8-16 Communicable Diseases

In compliance with 10A NCAC 41A.0201, which relates to the prevention of the spread of communicable diseases/conditions, the Rowan-Salisbury School Board strives to provide a safe and orderly environment for all students and employees. The board strives to maintain a balance between the need to educate all eligible students, to protect students and employee rights, and to control communicable diseases including HIV and AIDS. The Superintendent shall develop procedures to prevent the spread of communicable diseases/conditions to student and school employees, incorporating guidelines from the NC Department of Health and Human Services.

Any student or employee with a communicable disease/condition including HIV/AIDS shall not be denied enrollment or employment on the basis of the opinion of a single individual. Under certain circumstances, students or employees with communicable diseases/conditions may pose a threat to the health and safety of other students and staff. Decisions regarding educational status of students or employment of staff with communicable diseases/conditions will be made on a case-by-case basis, in accordance with this policy. Nothing in this policy is intended to grant or confer any school attendance, educational rights or employment status beyond those existing by law.

This policy will be shared with school staff annually and with new employees as part of any initial orientation.

Adopted 07/31/89
Amended 02/10/97
Amended 07/14/03
Amended 04/15/08
Communicable Disease Prevention and Control Regulation

Students are excluded from school in cases of communicable diseases. When a student is suspected of having a communicable disease, it is the responsibility of the parent to take the child to their family physician for diagnosis and treatment if necessary. The following are common communicable conditions seen in the school age population. (See the Rowan-Salisbury School Health Policies and Procedures Manual for more detailed information.)

**Conjunctivitis:** Student is excluded if:
- Eye(s) is(are) severely red and somewhat swollen.
- There is a yellow (purulent) discharge.
- Student excessively rubs the itching eye.
- Condition has lasted more than three days.
- There is an epidemic in the school or it appears that cases are being transmitted from one student to another.
- Excluded until proof of treatment is received or eye is clear.

**Chickenpox:** Student is excluded for six (6) days after the rash appears OR until all the blisters have formed dry scabs without any oozing of liquid.

**Fifth’s Disease:** Requires physician diagnosis. Student may return with physician note even if rash is still present.

**Generalized undiagnosed body rash:** Requires physician diagnosis.

**Impetigo:** Student is excluded if they have 3 or more sores. Requires a physician diagnosis and treatment with an antibiotic for 24 hours before return to school or physician’s recommendations.

**Measles:** Student is excluded until the physician’s approval is given and the student is no longer contagious.

**Pediculosis:** Student is excluded until one (1) pediculicide shampoo treatment is completed and all nits are removed.

**Ringworm of the head and scalp:** Should be excluded until physician diagnosis and treatment.

**Ringworm of the skin:** Verification of over the counter treatment should be requested from the parent. The student should be referred to a physician if over the counter treatment is unsuccessful.

**Scabies:** Student is excluded until one (1) treatment with prescription for 12-24 hours is completed.

**Streptococal and Staphylococal Infections:** Student is excluded from school until treated with a prescription antibiotic for at least 24 hours.

Adopted 4/14/97
By Board of Education
COMMUNICABLE DISEASES

§130A-134 Reportable Diseases and Conditions
The Commission shall establish by rule a list of communicable diseases and communicable conditions to be reported (1987).

§130A-136 School Principals and Child-Care Operators to Report
A principal of a school and an operator of a child-care, as defined in G.S. 110-86(3), who has reason to suspect that a person within the school or child-care facility has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the commission to the local health director of the county or district in which the school or facility is located (1997).

§130A-143 Confidentiality of Records
All information and records, whether publicly or privately maintained, that identify a person who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential. This information shall not be released or made public except under the following circumstances:

(1) Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified;
(2) Release is made of all or part of the medical record with the written consent of the person or persons, identified or their guardian;
(3) Release is made to health care personnel providing medical care to the patient;
(4) Release is necessary to protect the public health and is made as provided by the commission in its rules regarding control measures for communicable diseases and conditions;
(5) Release is made pursuant to other provisions of this Article;
(6) Release is made pursuant to subpoena or court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties and those engaged in the trial of the case;

(7) Release is made by the Department or a local health department to a court or a law enforcement officer for the purpose of enforcing the provisions of this Article or Article 22 of this Chapter; or investigating a terrorist incident using nuclear, biological, or chemical agents. A law enforcement official who received the information shall not disclose it further, except (i) when necessary to enforce this Article or Article 22 of this Chapter, or when necessary to conduct investigation or a terrorist incident using nuclear, biological, or chemical agents, or (ii) when the Department or a local health department seeks the assistance of the law enforcement official in preventing or controlling the spread of the disease or condition and expressly authorizes the disclosure as necessary for that purpose;

(8) Release is made by the Department or local health department to another state or local public health agency for the purpose of preventing or controlling the spread of a communicable disease or communicable condition;
(9) Release is made by the Department for bona fide research purposes. The Commission shall adopt rules providing for the use of the information for research purposes;

(10) Release is made pursuant to G.S. 130A-144(b); or
(11) Release is made pursuant to any other provisions of law that specifically authorize or require the release of information or records related to AIDS (2002.)
§130A-144 Investigation and Control Measures

(a) The local health director shall investigate, as required by the Commission, cases of communicable diseases and communicable conditions reported to the local health director pursuant to this Article.

(b) Physicians and persons in charge of medical facilities or clinical or pathological laboratories shall, upon request and proper identification, permit a local health director or the State Health Director to examine, review, and obtain a copy of medical records in their possession or under their control which pertain to the diagnosis, treatment, or prevention of a communicable disease or communicable condition for a person infected, exposed, or reasonably suspected of being infected or exposed to such a disease or condition.

(c) A physician or a person in charge of a medical facility or laboratory who permits examination, review or copying of medical records pursuant to subsection (b) shall be immune from any civil or criminal liability that otherwise might be incurred or imposed as a result of complying with a request made pursuant to subsection (b).

(d) The attending physician shall give control measures prescribed by the Commission to a patient with a communicable disease or communicable condition and to patients reasonably suspected of being infected or exposed to such a disease or condition. The physician shall also give control measures to other individuals as required by rules adopted by the Commission.

(e) The local health director shall ensure that control measures prescribed by the Commission have been given to prevent the spread of all reportable communicable diseases or communicable conditions and any other communicable disease or communicable condition that represents a significant threat to the public health. The local health department shall provide, at no cost to the patient, the examination and treatment for tuberculosis disease and infection and for sexually transmitted diseases designated by the Commission.

(f) All persons shall comply with control measures, including submission to examinations and tests, prescribed by the Commission subject to the limitations of G.S. 130A-148.

(g) The Commission shall adopt rules that prescribe control measures for communicable diseases and conditions subject to the limitations of G.S. 130A-148. Temporary rules prescribing control measures for communicable diseases and conditions shall be adopted pursuant to G.S. 150B-13.

(h) Anyone who assists in an inquiry or investigation conducted by the State Health Director for the purpose of evaluating the risk of transmission of HIV or Hepatitis B from an infected health care worker to patients, or who serves on an expert panel established by the State Health Director for that purpose, shall be immune from civil liability that otherwise might be incurred or imposed for any acts or omissions which result from such assistance or service, provided that the person acts in good faith and the acts or omissions do not amount to gross negligence, willful or wanton misconduct, or intentional wrongdoing. This qualified immunity does not apply to acts omissions which occur with respect to the operation of a motor vehicle. Nothing in this subsection provides immunity from liability for a violation of G.S. 130A-143. (1995)

10A NCAC 41A.0201 Control Measures - General

(a) Except as provided in Rules .0202-.0209 of this Section, the recommendations and guidelines for testing, diagnosis, treatment, follow-up, and prevention of transmission for each disease and condition specified by the American Public Health Association in its publication, Control of Communicable Diseases Manual, shall be the required control measures. Control of Communicable Disease Manual is hereby incorporated by reference including subsequent amendments and editions.
Legislation and Administrative Code
Impacting a School Health Program

January 2005

Section BB 3.00

Copies of this publication may be purchased from the American Public Health Association, Publication Sales Department, PO Box 753, Waldora, MD 20604. A copy is available for inspection in the Division of Public Health, 1915 Mail Service Center, Raleigh, NC 27699-1915.

(b) In interpreting and implementing the specific control measures adopted in Paragraph (a), of this Rule, in devising control measures for outbreaks designated by the State Health Director and for communicable diseases and conditions for which a specific control measure is not provided by this Rule, the following principles shall be used:

(1) control measures shall be those which can reasonably be expected to decrease the risk of transmission and which are consistent with recent scientific and public health information

(2) for diseases or conditions transmitted by the airborne route, the control measures shall require physical isolation for the duration of infectivity.

(3) for diseases or conditions transmitted by the fecal-oral route, the control measures shall require exclusions from situations in which transmission can be reasonably expected to occur, such as work as a paid or voluntary food handler or attendance or work in a day-care center for the duration of infectivity;

(4) for disease or conditions transmitted by sexual or the blood-borne route, control measures shall require prohibition of donation of blood, tissue, organs, or semen, needle-sharing, and sexual contact in a manner likely to result in transmission for the duration of infectivity.

(c) Persons with congenital rubella syndrome, tuberculosis, and carriers of Salmonella typhi and hepatitis B who change residence to a different local health department jurisdiction shall notify the local health director in both jurisdictions.

(d) Isolation and quarantine orders for communicable diseases and communicable conditions for which control measures have been established shall require compliance with applicable control measures and shall state penalties for failure to comply. These isolation and quarantine orders may be no more restrictive than the applicable control measures.

(e) An individual enrolled in a epidemiologic or clinical study shall not be required to meet the provisions of 10A NCAC 41A.0201-.0209 which conflict with the study protocol if:

(1) the protocol is approved for this purpose by the State Health Director because of the scientific and public health value of the study, and

(2) the individual fully participates in and complete the study.

(f) A determination of significant risk of transmission under the Subchapter shall be made only after consideration of the following factors, if known:

(1) The type of body fluid or tissue;

(2) The volume of body fluid or tissue;

(3) The concentration of pathogen;

(4) The virulence of the pathogen; and

(5) The type of exposure, ranging from intact skin to non-intact skin, or mucous membrane.

(g) The term “household contacts” as used in this Subchapter means any person residing in the same domicile as the infected person.(2003)
**10A NCAC 41A.0202 Control Measures HIV**

The following are the control measures for the Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection:

1. Infected persons shall:
   (a) refrain from sexual intercourse unless condoms are used; exercise caution when using condoms due to possible condom failure;
   (b) not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use;
   (c) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;
   (d) have a skin test for tuberculosis;
   (e) notify future sexual intercourse partners of the infection; if the time of initial infection is known, notify persons who have been sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, notify persons who have been sexual intercourse and needle partners for the previous year.

2. The attending physician shall:
   (a) give the control measures in Item (1) of this Rule to infected patients, in accordance with 10A NCAC 41A.0210;
   (b) if the attending physician knows the identity of the spouse of an HIV-infected patient and has not, with the consent of the infected patient, notified and counseled the spouse appropriately, the physician shall list the spouse on a form provided by the Division of Epidemiology and shall mail the form to the Division; the Division will undertake to counsel the spouse; the attending physician’s responsibility to notify exposed and potentially exposed persons is satisfied by fulfilling the requirements of (Sub-Items (2)(a) and (b) of this Rule;
   (c) advise infected persons concerning clean-up of blood and other body fluids;
   (d) advise infected persons concerning the risk of perinatal transmission and transmission by breast feeding.

3. The attending physician of a child who is infected with HIV and who may post a significant risk of transmission in the school or day care setting because of open, oozing wounds or because of behavioral abnormalities such as biting shall notify the local health director. The local health director shall consult with the attending physician and investigate the circumstances.
   (a) If the child is in school or scheduled for admission and the local health director determines that there may be significant risk of transmission, the local health director shall consult with an interdisciplinary committee, which shall include appropriate school personnel, a medical expert, and the child’s parent or guardian to assist in the investigation and determination of risk. The local health director shall notify the superintendent or private school director of the need to appoint such an interdisciplinary committee.
   (i) If the superintendent or private school director establishes such a committee within three days of notification, the local health director shall consult with this committee.
   (ii) If the superintendent or private school director does not establish such a committee within three days of notification, the local health director shall establish such a committee.
(b) If the child is in school or scheduled for admission and the local health director determines, after consultation with the committee, that a significant risk of transmission exists, the local health director shall:
   (i) notify the parents;
   (ii) notify the committee;
   (iii) assist the committee in determining whether an adjustment can be made to the student’s school program to eliminate significant risks of transmission.
   (iv) determine if an alternative educational setting is necessary to protect the public health;
   (v) instruct the superintendent or private school director concerning appropriate protective measures to be implemented in the alternative educational setting developed by appropriate school personnel; and
   (vi) consult with the superintendent or private director to determine which school personnel directly involved with the child need to be notified of the HIV infection in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting confidentiality.

(c) If the child is in day care and the local health director determines that there is significant risk of transmission, the local health director shall notify the parents that the child must be placed in an alternate child care setting that eliminates the significant risk of transmission.

(4) When health care workers or other persons have a needle stick or nonsexual non-intact skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:
   (a) When the source person is known:
      (i) The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred. The attending physician of the source person shall discuss the exposure with the source and shall test the source for HIV infection unless the source is already known to be infected.
      The attending physician of the exposed person shall be notified of the infection status of the source.
      (ii) The attending physician of the exposed person shall inform the exposed person about the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (1)(a) through (c) of this Rule. The attending physician of the exposed person shall instruct the exposed person regarding the necessity for protecting confidentiality.
   (b) When the source person is unknown, the attending physician of the exposed person shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.
(c) A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person.

(5) The attending physician shall notify the local health director when the physician, in good faith, has reasonable cause to suspect a patient infected with HIV is not following or cannot follow control measures and is thereby causing a significant risk of transmission. Any other person may notify the local health director when the person, in good faith, has reasonable cause to suspect a person infected with HIV is not following control measures and is thereby causing a significant risk of transmission.

(6) When the local health director is notified pursuant to Item (5) of this Rule, of a person who is mentally ill or mentally retarded, the local health director shall confer with the attending mental health physician or appropriate mental health authority and the physician, if any, who notified the local health director to develop an appropriate plan to prevent transmission.

(7) The Director of Health Services of the North Carolina Department of Correction and the prison facility administrator shall be notified when any person confined in a state prison is determined to be infected with HIV. If the prison facility administrator, in consultation with the Director of Health Services, determines that a confined HIV infected person is not following or cannot follow prescribed control measures, thereby presenting a significant risk of HIV transmission, the administrator and the Director shall develop and implement jointly a plan to prevent transmission, including making appropriate recommendations to the unit housing classification committee.

(8) The local health director shall ensure that the health plan for the local jails include education of jail staff and prisoners about HIV, how it is transmitted, and how to avoid acquiring or transmitting this infection.

(9) Local health departments shall provide testing for HIV infection with pre- and post-test counseling at no charge to the patient. Third party payers may be billed for HIV counseling and testing when such services are provided and the patient provides written consent.

(10) Counseling for HIV testing shall include risk assessment, risk reduction guidelines, referrals for medical and psychosocial services, and, when the person tested is found to be infected with HIV, control measures. Pre-test counseling may be done in a group or individually, as long as each individual is provided the opportunity to ask questions in private. Post-test counseling must be individualized.

(11) A local health department or the Department may release information regarding an infected person pursuant to G.S. 130A-143(3) only when the local health department or the Department has provided direct medical care to the infected person and refers the person to or consults with the health care provider to whom the information is released.
(12) Notwithstanding Rule .0201(d) of this Section, a local or state health director may require, as part of an isolation order issued in accordance with G.S. 130A-145, compliance with a plan to assist the individual to comply with control measures. The plan shall be designed to meet the specific needs of the following available and appropriate services.

(a) substance abuse counseling and treatment;
(b) mental health counseling and treatment; and
(c) education and counseling sessions about HIV.

HIV transmission, and behavior change required to prevent transmission.

(13) The Division of Epidemiology shall conduct a partner notification program to assist in the notification and counseling of partners of HIV infected persons. All partner identifying information obtained as part of the partner notification program shall be destroyed within two years.

(14) Every pregnant woman shall be given HIV pre-test counseling, as described in 15A NCAC 19A.0202(10), by her attending physician as early in the pregnancy as possible. At the time this counseling is provided, and after informed consent is obtained, the attending physician shall test the pregnant woman for HIV infection, unless the pregnant woman refuses the HIV test. (2003)

10A NCAC 41A.0203 Control Measures – Hepatitis B

(a) The following are the control measures for hepatitis B infection. The infected persons shall:

(1) refrain from sexual intercourse unless condoms are used except when the partner is known to be infected with or immune to hepatitis B;

(2) not share needles or syringes;

(3) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk.

(4) if the time of initial infection is known, identify to the local health director all sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, identify persons who have had sexual intercourse or needle partners during the previous six months;

(5) for the duration of the infection, notify future sexual intercourse partners of the infection, and refer them to their attending physician or the local health director for control measures; and for the duration of the infection, notify the local health director of all new sexual intercourse partners;

(6) identify to the local health director all current household contacts;

(7) be tested six months after diagnosis to determine if they are chronic carriers, and when necessary to determine appropriate control measurements for person exposed pursuant to Paragraph (b) of the Rule;

(8) comply with all control measures for hepatitis B infection specified in Paragraph (a) of 10A NCAC 41A.0201, in those incidents where such control measures do not conflict with other requirements of this Rule.

(b) The following are the control measures for persons reasonably suspected of being exposed:

(1) when a person has had a sexual intercourse exposure to hepatitis B infection, the person shall be tested;

(2) after testing, when a susceptible person has had sexual intercourse exposure to hepatitis B infection, the person shall be given a dose of appropriate for body weight of hepatitis B immune globulin and hepatitis B vaccination as soon as possible; hepatitis B immune globulin shall be given no later than two weeks after the last exposure;
(3) When a person is a household contact, sexual intercourse or needle sharing contact of a person who has remained infected with hepatitis B for six months or longer, the partner or household contact, if susceptible and at risk of continued exposure, shall be vaccinated against hepatitis B;

(4) When a health care worker or other person has a needle stick, non-intact skin, or mucous membrane exposure to blood or body fluids that, if the source were infected with the hepatitis B virus, would pose a significant risk of hepatitis B transmission, the following shall apply:

(A) when the source is known, the source person shall be tested for hepatitis B infection unless already known to be infected;

(B) when the source is infected with hepatitis B and the exposed person is:

(i) vaccinated, the exposed person shall be tested for anti-HBs and, if anti-HBs is unknown or less than ten milli-International Units per ml, receive hepatitis B vaccination and hepatitis B immune globulin as soon as possible; hepatitis B immune globulin shall be given no later than seven days after exposure;

(ii) not vaccinated, the exposed person shall be given a dose appropriate for body weight of hepatitis B immune globulin immediately and begin vaccination with hepatitis B vaccine within seven days;

(C) when the source is unknown, the determination of whether hepatitis B immunization is required shall be made in accordance with current published Control Communicable Disease Manual and Centers for Disease Control and Prevention Guidelines.

(5) Infants born to HbAg-positive mothers shall be given hepatitis B vaccination and hepatitis B immune globulin within twelve hours of birth or as soon as possible after the infant is stabilized.

(6) Infants born to mothers whose HbsAg status is unknown shall be given hepatitis B vaccine within we hours of birth and the mother tested. If the tested mother is found to be HbsAg-positive, the infant shall be given hepatitis B immune globulin as soon as possible and no later than seven days after birth;

(7) When an acutely infected person is a primary caregiver of a susceptible infant less than twelve months of age, the infant shall receive an appropriate dose of hepatitis B immune globulin and hepatitis vaccinations in accordance with current published Control of Communicable Disease Manual and Centers for Disease Control and Prevention Guidelines.

(c) The attending physician shall advise all patients known to be at high risk, including injection drug users, men who have sex with men, hemodialysis patients, and patients who receive multiple transfusions of blood products, that they should be vaccinated against hepatitis B if susceptible. The attending physicians shall also recommend that hepatitis B chronic carriers receive Hepatitis A vaccine (if susceptible).
(d) The following persons shall be tested for and reported in accordance with 10A NCAC 41A.0101 if positive for hepatitis B infection:
  i. pregnant women unless known to be infected; and
  ii. donors of blood, plasma, platelets, other blood products, semen, ova, tissues, or organs

(e) the attending physician of a child who is infected with Hepatitis B virus and who may pose a significant risk of transmission in the school or day care setting because of open, oozing wounds or because of behavioral abnormalities such as biting shall notify the local health director. The local health director shall consult with the attending physician and investigate the circumstances.

(f) if the child referred to in Paragraph (e) of this Rule is in school or scheduled for admission and the local health director determines that there may be a significant risk of transmission, the local health director shall consult with an interdisciplinary committee, which shall include school personnel, a medical expert, and the child’s parent or guardian to assist in the investigation and determination of risk. The local health director shall notify the superintendent or private school director of the need to appoint such an interdisciplinary committee. If the superintendent or private school director establishes such a committee within three days of notification, the local health director shall establish such a committee.

(g) If the child referred to in Paragraph (e) of this Rule is in school or scheduled for admission and the local health director determines, after consultation with the committee, that a significant risk of transmission exists, the local health director shall:
  1. notify the parents;
  2. notify the committee;
  3. assist the committee in determining whether an adjustment can be made to the student’s school program to eliminate significant risks of transmission;
  4. determine if an alternative educational setting is necessary to protect the public health;
  5. instruct the superintendent or private school director concerning appropriate protective measures to be implemented in the alternative educational setting developed by school personnel; and
  6. consult with the superintendent or private school director to determine which school personnel directly involved with the child need to be notified of the hepatitis B virus infection in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting confidentiality.

(g) If the child referred to in Paragraph (e) of this Rule is in day care and the local health director determines that there is a significant risk of transmission, the local health director shall notify the parents that the child must be placed in an alternate child care setting that eliminates the significant risk of transmission. (2003)
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10A NCAC41A.0204 Control Measures

Sexually Transmitted Diseases

(a) Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, Chlamydia, non-gonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and at no charge to the patient.

(b) Persons infected with, exposed to, or reasonably suspected of being infected with gonorrhea, Chlamydia, non-gonococcal urethritis, and mucopurulent cervicitis shall:

1. Refrain from sexual intercourse until examined and diagnosed and treatment is completed, and all lesions are healed;
2. Be tested, treated, and re-evaluated in accordance with the STD Treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in the STD Treatment Guidelines shall be required control measures for testing, treatment, and follow-up for gonorrhea, Chlamydia, non-gonococcal urethritis, and mucopurulent cervicitis, and are incorporated by reference including subsequent amendments and editions. However, urethral Gram stains may be used for diagnosis of males rather than gonorrhea cultures unless treatment has failed.

3. Give names to a disease intervention specialist employed by the local health department or by the HIV/STD Control Branch for contact tracing for all sexual partners and others as listed in this Rule:
   A. For syphilis:
      i. Congenital – all immediate family members;
     
3. (ii) Primary – all partners from three months before the onset of symptoms to completion of therapy and healing of lesions;
   (iii) Secondary – all partners from six months before the onset of symptoms to completion of therapy and healing of lesions; and
   (iv) Latent – all partners from 12 months before the onset of symptoms to completion of therapy and healing of lesions.

4. All persons evaluated or reasonably suspected of being infected with any sexually transmitted disease shall be tested for syphilis, encouraged to be tested confidentially for HIV, and counseled about how to reduce the risk of acquiring sexually transmitted disease, including the use of condoms.

5. All pregnant women shall be tested for syphilis, Chlamydia and gonorrhea at the first prenatal visit. All pregnant women shall be tested for syphilis between 28 and 30 weeks of gestation.
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Pregnant women at increased risk for exposure to syphilis shall be tested for syphilis again at the time of delivery. All pregnant women shall be tested for gonorrhea in the third trimester. Pregnant at increased risk for exposure to gonorrhea shall be tested for gonorrhea again at the time of delivery. Pregnant women less than 25 years of age and women who are at increased risk of exposure to Chlamydia, i.e., women who have a new partner or more than one partner or whose partner has other partners, shall be tested for Chlamydia in the third trimester. For purposes of this Rule, a pregnant woman at increased risk is one who has had multiple sexual partners or who has a sexual partner that has multiple sexual partners.

(f) All newborn infants shall be treated prophylactically against gonococcal ophthalmia neonatorum in accordance with the STD treatment Guidelines published by the U.S. Public Health Service. The recommendations contained in this reference shall be the required prophylactic treatment against gonococcal ophthalmia neonatorum (2003).

10A NCAC 41A .0205 Control Measures – Tuberculosis

(a) The local health director shall promptly investigate all cases of tuberculosis disease and their contacts in accordance with the provisions of Control of Communicable Diseases in Man. Control of Communicable Diseases in Man is hereby incorporated by reference including subsequent amendments and editions.

(b) The following persons shall be skin tested for tuberculosis and given appropriate clinical, microbiologic and x-ray examination in accordance with the "Diagnostic Standards and Classification of Tuberculosis," published by the American Thoracic Society. The recommendations contained in this reference shall be required control measures for evaluation, testing, and diagnosis for tuberculosis patients, contacts and suspects, except as otherwise provided in this Rule and are incorporated by reference including subsequent amendments and additions:

1. Household and other close contacts of active cases of pulmonary and laryngeal tuberculosis. For purposes of this Rule, a close contact is a person who shared the same indoor room air as the case for more than one hour. If the initial skin test is negative (0-4mm), and the case is confirmed by culture, a repeat skin test shall be performed three months after the exposure has ended;

2. Persons reasonably suspected of having tuberculosis disease;

3. Inmates in the custody of, and staff with direct inmate contact in the Department of Corrections upon incarceration or employment, and annually thereafter;

4. Patients and staff in long term care facilities upon admission or employment. The two-step skin test method shall be used if the individual has not had a documented tuberculin skin test within the preceding 12 months;

5. Staff in adult day care centers providing care for persons with HIV infection or AIDS upon employment. The two-step skin test method shall be used if the individual has not had a documented tuberculin skin test within the preceding 12 months; and

6. Persons with HIV infection or AIDS.
(c) Treatment and follow-up for tuberculosis infection or disease shall be in accordance with “Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children” published by the American Thoracic Society. The recommendations contained in this reference shall be required control measures for testing, treatment, and follow-up for tuberculosis patients, contacts and suspects, except as otherwise provided in this Rule and are incorporated by reference including subsequent amendments and editions.

(d) The attending physician shall instruct all patients treated for tuberculosis regarding the potential side effects of the medications prescribed and to promptly notify the physician or designee if side effects occur.

(e) Persons with active tuberculosis disease shall complete a standard drug regimen from “Treatment of Tuberculosis and Tuberculosis Infections in Adults and Children.”

(f) Persons with suspected or known active pulmonary or laryngeal tuberculosis are considered infectious and shall be managed using airborne precautions, including respiratory isolation, or quarantined in their home, with no new persons exposed if:
   (1) They have sputum smears which are positive for acid fast bacilli; and
   (2) They have not received tuberculosis drug therapy or have just started therapy, and
   (3) They have no evidence of clinical response or have poor clinical response to therapy.

(g) Persons with suspected or known active pulmonary or laryngeal tuberculosis are considered noninfectious and use of airborne precautions, including respiratory isolation, or quarantine in their home may be discontinued when:
   (1) They have three consecutive daily sputum smears which are negative; or
   (2) They have been compliant on tuberculosis medications to which the organism is judged to be susceptible, there is evidence of clinical improvement on the therapy, and the environment to which they are being released is such that transmission of tuberculosis organisms are unlikely.

10A NCAC 41A .0206 Infection Control-
Health Care Setting

(a) The following definitions shall apply throughout this Rule:

(1) “Health care organization” means hospital; clinic; physician; dentist; podiatrist; optometrist, or chiropractic office; home health agency; nursing home; local health department; community health center; mental health agency; hospice; ambulatory surgical center; urgent care center emergency room; or any other health care provider that provides clinical care.

(2) “Invasive procedure” means entry into tissues, cavities, or organs or repair of traumatic injuries. The term includes but is not limited to the use of needles to puncture skin, vaginal and cesarean deliveries, surgery, and dental procedures during which bleeding occurs or the potential of bleeding exits.

(b) Health care workers, emergency responders, and funeral service personnel shall follow blood and body fluid precautions with all patients.

(c) Health care workers who have exudative lesions or weeping dermatitis shall refrain from handling patient care equipment and devices used in performing invasive procedures and from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.

(d) All equipment used to puncture skin, mucous membranes, or other tissues in medical, dental, or other settings must be disposed of in accordance with 10A NCAC 36B after use or sterilized prior to reuse.

(e) In order to prevent transmission of HIV and hepatitis B from health care workers to patients, each health care organization that performs invasive procedures shall implement a written infection control policy by July 1, 1993. The health care organization shall ensure that health care workers in it employ or who have staff privileges are trained in the principles of
infection control and the practices required by the policy; require and monitor compliance with the policy; and update the policy as needed to prevent transmission of HIV and hepatitis B from health care workers to patients. The health care organization shall designate a staff member to direct these activities by September 1, 1994, the designated staff member in each health care organization shall have completed a course in infection control approved by the Department. The course shall address:

1. Epidemiologic principles of infection disease;
2. Principles and practice of asepsis;
3. Sterilization, disinfection, and sanitation;
4. Universal blood and body fluid precautions;
5. Engineering controls to reduce the risk of sharp injuries;
6. Disposal of sharps; and
7. Techniques which reduce the risk of sharp injuries to health care workers.

The infection control policy require by this Rule shall address the following components that are necessary to prevent transmission of HIV and hepatitis B from infected health care workers to patients:

1. Sterilization and disinfection, including a schedule for maintenance and microbiologic monitoring of equipment, the policy shall require documentation of maintenance and monitoring;
2. Sanitation of rooms and equipment, including cleaning procedures, agents and schedules;
3. Accessibility of infection control devices and supplies;
4. Procedures to be followed in implementing 10A NCAC 41A.0202(4) and .203(b)(3) when a health care provider or a patient has an exposure to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV or hepatitis B (1994).

10A NCAC 41A.0207 HIV and Hepatitis B Infected Health Care Workers

(a) The following definitions shall apply throughout this Rule:

1. “surgical or obstetrical procedures” means vaginal deliveries or surgical entry into tissues, cavities, or organs. The term does not include

organization shall designate a staff member to direct these activities by September 1, 1994, the designated staff member in each health care organization shall have completed a course in infection control approved by the Department. The course shall address:

1. Phlebotomy, administration of intramuscular, intradermal, or subcutaneous injection; needle biopsies, needle aspirations; lumbar punctures; endoscopic and bronchoscopic procedures; or placing or maintaining peripheral or central intravascular lines.
2. “Dental procedure” means any dental procedure involving manipulation, cutting, or removal or oral or perioral tissues, including tooth structure during which bleeding occurs or the potential for bleeding exists. The term does not include the brushing of teeth.

(b) All health care workers who perform surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or hepatitis B shall notify the State Health Director. Health care workers who assist in these procedures in a manner that may result in exposure of patients to their blood and who know themselves to be infected with HIV or hepatitis B shall also notify the State Health Director. The notification shall be made in writing to the Chief, Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902.

(c) The State Health Director shall investigate the practice of any infected health care worker and the risk of transmission to patients. The investigation may include review of pertinent medical and work records and consultation with health care professionals who may have information necessary to evaluate the clinical condition or practice of the infected health care worker. The attending physician of the infected health care worker shall be consulted. The State Health Director shall protect the confidentiality of the infected health care worker and may disclose the worker’s infection status only when essential to the conduct of the investigation or periodic reviews pursuant to Paragraph (h) of this Rule. When the health care worker’s
infection status is disclosed, the State Health Director shall give instructions regarding the requirement for protecting confidentiality.

d) If the State Health Director determines that there may be a significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel to evaluate the risk of transmission to patients, and review the practice, skills, and clinical condition of the infected health care worker, as well as the nature of the surgical or obstetrical procedures or dental procedures performed and operative and infection control techniques used. Each expert panel shall include an infectious disease specialist, and infection control expert, a person who practices the same occupational specialty as the infected healthcare worker and, if the health care worker is a licensed professional, a representative of the appropriate licensure board. The panel may include other experts. The State Health Director shall consider for appointment recommendations from local health care organizations and local societies of health care professionals.

(e) The expert panel shall review information collected by the State Health Director and may request that the State Health Director obtain additional information as needed. The State Health Director shall not reveal to the panel the identity of the infected health care worker. The infected health care worker and the health care worker’s attending physician shall be given an opportunity to present information to the panel. The panel shall make recommendations to the State Health Director that address the following:

1) Restrictions that are necessary to prevent transmission from the infected health care worker to patients;
2) Identification of patients that have been exposed to a significant risk of transmission of HIV or hepatitis B; and
3) Periodic review of the clinical condition and practice of the infected health care worker.

(f) If, prior to receipt of the recommendations of the expert plan, the State Health Director determines that immediate practice restrictions are necessary to prevent an imminent threat to the public health, the State Health Director shall issue an isolation order pursuant to G.S. 130A-145. The isolation order shall require cessation or modification of some or all surgical or obstetrical procedures or dental procedures to the extent necessary to prevent an imminent threat to the public health. This isolation order shall remain in effect until an isolation order is issued pursuant to Paragraph (g) of this Rule or until the State Health Director determines the imminent threat to the public health no longer exists.

(g) After consideration of the recommendations of the expert panel, the State health Director shall issue an isolation order pursuant to G.S. 130A-145. The isolation order shall require any health care worker who is allowed to continue performing surgical or obstetrical procedures or dental procedures to, within a time period specified by the State Health Director, successfully complete a course in infection control procedures, within a time period specified by the Department of Health and Human Resources, General Communicable Disease Control Branch, in accordance with 10A NCAC 41A.0206(e).

The isolation order shall require practice restrictions, such as cessation or modification of some or all surgical or obstetrical procedures or dental procedures, to the extent necessary to prevent a significant risk of transmission of HIV or hepatitis B to patients. The isolation order shall prohibit the performance of procedures that cannot be modified to avoid a significant risk of transmission. If the State Health Director determines that there has been a significant risk of transmission of HIV or hepatitis B to a patient, the State Health Director shall notify the patient or assist the health care worker to notify the patient.

(h) The State Health Director shall request the assistance of one or more health care professionals to obtain information needed to periodically review the clinical condition and practice of the infected health care worker who performs or assists in surgical or obstetrical procedures or dental procedures.
(i) An infected health care worker that has evaluated by the State Health Director shall notify the State Health Director prior to a change in practice involving surgical or obstetrical procedures or dental procedures. The infected health care worker shall not make the proposed change without approval from the State Health Director. If the State Health Director makes a determination in accordance with Paragraph (c) of this Rule that there is significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel in accordance with Paragraph (d) of this Rule. Otherwise, the State Health Director shall notify the health care worker that he or she may make the proposed change in practice.

(j) If practice restrictions are imposed on a licensed health care worker, a copy of the isolation order shall be provided to the appropriate licensure board. The State Health Director shall report violations of the isolation order to the appropriate licensure board. The licensure board shall report to the State health Director any information about the infected health care worker that may be relevant to the risk of transmission of HIV or hepatitis B to patients (2003)

10A NCAC 41A .0211 Duties of Other Persons

(a) The local health director may reveal the identity and diagnosis of a person with a reportable communicable disease or communicable condition or other communicable disease or communicable condition which represents a significant threat to the public health to those persons specified in Paragraph (b) when disclosure is necessary to prevent transmission in the facility or establishment for which they are responsible. The local health director shall ensure that all persons so notified are instructed regarding the necessity for protecting confidentiality.

(b) The following persons shall require that any person about whom they are notified pursuant to Paragraph (a) comply with control measures given by the local health director to prevent transmission in the facility or establishment:

1. the principal of any private or public school;
2. employers;
3. superintendents or directors of all public or private institutions, hospitals, or jails; and
4. operators of a child day care center, child day care home, or other child care providers.

(c) The provisions of Paragraphs (a) and (b) shall not apply with regard to gonorrhea, syphilis, chanroid, granulomainguinale, lymphogranuloma venereum, chamydia, non-gonococcal urethritis, AIDS, and HIV infection. However, persons may be notified with regard to these diseases and conditions in accordance with 10A NCAC 41A.0201, .0202 or .0203 of this Section (1991).
GUIDELINES FOR PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

Communicable diseases are the leading cause of childhood morbidity and school absences. Students and staff with communicable diseases that can be transmitted directly or indirectly from one individual to another require special consideration in the school setting. Local school district policies should address:

1. The preventive measures necessary to protect the health of all students and staff.
2. The procedures for the immediate care of students or staff who develop a potentially communicable illness.
3. The special needs of children with chronic infectious illnesses which are determined to be noncontagious under normal conditions.

Rationale

- The spread of infectious disease can be prevented or deterred if students and staff adhere to basic principles of good personal hygiene, cleanliness, and recommended use of any necessary personal protective measures.
- Transmission of infectious disease is controlled by routinely using standard procedures and techniques to maintain environmental cleanliness and personal protection.
- Schools are legally authorized to prohibit the attendance of teachers or pupils if necessary to prevent the spread of contagious disease.
- Case management activities include timely identification and potential exclusion of students and staff with communicable disease. Appropriate follow-up to ensure treatment and prompt readmission will inhibit the spread of contagious illness in school and minimize excessive absence.
- The Department of Health and Human Services (DHHS) is legally responsible for initiating preventive measures to suppress or prevent the spread of disease and for implementing regulations relating to quarantine, isolation and other control measures to protect the public.
- Federal and state courts have held that children with chronic infectious diseases are entitled to a free appropriate public education in the least restrictive environment.
- Persons with suppressed immune systems run a higher-than-normal risk of severe complications from common communicable illness.

Parents, students, and teachers should understand their responsibilities in communicable disease control. Measures to effectively control communicable disease are:

1. Immunizations.
2. Environmental sanitation.
1. Tuberculosis surveillance.
2. Exclusion of persons with a communicable disease until no longer contagious.

Communicable disease control is vested by law in public health officials. The North Carolina Division of Epidemiology recommends the following references as a guide to administrators and/or teachers and nurses for interpretation of regulations as they concern school policies:
The nurse providing health services to the school should coordinate the school health service program. He/she has the professional expertise to provide information to school personnel, students, and parents to foster understanding and compliance with communicable disease control requirements and practices.

**Standards**

- The basic principles of good hygiene and personal cleanliness should be incorporated into the health curriculum.

- School nurses should supplement the curriculum with classroom health lessons, individual counseling, and/or home visits as appropriate and necessary.

- Personal and environmental cleanliness are promoted and practiced using standard procedures and techniques to prevent transmission of infectious disease. (See Guidelines for Handling Body Fluids, Section E-1.52.)

- Students and staff are instructed regarding cleanliness and hygiene measures including proper handwashing techniques. They are provided equipment and facilities to accommodate such endeavors.

- Students with signs and symptoms of communicable diseases are excluded from school for the period of communicability and readmitted in accordance with recommendations of the personal physician, DHHS Regulations for Control of Communicable Disease, and local school district policy.

- The school nurse is responsible for providing or arranging in-service education for teachers and school staff regarding the signs and symptoms of common communicable illness, mode of transmission, and period of communicability. Information should include local school district policies governing exclusion and readmission and a mechanism for health service referrals. The chart “Control of Communicable Disease in Schools,” Section E-1.60, may be helpful as a teaching aid and a useful ready reference for teachers.

- Local school district policies should be developed in accordance with the “Recommendations Concerning School Attendance of Children with AIDS and HIV Infection.” (Section E-1.51)

- The school nurse should serve as the in-school case coordinator for the student who has a chronic infectious disease. He/she is responsible for monitoring and assessing students with infectious diseases and maintaining liaisons with the student’s home, community health agencies, and personal physician.

- The student with a suppressed immune system may need to be temporarily removed from school for his or her own protection during an outbreak of contagious disease among classmates. The decision to remove the student is made by the student’s physician and parent in consultation with the nurse.
According to G.S. 130A, Article a, Part 2 and 15A NCAC 19A.0406, physicians, local health departments and the Division of Public Health shall, upon request and without consent, release immunization information to schools (K-12), licensed registered child care facilities, Head Start, colleges and universities, HMOs and other state and local health departments outside of N.C.
AN ACT TO ENSURE THAT EDUCATIONAL MATERIALS ARE PROVIDED SO THAT SCHOOLS PROVIDE INFORMATION TO PARENTS AND GUARDIANS CONCERNING MENINGOCOCCAL MENINGITIS AND INFLUENZA AND THEIR VACCINES.

The General Assembly of North Carolina enacts:

SECTION 1. This act shall be known as "Garrett's Law".

SECTION 2. G.S. 115C-47 is amended by adding a new subdivision to read:
"(44) To Ensure that Schools Provide Information Concerning Meningococcal Meningitis and Influenza and Their Vaccines. - Local boards of education shall ensure that schools provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children."

SECTION 3. G.S. 115C-238.29F(a) reads as rewritten:
"(a) Health and Safety Standards. - A charter school shall meet the same health and safety requirements required of a local school administrative unit. The Department of Public Instruction shall ensure that charter schools provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children."

SECTION 4. G.S. 115C-548 reads as rewritten:
"§ 115C-548. Attendance; health and safety regulations.
Each private church school or school of religious charter shall make, and maintain annual attendance and disease immunization records for each pupil enrolled and regularly attending classes. Attendance by a child at any school to which this Part relates and which complies with this Part shall satisfy the requirements of compulsory school attendance. Provided, however, that such attendance so long as the school operates on a regular schedule, excluding reasonable holidays and vacations, during at least nine calendar months of the year. Each school shall be subject to reasonable fire, health and
safety inspections by State, county and municipal authorities as required by law.  

The Division of Nonpublic Education, Department of Administration, shall ensure that materials are provided to these schools so that they can provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information may be provided electronically or on the Division's Web page. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children."

SECTION 5. G.S. 115C-556 reads as rewritten:

"§ 115C-556. Attendance; health and safety regulations.

Each qualified nonpublic school shall make, and maintain annual attendance and disease immunization records for each pupil enrolled and regularly attending classes. Attendance by a child at any school to which this Part relates and which complies with this Part shall satisfy the requirements of compulsory school attendance. Provided, however, that such attendance so long as the school operates on a regular schedule, excluding reasonable holidays and vacations, during at least nine calendar months of the year. Each school shall be subject to reasonable fire, health and safety inspections by State, county and municipal authorities as required by law.

The Division of Nonpublic Education, Department of Administration, shall ensure that materials are provided to each qualified nonpublic school so that the school can provide parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of every school year. This information may be provided electronically or on the Division's Web page. This information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children."

SECTION 6. G.S. 115C-565 reads as rewritten:

"§ 115C-565. Requirements exclusive.

No school which complies with this Part shall be subject to any other provision of law relating to education except requirements of law respecting immunization. The Division of Nonpublic Education, Department of Administration, shall provide to home schools information about meningococcal meningitis and influenza and their vaccines. This information may be provided electronically or on the Division's Web page. The information shall include the causes, symptoms, and how meningococcal meningitis and influenza are spread and the places where parents and guardians may obtain additional information and vaccinations for their children."

SECTION 7. The Division of Public Health, Department of Health and Human Services, shall make available sample educational materials that can be provided to parents and guardians. The Division shall provide these materials to (i) local school administrative units for public schools other than charter schools, (ii) the Department of Public Instruction for charter schools, and (iii) the Division of Nonpublic Education, Department of Administration, for nonpublic schools including home schools. These materials may be provided electronically.

SECTION 8. This act becomes effective July 1, 2004, beginning with the 2004-2005 school year.

In the General Assembly read three times and ratified this the 8th day of July, 2004.
s/ Beverly E. Perdue
President of the Senate

s/ Richard T. Morgan
Speaker of the House of Representatives

s/ Michael F. Easley
Governor

Approved 2:26 p.m. this 17th day of July, 2004
In compliance with 10A NCAC 41A .0206, which relates to the control measures for communicable disease and the protection of school children in preventing the transmission of Hepatitis B and HIV from health care workers to students, the following will be observed:

1. Each student requiring an invasive procedure will have a written plan developed by the school health nurse who has been specifically trained in infection control by an approved individual/agency.

2. Specially trained school health nurses will provide training and annual reviews to all school personnel who deal with children who may be at risk for exposure to bloodborne pathogens.

3. Any student or staff member who sustains an exposure will be referred to the appropriate health care provider for guidance and follow-up. This includes both the source contact and the exposed contact.

Adopted 4/14/97
Bloodborne Pathogen

It is the policy of the Rowan-Salisbury School Board of Education to limit occupational exposure of employees to blood and other potentially infectious body fluids and materials that may transmit bloodborne pathogens and lead to disease or death.

A. Employees who could be "reasonably anticipated" as a result of performing required job duties to face contact with blood or other potentially infectious materials are covered by the OSHA Bloodborne Pathogens Standard and by this policy. "Occupational exposure" includes any reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Good Samaritan" acts such as assisting a co-worker or student with a nosebleed would not be considered "reasonably anticipated occupational exposure." Universal precautions will be in force at all times: In dealing with the cleaning or decontamination of any blood or body fluid, potentially infectious materials shall be handled as if infected. The program standards for the control of potential exposure to HIV and HBV as outlined in the "Occupational Exposure to Bloodborne Pathogens" standard 190.1030 or the most current standard available will be followed.

B. The Superintendent will ensure that:
   1. All elements of the Exposure Control Plan including but not limited to exposure determination, work practice standards, Hepatitis B vaccination procedures, training requirements and record keeping are met.
   2. All employees have access to a copy of the Bloodborne Pathogens Policy and Exposure Control Plan.
   3. This policy is reviewed and updated annually.

C. An employee who suspects that he/she has a blood or body fluid exposure may request to be tested at the school system's expense, provided that the suspected exposure poses a significant risk of transmission. The HIV and HBV testing of a person who is the source of an exposure that poses a significant risk of transmission will be conducted in accordance with 15AN.V. Administrative Code 19A.0202(4) (HIV) and 19A.0203(b) (3) (HBV). The school system will strictly adhere to existing confidentiality, rules and laws regarding employees with communicable diseases including HIV or HBV-associated conditions.

Adopted 04-14-97
Amended 07-14-03
HIV/AIDS Regulation

In an attempt to maintain a balance between education for all eligible students and the control of the communicable disease of HIV Infection and AIDS, the Board of Education requires that no child or employee with HIV/AIDS shall be denied access to school on the basis of an opinion by a single individual. All decisions regarding the educational status of a student or an employee with HIV/AIDS shall follow the steps outlined in this Regulation:

Legal Reference:
G.S. 130A-144
15A NCAC 19A .0202

1. Most children with HIV infection or AIDS represent no threat for transmission of the disease in the classroom and should be provided an education in the usual manner.

2. Screening for HIV infection is inappropriate as a condition for school attendance.

3. Students with HIV infection that are unable to control normal body functions (e.g. bowel and bladder control), who have behavioral abnormalities (e.g. biting and other aggressive behaviors), or who have open, oozing sores or wounds which cannot be adequately covered may pose a risk for HIV transmission to others and should be removed from the classroom. A child with AIDS/HIV infection may be temporarily removed from the classroom until either an appropriate alternative educational program can be established, or the child’s personal physician determines that the risk to the child or to others has abated and recommends to the interdisciplinary committee that the child can return to the classroom.

4. The attending physician of a child who is infected with HIV and who may pose a significant risk of transmission in the school setting shall notify the Rowan-Salisbury Health Department (RCHD) Health Director. If the child is enrolled in the Rowan-Salisbury Schools and the RCHD Health Director determines that there may be significant risk of transmission, the RCHD Health Director shall consult with the interdisciplinary committee, which shall include appropriate school personnel, a medical expert, and the child’s parent or guardian to assist in investigation and determination of risk. This committee shall be appointed by the superintendent within three working days of notification, at which time the RCHD Health Director shall consult with the committee. The deliberations of this committee shall be confidential. If the RCHD Health Director determines, after consultation with the committee that a significant risk of transmission exists, the RCHD Health Director shall:

   A. Notify the parents.
   B. Notify the committee.
   C. Assist the committee in determining whether an adjustment can be made to the student’s school program to eliminate significant risk of transmission.
   D. Determine if alternative educational setting is necessary to protect the public health.
   E. Instruct the superintendent concerning appropriate protective measures to be eliminated in the alternative educational setting developed by personnel on the committee.
   F. Consult with the superintendent to determine which school personnel directly involved with the child need to be notified of the HIV infection in order to present transmission and insure protecting confidentiality.

Periodic re-evaluation, as determined by the committee, should be established for each identified student since the condition will not remain the same.

The attending physician shall notify the RCHD Health Director when the physician, in good faith, has reasonable cause to suspect that a patient infected with HIV is not following, or cannot follow, control measures and is thereby causing a significant risk of transmission. Any other person may notify the RCHD Health Director when the person, in good faith, has reasonable cause to suspect
that a person infected with HIV is not following control measures and is thereby causing a significant risk of transmission.

5. Children, whose resistance to infection is so hindered/hampered by AIDS that contact with other children and common illnesses seriously threaten their well-being, should be provided alternative educational program instruction.

6. Confidentiality must be strictly protected by the school system for all children with HIV infection. No one besides the child’s physician has an absolute need to know of the child’s primary diagnosis. The number of personnel aware of the child’s condition should be kept to a minimum needed to insure proper care of the child. The family has a right to inform the school. If this should occur, the person receiving the call should immediately notify the principal who will notify the superintendent who will in turn contact the RCHD Health Director. Persons involved in the care and education of an infected student must respect the student’s right to privacy. This information must be kept strictly confidential.

7. When possible, school officials should notify parents of children with HIV/AIDS and other illnesses where the immune system is compromised when illnesses that may represent a threat to such children are occurring in the school. These include chickenpox, whooping cough, meningitis, influenza or other serious reportable diseases.

8. North Carolina General Statute 130A-136 requires school officials to report certain disease, including AIDS, to their RCHD Health Director. Confidentiality of such reports is protected by law (G.S. 130A-143), and officials cannot be held liable for reporting (G.S. 130A-142).

9. Guidelines for cleaning up blood or body fluid spills should be followed at all times (see Rowan-Salisbury Schools Health Policies and Procedures Manual and Bloodborne Pathogen Plan). These universal precautions will reduce the risk of infection from HIV infection, Hepatitis B, Herpes virus and other infectious agents.

10. In order to provide a safe working and learning environment for students and employees, an employee with any communicable disease (including HIV/AIDS) who has open, oozing, uncovered wounds, inability to control bodily functions, or who might otherwise pose a serious threat to the safety/health of students or other employees, will be placed on leave by the superintendent until such time that the threat no longer exists.

11. The Board does not intend to place unreasonable health restrictions on its employees. Therefore, no general screening for HIV infection or other health related requirements beyond those required by the State will be required by this Board.

12. Rowan-Salisbury School employees who have HIV infection shall follow the control measures as prescribed in the law, including skin testing for tuberculosis. Unless these individuals have secondary infections or skin lesions, these control measures do not require restrictions in the work place.

Adopted 4/14/97
Recommendations for Managing HIV Infection and AIDS in School

Acquired Immune Deficiency Syndrome (AIDS) was first recognized in 1981. The Human Immunodeficiency Virus (HIV), the causative agent, was identified in 1984. This virus is transmitted through direct exposure to blood and blood products, sexually, and perinatally by infected mothers to their infants at or prior to birth. The virus is not transmitted by casual contact, a fact attested to by the absence of cases in household contacts of AIDS patients who were neither sexual partners nor needle sharers. HIV infection is more difficult to acquire than Hepatitis B, which is transmitted in the same manner. As noted above, children may acquire HIV infection perinatally from infected mothers or through transfusion of contaminated blood or blood products. While some of these children may be too ill to attend school, many others will be well enough to do so.

1. Most children with AIDS or HIV infection represent no threat for HIV transmission in the classroom and should be provided an education in the usual manner.

2. Screening for HIV antibodies is inappropriate as a condition for school attendance.

3. Children with HIV infection who have behavioral abnormalities (e.g., aggressive and/or destructive behaviors, biting others) or who have open oozing wounds or sores which cannot be adequately covered may pose a risk for HIV transmission to others. If the attending physician of a child infected with HIV believes that the child may pose a risk of transmission in the classroom, the physician shall notify the local health director as required by 15A NCAC 19A .0201(3). The local health director and the school superintendent or private school director shall then act in accordance with public health regulations to determine whether the child can safely attend school or, if necessary, define an appropriate alternative educational setting.

4. Confidentiality must be strictly protected by the school system for all children known to have HIV infection.

5. School officials should notify parents of children known to have AIDS or HIV infection when illnesses that may represent a threat to immuno-suppressed children are occurring in the school. These include chickenpox, measles, whooping cough, meningitis, and influenzae.

6. Guidelines for cleaning up blood or body fluid spills should be followed at all times. See “Guidelines for Handling Body Fluids”. These provisions will prevent infection with HIV, Hepatitis B, Herpes Virus, and other infectious agents.

7. School personnel should receiving training in how HIV/AIDS and other infectious diseases are acquired, how transmission can be prevented, and how to handle body fluids in schools.

8. North Carolina law requires that public schools educate students, teachers and parents about AIDS and how they can protect themselves from acquiring HIV infection. (G.S.115C-81(el.)
Recommendations Concerning School Attendance of Students with HIV Infection and AIDS

The following public health recommendations address the school attendance of children with Acquired Immune Deficiency Syndrome (AIDS) or with infection by the Human Immunodeficiency Virus (HIV), which causes AIDS. These recommendations follow guidelines developed by the United States Public Health Service.

1. Risk of transmission of HIV infection is virtually non-existent in the normal unrestricted school setting since the primary pathways of HIV infection do not exist in school activities. For this reason, children with AIDS or HIV infection should be allowed to attend school and after-school day care without restriction, except when medical or behavioral impairments exist which are severe enough to be a hazard to the infected child or to his/her classmates. (See 2 and 3 below)

2. Infected children, who may be neurologically impaired, lack control of body functions, bite, or have uncoverable oozing lesions should be educated in restricted settings until their medical or behavioral problems improve. Educational settings should minimize exposure to other children to blood or body fluids. This should be carried out in accordance with administrative code NC 15A NCAC 19A.0202(3)

3. The decision to limit the educational setting for any particular child because of medical or behavioral reasons should be made jointly by the child’s physician, public health personnel, the child’s parent or guardian, and personal associated with the particular school. Decisions should be made on an individual case-by-case basis after weighing risks and benefits to the infected child as well as to others in the school or day care setting.

4. Teachers or other employees, including food handlers, who may have AIDS or HIV infection should be under no work restrictions. They present no appreciable infectious risk to school children or other employees under normal school work conditions.

5. Persons providing care and education for children with AIDS or HIV infection should respect each child’s right to privacy, including maintaining confidentiality. The number of personnel aware of the child’s condition should be kept to a minimum/(NC130A-143).
Universal Precautions: 
Guidelines for Handling Body Fluids

(Note: Guidelines included here apply to other circumstances as well as HIV Infection.)

Some body fluids may contain a variety of germs (bacteria and viruses), it is important for all school personnel to know how to clean up properly to prevent the spread of infection to students, school personnel, and to themselves.

While body fluids often contain various germs, it is unusual for illnesses to be spread in this manner when ordinary hygiene practices are observed. In order to cause disease, germs must find their way to the part of the body they infect through a specific route (e.g. the mouth, nose, or break in the skin). They must also enter in sufficient numbers to cause infection. Most body fluids contain too few germs to cause infection unless they are placed directly in the bloodstream or people fail to wash their hands after contamination and then place their hands or other contaminated objects into their mouths. Though this is unlikely to occur, it is important for all blood and body fluid spills to be regarded as potentially infectious since many germs may be carried in the body without symptoms (e.g. those causing Hepatitis A and B, HIV, and Salmonella). Therefore, these guidelines should be followed in all cases regardless of whether or not the source is known or appears to be infected. By following a few simple steps, clean-up can be an effective and safe procedure.

1. Disposable gloves should be worn when cleaning up blood, feces, vomitus, and urine. This is to be done in addition to, not as a substitute for, hand washing. Using non-latex gloves decreases the possibility of becoming latex-sensitive and protects those who are.

2. Hands should be washed thoroughly as soon as practical following exposure to body fluids such as blood, vomitus, feces, urine, saliva, nasal, or other respiratory secretions. Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for at least 10 seconds.

3. Wiping up body fluids is an essential step and may be done with paper towels. Drying or sanitary absorbing agents may be used with large volumes of body fluids (e.g., vomitus). These products are not, however, disinfectants. All disposable clean-up materials should be placed in a sealed plastic bag for discarding. Non-disposable items such as dust pans and brooms should be cleaned with one of the disinfectants approved by the Rowan-Salisbury Schools. Check with the Custodian Supervisor or the Director of Student Services.

4. Hard surfaces like desks, walls, floors should be washed with a disinfectant approved by the Rowan-Salisbury Schools.

5. Carpets stained with body fluids should be wiped clean, followed by shampooing with a commercially available rug shampoo.

6. Clothing or throw rugs contaminated with body fluids should have the fluids wiped away with a paper towel and then should be laundered.
The following table provides examples of particular germs that may occur in body fluids of children and the respective transmission concerns. With the exception of blood, which is normally sterile, the body fluids with which one may come in contact usually contain many organisms, some of which may cause disease. Many germs may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including the AIDS and Hepatitis viruses. Because simple precautions are not always carried out, transmission of communicable diseases is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals.

### Transmission Concerns in the School Setting
#### Body Fluid Source of Infectious Agents

<table>
<thead>
<tr>
<th>Body Fluid-Source</th>
<th>Organism of Concern</th>
<th>Transmission Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Hepatitis B virus</td>
<td>Bloodstream inoculation</td>
</tr>
<tr>
<td>- cuts/abrasions</td>
<td>AIDS virus (HIV)</td>
<td>through cuts and abrasions on hands</td>
</tr>
<tr>
<td>- nosebleeds</td>
<td>Cytomegalovirus</td>
<td></td>
</tr>
<tr>
<td>- menses</td>
<td>Hepatitis C virus</td>
<td>Direct bloodstream inoculation</td>
</tr>
<tr>
<td>- contaminated needle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feces</td>
<td>Salmonella bacteria</td>
<td>Oral inoculation from contaminated hands</td>
</tr>
<tr>
<td>- incontinence</td>
<td>Shigella bacteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis A virus</td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td>Cytomegalovirus</td>
<td>Bloodstream and oral inoculation from</td>
</tr>
<tr>
<td>Incontinence</td>
<td></td>
<td>contaminated hands</td>
</tr>
<tr>
<td>Respiratory secretions</td>
<td>Mononucleosis virus</td>
<td>Oral inoculation from contaminated hands</td>
</tr>
<tr>
<td>- saliva</td>
<td>Common cold virus</td>
<td></td>
</tr>
<tr>
<td>- nasal discharge</td>
<td>influenzae virus</td>
<td></td>
</tr>
<tr>
<td>Vomitus</td>
<td>Gastrointestinal virus</td>
<td>Oral inoculation from contaminated hands</td>
</tr>
</tbody>
</table>
INVESTIGATION OF PERCUTANEOUS/PERMUCOSAL EXPOSURE TO BLOOD OR BODY FLUIDS

Incident Occurs

School Staff will follow injury response procedures of the School system.

School nurse notified by School staff.

School nurse determines if event has resulted in possible exposure to blood or body fluid.

No possible exposure has occurred.

Possible exposure may have occurred.

No intervention other than basic aid and validating that parent(s) are notified.

School nurse determines who is exposed and who is source.

Exposed or source is a school employee.

Exposed or source is a student.

Exposed or source is a volunteer or guest of Rowan-Salisbury.

Refer to school system Workman's comp

Refer to student's primary care provider.

Refer to his/her primary care provider.
To: ______________________________                          Date __________________
    Healthcare Provider

From: ____________________________                  Phone _________________
    School Nurse

Regarding: _______________________________            DOB __________________
    Student Name

_________________________________________          Phone _________________
    Parent/Guardian

The above named student has been identified as the source in a potential bloodborne
pathogen exposure as defined by the NC Law (15A NCAC 19A.0202 and .0203). The
parent/guardian has identified you as the primary healthcare provider for this student.

The exposed individual’s healthcare provider has determined that a possible
exposure has occurred. According to NC Law the following must be done on the
source student:

• Laboratory testing for the presence of Hepatitis B, Hepatitis C and HIV infection.

• Appropriate communication of the above laboratory results to the exposed
person’s healthcare provider. In order to facilitate communication, contact
information regarding the exposed individual is listed below.

If you have any questions, please feel free to call me. Thank you for taking care of
this in the required time frame.

Exposed Individual

________________________________________
    Name

________________________________________
    Date of Birth

________________________________________
    Healthcare Provider

________________________________________
    Telephone Number/Fax

** School Nurse to fax this form to Healthcare Provider’s office**
The above named individual has been involved in a potential bloodborne pathogen exposure as defined in NC 15A.0202 and .0203. If your evaluation determines a possible bloodborne pathogen exposure has occurred the following must be done:

- Appropriate testing of the source individual for Hepatitis B, Hepatitis C and HIV.
- Appropriate medical care for the exposed individual based on the source individual’s laboratory test results.
- If you determined a possible exposure has occurred and the source needs to be tested, please contact the school nurse to assist with follow-up.
- In order to facilitate communication, contact information regarding the source individual is listed below.

If you have any questions please feel free to call me. Thank you for completing this in the required time frame.

**School Nurse is to fax form to the Healthcare Provider**