Purpose

- A. These guidelines will provide necessary information for school staff to identify and manage a student and/or employee with a suspected or confirmed communicable disease in a school setting.

II. Definitions

- A. Standard Precautions: A method of infection control in which all human blood and human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and/or other bloodborne pathogens
- B. Communicable Disease: A disease caused by infectious agents and usually spread from person-to-person
- C. Disease: An impairment of health or a condition of abnormal functioning

III. General Guidelines

- A. Methods used to control the spread of communicable diseases in the school setting have limitations. Many diseases have periods of communicability that precede the onset of identifiable symptoms or are without symptom throughout the entire contagious period. Consequently, efforts to prevent or control the spread of communicable diseases must continue on an on-going basis.
- B. Standard precautions apply to blood, all body fluids, secretions, and excretions (regardless of whether they contain visible blood), non-intact skin, and mucous membranes. These precautions are designed to reduce the risk of transmission of microorganisms from both known and unknown sources of infection. (See CCPS Policy 1525 Regarding Bloodborne Pathogen Exposure Control)
 - 1. Hand washing is recommended for all staff and students:
 - a. Before and after handling medication and/or food.
 - b. Before and after assisting students with feeding and toileting.
 - c. After using the bathroom.
 - d. After contact with blood, body fluids, secretions, and excretions; and
 - e. After caring for any student, especially those with nose, mouth, or ear discharge or drainage, and before initiating contact with another student.
 - 2. To communicate this information to students and staff:

- a. The principal or designee will post signs about hand washing in all restrooms, school health rooms and food preparation areas.
 - b. The school nurse will provide hand washing instructions to all staff; and
 - c. Teachers, in consultation with the school nurse, will practice appropriate hand washing with elementary students.
3. Protective Equipment
- a. All staff must wear gloves (powder-less vinyl gloves recommended) when contact with body fluids is anticipated. Vinyl gloves are recommended because of the possibility that staff or students may have an allergy to latex. Gloves are available in the nurse's office, classroom, cafeteria, and housekeeping. Gloves must be removed promptly after use and before touching any non-contaminated item or environmental service. Hands must be thoroughly washed after removing gloves.
 - b. Masks and eye protection are available in the nurse's office and housekeeping department. All staff must wear masks and eye protection during procedures and personal care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. This is intended to protect the mucous membranes of the worker's or caregiver's eyes, nose, and mouth (e.g., plumbers working on equipment that has blood or body fluids and persons suctioning tracheostomies).
 - c. Protective barriers for performing mouth-to-mouth resuscitation will be readily available in all health suites.
4. Personal Hygiene Measures
- a. Using good personal hygiene measures protects both the individual and others from unnecessary exposures to infectious agents. Students and staff should:
 - 1) Wash hands frequently.
 - 2) Avoid mouthing pencils, toys, and other items shared by others.
 - 3) Avoid sharing personal items, such as combs, lipstick, nail files, etc.; and
 - 4) Cover nose and mouth when coughing or sneezing and dispose of tissues appropriately.
5. Environmental Control
- a. Infectious agents can be spread through contact with environmental surfaces. Additional precautions are taken in schools serving developmentally delayed students, and in those facilities where there is a known or suspected carrier of a communicable disease considered transmissible by contact, e.g., impetigo, streptococcus, Methicillin-Resistant Staphylococcus Aureus (MRSA), etc.

- b. In those cases where transmission may occur, the principal or designee shall direct the building services staff to clean environmental surfaces per the recommended guidelines. (See CCPS Policy #1525 – Bloodborne Pathogen Exposure Control)
- c. In addition to routine cleaning, staff will:
 - 1) Maintain storage areas for clean clothing, supplies, equipment and utensils that are separate from storage areas for soiled items.
 - 2) Maintain areas for storage and handling of food, first aid supplies, and medications that are not in close proximity to areas for soiled items.
 - 3) Sanitize surfaces involved in health treatments.
 - 4) Place soiled disposable items such as gloves, paper towels, diapers, cover-up sheets, under pads, etc. in covered receptacles lined with plastic bags. The bags are to be sealed and discarded daily; and
 - 5) Follow approved procedures for clean-up of blood and body fluids. (See CCPS Policy #1525 – Bloodborne Pathogen Exposure Control)
- 6. Personal care equipment which has been used must be handled so as to prevent skin and mucous membrane exposure and contamination of clothing.
- 7. Immunization Requirements
 - a. Immunizations significantly reduce occurrences of communicable disease. COMAR 10.06.04.03 defines the immunization requirements for students in Maryland.
 - b. Proof of immunization or immunity from a physician must be submitted to the principal or his/her designee.
 - c. According to COMAR 10.06.04.06, a school principal or other person in charge of a school, public or private, may not knowingly admit or retain a student who does not meet these immunization requirements. Consequently, students who are not in compliance with these immunization requirements will be excluded from school.
 - d. Exemptions are allowed in COMAR 10.06.04.04-05 for students who have medical contraindications or meet the requirements of a religious exemption.
 - e. In addition, the regulation authorizes principals to temporarily admit students who present an appointment date (not to exceed 20 calendar days) to obtain missing immunization records, provide proof of immunity, or receive needed immunizations.

- f. The school nurse may consult with the local health department regarding students who have difficulty obtaining needed immunizations or records. (See CCPS Procedure #3730.1 Regarding the Education of Homeless Children and Youth)

8. Reporting of Absentee Rates

- a. Student absenteeism will be monitored at each school. School health nurses will contact the school health supervisor when schools are reporting an increase over 20% in absentee rates. The school nurse will attempt to informally ascertain the cause for the absenteeism. The Director of Student Services or his/her designee will notify the local health department of any suspected outbreaks of communicable diseases as appropriate.

IV. Management of Individuals with Suspected Communicable Disease

A. Student

1. When a student is suspected of having a communicable disease, the following steps will be taken in accordance with the Communicable Disease Summary: Guide for School and Child Care.
 - a. Isolate the student as appropriate.
 - b. Notify the principal and school health supervisor.
 - c. Notify the parents or guardians.
 - d. Exclude the student as appropriate and refer to a health care provider for diagnosis and treatment.
 - e. The school health supervisor will notify the health department of any reportable disease as identified by the Maryland Department of Health (see Section IV and V.). The health department will be given the student's name, date of birth, parent/guardian's name, address, phone number (work and home), and the name and number of the health care provider.
 - f. A student's return to school is determined by the Maryland Department of Health Guidelines and the student's physician. Considerations in making this decision include whether the period of communicability has passed; whether the student is receiving appropriate treatment; and whether the doctor or health department verifies that the student is no longer infectious.
 - g. Maintain the student's right to privacy. The decision whether to share information concerning the student's health status should be made on a case-by-case basis with the principal making the final decision in consultation with the school nurse, and the school health supervisor. (See CCPS Procedure 1740.6 Regarding Confidentiality.)

B. Employee

Administration: 1520.1

Procedures Written: 8/2/90

Procedures Revised: 4/14/05; 8/10/08; 4/21/11; 7/31/14; 10/24/18; 6/16/21; 5/18/23

Page 4 of 6

1. When an employee is suspected of having a communicable disease, the Director of Student Services or his/her designee, in consultation with administrative staff, will determine, as appropriate, any additional measures such as screenings, exclusions, and notification to students, staff and parents. (See CCPS Procedure 1740.6 Regarding Confidentiality)

V. Communication

- A. The principal or the principal's designee shall notify the local health department of all suspected or diagnosed cases of reportable communicable diseases in compliance with Health-General Article, Title 18, Annotated Code of Maryland.
- B. In the event of a major health related issue that would effect a specific population (e.g. classroom, athletic team) or an entire school building, the Superintendent or his/her designee will work closely with the Calvert County Health Department (CCHD) and their Health Officer to determine the most effective course of action.

VI. Reportable Communicable Diseases and Conditions – Diseases of Immediate Public Health Importance in the school setting

- | | |
|--|---------------------------------|
| • Acquired Immunodeficiency Syndrome (AIDS) | • Leprosy |
| • Animal Bites | • Leptospirosis |
| • Amebiasis | • Listeriosis |
| • Anthrax | • Malaria |
| • Botulism | • Measles |
| • Brucellosis | • Meningitis (specify etiology) |
| • Campylobacter | • Mumps (Parotitis) |
| • Chancroid | • Pertussis |
| • Chlamydia | • Plague |
| • Cholera | • Poliomyelitis |
| • Diphtheria | • Rabies |
| • Encephalitis (specify etiology) | • Rubella (German Measles) |
| • Escherichia Coli 0157:H7 | • Rubella Syndrome, Congenital |
| • Food Poisoning Outbreak | • Rubeola (Measles) |
| • Giardiasis | • Salmonellosis |
| • Gonococcal Infection | • Smallpox |
| • Hepatitis, Viral (A, B, C, all other types and undetermined) | • Syphilis |
| • Kawasaki Disease | • Tuberculosis |
| • Legionellosis (Legionnaires' Disease) | • Typhoid Fever |
| | • Typhus |
| | • Yellow Fever |

VII. Other Communicable Diseases of Concern – Not Reportable

- Chicken Pox
- Fifth Disease (Erythema Infectiosum)
- Herpes Simplex Virus (HSV)
- Impetigo

Administration: 1520.1

Procedures Written: 8/2/90

Procedures Revised: 4/14/05; 8/10/08; 4/21/11; 7/31/14; 10/24/18; 6/16/21; 5/18/23

- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Pediculosis (Head Lice)
- Scabies