

## INFECTIOUS DISEASES

~~An infectious disease is caused by the presence of certain~~

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

### Diseases

~~The district may control diseases~~ in a contagious state ~~may be controlled by~~ excluding the exclusion student from the school or classroom or by ~~referral-referring the student~~ for medical attention ~~of the infected student~~. Staff members ~~of a school~~ must advise the school nurse and principal or designee when a student ~~possesses~~ exhibits symptoms of an infectious disease. ~~The based on the criteria outlined in this procedure. Staff should provide the school nurse, principal must be provided, 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 Infectious Disease Control Guide)~~ (See DOH's Infectious Disease Control Guide for School Staff, IDCGSS).

~~List of Reportable Diseases. The following diseases require an immediate~~  
In consultation with the school nurse, the district will report ~~to the local health department at the time a case is suspected or diagnosed:~~

- ~~• Animal Bites (when human exposure to rabies is suspected)~~
- ~~• Anthrax~~
- ~~• Botulism (foodborne, infant, wound)~~
- ~~• *Burkholderia mallei* (Glanders) and *pseudomallei* (Meliodosis)~~
- ~~• Cholera~~
- ~~• Diphtheria~~
- ~~• Disease of suspected bioterrorism origin~~
- ~~• Domoic acid poisoning~~
- ~~• *E.coli* Refer to "Shiga toxin producing *E.coli*"~~
- ~~• Emerging condition with outbreak potential~~
- ~~• *Haemophilus influenza* (invasive disease, children under age 5)~~
- ~~• Influenza, novel or unsubtypeable strain~~
- ~~• Measles (rubeola) — acute or disease~~
- ~~• Meningococcal disease (invasive)~~
- ~~• Monkeypox~~
- ~~• Outbreaks of suspected foodborne origin~~
- ~~• Outbreaks of suspected waterborne origin~~
- ~~• Paralytic shellfish poisoning~~
- ~~• Plague~~
- ~~• Poliomyelitis~~
- ~~• Rabies (confirmed human or animal)~~
- ~~• Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies~~
- ~~• Rubella (including congenital rubella syndrome (acute disease only)~~
- ~~• SARS~~

- ~~Shiga toxin-producing *E. coli* infections (enterohemorrhagic *E. coli* including, but not limited to, *E. coli* O157:H7.~~
- ~~Smallpox~~
- ~~Tuberculosis~~
- ~~Tularemia~~
- ~~Vaccinia transmission~~
- ~~Viral hemorrhagic fever~~
- ~~Yellow fever~~

The following diseases or conditions require a case report known diagnosis, to the local health department within 24 hours of diagnosis:

- ~~Brucellosis (*Brucella* species)~~
- ~~Hantavirus pulmonary syndrome~~
- ~~Hepatitis A (acute infection)~~
- ~~Hepatitis B (acute infection)~~
- ~~Hepatitis E (acute infection)~~
- ~~Legionellosis~~
- ~~Leptospirosis~~
- ~~Listeriosis~~
- ~~Mumps (acute disease only)~~
- ~~Pertussis~~
- ~~Psittacosis~~
- ~~Q Fever~~
- ~~Relapsing fever (borreliosis)~~
- ~~Salmonellosis~~
- ~~Shingellosis~~
- ~~Vancomycin-resistant *Staphylococcus aureus* (not to include vancomycin intermediate)~~
- ~~Vibriosis~~
- ~~Yersiniosis~~
- ~~Other rare diseases of public health significance~~
- ~~Unexplained critical illness or death~~

The following diseases or conditions require a case report as indicated on the local health department within three (3) business days of diagnosis:

- ~~Acquired Immunodeficiency Syndrome (AIDS)~~
- ~~Arboviral Disease (acute disease only including, but not limited to, West Nile Virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, and Powassan)~~
- ~~Campylobacteriosis~~
- ~~Chancroid~~
- ~~Chlamydia trachomatis infection~~
- ~~Cryptosporidiosis~~
- ~~Cyclosporiasis~~
- ~~Giardiasis~~
- ~~Gonorrhea~~
- ~~Granuloma inguinale~~
- ~~Hepatitis B surface antigen + pregnant women~~

- ~~Hepatitis C (acute infection)~~
- ~~Hepatitis D (acute and chronic infection)~~
- ~~Herpes simplex, neonatal and genital (initial infection only)~~
- ~~Human immunodeficiency virus (HIV) infection~~
- ~~Influenza-associated death (lab-confirmed)~~
- ~~Lyme disease~~
- ~~Lymphogranuloma venereum~~
- ~~Malaria~~
- ~~Prion disease~~
- ~~Serious adverse reactions to immunizations~~
- ~~Syphilis~~
- ~~Tetanus~~
- ~~Trichinosis~~
- ~~Varicella-associated death~~

The following diseases or conditions require a monthly case report to Notifiable Conditions page of the local health department: Washington State Department of Health's website.

- ~~Hepatitis B (chronic infection) — initial diagnosis and previously unreported prevalent cases~~
- ~~Hepatitis C (chronic infection)~~

The following disease or condition requires an immediate case report to the state health department at the time a case is suspected or diagnosed:

- ~~Pesticide poisoning (hospitalized, fatal or cluster)~~

The following disease or condition requires a case report to the state health department within three (3) business days of diagnosis:

- ~~Pesticide poisoning (all other)~~

The following diseases or conditions require a monthly case report to the state health department:

- ~~Asthma (occupational)~~
- ~~Birth defects — autism spectrum disorders, cerebral palsy, alcohol-related birth defects~~

## **Cluster of Cases**

~~In addition to rash illnesses, any unusual cluster of diseases must be reported. In order 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 (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 by individual case (by telephone) 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 ~~followup~~ Follow-Up

1. ~~A.~~—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~~ IDCGSS or instructions provided by the ~~attending physician, student's licensed health care provider, and/or instructions from~~ the local health officer.
2. ~~B.~~—The principal has the final responsibility for enforcing all exclusions.
- ~~C.~~—~~When the principal suspects a nuisance disease such as pediculosis (lice), the principal may institute screening procedures to determine if, in fact, the disease exists, he/she may exclude the student from school until successfully treated.~~
3. ~~D.~~—~~Followup~~ 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~~ At Building Level

### ~~A.~~

A student ~~who is afflicted~~ with a ~~diagnosed~~ reportable disease ~~shall~~ 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. ~~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.~~

### ~~B.~~

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 ~~students shall~~ student will be followed ~~unless the student is fourteen years or older and the symptoms are of a sexually transmitted disease.~~ In those ~~all~~ instances ~~the student has confidentiality rights that proscribe notification of anyone but the health department. The,~~ the school nurse, principal, or designee will:

1. ~~1.~~—~~Call~~ Notify the parent, ~~/guardian or emergency phone number~~ contact to advise him/her of the signs and symptoms.
2. ~~Determine when the~~ Arrange for parent ~~or /guardian will~~ to pick up the student ~~as soon as possible;~~
3. ~~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 ~~or /~~ guardian arrives.
- 4. Notify the teacher of the arrangements that have been made prior to removing the student from school. —

**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. ~~A.~~ ~~Wound~~ 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. ~~1.~~ Soap and water are recommended for washing wounds. ~~Individual packets with cleansing solutions can also be used.~~
- b. ~~2.~~ 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. ~~3.~~ Gloves and any cleansing materials will be discarded in a lined trash container that is disposed of daily according to WAC 296-~~62-08001~~, Bloodborne Pathogens 823 – Occupational exposure to bloodborne pathogens and included in ~~the June 1992 SPI Infectious Disease Control Guide~~. DOH's most recent IDCSS;
- d. ~~4.~~ Hands must be washed before and after treating the student and after removing the gloves; and
- e. ~~5.~~ Treatment must be documented in a school health ~~log~~ program record.

2. ~~B.~~ Thermometers ~~shall~~ will be handled in the following manner:

- a. ~~1.~~ 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. ~~2.~~ 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. ~~A.~~ Body fluids of all persons should be considered 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, semen, and vaginal secretions;

~~B.~~—Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating ~~nose bleeds~~nosebleeds, bleeding abrasions) ~~and~~, when handling clothes soiled by body fluids (e.g., urine and/or feces ~~and~~

2. ), when diapering children. ~~If gloves are not available, then hand and when sanitizing spaced 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. ~~C.~~—Used gloves must be discarded in a secured lined trash container and disposed of daily according to WAC 296-62-08001, 823 - Bloodborne Pathogens and included in ~~the June 1992 SPI Infectious Disease Control Guide.~~ DOH's most recent OSPI IDCGSS. Hands must then be washed thoroughly;

4. ~~D.~~—Self-treatment of minor injury, when reasonable, ~~shall~~will be encouraged;

5. ~~For other universal precautions~~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 ~~shall~~will comply with WAC 296-62-08001, Bloodborne Pathogens WAC 296-823- Bloodborne Pathogens and the ~~SPI Infectious Disease Control Guideline.~~ IDCGSS Special Treatment of Students Infected With HIV

~~On the disclosure that a student has been identified as having acquired immunodeficiency syndrome (AIDS) being infected with HIV the superintendent, 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 or staff. The student may only be excluded from school 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.~~

~~All discussions and records will be treated as confidential, consistent with RCW 70.24.105.~~

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

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Release of information regarding the testing, test result, diagnosis, or treatment of a student for a sexually transmitted ~~disease~~, HIV infection, Bloodborne Pathogens (BBP) illness, drug ~~or~~, alcohol ~~or~~, mental health treatment ~~or~~, family planning, or abortion may ~~only~~ 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 ~~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 authorize disclosure regarding HIV or BBP illness, sexually transmitted diseases, students infection or reproductive healthcare issues. Students thirteen and older must authorize disclosure regarding drug ~~or~~, alcohol ~~treatment~~, or mental health treatment, ~~and students.~~ 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, HIV or drug 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."  
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~~Per WAC 296-823-12005,~~ The district will ensure that newly hired school district employees receive the HIV/AIDS blood-borne pathogens training regarding:

- ~~A.1.~~ History and epidemiology of HIV/AIDS blood-borne pathogens;
- ~~B.2.~~ Methods of transmission of HIV blood-borne pathogens;
- ~~3.~~ Methods A, Access to copy of prevention WAC 296-823-12005 and the district exposure control plan
- ~~C.4.~~ Prevention of HIV including 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
- ~~D.7.~~ Current treatment for symptoms of HIV blood-borne pathogens and prognosis of disease progression;
- ~~E.8.~~ State and federal laws governing discrimination of persons with HIV/AIDS; a blood-borne pathogens; and
- ~~F.9.~~ State and federal laws regulating confidentiality of a person's HIV antibody status blood-borne pathogens.

~~New employee training will be provided within six months from the first day of employment in the district.~~

~~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 HIV/AIDS blood-borne pathogens.