

Communicable Disease

A. Regulations

OAR 581-022-0705 (excerpted)

(1) The school district shall maintain a prevention-oriented health services program for all students that provides:

(b) Communicable disease control, as provided in the Oregon Revised Statutes; and

(g) Compliance with OR-OSHA Bloodborne Pathogens Standards for all persons who are assigned to job tasks that may put them at risk for exposure to body fluids (ORS 191.103)

(2) School districts shall adopt policies and procedures that consider admission, placement, and supervision of students with communicable diseases, including but not limited to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS) (OAR 333-019-0015).

B. Overview

Communicable diseases are transmitted from person to person by various routes. A basic understanding of how these diseases are transmitted and common prevention measures can help decrease the spread of infections. Early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism.

C. Background / Rationale

In the school environment, many communicable diseases are transmitted from one individual to another. Effective control includes prevention, early recognition of symptoms, prompt diagnosis, and adequate isolation or treatment. Control measures may include, but are not limited to, education, health appraisals, environmental control, sanitation, and immunizations.

The communicable disease chart included in the Procedures section of this chapter, “Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease or a Health Care Provider Has Diagnosed a Specific Communicable Disease,” lists information regarding specific communicable diseases and includes control measures school administrators may employ to protect both students and education personnel. Local school boards may wish to adopt the recommendations from this source as a basis for policy regarding school-restrictable diseases.

Communicable Disease Transmission Routes

All staff and students need to maintain strict adherence to body fluid exposure precautions. Report all body fluid contacts with broken skin / mucus membrane or through puncture wounds (such as human bites and needle stick injury’s) to Health Consultant. Daily decontamination of surfaces exposed to body fluids (such as wrestling mats) should be carried out consistently.

Airborne

Infection occurs when the germ from an infected person becomes suspended in the air and is then inhaled by another person. Although diseases like smallpox and SARS have been spread by the airborne route, the only common diseases spread by this route are tuberculosis, measles, and chickenpox.

Prevention

- If you haven’t had measles or chickenpox, you should be vaccinated against them
- Exclude persons with these diseases from public places until they are no longer infectious

Examples

Tuberculosis (TB), measles, chickenpox

Respiratory Droplet

Infection occurs when the germ from an infected person’s nose or throat comes into contact with the mucus membranes (the eyes, nose, or mouth) of another person by coughing, sneezing, or spitting. Such transfers occur only at distances of less than 6 feet.

Prevention

- Practice effective hand washing; scrubbing wet hands with soap for a minimum of 20 seconds and rinsing thoroughly with running water. If soap and running water are not available, (on a field trip) alcohol based gel is acceptable.
- Keep hands away from eyes, nose, and mouth.
- Cover mouth and nose when coughing and sneezing.
- Use tissues when coughing and sneezing. Do not reuse handkerchiefs or tissues.
- Discard tissues promptly in an appropriate waste container.
- Wash hands after discarding tissue.

Examples

Common cold, influenza (flu), whooping cough, meningococcal disease

Direct/Indirect Contact

- Direct contact: infections spread from person to person by either skin-to-skin contact or skin-to-mucous membrane contact.
- Indirect contact: infections spread from contaminated object to person

Prevention

- Practice effective hand washing.
- Always follow the OSHA Bloodborne Pathogens Standard and school district exposure control plan (SDEP) when handling body fluids.
- Cover sores or lesions with occlusive dressing.
- Wash items contaminated with body fluids, such as saliva, blood, urine, feces, nasal secretions, and vomit, following OSHA and CDC Guidelines: Wash with soap or detergent and water, rinse, and disinfect with a 1:10 bleach solution (mixed fresh daily) or other approved tuberculocidal (TB) disinfectant.
- Store disinfectants in a secure area, away from students.

Examples

Fungal infections, herpes virus, mononucleosis, skin infections, influenza (flu), common cold

Fecal – Oral Route

- Infection is spread from the stool or fecal matter of an infected person to another person, usually by contaminated hand-to-mouth contact when effective hand washing is not done after toileting or through poor personal hygiene.

Prevention

- Practice effective hand washing:
 - After using the toilet;
 - After assisting with toileting/diapering;
 - Before eating, handling, or preparing all foods; and
 - After touching animals.
- Provide training for all students and staff who work in and around food preparation, service, and clean-up.

Examples

Diarrheal illnesses, Hepatitis A, pinworms.

Foodborne

- Foodborne illnesses occur as a result of eating food that has been improperly handled, prepared, or stored.

Prevention

- Practice effective hand washing before touching foods.
- Prohibit any ill student or staff from working in the cafeteria, kitchen, or around food preparation, service, or clean-up.
- Store food appropriately; keep cold foods cold and hot foods hot.

- Sanitize food preparation utensils and areas according to Health Division Guidelines.
- Teach students not to share food, drinks, or utensils.
- Only commercially prepared and packaged foods can be brought to school.
- All food preparation and service must be done according to Food Handlers Guidelines and local school district policies.

Examples

Diarrheal diseases, Hepatitis A

Waterborne

- Waterborne illnesses are created in water as a result of infectious materials on hands or objects used by students in the water and body excrement from humans or animals in water, such as in water tables and other water activities. The contaminated water comes into contact with the person's skin or mucous membranes or is swallowed.

Prevention

- Make effective hand washing mandatory before preparing water, before playing in or using water, and after activity and cleaning.
- Fill and disinfect water tables or activity area immediately before play period with a chlorine bleach solution of 1 teaspoon per gallon of water.
- Wash toys or other objects with soap or detergent before and after use, followed by OSHA-approved disinfectant.
- Do not add detergent or soap to the chlorinated water (this will inactivate the disinfectant quality of the bleach or other disinfectant).
- Ill students and staff are prohibited from participating.

Examples

Diarrheal diseases, skin infections, Hepatitis A,

Bloodborne

- Bloodborne infections are spread through very specific and close contact with an infected person's body fluids, such as unprotected sexual contact, sharing needles or drug paraphernalia, by a pregnant mother to her unborn child, blood transfusions (rarely), tattooing or piercing in non-approved establishments, and puncture wounds (e.g., needle-stick injury).
- In the school setting, risk for infections can occur when infected body fluids come into contact with a person's broken skin, mucous membranes, or through a puncture wound (e.g., needle-stick injury, sharp objects, human bite or fight).

Prevention

- Practice effective hand washing.
- Encourage safe behaviors outside work and/or school that decrease risk for transmission.
- Provide continuing education regarding risk factors and behaviors for students and staff.
- Ensure compliance with the OSHA Bloodborne Pathogen Standard for school districts and employees.

- Provide OSHA-approved staff training for identified staff.
- Use OSHA Standard Precautions for students and staff: Assume that all body fluids of all persons have a potential for the spread of infections.

Examples

Hepatitis B, C, and D: HIV

Sexually Transmitted Infections

- These infections are spread from person to person through heterosexual and homosexual activity.
- HIV and Hepatitis B, C, and D can be transmitted by bloodborne and/or sexual routes.

Prevention

- Provide health education regarding abstinence and safe(r) behaviors.

Examples

Gonorrhea, Chlamydia, Herpes, Genital Warts (human papillomavirus)

The Importance of Hand Washing

Frequent and effective hand washing is the primary prevention measure against the spread of communicable diseases. When done correctly, hand washing will help students and staff members to avoid spreading and receiving germs.

Effective Hand Washing

- Use plenty of soap and water
- Scrub vigorously wrists, tops of hands, between fingers, under and around rings, palms, and fingernails for 30 seconds
- Rinse well
- Dry
- Turn off the faucet with a paper towel so clean hands stay clean

It is the soap and rubbing action that helps dislodge and remove germs. Drying helps remove germs that may be left after rinsing.

In the absence of soap and running water (on a field trip), alcohol based gel may be used. Hands should be washed as described above as soon as soap and running water are again available.

It is important to wash hands:

- Before, during and after preparing food;
- Before eating;
- After using the bathroom or assisting another person in the bathroom;
- After changing a diaper;
- After handling animals or animal waste;
- When hands are dirty;
- After recess or gym; and
- After blowing nose, coughing, or sneezing. (Yes! Even if you use a tissue!)

D. Guidance

Roles and Responsibilities

Health education for students, staff, and parents is an essential component in the prevention and control of communicable diseases.

Health Education

Develop and adapt K-12 developmentally appropriate curriculum that addresses the prevention of communicable diseases. For example, teach effective hand washing in K-3, provide parent information on recognizing signs and symptoms of communicable illness and when to keep ill children home, teach appropriate sexuality education to prevent the spread of sexually transmitted infections, and encourage age-appropriate hygiene for all levels.

Physical Education

Develop and promote K-12 programs that ensure communicable disease prevention in all physical education and sport areas. For example, develop school district policies regarding body-contact sports or activities when open or draining wounds are present, provide proper cleaning and hand-washing equipment at all events, and provide staff training regarding safe practices.

Health Services

Provide school-based or school-linked access (School-Based Health Centers, Educational School Districts, and school nurses) to communicable disease prevention services, referrals to health care providers, and training to assess, coordinate, and report to local health departments.

Nutrition Services

Healthy students require well-balanced and nutritious diets to strengthen the immune system to fight illness. Safety measures must be followed to ensure that all food, food areas, and utensils are prepared and cleaned per local health department guidelines to prevent the outbreaks of foodborne illnesses.

School Counseling, Psychological, and Social Services

Work collaboratively with Health Services personnel to minimize fear and confusion for students and staff that often occur with communicable disease incidents or outbreaks. Make appropriate referrals of students to Health Services personnel. Act as a liaison to Health Services in following the district policy regarding the reporting of communicable diseases when information is made available from other staff, students, and parents and assist in giving accurate information as permitted by confidentiality policies.

Healthy Schools Environment

Develop policies and procedures that align with Oregon Health Division Guidelines for Exclusion of ill students and staff. School Services should provide information and

education on communicable diseases common in the school population. Develop, implement, and reassess on an annual basis the Exposure Control Plan for Bloodborne Pathogens in the school setting per the OSHA Rule.

Health Promotion for Staff

Encourage a healthy lifestyle that decreases communicable disease risks for staff. For example, complete up-to-date immunizations, practice and model effective hand washing, and offer training in communicable disease recognition and prevention.

Family and Community Involvement

Promote meaningful partnerships among schools, families, and communities to enhance the prevention of communicable disease in youth. For example, circulate newsletters on current communicable disease issues and sponsor PTA information programs to include communicable disease topics of interest to the school-age population.

Procedures

Communicable Disease Control Measures – Guidelines for Exclusion

Students should be excluded from school if they exhibit:

- Fever greater than 100.5;
- Vomiting;
- Stiff neck or headache with fever;
- **Any** rash with or without fever;
- Unusual behavior change, such as irritability, lethargy, or somnolence;
- Jaundice (yellow color of skin or eyes);
- Diarrhea (3 watery or loose stools in one day with or without fever);
- Skin lesions that are “weepy” (fluid or pus-filled);
- Colored drainage from eyes;
- Brown/green drainage from nose with fever of greater than 100.5 F;
- Difficulty breathing or shortness of breath; serious, sustained cough;
- Symptoms or complaints that prevent the student from participating in his/her usual school activities, such as persistent cough, with or without presence of fever, or
- Student requires more care that the school staff can safely provide.

Only a licensed health care provider can determine a diagnosis and / or prescribe treatment and provide instructions regarding the student’s return to school.

Students needing exclusion due to illness should be separated from other students while waiting for transportation from school setting.



The school nurse or local county health department should always be consulted regarding any written communication that may be developed to notify parents about disease outbreaks, risks to students, families, and staff and/or control measures specific to the outbreak.



If you become aware that the child has any of the following diseases, then clearance by the local health department is required before the child returns to school: diphtheria; measles; rubella (German measles); typhoid fever; E. coli O157 infection; shigellosis; hepatitis A; tuberculosis; pertussis (whooping cough). Call your local health department with questions.



Children with any of the following must be excluded from school until the condition is no longer present, or until the student is cleared to return by a licensed physician or by the school nurse; temperature of 100.5 or higher, diarrhea, vomiting, skin rash, serious persistent cough.



Recommended School Action When a Person Exhibits Symptoms of a Communicable Disease or a Health Care Provider Has Diagnosed a Specific Communicable Disease

DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/REPORTING	TRANSMISSION/COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
ABSCESSSES – See BOILS			
AIDS (Acquired Immune Deficiency Syndrome) AIDS is a later stage of an infection caused by the Human Immunodeficiency Virus (HIV). Swollen lymph nodes, loss of appetite, chronic diarrhea, weight loss, fever or fatigue, cancers and other infections.	<u>Exclude:</u> NO <u>Restriction:</u> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have bloodborne infections” for further information. <u>Report:</u> YES	<u>Spread by:</u> - Direct contact with potentially infectious blood to broken skin, mucous membranes or through puncture wounds. <u>Communicable:</u> Lifetime infection after initial infection with virus.	- Strict adherence to standard precautions when handling body fluids. - Report all accidental body fluid exposures to broken skin, mucous membranes or puncture wounds (i.e. bites, needle stick injury)
ATHLETE’S FOOT Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet.	<u>Exclude:</u> NO <u>Restriction:</u> NO <u>Report:</u> NO	<u>Spread by:</u> - Direct contact with infectious areas -Indirect contact with infected articles <u>Communicable:</u> Until treated	- Prohibit walking barefoot, sharing towels, socks & shoes - Encourage use of thongs in shower - Routine disinfection of showers with approved antifungal agents



DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/REPORTING	TRANSMISSION/COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>BOILS – (See Also STAPH SKIN INFECTION) Large pimple-like sore, swollen, red, tender, may be crusted or draining. Headache, fever may be present.</p>	<p><u>Exclusive:</u> Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present.</p> <p><u>Restriction:</u> May attend with Licensed Health Care Provider permission, or lesion is dry and crusted with no drainage.</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> - Direct contact with infectious body fluids (drainage from sores or nasal secretions from carrier) - Indirect contact with infected articles <p><u>Communicable:</u> As long as sores drain if untreated.</p>	 Practice effective hand washing <ul style="list-style-type: none"> - No cafeteria duty while lesions present - Good personal hygiene
<p>CHICKEN POX (Varicella) Malaise, slight fever, blister-like rash, or red rash, usually beginning on trunk, blisters scab over</p>	<p><u>Exclude:</u> Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present.</p> <p><u>Restriction:</u> May attend when chicken pox lesions have crusted or dried with no further drainage (minimum of 5 days after rash appears).</p> <p><u>Report:</u> NO</p>	<p><u>Spread by:</u></p> <ul style="list-style-type: none"> - Direct contact with infectious body fluids (drainage from blisters or through nasal secretions) - Airborne droplets (cough/sneeze) - Indirect contact with infected articles <p><u>Communicable:</u> 5 days before to 5 days after rash appears.</p>	 Practice effective hand washing <ul style="list-style-type: none"> - Cover mouth and nose if coughing, sneezing - Contact school nurse or health consultant regarding possible earlier return to school if lesions are crusted/dried before 5th day after rash appears - Immunocompromised persons should consult with physician if exposed by confirmed or suspected case - Vaccine required for students entering K & 8th grade. (Will be required K-12 by 2008)



DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/ REPORTING	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>CMV (Cytomegalovirus) Caused by a human herpes virus. Most severe form of the disease occurs to infants infected from mother during pregnancy, premature infants, and the immunocompromised. A variety of symptoms can occur.</p>	<p><u>Exclude:</u> NO <u>Restriction:</u> NO <u>Report:</u> NO</p>	<p><u>Spread by:</u> - Direct mucosal contact with infected tissues, secretions and excretions (urine, saliva, breast milk, cervical secretion, and semen) - Indirect contact with infected articles <u>Communicable:</u> Virus is secreted in urine and saliva for many months and may persist or be episodic for several years after initial infection.</p>	<p> Practice effective hand washing - Strict adherence to standard precautions when handling body fluids. - Take care when handling diapers or toileting children - Women of childbearing age or immunocompromised individuals should consult with physician regarding risks when caring for children identified as carriers of CMV</p>
<p>COMMON COLD (Upper Respiratory Infection) Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon.</p>	<p><u>Exclude:</u> Exclude only if illness interferes with student's school activities or meets criteria listed for exclusion in "Guidelines for Exclusion" (on page 7 in Procedures section above) <u>Restriction:</u> NO <u>Report:</u> NO</p>	<p><u>Spread by:</u> - Direct contact with infectious body fluids (nose and throat secretions) - Airborne droplets (cough/sneeze) - Indirect contact with infected articles <u>Communicable:</u> 1 day before onset of symptoms until 5 days after.</p>	<p> Practice effective hand washing - Cover mouth, nose if coughing or sneezing - Antibiotics not recommended.</p>

DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/REPORTING	TRANSMISSION/COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>DIARRHEAL DISEASES Loose, frequent stools, sometimes with pus or blood. Vomiting, headaches, abdominal cramping or fever may be present.</p>	<p>Exclude: Exclude all children with acute illness characterized by vomiting or diarrhea unless cleared by the health department Restriction: No restrictions for attendance unless meets criteria listed for exclusion in "Guidelines for Exclusion" (on page 7 in Procedures section above) Report: Not usually; depends on diagnosis. Report cluster out breaks to local health department.</p>	<p>Spread by: - Direct contact with infectious body fluids (stool) - Indirect contact with fecal contaminated water or food. Communicable: Varies from hours to weeks.</p>	<p> Practice effective hand washing, especially after using bathroom or diapering/toileting children. - No food handling. - No cafeteria duty</p>
<p>FIFTH DISEASE Bright red cheeks, blotchy, lace appearing rash on extremities that fades and recurs, runny nose, loss of appetite, sore throat, low grade fever, headache.</p>	<p>Restriction: May attend with Licensed Health Care Provider. permission, or when no rash or signs of illness are present Report: NO</p>	<p>Spread by: - Airborne droplets (cough/sneeze) Communicable: Greatest before onset of rash when illness symptoms occur. No longer contagious after rash appears.</p>	<p> Practice effective hand washing - Encourage student to cover mouth/nose when coughing/sneezing - Contact local health dept. for latest recommendation for pregnant females exposed in school out break situations. - Contact school nurse for recommendations for pregnant females/ immunocompromised persons exposed by suspected/ confirmed case.</p>



DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/ REPORTING	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HAND, FOOT, & MOUTH DISEASE Sudden onset fever, sore throat, and lesions in mouth. Blistered lesions on palm, fingers, and soles.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend with Licensed Health Care Provider permission, or when blisters are gone. Report: NO</p>	<p>Spread by: - Direct contact with infectious body fluids (nose and throat discharges and fecal matter) Communicable: During acute stage of illness and potentially for several weeks after in stool.</p>	 Practice effective hand washing - Good personal hygiene, especially following bathroom use. - Encourage staff in standard precautions
<p>HEAD LICE Itching of scalp. Lice and/or nits (small grayish brown eggs) in the hair.</p>	<p>Exclude: Per local district policy Restriction: Readmit with statement from parent/ guardian that recognized initial treatment has begun. Report: NO</p>	<p>Spread by: - Direct contact with infested person - Indirect contact with infected articles Communicable: Until treated and nits removed</p>	<ul style="list-style-type: none"> - Check siblings/close contacts for symptoms - Avoid sharing/touching clothing, head gear, combs/brushes - Refer to head lice policy section. - Contact local health department / school nurse / local medical provider
<p>HEPATITIS A Sudden onset with loss of appetite, fever, nausea, right upper abdominal discomfort. Later student may have jaundice (yellow color to skin and eyes), dark urine, or clay colored stools. May have mild or no symptoms.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present. Restricted: May attend only with Local Health Department permission. Report: YES</p>	<p>Spread by: - Indirect contact with fecal contaminated water or food. Communicable: Two weeks before symptoms until two weeks after onset.</p>	 Practice effective hand washing - No food handling or sharing - School restrictions on home prepared foods for parties. - Vaccine available



DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/REPORTING	TRANSMISSION/COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>HEPATITIS B & C Fever, headache, fatigue, vomiting, aching, loss of appetite, dark urine, abdominal pain, clay-colored stools and jaundice.</p>	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO – See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have Bloodborne Infections” for further information.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u> - Direct blood-to-blood contact with infectious body fluids (blood, or body fluids that contain blood)</p> <p><u>Communicable:</u> One month prior to symptoms to 4 to 6 months or longer after jaundice. Some individuals have no symptoms but can transmit the disease.</p>	<ul style="list-style-type: none"> - Strict adherence to standard precautions when handling body fluids. - Report to the health consultant all body fluid contact with broken skin, mucous membranes or through puncture wounds (i.e. human bites, needle stick injuries or other sharp injuries) - Vaccine required for Hepatitis B in the K-9 grades (K-12 by 2005-6 school year)
<p>HIV DISEASE (Human Immunodeficiency Virus Disease) May have acute flu-like illness. Most often, no symptoms present in early stages of infection. AIDS is a later stage of HIV infection (see AIDS)</p>	<p><u>Exclude:</u> NO</p> <p><u>Restriction:</u> NO - See Communicable Disease Appendix IV, “Guidelines for Schools with Children who have bloodborne infections” for further information.</p> <p><u>Report:</u> YES</p>	<p><u>Spread by:</u> - Direct contact with infectious body fluids via blood or body fluids that contain blood. Some individuals have no symptoms but can spread the disease.</p> <p><u>Communicable:</u> Lifetime infectivity after initial infection with virus.</p>	<ul style="list-style-type: none"> - Strict adherence to standard precautions when handling body fluids. - Report all body fluid contacts to broken skin, mucous membranes or through puncture wounds (i.e., human bites, needle stick injuries or other sharp injuries) to health consultant



DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/REPORTING	TRANSMISSION/COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>IMPETIGO (see also Staph Skin Infections) Blister-like sores (often around the mouth and nose), crusted, draining, and “itching”.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend with Licensed Health Care Provider permission, or when lesions are dry and crusted with no drainage Report: NO</p>	<p>Spread by: -Direct contact with infectious body fluids (drainage from sores) Communicable: As long as sore drains if untreated</p>	 Practice effective hand washing <ul style="list-style-type: none"> - No cafeteria duty while sores present - Avoid scratching or touching sores - Cover sores if draining - No sharing personal items when lesions are present - No contact sports (as wrestling)
<p>INFLUENZA (flu) Abrupt onset, fever, chills, headache, muscle aches, cough.</p>	<p>Exclude: Exclude if illness interferes with student’s school activities or meets the criteria listed for exclusion in “Guidelines for Exclusion” (on page 7 in Procedures section above) Restriction: NO Report: NO</p>	<p>Spread by: - Direct contact with infectious body fluids - Airborne droplets (cough/sneeze) Communicable: 1-2 days before onset of symptoms, up to 5 days or more following the onset of illness.</p>	 Practice effective hand washing <ul style="list-style-type: none"> - Discarding soiled tissues - Cover mouth/nose when coughing/sneezing - Vaccine available (recommended for children with chronic illness, pregnant staff/students during 2nd trimester, during flu season.)
<p>MEASLES: Fever, eye redness, runny nose, a very harsh cough; 3-7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend with Local Health Department permission</p>	<p>Spread by: - Direct contact with infectious body fluids (nose and throat secretions) - Airborne droplets (cough/sneeze) Communicable: 4 days before rash until 4 days after rash begins. Most contagious 4 days before rash appears.</p>	<ul style="list-style-type: none"> - Contact school nurse or health department nurse immediately for direction. School nurse or health department will identify population at risk and assist with parent notification. - Immunization compliance


DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/ REPORTING	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>MENINGOCOCCAL DISEASE Sudden onset of high fever, nausea, vomiting, headache, stiff neck, lethargy. May have blotchy, purplish, non-blanching rash.</p>	<p>Report: YES</p> <p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present</p> <p>Restriction: May attend only with Local Health Department permission.</p> <p>Report: YES</p>	<p>Highly communicable.</p> <p>Spread by:</p> <ul style="list-style-type: none"> - Direct contact with infectious body fluids (nose and throat secretions) - Airborne droplets (cough/sneeze) <p>Communicable: Until bacteria are no longer present in discharges from nose and mouth. Cases and contacts usually no longer infectious after 24 hours on antibiotics.</p>	<p> Practice effective hand washing.</p> <ul style="list-style-type: none"> - Cover mouth/nose when coughing/sneezing - No sharing food, drink or eating utensils. - Vaccine available for certain strains and recommended for certain populations. - Antimicrobials given in certain high-risk situations.
<p>MONONUCLEOSIS Fever, sore throat, swollen lymph nodes, fatigue and abdominal pain.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present</p> <p>Restrictions: NO - Bed rest for a time and withdrawal from PE/Athletic activities are encouraged until student has recovered fully or with Licensed Health Care Provider permission.</p> <p>Report: NO</p>	<p>Spread by:</p> <ul style="list-style-type: none"> - Direct contact with infectious body fluids (saliva) <p>Communicable: May be infectious for several months</p>	<ul style="list-style-type: none"> - Wash and disinfect shared items/toys which may be mouthed or in settings with children who drool. - No sharing food, drink, or eating utensils.
<p>MUMPS Painful swelling of neck and facial glands, fever, possible abdominal pain.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present</p> <p>Restriction: May attend with Licensed Health Care Provider permission.</p>	<p>Spread by:</p> <ul style="list-style-type: none"> - Direct contact with infectious body fluids (saliva) - Airborne droplets (cough/sneeze) <p>Communicable: 6-7 days before onset until 9 days after symptoms began.</p>	<p> Practice effective hand washing</p> <ul style="list-style-type: none"> - Report to school nurse - No sharing of personal items - Immunization compliance.

	Report: NO		
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DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/REPORTING	TRANSMISSION/COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>PINK EYE (Conjunctivitis) Eyes tearing, irritated and red, sensitive to light. Eye lids puffy, may have yellow discharge.</p>	<p>Excludes: Exclude only if illness interferes with student's school activities or meets the criteria listed for exclusion in "Guidelines for Exclusion" (on page 7 in Procedures section above) Restriction: May attend with Licensed Health Care Provider/ School Nurse permission or symptoms are gone Report: NO</p>	<p>Spread by: - Direct contact with infectious body fluids (eye secretions) - Indirect contact with infected articles Communicable: As long as infection present.</p>	 Practice effective hand washing - No sharing of personal items, especially eye make-up, towels - Consult with school nurse or licensed medical provider.
<p>PINWORMS Nervousness, irritability, itching of anus, abdominal pain. Sometimes no symptoms present.</p>	<p>Exclude: NO Restriction: NO (Possibly in day care settings or in situations where children have inability to control bowel functions) Report: NO</p>	<p>Spread by: - Direct contact with infectious eggs by hand from anus to mouth of infected person - Indirect contact with infected articles Communicable: As long as pregnant female worms are discharging eggs in the anal area. Eggs remain ineffective in an outdoor area for about two weeks.</p>	 Practice effective hand washing - Good personal hygiene - Consult with school nurse or licensed medical provider.

DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/ REPORTING	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>RINGWORM – SCALP Patchy areas of scaling with mild to extensive hair loss. May have round areas of “stubs” of broken hair.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend with Licensed Health Care Provider /School Nurse permission or when symptoms are gone. Report: NO</p>	<p>Spread by: - Direct contact with infectious areas - Indirect contact with infectious areas Communicable: Until treated</p>	<p> Practice effective hand washing - No sharing of personal items, especially combs, brushes, etc. - Shaving head/wearing cap NOT REQUIRED</p>
<p>RINGWORM – SKIN Ring-shaped red sores with blistered or scaly border. “Itching” common.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend with Licensed Health Care Provider /School Nurse permission or when symptoms are gone. Report: NO</p>	<p>Spread by: - Direct contact with infectious areas - Indirect contact with infectious areas Communicable: Until treated</p>	<p> Practice effective hand washing - No sharing of personal items - Special attention to cleaning and disinfecting, with approved anti fungal agent, gym/locker areas. - No sport activity until lesions disappear.</p>
<p>RUBELLA (German Measles, 3 day measles) Slight fever, aches, red eyes, runny nose, headache, lethargy and a pinkish rash that starts at face and spreads rapidly to trunk and limbs. Swollen glands back of head and neck.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend only with Local Health Department permission. Report: YES</p>	<p>Spread by: - Direct contact with infectious body fluids (nose and throat secretions) - Airborne droplets (cough/sneeze) Communicable: One week before until 4 days after onset of rash. Very communicable.</p>	<p>- Immunization compliance - 2nd dose required K-8 2001-2002, K-12 2003-2006 - Report to school nurse if available or to Health Department -Notify parents of at risk students as directed by health officials. - Refer all pregnant students and staff to primary health care provider.</p>

DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/ REPORTING	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>SCABIES Intense itching, raised small red or pus-filled sores. Common between fingers, behind knees, around waist, inside of wrists, on arms.</p>	<p>Exclude: Exclude for medical diagnosis Restriction: May attend with Licensed Health Care Provider/School Nurse permission. Report: NO</p>	<p>Spread by: - Direct skin contact - Indirect contact with infective articles Communicable: Until treated</p>	<p> Practice effective hand washing - Screen close contacts/ siblings for symptoms - No sharing of personal items</p>
<p>SHINGLES (Herpes Zoster) Skin lesions which are a result of the same virus that causes chicken pox. Lesions may appear in crops. Occurs mainly in older adults, but may occur in children also. Usually on trunk, may be accompanied by pain, itching or burning of affected area. Headache may proceed eruption.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend with Licensed Health Care Provider permission and if lesions can be covered with dressing, or when lesions are scabbed/dried. Report: NO</p>	<p>Spread by: - Direct contact with infectious body fluids (nose and throat secretions) - Airborne droplets Communicable: As long as lesions are draining.</p>	<p>- Keep lesions covered with dressings. If lesions are on area of body where dressing cannot be secured (e.g. face, hands), consult with school nurse if available or local Health Department - Contact school nurse or local Health Department for recommendations for pregnant females/ immunocompromised person if exposure occurs at school</p>
<p>STAPH SKIN INFECTIONS Draining sores, slight fever, aches and headache. Affected area may be red, warm and/or tender</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present Restriction: May attend with Licensed Health Care Provider permission or when lesions are dry/crusted or gone Report: NO</p>	<p>Spread by: - Direct contact with infectious body fluids (drainage from sores) - Indirect contact with infected articles Communicable: As long as sores are draining.</p>	<p> Practice effective hand washing - Good personal hygiene - No sharing towels, clothing or personal items - No food handling - No contact sports until lesions are gone.</p>

DISEASE/SYMPTOMS	EXCLUSION/RESTRICTION/ REPORTING	TRANSMISSION/ COMMUNICABILITY	RECOMMENDED SCHOOL CONTROL MEASURES
<p>STREP THROAT – SCARLET FEVER (streptococcal infections) <u>Strep throat:</u> Sore throat, fever, swollen, red tonsils, tender neck glands, headache, bad breath, abdominal pain, or nausea <u>Scarlet Fever:</u> Same as strep throat with a red blotchy, sandpapery rash on trunk and a “strawberry” tongue.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present</p> <p>Restriction: May attend with Licensed Health Care Provider /School Nurse permission.</p> <p>Report: NO</p>	<p>Spread by: - Direct contact with infectious body fluids (nose and throat secretions) - Airborne droplets Communicable: Greatest during symptoms of illness. Some individuals are carriers without symptoms and may be infectious for weeks or month. Treated cases are no longer infectious after 24 hours on antibiotics unless fever persists.</p>	 Practice effective hand washing - Encourage covering mouth & nose when coughing & sneezing - Take antibiotics as directed
<p>TUBERCULOSIS (infectious / active) Fatigue, weight loss, fever, night sweats, cough, chest pain, hoarseness & coughing up blood in later stages of disease.</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present</p> <p>Restriction: May attend only with Local Health Department permission.</p> <p>Report: YES</p>	<p>Spread by: - Primarily by airborne droplets from infected person through coughing, sneezing or singing Communicable: As long as living bacteria are discharged through bronchi. Specific drug therapy usually diminishes communicability within weeks</p>	<ul style="list-style-type: none"> - Observe TB rule compliance - Report to school nurse or consult with County Health Department
<p>WHOOPING COUGH (Pertussis) Begins with mild “cold” symptoms and progresses to violent spasms of coughing spells that end in a whooping sound (infants & toddlers) and/or vomiting (older children & adults). Slight or no fever</p>	<p>Exclude: Exclude for medical diagnosis if symptoms listed in “Guidelines for Exclusion” (on page 7 in Procedures section above) are present</p> <p>Restriction: May attend only with Local Health Department permission.</p> <p>Report: YES</p>	<p>Spread by: - Direct contact with infectious body fluids (respiratory discharges) - Airborne droplets Communicable: Greatest just before and during “cold” symptoms to about 3 weeks without treatment. If treated with antibiotics, infected person is communicable 5 days.</p>	<ul style="list-style-type: none"> - Immunization required - Report to school nurse or consult with health department

September 2005 – Reviewed by the Conference of Local Health Officials Epidemiology Committee; and by the Department of Human Services, Acute and Communicable Disease Prevention Program, Paul Cieslak, M.D., Manager

E. Oregon Resources

School nurse

ESD

School-Based Health Centers

Local Health Department

Oregon Health Division

Community health care providers

Oregon Occupational Health and Safety Administration

MESD, School Health Services

Communicable Disease Appendix I

Communicable Disease Control Measures – Guidelines for Handling Body Fluids

The **Occupational Safety and Health Administration Regulations Bloodborne Pathogens (1910.1030) OAR 437, Div. 2** outline specific engineering and work practice controls employers must implement to eliminate or minimize employee occupational exposure to the body fluids of others. To comply with this regulation, districts must develop an exposure control plan as outlined in the standards.

Standard Precautions

“Standard Precautions” refer to a system of infectious disease control, which assumes that the body fluids of all persons are infectious. Standard Precautions are designed to reduce the risk of transmission of all communicable diseases, whether a person exhibits symptoms of illness or not. Standard Precautions refer to the use of barriers or protective measures when dealing with the following:

- Blood;
- All body fluids, secretions, and excretions, except sweat, regardless of whether they contain visible blood;
- Non-intact skin; and
- Mucous membranes.

Strict adherence to Standard Precautions and the appropriate use of personal protective equipment will decrease the risk of infection from bloodborne organisms or germs as well as the transmission of all communicable diseases.

Only employees who have been trained in all elements of the Bloodborne Pathogen Regulations should perform first aid, offer assistance for ill or injured students, or be assigned other tasks that involve the potential risk of body fluid contact (i.e., feeding, diapering, or delegated nursing tasks such as gastrostomy tube feedings or blood glucose monitoring). Other employees should be given information about avoidance measures. Peer tutors and volunteers in the school must also receive general information about avoidance measures and **cannot be assigned any task or offer assistance with tasks where personal protective equipment is required.**

Communicable Disease Appendix II

Letter to Parents Regarding When Not to Send a Child to School

Dear Parent/Guardian:

DO NOT SEND AN ILL CHILD TO SCHOOL. If your child is ill or his/her fever is higher than 103 degrees, contact your health care provider for advise. If you need help in finding a health care provider, you may contact your local health department.

Children with measles, chicken pox / shingles, Fifth disease, rubella, and hepatitis may cause dangerous illness in others, so please call the office if your child has any of these diagnoses.

When Should I Keep My Child Home?

Student's Symptoms / Diagnosed Illness	Student May Return to School When
Fever greater than 100.5 degrees (orally).	Temperature below 100 degrees (orally) for a minimum of 24 hours without the use of Tylenol or other fever-reducing medicine.
Rash or rash with fever – new or sudden onset.	Rash disappears. Written or phone consent from doctor to school nurse.
Yellow or brown drainage from eyes, or unusual drainage from other parts of the body, such as a draining sore.	Discharge must be gone or the student must have a written or phone consent from doctor to school nurse.
Vomiting	Symptom-free for 24 hours
Diarrhea: 3 loose or watery stools in one day.	Symptom-free for 24 hours
Cough: Deep, barking, congested, or productive of colored mucous.	Symptom-free or student must have been on antibiotics for 24 hours and have a written or phone consent from doctor to school nurse. Antibiotics are not effective for viral illnesses. When antibiotics are prescribed for bacterial infections, take all medications as prescribed until gone.
White, clay-colored, or bloody stool	Written / phone consent from doctor to school nurse
Yellow color of skin and/or eyes	Written / phone consent from doctor to school nurse
Brown or bloody urine	Written / phone consent from doctor to school nurse
Stiff neck or headache with fever	Symptom-free or written / phone consent from doctor to school nurse
Unusually sleepy, lethargic, or grumpy	Symptom-free or written / phone consent from doctor to school nurse
Strep throat diagnosed by health care provider	Must have been on antibiotics for 24 hours and have written / phone consent from doctor to school nurse. If no antibiotic given, call school nurse before sending child to school.

After an illness of two or more weeks, surgery, or other change in health status.	Written instructions from doctor and parent regarding medication or special health needs must be provided to the school nurse.
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The RN may consult with your physician about his or her recommendations to return your child to class.

Communicable Disease Appendix III

Recommendations for School Attendance Restrictions and Reporting

Oregon Administrative Rules identify some communicable diseases as “reportable” or as “school restrictable.” Some communicable diseases may be in both categories.

“Reportable” diseases are to be reported to the local health department by the diagnosing health care practitioner. A school administrator may receive information from a parent or other source regarding a student’s possible diagnosis with a “reportable communicable” disease. The school administrator should refer that information to the school nurse if available or to the county health department. The health department will confirm the diagnosis and/or provide directions regarding the student’s return to school or action necessary to notify or prevent the spread to other members of the school community.

“School-restrictable” disease are communicable diseases for which the school administrator has the authority to exclude a child when he/she has reasonable cause to believe the child has a school-restrictable disease, until a licensed health care provider (physician, public health nurse, school nurse) certifies that the child is not infectious to others.

After a student has been diagnosed by a ***licensed health care provider*** as having a communicable disease, the information in pages 8-19 of this document, will assist school administrators regarding student attendance and/or restrictions.

If there is not a school nurse available, contact the local health department for reporting concerns or questions.

Communicable Disease Appendix IV

Guidelines for Schools with Children who Have Bloodborne Infections such as HIV, Hepatitis B and C

These guidelines were prepared as recommendations for school administrators developing policies and procedures for providing education in a safe manner to children infected with either the hepatitis B virus (HBV) or human immunodeficiency virus (HIV – the virus that causes the acquired immunodeficiency syndrome [AIDS]). Guidelines for hepatitis C are included as well.

I. Background

A. General

HBV and HIV cause serious illnesses, and are spread from one person to another primarily through blood, semen or vaginal fluids. HBV infections are much more common in Oregon school children than HIV infections. The risk of spread of either disease in the school setting is extremely low. Since the basic measures to reduce this low risk even further are similar for the two diseases, the guidelines for both are presented.

B. Hepatitis B

The illness

Some persons infected with HBV develop no illness, but most older children and adults are ill for a few weeks and recover completely. Symptoms include general malaise, abdominal discomfort, nausea and jaundice. Most persons are infectious for a few weeks or months. Occasionally, long-term complications may occur, including liver failure and cancer.

Carriers

About 5% to 10% of adults and 25% to 95% of infants infected with HBV will continue to harbor the virus in their blood for life (carriers). Carriers are infectious to other persons, and may develop serious liver disease.

Transmission

HBV is not spread by ordinary social contact. Transmission occurs only when a body fluid such as blood, semen, vaginal fluids and rarely saliva from an infected person is introduced through broken skin, or onto the mucous membranes of the eye, mouth, vagina or rectum. HBV does not penetrate intact skin. Specifically, HBV can be spread from an infected person to an uninfected person by sexual contact, by needle sharing, by contact with infected blood or saliva through a cut in the skin or splash into the mouth or eye, or from an infected woman to her child.

No significant risk of HBV transmission has been documented in the usual school setting. Any risk is limited to persons exposed to infected students who exhibit

aggressive behaviors, such as biting, scratching or spitting, and to persons who provide first aid to students with injuries involving blood or other bodily fluids.

Vaccine

An effective vaccine is available to protect against HBV infection. Hepatitis B vaccine is given in three doses over a six-month period. It is a safe vaccine: a sore arm occurs frequently at the injection site, but more serious side effects have not been documented. Since 1991, health authorities have recommended that all children immunized against HBV as part of the usual childhood immunization schedule. Persons who could reasonably anticipate occupational exposures to blood or other bodily fluids, such as those who are designated to provide first aid to injured persons, should receive immunization against HBV in accordance with the Occupational Safety and Health Administration Bloodborne Hazard Standard.

Specific Recommendations

Universal precautions should always be present.

Consult your school health expert/local health department/health care provider with questions.

See OSHA 1910.1030 (f) Hepatitis B Vaccination for guidelines that may affect your workplace

C. Hepatitis C Virus (HCV)

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. The infection is spread by contact with the blood of an infected person. Almost four million Americans have been infected with the hepatitis C virus. Most people who get hepatitis C carry the virus for the rest of their lives. Most of these people have some liver damage, but many do not feel sick. Hepatitis C may cause cirrhosis (scarring) of the liver and liver failure.

HCV is spread primarily by exposure to human blood. Risk factors may be:

- Injecting street drugs (even once or years ago.)
- Receiving blood products before 1987.
- Receiving a blood transfusion or solid organ transplant (e.g. kidney, liver, and heart) from an infected donor, especially prior to 1992.
- Long term kidney dialysis.
- Health care workers who have frequent contact with blood in the work place, especially accidental needle sticks.
- Being born to a mother infected with hepatitis C.
- Sex with a person infected with HCV.
- Living with someone who was infected with HCV and shared items such as razors or toothbrushes that may have had blood on them.

There is no vaccine for hepatitis C. Certain drugs are used for the treatment of people with long-term hepatitis C. About 3-4 out of every 10 patients receiving treatment recover from this virus.

D. HIV/AIDS – Specific Recommendations

1. General Considerations

Oregon school districts shall strive to protect the safety and health of children and youth in their care, as well as their families, school employees, and the general public. Staff members shall cooperate with public health authorities to promote these goals.

2. About HIV

HIV can be spread by semen or vaginal fluids during sexual intercourse, and by blood or blood products during transfusion or by using infection needles. Infected children most commonly acquire HIV from an infected mother before or during birth, or during breastfeeding. Children may also become infected as a result of sexual abuse. Transmission may also occur if infected blood is introduced through broken skin or onto the mucous membranes such as in the eyes or mouth. HIV may be present in very low concentrations in saliva and tears of infected persons but such fluids, as well as feces and urine, pose little if any risk.

3. School Attendance

A student with HIV infection has the same right to attend school and receive services as any other student and will be subject to the same rules and policies. HIV infection shall not factor into decisions concerning class assignments, privileges, or participation in any school sponsored activity.

4. Placement

School authorities will determine the educational placement of a student known to be infected with HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision makers must consult with the student's physician and parent or guardian; respect the student's and family's privacy rights; and reassess the placement if there is a change in the student's need for accommodations or services.

5. Legal/Privacy

Under Oregon law, cases of HIV infection in children and adults of any age must be confidentially reported to the local health department by the health care provider. When a case of HIV infection in a child is reported, the HIV Program in Oregon State Public Health or the local health department contacts the physician or parent(s) or guardian(s) to collect public health related information on the case, provide information on disease transmission and ensure that the patient and the family are aware of available health services.

Pupils or staff members are not required to disclose HIV infection status to anyone in the education system. Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member.

Violation of medical privacy is cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.

No information regarding a person's HIV status shall be divulged to any individual or organization without court order or the informed, written, signed, and dated consent of the person with HIV infection (or the parent or guardian of a legal minor). The written consent must specify the name of the recipient of the information and the purpose for disclosure.

All health records, notes, and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those named in written permission from the person (or parent or guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record without written consent.

6. Infection Control

All school employees shall consistently follow infection control guidelines in all settings and at all times, including playgrounds and school buses. Schools shall follow standard precautions promulgated by the U.S. Occupational Safety and Health Administration for the prevention of bloodborne infections (CFR 1910.1030) and adopted by reference in Oregon Revised Statute (ORS 437, Division 2). (See also page 4 and "Appendix 1 of this document.) Equipment and supplies needed to apply the infection control guidelines will be maintained and kept reasonably accessible. School district designate shall implement the precautions and investigate, correct, and report on instances of lapse.

7. HIV and Athletics

The privilege of participating in physical education classes, athletic programs, competitive sports, and recess is not conditional on a person's HIV status. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rulebooks will reflect these guidelines. First aid kits must be on hand at every athletic event.

8. Employee Education and Training

School personnel and the general public should receive education about bloodborne infections and standard precautions regularly. Oregon State Public Health, local health departments, Oregon Department of Education, Education Service Districts, and local school districts should cooperate to deliver this education.

All school staff members, including teachers, instructional aids, support staff, administrators, custodians, bus drivers, and secretaries should be fully informed of these recommendations and basic prevention measures including personal hygiene and immunizations as part of annual in-service training.

E. Human Immunodeficiency Virus (HIV) Infection

HIV infection results in a broad range of clinical illness ranging from no symptoms to the life-threatening condition of AIDS. Most, if not all, people infected with HIV will eventually become ill, sometimes months, but most usually years after they become infected. HIV infection causes a failure of a person's immune system, and as a result that person is prone to many infections that others would normally fight off.

Carriers

Persons who become infected with HIV continue to carry the virus in their blood and are infectious for the rest of their lives.

Transmission

HIV is not spread from one person to another by casual contact. HIV is more fragile than the HBV. Consequently, the risk of transmission is very low in school situations. HIV can be spread by semen or vaginal fluids during sexual intercourse, and by blood or blood products during transfusion or by sharing injection needles. Children may acquire HIV from their infected mothers before or during birth, or during breastfeeding. Transmission may also occur if infected blood is introduced through broken skin or onto the mucous membranes such as in the eyes or mouth. HIV may be present in very low concentrations in the saliva and tears of infected persons, but such fluids, as well as feces and urine, pose little if any risk.

If any risk of spread in the school setting exists, it is limited to situations where an uninfected person is exposed to blood from an infected person through open skin lesions, mucous membranes or needle sharing.

F. Legal Issues

Among the legal issues to be considered in forming policies for the education of children with bloodborne infections are confidentiality, the responsibility of the school district to provide a safe and healthy environment for students and employees, the civil rights aspect of public school attendance, and protection for children with disabilities. All persons diagnosed with hepatitis B are required to be reported to the local health department by their health providers. Special categories of children with HIV infection are reported to the local health department by their health providers. These include: 1) all children <6 years of age; 2) children <21 years of age whose providers have reasonable grounds to believe that they present special risks to other children or to adults in an education setting (e.g., an ongoing history of biting others); and 3) children diagnosed with AIDS. Consult your school district attorney for further guidance in this area.

G. Confidentiality Issues

School personnel, parents and others involved in the education of children with HBV or HIV infections should be aware of the laws regarding student confidentiality and potential for social isolation should the child's condition become known to others. Information

from student educational records is confidential and cannot be released without written parental consent. Local school board hearings on matters pertaining to or examination of confidential medical records of a student must be held in executive session and the name of the student, the issue, the board members' discussion and their decision cannot be made public. Results of an HIV antibody test and the identity of a person receiving the test are confidential, and may not be released without specific written consent from the child's parent(s) or guardian(s). No person in Oregon may be tested for HIV without his or her informed consent or, in the case of a child, the consent of the child's parent(s) or legal guardian(s).

II. Recommendations

A. General

1. Education

School personnel and the general public should receive intensive education about bloodborne infections on a regular basis. This education should emphasize information about how the infections are spread and how they are not spread. It should be done before problems arise in individual schools. The Oregon Health Division, local health departments, Oregon Department of Education, Education Service Districts, and local school districts should cooperate to deliver this education.

2. Training

All school staff members, including teachers, instructional aids, support staff, administrators, custodians, bus drivers, and secretaries, should be fully informed of these recommendations and basic prevention measures including personal hygiene and immunizations as part of annual in-service training. Adopted procedures should be carried out in all school situations.

3. Standard precautions

Because of the risk of blood-borne transmission from infected persons, and because most infected students will not be identifiable, standard precautions should be observed by persons in all situations involving exposure to blood, bodily fluids or excrement. Routine care involving exposure to all children's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the modes of possible disease transmission.

In any setting, good hand washing after exposure to blood and body fluids and before caring for another child should be observed, and gloves should be worn. Any open lesions on the caregiver's hands should be covered. These precautions must be used for all children, not just those known or suspected to be infected:

- a. Wear disposable FDA-approved examination gloves when providing first aid for bleeding injuries.
- b. Wash your hands immediately after completing the first aid with soap and running water for at least 30 seconds.

- c. Avoid skin, mouth or eye contact with the blood from an injured child. If such an exposure occurs, wash skin with soap and water, and rinse eyes or mouth thoroughly with water.
- d. Clean up any spilled blood with absorbent material, and clean with soap and water, followed by disinfectant for ten minutes: Use germicidal products with an EPA number or a freshly made solution of one part bleach to 9 parts water.
- e. Blood-contaminated items such as gloves, bandages, and paper towels should be disposed of properly. Please consult your district policy for proper disposal of these items.
- f. Report the first aid situation to your supervisor.

4. Additional precautions

The following additional precautions should be applied in all school settings. These procedures will help prevent transmission of many infections in addition to bloodborne infections. These include:

- a. A sink with soap, hot and cold running water, and disposable towels should be available close to the classroom.
- b. Sharing of personal toilet articles, such as toothbrushes and razors, should not be permitted.
- c. Skin lesions that may ooze blood or serum should be kept covered with a dressing.
- d. Exchange of saliva by kissing on the mouth, by sharing items that have been mouthed, and by putting fingers in others' mouths should be discouraged.
- e. Environmental surfaces and toys that may be regularly contaminated by students' saliva or other body fluids should be washed daily with soap and water, or anytime they are soiled. Change tables should be cleaned and disinfected.

5. Confidentiality

Strict confidentiality should be maintained in accordance with state and federal laws and local school district policies. Knowledge of the child's condition should be shared with others only if the school superintendent determines it is necessary to do so after receiving recommendations from the team. Written consent from the parents or guardians of the AIDS-diagnosed or HIV-infected child is required before a child is identified by name to team members or to others. Oregon rules guide confidentiality, reporting and informed consent.

B. Hepatitis B – Specific Recommendations

1. Screening for HBV carriers

Hepatitis B is not a school-restricted disease under OAR 333-19-015. Attempts to specifically identify carrier children are generally discouraged. The exceptions to this are the previously institutionalized individuals who are subject to frequent injuries, who have frequent visible bleeding from the gums, or who have aggressive or self-destructive behaviors (biting, scratching, etc.) that may lead to bleeding injuries. Such an individual should be referred to a health care provider who, with their consent, can determine whether the person is infected with HBV.

2. HBV carriers

If a student is an identified hepatitis B carrier, the local health department should be consulted for individual special precautions to be incorporated into the educational program for that child. Such precautions may include restricting contacts with other students and assuring that the teaching staff is immunized when appropriate.

3. Immunizing staff

School staff members who provide direct personal care to students who lack control of their bodily secretions or who display behavior such as biting, spitting or scratching should be offered hepatitis B vaccine, and encouraged to consult with their personal physician or health department for information about it.

4. Immunizing parents or residential caretakers

The parents or residential caretakers of students who are likely to have ongoing classroom or household contact with students who lack control of their bodily secretions or who display behavior such as biting, spitting or scratching should be offered hepatitis B vaccine, and encouraged to consult with their personal physician or health department for information about it.

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