

COMMUNICABLE DISEASES, DIABETES, AND SERIOUS HEALTH CONDITIONS

Administrative Regulation Code: **4230-R**

In accordance with North Carolina State Board of Education Policy #04A107, Buncombe County Schools will ensure that a registered nurse is available for the assessment, care planning, and on-going evaluation of students with special health care service needs. School nurses will provide training of appropriate staff identified by the nurse and school administrator for routine medical procedures and direct monitoring and services necessary for urgent/emergency interventions.

1. Students with special health care needs, including those who are technology dependent, shall be referred to the school nurse. Parents, teachers, and administrators are responsible for notifying the school nurse when students with special health care needs enroll in school. The school nurse shall obtain any additional information required to assess the student's health care needs while at school.
2. Assessment of the health condition shall include consultation with the student's parent/guardian, health care provider, and the student when appropriate. The school nurse will develop a Plan of Care based upon the assessment data which is reviewed at least annually and updated as needed.
3. The school nurse is responsible for teaching monitoring procedures performed by the Buncombe County School staff and for evaluating the student's response to care. The school nurse will develop a system for documentation of procedures performed by staff and the training and supervision provided by the nurse.
4. The school nurse will instruct students in self-management of their health care in accordance with the Plan of Care.
5. The school nurse shall coordinate health care services by acting as a liaison with the student's health care provider, students, parent/guardian, and school personnel.
6. School nurses shall provide regular training to school staff for the care and monitoring of students with diabetes.
7. The school nurse is responsible for maintaining confidentiality/privacy of medical records required by the Buncombe County Health Center under HIPPA guidelines as well as maintaining school health records under FERPA.

COMMUNICABLE DISEASES OR RELATED CONDITIONS

1. Most children with a communicable disease or related condition represent no

- threat for communicable disease transmission in the classroom and should be provided an education in the usual manner with exceptions covered by North Carolina law.
2. Screening for HIV antibody is inappropriate as a condition for school attendance.
 3. Children with HIV infection who are unable to control normal bodily functions (e.g., bowel and bladder control), who have behavioral abnormalities (e.g., biting others), or who have open, oozing wounds or sores which cannot be adequately covered may pose a risk for HIV transmission to others and should be removed from the classroom. A child with a communicable disease or related condition may be temporarily removed from the classroom until: an appropriate school program adjustment can be made, an appropriate Alternative Educational Program can be established, or the child's personal physician determines that the risk has abated and recommends that the child be returned to the classroom. (Alternative Educational Programs shall approximate as much as possible the instruction the student would be receiving in the regular classroom.)
 4. An Interdisciplinary Committee can best determine, on an individual basis, which children with HIV infection may safely attend school. Each case in which a child requests to attend school should be evaluated by a committee comprised of the child's teacher(s), school principal (or designee), and local health director (or designee). (Consultation will be available from the Head of the Communicable Disease Control Branch of the North Carolina Division of Health Services.) Periodic reevaluation, as determined by the committee, should be undertaken for each case, since the child's condition may either improve or worsen with time. The deliberations of this committee should be confidential.
 5. Children, whose resistance to infections is so hindered by a communicable disease or related condition that contact with other children and common illnesses seriously threaten their well-being, should be provided an alternative education program.
 6. Confidentiality must be strictly protected by the school system for all children with HIV infection. Only the principal, Superintendent, family physician, and teacher(s) will be notified of the child's condition.
 7. When possible, school officials should notify parents of children with a communicable disease or related condition when illnesses that may represent a threat to such children are occurring in the school.
 8. North Carolina General Statute 130A-136 requires school officials to report certain diseases to their local health departments. Confidentiality of such reports is protected by law (G.S. 130A-143), and officials cannot be held liable for reporting (G.S. 130A-142).
 9. Guidelines for cleaning up blood or body fluid spills (see attached Guidelines for Dealing with Handling Body Fluids in Schools) should be followed at all times.

These provisions may prevent infection from HIV, hepatitis B, herpes virus, and other infectious agents.

10. Each school should continue expanding its current health curriculum to include information about AIDS and other communicable diseases or related conditions and how students can protect themselves from acquiring infections.
11. Guidelines for conducting public information sessions will be covered by agencies or individuals approved by the Board of Education.

GUIDELINES FOR DEALING WITH HANDLING BODY FLUIDS IN SCHOOLS

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all persons, including pregnant women, potentially exposed to the blood or body fluids of any person. No distinction is made between body fluids from persons with a known disease or those from persons without symptoms or with an undiagnosed disease.

A. Risk Of Contact With Body Fluids

The body fluids of all persons should be considered to contain potentially infectious agents. The term "body fluids" includes blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge), and saliva. Contact with body fluids presents a risk of infections with a variety of germs. In general, the risk is dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

Body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Furthermore, many germs may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents, including the symptoms, or chronic carriers of certain infectious agents, including the AIDS and hepatitis viruses. In fact, transmission of a communicable disease or related condition is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals, because simple precautions are not always carried out.

B. Avoiding Contact With Body Fluids

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the offices of the custodian, nurse, or principal. Gloves are recommended when direct hand contact with body fluids is anticipated (e.g., treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). If extensive contact is made with body fluids, hands should be washed

afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

C. What To Do If Direct Skin Contact Occurs

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Clothing and other non-disposable items (e.g., towels used to wipe up body fluid) that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains (e.g., blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Clothing should be sent home for washing with appropriate directions to parents/teachers (see Laundry for Clothing Soiled with Body Fluids, Section I). Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

D. Removal Of Body Fluids

Most schools have standard procedures already in place for removing body fluids (e.g., vomitus). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Many schools stock sanitary absorbent agents specifically intended for cleaning body fluid spills (e.g., ZGOOP, Parsen Mfg. Co., Philadelphia, PA).

Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Both the broom and dustpan should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.

E. Hand Washing Procedures

Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately ten (10) seconds.

Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to dry hands thoroughly.

F. Disinfectants

The contaminated surface should first be cleaned with soap and water. This initial step should be followed by cleaning with an intermediate level disinfectant. It is recommended (Communicable Disease Control Branch of North Carolina Division of

Health Services) that disinfectants be left on the contaminated surface from two (2) to ten (10) minutes before removal.

Various classes of disinfectants are listed below. Hydrochloride solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%).
2. Phenolic germicidal detergent in a one percent (1%) aqueous solution (e.g., Lysol).
3. Sodium Hydrochloride with available chlorine (1/2 cup household bleach in one (1) gallon water, needs to be freshly prepared each time it is used.)
4. Three percent (3%) Hydrogen Peroxide Solution (should be fresh solution each time it is used).

G. Disinfection of Hard Surfaces and Care of Equipment

After removing the soil, a disinfectant is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinsing. Disposable cleaning equipment and water should be placed in a toilet or plastic bag, as appropriate. Non-disposable cleaning equipment (dustpans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed of down a drain pipe. Remove gloves and discard in appropriate receptacles.

H. Disinfection of Rugs

Apply sanitary absorbent agent, let dry, and vacuum. If necessary, mechanically remove the absorbent agent with dustpan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dustpan and broom in disinfectant. If necessary, wash brush with soap and water. Dispose of non-reusable cleaning equipment as noted in Section G.

I. Laundry Instruction For Clothing Soiled With Body Fluids

The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Presoaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is not colorfast, add 1/2 cup of non-chlorine bleach (e.g., Clorox II, Borateem) to the wash cycle.

PROCEDURES FOR STUDENTS WITH DIABETES

1. School nurses will provide annual training for teachers and staff identified as Diabetic Care Managers and direct care staff.
2. The school nurse will develop a specific Plan of Care to include a diet order from the physician when necessary.
3. Insulin will be administered to students only according to a physician's orders consistent with the Buncombe County School Board of Education Policy 545-Administering Medicines to Students. If any changes in insulin administration are requested by the parent, they will be required to come to school to administer the insulin and monitor the student's response or pick up the student until their insulin level is stable.
4. The student's Plan of Care and/or the 504 Accommodation plan will indicate the minimal blood glucose level required for notification of parent and/or emergency personnel.
5. Students with diabetes may be eligible for 504 Accommodation plans since the condition impacts a major life function. Eligibility is not dependent upon the diabetes having an impact on academic achievement. The 504 plan may contain provisions necessary for classroom/testing accommodations, provisions of diabetic care, dietary management, exercise and physical activity restrictions, fluid and bathroom access, glucose monitoring and medication administration, field trip/extracurricular safety procedures, communication between staff, parents, and health care providers, and parental/emergency personnel notification. The 504 plan will be reviewed regularly and re-evaluated/ revised as needed.

Submitted for information: April 11, 2013

Takes the place of Regulation 420R Communicable Diseases