

MENOMINEE INDIAN SCHOOL DISTRICT

453.3 Rule

COMMUNICABLE DISEASE GUIDELINES

General Procedures

Many childhood diseases are communicable and do not pose a public threat. They will be managed by the parents/guardians, principal, school nurse and teachers.

Some communicable diseases are less common but more dangerous to the public. The following procedures will be used to address these situations:

1. Staff members will be responsible for reporting to their supervisor any diagnosed communicable disease within the school environment. Supervisors are responsible for consulting with the school nurse and other resource professionals for the development of a plan of action. Necessary precautions will be taken.
2. A student's name shall be kept confidential, however, will be shared with the building nurse. The nurse will notify the District Administrator or the building principal of the incident.
3. The District Administrator or his or her designee shall determine whether the communicable disease requires mandatory reporting to the Local Health Department. Notification to the LHD will be made in accordance with Wis. Admin. Code § DPH 145.07 in the case of a Category 1, 2 or 3 disease. In the event the disease is reported to the LHD, the District will cooperate with the instructions of the LHD, including the necessity for a "source survey". If the LHD is informed and commences an investigation, all decisions regarding placement of the student and decisions regarding staff and other students shall be made in consultation with both entities.

4. The principal, medical consultant, building nurse and District Administrator (or designee) will conference to review the level of risk. The family will be consulted. An interim placement decision will be made. If the decision is made to isolate the child, an alternative educational program will be sought while the remainder of this procedure is followed. If the decision is to continue the student in his/her current placement, necessary precautions will be taken.
5. Records, upon obtaining a consent form from the parent/guardian will be shared with:

Menominee Indian School District Medical Consultant
State and local Health Agencies
Menominee Tribal Clinic and CHNS (?)
6. Information from resource people above will be reviewed by the principal, building nurse, school social worker, and the District Administrator or his/her designee, to determine whether the student may be placed in a regular school program.
7. If the decision is to not place the student in a regular school program, alternative education will be arranged and a periodic review of the situation will be made by the building nurse who will then report to the principal. The student will be reinstated as soon as it is appropriate to do so.
8. Staff will be in-serviced (mandatory) on the associated risks and necessary precautions if the decision to place the student in a regular school program is made.
9. Any staff member may request in writing for a review of the decision to place the student in a regular program.
10. Appropriate efforts will be made to maintain confidentiality consistent with law and Board policy.

11. The Board of Education will be informed of the decision regarding the student's placement.
12. Health records shall be maintained and released in accordance with law and Board policy.

EDUCATION FOR STUDENTS WITH IMMUNODEFICIENCY VIRUS (HIV) OR ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

The District strives to protect the safety and health of children in its care, their families, District employees and the general public. Staff members shall cooperate with public health authorities to promote these goals.

Evidence is overwhelming that the risk of transmitting human immunodeficiency virus (HIV) is extremely low in school settings when proper guidelines are followed. The presence of a person living with HIV infection or diagnosed with acquired immunodeficiency syndrome (AIDS) poses no significant risk to others in school or school athletic settings.

A. Procedure

1. The administrator or designee shall report any new incidences of HIV or AIDS reported within the district as outlined by the Wisconsin Department of Health and Family Services.
2. All children in Menominee County/Reservation have a right to a free education as outlined in the Wisconsin Constitution.
3. As a general rule, a student with HIV or AIDS will be allowed to attend school in a regular classroom setting unless the child is determined to be disabled and require an alternative education placement. Determination of an

alternative educational placement shall be made based on District procedures for handling individualized educational plans (IEP) for students with disabilities as outlined in policy 342.1.

4. The school nurse shall assist any student diagnosed with HIV infection or AIDS and should function as:
 - a. the liaison with the student's physician;
 - b. the student's advocate in the school (i.e. assist in problem resolution, answer questions, provide inservice);
 - c. coordinator of services provided by other staff.

5. Information that a student has HIV or AIDS is a confidential medical record and shall not be disclosed unless disclosure is required under applicable state and federal law. All staff shall be trained in the proper handling of bodily fluids in the course of their interaction with children and all preventive measures applicable to bloodborne pathogens and communicable diseases. Staff shall take reasonable precautions with any student or other staff member.

B. AIDS Guidelines

1. Under the following circumstances a student with AIDS might pose a risk of transmission to others; if he/she lacks toilet training, has open sores that cannot be covered, or demonstrates behavior (e.g., biting) which could result in direct inoculation of potentially of potentially infected body fluids in the bloodstream. If any of these circumstances exist, the school nurse and the student's physician must determine

whether a risk of transmission exists. If it is determined, that a risk exists, the student shall be removed from the classroom.

2. A student with AIDS may be temporarily removed from the classroom for the reasons stated in #1 until either an appropriate school program adjustment can be made, an appropriate alternative education program can be established, or the building nurse determines that the risk has abated and the student can return to the classroom.
 - a. A student removed from the classroom for biting or lack of toilet training should be immediately referred for assessment and, thereafter, for the development of an appropriate program if warranted.
 - b. A student temporarily removed from the classroom for open sores or skin eruptions which cannot be covered should be placed on homebound instruction and readmitted only with medical documentation that no risk any longer exists.
 - c. Removal from the classroom under sections (a) and (b) should not be construed as the only responses to reduce risk of transmission. The District should be flexible in its response and attempt to use the least restrictive means to accommodate the student's needs.
 - d. In any case of temporary removal of students from the school setting, state regulations and Board policy regarding homebound instruction must apply.

3. Each removal of a student with AIDS from the normal school attendance should be reviewed by the building nurse in consultation with the student's physician at least once every month to determine whether the condition precipitating the removal has changed.
4. A student with AIDS, as with any other immunodeficient student, may need to be removed from the classroom for his/her own protection when cases of measles or chicken pox are occurring in the school population. This decision should be made by the student's physician and parent/guardian in consultation with the building nurse.
5. Routine and standard procedures should be used to clean up after a student has an accident or injury at school. Blood or other body fluids emanating from any student, including ones known to have AIDS, should be treated cautiously. Gloves should be worn when cleaning up blood spills. These spills should be disinfected with either bleach or another disinfectant; and person coming in contact with them should wash their hands afterwards. Blood-soaked items should be placed in leak-proof bags for washing or further disposition. Similar procedures are recommended for dealing with vomitus and fecal or urinary incontinence in any student. Handwashing after contact with a student is routinely recommended only if physical contact has been made with the student's blood or body fluids, including saliva.

APPROVED: January 1989

REVISED: February 1989
November 1994
July 17, 2006
February 18, 2013