

Infectious Diseases

An infectious disease is caused by the presence of certain micro-organisms 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 excluding the infected student from the classroom or by referring the student for medical attention. 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*).

A. List of Reportable Diseases

1. 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.

2. 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.

3. 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. 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 (by telephone) immediately by individual case to the local health department. Localized rash cases such as diaper rash and poison oak need not be reported.

B. 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*.
2. The principal has the final responsibility for enforcing all exclusions and shall exclude an infected student from school until the student has been treated successfully.
3. When the principal suspects a nuisance disease such as lice (pediculosis), the principal may institute screening procedures to determine if, in fact, the disease exists. If a student has lice, the principal shall exclude the student until all nits have been removed. The principal shall exclude any other infected student from school until the student has been treated successfully, with all nits removed.
4. To determine any action necessary to prevent the spread of a disease to additional children, suspected communicable disease cases should be evaluated.

C. Reporting at the Building Level

1. Following the time schedule above, the school principal shall report to the local health officer a student who is afflicted with a reportable disease. 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.
2. When symptoms of communicable disease are detected in a student who is at school, staff will follow the regular procedure for the disposition of ill or injured students. The principal or designee will:
 - a. Call the parent, guardian, or emergency phone contact to advise him/her of the signs and symptoms.
 - b. Determine when the parent or guardian will pick up the student.
 - c. Prior to removing the student from school, notify the student's teacher(s) of the arrangements that have been made.

D. First Aid Procedures

1. Wound cleansing should be conducted in the following manner:
 - a. For washing wounds, use soap and water or individual packets with cleansing solutions.
 - b. Wear gloves when cleansing any wounds which might put one in contact with wound secretions.
 - c. According to WAC 296-62-08001, Bloodborne Pathogens, and the June, 1992 SPI *Infectious Disease Control Guide*, discard gloves and any cleansing materials in a lined trash container that is secured and disposed of daily.
 - d. Thoroughly wash hands before and after treating the student and after removing and properly discarding the gloves.
 - e. Document treatment in a health log program.
2. Handle thermometers in the following manner:
 - a. Use only disposable thermometers or thermometers with disposable sheath covers when taking a student's temperature.
 - b. Discard disposable sheath covers in a lined trash container that is secured and disposed of daily.

E. Handling of Body Fluids

1. Consider body fluids of all persons 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.

2. Wear gloves when anticipating direct hand contact with body fluids (e.g., treating nose bleeds or bleeding abrasions), when handling clothes soiled by urine and/or feces, and when diapering children.
3. Thoroughly wash hands before and after treating the student, when anticipating direct hand contact with body fluids, when handling clothes soiled by urine and/or feces, when diapering children, and after removing and discarding the gloves.
4. According to WAC 296-62-08001, Bloodborne Pathogens, and the June, 1992 SPI *Infectious Disease Control Guide*, discard gloves in a secured, lined trash container that is properly disposed of daily.

For other universal precautions, the district shall comply with WAC 296-62-08001, Bloodborne Pathogens, SPI *Infectious Disease Control Guide*.

F. Special Treatment of Students infected with HIV

Upon the disclosure that a student has been identified as having acquired immunodeficiency syndrome (AIDS) or being infected with HIV, the superintendent/designee, 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(s).

The student may be excluded from school only 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. Consistent with RCW 70.24.105, all discussions and records will be treated as strictly confidential.

Release of information regarding the testing, test results, diagnosis or treatment of a student for a sexually transmitted disease 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 themselves authorize disclosure; parents must authorize any disclosure pertaining to younger students.

Any disclosure made pursuant to a release 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.