

COMMUNICABLE DISEASE POLICY

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

The determination of whether an infected employee 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 employee's physician,
3. the employee and/or representative,
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 employee,
2. the expected type(s) of interaction with others in the school setting,
3. the impact on both the infected employee 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 the employment of an infected employee is to be interrupted or discontinued, the employee shall be entitled to use available medical leave and receive available benefits. If that requires personal contact between the employee and other school employees, only trained volunteer employees shall be utilized.

Public information will not be revealed about the employee who may be infected. If the employee 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 employee, as to the employee'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.

EMPLOYEE COMMUNICABLE DISEASE GUIDELINES

<u>Disease and Incubation Period</u>	<u>Rules for Attendance</u>
Acquired Immune Deficiency Syndrome (AIDS) 6 months-5 years	Determination should be made by the team process as outlined in the Employee Communicable Disease Policy.
Chicken Pox 14-21 Days	The employee may attend work after all pox are dry and scabbed. A medical permission slip is required upon return to school.
Cytomegalovirus (CMV)	The employee may attend work. Precautions should be taken by contacts with immunosuppression 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 (6-14 days) Erythema Infectiosum)	The employee may attend work with physician's permission.
<u>Giardiasis</u>	The employee may attend work 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 employee may attend school during an active case if the employee has the ability and practices appropriate personal hygiene precautions and the area of lesion is covered.
Impetigo Infectious Hepatitis 15-40 days (average 25 days)	The employee may attend work as directed by the physician. Appropriate personal hygiene precautions should eliminate risk of transfer of infection.
Measles (Red, Hard, Rubeola, 7-day) 8-14 days	The employee may attend work after a minimum of 7 days. Employees who have had contact with measles may attend work if immunization is up to date.
Mono (Infectious Mononucleosis, Glandular Fever) 2-6 weeks	The employee may attend work with physician's permission. The employee may need adjusted work days and activities.
Mumps 12-21 days	The student/employee may attend school/work after swelling has disappeared.

EMPLOYEE COMMUNICABLE DISEASE GUIDELINES

<u>Disease and Incubation Period</u>	<u>Rules for Attendance</u>
Pediculosis (lice, "crabs")	The employee may attend work after treatment. After repeated infestation of the same employee, he or she may be excluded until all nits are removed.
Pink Eye (Conjunctivitis)	The employee may attend work after the eye is clear or treatment is verified.
Plantar Warts	The employee may attend work. Students should not be permitted to walk barefoot.
Ring Worm (scalp, body, athlete's foot)	The employee may attend work if the area is under treatment and covered. Restrict known cases of athlete's foot from pools and showers until under treatment.
Rubella (German, 3-day measles) 14-21 days	The employee may attend work after a minimum of 4 days. Prevent exposure to pregnant women.
Scabies (7-year itch or mites)	The employee may attend work after treatment.
Streptococcal Infections (Scarlet Fever, Scarletina, Strep Throat)	The employee may attend work 24 hours after initiating oral antibiotic therapy, and treatment is verified.

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 employee 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 an employee'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: peritoneal fluid, pericardial fluid, 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, Huron Regional Medical Center, and/or the immediate supervisor should 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 employee 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 employee'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 employee including vaccination status.
- 4) Post-exposure evaluation and follow-up will be provided at no cost to the employee. All laboratory evaluations will be done at an accredited lab.

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