

DESCRIPTOR TERM: COMMUNICABLE DISEASES AND HEAD LICE	DESCRIPTOR CODE: 4230	ISSUED DATE: March 26, 2010
		CROSS REFERENCE:

STATUTORY PROVISIONS

G.S. 115C-307 (b) (c)

STATE BOARD POLICY

None.

LOCAL BOARD POLICY

A. Communicable Diseases

The Board recognizes its responsibility to provide a safe and secure learning environment for all eligible school-age children. It also recognizes the trauma that can accompany severe disease. In the case of severe contagious disease, strict adherence to safety measures is required.

In an attempt to maintain a balance between educating all eligible students and control of all communicable diseases, especially Acquired Immune Deficiency Syndrome (AIDS), the Board requires that no child with 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 with AIDS shall follow the steps outlined as follows:

1. Most children with AIDS or AIDS-related conditions (ARC) represent no threat for AIDS transmission in the classroom and should be provided an education in the usual manner.
2. Screening for HTLV-III antibody is inappropriate as a condition for school attendance.
3. Children HTLV-III infection who are unable to control normal bodily functions (e.g. bowel and bladder control), who have behavioral abnormalities (e.g. aggressive or destructive behaviors or biting others), or who have open oozing wounds or sores which cannot be adequately covered may pose a risk for HTLV-III transmission to others and shall be removed from the classroom until either an appropriate school program adjustment can be made, an appropriate alternative education program can be established, or the child's personal physician determines that the risk has abated and recommends that the child return to the classroom. Alternative educational programs shall approximate as much as possible the instruction the student will receive in the regular classroom.
4. An interdisciplinary committee can best determine on an individual basis which children with HTLV-III infection may safely attend school. Each case in which a child requests to attend school should be evaluated by a committee comprised of the child's personal physician, teacher, principal or designee, school nurse, local health director or designee, and a physician with expertise in managing AIDS cases. Consultation will be available from the Head of the Communicable Disease Control Branch of the North Carolina Division of Health Services. Periodic re-evaluation, as determined by the committee, should be undertaken for each case since the child's condition may either improve or worsen over time. The

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deliberations of this committee shall be confidential.

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 education program instruction.
6. Confidentiality must be strictly protected by the school system for all children with HTLV-III infection. Only the principal, school nurse, and teacher(s) shall be notified of the child's condition.
7. When possible, school officials should notify parents of children when illnesses that may represent a threat to such children are occurring in the school: chicken pox, measles, whooping cough, meningitis, influenza, or other serious reportable diseases.
8. G.S. 130A-136 requires school officials to report certain diseases, including AIDS, to their local Health Departments. 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. These provisions will prevent infection from HTLV-III, hepatitis B, herpes virus, and other infectious agents.

B. Head Lice

Any evidence of lice or nits in a child's hair will result in the following:

1. The child will be removed from the classroom. Child will be screened by principal or designee in the absence of the school nurse.
2. The principal and/or school nurse will examine the child and determine if the student has lice.
3. Parents/guardians will be notified by the principal or designee.
4. Parents/guardians will be required by the principal or designee to make arrangements to have child picked up at school.
5. Appropriate medication will be offered to the adult upon arriving at school.
6. The parent/guardian should be informed that all nits must be removed from the child's hair before the child may return to school.
7. The principal or school nurse will be responsible for inspecting the student's hair prior to the return to the classroom. Students should not be returned to class with nits. The school nurse or designee may remove nits if amount manageable. If not, parent will be notified.
8. Parent notification to unaffected students will be at the discretion of the principal.