

## Health Promotion and Disease Prevention Policy (2423)

### 1.0 Purpose:

Good health and safety are essential to learning. The objective of this policy is to allow for procedures to be in place for detection of potential health barriers to learning and communicable disease, inclusion and exclusion, standard/universal precautions and enhancement of knowledge to ensure preventative measures occur for students and school personnel. This policy will assist in developing a working relationship with school personnel, parents/guardians, the student's medical and dental home and the local health department while decreasing duplication of health services offered by the school and the medical and dental home and/or the community serving the students.

### 2.0 Definition:

- 2.1 Airborne pathogens are defined as the transmission of infectious agents through either airborne droplets or dust particles containing infectious agents. These pathogens include, but are not limited to, tuberculosis, measles and chicken pox.
- 2.2 Blood-borne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HIV, AIDS, and Hepatitis B and C virus.
- 2.3 Communicable disease is defined as a disease which may be transmitted directly or indirectly from one individual to another.
- 2.4 Casual contact (or indirect contact) means day-to-day interaction between individuals and others in the home, at school or in the work place. It does not include intimate contact, such as sexual or drug use interactions. Casual contact means contact of the eye or the mucous membranes of the nose or mouth of a susceptible person with droplets containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing or talking. These pathogens include, but are not limited to, bacterial infections, such as whooping cough, streptococcal pharyngitis, pneumonia, scarlet fever or meningitis. Serious viral infections spread in this manner include, but are not limited to, adenovirus, influenza and mumps.
- 2.5 Direct contact means a disease that is spread through the exposure of blood and/or body fluids to mucus membranes, open skin wounds, semen or intravenous transfusion. HIV/AIDS is spread by direct blood transmission into the blood stream of another and by semen or vaginal fluid contact. Hepatitis A can be spread by direct or indirect contact with feces while Hepatitis B and C can be spread by direct contact with semen and blood. These diseases do not pose a risk in the school setting if body fluids such as blood and feces are handled using standard/universal precautions.
- 2.6 HealthCheck is the name for West Virginia's child preventive health component of Medicaid for children under 21 years of age. HealthCheck meets the requirements for vision, hearing, developmental, speech & language and oral health, or other comprehensive health screening comparable to the HealthCheck protocol.
- 2.7 Health or Safety Emergency Situation is determined on a case-by-case basis, and is defined as a specific situation that presents imminent danger or threat to students or other members of the community, or requires an immediate need for information in order to avert or diffuse

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serious threats to the safety of health of a student or other individuals. Any release of confidential medical information must be narrowly tailored considering the immediacy and magnitude of the emergency and must be made only to parties who can address the specific emergency in question. This exception is temporally limited to the period of the emergency. Thus, disclosure of personally identifiable information from students' education records to state health officials for an outbreak of a communicable disease is permitted under health or safety provisions of the Family Educational Rights and Privacy Act of 1988.

- 2.8 Oral Health Examination means an evaluation performed on a student to determine the oral health of the student for diagnosis and treatment planning. This may include diagnostic services and must be completed by a dentist.
- 2.9 School Nurse is defined as a registered professional nurse, licensed by the West Virginia Board of Examiners for Registered Professional Nurses, who has completed the WVDE approved program as defined in 126CSR114 West Virginia Board of Education Policy 5100 and meets the requirements for certification contained in 126CSR136 WVDE Policy 5202. The School Nurse must be employed by the county board of education or as specified in WV Code 18-5-22.
- 2.10 Standard/Universal Precautions is a body substance isolation approach to infection control. These precautions apply to blood, all body fluids, secretions, and excretions, except for sweat, regardless of whether or not they contain visible blood; non-intact skin; and mucus membranes. According to the concept of Standard/Universal Precautions, all human blood and all other human body fluids are treated as if known to be infectious for HIV/AIDS, hepatitis and other blood borne pathogens.
- 2.11 West Virginia Statewide Immunization Information System (WVSIIS) is a state-wide electronic data system for reporting and tracking administration of vaccines for use by health care practitioners.

### 3.0 Health Promotions Through School Screenings/Examinations

3.1 Schools support and assist students in being healthy learners through promoting annual well-child examinations, biannual dental examinations, up-to-date immunizations, emergency information, preventive health care and enrollment for children and families into health care insurance. The school nurse is qualified to lead the coordination and monitoring of health promotion.

3.2 HealthCheck: New enterers in Pre-K and Kindergarten and all students progressing to grades 2, 7 and 12 should have on file within 45 days of enrollment/entry or prior to the first day of school attendance a record of a Health Check screening, or other comprehensive health screening comparable to the Health Check protocol. The following transition plan will require each new enterer in Pre-K and Kindergarten and all students entering grades 2, 7 and 12 to show proof of a Health Check screening: beginning the school year (SY) 2015/16 all new enterers in Pre-K and Kindergarten; beginning SY 2016/17 all students entering grade 2; beginning SY 2017/18 all students entering grade 7; and beginning SY 2018/19 all students entering grade 12. All screening forms shall be signed and dated by the child's licensed health care provider and completed within the prior 12 calendar months. If the student does not have proof of a Health Check the classroom

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teacher shall be informed to ensure any potential learning deficits (vision, hearing, speech and language, developmental) will be referred to the appropriate school personnel for screening as individually indicated.

3.3 Oral Health: New enterers in Pre-K and Kindergarten and all students progressing to grades 2,7 and 12 should have on file within 45 days of enrollment/entry or prior to the first day of school attendance a record of an oral health examination. The following transition plan will request each new enterer in Pre-K and Kindergarten and all students entering grades 2,7 and 12 to show proof of an examination: beginning the school year (SY) 2015/16 all new enterers in Pre-K and Kindergarten; beginning SY 2016/17 all students entering grade 2; beginning SY 2017/18 all students entering grade 7; and beginning SY 2018/19 all students entering grade 12. All examination forms shall be signed and dated by the student's dentist and completed within the prior 12 calendar months. If the student does not have proof of an oral health examination during the grade of requirement, the student may be enrolled into the WVDHHR-Oral Health Program's Oral Disease Prevention Project.

3.4 Tuberculin Skin Test: WV Code 16-3D-3 requires students found or suspected to have active tuberculosis shall be temporarily removed from school while their case is reviewed and evaluated by their personal physician and the local health officer. Students shall return to school when their personal physician and the local health officer, in consultation with the Public Health Commissioner, indicate that it is safe and appropriate for them to return. Also, school personnel found or suspected to have active tuberculosis shall have their employment suspended until the local health officer, in consultation with the Public Health Commissioner, approves a return to work. School nurses shall identify and refer any students or school personnel to the local health department in instances where they have reason to suspect that the individual has been exposed to tuberculosis or has symptoms indicative of the disease.

### **4.0 Disease Prevention Measure through Immunization:**

4.1 Students must be in compliance with the required immunization schedule as set forth by the Bureau for Public Health Commissioner/WVDHHR/Bureau-Immunization Services. The Commissioner, or the designee Immunization Officer shall make determinations on request for a medical exemption to the compulsory immunization requirements set forth by the Bureau. A medical exemption request must be made by a licensed physician and state that the physical condition of the child is such that immunization is contraindicated or there exists a specific precaution to a particular vaccine.

4.2 All children entering Pre-K, Kindergarten or WV public school for the first time must have the required immunizations and show proof upon enrollment.

4.3 Students entering the 7<sup>th</sup> and 12<sup>th</sup> grades must show proof of the additional vaccines of Tdap and Meningococcal.

### **5.0 Quality Assurance for School-Based Services:**

5.1 All community services performed in the school setting should be regular and ongoing services that are evidence-based or a promising practice and follow best practices and guidelines. The terms regular and ongoing services refer to community services that are provided within the school in an agreed upon manner between the school and community partners which work toward promoting both the academic, health and social service needs of students.

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- 5.2 Immunizations shall incorporate the protocols set forth by CDC-Advisory Committee on Immunization Practices and WVDHHR/Bureau-Immunization Services.
- 5.3 Health Check exam, or comparable comprehensive well child exam, shall incorporate the protocols set forth by AAP-Bright Futures and WVDHHR-Health Check Program.
- 5.4 Oral health services shall incorporate the protocols set forth by the WVDHHR-OHP.
- 5.5 Tuberculin skin test shall incorporate the protocols of WVDHHR/Bureau-Tuberculosis Control Program.
- 5.6 Other services shall incorporate the protocols set forth by appropriate laws and regulations.

#### **6.0 Disease Prevention Measure through Practice and Education:**

- 6.1 Good hand hygiene is the single most effective procedure to prevent the spread of communicable disease in the school setting. It is best practice to wash the hands with soap and clean running water for twenty seconds. However, if soap and clean water are not available, use of alcohol-based product to clean the hands is acceptable practice. An allowance for hand washing will be incorporated into the daily routine of all students, especially before eating, after blowing the nose, coughing or sneezing, after going to the restroom and other times as deemed necessary.
- 6.2 Instruction on the principle modes by which communicable diseases are prevented, spread and transmitted shall be taught to all students as outlined in WV 126CSR44E, WVDE Policy 2520.5. An opportunity shall be given to the parent/guardian of a student subject to instruction in the prevention, transmission and spread of HIV/AIDS and other sexually transmitted diseases to examine the course curriculum requirements and materials to be used in such instruction. The parent/guardian may exempt such student from participation in such instruction by giving notice to that effect in writing to the school administrator.
- 6.3 An educational in-service on the prevention, transmission and treatment of current communicable diseases shall include, but not limited to, AIDS, shall be provided to all school personnel every two years by the county board of education.

#### **7.0 Disease Control Measures:**

- 7.1 Distinctions will be made related to diseases that are communicable in the school setting versus those known not to be spread by casual contact.
- 7.2 Each reported case of disease known not to be spread by casual contact will be validated by a designated individual such as the school nurse.
- 7.3 The administrator or school nurse shall exclude from the school any student known to have or suspected of having any infectious disease known to be spread by casual contact and is considered to be a health threat to the school population. The superintendent has the authority to exclude a staff member from school when reliable evidence or information from a qualified source confirms him/her of having a potential communicable disease that is known to be spread by any form of casual contact and is considered a health threat to the school population. Such a student or staff member shall be excluded in accordance with the guidelines of the American Academy of Pediatrics, CDC and WVDHHR unless his/her personal physician approves school attendance and the condition is no longer considered contagious.

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7.4 All reportable communicable diseases shall be reported to the Mid-Ohio Valley Health Department. In the event of a suspected communicable disease outbreak the school and/or the board of education shall release personally identifiable information to appropriate public health officials as allowable.

7.5 All screenings performed in the school setting will be age appropriate, deemed effective and necessary through evidence-based and scientific research-based practice utilizing standard procedures and with the Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. 1232h. WV Code 18-5-22 allows the county board to provide proper medical and dental inspections for all students attending school and gives authority to take any other necessary actions to protect students from infectious diseases.

7.6 Irrespective of disease presence, standard/universal precautions shall be used and adequate sanitation facilities will be available for handling blood or body fluids within the school setting and on school buses. Blood and body fluids from any person in the school setting shall be treated with standard/universal precautions. School personnel will be trained in standard/universal precautions.

### **8.0 Pediculosis (Head Lice):**

8.1 No disease process is associated with pediculosis; therefore pediculosis should not disrupt the education process. Students found with live head lice will be referred to parents/guardians for proper treatment and re-evaluated as necessary to prevent recurrence. According to the American Academy of Pediatrics (AAP), head lice screening programs in schools do not have a significant effect on the incidence of head lice and are not cost effective. A more appropriate management tool in controlling head lice outbreaks is student and parent education.

8.2 Data does not support the exclusion of students for nits (lice eggs). Students found with live lice may be excluded from school and excused for one full day following the day when live lice were detected to allow adequate time for the parent/guardian to properly treat and remove the infestation with an approved lice treatment.

### **9.0 Confidentiality:**

9.1 All school personnel privileged with any medical information that pertains to students or staff members shall be required to treat all proceedings, discussions and documents as confidential information. Before any medical information is shared with anyone in the school setting, a legitimate educational reason or health or safety emergency situation must exist. All other releases of confidential medical/health information will be released only with consent of the parent/guardian, student if over 18, employee or their representative. The only exception is immunization data which is a public health record entered into the West Virginia Statewide Immunization Information System (WVSIIS).

9.2 Health information provided to or from the school is part of the educational record and should be shared with the student's parent/guardian and pass freely among the school and medical health care provider to enhance student health and prevention of duplication of services, only after written permission is obtained from the parent/guardian.

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**Severability:** If any provision of this policy or application thereof to any person or circumstance is held invalid, such invalidity shall not affect the provisions of applications of this policy. Changes or updates to legislative items requiring compliance will be included as needed by decision of the Superintendent.

**Review Schedule:** This policy shall be reviewed in accordance with the policy review schedule published by the superintendent.

**Authority:** West Virginia Constitution, Article XII, §2, W.Va. Code §§16-3-4, 16-3-5, 16-3C-1 through 16-3C-9, 16-3D-1 through 16-3D-3, 18-5-9, 18-5-17, 18-5-22, 18-5-34 and 18A-5-1.

**Replaces:** JGCC Communicable Disease Control, 8/10/2010; J-13 Student Immunizations, 4/15/2014