

COMMUNICABLE DISEASE GUIDELINES/PROPER HANDLING OF BODY FLUIDS
(Students)

COMMUNICABLE DISEASE GUIDELINES

Health guidelines for school attendance are established and interpreted within the context of the situation. The guidelines are not inclusive but are available to be used as a resource. Specific needs will be addressed individually. School personnel will refer to school health professions for specific judgments in interpreting the guidelines.

<u>Disease and Incubation Period</u>	<u>Rules for School Attendance</u>
Acquired Immune Deficiency Syndrome (AIDS) 6 months - 5 years	Determination should be made by the team process as outlined in the Communicable Disease Policy. The State Department of Health's School Children with AIDS Policy shall be used as reference.
Chicken Pox 14-21 days	The student may attend school after all pox are dry and scabbed.
Fifth Disease (Erythema Infectiosum)	The student may attend school if there is no-fever. Often times the student does not see a physician.
Cytomegalovirus (CMV)	The student may attend school. Precautions should be taken by contacts with immunosuppression as anti-cancer or organ transplants, as well as anyone with suspected or known pregnancy. Good handwashing in all cases should eliminate risk of transfer of infection.
Giardiasis	The student may attend school if the student practices hygienic bathroom skills. Good handwashing in all cases should eliminate risk of transfer of infection.
Enteric Infection (Giardia Salmonella, Shigella, Campylobacter, Rotovirus, E-Coli, Pinworms)	The student may attend school if no fever. The student may attend school if the student practices 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.
Impetigo	The student may attend school if treatment is verified and area is dried.
Hepatitis A 15-40 days	The student may attend school with physician's written permission, and if the student has the ability to take appropriate personal hygiene precautions.
Hepatitis B 45-160 days	Treat all blood as potentially infectious. Universal precautions, as posted in all schools, shall be enforced. Student may attend school.
Rubeola (Red, Hard, Measles) 8-14 days	The student may attend school after a minimum of seven days. Students who have had contact with Measles may attend school if immunization is up to date.
Infectious Mononucleosis (Glandular Infection) 2-6 weeks	The student may attend school as directed by the physician. The student may need adjusted school days and activities.
Mumps 12-21 days	The student may attend school after swelling has disappeared.
Pediculosis (Lice, Crabs)	The student may attend school after treatment. After repeated infestations of the same student, the student may be excluded until all nits are removed.
Pink Eye (Conjunctivitis)	The student may attend school after the eye is clear, under treatment or with physician's written permission.

Plantar's Wart	The student may attend school. Student should not be permitted to walk barefoot.
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.
Rubella (German measles 3-day) 14-21 days	The student may attend school after a minimum of four days. Students who have had contact with rubella may attend school if immunization is up to date. Prevent exposure of pregnancy.
Scabies (7 year itch or mites)	The student may attend school after treatment.
Streptococcal Infections (Scarlet Fever, Scarletina, Strep Throat)	The student may attend school 24 hours after initiating oral antibiotic therapy, and clinically well.
Influenza 3-7 days	The student may attend school if no fever. Good hand washing should eliminate risk of transfer of infection.

PROPER HANDLING OF BODY FLUIDS

To provide a healthy environment for both students and employees, the following practices are to be observed within the schools:

- A. Handwashing -- Wash hands before and after each student contact, with warm water and soap and immediately after gloves are removed. In an emergency situation, if gloves are not available, wash hands and other skin surfaces immediately and thoroughly if contaminated with blood or other body fluids.
- B. Latex/Vinyl Gloves -Wear gloves for touching blood or other body fluids, mucous membranes, or non-intact skin, and for handling items or surfaces soiled with blood or body fluids. Wear gloves if hands are chapped or have cuts or abrasions on them. Change gloves after contact with each student. Contaminated gloves should be placed in double plastic bags that prevent leakage and should be disposed of.

- C. Food Preparation/ Personal Hygiene Care -- Sink and work stations for food preparation must be separate from personal hygiene care areas.
- D. Personal Items -- Individuals should be discouraged from using each other's personal items.
- E. Cleaning -- When cleaning environmental surfaces or bloodied materials, use a freshly prepared solution of 5.25% sodium hypochlorite (household bleach one part to ten parts water), or disinfect the area with a chemical germicide approved for use as a hospital disinfectant, or product registered by the Environmental Protection Agency as being effective against HIV with an accepted HIV label. Contaminated materials such as bandages or gauze that are used only once should be placed in double plastic bags and disposed of. Cleaning of carpets should be referred to the custodial service for extraction cleaning.
- F. Needles/Sharps -- Place all needles or other "sharps" in puncture-resistant containers for disposal.
- G. Post Exposure to Body Fluids Procedure
 - 1. For Employees:
 - a. Report exposure to principal.
 - b. Report needle sticks.
 - c. Fill out the Accident Report.
 - d. Report to business office within 24 hours.
 - e. Proceed to their health care provider with the following questions:
 - (1). Need for TD booster?
 - (2). Need for Hepatitis B vaccine &/or A?
 - (3). Need for HIV testing?
 - 2. For Students:
 - a. The school nurse will verify the student's immunization status for TD boosters and Hepatitis.
 - b. Report any needle sticks.

- c. The school nurse will communicate to the parent/guardian both verbally and in writing the following recommendations:
 - (1). They should report the exposure to their health care provider.
 - (2). The health care provider should be requested to address:
 - (a) Need for TD booster?
 - (b) Need for Hepatitis B vaccine &/or A?
 - (c) Need for HIV testing?
- d. The school nurse will document on the Accident Report form.

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