

Procedure: Infectious Diseases

Infectious Diseases

Certain microorganisms in the body cause infectious diseases. Infectious diseases may or may not be communicable or in a contagious state.

ESD 112 may control diseases in a contagious state by excluding an infected student from an ESD 112 program, or by referring the infected student for medical attention. ESD 112 employees must advise the program nurse and program director or designee when a student exhibits symptoms of an infectious disease based on the criteria outlined in this procedure. Employees should provide the program nurse and program director as much health information as is known about the case in a timely manner so that appropriate action can be initiated. (See [DOH's Infectious Disease Control Guide for School Staff, IDCGSS](#)).

List of Reportable Diseases

In consultation with the program nurse, ESD 112 will report a suspected disease or a disease with a known diagnosis to the local health department as indicated on the Notifiable Conditions page of the Washington State Department of Health's website.

Cluster of Cases

The occurrence of any generalized (covering greater than 75% of the body) rash with or without fever, cough, runny nose, or reddened eyes in an ESD direct service program MUST be reported IMMEDIATELY to the program nurse who will in turn report as necessary to the local health department. Localized rash cases diagnosed as unrelated to a contagious disease, such as diaper rash, poison oak, etc. need not be reported. In addition to rash illnesses, any unusual cluster of infectious diseases must be reported to the program nurse, who will report to the local health jurisdiction as necessary. To determine if there is a "cluster," the program nurse should refer to the local health department for current definition of what constitutes a "cluster."

Identification and follow-up

1. The length of absence that is required for a student that is ill from a contagious disease is determined by the directions given in the [IDCGSS](#) or instructions provided by the student's licensed health care provider, and/or the local health officer.
2. The program director is responsible for enforcing all exclusions.
3. Follow-up of suspected communicable disease cases should be carried out in order to determine any action necessary to prevent the spread of the disease.
4. Employees should follow the directions of the local health officer and WA DOH guidelines for mitigation measures. Questions should be referred to the program nurse for guidance.

Reporting at the program level

1. A student with a diagnosed reportable condition will be reported to the local health officer (or state health officer if local health officer is not available) as per schedule.
2. When symptoms of communicable disease are detected in a student enrolled in an ESD 112 direct service program, the procedure for addressing an ill or injured student will be followed. In all instances, the program nurse or program director will:

- a. Notify the parent/guardian or emergency contact to advise of the signs and symptoms.
- b. Arrange for a parent/guardian to pick up the student as soon as possible; recommend follow-up with a licensed health care provider.
- c. Notify the program nurse to ensure appropriate health-related interventions are in place.
- d. Keep the student isolated, but observed until the parent/guardian arrives.

Note: When the student is fourteen years or older, and the symptoms are of a sexually transmitted infection, the student has confidentiality rights that prohibit notification of anyone but the health department.

First aid procedures

1. Students should be asked to wash their own wound areas with soap and water with employee supervision and guidance when practicable. If an employee needs to wash a minor wound, implement the following practices:
 - a. Wash the wound with soap and water;
 - b. Wear gloves if possible if you may have contact with wound secretions or any bodily fluids;
 - c. Discard gloves and any cleansing materials in a lined trash container that is disposed of daily according to WAC 296-823 – Occupational exposure to bloodborne pathogens and included in DOH’s most recent IDCGSS;
 - d. Wash your hands before and after treating the student and after removing the gloves; and
 - e. Document treatment in the program health record.
2. Thermometers will be handled in the following manner:
 - a. Use disposable thermometers or non-mercury thermometers with disposable sheath covers when taking student temperatures;
 - b. Discard disposable sheath covers in a lined trash container that is secured and disposed of daily; and
 - c. Disinfect temporal scan thermometers after each use.

Handling of body fluids

1. Body fluids of all persons should be considered to contain potentially infectious agents (germs). Body fluids include blood, drainage from scrapes and cuts, feces, urine, vomitus, saliva, respiratory secretions, semen, and vaginal secretions.
2. Gloves must be worn when direct hand contact with body fluids is anticipated (e.g., treating nose bleeds, bleeding abrasions) and when handling clothes soiled by body fluids (e.g., urine and/or feces), when diapering children and when sanitizing space used for diapering. Hand washing is the most important intervention for preventing the spread of disease and must take place after gloves are removed and between the care of multiple students.
3. Used gloves must be discarded in a secured lined trash container, and disposed of daily according to WAC 296-823 – Bloodborne Pathogens and included in DOH’s most recent [IDCGSS](#). Hands must then be washed thoroughly.
4. Self-treatment of minor injury, when reasonable, will be encouraged.

5. Sharps will be disposed of in an approved container. Sharps containers must be maintained upright throughout use, be tamper-proof and safely out of students' reach, be replaced routinely, and not be allowed to overfill.
6. For cleaning and disinfection, follow CDC and EPA recommendations. In addition, ESD 112 will comply with [WAC 296-823 – Bloodborne Pathogens](#) and the [IDCGSS](#).

All individual student healthcare discussions and records will be treated as confidential, consistent with health and education law.

Release of information regarding the testing, test result, diagnosis, or treatment of a student for a sexually transmitted infection, Bloodborne Pathogen (BBP) illness, drug, alcohol, mental health treatment, family planning, or abortion may be made only as pursuant to an effective release and only to the degree permitted by the release. To be effective, a release must be signed and dated, must specify to whom the release may be made, and the time period for which the release is effective. Students fourteen (14) and older must authorize disclosure regarding BBP illness, sexually transmitted infection, or reproductive healthcare issues. Students thirteen (13) and older must authorize disclosure regarding drug, alcohol, or mental health treatment. Students of any age must authorize disclosure regarding family planning or abortion. Parent(s)/guardian(s) must authorize disclosure pertaining to younger students.

Any disclosure made pursuant to a release regarding reproductive healthcare, including sexually transmitted infection, BBPs, drug treatment, or alcohol treatment must be accompanied by the following statement:

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose."

Per [WAC 296-823-12005](#), ESD 112 will ensure that newly hired employees who are required by law to receive the BBPs training receive it regarding:

1. History and epidemiology of BBPs;
2. Methods of transmission of BBPs;
3. Access to copy of [WAC 296-823-12005](#) and the ESD 123 exposure control plan;
4. Prevention of exposure to BBPs, how to recognize tasks and other activities that could involve exposure to blood and other potentially infectious materials, and universal precautions for handling body fluids;
5. Methods for identifying tasks that could involve exposure to BBP and to prevent or reduce exposure;
6. Information about the hepatitis B vaccine;
7. Current treatment for symptoms of BBPs and prognosis of disease progression;
8. State and federal laws governing discrimination of persons with BBPs; and
9. State and federal laws regulate the confidentiality of a person's BBPs.

An opportunity for interactive questions and answers with a trainer must also be provided. ESD 112 will ensure that new employees receive training before staff engage in duties that may expose them to BBP then annually by law.

Continuing employees will receive information, within one (1) year of ESD 112 receipt from OSPI, on new discoveries or changes in accepted knowledge of transmission, prevention, and treatment for BBPs.

Legal References

[WAC 296-823](#) – Occupational Exposure to Bloodborne Pathogens

[RCW 70.24.105](#) – Control and Treatment of Sexually Transmitted Diseases

[WAC 296-823-12005](#) – Provide training to your employees

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