

StudentsCommunicable Diseases

COMMUNICABLE DISEASE CONTROL

It shall be the policy of the Holdrege Schools that procedures for the control of communicable diseases in the schools shall be developed in a manner consistent with applicable state statutes and with regulations for communicable disease control as established by the State Department of Health.

REPORTING CONTAGIOUS AND COMMUNICABLE DISEASES

It shall be the responsibility of the principal to assist in meeting the provisions of the State Health Department covering communicable and contagious diseases by promptly reporting to the school nurse and superintendent the presence of such diseases. Parents are requested to inform the principal or superintendent if their child has contracted a contagious or communicable disease. The principal shall not re-enter any such student except under circumstances described below.

Students will be excluded from school for the following communicable diseases and prescribed periods of time:

1. Measles (Rubeola): A student may return to school the fifth day after the onset of the rash. The State Health Department must be notified immediately and will advise the school regarding exclusion of other students and personnel who are at risk of contracting the disease.
2. Three day measles (Rubella): A student may return to school seven days after the onset of a rash. The State Health Department must be notified immediately and will advise the school regarding exclusion of other students and personnel who are at risk of contracting the disease.
3. Mumps: A student may return nine days after the onset of parotid swelling. The State Health Department must be notified immediately and will advise the school regarding exclusion of students and personnel who are at risk of contracting the disease.
4. Chicken pox (Varicella): A student may return to school after one week if symptom free and all pox are dried.
5. Shingles (Herpes zoster): A student may return to school after all lesions are dried.
6. Streptococcal infection: A student may return to school 24 hours after start of antibiotic therapy and afebrile.
7. Ringworm, impetigo, scabies and pinkeye (conjunctivitis): A student must remain out of school at least one day and until treatment has begun. Children with mild scabies, lice, impetigo, ringworm or conjunctivitis can be sent home at the end of the school day with instructions not to return until under a physicians care or has been treated with a pediculicide shampoo, liquid or gel in the case of head lice. If an over-the-counter pediculicide is used, the product label must be presented to the school nurse as proof of use. If a prescription pediculicide is used, a note from the doctor or pharmacist is sufficient proof of use.

8. Head lice: Students should be excluded from school until after first treatment and all nits are removed.
9. Hepatitis A: A student is to be readmitted upon approval of a personal physician.
10. Elevated Body Temperature: Students with temperatures over 100 degrees (oral method) should be sent home.
11. Hepatitis B and Human Immunodeficiency Virus Infections (HIV) also referred to as (ARC) Aids Related Complex and (AIDS) Acquired Immune Deficiency Syndrome: Hepatitis B and HIV are grouped together because the spread of these diseases appears to be similar.

The present information shows that HIV is a viral infection transmitted through body fluid contact. There is no evidence of transmission through daily casual contact with an individual with HIV exposure or infection in the home or school settings.

Determination of the status of a student with Hepatitis B or HIV/ARC/AIDS shall remain on a case by case basis. If the superintendent receives information that a student attending any school in the district has become infected with Hepatitis B or HIV, the superintendent shall contact the parents of the student to determine if their child is to continue to receive educational services from within this district.

If the student is to continue to receive educational services from within the district, the superintendent shall immediately convene a planning team which shall prepare a personal education program for the student. The planning team shall include the student's parents and/or guardian, the student's personal physician, the school nurse, the school physician and the building principal.

The team shall receive a medical overview of the student's condition and listen to the concerns and desires of the parents and/or guardian of the student. The team shall then consider the physical conditions, behavior and neurological development of the student and the interaction with employees and other students before developing an educational plan and recommendations for the superintendent of schools. The plan should include recommendations for the student, the family, the principal, the teachers, other students, the custodians and recommendations concerning the district, restroom facilities, lunchroom facilities, transportation, public relations and any emergency procedures.

It is the goal of the school for all Hepatitis B and HIV/ARC/AIDS affected students to be able to attend school and participate in activities in an unrestricted setting so long as such attendance and participation would be reasonable. However, exceptions will be made for students with neurological impairment resulting in a lack of control over body fluids and displays of behavior such as biting, or students who have uncovered oozing lesions.

The privacy of the student and his/her family must be protected and the knowledge that a student has a communicable condition should be confined to persons with a direct need to know. If it becomes necessary to inform others, these persons will be provided with information concerning the necessary precautions and will be made aware of confidentiality requirements.

Legal References: §79-4,133; §79-4,134;
§71-501.01; §71-501.02; and §71-2016.7

Adopted: 1/11/1988
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