



# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

≈

Spring Green, Wisconsin 53588

≈

Phone: 608-588-2551

428/528 Rule

## Guidelines and Procedures Regarding Communicable Disease

### I. Communicable Disease

Communicable diseases are defined as those diseases that are transmittable and may jeopardize the health and safety of both students and staff. From School Nursing Handbook, DPI: *“Any school nurse, teacher, or principal of any public or private school who knows or suspects that certain communicable diseases are present must immediately notify the local health officer. Please see the Department of Health Services’ communicable disease listing in Wis. Admin. Code ch. DHS 145. The law permits teachers, school nurses and principals to send students home who are suspected of having a communicable disease with immediate parent notification for the reason of the exclusion (Wis. Stat. sec. 252.21(1),(6)).”*

In the event of a suspected or confirmed case of a serious communicable disease in a student or staff members, the school nurse or an administrator should determine, based on medical findings in conjunction with a physician or the district’s medical advisor as appropriate, whether the case poses a risk for others. Consultation with the local health department in determining risk is also Wisconsin School Nursing Handbook Chapter 4 Department of Public Instruction Student Services/Prevention and Wellness Team 18 helpful. Upon confirmation of actual risk, the application of related policies should apply equally to students and staff members.

#### Educational and Preventive Measures

- A. The district will ensure that all students and staff have required immunizations.
- B. The School Nurse shall be responsible for the appropriate maintenance of a health room in each school building. A communicable disease wall chart will be posted at each health room. Persons designated to assist students with illnesses shall be given information regarding the suppression and control of communicable diseases.
- C. Information regarding suppression and control of communicable diseases will be included in the regular health curriculum for students and provided to all staff through in-service at regular intervals.
- D. First Aid kits and other supplies and equipment appropriate to reducing the risk of transmission of communicable diseases in the school environment will be provided in each school building.

#### Reporting and Confidentiality

- A. The building principal shall function as the district's liaison with students and staff, parents and physicians, public health officials and the community at large concerning communicable disease issues in the school.
- B. School personnel will report any suspicion of a communicable disease to the School Nurse who is responsible to make an assessment and report the communicable disease to Sauk County Public Health

Department, except when prohibited by law, if required.

- C. Records and information (both oral and written) on students and staff with suspected or confirmed communicable disease are confidential and will be handled in accordance with Wisconsin Statutes on pupil and personnel records. Personnel and student files will be kept separate from health care records. HIV/AIDS files will be kept under an even stricter protocol for confidentiality. Knowledge of any information contained in health care files is confined only to those persons with a direct need to know for the purposes of investigation, control, and prevention of the disease.
- D. On a regular basis the school board shall:
  - 1. Review its general infection control policy and adapt it to reflect changes in current public health information and Wisconsin Statutes.
  - 2. Educate school personnel and students regarding practices to reduce the spread of communicable disease.

## **II. Exclusion from School for Health Reasons (See 428/528 Exhibit)**

- A. A student or staff person may be excluded from school for health reasons if he/she:
  - 1. Has a condition that requires immediate medical diagnosis or intervention, (e.g., needs diagnosis of a rash, fever of unknown etiology, sutures, emergency dental care, etc.)
  - 2. Has a condition that requires ongoing supervision that cannot be provided in the school setting. (e.g., needs continuous observation after a concussive blow or seizure).
  - 3. Is not able to function in school because of illness, e.g., fever, vomiting, diarrhea.
  - 4. Has untreated pediculosis (lice), scabies.
  - 5. Poses a significant health risk to others in the normal course of his or her school day activities.

Such a significant health risk is posed when:

- a. Any student and/or staff is in the infectious state of a serious airborne transmitted communicable disease. Serious airborne transmitted diseases include, but are not limited to, chicken pox, measles, mumps, pertussis, tuberculosis, rubella and COVID-19.
- b. Students and/or staff are unable to hygienically manage their bowel and bladder functions and they are in the infectious stage of an oral-fecal transmitted communicable disease. Oral-fecal transmitted diseases include, but are not limited to, Hepatitis-A, gastrointestinal infections such as giardiasis, salmonella, shigella, and parasites such as pinworms.
- c. Students and/or staff have a disease which may be transmitted by body fluids, and have open lesions and whose developmental level or behavioral pattern makes it difficult for them to refrain either from touching the lesion and therefore, spreading the underlying infection or from biting, e.g., (very young or developmentally delayed students with impetigo, Hepatitis B virus, HIV (AIDS), staphylococcus aureus, Beta Hemolytic streptococcus or conjunctivitis infection.)

- B. A student and/or staff may not be excluded from school when the risk of transmission of a communicable disease is nonexistent in the school setting because transmission can only occur through sexual or intimate contact (e.g., gonorrhea, genital herpes, trichomonas, vaginitis, HIV (AIDS), cytomegalovirus or chlamydia) or when it can be controlled through education of the child and staff and the provision of readily available supplies to carry out hygiene measures (e.g., covering open lesions or cuts of those infected with a blood borne transmitted communicable disease and training in safety procedures for staff who clean up spilled body fluids.)
- C. Parents are notified of students suspected of having a communicable disease that may be transmitted to others in the school setting. Notification may be done by the principal, nurse, or other designated personnel. Such pupils and/or staff will be isolated and sent home for purposes of diagnosis and/or treatment.
- D. Students and/or staff who have contracted a communicable disease which may be transmitted in the school setting will not be readmitted until such time as it can be determined that the risk of transmission has subsided.
- E. Readmission may require a physician's signed statement that examination and treatment was obtained concerning the individual's suitability to return to school.
- F. Alternative education opportunities will be arranged for students who must be isolated from school for a significant period of time.

**III. Handling of Body Fluids (See Policy 723 Universal Precautions/Bloodborne Pathogens)**

Transmission Concerns in the School Setting

<u>Body Fluid Source of Infectious Agents</u>		
<u>Body Fluid Source</u>	<u>Organism of Concern</u>	<u>Transmission Concern</u>
Blood -cuts/abrasions -nosebleeds -menses -contaminated needle	Hepatitis B virus HTLV-III virus Cytomegalovirus	Blood stream inoculation through cuts and abrasions on hands  Direct blood stream inoculation
Open Lesions	Staphylococcus aureus Beta hemolytic Streptococcus Hepatitis B virus	Contact with drainage from open lesion
Feces* -incontinence	Salmonella Shigella Rotavirus Hepatitis A virus	Oral inoculation from contaminated hands
Urine -incontinence	Cytomegalovirus HTLV-III virus	Bloodstream and oral (?) inoculation from contaminated hands

Respiratory Secretions -saliva -nasal discharge	Mononucleosis virus Common cold virus Influenza virus COVID-19	Oral inoculation from contaminated hands
	HTLV-III virus Hepatitis B virus	Bloodstream inoculation through cuts and abrasions on hands/bites
Vomit <sup>*</sup>	Gastrointestinal viruses (for example, Norwalk agent, Rotavirus)	Oral inoculation from contaminated hands
Semen	Hepatitis B virus HTLV-III virus Gonorrhea	Sexual contact (intercourse)

*\* Possible transmission of HTLV-III infections and hepatitis B is of little concern from these sources. No evidence exists at this time to suggest that the HTLV-III virus is present in these fluids.*

#### **IV. Handling of Persons Infected with HIV**

- A. Each person reported to have reliable diagnosed Human Immunodeficiency Virus (HIV or AIDS) shall be carefully and thoroughly evaluated for placement on an individual case by case basis.
- B. With the permission of the infected individual (if an employee) or parent/legal guardian (if a student), placement evaluation shall be made by a "health assessment team" consisting of the infected individual or parent/legal guardian, the individual's physician, a physician knowledgeable about HIV infections, a local public health representative, school nurse, district administrator, and building principal.
- C. The health team will formulate a recommendation as to the most appropriate placement of the individual and assure that placement recommendations are implemented.
- D. The placement recommendations shall be based on the following:
  1. The most current medical knowledge available.
    - a. Based on current evidence, casual person to person contact as would occur among school children appears to pose no risk for HIV transmission. Therefore, as a general rule, children (or staff with HIV infection) should be allowed to attend school in their regular classroom setting and should be considered eligible for all rights, privileges and services provided by law and local school district policy.
    - b. Any theoretical transmission would most likely involve exposure of open skin lesions or mucous membranes to blood and possibly other body fluids of an infected person.
  2. The clinical condition of the infected individual and the risk of others in the school setting to the individual.

For most infected school-age children (and employees) the benefits of an unrestricted setting would

outweigh the risk of acquiring potentially harmful infections in the setting.

3. The risk of the infected individual to others in the school setting.

This shall take into account the behavior, neurological development and physical condition of the child (or employee). For some persons, a more restrictive environment is advisable. These include:

- a. Younger children and neurologically handicapped persons who lack control of their body secretions or excretions.
- b. Persons who display such behaviors as biting.
- c. Persons who are unable to cover oozing lesions.

E. If a decision is made to place a student in a more restricted school setting, the state epidemiologist shall be informed in writing by the local public health agency, including rationale for this action.

F. Placement of the infected individual will be reevaluated by the health team prior to each semester and more often if needed.

(Hygienic practices of infected children may improve as the child matures. Alternatively, behavior, physical and neurological status may deteriorate as the disease progresses.)

G. The school nurse, with permission of the infected individual (if an employee) or parent/legal guardian (if a student), shall function as:

1. The liaison with the infected individual (or parent/legal guardian), the individual's physician, the local public health agency, and the school principal.
2. The infected individual's advocate in the school (assist in problem resolution and answer questions).
3. Supervisor of health services provided by other staff.

H. The school nurse or local public health agency shall notify the infected (immuno-depressed) individual (or parent/guardian) when outbreaks of other communicable diseases (such as measles or chicken pox) are occurring in the school population. A decision whether or not to temporarily remove the infected individual shall be made by the individual (or parent/legal guardian) and the individual's physician in consultation with the school nurse and local public health agency.

I. Confidentiality:

1. Knowledge that a staff member or a pupil has an HIV infection shall be confined to the persons informed directly by the staff member, pupil or parent/legal guardian and the local public health agency. The district administrator, building principal, and school nurse will be notified with permission of the infected individual (if an employee or parent/legal guardian (if a student) in order to participate on a health assessment team.

### Teaching About AIDS (HIV) Infection

Acquired immunodeficiency syndrome (AIDS) is recognized as a major community health issue. Because of the serious nature of this disease and the importance of preventing its transmission, the River Valley School District shall develop an AIDS education program for implementation in the District.

The District's AIDS education program shall:

1. Present accurate information concerning the disease and its transmission.
2. Provide opportunities for participation by students, parents, guardians, citizens and medical experts.
3. Include a sequential curriculum tailored to the students' emotional and intellectual level of development and to their grade level as part of the district's Health Curriculum.
4. Encourage students to practice healthy behavior and develop positive self-concepts.
5. Incorporate staff in-service training about the disease and its transmission and information about the AIDS education program to be presented to students.

REVISED: August 12, 1999  
APPROVED: September 9, 1999  
REVISED: May 14, 2015  
APPROVED: June 15, 2015  
APPROVED: August 13, 2020  
REVISED: October 13, 2022  
APPROVED: November 10, 2022