



# Mitchell Technical Institute POLICY

| Category                     | Approval  |                |            |
|------------------------------|-----------|----------------|------------|
| Series 500: Support Services | Effective | Administration | Board      |
|                              | 2/22/10   | 12/4/09        | 2/22/10    |
|                              | Revised   |                | For Review |
|                              | 6/27/2016 |                | 2020       |

## STUDENT COMMUNICABLE DISEASES

MTI 514

Students who are afflicted with a communicable, contagious, and/or infectious disease or who are infected with communicable parasites or who are liable to transmit such a disease or parasite may be excluded from school attendance.

A determination of whether an infected student be excluded from the classroom or school activities shall be made on a case-by-case basis, under the direction of the Director of Student Services or designee.

In situations where the decision requires additional expertise and knowledge, the Director of Student Services will refer the case to an advisory committee for assistance in the decision making.

The advisory committee may be composed of:

- 1) a representative from the State Health Department;
- 2) the student's physician;
- 3) the student's parents or guardian(s);
- 4) the Director of Student Services or designee.

In making the determination, the advisory committee shall consider:

- 1) the medical condition of the student;
- 2) the expected type(s) of interaction with others in the school setting;
- 3) the impact on both the infected student and others in that setting;
- 4) the South Dakota Department of Health guidelines and policies; and
- 5) the recommendation of the County Health Officer, which may be controlling.

The advisory committee may officially request assistance from the State Department of Health.

Public information will not be revealed about the student who may be infected. If the student is permitted to remain in the school setting, the following procedure will be followed by the Director of Student Services:

Information will be provided, as appropriate, to school employees who have regular contact with the student as to the student's medical condition and other factors needed for consideration in carrying out job responsibilities.

Health guidelines for school attendance are established and interpreted within the context of the case. The guidelines are not inclusive but are available to be used as a resource.

Instruction in appropriate handling of blood and body fluids will be provided. Hand washing after contamination, food preparation and health/hygiene care performed in different sink and work areas, maintenance cleaning and other personal hygiene measures are part of creating a healthy environment.

**STUDENT COMMUNICABLE DISEASE GUIDELINES**

Numerous communicable diseases may affect a college-age population and/or school staff. Some of these have a high degree of communicability. Some are life threatening in nature. Some are both.

| <b>Disease and Incubation* Period</b>                                       | <b>Rules for School Attendance</b>  |
|---|---|
| Acquired Immune Deficiency Syndrome (AIDS)<br>6 months-five years           | Determination will be made by the Advisory Committee as outlined in the Communicable Disease policy.  |
| Chicken Pox<br>14-21 days   | The student may attend school after all pox are dry and scabbed. Adults may get 'shingles' with exposure. Persons who are immunosuppressed – e.g. leukemia or HIV – are at risk for potentially fatal disease.  |
| Cytomegalovirus (CMV) Salivary Gland Viruses                                | The student may attend school. Precautions should be taken by contacts with immunosuppression anti-cancer or organ transplants as well as anyone with suspected or known pregnancy. (May cause interuterine death or severe problems in newborns.) Good hand washing in all cases should eliminate risk of transfer of infection. |
| Fifth Disease (Erythema Infectiosum) 6-14 days                              | The student may attend school with physician's permission.  |
| Giardiasis (Intestinal Protozoan Infection) 5-25 days or longer             | The student may attend school after the third day of drug treatment. Good hand washing in all cases should eliminate risk of transfer of infection.   |
| Herpes Simplex 2-12 days  | The student may attend school during an active case if the area of lesion is covered.   |
| Impetigo Variable 4-10 days   | The student may attend school if treatment is verified and covered or dry.  |
| Infectious Hepatitis 15-40 days<br>Average 25 days                          | The student may attend school with physician's written permission.  |
| Measles (Red, Hard, Rubeola, 7-day) 8-14 days                               | The student may attend school after a minimum of 7 days. Students who have had contact with measles may attend school if immunization is up to date.  |
| Infectious Mononucleosis (Glandular Fever) 2-6 weeks                        | The student may attend school with physician's permission. The student may need adjusted school days and activities.  |
| Mumps 12-21 days  | The student may attend school after swelling has disappeared.   |
| Pediculosis (Lice, Crabs)   | Students are sent home for treatment if live lice are observed. Students are encouraged to comb out all nits. Students may be checked before returning to school. After repeated infestation of the same students, the student may be excused until all nits are removed.   |
| Rubella (3-day German measles) 14-21 days                                   | The student may attend school after a minimum of 4 days. Prevent exposure of pregnant students and staff.   |
| Scabies (7-year itch, Mites)  | The student may attend school after treatment.  |
| Streptococcal Infections (Scarlet Fever, Scarletina, Strep Throat) 1-3 days | The student may attend school 24 hours after initiating oral antibiotic therapy, and clinically well.   |

\*Time interval between initial contact with an infectious agent and the first sign or symptom of the disease.

All communicable and chronic disease should be reported to Health Services.

LEGAL REF.: SDCL 13-28-7.3