

MERCER COUNTY SCHOOLS
Policy Comment(s) / Suggestion(s)

Policy: J-05
Communicable Disease Control Policy

Individual / Organization: _____

Title: _____

Address: _____

Comment(s) / Suggestion(s)

Please write your comments below in the sections that apply to the policy.

Use additional paper if necessary.

1.0 Purpose

Agree (reason)

Disagree (reason)

This policy is being changed to comply with the recommendations of the American Academy of Pediatrics, The Center for Disease Control, and the National Association of School Nurses.		
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2.0 Definitions

Agree (reason)

Disagree (reason)

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3.0 Procedures

Agree (reason)

Disagree (reason)

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General Comments

Agree (reason)

Disagree (reason)

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Return comments **NO LATER THAN May 15, 2019** to:

Dr. Kristal Filipek - Director, Human Resources

Mercer County Schools

1403 Honaker Avenue

Princeton, WV 24740

COMMUNICABLE DISEASE CONTROL POLICY

1.0 Purpose

- 1.1 ~~Good health and safety are essential to student learning. The education and monitoring of communicable diseases during the school year is necessary to keep students healthy and learning.~~ This policy establishes the standards for addressing issues and educating students and school personnel on communicable diseases. The knowledge of standard/universal precautions, transmission, prevention, and treatment of communicable diseases will enhance health education, prevention, and equality for all. **Good health and safety are essential to student learning. The education and monitoring of communicable diseases during the school year is necessary to keep students healthy and learning.**
- 1.2 The objective of this policy is to allow for procedures to be in place for detection of potential communicable diseases, inclusion and exclusion, standard/universal precautions, and enhancement of knowledge to ensure preventative measures occur for students and school personnel. This policy will assist in developing a working relationship with school personnel, parents/guardians, the students' medical home, and the local health department while decreasing the duplication of health services offered by the school and the medical home and/or the community serving the students. The goal of this policy is to protect individual students, staff members, and the school population in general.
- 1.3 The potential for unnecessary exclusion from the school setting is cause for concern; therefore, this policy shall serve to protect the educational process and the health and safety rights of students and staff.
- 1.4 Mercer County Schools will work cooperatively with the Mercer County Health Department to enforce and adhere to the W. Va. Code §§18A-5-1, 16-3-4, 16-3D-1, 16-3-5, 16-3C-1 through 16-3C-9, 18-2-5, 18-5-9, 18-5-22, and 18-5-34 for prevention, control, and containment of communicable disease in schools.

2.0 Definitions

- 2.1 **Airborne Pathogens** - ~~are defined as~~ the transmission of infectious agents through either airborne droplet nuclei (small-particle residue [five μm or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing infectious agents. These pathogens include, but are not limited to, tuberculosis (TB), rubella (measles), and varicella (chickenpox).

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- 2.2 **Airborne Precautions** - ~~are not normally utilized in the school setting. It is defined as the isolation of an airborne pathogen to reduce the risk of airborne transmission of infectious agents~~ **and are not normally utilized in the school setting.** Airborne precautions entail wearing a respiratory protection mask (N95 respirator) when entering the room of a student receiving home/hospital instruction with known or suspected disease transmitted via airborne droplet nuclei, student placement in private hospital room with negative air pressure, and placing a mask on the student for hospital transporting.
- 2.3 **American Academy of Pediatrics (AAP)** - ~~the is defined as a national organization of pediatricians, founded in 1930, committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.~~
- 2.4 **Blood Borne Pathogens** - ~~means~~ pathogenic microorganisms that are present in human blood ~~and that~~ can cause disease in humans. These pathogens include, but are not limited to, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), **hepatitis A virus**, hepatitis B virus (HBV), and hepatitis C virus (HCV).
- 2.5 **Casual Contact** - ~~means~~ day-to-day interaction between individuals and others in the home, at school, or in the work place. It does not include intimate contact, such as sexual or drug use interactions, and it implies closer contact than chance passing in the hallway or sharing a lunch table.
- 2.6 **Centers for Disease Control and Prevention** - ~~also known as (CDC), is defined as one of the thirteen major operating components of the United States Department of Health and Human Services (USDHHS), which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves. CDC remains at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.~~
- 2.7 **Communicable Disease** - ~~means~~ a disease that may be transmitted directly or indirectly from one individual to another.
- 2.8 **Direct Contact** - ~~means~~ a disease that is spread through the exposure of blood and/or body fluids to mucus membranes, open skin wounds, semen, or intravenous transfusion. HIV/AIDS is spread by direct blood transmission into the blood stream of another and by semen or vaginal fluid contact. Hepatitis A can be spread by direct or indirect contact with feces while Hepatitis B and C can be spread by direct contact with semen and blood.

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These diseases do not pose a risk in school if body fluids such as blood and feces are handled using standard/universal precautions.

- 2.109 **Droplet Contact** - means contact of the conjunctive or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than five Φ m in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning. Transmission via large-particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually three feet or less, through the air. These pathogens include, but are not limited to, bacterial infections, such as pertussis (whooping cough), streptococcal (group A) pharyngitis, pneumonia or scarlet fever, diphtheria (pharyngeal), Haemophilus influenzae type b and Neisseria meningitis disease, including meningitis, pneumonia and sepsis. Serious viral infections spread by droplet contact include, but are not limited to, adenovirus, influenza (flu), mumps, and rubella (German measles).
- 2.140 **Droplet Precautions** – droplet pathogen isolation utilized around individuals known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than five Φ m in size] that can be generated by the person during coughing, sneezing, talking, or the performance of procedures). Droplet precautions entail being in the private environment, like the student’s home, wearing a mask while within three **(3)** feet of the individual infected and utilizing standard/universal precautions. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Masks may be worn to protect the health of a student who is immunocompromised.
- 2.121 **Health or Safety Emergency Situation** - ~~is determined on a case-by-case basis, and is defined as a specific situation that presents imminent danger or threat to students or other members of the community, or requires an immediate need for information in order to avert or diffuse serious threats to the safety or health of a student or other individuals.~~ **They are determined on a case-by-case basis. For example, a**Any release of confidential medical information must be narrowly tailored considering the immediacy and magnitude of the emergency and must be made only to parties who can address the specific emergency in question. This exception is temporally limited to the period of the emergency and generally does not allow a blanket release of personally identifiable information from a student’s education records to comply with general requirements under state law. Certainly, outbreaks of diseases such as measles, rubella, mumps, and

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polio not only pose a threat of permanent disability or death for the individual, but have historically presented themselves as epidemic in nature. Thus, disclosure of personally identifiable information from students' education records to state health officials for an outbreak of a communicable disease would generally be permitted under Family Educational Rights and Privacy Act's (FERPA) health or safety emergency provisions.

- 2.132 **Immunocompromised** - ~~is defined as~~ reduced immune response due to immunosuppressive drugs, radiation, disease, or malnutrition.
- 2.143 **Legitimate Educational Reason – instances where a** ~~is defined as~~ school officials **has** ~~who have been determined to have~~ a genuine concern related to ~~the~~ **a** student's educational achievement and performance allowing access and review of pertinent educational records including medical and health information. A record of disclosure must be maintained and include the following: (1) the parties who have requested the information from the education records, and (2) the legitimate interests the parties had in requesting or obtaining the information.
- 2.154 **National Association of School Nurses (NASN) - a specialized practice of nursing which protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential. (Adopted by the NASN Board of Directors February 2017).**
- 2.15 **Occupational Safety and Health Administration (OSHA)** - ~~is defined as~~ a division of the United States Department of Labor ~~and~~ **that** provides standards and guidelines for the health and safety of America's workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health.
- 2.16 **School Nurse** – ~~is defined as~~ a registered professional nurse, licensed by the West Virginia Board of Examiners for Registered Professional Nurses (W. Va. Code §30-7-1, et seq.), who has completed a West Virginia Department of Education approved program as defined in 126CSR114 West Virginia Board of Education Policy 5100, Approval of Educational Personnel Preparation Programs and meets the requirements for certification contained in 126CSR136 West Virginia Board of Education Policy 5202, Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classification. The school nurse must be employed by the county board of education or as specified in W. Va. Code §18-5-22.

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- 2.917 **Staph** (Staphylococcus aureus) - is bacteria commonly carried on the skin or in the nose of healthy people. Staph bacteria are one of the most common causes of skin infections. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics. MRSA (Methicillin-resistant Staphylococcus aureus) is a type of staph that is resistant to some common antibiotics. MRSA has been present for a long time in hospitals and nursing homes. The health-care strain affects persons who are ill, and the strain is resistant to many antibiotics. A new community strain of MRSA commonly affects healthy persons and is not resistant to antibiotics. This community strain is now the most common cause of skin infections in many communities. Staph and MRSA are most frequently spread by direct skin-to-skin contact.
- 2.178 **Standard/Universal Precautions** - is a body substance isolation approach to infection control. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. According to the concept of standard/universal precautions, all human blood and all other human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. There are three types of transmission: contact, airborne, and droplet.
- 2.189 **West Virginia Department of Health and Human Resources (WVDHHR)** - is the leading public health agency in West Virginia working to help shape the environments within which people and communities can be safe and healthy.
- 2.1920 **West Virginia Education Information System (WVEIS)** – is a comprehensive, uniform, integrated, on-line management information system (MIS) for schools and county school systems.

3.0 Procedures

Disease Prevention Measures

- 3.1 **Good Hand Hygiene** – is the single most effective procedure to prevent the spread of communicable disease in the school setting. Hand washing should be encouraged for all students, especially before eating, after blowing the nose, coughing, or sneezing, after restroom use, and at other times as deemed appropriate.
- 3.2 **Immunization Schedule** - Students must be in compliance with the required immunization schedule as set forth by the WVDHHR State Health Officer. The WVDHHR State Health Officer, or his/her designee (~~local health officer~~) shall make the final determination in cases in which an authorized medical practitioner's written medical

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exemption is ~~challenged by school personnel as inappropriate or invalid.~~ **has been submitted.** The immunization record of all students shall be entered into the West Virginia Education Information System (WVEIS) and reviewed annually. ~~And~~ **This** information may be provided to the local Health Department and entered into the WV Statewide Immunization Information System (WVSIS).

- 3.3 **Pre-K and Kindergarten Immunizations** - All children entering pre-kindergarten (Pre-k), kindergarten, and a West Virginia public school for the first time must have age-appropriate immunizations and show proof upon enrollment as defined by W. Va. Code §16-3-4. All Pre-k students shall also meet requirements in 126CSR28 West Virginia Board of Education Policy 2525, West Virginia's Universal Access to a Quality Early Education System. ~~Included in the 1st time enrollment requirement is tuberculosis screening which must be furnished as a certification from a licensed physician.~~
- 3.4 **Tuberculin Skin Test: West Virginia continues to be a state with low incidence rates of tuberculosis hence the removal of tuberculosis skin testing for out of state student transfers and new school employees, including volunteers W. Va. Code §16-3D-3 (2015). In order to ensure tuberculosis rates remain low, W. Va. Code 16-3D-3 requires students found or suspected to have active tuberculosis shall be temporarily removed from school while their case is reviewed and evaluated by their personal physician and the local health officer. Students shall return to school when their personal physician and the local health officer, in consultation with the Commissioner, indicate that it is safe and appropriate for them to return. Also, school personnel found or suspected to have active tuberculosis shall have their employment suspended until the local health officer, in consultation with the Commissioner, approves a return to work. The Commissioner may require selective testing of students and school personnel for tuberculosis when there is a reason to believe they have been exposed to the tuberculosis organism or they have signs and symptoms indicative of the disease. School nurses shall identify and refer any students or school personnel to the local health department in instances where they have a reason to suspect that the individual has been exposed to tuberculosis or has symptoms indicative of the disease.**
- 3.4.3.5 **New Enrollee Immunization Record** - In order to ensure that updated immunization information is readily available to health officials in the event of a communicable disease outbreak that presents an imminent danger to students or other members of the community, all immunization records of students in grades PK and twelve **a new school enterer** shall be reviewed annually by the ~~principal or designee~~ **school counselor or school nurse** to ascertain that all immunizations are up to date and have been entered into WVEIS. Beginning in the 2012-2013 school year, all seventh and twelfth grade students

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must **have shown** proof of recent Tdap and **MCU4**- meningococcal vaccinations as a requirement for enrollment. Subsequently, the following phase-in immunization schedule will be implemented **by** ~~until~~ the 2016-2017 school year at which time all students in grades 7-12 will meet immunization requirements. Out-of-county transfers, whether entering at the beginning or during the school year, are required to show proof of immunization as set forth below:

School Year	Must show proof of immunization
2012-2013	7 th and 12 th grade
2013-2014	7 th , 8 th , and 12 th grade
2014-2015	7 th , 8 th , 9 th , and 12 th grade
2015-2016	7 th through 10 th and 12 th grade
2016-2017	ALL GRADES (7-12)

3.5 3.6 Communicable Disease Instruction - Instruction on the principle modes by which communicable diseases, including, but not limited to, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) are prevented, spread, and transmitted shall be taught to students as outlined in 126CSR44E West Virginia Board of Education Policy 2520.5, Health Content Standards and Objectives. An opportunity shall be afforded to the parent or guardian of a child subject to instruction in the prevention, transmission, and spread of HIV/AIDS and other sexually transmitted diseases to examine the course curriculum requirements and materials to be used in such instruction. The parent or guardian may exempt such child from participation in such instruction by giving notice to that effect in writing to the school principal as set forth in W. Va. Code §18-2-9.

3.6 3.7 Communicable Disease Prevention - An educational in-service on the prevention, transmission, and treatment of current communicable diseases including but not limited to human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) shall be provided to all school personnel every two years as specified in W. Va. Code §18-2-9 and §18-5-15d.

Disease Control Measures

3.7 3.8 Control Measures - Distinctions will be made related to diseases that are communicable in the school setting versus those known not to be spread by casual contact, e.g. AIDS, Hepatitis B, Hepatitis C, **Hepatitis A**, and other like diseases.

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~~3.8~~ **3.9 Reports of Communicable Diseases** - Each reported case of disease known not to be spread by casual contact will be validated by a designated individual such as a school nurse (W. Va. Code §18A-5-1 and §18-5-22).

~~3.9~~**3.10 Communicable Disease Exclusions** - The administrator, in consultation with the school nurse, shall exclude from the school any pupil or pupils known to have or suspected of having any infectious disease known to be spread by casual contact and is considered to be a health threat to the school population. The superintendent has the authority to exclude a staff member from school when reliable evidence or information from a qualified source confirms him/her of having a potential communicable disease that is known to be spread by any form of casual contact and is considered a health threat to the school population. Such a student or staff member shall be excluded in accordance with guidelines of American Academy of Pediatrics and WVDHHR unless his/her physician approves school attendance and the condition is no longer considered contagious. All reportable communicable diseases will be referred to the county health department, without disclosure of personally identifiable information, as set forth in West Virginia Bureau for Public Health Legislative Rule 64CSR7, Reportable Diseases, Events and Conditions. The county health department is able to provide reportable communicable disease guidance, including the procedures for releasing personally identifiable student information.

~~3.10~~**11 Screening** - Mandatory screening for communicable diseases that are known not to be spread by casual contact is not warranted as a condition for school entry or for employment or continued employment, nor is it legal based on W. Va. Code §16-3C-1. All screenings performed in the public school setting should be age appropriate and deemed effective and necessary through evidence-based and scientific researched-based practice utilizing standard procedures and with the Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. §1232h. W. Va. Code §18-5-92 allows the provision of proper medical and dental inspections for all students attending school and gives authority to take any other necessary actions to protect students from infectious diseases.

~~3.11~~**12 Infectious Diseases** - Students with an infectious disease or serious staph infections like MRSA are to be excluded from participation in physical education and interscholastic athletics until authorized by a physician to resume such activities. (Written authorization required.)

~~3.12~~**13 Precautions** - Irrespective of the disease presence, standard/universal precautions shall be used and adequate sanitation facilities will be available for handling blood or body fluids within the school setting or school buses. Blood and body fluids from any person in the school setting shall be treated with standard/universal precautions; no exception

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shall be made when handling blood and body fluids. Designated school personnel will be trained in standard/universal precautions as set forth by the Occupational Safety and Health Administration recommendations and guidelines at <http://www.osha.gov/>.

Control of Head Lice

~~3.13~~**14** Head Lice - Mercer County Schools, in cooperation with the ~~Mercer County Health Department~~, and in accordance with the American Academy of Pediatrics, **the Centers for Disease Control**, and the National Association of School Nurses, has determined that “no nit” policies are ineffective in controlling outbreaks of head lice. Therefore, students found to have nits will no longer be excluded from the classroom. Students with infections of live lice will be sent home and must be treated before returning to the classroom. **no healthy child should be excluded from school or allowed to miss school time because of head lice or nits. No disease is associated with head lice, and in-school transmission is considered rare.**

3.14**15** School Responsibilities:

- ~~3.15.a~~ Keep coats and jackets separated. Maintain student confidentiality.
- ~~3.15.b~~ Vacuum all carpeted areas daily. Keep coats and jackets separated.
- ~~3.15.c~~ ~~Prohibit dress up hats or wigs in the classroom.~~ Vacuum all carpeted areas.
- ~~3.15.d~~ Personalize towels or mats that are used for naps and store them **are to be stored** so they are not touching.
- ~~3.15.e~~ **Dress up hats or wigs are prohibited in the classroom.**
- ~~3.15.ef~~ Have a minimum of two **(2)** persons in the building trained by the school nurse to check for live lice infestation. **The nurse should be considered one of the two designees.**
- ~~3.15.f~~ Notify parent of head lice infestation. Provide parent with head lice treatment information. ~~Prohibit dress up hats or wigs in the classroom.~~
- ~~3.15.g~~ **If a student is determined as having head lice, the school nurse or principal shall contact the parent.**
- ~~3.15.h~~ **Student may remain in school for the remainder of the school day in order to minimize the loss of instructional time.**
- ~~3.15.h-~~ Following treatment, the parent/guardian must accompany the child to school office where the child shall be checked by school personnel. If the child is lice free, he/she may remain in school. If the child is not lice free, he/she must return home with the parent.

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3.15.i Students having been determined to have head lice should be treated at home and returned to school the following day.

~~3.14.g~~**3.15.j** Designated personnel will re-screen students upon their return to school.
from absence due to lice infestation.

~~3.15~~ **3.16** School Nurse Responsibilities:

3.16.a Train designated persons to screen for head lice.

3.16.b Supply each school with copies of the head lice treatment letters and head lice management information sheets. A School Nurse or designee will notify a student's parent(s), provide the parent(s) with head lice treatment information.

3.16.c Work with parents of students with ~~chronic re-infestation~~ recurrent cases of head lice to educate them regarding head lice management.

3.16.d Upon request, school designee or School Nurse can provide information for students and staff about lice and lice management.

~~3.16~~ **3.17** Parent Responsibilities:

3.17.a ~~Arrange for an infested student to be transported home.~~

3.17.~~ba~~ Appropriately treat student ~~with a pediculicide~~ by removing ~~remove~~ nits and lice and treat only other infested family members with head lice as needed. ~~and do all appropriate house cleaning to rid the house of possible head lice infestation.~~

3.17.~~eb~~ Check children periodically for signs of head lice. Notify the school if you determine that your child has head lice.

~~3.17.3.18~~**3.18** ~~If a student is identified as being infested, that student's siblings, locker partners, and close playmates should be checked. Confidentiality of infested students~~ with head lice will be maintained at all times. ~~After a child is sent home with a case of head lice and the parent/guardian is informed of the treatment policy, a maximum of one excused absence will be allowed to complete the treatment process.~~ According to the American Academy of Pediatricians and the National Association of School Nurses, it is ineffective and inefficient to check an entire school population for head lice. Therefore, such mass screenings are not appropriate.

~~3.18~~ The school nurse, in collaboration with the building principal and the Mercer County Health Department, may temporarily enforce stricter exclusion rules for situations of serious and widespread head lice infestation.

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Confidentiality

- 3.19 **Medical Information** - All persons privileged with any medical information that pertains to students or staff members shall be required to treat all proceedings, discussion, and documents as confidential information. Before any medical information is shared with anyone in the school setting, a “legitimate educational reason” or “health or safety emergency situation” must exist. All other releases of confidential medical and health information shall be released only with the consent of the parent/guardian, student if over **eighteen (18)** ~~18~~, employee or their representative as outlined in 126CSR94, West Virginia Board of Education Policy 4350, Procedures for the Collection, Maintenance and Disclosure of Student Data, Family Educational Rights and Privacy Act of 1988 and Family Educational Rights and Privacy: Final Regulations. Part II, 34 CFR Part 99.
- 3.20 **Health Records** - Information from health records is part of the educational record and should be shared with the child’s parents/guardians and passed freely among the school and medical home/health care provider to enhance student health and prevent duplication of services, only after permission is obtained from the student’s parent/guardian.

4.0 Administration

- 4.1 The Mercer County Public School District will work cooperatively with the Mercer County Health Department to enforce and adhere to the West Virginia Public Health Code for prevention, control, and containment of communicable disease in schools.

5.0 Severability

If any portion of this policy or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of this policy.

Authority: W.Va. Constitution, Article XII, §2, and W.Va. Code §§16-3-4, 16-3-4a, 16-3-5, 16-3C-1 through 16-3C-9, 16-9A-4, 16-9A-9, 17A-1-1, 18-2-5, 18-2-5a, 18-2-7b, 18-2-9, 18-2-33, 18-2C-1 et seq., 18-5-1, 18-5-13, 18-5-22, 18-5-34, 18-16-1, 18A-1-1, 18A-5-1, 18A-5-1a, 60A-1-101, 60A-7-11a, 61-2-15, 61-7-2, and 61-7-11a.

Source: Board of Education Minutes

Date(s): 4/88; 4/26/98; 10/23/07; 4/09/13, 12/03/18