

Employee Communicable Diseases

The board recognizes its responsibility to provide a clean and healthy environment for students and school employees.

The determination of whether an infected employee be excluded from work activities shall be made on a case-by-case basis, under the direction of the principal/building administrator or designee.

In situations where the decision requires additional knowledge and expertise, the principal will refer the case to an advisory committee for assistance in determining the proper course of action.

The advisory committee may be composed of:

- 1) a representative from the State Health Department;
- 2) the employee's physician;
- 3) the employee and/or designee;
- 4) the school health service's supervisor;
- 5) the superintendent or designee; and
- 6) other appropriate school personnel.

In making the determination, the advisory committee shall consider:

- 1) the physical condition of the school employees;
- 2) the expected type(s) of interaction with others in the school setting;
- 3) the impact on both the infected school employee and others in that setting;
- 4) the South Dakota Department of Health guidelines and policies;
- 5) the status of certification of the employee as is promulgated in SDCL 13-43-3 and SDCL 13-43-3.3;
- 6) the recommendation of the County Health Officer, which may be controlling;
- 7) information regarding the infected employee which is deemed part of his/her personnel records, therefore is classified as "Confidential" as required by SDCL 1-27-3.

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

If employment of an infected employee is to be interrupted or discontinued, the employee will be entitled to use available medical leave and receive available benefits.

Public information will not be revealed about the employee who may be infected. If the employee is permitted to remain in the school setting the following procedure will be followed by the principal:

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

Health guidelines for work attendance are established and interpreted with the context of the case. The guidelines are not inclusive but are available to be used as a resource. School personnel will refer to school health professionals for specific judgments in interpreting the guidelines.

Instructions 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.

Specific health concerns may require the advisory committee to make a determination on school attendance or participation in school activities.

EMPLOYEE COMMUNICABLE DISEASE GUIDELINES

Health guidelines for work attendance are established and interpreted with the context of the situation. The guidelines are not inclusive but are available to be used as a resource. Specific needs will be addressed individually. School personnel will refer to school health professionals for specific judgments in interpreting the guidelines.

Disease & Incubation* Period Rules for Work Attendance

Acquired Immune Deficiency Syndrome (AIDS) 6 months-five years	Determination should be made by the team process as outlined in the Communicable Disease Policy. The State Department of Health guidelines on AIDS shall be used as reference.
Chicken Pox 14-21 days	An employee may attend work after all pox are dry and scabbed.
Cytomegalovirus (CMV) Salivary Gland Viruses	The employee may attend work. Precautions should be taken by contacts with immunosuppression as anti-cancer or organ transplants as well as anyone with suspected or known pregnancy. Good hand washing in all cases should eliminate risk of transfer of infection.
Giardiasis and Infectious Enteric Diseases 5-25 days or longer	The employee may attend work. Food handlers must remain at home until they have three negative stool specimens. Good hand washing in all cases should eliminate risk of transfer of infection.

Herpes Simplex 2-12 days	The employee may attend work during an active case. Good hand washing in all cases should eliminate risk of transfer of infection.
Impetigo variable 4-10 days	The employee may attend work if under treatment and dry.
Infectious Hepatitis 15-40 days Average 25 days	The employee may attend work as directed by the physician. Appropriate personal hygiene precautions should eliminate risk of transfer of infection.
Measles (Red, Hard, Rubeola, 7-day) 8-14 days	The employee may attend work after a minimum of seven days. Employees who have had contact with measles may attend work if the employee has had the measles or if immunization is up to date.
Infectious Mononucleosis (Glandular Fever) 2-6 weeks	The employee may attend work as directed by the physician.
Mumps 12-21 days	The employee may attend work after swelling has disappeared.
Pediculosis (Lice, Crabs)	The employee may attend work after treatment.
Pink Eye (Conjunctivitis) 5-12 days	The employee may attend work after the eye is clear, under treatment or with physician's written permission.
Plantar's Wart	The employee may attend work.
Ring Worm (Scalp, Body, Athlete's Foot)	The employee may attend work if the area is under treatment.
Rubella (e-day German measles) 14-21 days	The employee may attend work after a minimum of four days. Prevent exposure of pregnant women.
Scabies (7-year itch, Mites)	The employee may attend work after treatment.
Streptococcal Infections (Scarlet Fever, Scarletina, Strep Throat) 1-3 days	The employee may attend work 24 hours after initiating oral antibiotic therapy, and clinically well.

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

