

COMMUNICABLE DISEASE

1. General Policy. A School Administrator or school nurse shall exclude from the school any pupil or pupils known to have or suspect 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 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 the guidelines of the 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 64 CSR 7, Reportable Diseases, Events and Conditions. The county health department is able to provide reportable communicable disease guidance or go to <http://www.wvdhhr.org/idep/#Disease%20%20Reporting>.

2. Exclusion from School. The parent, legal guardian or other person authorized by the parent shall be notified immediately when a student has a sign or symptom requiring exclusion from school. The symptoms of illness for possible exclusion shall include, but not be limited to, any of the following:

2.1 The illness prevents the student from participating comfortably in activities or instruction;

2.2 The illness results in a greater care need than the school personnel can provide without compromising the health and safety of the other students; or

2.3 The student has any of the following conditions:

2.3.1 Temperature: Oral temperature more than 100.4 degrees, auxiliary (armpit) temperature 100 degrees or greater; accompanied by behavior changes or other signs of symptoms of illness – until medical evaluation indicates inclusion in the school. Oral temperature shall not be taken on students younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature shall be taken only by persons with specific health training.

2.3.2 Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled cough, irritability, persistent crying, difficult breathing, wheezing or other unusual signs) until medical evaluation allows inclusion;

2.3.3 Uncontrolled diarrhea, that is, increased number of stools, increased stool water and/or decreased form that is not contained by the diaper – until diarrhea stops;

2.3.4 Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a healthcare provider determines the illness to be non-communicable and the student is not in danger of dehydration;

2.3.5 Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious;

2.3.6 Rash with fever or behavior change – until a healthcare provider determines that these symptoms do not indicate a communicable disease;

2.3.7 Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge) until 24 hours after treatment has been initiated;

2.3.8 Scabies, head lice or other infestation – until 24 hours after treatment has been initiated;

2.3.9 – Tuberculosis – until a healthcare provider or health official states in writing that the student may attend/return.

2.3.10 Impetigo – until 24 hours after treatment has been initiated;

2.3.11 Strep throat or other streptococcal infection – until 24 hours after initial antibiotic treatment and cessation of fever;

2.3.12 Chicken pox – until at least 6 days after onset of rash or until all sores have dried and crusted;

2.3.13 Pertussis – until 5 days of appropriate antibiotic treatment (currently; erythromycin) to prevent an infection have been completed and a licensed physician states in writing the student may return;

2.3.14 Mumps – until 9 days after onset of parotid gland swelling and a licensed physician states in writing the student may return;

2.3.15 Hepatitis A virus – until one week after onset of illness or as directed by the health department when passive immunoprophylaxis (currently, immune

serum globulin) has been administered to appropriate students and staff and a licensed physician states in writing the student may return;

2.3.16 Measles – until 6 days after onset of rash and a licensed physician states in writing the student may return;

2.3.17 Rubella – until 6 days after onset of rash and a licensed physician states in writing the student may return;

2.3.18 Unspecified respiratory illness if it limits the student's comfortable participation in activities or if it results in a need for greater care than can be provided without compromising the health and safety of other students; or

2.3.19 Herpetic gingivostomatitis (cold sores) – if the student is too young to have control of oral secretions.

2.4 Return to School. The student may return to school when the symptoms are no longer present or a licensed physician of the County Health Officer indicates the student poses no serious health risk to the student, other students or school personnel. A student health plan must be developed, prior to return to school, in the event continued management is required to eliminate a serious health risk to the student, other students or school personnel. Any student who is excluded pursuant to these guidelines shall be provided with home/hospital instruction in accordance with District policy.

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 and other like 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.

3. Immunization. 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 exemption is challenged by school personnel as inappropriate or invalid. The immunization record shall be reviewed and entered annually into the West Virginia Education Information System (WVEIS). All children entering pre-kindergarten (Pre-K), kindergarten and a West Virginia public school for the first time must have immunizations and show proof upon enrollment as defined by West Virginia Code §16-3-4. All Pre-K students shall also meet requirements in West Virginia Board of Education Policy 2525, West Virginia's Universal Access to a Quality Early Education System.

All adolescents entering the 7th grade who have completed the recommended childhood DTP/DTaP vaccine series and have not already received a tetanus and diphtheria (Td) booster doses at middle school entry will be required to show proof of Tdap vaccine upon entry into the 7th grade. All adolescents age 13-18 who missed the 11-12 year old Tdap/Td doses and who have completed the primary DTP/DTaP series shall be required to get a dose of Tdap vaccine prior to entry to the 12th grade.

Meningococcal Vaccination is required in accordance with ACIP guidance. A first dose is required for children ages 11 or 12 with a booster at 16-18 years of age. Proof of the age appropriate MCV vaccination shall be presented upon entry into the 7th grade and proof of the second dose shall be presented upon entry to the 12th grade for all children who received the first dose before 16 years of age. Only one dose is required if it was administered after 16 years of age of 12th grade entry.

The immunization record for each student in grades six and nine shall be entered into the West Virginia Education Information System (WVEIS) 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.

4. Hand Washing. Good hand hygiene is the single, most effective procedure to prevent the spread of communicable disease in the school setting. Allowance for hand washing shall be incorporated into the daily routine of all students, especially before eating, after blowing the nose, coughing or sneezing, after going to the bathroom and as deemed necessary by the school. Schools shall encourage as a best practice the washing of hands with soap and clean running water for twenty seconds. However, if soap and water are not available, use an alcohol-based product to clean hands.

5. Blood and Body Fluids. 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 exceptions shall be made when handling blood and body fluids. 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/>.

6. Confidentiality. All persons privileged with any medical information that pertains to students or staff members shall be required to treat all proceedings, discussions 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 18, employee or their representative as outlined in 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 CFT Part 99. Information from health records is part of the educational record and should be shared with the child's parents/guardians and pass 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.

7. 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 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 West Virginia Code §18-2-9.

8. In-service. An educational in-service on the prevention, transmission and treatment of current communicable diseases shall include, but not be limited to, human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), and shall be provided to all school personnel every two years by the county boards of education as specified in West Virginia Code §18-2-9 and §18-5-15d.

9. Screening. In order to ensure tuberculosis rates remain low, based on W. Va. Code §16-3D-3, a TB Risk Assessment Form shall be completed for students transferring from an out-of-state school or enrolling for the first time from outside the state and new school personnel starting employment in a West Virginia school, including new school volunteers and student teachers. If indicated, the student, volunteer or new employee will be referred to the Health Department to determine if a TB Tine Test is indicated.

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, deemed effective and necessary through scientific researched-based practices utilizing standard procedures and with the Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. §123h. W. Va. Code §18-5-22 allows county boards to provide 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.

10. Review Schedule. This policy shall be reviewed in accordance with the Policy Review Schedule.

Legal Authority: West Virginia Board of Education Policy 2423

ADOPTED: March 14, 2019