

## STUDENT COMMUNICABLE DISEASES

The board recognizes its responsibility to provide a healthy environment for students and school employees.

The determination of whether an infected student should be excluded from the classroom or school activities shall be made on a case-by-case basis, under the direction of the building principal/building administrator or designee.

In situations where the decision requires additional knowledge and expertise, the principal will refer the case to a team for assistance in the decision-making.

The team may be composed of the following:

1. representation from the South Dakota Department of Health,
2. the student's physician,
3. the student's parent(s) or guardian(s),
4. the school principal,
5. the school nurse,
6. the superintendent or designee, and
7. primary teacher(s) and other appropriate school personnel.

In making the determination, the team shall consider the following:

1. the behavior, developmental level, and medical condition of the student,
2. the expected type(s) of interaction with others in the school setting,
3. the impact on both the infected student and others in that setting; and,
4. the South Dakota Department of Health policy and guidelines.

The team may officially request assistance from the South Dakota Department of Health.

If an infected student is not permitted to attend classes or participate in school activities, the district will provide the student with an appropriate education program. If that requires personal contact between the student and other school employees, only trained volunteer employees shall be utilized.

Public information will not be revealed about the student who may be infected. If the student is permitted to remain in the school setting, the following procedure will be followed by the principal:

Information will be provided, as appropriate, to school employees who have regular contact with the affected student, as to the student's medical condition and other factors needed for consideration in carrying out job responsibilities.

It is recognized that personal hygiene measures are part of creating a healthy environment. Thus, good hand washing techniques are imperative in the school setting. Thorough maintenance cleaning is part of this environment. Instruction in appropriate handling of blood and body fluids will be provided.

Disease	Guidelines for Attendance
Fever	Exclude when temperature reaches >100.0 Fahrenheit. Student may return to school when fever-free for 24 hours without the use of fever-reducing medications.
HIV, Hepatitis B, Hepatitis C, and other bloodborne diseases	Generally, no exclusions; considerations may exist if there is potential for bloodborne exposure. Consult healthcare provider for guidance.
Chicken Pox (Varicella)	Exclude until all lesions have dried and crusted or, in immunized children without crusts, until no new lesions appear within a 24-hour period.
Diarrheal diseases	Exclude while symptomatic only if person is unable to practice independent hygiene.
Haemophilus influenza type B, invasive (HIB)	Exclude until after 24 hours of antibiotic treatment
Hepatitis A	Exclude until one week after onset of illness.
Influenza and Influenza-like illness	Exclude as long as fever $\geq 100.0$ degrees Fahrenheit is present in an unmedicated states. Additional exclusions may be necessary for documented novel strain or pandemic influenza based on state or federal guidelines.
Meningococcal disease (Neisseria meningitides)	Exclude until after 24 hours of antibiotic treatment
Methicillin-resistant Staphylococcus aureus (MRSA)	Exclude only if confirmed MRSA is present from a wound in which drainage is occurring and cannot be covered and contained.
Pertussis (Whooping Cough)	Exclude until completion of five days of appropriate antibiotic treatment. If appropriate antibiotic treatment is not received, exclude until 21 days after onset of symptoms.
Pink Eye, Ringworm, Herpes Gladiatorum, Molluscum Contagiosum, and skin rashes without fever	Generally no exclusions; considerations may exist for certain sports, extracurricular activities or behaviors that might increase the risk of transmission. Consult healthcare provider for guidance.
Rubella	Exclude until seven days after onset of rash
Scabies	Exclude until treatment has been completed
Shingles (Herpes Zoster)	Generally no exclusion if lesions can be covered. If lesion cannot be covered, exclude until rash or lesions have crusted over.
Strep throat and Streptococcal skin infections (Impetigo)	Exclude until after 24 hours of antibiotic treatment.
Tuberculosis	Exclude until physician and Department of Health determine a person is not infectious.

Mumps	Exclude until five days after the onset of parotid gland swelling
Measles	Exclude until after four days of onset of rash.
Cytomegalovirus (CMV)	The student may attend school. Precautions should be taken by contacts with immuno- suppression as anti-cancer or organ transplants as well as anyone with suspected or known pregnancy. Good hand washing in all cases should eliminate risk of transfer of infection.
Fifth Disease Erythema Infectiosum	The student may attend school with physician's permission.
Giardia	The student may attend school if he or she practices independent and hygienic bathroom skills. Good hand washing in all cases should eliminate risk of transfer of infection.
Herpes Simplex	The student may attend school during an active case if the student has the ability and practices appropriate personal hygiene precautions and the area of lesion is covered.
Mono (Infectious Mononucleosis, Glandular Fever)	The student may attend school with physician's permission. The student may need adjusted school days and activities.
Plantar Warts	The student may attend school. Students should not be permitted to walk barefoot.
Scabies (7-year itch or mites)	The student may attend school after treatment.
Ring Worm (scalp, body, athlete's foot)	The student may attend school if the area is under treatment and covered. Restrict known cases of athlete's foot from pools and showers until under treatment.
Pediculosis – Head Lice	The student may attend school after treatment. After repeated infestations of the same student, he or she may be excluded until all nits are removed.



## Student Communicable Diseases

JHCC

### Reporting of Exposure Incidents

Through the use of various procedures, every effort will be made to prevent exposure to body substances. When an exposure incident occurs, steps to bring the exposure incident to resolution will occur as quickly as possible. It is the responsibility of the exposed student to follow the established procedures.

A significant exposure is defined as the specific exposure to the eye, mouth, other mucous membrane, broken or open skin, or peritoneal contact to blood or other potentially infectious materials that results from the performance of a student's duties. Examples of an exposure incident include: blood or body fluid splash to mouth, nose or eyes, puncture wound with contaminated sharps or human bite; mouth-to-mouth resuscitation with a resuscitative device. Body fluids include: amniotic fluid, and other body fluid, including saliva that is visibly contaminated with blood.

### Procedure:

- 1) When a suspected exposure incident has occurred, the school nurse and/or the immediate supervisor will be notified.
- 2) The Accident/Injury Report form must be completed. The report will include information regarding route of exposure, circumstances under which the exposure occurred, and identification of the source individual, if known.
- 3) The school nurse will investigate the exposure incident for the possibility of a blood-borne disease exposure. If the investigation indicates that an exposure incident has occurred, the procedure below will be followed:
  - a) The student will be referred to his/her personal physician.
  - b) The school nurse will provide the physician with a copy of the regulation, a description of the exposed student's duties, a copy of the Accident/Injury Report, results of the source individual's blood testing, if available, and all medical records relevant to the appropriate treatment of the student including vaccination status.
- 4) Post-exposure evaluation and follow-up will be provided at no cost to the student. All laboratory evaluations will be done at an accredited lab.

Student Communicable Diseases (Continued)

JHCC

- 5) Post-exposure prophylaxis, counseling, and evaluation of reported illness will be provided through the physician.
- 6) Medical records for students who have had exposure will be maintained as required by OSHA regulations.