



Communicable Diseases

In accordance with state law, rule, and health authority communicable disease guidelines, the 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 school 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 of 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. School restrictable diseases include, but are not limited to:

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

The school administrator may, when she/he/they 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 school 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 (5), 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/their jurisdiction any student or employee who is susceptible to those diseases.
8. The school's emergency preparedness plan shall address the school's plan with respect to a declared public health emergency at the local or state level.

Pediculosis (head lice)

Pediculosis is no longer a school restrictable disease by law in Oregon. Instead, if there is a suspicion of head lice, school staff will use the following procedure:

1. The student complains of symptoms or staff request for check due to recognition of symptoms.
2. Confidential individual screening by trained school staff at a time in which the student will not miss direct instruction.
3. Using gloves and a tool to help part the hair, staff will check student, working hair section by section, and assess for live bugs, viable nits, artifacts (old nits, dandruff, etc.), and side effects of infestation (scratches, sores).
4. If there is no lice, staff will take the opportunity to educate the student on lice prevention, return the student to class, and notify the parent of screening and need for routine checks at home.
5. If lice are present, educate the student on avoiding head to head contact and sharing of personal items, notify the parent/guardian of the findings of screening, provide information to parents/guardians on how to treat/eliminate lice infestations, and return the student to class.

Notification

1. Any staff member who has reason to suspect that a student is infected with a reportable, but not school restrictable, disease shall inform the school administrator. All employees shall comply with all reporting measures adopted by the school and with all rules set forth by the Oregon Department of Human Services, Health Services, and county health department.
2. Employees have a responsibility to report to the school when infected with a school restrictable communicable disease unless otherwise stated by law.
3. In the event a school administrator is informed that a staff member or student may have a reportable disease, she/he/they will seek confirmation and assistance from the local health department to determine the appropriate school 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

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| n. Giardiasis | dd. Plague |
| o. Gonococcal infections | ee. Poliomyelitis |
| p. Haemophilus influenzae-caused invasive disease | ff. Psittacosis |
| q. Hemolytic uremic syndrome | gg. Q fever |
| r. Hepatitis (A; B; non-A; non-B, and delta) | hh. Rabies (human and animal cases) |
| s. HIV infection* | ii. Rocky Mountain spotted fever |
| t. Leprosy | jj. Rubella (including congenital rubella syndrome) |
| u. Leptospirosis | kk. Salmonellosis (including typhoid fever) |
| v. Listeriosis | ll. Shigellosis |
| w. Lyme disease | mm. Syphilis |
| x. Lymphogranuloma venereum | nn. Tetanus |
| y. Malaria | oo. Trichinosis |
| z. Measles (Rubeola) | pp. Tuberculosis |
| aa. Meningococcal disease | qq. Tularemia |
| bb. Pelvic inflammatory disease, acute, nongonococcal | rr. Yersiniosis |
| cc. Pertussis (whooping cough) | |

*Does not apply to anonymous HIV testing.

4. With consultation and direction from a 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 a 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 the 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.

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 a 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 school personnel will be instructed annually to use the proper precautions pertaining to blood and body fluid exposure.



Eagle Charter School

Code: JHCCA
Revised/Reviewed Date:

Students – HIV, HBV, and AIDS**

The school will adhere strictly in policies and procedures to the Oregon Revised Statutes and the Oregon Administrative Rules as they relate to a student infected with HIV or HBV or diagnosed with AIDS. ¹

The school recognizes a parent (student) has no obligation to inform the school of an HIV, HBV, or AIDS condition, and that the student has a right to attend school. If the school is informed of such a student, written guidelines shall be required of the parent (student). These guidelines shall include who may have the information, who will give the information, how the information will be given, and where and when the information will be given.

When informed of the infection, and with written permission from the parent (student), the school will develop procedures for formulating an evaluation team. The team shall address the nature, duration, and severity of risk as well as any modification of activities. The team shall continue to monitor the student's condition.

Notification of alternative education programs shall be made to the parent or eligible student, if an HIV, HBV, or AIDS student withdraws from school.

END OF POLICY

Legal reference(s):

¹ HIV – Human Immunodeficiency Virus; HBV – Hepatitis B Virus; AIDS – Acquired Immune Deficiency Syndrome

ORS 326.565
ORS 326.575
ORS 332.061
ORS 336.187

ORS 339.030
ORS 339.250
ORS 433.008
ORS 433.045

OAR 333-018-0000
OAR 333-018-0005
OAR 581-022-0705
OAR 581-022-1660

OREGON SCHOOL HEALTH SERVICES MANUAL: COMMUNICABLE DISEASES APPENDIX IV. GUIDELINES FOR SCHOOLS WITH CHILDREN WHO HAVE BLOODBORNE PATHOGENS, OREGON DEPARTMENT OF EDUCATION 2012.