

BOARD OF EDUCATION
POLICY 5120
PREVENTION AND CONTROL OF
COMMUNICABLE DISEASES

Effective: July 1, 2004

I. Policy Statement

The Board of Education of Howard County recognizes its responsibility to provide educational programs and services for all children residing in Howard County, and further recognizes its responsibility to provide a safe and healthy environment for both its students and employees. Because communicable diseases are one of the most common causes of student illness and absenteeism, prevention and control of communicable diseases are recognized as essential responsibilities of the Howard County Public School System (HCPSS).

II. Purpose

The purpose of this policy is to establish regulations and procedures to aid school personnel in controlling the spread of communicable diseases within the school environment.

III. Definitions

- A. Blood and Body Fluids – Amniotic fluid, human blood, blood products, breast milk, cerebrospinal fluid, menstrual blood, nasal secretions, peritoneal fluid, pleural fluid, purulent drainage, saliva, semen, synovial fluid, tears, vaginal secretions, and wound drainage.
- B. Bloodborne Pathogens – Microscopic organisms that are present in human blood or body fluids and which can cause disease in humans.
- C. Carrier – An individual or animal that harbors a specific infectious agent, frequently in the absence of discernible clinical disease, and is a potential source of infection to others.
- D. Chemical Disinfection – Application of a chemical agent to an article that renders the object incapable of transmitting disease to humans.
- E. Colonization – The presence and multiplication of microorganisms, without tissue invasion or damage, resulting in a carrier state.
- F. Contaminated – The presence of, or reasonably anticipated presence of, a potentially infectious agent on any item or surface.

- G. Exposure – Contact with an infectious person, environment, or contaminated item or surface that may be capable of disease transmission.
- Exposures are divided into three categories: Percutaneous, mucous-membrane, and non-intact skin exposure to blood or other potentially infectious materials (OPIM) containing visible blood (Class I); Percutaneous, mucous-membrane, and non-intact skin exposure to blood and OPIM that do not contain visible blood (Class II); and Exposures of intact skin to blood or OPIM containing visible blood (Class III).
- H. Immunity – State of resistance to a communicable disease by a person due to natural body defenses or acquired by active or passive immunity.
- I. Incubation Period – The period of time from exposure to an infectious agent to the appearance of the first symptom(s).
- J. Infectious Agent – An organism that is capable of producing infection or infectious disease in humans.
- K. Occupational Exposure – An exposure that may result from the performance of an employee’s duties.
- L. Outbreak – The sudden increase in the incidence of a disease or condition in a specific population.
- M. Period of Communicability – The period of time during which an individual may transmit a disease either directly or indirectly.
- N. Preventive Measures – Actions taken to prevent or reduce the transmission of disease from one source to another.
- O. Reportable Communicable Diseases – A current listing of confirmed or suspected diseases and conditions that must be reported to the local health department by health care providers in accordance with the Annotated Code of the Public General Laws of Maryland, Article 18-205, and the Code of Maryland Regulations (COMAR) 10.06.01, Communicable Diseases.
- P. Sharps – Needles, broken glass, exposed dental wires, and other objects that are capable of puncturing human skin.
- Q. Special Medical Waste – Blood in liquid form, articles and materials such as bandages, paper towels, tissues, etc. that are contaminated with blood or body fluids.

- R. Standard precautions – Guidelines recommended by the Centers for Disease Control and Prevention (CDC) to reduce the risk of transmission of blood-borne and other pathogens; they apply to blood, all body fluids, secretions, excretions, (regardless of whether they contain blood) nonintact skin, and mucous membranes. The precautions are designed to reduce the transmission of microorganisms from both recognized and unrecognized sources of infection. For disease specific precautions/control methods, refer to *Appendix D*.
- S. Transmission –Transfer or passage of a specific infectious agent either directly or indirectly from a source person, animal or inanimate object to a susceptible host. Direct transmission occurs when the infectious agent is transferred by direct contact, i.e., touching, kissing, sexual intercourse, biting or by direct projection of droplet spread, i.e., talking, sneezing, spitting, coughing or singing. Indirect transmission occurs via contaminated objects or materials, e.g., toys, soiled clothing, bedding, cooking or eating utensils, food, water, or milk.

IV. Standards

- A. General Information
 - 1. The Howard County Public School System will work collaboratively with the Howard County Health Department to control outbreaks of communicable diseases in the school setting. In the event of an outbreak, only the County Health Officer has the legal authority to exclude both students and/or employees from school buildings or the work site. The local health department is designated by COMAR to manage communicable disease issues.
 - 2. Outbreaks of reportable communicable diseases (*Refer to Appendix F*), shall be immediately reported to the Howard County Health Department, Communicable Disease Program and the Health Services Office. *The Maryland Department of Health and Mental Hygiene, Confidential Morbidity Reports* shall be on file in each health suite. If there is an outbreak of a communicable disease, the health needs of those students and/or employees who may experience adverse effects from a communicable disease must be addressed.

B. Management of Ill Students or Employees

1. Students and employees suspected of/or showing symptoms of communicable disease will be excluded from school for diagnosis in accordance with the Department of Health and Mental Hygiene (DHMD) *Communicable Disease Summary: Guide for School and Child Care (Refer to Appendix D)* and the Health Services Manual, Requirements and Procedures for School Health Services. If diagnosis of an excludable communicable disease is made, the HCPSS will consult with the Howard County Health Department to develop a plan of action.
2. Students suspected of having certain communicable diseases, i.e., reportable communicable diseases will be referred to the Health Services Manager in collaboration with the Howard County Health Department for case evaluation and management. The *Procedure for Reporting Communicable Diseases to the Health Department* will be implemented (Refer to Appendix E). The need to utilize a team approach will be made on a case by case basis by the Health Services Manager in collaboration with the Health Department.
3. Employees suspected of having reportable communicable diseases will be referred to the Health Services Manager and or the Safety, Environment and Risk Management Specialist for case evaluation and management. In some cases, a team approach will be used and the Safety, Environment and Risk Management Specialist will serve as chair of the Communicable Disease Team. The need to utilize a team approach will be made on a case by case basis by the Safety, Environment and Risk Management Specialist.
4. Information about individuals with a communicable disease must be maintained in a strictly confidential manner.

V. Compliance

- A. Every school must have available and follow their exposure control plan in accordance with the HCPSS Bloodborne Pathogens, Policy 5130, Exposure Control Plan incorporating OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030, and the *Resource Manual for Handling Body Fluids in the School Setting*.
- B. All employees will follow standard precautions when attending to injured individuals or, when cleaning blood or OPIM, and decontaminating potentially infectious materials.

- C. Procedures mandated by the Occupational Safety and Health Administration (OSHA) and Maryland Occupational Safety and Health (MOSH) will be used to clean up blood and OPIM.
- D. Student absenteeism will be monitored at each school and rates over ten percent will be reported to the Health Services Office on a daily basis. The Health Services Manager will continuously monitor absentee rates and will consult with the Howard County Health Department where there is an increase in the number of schools reporting high absentee rates.
- E. All employees, volunteers or student teachers will be offered, at no cost to the employee, volunteer or student teacher, the opportunity to have the Hepatitis B vaccination within 10 days of initial assignment to a position where exposure to blood or OPIM has been identified as reasonably anticipated.
- F. Information concerning what constitutes an exposure and the procedure employees must follow when an exposure to potentially infectious blood or body fluids has occurred is outlined in Policy 5130, Bloodborne Pathogens. The nurse will be responsible for conducting an annual refresher bloodborne pathogens training at each school.
- G. Students will be in compliance with current immunization regulations from the State Department of Health and Mental Hygiene.
- H. Contaminated waste will be handled and disposed of according to policy and procedure outlined in Policy 5130, Bloodborne Pathogens.
- I. Sharps will be placed in puncture proof containers and disposed of in a manner mandated by the Occupational Safety and Health Administration (OSHA), Maryland Occupational Safety and Health (MOSH), and the Exposure Control Plan.
- J. The Health Services Manager will be responsible for reviewing procedures for the prevention and control of communicable diseases at least annually and shall revise the procedures as needed to assure conformity with current medical practices.
- K. All schools will maintain copies of the Health Services Manual, Requirements and Procedures for School Health Services. Manuals will be available in the health suite and the principal's office.

VI. Delegation of Authority

The Superintendent is directed to develop regulations and procedures based on guidelines published by the federal government through the Occupational Safety and Health Administration, the United States Department of Health and Human Services, Centers for Disease Control, and those published by the Maryland State Department of Health and Mental Hygiene, and Maryland Occupational Safety and Health.

VII. References

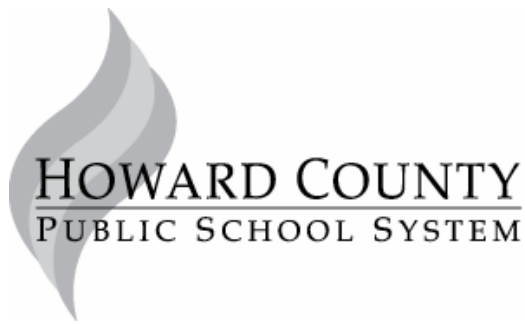
A. Legal References:

Annotated Code of Maryland, Education Article §7-401 to §7-403.1
Annotated Code of Maryland, Health – General Article 18-201, 18-202, 18-204,
and 18-205
29 CFR 1910.1030 Occupational Safety and Health Act
COMAR 10.06.06 Communicable Disease Prevention
COMAR 26.13.11 et seq. Special Medical Wastes
COMAR 10.06.01.03 Communicable Diseases

B. Other References:

Maryland State School Health Services Guidelines, Management of
Communicable Diseases, 2002
Policy 5130 Bloodborne Pathogens

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POLICY 5120-PR
IMPLEMENTATION PROCEDURES
PREVENTION AND CONTROL OF
COMMUNICABLE DISEASES

Effective: July 1, 2004

I. Routine Measures

It is important to recognize that methods used to control the spread of communicable disease in the school setting have limitations. Many diseases have periods of communicability that precede the onset of identifiable symptoms, or in some cases are without symptoms throughout the entire contagious period. Therefore, general efforts to control communicable diseases must be carried out on an ongoing basis.

Standard precautions apply to blood, all body fluids, secretions, and excretions (whether or not they contain visible blood), nonintact skin, and mucous membranes. They are designed to reduce the risk of transmission of microorganisms from both known and unknown sources of infection. (Refer to the Exposure Control Plan in each school).

In order to control the spread of communicable diseases on an ongoing basis, education is the key to prevention and prevention is the key to control.

Handwashing will be included in the Health Education Disease Prevention and Control Unit in a variety of grade levels. Health Services staff will provide information on proper handwashing techniques to students and employees.

A. Hand Washing Procedure

Handwashing is the single most effective technique for preventing the spread of disease and should be done:

1. Before putting on and after taking off protective clothing or equipment
2. Before and after eating, drinking, or smoking
3. Before and after handling clean utensils or equipment
4. Before and after handling students' medications or food
5. Before and after assisting students with feeding and toileting
6. Before and after using the bathroom
7. After contact with blood, body fluids, secretions, and excretions and other potentially infectious materials (OPIM)
8. After handling soiled diapers, menstrual pads, clothing, or equipment
9. After caring for any student, especially those with nose, mouth, or ear discharge or drainage, and before initiating contact with another student.
10. Before handling contact lenses
11. Before using cosmetics

Hands must be thoroughly washed after removing gloves. Handwashing facilities must be readily available to students and employees. Soiled paper towels and other disposable items will be kept in covered receptacles lined with plastic bags.

Hands and skin must be immediately washed if contaminated with blood or OPIM. Hands should be immediately washed when gloves are removed.

Supplies needed for handwashing include:

1. soap
2. running water
3. nail brush (optional)
4. paper towels or blow hand dryer

The proper technique for handwashing includes the following steps:

1. Remove rings, watches, bracelets, etc.
2. Turn on faucets with paper towels.
3. Wet hands.
4. Apply a generous amount of soap.
5. Develop a good lather by rubbing hands together or with a nail brush. Wash hands, getting between fingers and under nails, for at least 15 to 30 seconds.
(Note: In the event of an exposure incident, wash the affected area thoroughly for 15 minutes. Report exposure to the Office of Safety, Environment and Risk Management. SEEK MEDICAL CARE IMMEDIATELY.)
6. Rinse well under running water.
7. Repeat if indicated.
8. Dry thoroughly using paper towels.
9. Turn off faucets with paper towels.
10. Disinfect jewelry before wearing by washing with soap and water.
11. Discard soiled paper towels and other disposable items in covered waste containers lined with plastic bags. The bags will be tied and discarded daily.
(Refer to Proper Handwashing Technique in Appendix A.)

B. Protective Equipment

The purpose of the protective equipment is to keep blood and other potentially infectious material from contacting employee's skin, eyes, and mucous membranes. General work clothes, e.g., uniforms, pants, shirts and blouses are not considered to be personal protective equipment. The level of protection required is determined by the nature of the tasks being performed.

1. Gloves (powderless vinyl) must be worn when contact with blood or OPIM is anticipated. Vinyl gloves are used because of the possibility that staff or

students may have an allergy to latex. Gloves must be removed promptly after use and before touching any noncontaminated item or environmental surface. WEARING GLOVES IS NOT A SUBSTITUTE FOR HANDWASHING. Hands must be thoroughly washed after removing gloves. (*Refer to Proper Removal of Gloves in Appendix B.*) Handwashing facilities must be easily accessible for both students and employees.

2. Masks, eye protection, and face shields should be worn during procedures and personal care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Use of protective equipment assists in protecting the mucous membranes of the employee's eyes, nose and mouth. Examples of when protective equipment is necessary include individuals suctioning tracheostomies and custodial staff working on equipment that has been in contact with blood or body fluids.
3. Long-sleeve washable clothing such as smocks or shirts will protect the employee's skin and prevent the soiling of clothing during procedures and personal care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Soiled clothing should be removed promptly, safely and home laundered.
4. Protective barriers for performing mouth to mouth resuscitation must be readily available in all health suites.

C. Personal Hygiene Measures

Using good personal hygiene measures protects both the individual and others from potential exposure to infectious agents.

Procedures for students and staff:

1. Maintain optimum health with adequate nutrition, rest, exercise, stress reduction, regular medical care, etc.
2. Avoid rubbing or touching eyes.
3. Cover nose and mouth when coughing or sneezing, and dispose of used tissues appropriately.
4. Wash hands frequently.
5. Avoid wearing jewelry during working hours.
6. Avoid sharing personal items such as combs, lipstick, nail files, brushes, etc.
7. Keep fingernails clean and short.
8. Refrain from kissing others.
9. Avoid mouthing pencils, toys, and other items shared by others.

D. Environmental Control

Infectious agents can be spread through contact with environmental surfaces. In addition to routine cleaning, staff will:

1. Maintain storage areas for clean clothing, linens, utensils, equipment, and disposable items that are separate from storage areas for soiled items.
2. Maintain areas for storage and handling of food, first aid supplies, and medications that are not in close proximity to areas for soiled items.
3. Place soiled disposable items such as gloves, paper towels, diapers, disposable cover-up sheets, under-pads, etc. in covered containers lined with plastic bags. These bags are to be tied and discarded each day. Avoid using cloth laundry bags.
4. Provide an appropriate cleaning schedule for custodial staff according to *Exposure Control Plan* at each work site.
5. After each use, clean surfaces used for diapering and food handling, and items or surfaces that have been mouthed by students, such as mats, wedges, and special chairs. Use a fresh solution (prepared daily) of 1/4 cup household bleach to one gallon of water after each use. For items mouthed by students, an additional rinse with clear water will be required.
6. Surfaces used for food preparation must be kept separate from diaper changing and first aid surfaces.
7. Pay special attention to cleaning blood and body fluid spills and follow procedure for cleanup in Section F.2.c.

Personal care equipment, which has been used, must be handled (as noted above in #5) so as to prevent skin and mucous membrane exposure and contamination of equipment.

Linen that is soiled with blood, body fluids, secretions, or excretions must be handled, transported, and processed in a manner that prevents skin and mucous membrane exposure and contamination of clothing, as noted in the school's Exposure Control Plan.

E. Standard Precautions

Standard precautions will be observed in order to prevent contact with blood or OPIM such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. All blood and OPIM will be considered infectious at all times. When working with blood or OPIM, gloves and in some cases (as identified above in section B) other protective clothing or equipment will be worn.

F. Handling of Regulated Medical Waste

Potential health hazards are associated with the disposal of certain refuse and regulated medical waste and disposal is subject to State regulations. Regulated medical waste shall be disposed of in accordance with the following procedures in order to minimize the potential for disease transmission. These procedures are in compliance with regulations of the Maryland State Department of Health and Mental Hygiene, OSHA and MOSH and have been approved by the Howard County Health Department.

1. Implementation

- a. The school administrator/building manager will assure that school health providers, custodians, and others involved in the generation or handling of special medical waste will be made aware of these procedures.
- b. Administrators/building managers will assure that regulations are complied with on a daily basis.
- c. Each school will develop a site specific Exposure Control Plan and review it annually. Nurses will be the facilitators for the Exposure Control Plans.

2. Procedures

- a. Blood-soiled articles and contaminated articles
 - i. Each health suite must maintain a separate step-on waste container lined with a plastic bag and reserved for the disposal of blood-soiled and contaminated articles.
 - ii. All blood-soiled articles and contaminated articles must be disposed of into the appropriately lined covered step-on waste containers. The contents of bags containing blood-soiled and contaminated articles must never be removed from the original bag.
 - iii. At the end of each day the contents of the covered waste container holding the medical waste must be disinfected by spraying with full strength bleach. Wear gloves for this procedure. Contents should be only dampened and do not need to be saturated. Saturation should be avoided to prevent leaking of the bags.
 - iv. At the end of the day, the bags must be securely closed and tied shut so that only clean surfaces are on the outside.
 - v. Remove bag from waste container and place in a second bag. Do not touch outside of second bag.
 - vi. Remove gloves and discard within the second bag. Tie off second bag.
 - vii. The medical waste may then be disposed of with the other trash.
 - viii. Wash hands.
 - ix. Spray waste container with bleach solution.

- x. Replace bag.
- xi. Wash hands.

b. Disposable and Reusable Sharps

Sharps include: Needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and any other sharp object capable of inflicting injury. The following procedures for handling sharps will be followed:

i. Disposable Sharps

- a. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.
- b. Engineered sharps injury protection will be utilized, if available, to reduce exposure risk by creating a barrier, blunting, encapsulating, withdrawing, retracting, destroying or other effective mechanisms.
- c. Sharps must be placed in a puncture proof container and maintained in an upright position.
- d. Needles and other sharps that are found on school grounds or occasionally generated at an individual school or other site must be disposed of by placing in a sharps puncture proof container. Call Health Services for assistance in proper disposal in accordance with State and local regulations. Practice standard precautions when picking up items and placing in puncture proof containers. Notify school administration and custodian. WASH HANDS according to procedure outlined in Section I.A.
- e. Contact Biomedical Waste Services Inc. at 410-684-2224 to arrange for disposal when sharps containers are at least three-quarter full.

ii. Reusable Sharps

Contaminated reusable sharps (diabetic blood glucose testing and insulin administration devices) shall be immediately placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled or color-coded in accordance with this standard, and leak proof on the sides and bottom.

c. Cleaning Blood or Other Potentially Infectious Materials (OPIM)

All blood and OPIM must be considered infectious and must be handled in the manner described under “blood-soiled articles” above. Contact with

blood and OPIM may result in transmission of disease. These procedures must always be used to clean up blood and OPIM.

Supplies Needed:

1. Household bleach
2. Water and soap
3. Vinyl gloves
4. Paper towels
5. Container for mixing 10% bleach solution or spray bottle - (Container must be opaque and non-glass. Bleach solution must be prepared daily. Avoid inhaling or coming into direct contact with bleach solution.)
6. Plastic bags

Procedure:

1. Put on vinyl gloves (remove rings, watches, etc.)
2. Mix disinfectant solution in a clean container using 1 part household bleach to 9 parts water.
3. Wipe up blood or OPIM as much as possible with paper towels, soap, and water. Scrub the surface if possible.
4. Dispose of soiled towels in a plastic bag.
5. Cover the surface to be disinfected with clean paper towels and flood with the bleach solution. Allow it to stand for 20 minutes.
6. Dispose of soiled paper towels in the plastic bag.
7. Wipe the surface dry with clean paper towels and dispose of them in the plastic bag.
8. Remove gloves and add gloves to the bag. Scrub hands well with soap and water.
9. Spray the contents of the bag with a 10% bleach solution just until damp. Do not saturate or contents will leak from the bag.
10. Seal the bags or tie bags so that only the clean outside surface is exposed.
11. WASH HANDS.

G. Immunization Procedures

Immunizations significantly reduce occurrences of communicable disease. State law requires that all students show proof of compliance with state immunization requirements. Current immunization requirements, distributed by the Department of Health and Mental Hygiene (DHMH), will be reviewed annually.

Procedure:

1. Each year the Health Services Office will develop an immunization circular to be distributed to all school administrators which describes the current immunization requirements from the Maryland State Department of Health and Mental Hygiene.
2. School administrators should follow current immunization requirements and procedures as outlined in the manual, Requirements and Procedures for School Health Services, and in the current circular regarding immunization requirements.
3. A school administrator may not knowingly admit a student, or retain a student who does not meet the immunization requirements as defined in COMAR 10.06.04.
4. School administrators are required to comply with COMAR 10.06.04. Students who are not in compliance with current regulations will be excluded from school. They do not meet the minimum requirements for school attendance.
5. Students who have difficulty meeting immunization requirements should be immediately referred to the Howard County Health Department for assistance and free vaccination, or to the Health Services Office.
6. COMAR regulations state that principals may temporarily admit homeless students or other students who present an appointment date (not to exceed 20 calendar days) to obtain missing immunization records or receive needed immunizations. The health assistant will consult with the local health department regarding students who have difficulty obtaining needed immunizations or records. Homeless students must be temporarily admitted and arrangements made to obtain needed records or immunization. The Health Services Office may be contacted for assistance.

H. Reporting of Absentee Rates

Outbreaks of communicable diseases may have an early manifestation in high absentee rates in schools. Each school will monitor student absenteeism for rates over ten percent.

Procedures:

1. Each school should determine the absentee rate for each day.
2. Absenteeism over 10% must be reported by health assistants or nurses each day to the Health Services Office.
3. An attempt should be made to determine the cause for the absenteeism, i.e., chicken pox, strep throat, “flu” symptoms, etc.
4. The Health Services Manager will consult with the Howard County Health Department and the Coordinator of Student Services, Howard County Public School System, when there is an increase in the number of schools reporting high absentee rate and when an outbreak of communicable disease is suspected.

II. Management of Ill Students

When a student is suspected of having a communicable disease, the following steps will be taken by the appropriate personnel, in accordance with the *Communicable Disease Summary: (Refer to Guide for School and Child Care in Appendix D) (Refer to Procedure for Reporting Communicable Diseases in Appendix E)*:

- A. Isolate the student in the health suite or other appropriate setting as indicated in the manual Requirements and Procedures for School Health Services.
- B. Notify the principal or designee as appropriate.
- C. Notify the parent(s) or guardian(s).
- D. Exclude the student as appropriate and refer to a health care provider for diagnosis and treatment.
- E. Report confirmed or suspected diseases that are reportable to the Howard County Health Department, giving the student’s name, date of birth, parent(s)/guardian(s), address, phone number (work and home), and the name and phone number of the student’s physician. The Health Department will rule out or confirm the diagnoses in suspected cases.
- F. Decisions about when a student is no longer excluded from school will be made based on the following in consultation with the Howard County Health Department:
 1. A communicable disease is ruled out by the physician, or
 2. The period of communicability has passed, or
 3. The student is receiving appropriate treatment, or

4. Verification is received from the physician that the student can return to school, or
 5. A team approach has been used and the team has determined that the student may return to school.
- G. Maintain the student's right to privacy. Information concerning the student's condition is confidential and may be shared only on a "need-to-know" basis, and decisions made on a case-by-case basis. Consideration must be given to notification of individuals who may be at increased risk of experiencing adverse effects from a communicable disease.

At times there may be situations that require that a team approach be used to make recommendations to the Superintendent regarding the program and educational placement for affected students. Section IV, Team Approach, contains specific information.

III. Management of Ill Employees

When an employee is suspected of having a communicable disease, the following steps will be taken:

- A. The administrator/building manager will contact the Health Services Manager and/or the Safety, Environment, and Risk Management Specialist. If the determination is made that the employee needs to leave the work place, the administrator/building manager will provide the employee with written notification. The employee will leave the work place upon written notification. The Howard County Health Department, Communicable Disease Program will be contacted to determine if it is applicable to exclude the individual from the work site.
- B. The Health Services Manager will report suspected and confirmed diseases that are reportable to the Howard County Health Department giving the individual's name, address, phone number, and the name and phone number of the physician of the affected individual. The Superintendent or designee and the administrator/building manager shall also be notified by the Health Services Manager.
- C. Decisions about when an employee is no longer excluded from work will be made based on the following in consultation with the Howard County Health Department:
 1. A communicable disease is ruled out by the physician, or
 2. The period of communicability has passed, or
 3. The individual is receiving appropriate treatment, or

4. Verification is received from the physician that the individual can return to work, or
 5. A team approach has been used and the team has determined that the individual may return to work.
- D. The employee's right to privacy must be maintained. Information regarding the employee's condition is confidential and may be shared only on a "need-to-know" basis and decisions made on a case-by-case basis. Consideration must be given to notification of employees who may be at increased risk of experiencing adverse effects from a communicable disease.

Certain serious communicable diseases require that a team approach be used to make recommendations to the Superintendent regarding the affected individuals employment and work setting. Section IV below on team approach contains specific information regarding the team approach.

IV. Team Approach

- A. A team may be convened to make recommendations to the Superintendent regarding educational or employment setting and for individuals with specific diseases as determined by the Health Services Office in collaboration with the Howard County Health Department.
- B. When a student is identified as having a communicable disease where a team approach is needed, the principal will notify the Health Services Manager/Specialist. The Health Services Manager will act as chairman of the team and will be responsible for calling the team meetings and communicating the team's recommendations in writing to the Superintendent and appropriate others.
- C. When a team approach is needed involving an employee, the team will be chaired by the Safety, Environment, and Risk Management Specialist. The Safety, Environment, and Risk Management Specialist will act as chairman and will be responsible for calling the team meetings and communicating the team's recommendations to the Superintendent and appropriate others.
- D. The team's recommendations should be based on:
 1. Current medical knowledge of the disease
 2. The physical condition of the individual
 3. The behavior of the individual
 4. Neurological development of individual
 5. Expected type of interaction with others.

- E. The team may include:
1. Health Services Manager
 2. Howard County Health Department representative
 3. Safety, Environment, and Risk Management Specialist
 4. Student's/employee's health care provider
 5. Student's parent(s) or guardian(s), or employee
 6. School principal or individual's immediate supervisor
 7. Central office personnel as appropriate (i.e., Public Information Officer, transportation staff).
- F. The team may request input from other appropriate persons such as staff, infectious disease specialists, an employee representative, etc., in making their recommendations.

V. Management of Carrier State

Students or employees who are carriers of some communicable diseases often are not a significant health risk to others and must be offered an appropriate education in the least restrictive setting or be permitted to continue in the current employment situation. Both student and employee will be trained in control measures to minimize the transmission of the disease. The student and employee are expected to carry out these measures. Each case will be resolved individually with reasonable accommodations for a student or employee.

Employees who are known carriers of a communicable disease and not a significant health risk to others in the work setting will be permitted to continue in the current employment setting in most cases. A team may review the case and make recommendations to the Superintendent.

VI. Special Communicable Disease Issues

- A. Methicillin Resistant Staph Aureus (MRSA) and Vancomycin Resistant Enterococci (VRE) in the School Setting
Please refer to Appendix C, *Guidelines for Determining Placement of Children with Methicillin Resistant Staph Aureus (MRSA) and Vancomycin Resistant Enterococci (VRE) into Educational Programs* prepared and distributed by the DHMH. Be aware that students having invasive devices such as tracheostomy tubes, gastrostomy tubes, urinary catheters, IV lines, etc. are more at risk when exposed to MRSA and/or VRE. If a student or employee is diagnosed with MRSA or VRE, in consultation with the Howard County Health Department and the student's or employee's health care provider, a plan will be developed to monitor the ongoing status of the student or employee.

B. Tuberculosis in the School Setting

The Howard County Health Department will determine the need for tuberculosis screening and individual case management procedures for any student or employee with tuberculosis. Any concerns or questions dealing with this disease will be referred to the Howard County Health Department. The HCPSS will take its direction for management of tuberculosis in the school setting from the HCHD.

References

- A. Proper Handwashing Techniques
- B. Proper Removal of Gloves
- C. *Guidelines for Determining Placement of Children with Methicillin Resistant Staph Aureus (MRSA) and Vancomycin Resistant Enterococci (VRE) into Educational Programs, (2001)*. Maryland Department of Health and Mental Hygiene
- D. *The Communicable Disease Summary: Guide for Schools and Child Care Settings, (1998)*. Maryland Department of Health and Mental Hygiene.
- E. *Procedure for Reporting Communicable Diseases to the Health Department, September, 2003*.
- F. *Reportable Communicable Diseases (2001)*

ADOPTED: March 23, 2004

AMENDED:

EFFECTIVE: July 1, 2004