

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 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 OSPI'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 *Infectious Disease Control Guide for School Staff* 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 or emergency contact to advise him/her of the signs and symptoms.
2. Arrange for parent to pick up the student as soon as possible; recommend follow-up with licensed health care provider.
3. Notify the school nurse to ensure appropriate health-related interventions are in place;
4. Keep the student isolated but observed until the parent arrives.

Note: When the student is fourteen years or older and the symptoms are of a sexually transmitted disease, 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 OSPI’s most recent Infectious Disease Control Guide for School Staff;
 - 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, non-contact, 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, and 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 spaces 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 (BBP) and included in OSPI's most recent OSPI Infectious Disease Control Guide for school staff. 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 infectious Disease Control Guidelines [Infectious Disease Control Guideline for School Staff](#).

Treatment of Students with Chronic Medical Conditions (e.g., HIV; AIDS; Hepatitis)

On the disclosure that a student has been identified as having acquired Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) or infectious Hepatitis, the superintendent, principal, parent, local health officer, school nurse and the student's licensed healthcare provider will 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 licensed healthcare provider, 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, 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 diseases, 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 diseases, 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."

The district will ensure that newly hired school district employees receive the **bloodborne pathogens** training regarding:

1. History and epidemiology of bloodborne pathogens.;
2. Methods of transmission of bloodborne pathogens;
3. Prevention of exposure to bloodborne pathogens, including universal precautions for handling of body fluids;
4. Current treatment for symptoms of bloodborne pathogens and prognosis of disease progression;
5. State and federal laws governing discrimination of persons with a bloodborne pathogens; and
6. State and federal laws regulating confidentiality of a person's bloodborne pathogens.

The district will ensure that new employees receive training within six months from the first day of employment in the district.

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.

These procedures are designed to provide effective precautions against transmission of disease in the school setting. They apply to students and staff and address exposure to blood and other body fluids containing bacterial or viral agents, including the human immunodeficiency and Hepatitis B viruses.

- 1.0 The district will follow the guidelines established by the Office of the Superintendent of Public Instruction in the *Infectious Disease Control Guide for School Staff and Guidelines for Implementation of Hepatitis B and HIV School Employee Training* regarding control of spread and exclusion from school or students and/or staff with a variety of viral or bacterial communicable diseases and/or meeting OSHA/WISHA requirements governing occupational exposure to bloodborne pathogens.

- 2.0 **Universal Blood and Body Fluids Precautions.** No distinction is made between body fluids from persons with a known disease and those from persons with an undiagnosed illness or without symptoms. Body fluids of all persons should be considered to contain potentially infectious agents. The term "body fluids" includes blood, semen, vaginal secretions, feces, urine, discharge from scrapes and cuts, vomitus, nasal discharge, respiratory secretions and saliva.

- 2.1 Appendix A describes examples of infectious agents that may occur in body fluid and the method of disease transmission.

- 2.2 In order to avoid contact with body fluids, disposable gloves should be available.

- 2.2.1 Gloves should be worn to:

- 2.2.1.1 treat bloody noses;

- 2.2.1.2 provide first aid for injuries involving blood or body fluid drainage;
 - 2.2.1.3 change diapers and ostomy bags, assist students in managing fecal incontinence;
 - 2.2.1.4 suction tracheostomies;
 - 2.2.1.5 catheterize students;
 - 2.2.1.6 handle contaminated clothing or other washable items; and
 - 2.2.1.7 clean contaminated surfaces and cleaning equipment.
- 2.2.2 Used gloves should be removed inside out and also disposed of in a plastic bag or lined trash can. Hands should be washed before and after the use of gloves.
- 2.3 In the case of unanticipated contact with body fluids when gloves are not available and following the use of gloves, hands and other affected skin areas should be washed with soap and running water with vigorous friction for approximately 10 seconds.
- 2.4 Disposable items such as used tissues, diapers and paper towels should be disposed of in a plastic bag or lined trash can.
- 2.5 Contaminated clothing, towels and other non-disposable washable items should be:
 - 2.5.1 Placed in plastic bags before being sent home for washing in the case of personal items.
 - 2.5.2 Contaminated items sent to the district laundry should be bagged separately and labeled. These items are to be washed separately with soap, hot water and 1/2 cup bleach.
- 2.6 Contaminated environmental surfaces should be cleaned with a detergent/disinfectant registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals. Used water and disinfectant should be disposed of in a toilet or sewer drain. Non-disposable equipment such as dustpans, buckets and mops should be thoroughly rinsed in disinfectant. Rugs should be cleaned with a germicidal detergent rug shampoo and vacuumed thoroughly. Disposable cleaning equipment should be placed in a plastic bag before disposal.
- 2.7 In order to provide a safe learning environment, cleaning of sports equipment, uniforms, and facilities should follow standard procedures as outlined in the publication *Infectious Disease Control Guide for School Staff/WIAA*. All mats (gymnastics and wrestling) should be cleaned/disinfected at the conclusion of each days use. If an incident occurs where blood or saliva has contaminated the surface, cleaning and disinfecting should take place prior to allowing activity to continue. Gloves must be worn while cleaning contaminated surfaces and must be disposed of in an appropriate receptacle.
- 3.0 **Occupational Exposure Determination** - Occupational exposure is defined by OSHA as "reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or

other potentially infectious materials that may result from the performance of an employee's primary duties". Anacortes School District staff having frequent and/or routine contact with blood, skin lesions, saliva or other infected secretions and those who work with "at risk" groups must be offered the option of receiving the Hepatitis B vaccine. Occupations considered to have the potential for occupational exposure in the Anacortes School District are:

3.1 **Category 1**

School nurses and health room assistants who provide physical care in which blood or blood-tinged body fluids are present (suctioning, first aid, injections, etc.);

Teachers and educational assistants providing physical care to students with exposure to blood, e.g., in classrooms for the medically fragile;

Athletic trainers and coaches providing first aid.

3.2 **Category 2**

Persons in casual contact with carriers in settings such as schools and offices are at minimal risk of HBV infection and vaccine is not routinely recommended for them. (MMWR February 9, 1990, p. 16)

Additional employees who may administer first aid as a collateral duty to their routine work assignment are designated as being at minimal risk and would be eligible to receive post-exposure care if an incident should occur:

- bus drivers;
- coaches and assistant coaches;
- building administrators;
- classroom teachers and assistants;
- life guards;
- custodians;
- communication disorder specialist and occupational/physical therapist

School District appeal process for HBV can be found under Appendix B.

4.0 **Infection Control Program (ICP)**

The Anacortes School District is obligated to make available pre-exposure HBV vaccination, at no cost, to all employees identified in category 1 of the Exposure Determination section. The vaccination is a series of three injections at zero, one and six month intervals shown to provide 80-90 percent efficiency in preventing infection.

- 4.1 Pre-Exposure — Hepatitis B vaccine shall be made available following the required employee training described in 7.2. Identified employees will be given the *Hepatitis B Immunization Consent/Waiver* form (Appendix B). One copy of this form will be maintained in the employee's personnel file for the duration of employment. One copy will serve as authorization for the medical provider to immunize the employee at district expense.

- 4.1.1 An employee who completes the Hepatitis B vaccination series will complete the *Documentation of Hepatitis B Vaccination* form (Appendix C) and forward it to the Personnel Office at the Administration Office. It will be kept in the employee's personnel file for the duration of employment.
- 4.2 **Post-Exposure** — On advice of the Centers for Disease Control, employees whose exposure to blood is infrequent, by nature of their job and/or strict adherence to universal blood and body fluid precautions, should consider timely post-exposure prophylaxis.
- 5.0 **Post-Exposure Prophylaxis for Hepatitis B** Once a non-immunized employee listed has direct contact with blood or other body fluids containing blood, the following procedure should be followed:
 - 5.1 The employee should report the exposure incident to his/her immediate supervisor before the end of the work day.
 - 5.2 The supervisor shall complete an *Occupational Accident Report* (Appendix D) and forward it to the Business Office. This report shall include exposed employee name, date, time, circumstances and description of incident including whether exposed employee had skin, eye, mucous membrane or bloodstream contact with the potentially infectious material.
 - 5.3 The supervisor shall immediately contact the Student Services Office. Student Services will:
 - 5.3.1 Refer the employee, within 24 hours, to the Skagit County Health Department or other licensed health care professional for evaluation and determination of the need for post-exposure prophylaxis. Such evaluation and prophylaxis shall be at no cost to the employee.
 - 5.3.2 Maintain a record in the employee's personnel file for the duration of employment, which includes:
 - 5.3.2.1 The *Occupational Accident Report* form;
 - 5.3.2.2 Information on the employee's Hepatitis B vaccination status;
 - 5.3.2.3 Documentation of consent or waiver of Hepatitis B vaccination; and
 - 5.3.2.4 A copy of the post-exposure evaluation and recommended treatment in writing from the health care professional.
 - 5.4 Students involved in health occupations should be educated to the risks of bloodborne pathogens and universal precautions.
- 6.0 **Human Immunodeficiency Virus** (HIV/AIDS) — Acquired immunodeficiency syndrome (AIDS) is caused by infection with human immunodeficiency virus (HIV). The following procedures apply to persons who do not have symptoms but have antibodies to this

infection in the bloodstream (asymptomatic HIV positive); and persons diagnosed with AIDS. Should a student or staff member with HIV/AIDS be identified in the district, the following guidelines developed by the Center for Disease Control, the State Department of Social and Health Services, the American Academy of Pediatrics and the National Association of State Boards of Education will be followed.

6.1 The following will apply to students:

- 6.1.1 Students infected with HIV, except for those subject to the conditions described in 6.1.3 below, should be allowed to attend school and before- and after-school care in an unrestricted manner because of the apparent nonexistent risk of transmission of HIV/AIDS in these settings.
- 6.1.2 The infected student should be considered eligible for all rights, privileges and services provided by law and local policy of the school district.
- 6.1.3 Following *Consent for Release of Information* (See Appendix E) provided by the parent or guardian of an infected student, communication will be established with the student's physician. The physician will be able to provide guidance with regard to any transmission risks in the school setting related to behavior, neurological impairment or other medical conditions, which might warrant a more restrictive placement. Consultation from public health officials with knowledge in the field of HIV/AIDS may also be used to assist in decision-making.
- 6.1.4 For most infected students, the benefits of a normal school setting would outweigh the risks of their acquiring potentially serious infections in that setting. Assessment of the risk to the immunosuppressed student of attending school in an unrestricted setting is best made by the student's physician who is aware of the student's immune status.
- 6.1.5 Mandatory screening of students for HIV/AIDS infection, as a condition of school entry, is not warranted by available data.

6.2 The following will apply to staff members:

- 6.2.1 Mandatory screening of staff for HIV/AIDS infection, as a condition of employment, is not warranted by available data.
- 6.2.2 Staff infected with HIV, except when determined otherwise as described in 7.2.3 below, should be permitted to remain employed in a capacity that involves contact with students or other school employees.
- 6.2.3 Assessment of the risk of continuing employment to the welfare of the immunosuppressed staff member is best made by the employee's physician who is aware of the employee's immune status.

6.3 The following will apply to students and staff members:

- 6.3.1 The confidentiality of information related to HIV/AIDS status is protected by state law (RCW 70.24.105). Employees and students cannot be required

to reveal their HIV status. Voluntary disclosure of such information shall be limited only to those persons expressly authorized by the infected person or his/her parents or guardians, if the infected person is under 14 years of age. Violation of confidentiality is a misdemeanor.

6.3.2 Such authorization shall be made on the *Consent for Disclosure of HIV/AIDS Status* form (Appendix E.1). This completed form shall be maintained in a manner, which protects the identity of the infected person. It shall not be a part of the regular or supplemental student record or an employee's personnel file.

6.3.3 Disclosure to any authorized individual shall include a copy of the *Statement of Records Confidentiality* (Appendix E.2).

7.0 **Training and Education of Employees**

7.1 WAC 392-198 requires one-time training for all school employees regarding bloodborne pathogens, specifically HIV/AIDS and Hepatitis B by January 1993 and thereafter within six months of employment for all new employees. The training shall be under the direction of the Superintendent or designee and shall include:

- 7.1.1 History and epidemiology of HIV/AIDS;
- 7.1.2 Methods of transmission;
- 7.1.3 Methods of prevention, including universal precautions;
- 7.1.4 Current treatment and prognosis of disease progression;
- 7.1.5 State and federal laws governing discrimination of persons with HIV/AIDS and/or Hepatitis B, and confidentiality of HIV/Hepatitis B antibody status.

7.2 OSHA/WISHA regulations require annual training for employees identified with reasonably anticipated occupational exposure to blood or other infectious materials. New employees, in this category, shall participate in training within ten days of employment. The training shall be under the direction of the Superintendent or designee and shall include:

- 7.2.1 Mode of transmission of bloodborne pathogens (HIV and Hepatitis B);
- 7.2.2 Universal blood and body fluid precautions;
- 7.2.3 Explanation of the employer's Infection Control Program and how to obtain a copy;
- 7.2.4 Information on the Hepatitis B vaccine;
- 7.2.5 Explanation of procedure to follow if an exposure incident occurs, including medical follow-up;
- 7.2.6 Explanation of the signs, labels, tags and/or color coding used to denote biohazards;
- 7.2.7 Where to obtain a copy of WISHA standards - WAC 296-62-08001;
- 7.2.8 How to identify tasks that may involve exposure to blood or other infectious material.

8.0 **Handling of Information Regarding an Enrolled Student With AIDS in the Event of a Public Disclosure**

In the event the District must deal with the public disclosure of an enrolled student with AIDS, the following procedures will apply:

- 8.1 School nurse prepares informational handouts with general materials regarding HIV/AIDS information. These materials are filed at each building.
- 8.1.2 On the first day after disclosure or at another time when the principal determines the need to prepare the building to deal with the disclosure:
 - a. Teachers will review informational material as provided by the principal.
 - b. A general announcement to students may be made if the principal deems it necessary.
 - c. Teachers will review informational materials in first period classrooms or as soon as possible with all students.
 - d. Principal will schedule a parent information meeting as soon as possible. Notifications of the meeting will include the School Board, Superintendent, Principals, School Nurse, health instructor(s), County health officials and local physicians.
- 8.1.3 Staff members will be informed that all media contacts will be referred to the Superintendent.
- 8.1.4 In the event that the building is unable to follow these and other procedures, the principal may need to revise certain aspects of the District's procedures. The Superintendent will be informed of these revisions in a timely manner.

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