

## INFECTIOUS DISEASES

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An infectious disease is caused by the presence of certain microorganisms in the body. Infectious diseases may or may not be communicable or in a contagious state.

Diseases in a contagious state may be controlled by the exclusion from the classroom or by referral for medical attention of the infected student. Staff members of a school must advise the principal when a student possesses symptoms of an infectious disease. The principal must be provided with as much health information as is known about the case in a timely manner so that appropriate action can be initiated. (See OSPI Infectious Disease Control Guide for School Staff, located in each school health room.)

WAC 246-101-420 Responsibilities of Schools. Schools Shall:

1. Notify the local health department of cases or suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the school.
2. Cooperate with the local health department in monitoring influenza.
3. Consult with a health care provider or the local health department for information about the control and prevention of infectious or communicable disease as necessary.
4. Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of disease that may be associated with the school.
5. Personnel in schools who know of a person with a notifiable condition shall release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.
6. Schools shall establish and implement policies and procedures to maintain confidentiality related to medical information in their possession.

### List of Reportable Diseases

The following conditions are notifiable to Washington State Department of Health in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. *Immediately notifiable conditions are indicated in bold and should be reported when suspected or confirmed.*

Acquired immunodeficiency syndrome (AIDS) 3 (including AIDS in persons previously reported with HIV infection)

*Animal bites 1*

Arboviral disease 3 (West Nile virus disease, dengue, Eastern & Western equine encephalitis, etc.)

*Botulism 1 (foodborne, wound and infant)*

*Brucellosis 1*

Campylobacteriosis 3

Chancroid 3

Chlamydia trachomatis 3

*Cholera 1*

Cryptosporidiosis 3

Cyclosporiasis 3

*Diphtheria 1*

*Disease of suspected bioterrorism origin 1 (including Anthrax and Smallpox)*

Disease of suspected foodborne origin I (clusters only)  
*Disease of suspected waterborne origin I (clusters only)*  
*Enterohemorrhagic E. coli, including E. coli O157:H7 infection I*  
Giardiasis 3  
Gonorrhea 3  
Granuloma inguinale 3  
*Haemophilus influenzae invasive disease I (under age five years, excluding otitis media)*  
Hantavirus pulmonary syndrome 3  
*Hemolytic uremic syndrome (HUS) I*  
*Hepatitis A, acute I*  
Hepatitis B, acute 3 ; chronic M (initial diagnosis only)  
Hepatitis B, surface antigen positive pregnant women 3  
Hepatitis C, acute and chronic M (initial diagnosis only)  
Hepatitis, unspecified (infectious) 3  
Herpes simplex, genital (initial infection only) and neonatal 3  
HIV infection 3  
Immunization reactions 3 (severe, adverse)  
Legionellosis 3  
Leptospirosis 3  
*Listeriosis I*  
Lyme disease 3  
Lymphogranuloma venereum 3  
Malaria 3  
*Measles (rubeola) I*  
*Meningococcal disease I*  
Mumps 3  
*Paralytic shellfish poisoning I*  
*Pertussis I*  
*Plague I*  
*Poliomyelitis I*  
Psittacosis 3  
Q fever 3  
*Rabies I*  
Rabies post-exposure prophylaxis 3  
*Relapsing fever (borreliosis) I*  
*Rubella I (including congenital)*  
*Salmonellosis I*  
*Shigellosis I*  
Syphilis 3 (including congenital)  
Tetanus 3  
Trichinosis 3  
*Tuberculosis I*  
Tularemia 3  
*Typhus I*  
Vibriosis 3  
*Yellow fever I*  
Yersiniosis 3  
*Unexplained critical illness or death I*  
*Rare diseases of public health significance I*  
*Conjunctivitis (Pink Eye) – Cluster of Cases*

Notification timeframe: <sup>1</sup>-Immediately, <sup>3</sup>- Within 3 work days, <sup>M</sup>- Within one month

In addition to rash illnesses, any unusual cluster of diseases must be reported. In order to prevent outbreaks of measles and spread of the disease in a school, any rash illness suspected of being measles must be reported immediately. The occurrence of any generalized rash with or without fever, cough, runny nose, and reddened eyes in a school **MUST** be reported **IMMEDIATELY** by individual case (by telephone) to the local health department. Localized rash cases such as diaper rash, poison oak, etc. need not be reported.

The following diagnoses are notifiable to the Washington State Department of Health in accordance with WAC 246-101. Timeframes for notification are indicated in footnotes. Immediately notifiable conditions are in bold and should be reported when suspected or confirmed.

Asthma, occupational (suspected or confirmed)	1-888-66-SHARP
Birth Defects <sup>m</sup> , Autism spectrum disorders	
Cerebral Palsy, Alcohol related birth defects <sup>l</sup>	1-360-236-3533
Pesticide Poisoning (hospitalized, fatal or cluster)	1-800-222-1222
Pesticide Poisoning (all other) <sup>3</sup>	1-800-222-1222

Notification timeframe: <sup>1</sup>-Immediately, <sup>3</sup>- Within 3 work days, <sup>M</sup>- Within one month

If no one is available at the local health jurisdiction and a condition is immediately notifiable, call 1-877-539-4344.

### Identification and Follow-Up

- A. The length of absence from school for a student ill from a contagious disease is determined by the directions given in the OSPI Infectious Disease Control Guide for School Staff, or from instructions provided by the attending physician, or instructions from the local health officer.
- B. The principal has the final responsibility for enforcing all exclusions.
- C. 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. A student who is afflicted with a reportable disease shall be reported, by the school principal, or designee, to the local health officer, as per schedule. *Employees learning of a student with a sexually transmitted disease shall report directly to the health department and shall otherwise maintain the information in strict confidence.*
- B. When symptoms of a communicable disease are detected in a student who is at school, the regular procedure for the disposition of ill or injured students shall be followed. The principal, or designee, will:
  - 1. Call the parent/guardian/custodian or emergency telephone number to advise him/her of the signs and symptoms.
  - 2. Determine when the parent/guardian/custodian shall pick up the student.
  - 3. Keep the student isolated, but observed, until the parent, guardian, or custodian arrives.
  - 4. Notify the teacher of the arrangements that have been made prior to removing the student from school.
- C. Report absentee rates of ten (10) percent or greater to the Spokane Regional Health District.
- D. Report immediately to the Spokane Regional Health District all cases of humans bitten by domestic or wild animals.

## First Aid Procedures

- A. Wound cleaning shall be conducted in the following manner:
  - 1. Soap and water are to be used for washing wounds.
  - 2. Gloves must be worn when cleansing wounds which may put the staff member in contact with wound secretions.
  - 3. Gloves and any cleansing materials will be discarded in a lined trash container that is secured and disposed of daily according to WAC 296-62-08001, Blood borne Pathogens and included in the current OSPI Infectious Disease Control Guide.
  - 4. Hands must be washed before and after treating the student and after removing the gloves.
  - 5. Treatment must be documented on the health room log.
  
- B. Thermometers shall be handled in the following manner:
  - 1. Only disposable thermometers or thermometers with disposable sheath covers must be used when taking student's temperatures.
  - 2. Disposable sheath covers will be discarded in a lined trash container that is secured and disposed of daily.

## Handling of Body Fluids

- A. 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.
- B. Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating nose bleeds, bleeding abrasions) and when handling clothes soiled by urine and/or feces and when diapering children. If gloves are not available, then hand washing is most important in preventing the spread of disease.
- C. Used gloves must be discarded in a secured lined trash container and disposed of daily according to WAC 296-62-08001 Blood borne Pathogens and included in the current OSPI Infectious Disease Control Guide. Hands must then be washed thoroughly.
- D. Self-treatment, when reasonable, shall be encouraged.

For other universal precautions, the district shall comply with WAC 296-62-08001, Blood borne Pathogens and the OSPI Infectious Disease Control Guideline.

## Students with Sexually Transmitted Diseases/HIV/AIDS

If on the signed release of information (Form 3414) it is disclosed that a student has been identified as having a sexually transmitted disease, including Acquired Immunodeficiency Syndrome (AIDS), or as being infected with HIV, the Superintendent, principal, parent, local health officer, school nurse, and the private physician shall 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 and the teacher. The student may only be excluded from school on the written concurrence of the public health officer and the student's personal physician, 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 or alcohol or mental health treatment or family planning or abortion may only be made pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed and 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 or sexually transmitted diseases, students thirteen and older must authorize disclosure regarding drug or alcohol treatment or mental health treatment, and students of any age must authorize disclosure regarding family planning or abortion. Parents must authorize disclosure pertaining to younger students.

Any disclosure made pursuant to a release regarding sexually transmitted diseases, HIV or drug 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 shall ensure that newly hired school district employees receive the HIV/AIDS training regarding:

- A. History and epidemiology of HIV/AIDS
- B. Methods of transmission of HIV
- C. Methods of prevention of HIV including universal precautions for handling of body fluids;
- D. Current treatment for symptoms of HIV and prognosis of disease progression;
- E. State and federal laws governing discrimination of persons with HIV/AIDS; and
- F. State and federal laws regulating confidentiality of a person’s HIV antibody status.

New employee training shall be provided within six months from the first day of employment in the district.

Continuing employees will receive information, within one calendar year of district receipt from OSPI, on new discoveries or changes in accepted knowledge of transmission, prevention, and treatment for HIV/AIDS.

**Adopted: July 28, 2003**  
**Revised: August 24, 2009**

**Release of Information - Form 3414**  
**Regarding Sexually Transmitted Diseases--Student**

I, \_\_\_\_\_ have been diagnosed as having a sexually transmitted  
(Student's name)

disease. I have told \_\_\_\_\_ of this fact and have  
(student or adult)

authorized him/her to disclose this information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition, I authorize \_\_\_\_\_ to contact  
(school employee)

\_\_\_\_\_ to verify that I have been diagnosed as having  
(physician)

\_\_\_\_\_ a sexually transmitted disease.

This release of confidential information is effective from \_\_\_\_\_  
(date)

to \_\_\_\_\_.  
(date)

"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." (RCW 70.24.017(12))

Signed \_\_\_\_\_  
Dated \_\_\_\_\_

**NOTE:** Signature must be by the student, or by the student's parent/guardian/custodian if the student is under 14 years of age or incompetent.