

## **2.04 COMMUNICABLE DISEASE POLICY**

- 2.04.01 It is the policy of the Board of Education of the Oregon School District, pursuant to federal, state, and local laws and regulations, and in cooperation with the state and local public health agencies, to establish and maintain appropriate health standards for the school environment, to promote the good health of students and staff, and to educate students and staff in disease prevention methods and sound health practices.
- 2.04.02 In an effort to maintain a safe and healthful school environment, the District will provide educational opportunities to students and staff regarding measures that can be taken to reduce the risk of contracting or transmitting communicable diseases (including HIV infection) at school and in school-related activities.
- 2.04.03 In recognition that an individual's health status is personal and private, the District will handle information regarding students and staff with suspected or confirmed communicable diseases in accord with state and federal law and Board policies regarding the confidentiality of student and staff records, while at the same time complying with applicable public health reporting requirements.
- 2.04.04 Students and staff may be excluded from school and/or school-related activities if they are suspected of or diagnosed as having a communicable disease as defined in the administrative interpretation that poses a significant health risk to others or that renders them unable to adequately perform their jobs or pursue their studies. Students and staff excluded from school pursuant to this policy may appeal their exclusion as set forth in the administrative procedure.

Legal Reference: PI 9.04  
504  
HSS 145.03 (3)(a)(b)(c)

Adopted: June 14, 1993

Revised: December 13, 1993

## **2.04.05**

### **Administrative Procedures**

#### 2.04.05A Educational and Preventive Measures

- (1) The District will ensure that all examinations- inoculations required of students and staff have been obtained.
- (2) The nurse serving the school shall be responsible for the appropriate maintenance of a health station in each school building. The nurse shall ensure that a list of communicable diseases as defined by the Department of Health and Social Services (Exhibit A) is posted in the health station and that current information regarding the suppression and control of communicable diseases is available for review by interested students and staff.
- (3) Information regarding suppression and control of communicable diseases will be included as a regular part of the curriculum for students.
- (4) Information regarding suppression and control of communicable diseases will be included in orientation sessions for new staff and will be used periodically in training programs for existing staff.
- (5) Standard procedures as established from time to time by the district in consultation with appropriate medical authorities to prevent the spread of communicable diseases transmitted by air (such as tuberculosis, chicken pox, measles, mumps, and rubella) or by exchange of body fluids (such as hepatitis A and B, rotavirus, cytomegalovirus, salmonella, staphylococcus aureau, and AIDS) and the spread of other conditions (such as pediculosis, scabies, and body lice) will be followed by all staff in the performance of their duties. (See also Exhibit B)
- (6) First-aid kits and other supplies and equipment appropriate to reducing the risk of transmission of communicable diseases in the school environment, as determined by the nurse serving the school in cooperation with local public health officials, will be provided in each school building.

#### 2.04.05B Confidentiality/Reporting (See also Section E: HIV Infection, AIDS)

- (1) The principal shall function as the District's liaison with students and staff, parents and physicians, public health officials and the community at large concerning communicable disease issues in the school.
- (2) Any person who knows or suspects that a student or staff member has a communicable disease shall report the facts to the principal.
- (3) The principal will confer with the nurse serving the school and, to the extent circumstances warrant and permit, with the subject of the report and, for

student subjects, the student's parent or guardian.

- (4) If required pursuant to public health statutes and regulations, the principal will make a report to the local public health officer.
- (5) The District will maintain the confidentiality of the health records of students and staff, and will not disclose any such records except to the extent required or permitted by law and essential to the safe conduct of the District's operations. (See also Section D)

2.04.05C Exclusion from School (See also Section E, HIV Infection AIDS)

- (1) Students
  - (a) Students who are suspected of having a communicable disease that could be detrimental to the health of self or others in the school environment may be sent home for diagnosis and treatment. Students who are diagnosed as having a communicable disease that renders them unable to pursue their studies or poses a significant risk of transmission to others in the school environment shall be excused from school attendance until their presence no longer poses a threat to the health of themselves or others.
  - (b) The determination as to whether and under what circumstances a student maybe sent home for diagnosis and treatment or excused from school attendance shall be made by the principal, in consultation with the nurse serving the school and, where appropriate, with local health officials.
  - (c) The principal may refer this determination to the health care team. If the disease in question appears to require a lengthy period of exclusion or to pose a serious health threat to the student or others (tuberculosis, hepatitis B, and HIV infection, for example), the principal should ordinarily refer the determination to the health care team unless referral to the individualized educational program team is warranted. (See para. C.2.a)
  - (d) For students with previously identified disabilities or whose communicable disease may give rise to disability, the principal, in consultation with the District's coordinator of special education, may refer this determination to the individualized educational program team. The normal membership of the individualized educational program team making any such determination should be supplemented to the extent possible by the student's physician and parent or guardian, the local public health officer, and the principal and nurse serving the

school.

(e) Before making a determination that a student should be sent home from diagnosis and treatment or excused from school attendance, the principal, health care team, or individualized educational program team reviewing the case shall, to the extent circumstances warrant and permit, inform the student and the student's parent or guardian of the reasons for the contemplated action and shall consider any information the student and/or the student's parent or guardian may choose to offer regarding the student's condition. If a student is sent home or excused from school attendance pursuant to this procedure, the principal shall immediately notify the student's parent or guardian of the action and the reasons thereof.

(f) Alternative educational opportunities will be arranged for students who must be excused from school attendance for a significant period of time.

(g) The principal, in consultation with the nurse serving the school and, where appropriate, with local health officials, shall determine when a student who has been excused from school attendance may be readmitted. As a condition of continued or renewed attendance, the District may require a statement from a student's physician that a student is in suitable condition to attend school.

## (2) Appeals

(a) A parent or guardian of a minor student or an adult student who disputes the determination or action of the principal, health care team, or individualized educational program team concerning exclusion of a student from school attendance pursuant to this procedure may appeal such determination or action by bringing or sending a complaint to the superintendent of schools.

(b) A complaint must be made in writing, signed by the complainant, and submitted within ten (10) consecutive school days of the disputed determination or action and must contain: 1) a statement of the facts, 2) a statement of the relief requested, and 3) any necessary medical information.

(c) The superintendent shall confer with the complainant within five (5) consecutive school days of receipt of the complaint to verify the nature of the complaint and to explain the procedure that will be followed to resolve the complaint.

(d) Complaints involving the identification, evaluation, educational

placement, or provision of a free appropriate public education of a student with disabilities will be resolved through the procedures contained in the District's special education handbook.

- (e) Complaints involving pupil discrimination on the basis of handicap or of physical, mental, emotional, or learning disability will be resolved through the procedures established by the District to comply with ssPI 9.04 and ss504 of the federal Rehabilitation Act of 1973.
- (f) Other complaints will be resolved by the district administrator. The district administrator will confer with the parties involved and will render a written decision within twenty (20) consecutive school days of his/her receipt of the complaint. A complainant who remains unsatisfied with the district administrator's decision may appeal to the school board. The appeal must be made in writing, signed by the complainant, and submitted to the president of the school board within twenty (20) consecutive school days of the district administrator's decision and must state the reasons for disagreement with that decision. The school board will afford the complainant a hearing, upon request, and will render a written decision within twenty (20) consecutive school days of receipt of the appeal or (if a hearing is held) conclusion of the hearing.
- (g) Except to the extent prohibited by law, a student may be excluded from school during the pendency of any appeal hereunder.

(3) Health Care Team

- (a) The health care team will consist of the principal, the nurse serving the school, the local public health officer, and -- to the extent the cooperation of such individuals can be obtained -- the student and/or the student's parent or guardian, and the student's physician. The team will confer, as necessary, with the District's medical consultant and legal counsel and with state public health officials.
- (b) The health care team will convene at the request of the principal to determine whether and under what circumstances a student may be sent home for diagnosis and treatment or excused from school attendance. The health care team may also receive referrals for the purpose of formulating recommendations regarding educational program modification short of exclusion that could permit the student to attend school without posing a significant threat to the health of self or others.
- (c) The health status of a student temporarily removed from the usual school setting to protect the health of self or others will be reevaluated by the health care team at regular intervals.

- (d) The health care team may provide information to the district administrator and board to the extent permitted in light of confidentiality requirements.

2.04.05D Exclusion from Work (see also Section E, HIV Infection AIDS)

(1) Staff

- (a) If there is reasonable cause to believe that a staff member has a communicable disease that could be detrimental to the health of self or others in the school environment, the District reserves the right, in consultation with the nurse serving the school and in accord with existing board policies and/or collective bargaining agreement provisions, to require a medical examination of the staff member at District expense and a physician's statement indicating whether the staff member is in suitable condition to continue working.
- (b) Staff who are diagnosed as having a communicable disease that poses a significant risk of transmission to others in the school environment or that renders them unable adequately to perform their duties shall be excused from work.
- (c) The determination as to whether and under what circumstances a staff member's communicable disease poses a significant health risk to others in the school environment or makes adequate performance impossible shall be made by the district administrator (or designee), in consultation with the nurse serving the school, and where appropriate, with local public health officials.
- (d) Before making a determination that a staff member should be excused from work, the district administrator shall inform the staff member of the reasons for the contemplated action and shall consider any information the staff member may choose to offer regarding his/her condition. The district administrator shall also consider whether a reasonable accommodation could eliminate the health risk to the staff member or others and/or permit adequate performance.
- (e) The district administrator shall provide written notice to any staff member excused from work pursuant to this procedure. Staff so excused may utilize any applicable alternative employment opportunities provided under existing board policies and/or collective bargaining agreement provisions -- which may include sick leave, unpaid leave of absence, or reassignment -- but are not guaranteed continued or renewed employment except to the extent provided under such policies or provisions.

- (f) The district administrator, in consultation with medical authorities as required, shall determine when a staff member who has been excused from work may be readmitted.
- (g) Staff whose employment is terminated under existing board policies and/or collective bargaining agreement provisions may receive such post-employment benefits as are provided pursuant to existing board policies, collective bargaining agreement provisions, and state and federal law.

(2) Appeals

- (a) Staff excused from work pursuant to this procedure and subject to a collective bargaining agreement may appeal the district administrator's determination or action according to the grievance procedure set forth in the collective bargaining agreement.
- (b) Staff excused from work pursuant to this procedure and not subject to a collective bargaining agreement may appeal the district administrator's determination or action according to the procedure set forth in paragraph C.2.b and f above.
- (c) Except to the extent prohibited by law or by board policies or collective bargaining agreement provisions, a staff member may be excused from work during the pendency of any appeal hereunder.

2.04.05E HIV Infection AIDS

(1) Confidentiality Report

- (a) In addition to maintaining normal confidentiality regarding health records of students and staff, the District will not disclose the results of a test for the presence of an antibody to HIV except as expressly authorized by the test subject or by law.
- (b) Except as authorized by the affected staff member or student and/or the student's parent or guardian, knowledge that a student or staff member is HIV-infected will be disclosed by the school principal only to those persons with a direct need to know as determined by the principal in consultation with the school attorney.
- (c) Health records of students and staff concerning HIV infections will be kept separate from the remainder of the affected individual's records and will be disclosed only to the extent required or permitted by law.

(2) Students

(a) As a general rule, students suspected of or diagnosed as being HIV-infected will be allowed to attend school in their regular classroom setting and shall be considered eligible for all rights, privileges, and services provided by law and District policy.

(b) Decisions regarding the type of educational setting appropriate for suspected or diagnosed HIV-infected students will be made on an individual basis and

will be based, whenever possible, on an objective assessment by the health care team or individualized educational program team of the behavior, neurological development, and physical condition of each affected student and of that student's expected type of interaction with others in that setting.

(c) If it is determined that an HIV-infected student endangers the health of students or staff or poses a risk of significantly exposing students or staff to HIV -- for example, if the student lacks toilet training, has open sores that cannot be covered, or demonstrates behavior such as biting that could result in direct inoculation of potentially infected body fluids into the bloodstream of another - the student may be placed in a more restricted setting. If homebound instruction is necessary, the homebound tutor will be advised regarding the standard procedures to be followed to prevent transmission of communicable diseases through exchange of body fluids.

(d) HIV-infected students may be immunodeficient and their health may therefore be threatened when other communicable diseases are present in the school environment. For each student known to be HIV-infected, the nurse serving the school will notify the student and/or the student's parent or guardian when such communicable diseases occur in the school. Upon the recommendation of the nurse serving the school, students who may be exposed to a significant health risk because of their own immunodeficiencies may be excused from school attendance by the principal, upon request, until such time as the risk has abated.

(3) Staff

(a) The District will not solicit or require a test for the presence of an antibody to HIV as a condition of employment and will not affect the terms, conditions, or privileges of employment of any staff member because the staff member obtained such a test.



- (b) HIV-infected staff may be immunodeficient and their health may therefore be threatened when other communicable diseases are present in the school environment. The nurse serving the school will notify each staff member known to be HIV-infected when such communicable diseases occur in the school. Upon recommendation of the nurse, staff who may be exposed to a significant health risk because of their own immuno- deficiencies may be excused from performance of their regular duties by the district administrator, upon request, until such time as the risk has abated. During this period, at the discretion of the District, staff so excused may be reassigned to other duties to the extent permitted by board policies and/or collective bargaining agreement provisions. Staff not reassigned may utilize any applicable alternative employment opportunities provided under board policies and/or collective bargaining agreement provisions.

**2.04.06 APPENDIX A**

**HEALTH AND SOCIAL SERVICES  
COMMUNICABLE DISEASES**

2.04.06A Category I:

The following diseases are of urgent public health importance and shall be reported by telephone to the local health officer immediately upon identification of a case or suspected case. See s.HSS 145.04(3)(a).

Antrax	Pertussis (whooping cough)
Botulism	Plague
Botulism, infant	Poliomyelitis
Cholera	Rabies (human)
Diphtheria	Rubella
Food-or water-borne outbreaks	Rubella (congenital syndrome)
Hepatitis, viral Type A	Tuberculosis
Measles	Yellow Fever

2.04.06B Category II:

The following diseases are of less urgent public health importance and shall be reported to the local health officer by individual case report form or by telephone within 72 hours of the identification of a case or suspected case. See s.HSS 145.04(3)(b)

Acquired Immune Deficiency Syndrome (AIDS)	Reye Syndrome
Amebiasis	Rheumatic fever (newly diagnosed)
Blastomycosis	Rocky mountain spotted fever
Brucellosis	Salmonellosis
Campylobacter enteritis	Sexually Transmitted diseases
Encephalitis, viral (specify etiology)	Chancroid
Giardiasis	Chlamydia trachomatis
Hepatitis, viral Types B, Non-A non-B, or unspecified	Genital herpes infection (first clinical episode only)
Histoplasmosis	Gonorrhea
Kawasaki disease	Granuloma inguinale
Legionnaires' disease	Lymphogranuloma venereum
	Nongonococcal cervicitis
	Nongonococcal urethritis
	Sexually transmitted pelvic

Leprosy	inflammatory disease
Leptospirosis	Syphilis
Lyme disease	Shigellosis
Malaria	Tetanus
Meningitis, aseptic (specify etiology)	Toxic-shock syndrome
Meningitis, bacterial (specify etiology)	Toxic substance related disease
Meningococcal disease	Toxic substance related disease
Mumps	Infant methemoglobinemia
Nontuberculous myco- bacterial disease (specify etiology)	Lead intoxication (specify Pb levels)
Psittacosis	Other metal poisonings
Q fever	Other organic chemical poisonings
Trichinosis	Pesticide poisoning
Tularemia	Toxoplasmosis
Typhoid fever	
Typhus fever	
Yersiniosis	

Suspected outbreaks of other acute occupationally-related diseases.

2.04.06C Category III:

The total numbers of cases or suspected cases of the following communicable diseases shall be reported on a weekly basis. See s. HSS 145.04(3)(c).

Chickenpox

## 2.04.07

## APPENDIX B

### Guidelines for Handling Body Fluids in Schools

2.04.07A Recent concern about where children with HTLV-III infections should be educated has raised several questions regarding exposure of teachers and children to potentially infectious body fluids from children with communicable diseases in the school setting.

- (1) Does contact with body fluids present a risk of infection?
- (2) What should be done to avoid contact with potentially infected body fluids?
- (3) What should be done if direct contact with body fluids is made?
- (4) How should such fluids when spilled be removed from the environment?

2.04.07B The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons potentially exposed to the blood or body fluids of any student. No distinction is made between body fluids from students with a known disease or those from students without symptoms or with an undiagnosed disease.

- (1) **Does Contact with Body Fluids Present a Risk?**
  - (a) The body fluids of all persons should be considered to contain potentially infectious agents (bacteria and viruses). The term "body fluids" includes: blood; semen; drainage from scrapes, cuts, and open lesions; feces; urine; vomitus; respiratory secretions (for example, nasal discharge); and saliva. Contact with body fluids presents risk of infection with a variety of infectious agents. In general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made.
  - (b) Table I provides examples of particular infectious agents that may occur in body fluids of children and the respective transmission concerns. With the exception of blood, which is normally sterile, the body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Furthermore, many infectious agents may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection; incubation, mildly infected without symptoms, or chronic carriers of certain infectious agents including the HTLV-III and hepatitis viruses. In fact, the transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers

than from contact with fluids from recognized individuals because simple precautions are not always followed.

(2) **What Should be Done to Avoid Contact with Body Fluids?**

- (a) When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in the office of the custodian, nurse, or principal. Gloves are recommended when an individual with open lesions on their hands has direct hand contact with body fluids (for example, treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). If any contact is made with body fluids, hands should be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

(3) **What Should be Done if Direct Skin Contact Occurs?**

- (a) In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (for example, when wiping a runny nose, applying pressure to a bleeding injury, helping a child in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Clothing and other nondisposable items (for example, towels used to wipe up body fluid) that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains, use gloves to rinse or soak the item in cold water prior to bagging. Clothing should be sent home for washing, with appropriate directions to parents. Contaminated disposable items (for example, tissues, paper towels, diapers) should be handled with disposable gloves.

(4) **How Should Spilled Body Fluids be Removed from the Environment?**

- (a) Schools need to have standard procedures in place for removing body fluids. These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills (e.g.: ZGOOP, Parsen, Mfg. Co., Philadelphia, PA). Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. While the broom and dustpan should be rinsed in a disinfectant, no special handling is required for vacuuming equipment.

(4) **Hand Washing Procedures**

- (a) Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately ten seconds. Soap suspends easily removable soil and micro-organisms, allowing them to be washed off. Rinse under running water to carry away dirt and debris. Use paper towels to thoroughly dry hands.

(5) **Disinfectants**

- (a) An intermediate-level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectant will kill vegetative bacteria, fungi, tubercle bacillus, and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.
- (b) Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.
- (1) Ethyl or isopropyl alcohol (70 percent)
  - (2) Phenolic germicidal detergent in a 1 percent aqueous solution (Lysol\*)
  - (3) Sodium hypochlorite with at least 100 ppm available chlorine (1/2 cup household bleach in 1 gallon water, needs to be freshly prepared each time it is used).
  - (4) Hydrogen peroxide (3 percent solution).
  - (5) Quaternary ammonium germicidal detergent in 2 percent aqueous solution (Tri-quat\*, Mytar\*, or Sage\*).
  - (6) Iodophor germicidal detergent with 500 ppm available iodine (Wescodyne\*).
  - (7) Heat (130° F for 10 minutes).

(6) **Disinfection of Hard Surfaces and Care of Equipment**

- (a) After removing the body fluid spill, a disinfectant is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Nondisposable cleaning equipment (dustpans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles.

(7) **Disinfection of Rugs**

- (a) Apply sanitary absorbent agent, let dry, and vacuum. If necessary,

mechanically remove with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dustpan and broom in disinfectant. Wash brush with soap and water. Dispose of nonreusable cleaning equipment as noted above.

(8) **Laundry Instruction for Clothing Soiled with Body Fluids**

- (a) The most important factor in laundering clothing contaminated in the school setting is eliminating potential infectious agents with soap and water. Adding bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Pre-soaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add 1/2 cup household bleach to the wash cycle. If material is not colorfast, add 1/2 cup nonchlorox bleach (Clorox II\*, Borateem\*) to the wash cycle.
- (b) \*Brand names are used only as examples of each type of germicidal solution and should not be considered an endorsement of a specified product.

(9) **Glove Disposal Policy**

- (a) Always wear gloves when in contact with blood or other body fluids. Remove gloves in a manner that minimizes splattering or spraying of body fluids. Peel one glove off inside out. Peel the other glove off inside out while holding the first glove, so the two gloves are together when done, with no contaminated areas exposed. Dispose of gloves in a plastic bag lined garbage receptacle, unless they are grossly contaminated with blood. If the gloves are contaminated with enough blood that it drips, squeezes or flakes, they must be disposed of in a biohazard bag. The bag must be leak-proof, red or red-orange, and labeled with the biohazard label. Always wash hands thoroughly with soap and running water after removing.