

Communicable Diseases

In accordance with state law, rule and health authority communicable disease guidelines, procedures, as established below, shall 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;

School restrictable communicable diseases include, but are not limited to:

- a. Chicken pox*;
 - b. Cholera;
 - c. Diphtheria;
 - d. Measles;
 - e. Meningococcal disease;
 - f. Mumps*;
 - g. Pediculosis* (head lice);
 - h. Pertussis (whooping cough);
 - i. Plague;
 - j. Rubella (German measles);
 - k. Scabies*;
 - l. Staphylococcal skin infections*;
 - m. Streptococcal infections*;
 - n. Tuberculosis;
 - o. Pandemic flu.
2. A District employee who is diagnosed to have a school restrictable disease shall not engage in any occupation that 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 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 District nurse. For pediculosis, (head lice, which is indicated by a double asterisk**), the restriction may be removed after the criteria regarding treatment and readmittance are confirmed by a District nurse or appropriate designated staff. Criteria for treatment and readmittance are located in this policy.

Restrictions and removal of restrictions shall follow state law, including (but not limited to) OAR 333-019-0010 and 333-019-0014.

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 333-019-0010, 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 an employee or student 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, communicable 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 shall seek confirmation and assistance from the local health department to determine the appropriate District response. Reportable communicable 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;
- ab. Pelvic inflammatory disease, acute, nongonococcal;
- ac. Pertussis;
- ad. Plague;
- ae. Poliomyelitis;
- af. Psittacosis;
- ag. Q fever;
- ah. Rabies (human and animal cases);
- ai. Rocky Mountain spotted fever;
- aj. Rubella (including congenital rubella syndrome);
- ak. Salmonellosis (including typhoid fever);
- al. Shigellosis;
- am. Syphilis;
- an. Tetanus;
- ao. Trichinosis;
- ap. Tuberculosis;
- aq. Tularemia;
- ar. Yersiniosis.

*Does not apply to anonymous HIV testing.

4. With consultation and direction from the District's school nurse or appropriate health authorities, the superintendent 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 superintendent 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 superintendent 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 superintendent or designee shall, from time-to-time, review the appropriateness of the educational program and the setting of each individual student.

Equipment and Training

1. The superintendent 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 superintendent 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 shall be instructed annually to use the proper precautions pertaining to blood and body fluid exposure.

Pediculosis (Head Lice)

The Board recognizes that management of pediculosis depends on prompt case identification, effective treatment and education regarding prevention of the spread of pediculosis.

Definitions:

1. Head lice (Pediculosis Humanus Capitis) : A tiny parasitic insect that lives, feeds and breeds only on the human head. Head lice are clear in color when hatched and quickly develop a reddish-brown color after feeding. Head lice are about the size of a sesame seed. They do not hop, jump or fly.
2. Nits: Small, yellowish-white oval shaped eggs that are glued to the shaft of the hair. Nits hatch within 7-10 days of being laid.
3. Life cycle of head lice: Once laid, it takes 7-10 days for a nit to hatch and another 7-10 days for the female to mature and begin laying her own eggs. Head lice live for approximately 30 days on a host and a female louse may lay up to 100 nits (eggs).
4. Treatment: A three-step process that involves the use of a lice-killing agent, the removal of nits and an environmental cleanup.

5. Lice killing agent: An approved chemical or herbal treatment manufactured and approved specifically for the killing of lice and nits. Because none of these agents are 100 percent effective, it is expected that the nits will be removed manually.
6. Nit removal: Removal of all nits. Daily head check for all family members are important and should continue until everyone has been clear of lice and nits for 2-3 weeks.
7. Environmental clean up: Vacuuming and/or laundering bedding, coats, clothes, and stuff animals. Please follow the instruction provided by the District or your health care provider.

School Procedure for Pediculosis (Head Lice):

1. A student found to have live lice or untreated nits will be sent home immediately. Treatment information, District policy requirements and readmittance provisions will be provided to the parent. Parents will be advised to:
 - a. Use a lice-killing agent on all family members who have symptoms of infestation.
 - b. Follow the personal and household cleaning instruction provided by the health-care provider, school nurse, or local health authority.
 - c. Remove all nits after treatment.
2. Following treatment, the student may be readmitted to school;
3. Parents must either accompany their student to school for readmittance or provide a signed statement that treatment has been completed;
4. The student will be subject to screening by the District nurse or designated personnel to determine the treatment's effectiveness. The student will be readmitted to school or denied admittance, as appropriate. The absence of nits is required for readmittance. In the event the student is not readmitted the parent will be notified;
5. Students readmitted will be subject to follow-up screening by the District nurse or designated personnel;
6. In the event additional assistance and/or information is needed regarding the treatment of the student, other family members, close contacts and the home environment (bedding, linens, grooming etc.), parents should contact their school secretary or the District nurse;
7. Parents who identify head lice on their student at home are to complete treatment prior to the readmission of their student, as required above. Parents are also encouraged to notify the school their student's condition so that appropriate preventative measure may be implemented at school. Names will be held in confidence;
8. The maximum number of excused days for lice treatment will be two. (First day: detection and treatment; second day to work on nits and environment). If additional time is needed, parents will need to contact their school principal.