

**TITLE: HEALTH CARE PROCEDURES – COMMUNICABLE DISEASES**

Role of School Nurse. With respect to pupils who have been diagnosed with either Acquired Immunodeficiency Syndrome (hereinafter “AIDS”), AIDS Related Complex (hereinafter “ARC”), Hepatitis B, or Herpes Simplex 2, the school nurse shall be responsible for the following general functions: act as a liaison between the pupil’s physician and school personnel; act as the pupil’s advocate within the school setting; act as the coordinator of services by other staff; and, to insure that all relevant school personnel are made aware of all pertinent precautionary procedures and the confidentiality requirement provided in Section 40.02 of these procedures.

Privacy. Strict rules of confidentiality, with respect to pupils who have been diagnosed with either AIDS, ARC, Hepatitis B, or Herpes Simplex 2, shall be observed by all school personnel. Knowledge of such diagnosis shall be confined to those persons with a direct need to be made aware, including the principal, school nurse, child’s teacher, and appropriate service personnel.

Existence of Special Risk Factors. If a determination is made that special risk factors relative to the transmission of either AIDS, ARC, Hepatitis B, or Herpes Simplex 2, exist, including but not limited to the following: pupil lacks toilet training; pupil has open sores that cannot be covered; or pupil demonstrates behaviors which could be result of direct inoculation of potentially infected body fluids into the bloodstream, e.g., biting, the school medical consultant and the school nurse in consultation with the pupil’s physician shall assess the level of risk of transmission and, if warranted, cause the pupil to be removed from the classroom. The parent or guardian of a pupil so removed may request the Pupil Services Committee to consider the matter and provide additional input.

However, the decision of the school medical consultant and the school nurse shall be final and not subject to further appeal.

Alternative Educational Program. Any pupil removed from the classroom pursuant to these procedures shall be provided with an alternative educational program during the period of removal. The Pupil Services Committee shall be responsible for the development and implementation of an appropriate alternative educational program.

Periodic Review of Pupils Removed From Classroom. The school medical consultant and the school nurse, in consultation with the pupil’s physician, shall, at least monthly, review the medical status of the pupil to determine whether the risk of transmission has abated to a level which would allow attendance of the pupil in either a modified or regular school program. Decisions to return a pupil to a school based program shall be guided by the principle of least restrictive alternative.

Withdrawal of Pupil from School. In the event highly infectious diseases such as measles or chicken pox occur in a school population, the parent or guardian of a pupil, upon advice from the pupil's physician and in consultation with the school nurse or the school medical consultant, may withdraw a child from school attendance during the period of risk of infection from such diseases.

Procedures for Cleaning Spills of Blood and Other Body Fluids. The procedure for cleaning spills of blood and other body fluids is included herein as Appendix A. The school nurse shall be responsible for the dissemination and review of such procedures in connection with school personnel who may be responsible for cleaning such spills.

APPENDIX A  
PROCEDURES FOR CLEANING SPILLS OF BLOOD OR OTHER BODY FLUIDS

A. Recommendation for cleaning spills of blood or other body fluids.

1. Individuals cleaning up such spills should wear disposable gloves.
2. Sharp items should be handled with extraordinary care and placed into puncture-resistant containers for disposal in accordance with local regulations for solid waste.
3. Blood and other body fluids can be flushed down the toilet or carefully poured down a drain connected to a sanitary sewer.
4. Other items for disposal that are contaminated with blood or other body fluids that cannot be flushed down the toilet should be wrapped securely in a plastic bag that is impervious and sturdy (not easily penetrated). It should be placed in a second bag before being discarded in a manner consistent with local regulations for solid waste disposal.
5. Environmental surfaces exposed to blood and body fluids should be cleaned with a detergent followed by a decontamination using an EPA approved hospital disinfectant that is mycobactericidal. In the event of a large volume of blood or other body fluid, the spill should be covered with disposable towels for containment and soaked with disinfectant prior to cleaning with a detergent. Germicides that are mycobactericidal are preferred because mycobacteria represent one of the most resistant groups of microorganisms. Therefore, germicides that are effective against mycobacteria are also effective against most other bacterial and viral pathogens. Suitable disinfectants are as follows:
  - a. Isopropyl or ethyl alcohol (70 percent) is generally sufficient. Contact should be for 5 minutes. (Only these or some dilute phenolics should be used on the skin).
  - b. Phenol-soap mixtures employing o-phenylphenol or other phenol derivatives with contact periods of 10 to 30 minutes are adequate. Various proprietary products are available, e.g., Amphyl (Lehn and Fink, Toledo, OH), Osyl (National Laboratories, Toledo, OH), and Staphene and Vesphene (Vestal Laboratories, St. Louis, MO). Phenolics may irritate the skin.
  - c. Freshly prepared solutions of sodium hypochlorite (household bleach) with concentrations ranging from 5,000 PPM, (1:10 dilution) to 500 PPM (1:100 dilution) are effective, depending on the amount of organic material (e.g., blood, mucous, etc.) present on the surface to be cleaned and disinfected. Contact should be for 10 to 30 minutes. Clorox or other household products may be used. Note: when chemical germicides are used, the surfaces should be thoroughly cleaned before exposure to the germicide, and the manufacturer's instructions for use of the germicide should be followed. Information on specific label claims of commercial germicides can be obtained by writing to the Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460.

Disposable towels or tissues should be used whenever possible, and mops should be rinsed in the disinfectant. The personnel who clean up should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

6. Following cleanup and removal of the disposable gloves, hand washing is indicated. For routine hand washing, a vigorous rubbing together of all surfaces of lathered hands for at least 10 seconds, followed by rinsing under a stream of water is recommended. Hand washing with plain soap should be sufficient, since soap will allow most transient microorganisms to be washed off.

**B. Precautions for providers of emergency medical assistance**

Although no transmission of Hepatitis B virus infection during mouth-to-mouth resuscitation has been documented, the theoretical risk of salivary transmission of HTLV-III may warrant special attention.

1. The use of disposable airway equipment or resuscitation bags should be encouraged.
2. Disposable gloves should be worn when in contact with blood or other body fluids.
3. Resuscitation equipment and other instruments known or suspected to be contaminated with blood or other body fluids should be used once and disposed of properly or cleaned thoroughly and disinfected after each use.

Review Schedule. This policy shall be reviewed in accordance with the Policy Review Schedule published by the Superintendent.

**Legal Authority: West Virginia Board of Education Policy 2423**

**Board Adoption: July 21, 2014**