

COMMUNICABLE DISEASES STUDENTS

- 1.0 The District will utilize the advice of the Colorado State Department of Health, Tri-County Health Department and the medical community in order to respond in a prudent manner to any student being diagnosed with a communicable disease and/or life threatening medical condition. Appropriate action, including exclusion from school, shall be determined on a case-by-case basis in accordance with this policy and applicable law. Written protocols are established by the Colorado Department of Public Health and Environment's current publication *Infectious Disease Guidelines in School Settings for School Nurses and Personnel*. This publication will be referenced as a part of the determination of District action regarding communicable diseases. *Conditions Reportable by All Physicians and Health Care Providers* is a document prepared by the Colorado Board of Health used to determine which diseases are reportable to the health department. Both of these resources may be obtained online at www.cdphe.state.co.us.
 - 1.1 Communicable diseases are classified into readily transmissible and not readily transmissible in the school environment.
 - 1.1.1 Readily Transmissible Communicable diseases include, but are not limited to, Influenza, Common Colds, Measles, Chicken Pox (Varicella), Whooping Cough (Pertussis), Head Lice, Scabies, etc. They are generally considered acute and short term, and may or may not be life-threatening or debilitating, and are likely resolved with medical treatment or a period of waiting until communicability has passed.
 - 1.1.2 Communicable diseases that are not readily transmissible, in the school environment include, but are not limited to, HIV/AIDS, Hepatitis B and Hepatitis C. These conditions are considered to be chronic and potentially life threatening. Exclusion from school is not necessary unless extenuating circumstances exist, e.g., student behavior, physical condition, expected interaction with others, and other relevant factors.
- 2.0 District staff shall follow the procedures below in responding to students with communicable diseases:
 - 2.1 For both readily transmissible and not readily transmissible communicable diseases, the child may be temporarily excluded from school if the illness poses a threat to the health of others. Parents shall be notified of the conditions under which the child will be readmitted to school. Depending on the type of communicable disease and risk posed to others, a student's return to school should be approved by Tri-County Health Department and/or student's physician.
 - 2.2 Students with head lice have an example of a readily transmissible communicable disease in the school environment. Staff shall follow this procedure in addressing students suspected of having head lice:
 - 2.2.1 The school health aide (or other staff member designated by the building administrator) examines the child's hair and follows the written protocol established by the Colorado Department of Public Health and Environment's current publication *Infectious Disease Guidelines in School Settings, Guidelines For School Nurses and Personnel*.
 - 2.2.2 Students with an active infestation (live lice or live nits) shall be excluded from the end of the school day until completion of the first treatment. In such cases,

the health aide or building administrator makes a confidential call to a parent/guardian stating the reason for the call (live lice/live nits) and requesting that lice treatment be administered to the child before readmission to school.

- 2.2.3 The health aide (or other designated school staff member) discusses with the parent/guardian the need for treatment of the child's condition and may:
 - ◆ Show the parent/guardian the lice/nits.
 - ◆ Give the parent/guardian handouts while pointing out important treatment measures and explaining that if treatment is applied as directed, the child may return to school following the treatment.
 - ◆ Offer to check out a video regarding treatment of lice.
 - ◆ Emphasize that the complete treatment involves combing out dead nits after applying the lice shampoo.
- 2.2.4 After the student has received the appropriate treatment for head lice at home, the student should report to the school's health office upon arrival at school. The health aide (or other designated school staff member) checks the child's hair for the presence of live lice/live nits and communicates any concerns to the parent/guardian.
- 2.2.5 The health aide (or other designated school staff member) rechecks the child after a week, or sooner if there is a concern (e.g., many casings, nits or live lice).
- 2.2.6 If the parent(s)/guardian(s) keeps the child out of school (or the child is unable to attend school because of the parent's/guardian's failure to treat the child appropriately) and the school absence becomes excessive, the usual building procedures are implemented.
- 2.3 If two or more students in a classroom have an active lice infestation, the building principal and health aide shall confer to discuss whether written notice of the outbreak and of preventative measures should be provided to the parents of other students in the classroom or school.
- 3.0 Students with HIV/AIDS, Hepatitis B or Hepatitis C are examples of communicable diseases not readily transmissible in the school environment. Students with these conditions do attend school with an unlikely risk posed to others. Parents are not mandated by law to report these communicable diseases to school officials or staff.
 - 3.1 Information received from the student's parents/guardian, the student, or his/her physician regarding the student's not readily transmissible disease will be reported to the District Section 504/Health Services Coordinator, who will be the school official responsible for coordinating the procedures for students. The coordinator shall confer with representatives from the medical community, and appropriate school officials to determine the risks posed to others by the student's health condition. The student's physician may be consulted, with signed parent authorization, if the student's illness impacts his/her ability to attend or participate in school activities, or if the condition of the student's illness and/or behavior impacts the health of others beyond the expected unlikely risk.
 - 3.2 **Risk Assessment.** The District Section 504/Health Services Coordinator or his/her designee will advise the Superintendent of the degree of risk of transmission of the communicable disease to others as well as to the student's safety in the school setting. Risk assessment will be based on the student's behavior, physical condition, expected

interactions with others, and such other relevant factors. In each case, risks and benefits to both the infected student and to others in the school setting will be weighed. A plan based on existence of any risk factors will be developed by the District Section 504/health Services Coordinator in collaboration with the parents, school principal, district nurse, Risk Management or other school professionals as appropriate. The plan may include Homebound instruction or other alternative educational arrangements.

- 3.3 If it is suspected that the medical condition limits the student's ability to receive reasonable benefit from ordinary education, the procedures for referral for special education and/or Section 504 eligibility will be initiated. These procedures will follow the local Comprehensive Plan for Special Education in accordance with the Individuals with Disabilities Education Act.

4.0 **Confidentiality.**

- 4.1 Any information regarding a student's communicable disease is confidential except on a legitimate need-to-know basis. The Superintendent, District Section 504/Homebound/Health Services Coordinator, and District legal counsel, in consult with the Principal, shall identify which staff members have a need-to-know regarding a student's communicable disease. Confidential communicable disease diagnoses may be entered into a district student data base when appropriate. An example would be if the District needs to track influenza-like symptoms or other communicable disease symptoms based on public health recommendations. Another example might be when a parent approves that information about a student's communicable disease be provided on a health care plan, an IEP or a Section 504 plan in order to provide appropriate health accommodations during school hours.

- 5.0 **Training.** The District shall provide regular, appropriate in-service programs, information and material to enable employees to be knowledgeable in working safely with all students regarding communicable disease transmission. District personnel shall be advised of routine procedures to follow in prevention of communicable disease/infection transmission. These procedures, also known as Universal Precautions, provide simple and effective precautions against transmission of diseases to persons potentially exposed to the blood and other body fluids or substances of another. This includes the use of non-latex gloves or barriers to use when gloves are not readily available, such as cloth and paper towels, etc., use of disinfectant soap for hand washing, use of hand sanitizer, use of disinfectants on surfaces, use of tissues, and teaching students to cough/sneeze into the inside of elbow instead of into hands, etc.

- 5.1 No distinction shall be made between body fluids and substances from individuals with a known disease and individuals without symptoms or with an undiagnosed disease. The body fluids and substances of all individuals shall be considered to contain infectious agents.
- 5.2 Under no circumstances shall students be permitted to handle or clean up body fluids of another, with the exception of their own body fluids in appropriate circumstances. When possible, a student should be encouraged to pinch their own bloody noses, and wash with soap and water their own small cuts and wounds.