Procedure – Infectious Diseases

Certain microorganisms in the body cause infectious disease. Infectious diseases may or may not be communicable or in a contagious state.

The district may control diseases in a contagious state by excluding the student from the school or classroom or by referring the student for medical attention. Staff members must advise the school nurse and principal or designee when a student exhibits symptoms of an infectious disease based on the criteria outlined in this procedure. Staff should provide the school nurse, principal, or designee with as much health information as is known about the case in a timely manner so that appropriate action can be initiated. (See DOH's Infectious Disease Control Guide for School Staff, IDCGSS).

List of Reportable Diseases
In consultation with the school nurse, the district will report suspected disease or disease with known diagnosis, to the local health department as indicated on the Notifiable Conditions page of the Washington State Department of Health's website.

Cluster of Cases
The occurrence of any generalized (covering greater than 75% of the body) rash with or without fever, cough, runny nose, and reddened eyes in a school MUST be reported IMMEDIATELY to the school nurse who will in turn report as necessary to the local health department. Localized rash cases diagnosed as unrelated to a contagious disease, such as diaper rash, poison oak, etc. need not be reported. In addition to rash illnesses, any unusual cluster of infectious disease must be reported to the school nurse, who will report to the local health jurisdiction as necessary.

Identification and Follow-Up

1. The length of absence from school for a student ill from a contagious disease is determined by the directions given in the IDCGSS or instructions provided by the student's licensed health care provider, and/or the local health officer.
2. The principal has the final responsibility for enforcing all exclusions.
3. 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.
4. Staff should follow the directions of the local health officer and WA DOH guidelines for mitigation measures.

Reporting At Building Level
A student with a diagnosed reportable disease will be reported by the school principal or designee, to the local health officer (or state health officer if local health officer is not available) as per schedule.

When symptoms of communicable disease are detected in a student who is at school, the regular procedure for the disposition of an ill or injured student will be followed. In all instances, the school nurse, principal, or designee will:

1. Notify the parent/guardian or emergency contact to advise him/her of the signs and symptoms.
2. Arrange for parent/guardian to pick up the student as soon as possible;
3. Recommend follow-up with licensed health care provider;

4. Notify the school nurse to ensure appropriate health-related interventions are in place; and
5. Keep the student isolated but observed until the parent/guardian arrives.

Note: When the student is fourteen years or older and the symptoms are of a sexually transmitted infection, the student has confidentiality rights that prohibit notification of anyone but the health department.

First Aid Procedures

1. Students should be asked to wash their own minor wound areas with soap and water under staff guidance when practicable. If performed by staff, wound cleansing should be conducted in the following manner:
    a. Soap and water are recommended for washing wounds.
    b. Gloves must be worn when cleansing wounds which may put the staff member in contact with wound secretions or when contact with any bodily fluids is possible;
    c. Gloves and any cleansing materials will be discarded in a lined trash container that is disposed of daily according to WAC 296-823 – Occupational exposure to bloodborne pathogens and included in DOH's most recent IDCGSS;
    d. Hands must be washed before and after treating the student and after removing the gloves; and
    e. Treatment must be documented in a school health record.
2. Thermometers will be handled in the following manner:
    a. Only disposable thermometers or non-mercury thermometers with disposable sheath covers and/or temporal scan thermometers should be used when taking student~~'s~~ temperatures; and
    b. Disposable sheath covers will be discarded in a lined trash container that is secured and disposed of daily. Temporal scan thermometers will be disinfected after each use.

Handling of Body Fluids

1. Body fluids of all persons should be considered to contain potentially infectious agents (germs). Body fluids include blood, drainage from scrapes and cuts, feces, urine, vomitus, saliva, respiratory secretions, semen, and vaginal secretions;
2. Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating nosebleeds, bleeding abrasions), when handling clothes soiled by body fluids (e.g., urine and/or feces), when diapering children and when sanitizing space~~d~~ used for diapering. Hand washing is the most important intervention for preventing the spread of disease and must take place after gloves are removed and between care of multiple students;
3. Used gloves must be discarded in a secured lined trash container and disposed of daily according to WAC 296-823 - Bloodborne Pathogens and included in DOH's most recent ~~OSPI~~ IDCGSS . Hands must then be washed thoroughly;
4. Self-treatment of minor injury, when reasonable, will be encouraged;
5. Sharps will be disposed in an approved container. Sharps containers must be maintained upright throughout use, be tamper-proof and safely out of students' reach, be replaced routinely and not be allowed to overfill; and
6. For cleaning and disinfection, follow CDC and EPA recommendation. In addition, the district will comply with WAC 296-823- Bloodborne Pathogens and the IDCGSS

All individual student health care discussions and records will be treated as confidential, consistent with health and educational law.

Release of information regarding the testing, test result, diagnosis, or treatment of a student for a sexually transmitted infection, Bloodborne Pathogens (BBP illness, drug, alcohol, mental

health treatment, family planning, or abortion may be made only as pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed, 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 BBP illness, sexually transmitted infection or reproductive healthcare issues. Students thirteen and older must authorize disclosure regarding drug, alcohol, or mental health treatment. 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 reproductive healthcare, including sexually transmitted infections, blood-borne pathogens, drug treatment, 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."

Per WAC 296-823-12005, The district will ensure that newly hired school district employees receive the blood-borne pathogens training regarding:

1. History and epidemiology of blood-borne pathogens;
2. Methods of transmission of blood-borne pathogens;
3. Access to copy of WAC 296-823-12005 and the district exposure control plan
4. Prevention of exposure to blood-borne pathogens, how to recognize tasks and other activities that could involve exposure to blood and other potentially infectious materials and universal precautions for handling of body fluids;
5. Methods for identifying tasks that could involve exposure to blood-borne pathogens and to prevent or reduce exposure
6. Information about the hepatitis B vaccine
7. Current treatment for symptoms of blood-borne pathogens and prognosis of disease progression;
8. State and federal laws governing discrimination of persons with a blood-borne pathogens; and
9. State and federal laws regulating confidentiality of a person's blood-borne pathogens.

An opportunity for interactive questions and answers with a trainer must also be provided. The district will ensure that new employees receive training before staff engage in duties that may expose them to BBP then annually by law.

Continuing employees will receive information, within one year of district receipt from OSPI, on new discoveries or changes in accepted knowledge of transmission, prevention, and treatment for blood-borne pathogens.

Legal References:
WAC 296-823-12005 Provide training to your employees.

Management Resources:

- 2024 - October Issue
- 2020 - September Alert
- 2018 - August 2018 - August Policy Issue
- 2013 - September Issue
  2013 - February Issue

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