

## COMMUNICABLE/INFECTIOUS DISEASES

Admin. Reg. SS-43

~~July, 2010~~January, 2017

- I. **Purpose.** To establish the basic structure for dealing with students who have communicable or infectious diseases. The BCSD will provide a safe and secure environment for all students and employees. Under certain circumstances, students with communicable diseases may pose a threat to the health and safety of other students and/or staff. The BCSD reserves the right to remove or exclude any student whose physical condition may interfere with his/her ability to learn or who may expose other students and/or staff to infection.
- II. **HIV/AIDS—Infection.** Evidence shows ~~that~~ the risk of transmitting human immunodeficiency virus (“HIV”) in extremely low in school settings when current guidelines are followed. The presence of a person living with HIV infection or diagnosed with acquired immunodeficiency syndrome (“AIDS”) poses no significant risk to others in school, daycare or school athletic setting. As such, students with AIDS/HIV should be permitted to attend school and school activities without restriction, unless medical or behavioral impairments exist which are severe enough to be hazardous to the infected student or to other students and/or staff. The decision will be based on the behavior, neurological development, and physical condition of the student and the expected type of interaction with others in the school.
- A. Notification. Parents/legal guardians should inform their student’s Principal when their student suffers from a communicable disease. The BCSD will be notified by the Department of Health and Environmental Control (“DHEC”) when a student suffers from AIDS or HIV infection. Once notice of AIDS/HIV infection is received from the parent/legal guardian or DHEC, the Superintendent shall appoint a committee to monitor and/or evaluate the student's health status. The committee shall consist of the parent/legal guardian, appropriate health professionals and any BCSD personnel as deemed necessary by the Superintendent.
- B. Monitoring. In the case of a student with AIDS/HIV infection, the student's primary health provider is responsible for conducting an ongoing medical evaluation to evaluate any changes in the student's health. The committee will periodically monitor the health status of the students. Evaluation of the child's potential for transmitting the HIV should be made by the health professionals evaluating the child's status. Information shared during the monitoring process shall be and remain strictly confidential.
- C. School Attendance.
1. A student with AIDS/HIV infection has the same right to attend school and receive services as any other student and will be subject to the same rules and policies. AIDS/HIV infection will not factor into decisions concerning class assignments, privileges, or participation in any school sponsored activity.
  2. School ~~officials~~authorities will determine the educational placement of a student known to be infected with AIDS/HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. ~~School officials~~Decision makers must shall consult with the student’s physician and parent/legal guardian, respect the student’s and family’s privacy rights, and reassess the placement if ~~there is~~ a change in the student’s need for accommodations or services occurs.

3. School ~~officials~~~~staff members~~ will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group ~~by another individual or group~~. This includes taunts directed against a person living with AIDS/HIV infection, a person perceived as having AIDS/HIV infection, or a person associated with someone with AIDS/HIV infection.

D. Student Athletics.

1. The privilege of participating in physical education classes, athletic programs, competitive sports, and recess is not conditional on a person's AIDS/HIV status. School authorities will make reasonable accommodations to allow students living with AIDS/HIV infection to participate in school-sponsored physical activities.
2. All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rulebooks will reflect those guidelines. First aid kits that include protective equipment for preventing exposure to blood borne pathogens ~~shall~~~~must~~ be on hand at every athletic event.
3. All physical education teachers and athletic program staff members ~~shall~~~~will~~ complete an approved first aid and injury prevention course ~~which that~~ ~~includes~~~~d~~ implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding AIDS/HIV infection.

E. Related Services. Students ~~shall~~~~will~~ have access to voluntary, confidential, age and developmentally appropriate counseling about matters related to AIDS/HIV infection. School administrators ~~shall~~~~will~~ maintain confidential linkage and referral mechanisms to facilitate voluntary student access to appropriate AIDS/HIV counseling and testing programs and to other AIDS/HIV related services as needed. Public information about resources in the community will be kept available for voluntary student use.

F. Privacy.

1. State regulations require ~~that~~ the Superintendent, and the school nurse or other health professional ~~who receive~~~~ing~~ notice of a minor's human immunodeficiency virus (HIV) infection ~~to~~~~must~~ keep the information strictly confidential. Violation of the confidentiality requirements is a violation of state law.
2. Students or staff members are not required to disclose AIDS/HIV infection status to anyone in the education system. HIV antibody testing is not required for any purpose.
3. Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the AIDS/HIV status of a student or other staff member. Violation of medical privacy is a cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.
4. No information regarding a person's AIDS/HIV status ~~shall~~~~will~~ be divulged to any individual or organization without a court order ~~or~~ the informed, written, signed and dated consent of the person with the AIDS/HIV infection (or the parent/ legal guardian of a legal minor). The written consent must specify the name of the recipient of the information and the reason for disclosure.

5. All health records, notes and other documents that reference a person's AIDS/HIV status shall be kept under lock and key. Access to these confidential records is limited to those individuals named in written permission from the person (or parent/legal guardian) and to emergency medical personnel. Information regarding AIDS/HIV status will not be added to a student's permanent educational or health record without written consent of the student or student's parent/legal guardian.

### III. Provisions Regarding Other Communicable Diseases.

- A. If it is determined, based on sound medical evidence and in accordance with the procedures set forth herein, a student with a communicable disease other than AIDS/HIV poses a significant risk to the health and safety of other students in his/her current placement, a determination shall be made whether an appropriate adjustment may be made to the student's school program to eliminate the risk. If such adjustments are not possible, an alternative educational program should be offered. This placement will continue, with periodic evaluation, until the risk to others has been abated. The BCSD reserves the right to require a satisfactory certificate from one or more licensed physicians stating the student's attendance is no longer a risk to the student and/or others.
- B. In case of acute streptococcal tonsillitis, conjunctivitis (pink eye), ringworm of the scalp, or scabies, the student will be excluded from school during such illness and be readmitted only on the certificate or acknowledged telephone call or fax of the attending physician or local health authority attesting to such recovery and non-infectiousness. A student with chicken pox will be excluded from school until all lesions are scabbed over and dry, approximately five (5) to seven (7) days.
- C. If it is the Principal's determination a student should be sent home with a communicable disease, steps should be taken by the Principal to inform parents/legal guardians and to assist in securing non-public transportation for the student. It is the parent/legal guardian's responsibility to have the student examined by a physician. The Principal may decide on the appropriateness of readmission of students who have been sent home because of infectiousness, except for AIDS/HIV infection, in accordance with this Administrative Regulation.
- D. The names of parents/legal guardians who keep their child out of school four (4) or more days without arranging for him/her to see a physician or other health agency will be reported to the Office of Student Services for appropriate action in line with the attendance policy or for the student to receive proper treatment.
- E. Information regarding the medical condition of students is confidential and shall be disseminated on strict need to know basis. Accordingly, information shall be provided only to those BCSD employees who require the information to protect the health and safety of the student, other students, and staff and only to the extent necessary to accomplish that end. All personnel informed of the condition of the student are to be instructed this information is to be held in the strictest confidence. Confidentiality of records is essential. Breach of confidentiality is punishable as set forth by South Carolina law and may also result in civil liability.
- A.F. In order to prevent the spread of communicable disease through contact with blood or other potentially infectious material, OSHA guidelines shall be distributed to the administration annually and should be followed by all school employees. Students who are exposed to a communicable disease through contact with blood or other potentially

infectious material will receive appropriate first aid and their parents advised to contact a physician.

#### **III-IV. Head lice (Pediculosis).**

- A. If a teacher suspects a child of having head lice, he/she will notify the school nurse or Pprincipal's designee. If the student has an active infestation or the presence of nits, school personnel will notify the parents/legal guardians by telephone or in writing with recommendations for treatment procedures.
- B. The school will inform parents/legal guardians, teachers, school nurses and administrators of recommendations for treatment procedures and documentation required for readmission to school.
- C. Readmission to School.
  - 1. The BCSD~~district~~ prohibits a student who is sent home with head lice from returning to school until he/she meets the following conditions:-
    - a. The student shows evidence of treatment as determined by the school; and
    - b. The student passes a physical screening by the school nurse or Pprincipal's designee ~~that~~ showings the absence of head lice.
  - 2. At no time will a student be allowed to return to school without proof of treatment and a screening.

D. In the event a student is absent from school as a result of head lice for more than five (5) consecutive school days or for ten (10) or more school days in a single year shall be referred to the BCSD Office of Student Services for appropriate action in accordance with the attendance policy or for the student to receive proper treatment.

Adopted: July 18, 2001  
Revised: July, 2010; January, 2017

#### Legal references:

- A. South Carolina Code, 1976, as amended:
  - 1. Section 44-29-200 - Attendance of teachers or pupils with contagious or infectious disease may be prohibited.
  - 2. Section 44-29-195 - Requirements for returning to school after having head lice; department to provide treatment vouchers.
- B. Federal regulations:
  - 1. U.S. Occupational Safety and Health Administration, CFR 1910.134- Respiratory protection.
  - 2. U.S. Occupational Safety and Health Administration, CFR 1910.1030- Blood borne pathogens.
- C. Department of Health and Environmental Control Regulations:
  - 1. R-61-20 - Communicable diseases.
  - 2. R-61-21 - Sexually transmitted diseases.