

420/540 - STUDENTS AND EMPLOYEES WITH SEXUALLY TRANSMITTED INFECTIONS AND DISEASES AND CERTAIN OTHER COMMUNICABLE DISEASES AND INFECTIOUS CONDITIONS

I. PURPOSE

Public concern that students and staff of the school district be able to attend the schools of the district without becoming infected with serious communicable or infectious diseases, including but not limited to, Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B and Tuberculosis, requires that the school board adopt measures effectively responding to health concerns while respecting the rights of all students, employees and contractors, including those who are so infected. The purpose of this policy is to adopt such measures.

II. GENERAL STATEMENT OF POLICY

A. Students

The policy of the school board is that students with communicable diseases not be excluded from attending school in their usual daily attendance setting so long as their health permits and their attendance does not create a significant risk of the transmission of illness to students or employees of the school district. A procedure for minimizing interruptions to learning resulting from communicable diseases will be established by the school district in its IEP and Section 504 team process, if applicable, and in consultation with community health and private health care providers. Procedures for the inclusion of students with communicable diseases will include any applicable educational team planning processes, including the review of the educational implications for the student and others with whom the student comes into contact.

B. Employees

The policy of the school board is that employees with communicable diseases not be excluded from attending to their customary employment so long as they are physically, mentally and emotionally able to safely perform tasks assigned to them and so long as their employment does not create a significant risk of the transmission of illness to students, employees or others in the school district. If a reasonable accommodation will eliminate the significant risk of transmission, such accommodation will be undertaken unless it poses an undue hardship to the school district.

C. Circumstances and Conditions

1. Determinations of whether a contagious individual's school attendance or job performance creates a significant risk of the transmission of the illness

to students or employees of the school district will be made on a case by case basis. Such decisions will be based upon the nature of the risk (how it is transmitted), the duration of the risk (how long the carrier is infectious), the severity of the risk (what is the potential harm to third parties) and the probabilities the disease will be transmitted and will cause varying degrees of harm. When a student is disabled, such a determination will be made in consultation with the educational planning team.

2. The school board recognizes that some students and some employees, because of special circumstances and conditions, may pose greater risks for the transmission of infectious conditions than other persons infected with the same illness. Examples include students who display biting behavior, students or employees who are unable to control their bodily fluids, who have oozing skin lesions or who have severe disorders which result in spontaneous external bleeding. These conditions need to be taken into account and considered in assessing the risk of transmission of the disease and the resulting effect upon the educational program of the student or employment of the employee by consulting with the Commissioner of Health, the physician of the student or employee and the parent(s)/guardian(s) of the student.

D. Students with Special Circumstances and Conditions

The school administration, along with the infected individual's physician, the infected individual or parent(s)/guardian(s) and others, if appropriate, will weigh risks and benefits to the student and to others, consider the least restrictive appropriate educational placement and arrange for periodic reevaluation as deemed necessary by the state epidemiologist. The risks to the student shall be determined by the student's physician.

E. Extracurricular Student Participation

Student participation in nonacademic, extracurricular and non-educational programs of the school district are subject to a requirement of equal access and comparable services.

F. Precautions

The school district will develop routine procedures for infection control at school and for educating employees about these procedures. The procedures shall be developed through cooperation with health professionals taking into consideration any guidelines of the Minnesota Department of Education and the Minnesota Department of Health. (These precautionary procedures shall be consistent with the school district's procedures regarding blood-borne pathogens developed pursuant to the school district's employee right to know policy.)

G. Information Sharing

1. Employee and student health information shall be shared within the school district only with those whose jobs require such information and with those who have a legitimate educational interest (including health and safety) in such information and shall be shared only to the extent required to accomplish legitimate educational goals and to comply with employees' right to know requirements.
2. Employee and student health data shall be shared outside the school district only in accordance with state and federal law and with the school district's policies on employee and student records and data.

H. Reporting

If a medical condition of student or staff threatens public health, it must be reported to the Commissioner of Health.

I. Prevention

The school district shall, with the assistance of the Commissioners of Health and Education, implement a program to prevent and reduce the risk of sexually transmitted diseases in accordance with Minn. Stat. § 121A.23 which includes:

1. planning materials, guidelines and other technically accurate and updated information;
2. a comprehensive, developmentally appropriate, technically accurate and updated curriculum that includes helping students to abstain from sexual activity until marriage;
3. cooperation and coordination among school districts and Service Cooperatives;
4. a targeting of adolescents, especially those who may be at high risk of contracting sexually transmitted diseases and infections, for prevention efforts;
5. involvement of parents and other community members;
6. in-service training for district staff and school board members;
7. collaboration with state agencies and organizations having a sexually transmitted infection and disease prevention program, or sexually transmitted infection and disease risk reduction program;
8. collaboration with local community health services, agencies and organizations having a sexually transmitted infection and disease risk reduction program; and

9. participation by state and local student organizations.
10. The program must be consistent with the health and wellness curriculum.
11. The school district may accept funds for sexually transmitted infection and disease prevention programs developed and implemented under this section from public and private sources including public health funds and foundations, department professional development funds, federal block grants or other federal or state grants.

J. Human Biting

The school district will develop procedures regarding human biting incidents.
(Appendix A)

K. Vaccination and Screening

The school district will develop procedures regarding the administration of Hepatitis B vaccinations and Tuberculosis screenings in keeping with current state and federal law. The procedures shall provide that the Hepatitis B vaccination series be offered to all who have occupational exposure at no cost to the employee.

Legal References:

Minn. Stat. § 121A.23 (Health-Related Programs)
Minn. Stat. Ch. 363A (Minnesota Human Rights Act)
Minn. Stat. § 144.441-442 (Tuberculosis)
20 U.S.C. § 1400 *et seq.* (Individuals with Disabilities Education Improvement Act of 2004)
29 U.S.C. § 794 *et seq.* (Rehabilitation Act of 1973, § 504)
42 U.S.C. § 12101 *et seq.* (Americans with Disabilities Act)
29 C. R. R. 1910.1030 (Occupational Exposure to Bloodborne Pathogens)
Kohl by Kohl v. Woodhaven Learning Center, 865 F.2d 930 (8th Cir.), *cert. denied*, 493 U.S. 892, 110 S. Ct. 239 (1989)
School Board of Nassau County, Fla. v. Arline, 480 U.S. 273, 107 S. Ct. 1123 (1987)
16 EHLR 712, OCR Staff Memo, April 5, 1990

Cross References:

Policy 402 (Disability Nondiscrimination)
Policy 407 (Employee Right to Know - Exposure to Hazardous Substances)
Policy 521 (Student Disability Nondiscrimination)

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Alexandria Public Schools - No. 206
Alexandria, Minnesota

PROCEDURES FOR HUMAN BITING INCIDENT

The risk of getting Hepatitis B virus (HBV) from a bite is extremely low for either the child who did the biting or the child or staff member who was bitten. It is very difficult to spread this virus by biting. In addition, many infants are now being vaccinated against the Hepatitis B virus as are all Kindergarteners since 2000, and 7th graders since 2001. The number of children with chronic Hepatitis B infection is expected to be low. However, biting may cause an infection at the bite site. Following is a list of duties and person(s) responsible for carrying them out in the event of a biting incident in school.

Building Principal:

If an employee reports to them that they've been bitten by a student, or a student was bitten by another student, the school principal must require them to report the incident to the school health paraprofessional or the licensed school nurse if she's present. The principal should work with the classroom teacher and others involved to determine how to present a repeat occurrence. The principal will inform parents of the child doing the biting as well as the parents of the "victim" if it's a student.

School Health Paraprofessional (SHP) or Licensed School Nurse (LSN):

What to do if a biting incident occurs in school:

1. Determine if the bite broke the skin (produced an open wound or puncture wound) and/or caused bleeding.
2. Wear gloves when providing immediate first aid to the bite wound if blood is present and amount of blood warrants them.
3. Report incident to the LSN who'll evaluate for bloodborne pathogens per the exposure control plan (ECP), and document on appropriate forms.
4. If the bite broke the skin, the nurse will encourage the "victim" (or their parents) to talk with their healthcare provider as soon as possible for any further instructions. The nurse will provide them with the forms for reporting, testing, etc. Document the incident in writing on the proper incident report form and the forms for the ECP if there was an exposure.
5. The nurse will document the incident in writing on the proper forms for the ECP if there was an exposure.

Parent/Guardian of Student "Victim" or Staff Member That was Bitten:

Reasons to call your healthcare provider:

1. Human bites may cause an infection at the bite site. You may wish to contact your physician for evaluation to rule out infection. Signs of infection include the following:
 - Increased swelling, redness, warmth, or tenderness at the site.
 - Pus at the site.

- Fever of 100 degrees F or higher.
 - If any of these symptoms start or if your child begins to act sick or the wound doesn't heal, call your healthcare provider immediately.
2. Make sure both people involved are up to date for tetanus/diphtheria/pertussis and Hepatitis B vaccinations. Staff should be up to date with their immunizations as well. You may want to see if blood tests or treatment are needed. It is unlikely that the bite will be the source of infection for Hepatitis B but each situation must be looked at on a case-by-case basis.

Prevention and Control:

1. Parents/guardians and school staff should develop a behavior modification plan to prevent further incidents.

A child who continues to bite should be assessed by a team of school employees to determine an appropriate response plan to prevent recurrence.