

COMMUNICABLE/INFECTIOUS DISEASES

Code **JLCC** Issued **9/11**

Purpose: To establish the basic structure for dealing with students who have communicable or infectious diseases.

HIV infection

Evidence shows that the risk of transmitting human immunodeficiency virus (HIV) is extremely low in school settings when appropriate guidelines are followed. The presence of a person living with HIV infection or diagnosed with acquired immunodeficiency syndrome (AIDS) poses no significant risk to others in school, daycare or school athletic settings.

School attendance

A student with HIV infection has the same right to attend school and receive services as any other student and will be subject to the same rules and policies. HIV infection will not factor into decisions concerning class assignments, privileges or participation in any school sponsored activity.

School authorities will determine the educational placement of a student known to be infected with HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision makers must consult with the student's physician and parent/legal guardian; respect the student and family's privacy rights; and reassess the placement if there is a change in the student's need for accommodations or services.

School staff members will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group by another individual or group. This includes taunts directed against a person living with HIV infection, a person perceived as having HIV infection or a person associated with someone with HIV infection.

Student athletics

The privilege of participating in physical education classes, athletic programs, competitive sports and recess is not conditional on a person's HIV status. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rulebooks will reflect these guidelines. First aid kits that include personal protective equipment for preventing exposure to bloodborne pathogens must be on hand at every athletic event.

Physical education teachers and athletic program staff members should complete an approved first aid and injury prevention course or training that includes implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding HIV infection.

Related services

Students will have access to voluntary, confidential, and age and developmentally appropriate counseling about matters related to HIV infection. School administrators will maintain confidential linkage and referral mechanisms to facilitate voluntary student access to appropriate

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HIV counseling and testing programs and to other HIV-related services as needed. Public information about resources in the community will be kept available for voluntary student use.

Privacy

State regulations require that the superintendent, school nurse or other health professional who receives notice of a minor's human immunodeficiency virus (HIV) infection must keep the information strictly confidential. Violation of the confidentiality requirements is a violation of state law.

Students or staff members are not required to disclose HIV infection status to anyone in the education system. HIV antibody testing is not required for any purpose.

Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Violation of medical privacy is cause for disciplinary action, criminal prosecution and/or personal liability for a civil suit.

No information regarding a person's HIV status will be divulged to any individual or organization without a court order or the informed, written, signed and dated consent of the person with the HIV infection (or the parent/legal guardian of a legal minor). The written consent must specify the name of the recipient of the information and the reason for disclosure.

All health records, notes and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those individuals named in written permission from the person (or parent/legal guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational record.

Head lice (Pediculosis)

If a teacher suspects a child of having head lice, he/she will notify the school nurse or principal's designee. If the student has an active infestation, school personnel will notify the parent/legal guardian by telephone or in writing with recommendations for treatment procedures.

The school will inform parents/legal guardians, teachers, school nurses and administrators of the following.

- recommendations for treatment procedures
- documentation required for readmission to school

Readmission to school

The district prohibits a student who is sent home with head lice from returning to school until he/she meets the following conditions.

- The student shows evidence of treatment as determined by the school.
- The student passes a physical screening by the school nurse or principal's designee that shows the absence of head lice.

At no time will a student be allowed to return to school without proof of treatment and a screening.

Cf. EBBA, GBGA, IHAM, JRA

Adopted 8/13/91; Revised 10/13/98, 6/14/05, 3/9/10, 9/13/11

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Legal references:

- A. South Carolina Code, 1976, as amended:
 - 1. Section 44-29-200 - Attendance of teachers or pupils with contagious or infectious disease may be prohibited.
 - 2. Section 44-29-195 - Requirements for returning to school after having head lice; department to provide treatment vouchers.
 - 3. Section 44-29-135(f) - Confidentiality of sexually transmitted disease records.
 - 4. Section 59-10-220 - Adoption and notification of Centers for Disease Control and Prevention (CDC) recommendations on universal precautions for bloodborne disease exposure.

- B. Federal regulations:
 - 1. U. S. Occupational Safety and Health Administration, CFR 1910.134 - Respiratory protection.
 - 2. U. S. Occupational Safety and Health Administration, CFR 1910.1030 - Bloodborne pathogens.

- C. South Carolina Department of Health and Environmental Control Regulations:
 - 1. R-61-20 - Communicable diseases.
 - 2. R-61-21 - Sexually transmitted diseases.