

Communicable Diseases

In accordance with state law, rule and health authority communicable disease guidelines, procedures, as established below, will be followed:

School Restrictable/School Reportable Diseases

1. Restrictable diseases are communicable diseases which occur in a setting where predictable and/or serious consequences may occur to the public. School restrictable diseases are defined as a disease which can be readily transmitted in a school setting and to which students and/or employees in a school may be particularly susceptible;
2. A district employee who is diagnosed to have a school restrictable disease shall not engage in any occupation which involves contact with students as long as the disease is in a communicable stage;
3. A student who is diagnosed to have a school restrictable disease shall not attend school as long as the disease is in a communicable stage. These restrictions are removed by the written statement of the local health officer or designee or a licensed physician (with the concurrence of the local health officer) that the disease is no longer communicable to others in the school setting. For those diseases indicated by an asterisk (*) the restriction may be removed by a school nurse. For pediculosis, or head lice (indicated by a double asterisk (**)), the restriction may be removed after the parent provides a signed statement that a recognized treatment has been initiated. School restrictable diseases include, but are not limited to:

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| a. Chicken pox*; | h. Pertussis (whooping cough); |
| b. Cholera; | i. Plague; |
| c. Diphtheria; | j. Rubella (German measles); |
| d. Measles; | k. Scabies*; |
| e. Meningococcal disease; | l. Staphylococcal skin infections*; |
| f. Mumps*; | m. Streptococcal infections*; |
| g. Pediculosis** (head lice); | n. Tuberculosis; |
| | o. Pandemic flu. |

The school administrator may, when he/she has reasonable cause to believe the student has a school restrictable disease, exclude that student from attendance until a physician, public health nurse or school nurse certifies that the student is not infectious to others;

4. The local health officer or designee may allow students and employees with diseases in a communicable stage to continue to attend and to work in a school when measures have been taken to prevent the transmission of the disease;

5. More stringent rules for exclusion from school may be adopted by the local health department or by the district through Board-adopted policy;
6. A disease may not be considered to be a school restrictable disease unless it is listed in section 3. above, in accordance with OAR 333-019-0015 (2), it has been designated to be a school restrictable disease through Board policy or the local health administrator determines that it presents a significant public health risk in the school setting;
7. When a person is diagnosed as having diphtheria, measles, pertussis (whooping cough) or rubella (German measles), the local health officer may exclude from any school in his/her jurisdiction any student or employee who is susceptible to that disease.
8. The district's emergency preparedness plan shall address the district's plan with respect to a declared public health emergency at the local or state level.

Notification

1. Any staff member who has reason to suspect that a student is infected with a reportable, but not school restrictable disease shall so inform the school administrator. All employees shall comply with all reporting measures adopted by the district and with all rules set forth by Oregon Health Services and county health department.
2. Employees have a responsibility to report to the district when infected with a school restrictable communicable disease unless stated otherwise by law.
3. In the event a school administrator is informed that a staff member or student may have a reportable disease, he/she will seek confirmation and assistance from the local health department to determine the appropriate district response. Reportable diseases include, but are not limited to:
 - a. Acquired immunodeficiency syndrome (AIDS);
 - b. Amebiasis;
 - c. Anthrax;
 - d. Botulism;
 - e. Brucellosis;
 - f. Campylobacteriosis;
 - g. Chancroid;
 - h. Chlamydia trachomatis infection of the genital tract;
 - i. Cholera;
 - j. Cryptosporidiosis;
 - k. Diphtheria;
 - l. Escherichia coli 0157-caused illness;
 - m. Food-borne illness;
 - n. Giardiasis;
 - o. Gonococcal infections;
 - p. Haemophilus influenzae-caused invasive disease;
 - q. Hemolytic uremic syndrome;
 - r. Hepatitis (A; B; non-A, non-B and delta);

- s. HIV infection*;
- t. Leprosy;
- u. Leptospirosis;
- v. Listeriosis;
- w. Lyme disease;
- x. Lymphogranuloma venereum;
- y. Malaria;
- z. Measles (Rubeola);
- aa. Meningococcal disease;
- bb. Pelvic inflammatory disease, acute, nongonococcal;
- cc. Pertussis;
- dd. Plague;
- ee. Poliomyelitis;
- ff. Psittacosis;
- gg. Q fever;
- hh. Rabies (human and animal cases);
- ii. Rocky Mountain spotted fever;
- jj. Rubella (including congenital rubella syndrome);
- kk. Salmonellosis (including typhoid fever);
- ll. Shigellosis;
- mm. Syphilis;
- nn. Tetanus;
- oo. Trichinosis;
- pp. Tuberculosis;
- qq. Tularemia;
- rr. Yersiniosis.

*Does not apply to anonymous HIV testing.

4. With consultation and direction from the district's school nurse or appropriate health authorities, the school administrator or designee shall determine which other persons may be informed of the infectious nature of the individual student or employee within guidelines provided in statute.

Education

1. The school administrator or designee shall seek information from the district's school nurse or other appropriate health officials regarding the health needs/hazards of all students and the educational needs of the infected student.
2. The school administrator or designee shall, utilizing information obtained in section 1. above, determine an educational program for the infected student and implement same in an appropriate (regular or alternative) setting.
3. The school administrator or designee shall, from time-to-time, review the appropriateness of the educational program and the setting of each individual student.
4. See district Exposure Control Plan, available from district nurse, for further details.

Equipment and Training

1. The school administrator or designee shall, on a case-by-case basis, determine what equipment and/or supplies are necessary in a particular classroom or other setting in order to prevent disease transmission.
2. The school administrator or designee shall consult with the district's school nurse or other appropriate health officials as to whether it is necessary to provide special training in the methods of protection from such communicable disease.

All district personnel will be instructed annually by the school health nurse to use the proper precautions pertaining to blood and body fluid exposure.