

The board strives to provide a safe and orderly environment for all students and employees. The board also strives to maintain a balance between the need to educate all eligible students, to protect students' and employees' rights, and to control communicable diseases. Under certain circumstances, students with communicable diseases may pose a threat to the health and safety of students and staff. Decisions regarding the educational status of students with communicable diseases will be made on a case-by-case basis in accordance with this policy. Nothing in this policy is intended to grant or confer any school attendance or education rights beyond those existing by law.

**A. PRECAUTIONS**

In order to prevent the spread of communicable diseases, guidelines for necessary health and safety precautions will be distributed by the administration and will be followed by all school employees. (See board policy 7260, Occupational Exposure to Bloodborne Pathogens). (*See Communicable Disease Guidelines in the Medical Procedures Handbook.*)

**B. CURRICULUM**

The school district will include health, hygiene and safety education in its curriculum. The curriculum will include age-appropriate information concerning safe health practices that will inhibit and prevent the spread of diseases. (See board policy 3540, Comprehensive Health Education Program.)

**C. REPORTING AND NOTICE REQUIREMENTS**

In accordance with G.S. 130A-136, school principals will report suspected cases of communicable diseases, including AIDS, to the county health department. Confidentiality of such reports is protected by law, and school principals are presumed by law to be immune from liability for making such reports in good faith. The principal also will report suspected cases of communicable diseases, including AIDS and HIV infection, to the superintendent.

The local health director will determine which school personnel will be informed of the identity of a student with AIDS or HIV infection or other communicable diseases required to be reported. Any employee who is informed or becomes aware of the student's condition will respect and maintain that student's right of privacy and the confidentiality of his or her records. Employees who are informed of the student's condition will be provided with appropriate information concerning necessary precautions and will be made aware of the strict confidentiality requirements. Release of this confidential information or records, except as permitted by law, constitutes a misdemeanor and may be subject to further discipline.

In order to address the needs of the student within the school environment, parents and school employees will notify the principal in the event they are aware of any student suffering from a communicable disease.

Students who are immunodeficient due to AIDS, HIV infections or other causes face

increased risk of severe complications from exposure to communicable diseases that appear in the school setting. Accordingly, students and their parents or guardians should report to the principal in the event a student suffers from any such immunodeficiency. Whenever possible, the principal of a school should notify the parents or guardians of an infected or immunodeficient student of the existence of chicken pox, influenza, meningococcus, measles or tuberculosis occurring in the school that may represent a serious threat to the student's health. Students who are removed from school as a result of such conditions will be provided an alternative educational program.

### **PREVENTION AND CONTROL OF SPECIFIC COMMUNICABLE DISEASES**

Students are excluded from school in cases of communicable diseases that pose a threat to the well being of other students and staff. The principal or designee may request a written statement from a healthcare provider that the student is no longer communicable for the following diseases:

1. **Chickenpox:** Student is excluded for at least five (5) days after the rash appears or until all blisters have formed scabs.
2. **Measles (Rubeola/Rubella):** Student is excluded until health care provider approval is given and student is no longer contagious.
3. **Scabies:** Student is excluded until one treatment with prescription medication for 24 hours is completed.
4. **Conjunctivitis (Pink Eye):** Student is excluded if:
  - a. Eye(s) is(are) severely red and somewhat swollen.
  - b. There is a yellow (purulent) discharge.
  - c. Child excessively rubs the itching eye(s).
  - d. Condition has lasted more than three (3) days.
  - e. There is an epidemic in the school or it appears that cases are being transmitted from one student to another.
  - f. Student is allowed to return to school on approval of a health care provider.
5. **Impetigo:** Student is excluded from school if he has more than three to four sores and until seen by health care provider and/or treated with a prescription antibiotic for 24 hours.
6. **Streptococcal and Staphylococcal Infection:** Student is excluded from school until treated with a prescription antibiotic for 24 hours.
7. **Pertussis (Whooping Cough)** Student is excluded until health care provider approval is given and student is no longer contagious.
8. **Other:** Other communicable diseases are included in the Medical Handbook.

### **CONTROL OF PEDICULOSIS (HEAD LICE) AMONG STUDENTS**

1. Few conditions cause so much concern and anxiety in schools and homes as head lice infestations. Lice are parasites of the human host dependent on frequent meals of human blood and not known to transmit disease. The Cherokee County School system has established a control program that includes education, screening and treatment components, as well as exclusion and re-admission criteria. (See *Medical Procedure Handbook*.)

2. Pediculosis (Head Lice): Student is excluded until one (1) pediculocide shampoo treatment is completed and school designee has screened the student for absence of lice.
3. Readmission criteria for head lice:
  - a) Proof of treatment (a box top and a receipt of purchase of lice shampoo) must be given to school personnel. Student must be rechecked by school nurse or designated staff.
    - Lice present—student will not be readmitted to class until proof of treatment. School staff will re-screen in 7 to 10 days.
    - Nits only present—return to class. Give “Nits Remain” handout to parents. School nurse or school staff will continue to monitor for the next 7 to 10 days.
  - b) Suspected Neglect-Repeated Infestations
    - First infestation detected: follow established county policy.
    - Second infestation: the school nurse must meet with parents/guardians for further education.
    - Third infestation: the school nurse or social worker will make a home visit to assess living environment and provide education to prevent further infestations.

**D. EDUCATION/SCHOOL ATTENDANCE FOR STUDENTS WITH AIDS/HIV INFECTION**

Students with AIDS and HIV infection will be permitted to attend school without special restrictions except in accordance with 15A N.C.A.C. 19A.0201 and 19A.0202, and this subsection.

When the local health director notifies the superintendent that a student with AIDS or HIV infection may pose a significant risk for transmission, the superintendent, in consultation with the local health director, will appoint an interdisciplinary committee in accordance with state health regulations and procedures established by the superintendent. The committee will consult with the local health director regarding the risk of transmission and advise the superintendent regarding the placement of the student. The committee will include appropriate school system personnel, medical personnel and the student’s parent or guardian and may include legal counsel. The superintendent will inform the board whenever a committee has been formed and will advise the board of the professional composition of the committee.

The interdisciplinary committee will review each case individually in consultation with the local health director to determine: (1) how the student’s disease is transmitted, (2) how long the student will be infectious, (3) to what degree the student’s presence in school exposes other students and staff to harm, and (4) the probability that the disease will be transmitted to others in the school community. If the local health director concludes that a significant risk of transmission exists in the student’s current placement, the committee will determine if an appropriate adjustment can be made to the student’s school program to eliminate this risk. If that is not possible, an alternative educational program which incorporates protective measures required by the local health director will be designed by appropriate school officials.

The committee and the local health director will undertake periodic reevaluation of the student's condition and status. The student's placement will continue until the health director determines that the risk has abated, whereupon the committee will determine the appropriate educational placement for the student.

If the administrative or instructional personnel on the committee determine that the student has limited strength, vitality or alertness due to a chronic or acute health problem that adversely affects the student's educational performance, they will make a referral of the student for possible identification and placement as a student with special needs.

All deliberations of the interdisciplinary committee will be kept strictly confidential.

Legal References: G.S. 115C-36, 130A-136, -142 to -144, -152 to -157; 15A N.C.A.C. 19A.0201 through .0204

Cross References: Comprehensive Health Education Program (policy 3540), Occupational Exposure to Bloodborne Pathogens (policy 7260)

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