

## COMMUNICABLE/INFECTIOUS DISEASES

The Jackson Parish School Board shall require the principal and school nurse to consult as needed with the local health department for specific measures in handling suspected cases of communicable disease. School officials shall cooperate with the local health department which has the discretion to institute appropriate measures to control or eliminate the spread of a disease in the school population. This may include the recommendation for closure of school or exclusion of susceptible person from school.

The principal has the final responsibility for exclusion from school of students with any communicable diseases. School employees have a responsibility to advise the principal when a student is suspected of having a communicable disease. The principal or designee shall annually review with staff the procedures to be used for handling a student who is suspected of having a communicable or "nuisance" disease.

Contagious diseases covered by the provisions of this policy include, but are not limited to ringworm, scabies, impetigo (Indian fire), measles, and conjunctivitis (pinkeye). One exception to these provisions is chickenpox. Parents of children with chickenpox may choose not to consult a physician, and the children may return to school seven (7) to ten (10) days after the onset of the rash and when all lesions are crusted. In mild cases with only a few lesions, crusting may be complete before this time, in which case the student may return earlier.

### AIDS

The Jackson Parish School Board recognizes the importance of protecting the health and welfare of students, teachers, and other employees of the school system from the spread of Acquired Immune Deficiency Syndrome (AIDS). AIDS has become a major public health problem. It is a communicable disease that can be transmitted to others, but not through casual contact in schools.

### Confidentiality

No specific or detailed information concerning the HIV-infected individual shall be provided to anyone without the expressed written consent of that individual.

The medical records of children with HIV infection shall be kept strictly confidential. These records shall be maintained separately from Education Cumulative Folders. The number of people who will be made aware of the student's condition shall be kept to the minimum needed to assure proper education and care of the student. Those entrusted with this medical information shall be made aware of the requirements of confidentiality. All confidential information is protected by statutes and any unauthorized disclosure of information may create legal liabilities. Therefore, persons with knowledge of the student's condition must sign a statement that they agree to the requirements of confidentiality.

### Education and Placement

Decisions regarding the type of educational and care setting for HIV infected children should be based on behavior, neurological development, and physical condition of the child and the expected type of interaction with others in that setting. Risks and benefits should be taken into consideration for both the infected child and to others in the setting. The continued attendance of the infected child in a regular education program will be permitted only when a written statement from the student's physician is provided and a committee composed of the Superintendent, school principal, classroom teacher, and school nurse approves the request. This committee shall request an updated medical statement every 6 months or as deemed necessary. Any restrictions or precautions necessary to safeguard the student's health and the health of others with whom the student comes into contact shall be set forth.

For the infected preschool-aged child and for some neurologically handicapped children who lack control of their body secretions or who display behavior, such as biting and those children who have uncoverable oozing lesions, a more restricted environment is advisable until more is known about transmission in these settings. Children infected with HTLV-III/LAV should be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

An alternative instruction program may be conducted under such circumstances to afford adequate protection to both the infected student and school employees in accordance with guidelines established by the child's physician in consultation with the parents or guardian of the student, school officials, and a representative of the local health unit. Such alternative instruction may continue to be provided until the physician indicates that the child can be safely returned to the regular education program.

### Evaluation

Those students suspected of having a disability shall be evaluated according to the guidelines established in Bulletin 1508, *Pupil Appraisal Handbook*. For those students that are determined to have a disability, all decisions regarding their education shall guaranty their legal rights. Any existing support services for people with disabilities can be appropriately and effectively utilized by students or employees disabled by HIV infection.

### LICE

The Jackson Parish School Board recognizes the health risk to students and employees from head lice. To prevent widespread infestation of school children, the Board shall observe the following guidelines in its effort to control lice:

1. Any student found to have positive evidence of head lice or nits (eggs) shall be excluded from school. The student must be isolated until removed from

school premises by the parents or guardian.

2. The student will be excluded from school and school bus until he/she has been effectively treated with a medicated lice shampoo and ALL NITS (eggs) have been removed from hair.
3. Adequate treatment and removal of all nits (eggs) can be achieved in one to three days. Continued absences because of lice infestation may be referred to the Supervisor of Child Welfare and Attendance.
4. Designated personnel at the school shall be responsible for checking students to be sure that the hair is free of all lice and nits before readmitting them to school. Students must be accompanied to school by parent, guardian, or responsible party prior to readmission.
5. The school shall follow the procedure for classroom prevention and control measures for head lice.
6. After the student has been rechecked by the school nurse or designated personnel, a signed permission slip for reentry must be obtained. The student must present this slip to his/her teacher or principal for re-entry in school.

### SCABIES/RINGWORM

Skin conditions such as scabies and ringworm are not as serious a problem as lice, but the student must be sent home to receive medical treatment.

Any child suspected of having scabies will be excluded from school and referred for treatment. The child must present a note from a physician stating that he/she has undergone treatment and is not contagious before being allowed to re-enter school.

### Ringworm

Any child suspected of having ringworm shall be excluded from school until twenty-four (24) hours of treatment is completed. A student involved in contact sports shall be excluded from participation until all lesions are healed.

### CONJUNCTIVITIS (pinkeye)

Any child suspected of having pinkeye shall be excluded from school until twenty-four (24) hours of treatment is completed.

The child must present a note from a physician stating that he/she has undergone treatment and is not contagious before being allowed to re-enter school.

TEMPERATURE (FEVER)

Any child with fever will be excluded from school. The child must be free from fever twenty-four (24) hours before being allowed to re-enter school.

School officials must guard against trying to diagnose a particular condition. It is only necessary to inform parents or guardians that a particular problem is suspected and that a physician's opinion is needed.

Approved: April 7, 2008

Ref: La. Rev. Stat. Ann. ' ' 17:81, 17:170; Board minutes, 3-6-07, 4-7-08.