

SECTION III

Procedures and guidelines for regulating communicable diseases as set forth by TEA, DSHS, and/or Birdville Independent School District policy are included in this section.

Communicable or Contagious Diseases Policy

Rules and regulations for the exclusion of student/staff who have communicable and/or contagious diseases shall be in conformance with state law and the requirements of the local health authorities. Reentry may be only upon the presentation to the school staff of a health certificate from a physician or an inspection and recommendation of the school nurse.

Chronic Reportable Diseases

Unless otherwise provided below, a student/staff with a chronic reportable disease (Hansen's disease, viral hepatitis type B, AIDS or HIV infection) shall be allowed to attend school in his or her usual instructional setting with approval from the treating physician. The District employee responsible for the school health program shall function as the liaison with the student's doctor and be the coordinator of services provided by other staff. [See FFA]

Confidentiality Diseases

Only those persons with a direct need to know, such as the principal, school nurse, or other person responsible for the school health program, shall be informed of the condition of the student/staff who has a chronic reportable disease.

AIDS or HIV Infection

The only District employees, other than registered nurses and physicians, who shall have access to medical records that a student/staff has or has not been tested for, or does or does not have AIDS or HIV infection, are professional personnel who meet both of the following criteria:

1. Have received HIV staff development training that complies with Education Code 11.208 [See DMA]
2. Have a legitimate need to know in order to provide for their own protection or to provide for the student's/staff member's health and welfare

The parents of a minor student or an adult student or staff member may give written authorization specifying other persons or positions to whom such information may be released. District personnel to who have such knowledge shall be provided with information concerning any precautions that may be necessary and shall be advised of confidentiality requirements. [See FL]

Risk of Transmission

The district medical advisor and the local health authority, in consultation with the person responsible for the school health program and the student's or staff member's doctor, shall determine whether a significant risk of transmitting a chronic reportable disease exists. If it is determined that a significant risk of transmission exists, the student/staff member may be temporarily removed from the classroom until one of the following events occurs:

1. An appropriate school program adjustment is made
2. An appropriate alternative or special education program is established
3. The local health authority determines that the significant risk has abated and the student/staff can return to class

Each removal of a student from school attendance under this circumstance shall be reviewed by the district medical advisor in consultation with the student's/staff member's doctor at least once a month to determine whether the condition precipitating the removal has changed.

Risk to Affected Student

A decision to remove a student/staff member from the classroom or station of work for his or her own protection when cases of communicable diseases are occurring in the school population shall be made in accordance with Texas Department of Health guidelines [see FFAD (EXHIBIT)]; however, the placement of a special education student can be changed only by an ARD committee.

Referral to Special Programs

A student removed from the classroom under this policy may be referred to the ARD committee for assessment and a determination of eligibility for special education. A student determined to be ineligible for special education services may nevertheless be as eligible for other special services as a student who has a disability under Section 504 of the Rehabilitation Act.

The ARD committee (if the student is special ed) and/or a group of professionals who are knowledgeable about the student (if the student is eligible for 504) shall make any decisions regarding restrictions on school attendance, participation in school activities, and hygiene procedures. These committees shall consult the local health authority and the student's physician and parents in making such decisions. They shall also consider the significant health risk posed to and by the student in determining an appropriate individual education plan or other services to be provided.

Criteria for Exclusion

The major criterion for exclusion from attendance is the condition's probability of spread from person-to-person. A student/staff member may have a non-excludable disease, yet require care at home or in a hospital. The school may require a note from a parent or physician for readmission regardless of the reason for the absence. [Communicable Diseases FFAD]

*A student/staff member with AIDS/HIV infection shall be excluded when the personal physician determines that a severe or chronic skin eruption or lesion that cannot be covered poses a threat to others. The child's parents/staff member and physician should be advised in the case of measles, rubella, or chicken pox outbreaks in the school that may pose a health threat to the immunosuppressed person.

Equipment and Cleaning

Blood Pressure Equipment:

Stethoscope earpieces should be cleaned after each use unless only one person is using the stethoscope. Blood pressure cuffs should be kept clean and free from obvious debris.

Procedure

1. If more than one person will be using the stethoscope, earpieces on stethoscopes should be cleaned with 70% alcohol after each use.
2. Cuffs may be washed after first removing the bladder. They can be soaked in a sink with laundry detergent and washed by hand or in a machine.

Key Points

- Ideally, the earpieces should be washed with soap and water after use to remove obvious debris. This may not be practical in most situations. An alternative procedure would be to use a cotton swab to remove visible organic material followed with alcohol.
- The bell of the stethoscope need not be cleaned routinely unless it is obviously soiled.
- How often they are washed depends on whether they are dirty, if soiled with body fluid, or how much they are used.

Otoscope/Ophthalmoscope/Thermascan:

The plastic attachments are to be disinfected as outlined after each use. Disposable earpieces are preferred.

Procedures

1. After the piece is removed from the instrument, clean off visible organic matter with a cotton swab. Wash the piece with soap and water, and dry it.
2. Place the cleaned piece(s) in 70% alcohol for ten minutes.
3. Remove from the alcohol, rinse well with water, dry, and store in a dry container.
4. If there is not time to soak the piece(s) between patients, they can be cleaned with an alcohol prep or alcohol-soaked cotton ball, wiped thoroughly, rinsed with water, and dried.

Key Points

- Certain substances such as pus and blood will neutralize the disinfectant. Soap and water assure emulsification and dispersion of these substances. Drying assures there is no dilution of the disinfectant from water left on the pieces.
- Either ethanol or isopropyl alcohol is acceptable for use as a disinfectant, but check to make sure that the plastic materials are compatible with alcohol. A 2% glutaraldehyde solution such as Cidex or Sonacide is acceptable for use if 70% alcohol is not available.
- At the end of each day, complete steps 1-3.

Thermometers:

Each thermometer must be designated oral, rectal, or axillary. They must not be interchanged. Sheaths are used for all thermometers.

Procedures

1. Use Welch Allyn thermometers with appropriate sheaths.
2. Use digital thermometers with disposable sleeves or sheaths, using a new sleeve for each patient. Clean the instrument following each usage by wiping it with alcohol.
3. Disposable thermometers.

Key Points

- Do not immerse in water or cleaning solutions. Batteries used are 3 AA. Check manufacturer's instructions.
- Do not immerse digital thermometers during cleaning procedures. Check the manufacturer's instructions.
- Place thermometer under tongue as indicated in instructions. Read in one minute. Discard.

Manikin Decontamination:

At the end of each class, the procedures listed below should be followed as soon as possible to avoid drying of contamination on manikin surfaces. **PERSONNEL CONDUCTING THE MANIKIN DISASSEMBLY AND DECONTAMINATION SHOULD WEAR PROTECTIVE GLOVES DURING THESE PROCEDURES:**

1. Disassemble manikin as directed by manufacturer.
2. As indicated, thoroughly wash all external and internal surfaces (also reusable protective face shields) with warm soapy water and brushes.
3. Rinse all surfaces with fresh water.
4. Wet all surfaces with a sodium hypochlorite solution having at least 500 PPM free available chlorine (e.g., 1/4 cup (approx. 60 ml) liquid household bleach (approx. 5% sodium hypochlorite) per gallon (approx. 4 liters of tap water) for 10 minutes. This solution must be made fresh at each class and discarded after each use.

5. Rinse with fresh water and immediately dry all external and internal surfaces; rinse with alcohol if the manikins are stored for more than one day. Alcohol will aid drying of internal surfaces and will prevent the survival and growth of bacterial or fungal pathogens.

Cleaning Little Annie

Be responsible to clean manikins after use and report needed supplies.

1. Remove face and lung assembly. Discard lung assembly.
2. Use bleach solution (1/4 cup to 1 gallon of water) and soap to clean manikin face. Air dry. Clean external surfaces of manikins as needed with soap and water.
3. Put manikin back together and leave it the way you would want to find it.
4. Be sure to leave an extra clean lung assembly in the case.

Cleaning Kris Klean

1. Remove air bag.
2. Wash face with solution of bleach (1/4 c to 1 gallon of water). Rinse with water and follow with alcohol.
3. Wash body/clothes as needed with soap and water.
4. Report all broken or missing parts. Leave the manikin the way you would want to find it.

Cleaning Tommy Child/ Billy and Cathy Infant

1. Remove and discard lung.
2. Use bulb syringe to put solution of bleach through the mouth (It will exit through lung orifice). Wash the face with same solution.
3. Follow the above with alcohol and then air dry.
4. Wash the body/clothes as needed with soap and water.
5. Remove air/water from body through foot. Leave the manikin the way you would want to find it, having reported all missing and broken parts to the Coordinator of Health Services.

Fever Policy

Birdville Independent School District policy on fever states that a child is excluded from school with 100⁰ or higher temperature. Persons must stay at home for at least 24 hours after the temperature has returned to normal. The return to a normal temperature means that it has returned to normal without the assistance of Tylenol or other fever reducer.

It is the judgment of the nurse to decide if the child is to go home with less than 100⁰ temperature when illness is imminent.

General Sanitizing Policies to Prevent and Manage Infectious Disease

The transmission of infectious diseases may be prevented by using medically accepted procedures for handwashing, diapering, and classroom cleanliness and by monitoring the actions of suspected and known carriers. Teaching and supervision of staff performing these preventive measures for the control of infectious diseases is an independent school nursing function and does not require a physician's authorization. The school nurse plays an important role in teaching and practicing these procedures.

Prevention of Infectious Disease Through Handwashing:

Handwashing is the single most important technique for preventing the spread of disease and should be done frequently. Wash hands with soap and running water:

1. Before putting on lab coat in preparation for working with the students.
2. Before drinking, eating, and smoking.
3. Before handling clean utensils or equipment.
4. Before and after handling student's food.
5. Before and after assisting or training the student in toileting and feeding.
6. Before and after going to the bathroom.
7. After contact with body secretions, such as blood (including menstrual), urine, feces, mucus, saliva, or drainage from wounds.
8. After handling soiled diapers, menstrual pads, garments, or equipment.
9. After caring for any student, especially those with nose, mouth, or ear discharges.
10. After removing disposable gloves.
- 11.** After removing smock or shirt when leaving the work area.

All staff members should practice specific hygienic principles designed to protect themselves and others from infection. Staff members should do the following:

1. Maintain optimum health through effective daily health practices, such as adequate nutrition, rest, exercise, and appropriate medical supervision.
2. Avoid rubbing or touching eyes, lips, mouth and nose.
3. Wash hands frequently.
4. Remove jewelry, such as rings, dangling bracelets, and earrings during working hours.
5. Use one's own personal care items, such as combs, fingernail files, nail clippers, lipsticks, and toothbrushes.
6. Keep fingernails clean and trimmed short.
7. Refrain from kissing students.

8. Refrain from putting hands or fingers in student's mouth.

Guidelines for Handwashing

Purpose:

1. To reduce the number of microorganisms on the hands.

Equipment:

1. Liquid soap in dispenser (preferred to bar soap)
2. Paper towels (preferred to cloth towels)
3. Hand lotion in a dispenser
4. Covered waste receptacle with disposable plastic liners

Protocol for handwashing:

<u>Essential Steps</u>	<u>Key Points and Precautions</u>
1. Remove all jewelry.	<ul style="list-style-type: none"> ▪ Jewelry should not be worn when working with students who require repeated physical contact and care. Microorganisms can become lodged in settings or stones of rings.
2. Wet hands with warm, running water.	<ul style="list-style-type: none"> ▪ Warm water, combined with soap, makes better suds than cold water. Hot water removes protective oils and will dry skin. Running water is necessary to carry away dirt and debris.
3. Apply liquid soap and lather well.	<ul style="list-style-type: none"> ▪ Liquid soap is preferred to bar soap. Bacteria may grow on bar soap or in soap dishes.
4. Wash hands, using a circular motion and friction for 15 to 30 seconds.	<ul style="list-style-type: none"> ▪ Include front and back surface of hands, between fingers and knuckles, around nails, and the entire wrist area. Avoid harsh scrubbing to prevent skin breaks.
5. Rinse hands well under warm, running water.	<ul style="list-style-type: none"> ▪ Hold hands under the water so that water drains from wrist area to fingertip.
6. Repeat steps 3 through 5.	<ul style="list-style-type: none"> ▪ All remaining bacteria and soiling should now be removed.
7. Wipe surfaces surrounding sink with clean paper towel and discard the towel.	<ul style="list-style-type: none"> ▪ Damp surfaces promote the growth of bacteria.
8. Dry hands well with paper towels and discard towels immediately.	<ul style="list-style-type: none"> ▪ Because of frequent handwashing, it is important to dry gently and thoroughly to avoid chapping. Chapped skin breaks open, thus permitting bacteria to enter one's system.
9. Apply lotion as desired.	<ul style="list-style-type: none"> ▪ Lotion helps keep skin soft and reduces chapping.

Diapering and General Classroom Cleanliness

Preventing the spread of infection requires that specific personal and environmental cleanliness techniques similar to those used in licensed health facilities must be practiced at all times. In addition to practicing handwashing and hygiene techniques, proper care must be taken during diapering and cleaning up after spills of body fluid. These practices will serve to prevent cross-contamination and/or transmission of disease.

Personnel must use gloves when diapering. The procedures should be accomplished on a flat surface that can be easily cleaned. Sanitizing procedures recommended involve the use of a hospital approved disinfectant or a solution of 1/4 cup of bleach (not lemon or fresh scent) to 1 gallon of water. This must be mixed daily and may be put in a spray bottle to facilitate usage. Diapers and gloves must be discarded in plastic bags. Staff involved must wash their hands following these and other procedures.

All toys and equipment must be cleaned daily. If they cannot be readily disinfected they should not be used. The nurse's role must not be understated in teaching and encouraging proper cleaning techniques and management of infectious disease in the classroom.

Disposal of Sharps and Blood-tinged Soft Wastes:

Sharps and blood-tinged soft wastes will be disposed of according to protocol established by the State of Texas and Birdville Independent School District. (*Note Appendix*). The district will supply plastic bags and mail-back sharps containers.

Head Lice Policy:

Children found to be infested with evidence of head lice must be excluded from school. They may be readmitted after having been shampooed with a pediculacide shampoo and the school nurse has cleared them to return to class. Because of an increased concern among professionals throughout the United States that lice are becoming resistant to medicated shampoo, children will not be allowed to return to school until all lice are removed from the hair. A second pediculacide treatment is recommended within seven days. Children will be rechecked at this time and must be lice free to remain in school. Students absent more than 48 hours will be considered truant. When the hair is free of lice, a proposed follow up treatment is a daily shampoo with tea tree oil shampoo, or weekly oil treatment followed by daily inspection by the parent.

Initially, when head lice are discovered in a classroom, the school nurse will inspect all children in that classroom and infested children's contacts. All infested children will be sent home. Follow-up infestations in that classroom will initiate a selective screening of known problem cases and children exhibiting symptoms. (See Appendix for suggested letter, guidelines to the parent).

Benefits of Being Nit Free in Schools

- Prevents self-reinfestation and transmission to others during the seven days before the second treatment.
- Decreases or eliminates the eventual need for a second treatment, thereby limiting exposure of young children (and possibly their pregnant or nursing mothers) to pesticides.
- Reduces incidence of chronic infestation and secondary infections.
- Eliminates diagnostic confusion and serves to document treatment for school nurses.
- Equalizes the efficacy of pediculicides.
- Encourages parents to inspect their children, which is the best form of prevention and control.
- Reduces absences.

Pink Eye/Conjunctivitis:

Both "pink eye" and allergic conjunctivitis present with red, itchy, watery eyes. However, when a bacterial infection is present, the eye lids often are swollen and red, the discharge is purulent and causes a crust to form during the night. A person will often complain of itching, burning and pain. When these symptoms are present, the student must be excluded from school until the condition has been under physician's treatment for 12-24 hours. The eye must not be patched.

Scabies:

Scabies is a skin disease caused by a mite that is so small that you cannot see it without using a microscope. The main signs of Scabies are itching and rash, usually on the elbows, knees, fingers and toe webs. It is passed between persons by long or frequent skin-to-skin contact. Treatment requires the entire family to apply a topical medication over the entire body one night, followed by a second treatment in seven days. Following each treatment, the medication must be washed off in the shower and all bed linens washed. It may take several weeks for the rash to disappear, but itching should subside within a few days.

Students at school with untreated scabies must be sent home and may not return until treatment has begun. If the child continues to have long term itching a second visit to the physician may be necessary.

Strep Throat:

Strep throat will often present as a severe sore throat not preceded by a nasal drainage. It is common for the individual to have a high fever, complain of a neck or stomachache and generally be very ill. When these symptoms are present, the student must be excluded from school until the condition has been under a physician's treatment for 12-24 hours and is fever free.

Tuberculosis:

Tuberculosis testing is not required for a student to enter school. However, if previous testing results have not been recorded and there is reason to suspect a student may be at risk, they should be sent to Tarrant Co. Health Dept. for retesting. The clinic is located at 1101 South Main Street, Room 2400 St. in Ft. Worth and is open 8:00 AM - 4:30 PM and every Tuesday evening until 7:30 PM. Interpreters are scarce in the evenings so families will need to provide their own.

Exposure Control Plan

The exposure control plan is a state mandated requirement for schools. In December 2000, the Board of Trustees accepted a plan for BISD employees. The plan ultimately impacts the health the attendance of employees in the following ways:

- Because teachers often teach by example, our students will be influenced to follow good health habits.
- Increased awareness and practice of effective handwashing will reduce the spread of microorganisms from the environment into the body, thereby reducing the risk of infection.

Implementation of the exposure control plan is as follows:

- Provide training during the week of convocation to all employees by utilizing a BISD podcast. Employees will be notified via the intranet newsletter prior to and during the first month of school. An assessment tool will be available for download. Employees will complete the assessment a turn those into their supervisors.
- As an alternative, directors and principals can chose a time to gather their employees to view the podcast or video followed by the assessment of knowledge. The school nurses or a principal designee will act as a facilitator at each location to answer questions and discuss individual site issues. Total training time should not exceed 30 minutes. Training will be provided yearly.
- Provide a brochure on handwashing for each employee.
- Provide Hepatitis B vaccines to employees who are most reasonably at risk. The first phase includes the following: school nurses, trainers, middle school coaches, plumbers, special education teachers, classroom assistants, and bus monitors who work with children with diapering and other toileting issues and/or most likely will be exposed to body fluids. The second phase of vaccines are recommended for custodians and housekeepers.

- Provide personal protective equipment, gloves, masks, gown, eye protection, etc., to all employees as needed. All teachers will have appropriate materials at their disposal to provide emergency control of bleeding, etc.
- Provide appropriate disposal of needles and materials contaminated with body fluids. This includes designated receptacles.
- In-service teachers regarding the cleaning of toys and other equipment that can be a source of infection for children and adults.
- Recommend that all employees adequately clean their "area", i.e. desks and cots, daily.
- Provide a hospital grade germicide and spray bottles for this purpose.
- Provide an on-line Exposure Control Plan available to all employees.