Infectious Diseases

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 Infectious Disease Control Guide)

List of Reportable Diseases

The following diseases require an **immediate** report to the local health department at the time a case is suspected or diagnosed:

A. Diphtheria,noncutaneous,

B. Measles (rubeola), and

C. Poliomyelitis.

The following diseases or conditions require a case report within one day of diagnosis:

A. Gastroenteritis of suspected food-borne or water-borne origin

B. Hemophilus influenza invasive disease (excluding otitis media) in children age five years and under,

C. Hepatitis A and B, acute,

D. Meningococcal disease,

E. Pertussis,

F. Rubella, including congenital,

G. Salmonellosis, including paratyphoid fever and typhoid fever, and

H. Shigellosis.

The following diseases or conditions require a case report within seven days of diagnosis:

A. Acquired immunodeficiency syndrome (AIDS) and class IV human immunodeficiency virus, (HIV),

B. Viral encephalitis

C. Giardiasis,

D. Hepatitis non-A, non-B, and unspecified,

E. Mumps

F. Kawasaki syndrome

G. Lyme disease

H. Reye Syndrome

I. Rheumatic fever,

J. Tetanus,

K. Toxic shock syndrome, and

L. Tuberculosis.

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.

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 *Infectious Disease Control Guide* or 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. When the principal suspects a nuisance disease such as pediculosis (lice), the principal may institute screening procedures to determine if, in fact, the disease exists, he/she may exclude the student from school until successfully treated.

D. 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 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 is strict confidence.

B. When symptoms of 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 unless the student is fourteen years or older and the symptoms are of a sexually transmitted disease. In those instances the student has confidentiality rights that proscribe notification of anyone but the health department. The principal or designee will:

1. Call the parent, guardian or emergency phone number to advise him/her of the signs and symptoms.
2. Determine when the parent or guardian will pick up the student.
3. Keep the student isolated but observed until the parent or guardian arrives.
4. Notify the teacher of the arrangements that have been made prior to removing the student from school.

First Aid Procedures

A. Wound cleansing should be conducted in the following manner:

1. Soap and water are recommended for washing wounds. Individual packets with cleansing solutions can also be used.
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 disposed of daily according to WAC 296-62-08001, Bloodborne Pathogens and included in the June 1992 SPI 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 in a health log program.

B. Thermometers shall be handled in the following manner:

1. Only disposable thermometers or thermometers with disposable sheath covers should 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, Bloodborne Pathogens and included in the June 1992 SPI 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, Bloodborne Pathogens and the SPI Infectious Disease Control Guideline.

Special Treatment of Students Infected With HIV

On the disclosure that a student has been identified as having acquired immunodeficiency syndrome (AIDS) 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 or staff. The student may only be excluded from school on the written concurrence of the public health officer and the student's per-

sonal 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 re- lease 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."

School District (K-12) Pandemic Influenza Planning Checklist

1. Planning and Coordination:

Tasks	Not Started	In Progress	Completed
• Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.	☐	☐	☐
• Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.	☐	☐	☐
• As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.	☐	☐	☐
• Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. En- sure compatibility between the district's established ICS and the local/state health departments and state education department's ICS.	☐	☐	☐
• Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.	☐	☐	☐
• Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.	☐	☐	☐

- Test the linkages between the district's Incident Command System and the local/state health departments and state education department's Incident

Command System.

- Contribute to the local health department's operation- al plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
- Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
- Participate in exercises of the community's pandemic plan.
- Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.
- Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
- Implement an exercise/drill to test your pandemic plan and revise it periodically
- Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

Tasks	Not Started	In Progress	Completed
• Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.	☐	☐	☐
• Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.	☐	☐	☐
• Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.	☐	☐	☐

3. Infection Control Policies and Procedures:

Tasks	Not Started	In Progress	Completed
• Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.	☐	☐	☐
• Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal).	☐	☐	☐
• Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).	☐	☐	☐
• Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.	☐	☐	☐
• Establish policies for transporting ill students.	☐	☐	☐
• Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan/sup4.html).	☐	☐	☐

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4. Communications Planning:

Tasks	Not Started	In Progress	Completed
• Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.	☐	☐	☐
• Develop a dissemination plan for communication with staff, students, and families, including lead spokes- persons and links to other communication networks.	☐	☐	☐
• Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language	☐	☐	☐

and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.

- Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
- Develop and maintain up-to-date communications contacts of key public health and education stake- holders and use the network to provide regular up- dates as the influenza pandemic unfolds.
- Assure the provision of redundant communication systems/channels that allow for the expedited trans- mission and receipt of information.
- Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
- Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
- Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
- Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.