

Guidelines

Student ● Health 5310

Educational and Preventive Measures

1. The District will ensure that all examinations/inoculations required of students and staff have been obtained.
2. The District school nurse 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 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 of new staff and will be used periodically in training programs for existing staff.
5. Standard procedures as set forth in the current edition of Control of Communicable Diseases in Man 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 aureus, 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.
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 District school nurse in cooperation with local public health officials, will be provided in each school building.

Confidentiality/Reporting

1. The principal and nurse 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 or nurse.
3. The principal will confer with the District school nurse and, to the extent circumstances warrant and permit, with the subject of the report and, for students subjects, the student's parent or guardian.
4. If required pursuant to public health statutes and regulations, the school nurse 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.

Exclusion from School

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 may be sent home for diagnosis and treatment or excused from school attendance shall be made by the principal or District school nurse, and, where appropriate, with local public health officials.

- c. The principal may refer this determination to the District school nurse, medical director, and administrative representative. 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.
- d. For students with previously identified special educational need or whose communicable disease may give rise to an educational need, the principal, in consultation with the District's director of special education, may refer this determination to the IEP Team. The normal membership of the IEP 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 District school nurse.
- e. Before making a determination that a student should be sent home for diagnosis and treatment or excused from school attendance, the principal, health care team, or IEP 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 or designee shall immediately notify the student's parent or guardian of the action and the reasons therefore.
- 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 District school nurse 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.

h. Appeals

1. 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 IEP 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.
2. A complaint must be made in writing, signed by the complainant, and submitted within five consecutive school days of the disputed determination or action and must contain: (a) a statement of the facts; (b) a statement of the relief requested; and (c) any necessary medical information.
3. The Superintendent shall confer with the complainant within five 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.
4. Complaints involving the identification, evaluation, educational placement, or provision of a free appropriate public education of a student with special educational need will be resolved through the procedures contained in the District's special education handbook.
5. Complaints involving pupil discrimination on the basis of a handicapping condition will be resolved through the procedures established by the District to comply with S.118.13 of the Wisconsin Statutes, Wisconsin Administrative Code #PI 9.04, and # 504 of the federal Rehabilitation Act of 1973.
6. Other complaints will be resolved by the Superintendent. The Superintendent will confer with the parties involved and will render a written decision within five consecutive school days of his/her receipt of the complaint. A complainant who remains unsatisfied with the Superintendent's decision may appeal to the School Board. This appeal must be made in writing, signed by the complainant, and submitted to the President of the School Board within five consecutive days of the Superintendent'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 consecutive school days of receipt of the appeal or (if a hearing is held) conclusion of the hearing.
7. Except to the extent prohibited by law, a student may be excluded from school during the pendency of any appeal hereunder.

2. Health Care Team

- a. The health care team will consist of the principal, the District school nurse, the District Medical Advisor, 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 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 Superintendent and Board to the extent permitted in light of confidentiality requirements.

3. 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 District school nurse 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 school nurse and, where appropriate, with local public health officials.
- d. Before making a determination that a staff member should be excused from work the Superintendent 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 Superintendent 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 Superintendent 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. Staff whose employment is terminated because of a communicable disease may receive such post-employment benefits as are provided pursuant to existing Board policies, collective bargaining agreement provisions, and state and federal law.

g. Appeals

- 1. Staff excused from work pursuant to this procedure and subject to a collective bargaining agreement may appeal the Superintendent's determination or action according to the grievance procedure set forth in the collective bargaining agreement.
- 2. Staff excused from work pursuant to this procedure and not subject to a collective bargaining agreement may appeal the Superintendent's determination or action according to the procedure set forth in paragraph C.1.h.2 and 6, above.
- 3. 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.

HIV Infection/AIDS

1. General

- 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 only to those persons with a direct need to know.
- c. Health records of students and staff concerning HIV infections will be kept separate from the remainder of the affected individuals' records and will be disclosed only to the extent required or permitted by law.

2. Students

- a. Students suspected of or diagnosed as being HIV-infected will be allowed to attend school in their regular classroom setting and should 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 IEP 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, has open sores that cannot be covered, or demonstrates repeated uncontrolled combative behavior which could result in spilling of blood - 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 District school nurse 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 District school nurse, 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 of HIV as a condition of employment 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 District school nurse 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 immunodeficiencies may be excused from performance of their regular duties by the Superintendent, 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.

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).

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

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)	Sexually transmitted diseases
Amebiasis	▪ Chancroid
Blastomycosis	▪ Chlamydia trachomatis
Bruceellosis	▪ Genital herpes infection (1st clinical episode only)
Campylobacter enteritis	▪ Gonorrhea
Encephalitis, viral (specify etiology)	▪ Granuloma inguinale
Giardiasis	▪ Lymphogranuloma venereum
Hepatitis, viral	▪ Nongonococcal cervicitis
▪ Types B, non-A non-B, or unspecified	▪ Nongonococcal urethritis
Histoplasmosis	▪ Sexually transmitted pelvic inflammatory disease
Kawasaki disease	▪ Syphilis
Legionnaires' disease	Shigellosis
Leprosy	Tetanus
Leptospirosis	Toxic-shock syndrome
Lyme disease	Toxic substance related disease
Malaria	▪ Infant methemoglobinemia
Meningitis, aseptic (specify etiology)	▪ Lead intoxication (specify Pb levels)
Meningitis, bacterial (specify etiology)	▪ Other metal poisonings
Meningococcal disease	▪ Other organic chemical poisonings
Mumps	▪ Pesticide poisoning
Nontuberculous mycobacterial disease (specify etiology)	Toxoplasmosis
Psittacosis	Trichinosis
Q fever	Tularemia
Reye's syndrome	Typhoid fever
Rheumatic fever (newly diagnosed)	Typhus fever
Rocky mountain spotted fever	Yersiniosis
Salmonellosis	
Suspected outbreaks of other acute or occupationally-related diseases	

CATEGORY III:

The following disease shall be reported to the state epidemiologist by individual case report form or by telephone within 72 hours of the identification of a case or suspected case. See s. 146.025 (7) (b), Stats., and s. HSS 145.04 (3) (b).

Human immunodeficiency virus (HIV) infection

CATEGORY IV:

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

Exhibit B

Guidelines for Handling Body Fluids in School

Recent concern about where children with HIV 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?

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.

DOES CONTACT WITH BODY FLUIDS PRESENT A RISK

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 a 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.

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 HIV 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 recognized individuals because simple precautions are always followed.

WHAT SHOULD BE DONE TO AVOID CONTACT WITH BODY FLUIDS?

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 in 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.

WHAT SHOULD BE DONE IF DIRECT SKIN CONTACT OCCURS?

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.

HOW SHOULD SPILLED BODY FLUIDS BE REMOVED FROM THE ENVIRONMENT?

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.

HAND WASHING PROCEDURES

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.

DISINFECTANTS

An intermediate-level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants 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.

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 Safe*).
6. Iodophor germicidal detergent with 500 ppm available iodine (Wescodyne*).
7. Heat (130 °F for 10 minutes).

DISINFECTION OF HARD SURFACES AND CARE OF EQUIPMENT

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 properly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles.

DISINFECTION OF RUGS

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 vacuum. Rinse dustpan and broom in cleaning equipment as noted above.

LAUNDRY INSTRUCTIONS FOR CLOTHING SOILED WITH BODY FLUIDS

The most important factor in laundering clothing contaminated in the school setting is eliminate potentially 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. Presoaking 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.

*Brand names are used only as example of each type of germicidal solution and should not be considered an endorsement of a specified project.

Guidelines

Student ● Health 5310

TABLE I *Infectious Agents in Body Fluids		
Body Fluid	Organisms of Concern	Method of Transmission
Blood <ul style="list-style-type: none"> ▪ Cuts/abrasions ▪ Nosebleeds ▪ Menses ▪ Contaminated needles 	Hepatitis B virus and Hepatitis C virus HIV (AIDS virus) Cytomegalovirus	Bloodstream inoculation through cuts and abrasions on hands Direct bloodstream inoculation
Feces <ul style="list-style-type: none"> ▪ Incontinence 	Salmonella bacteria Shigella bacteria Hepatitis A virus	Oral inoculation from contamination hands
Urine <ul style="list-style-type: none"> ▪ Incontinence 	Cytomegalovirus	Bloodstream and oral inoculations from contaminated hands
Respiratory Secretions <ul style="list-style-type: none"> ▪ Saliva ▪ Nasal discharge 	Mononucleosis virus Common cold virus Influenza virus	Oral inoculation from contaminated hands
	Hepatitis B virus	Bloodstream inoculation through cuts and abrasions on hands; bites
Vomit	Gastrointestinal virus	Oral inoculation from contaminated hands
Semen	Hepatitis B virus HIV (AIDS virus) Gonorrhea Chlamydia	Sexual contact (intercourse)
Wound and Eye Drainage	Staphylococcus Streptococcus	Oral inoculation from contaminated hands; direct contact to cut or open wound
Vaginal Secretions	HIV (AIDS virus)	

*This list contains some, though not all, of the organisms which could be in various body fluids and could cause serious disease.

*Any body fluid visibly contaminated with blood should be considered potentially HIV infected.

Dec., 1990 Jean Druckenmiller, Infection Control Liaison
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