

ANACORTES SCHOOL DISTRICT #103

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Procedure No. 3414-P
Students

COMMUNICABLE DISEASES

These procedures are designed to provide effective precautions against transmission of disease in the school setting. They apply to students and staff and address exposure to blood and other body fluids containing bacterial or viral agents, including the human immunodeficiency and Hepatitis B viruses.

- 1.0 The district will follow the guidelines established by the Office of the Superintendent of Public Instruction in the *Infectious Disease Control Guide for School Staff* and *Guidelines for Implementation of Hepatitis B and HIV School Employee Training* regarding control of spread and exclusion from school or students and/or staff with a variety of viral or bacterial communicable diseases and/or meeting OSHA/WISHA requirements governing occupational exposure to bloodborne pathogens.
- 2.0 **Universal Blood and Body Fluids Precautions.** No distinction is made between body fluids from persons with a known disease and those from persons with an undiagnosed illness or without symptoms. Body fluids of all persons should be considered to contain potentially infectious agents. The term "body fluids" includes blood, semen, vaginal secretions, feces, urine, discharge from scrapes and cuts, vomitus, nasal discharge, respiratory secretions and saliva.
 - 2.1 Appendix A describes examples of infectious agents that may occur in body fluid and the method of disease transmission.
 - 2.2 In order to avoid contact with body fluids, disposable gloves should be available.
 - 2.2.1 Gloves should be worn to:
 - 2.2.1.1 treat bloody noses;
 - 2.2.1.2 provide first aid for injuries involving blood or body fluid drainage;
 - 2.2.1.3 change diapers and ostomy bags, assist students in managing fecal incontinence;
 - 2.2.1.4 suction tracheostomies;
 - 2.2.1.5 catheterize students;
 - 2.2.1.6 handle contaminated clothing or other washable items; and
 - 2.2.1.7 clean contaminated surfaces and cleaning equipment.


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- 2.2.2 Used gloves should be removed inside out and also disposed of in a plastic bag or lined trash can. Hands should be washed before and after the use of gloves.
- 2.3 In the case of unanticipated contact with body fluids when gloves are not available and following the use of gloves, hands and other affected skin areas should be washed with soap and running water with vigorous friction for approximately 10 seconds.
- 2.4 Disposable items such as used tissues, diapers and paper towels should be disposed of in a plastic bag or lined trash can.
- 2.5 Contaminated clothing, towels and other non-disposable washable items should be:
 - 2.5.1 Placed in plastic bags before being sent home for washing in the case of personal items.

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- 2.5.2 Contaminated items sent to the district laundry should be bagged separately and labeled. These items are to be washed separately with soap, hot water and 1/2 cup bleach.
- 2.6 Contaminated environmental surfaces should be cleaned with a detergent/disinfectant registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals. Used water and disinfectant should be disposed of in a toilet or sewer drain. Non-disposable equipment such as dustpans, buckets and mops should be thoroughly rinsed in disinfectant. Rugs should be cleaned with a germicidal detergent rug shampoo and vacuumed thoroughly. Disposable cleaning equipment should be placed in a plastic bag before disposal.
- 2.7 In order to provide a safe learning environment, cleaning of sports equipment, uniforms, and facilities should follow standard procedures as outlined in the publication *Infectious Disease Control Guide for School Staff/WIAA*. All mats (gymnastics and wrestling) should be cleaned/disinfected at the conclusion of each days use. If an incident occurs where blood or saliva has contaminated the surface, cleaning and disinfecting should take place prior to allowing activity to continue. Gloves must be worn while cleaning contaminated surfaces and must be disposed of in an appropriate receptacle.
- 3.0 **Occupational Exposure Determination** - Occupational exposure is defined by OSHA as "reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's primary duties". Anacortes School District staff having frequent and/or routine contact with blood, skin lesions, saliva or other infected secretions and those who work with "at risk" groups must be offered the option of receiving the Hepatitis B vaccine. Occupations considered to have the potential for occupational exposure in the Anacortes School District are:

3.1 Category 1

School nurses and health room assistants who provide physical care in which blood or blood-tinged body fluids are present (suctioning, first aid, injections, etc.);



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Teachers and educational assistants providing physical care to students with exposure to blood, e.g., in classrooms for the medically fragile;

Athletic trainers and coaches providing first aid.

3.2 Category 2

Persons in casual contact with carriers in settings such as schools and offices are at minimal risk of HBV infection and vaccine is not routinely recommended for them. (MMWR February 9, 1990, p. 16)

Additional employees who may administer first aid as a collateral duty to their routine work assignment are designated as being at minimal risk and would be eligible to receive post-exposure care if an incident should occur:

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bus drivers;
coaches and assistant coaches;
building administrators;
classroom teachers and assistants;
life guards;
custodians;
communication disorder specialist and occupational/physical therapist

School District appeal process for HBV can be found under Appendix B.

4.0 Infection Control Program (ICP)

The Anacortes School District is obligated to make available pre-exposure HBV vaccination, at no cost, to all employees identified in category 1 of the Exposure Determination section. The vaccination is a series of three injections at zero, one and six month intervals shown to provide 80-90 percent efficiency in preventing infection.

4.1 Pre-Exposure — Hepatitis B vaccine shall be made available following the required employee training described in 7.2. Identified employees will be given the *Hepatitis B Immunization Consent/Waiver* form (Appendix B). One copy of this form will be maintained in the employee's personnel file for the duration of employment. One copy will serve as authorization for the medical provider to immunize the employee at district expense.

4.1.1 An employee who completes the Hepatitis B vaccination series will complete the *Documentation of Hepatitis B Vaccination* form (Appendix C) and forward it to the Personnel Office at the Administration Office. It will be kept in the employee's personnel file for the duration of employment.

4.2 Post-Exposure — On advice of the Centers for Disease Control, employees whose exposure to blood is infrequent, by nature of their job and/or strict adherence to universal blood and body fluid precautions, should consider timely post-exposure prophylaxis.



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- 5.0 **Post-Exposure Prophylaxis for Hepatitis B** Once a non-immunized employee listed has direct contact with blood or other body fluids containing blood, the following procedure should be followed:
- 5.1 The employee should report the exposure incident to his/her immediate supervisor before the end of the work day.
 - 5.2 The supervisor shall complete an *Occupational Accident Report* (Appendix D) and forward it to the Business Office. This report shall include exposed employee name, date, time, circumstances and description of incident including whether exposed employee had skin, eye, mucous membrane or bloodstream contact with the potentially infectious material.
 - 5.3 The supervisor shall immediately contact the Student Services Office. Student Services will:

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- 5.3.1 Refer the employee, within 24 hours, to the Skagit County Health Department or other licensed health care professional for evaluation and determination of the need for post-exposure prophylaxis. Such evaluation and prophylaxis shall be at no cost to the employee.
 - 5.3.2 Maintain a record in the employee's personnel file for the duration of employment, which includes:
 - 5.3.2.1 The *Occupational Accident Report* form;
 - 5.3.2.2 Information on the employee's Hepatitis B vaccination status;
 - 5.3.2.3 Documentation of consent or waiver of Hepatitis B vaccination; and
 - 5.3.2.4 A copy of the post-exposure evaluation and recommended treatment in writing from the health care professional.
 - 5.4 Students involved in health occupations should be educated to the risks of bloodborne pathogens and universal precautions.
- 6.0 **Human Immunodeficiency Virus** (HIV/AIDS) — Acquired immunodeficiency syndrome (AIDS) is caused by infection with human immunodeficiency virus (HIV). The following procedures apply to persons who do not have symptoms but have antibodies to this infection in the bloodstream (asymptomatic HIV positive); and persons diagnosed with AIDS. Should a student or staff member with HIV/AIDS be identified in the district, the following guidelines developed by the Center for Disease Control, the State Department of Social and Health Services, the American Academy of Pediatrics and the National Association of State Boards of Education will be followed.
- 6.1 The following will apply to students:
 - 6.1.1 Students infected with HIV, except for those subject to the conditions described in 6.1.3 below, should be allowed to attend school and before- and after-school care in



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an unrestricted manner because of the apparent nonexistent risk of transmission of HIV/AIDS in these settings.

- 6.1.2 The infected student should be considered eligible for all rights, privileges and services provided by law and local policy of the school district.
- 6.1.3 Following *Consent for Release of Information* (See Appendix E) provided by the parent or guardian of an infected student, communication will be established with the student's physician. The physician will be able to provide guidance with regard to any transmission risks in the school setting related to behavior, neurological impairment or other medical conditions, which might warrant a more restrictive placement. Consultation from public health officials with knowledge in the field of HIV/AIDS may also be used to assist in decision-making.

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- 6.1.4 For most infected students, the benefits of a normal school setting would outweigh the risks of their acquiring potentially serious infections in that setting. Assessment of the risk to the immunosuppressed student of attending school in an unrestricted setting is best made by the student's physician who is aware of the student's immune status.
- 6.1.5 Mandatory screening of students for HIV/AIDS infection, as a condition of school entry, is not warranted by available data.
- 6.2 The following will apply to staff members:
 - 6.2.1 Mandatory screening of staff for HIV/AIDS infection, as a condition of employment, is not warranted by available data.
 - 6.2.2 Staff infected with HIV, except when determined otherwise as described in 7.2.3 below, should be permitted to remain employed in a capacity that involves contact with students or other school employees.
 - 6.2.3 Assessment of the risk of continuing employment to the welfare of the immunosuppressed staff member is best made by the employee's physician who is aware of the employee's immune status.
- 6.3 The following will apply to students and staff members:
 - 6.3.1 The confidentiality of information related to HIV/AIDS status is protected by state law (RCW 70.24.105). Employees and students cannot be required to reveal their HIV status. Voluntary disclosure of such information shall be limited only to those persons expressly authorized by the infected person or his/her parents or guardians, if the infected person is under 14 years of age. Violation of confidentiality is a misdemeanor.



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- 6.3.2 Such authorization shall be made on the *Consent for Disclosure of HIV/AIDS Status* form (Appendix E.1). This completed form shall be maintained in a manner, which protects the identity of the infected person. It shall not be a part of the regular or supplemental student record or an employee's personnel file.
- 6.3.3 Disclosure to any authorized individual shall include a copy of the *Statement of Records Confidentiality* (Appendix E.2).

7.0 **Training and Education of Employees**

- 7.1 WAC 392-198 requires one-time training for all school employees regarding bloodborne pathogens, specifically HIV/AIDS and Hepatitis B by January 1993 and thereafter within six months of employment for all new employees. The training shall be under the direction of the Superintendent or designee and shall include:

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- 7.1.1 History and epidemiology of HIV/AIDS;
 - 7.1.2 Methods of transmission;
 - 7.1.3 Methods of prevention, including universal precautions;
 - 7.1.4 Current treatment and prognosis of disease progression;
 - 7.1.5 State and federal laws governing discrimination of persons with HIV/AIDS and/or Hepatitis B, and confidentiality of HIV/Hepatitis B antibody status.
- 7.2 OSHAWISHA regulations require annual training for employees identified with reasonably anticipated occupational exposure to blood or other infectious materials. New employees, in this category, shall participate in training within ten days of employment. The training shall be under the direction of the Superintendent or designee and shall include:
 - 7.2.1 Mode of transmission of bloodborne pathogens (HIV and Hepatitis B);
 - 7.2.2 Universal blood and body fluid precautions;
 - 7.2.3 Explanation of the employer's Infection Control Program and how to obtain a copy;
 - 7.2.4 Information on the Hepatitis B vaccine;
 - 7.2.5 Explanation of procedure to follow if an exposure incident occurs, including medical follow-up;
 - 7.2.6 Explanation of the signs, labels, tags and/or color coding used to denote biohazards;
 - 7.2.7 Where to obtain a copy of WISHA standards - WAC 296-62-08001;
 - 7.2.8 How to identify tasks that may involve exposure to blood or other infectious material.
- 7.3 Following the training described in 7.2, each employee shall complete the *Hepatitis B Immunization Consent/Waiver* form (Appendix B). One copy of the form will be maintained in the employee's personnel file for the duration of employment.
- 7.4 Once an employee has completed the Hepatitis B Immunization series, the *Documentation of Hepatitis B Vaccination* form (Appendix C) must be completed. This form will be maintained in the employee's personnel file for the duration of employment.



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7.5 Records of training sessions, including the date, contents of the training and name(s) of trainers and participants shall be maintained for three years from the date of training (Appendix F).

8.0 **Handling of Information Regarding an Enrolled Student With AIDS in the Event of a Public Disclosure**

In the event the District must deal with the public disclosure of an enrolled student with AIDS, the following procedures will apply:

8.1 School nurse prepares informational handouts with general materials regarding HIV/AIDS information. These materials are filed at each building.

8.1.2 On the first day after disclosure or at another time when the principal determines the need to prepare the building to deal with the disclosure:

- a. Teachers will review informational material as provided by the principal.
 - b. A general announcement to students may be made if the principal deems it necessary.
 - c. Teachers will review informational materials in first period classrooms or as soon as possible with all students.
 - d. Principal will schedule a parent information meeting as soon as possible. Notifications of the meeting will include the School Board, Superintendent, Principals, School Nurse, health instructor(s), County health officials and local physicians.
- 8.1.3 Staff members will be informed that all media contacts will be referred to the Superintendent.
- 8.1.4 In the event that the building is unable to follow these and other procedures, the principal may need to revise certain aspects of the District's procedures. The Superintendent will be informed of these revisions in a timely manner.



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APPENDIX A

TRANSMISSION CONCERNS IN THE SCHOOL SETTING BODY FLUID SOURCE OF INFECTIOUS AGENTS

BODY FLUID SOURCE	ORGANISM OF CONCERN	TRANSMISSION CONCERN
Blood - cuts/abrasions - nosebleeds - menses - contaminated needle	Hepatitis B virus	Blood stream inoculation through cuts and abrasions on hands
	AIDS virus Cytomegalovirus	
*Feces - incontinence	Salmonella bacteria	Oral inoculation from contaminated hands
	Shigella bacteria	
	Rotavirus	
	Hepatitis A virus	
*Urine - incontinence	Cytomegalovirus	Bloodstream and oral inoculation from contaminated hands
	Mononucleosis virus	Oral inoculation from contaminated hands
Common cold virus		
Influenza virus		
Respiratory Secretions - saliva - nasal discharge	AIDS virus	Bloodstream inoculation through cuts and abrasions on hands; bites
	Hepatitis B virus	



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*Vomit	Gastrointestinal viruses, e.g., Norwalk agent Rotavirus	Oral inoculation from contaminated hands
Semen	Hepatitis B AIDS virus Gonorrhea	Sexual contact (intercourse)

* Possible transmission of AIDS and Hepatitis B is of little concern from these sources. There is no evidence at this time to suggest that the AIDS virus is present in these fluids.

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APPENDIX B

HEPATITIS B IMMUNIZATION CONSENT/WAIVER FORM

Employee's Name: _____
(please print)

Social Security # _____

Employer's Name: _____

Position: _____

I attended the Hepatitis B Education and Training Class on _____ and:
(date)

1. I understand a series of **three** injections of Hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity).
2. If I do not become protected from receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.
3. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at-risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to

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blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read and I understand the above information and wish to receive the Hepatitis B vaccine series (three doses). Also, I have no known sensitivity to yeast.

Signature

Date

I have read and I understand the above information and **do not** wish to receive the Hepatitis B vaccine series (three doses) at this time.

Signature

Date

original: personnel file

yellow: employee

pink: medical provider

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APPENDIX C

Anacortes School District #103
Anacortes WA 98221

DOCUMENTATION OF HEPATITIS B VACCINATION

Name of Employee: _____
(please print)

Position: _____

Signature: _____

I received my Hepatitis B vaccinations on the following dates:

#1 _____

#2 _____



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#3 _____

#4 _____

#5 _____

Antibody Test Results: _____

When the series of three injections have been completed, return this form to:

Personnel Office

Signature

Date

APPENDIX D

Anacortes School District #103 ACCIDENT REPORT

Student
Employee

To be completed by Business Office:

Incident #: _____

Parental insurance: _____

Describe the incident in sufficient detail to show the conditions that existed at the time of the incident. Any unsafe acts or conditions should be corrected immediately.

Retain all completed reports to the extent required by law.

School/Department: _____

Name of injured: _____ Sex: ___ Age: ___ Grade: ___

Home address: _____ Phone: _____

Date of accident: _____ Time: _____ #school days lost: _____

Location: Bldg Grnds To/From Off premises Other

Description of accident: _____

Nature of injury: _____ Part of body injured: _____



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Name/title of person in charge: _____ Present at scene? _____

Immediate action taken: _____

First aid given by (name/title): _____

Describe aid: _____

Sent to school nurse sent home 911 called sent to Hospital/Dr.

Person notified:

mother father other Phone #: _____

When notified: _____ By whom? _____

Witness name: _____ Address/phone: _____

Witness name: _____ Address/phone: _____

Person preparing report: _____ Title: _____

Principal/Supervisor signature: _____ Date: _____

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APPENDIX E.1

Anacortes School District CONSENT FOR DISCLOSURE OF HIV/AIDS STATUS

I have informed a school district employee of the HIV/AIDS status of myself or a minor child for whom I am the parent or guardian. In addition to the person to whom I disclosed this information, I request that the following named persons or other individuals serving in that job function, directly related to me or my child, also be provided with this information:

Name of HIV Positive Person: _____

Name	Job Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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I understand that this consent for disclosure is effective until such time as I revoke it in writing or execute a new consent document.

Signature Date

Relationship to HIV Positive Person

This completed form must be maintained in a manner, which protects the identity of the infected person.

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APPENDIX E.2

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STATEMENT OF RECORDS CONFIDENTIALITY

You have been provided information regarding the HIV/AIDS status of a student or employee because it was determined by the parents or guardians of the student or by the employee that you should be given this information. Please note:

This information has been disclosed to you from records whose confidentiality is protected by state law (RCW 70.24.105(2)). 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 consent for exchange of information is not sufficient to include this information.



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APPENDIX F

Anacortes Public Schools

OSHA - WISHA BLOODBORNE PATHOGENS INSERVICE

Introduction

Bloodborne Pathogen Law

Brief History

Reasons Behind It

Employee Protection

Non-Discrimination

Components (Exposure Control Plan)

Identification of Employees At-Risk for Exposure

Control Methods (engineering and workplace)

Training Requirements

HBV Vaccination

Post-Exposure Evaluation

HIV Epidemiology (transparencies)



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HBV Epidemiology (transparencies)

Universal Precautions (transparencies)

Definition

Handwashing

Protective Equipment (i.e., gloves)

Infectious Waste

Definition

Disposal

Questions/Answers

I have attended a training program that included the information listed above.

_____/_____/_____
Name Job/Title Date

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ACCOMMODATING STUDENTS WITH DIABETES

The school nurse is appointed to:

1. Consult and coordinate with the parents and health care providers of students with diabetes; and
2. Train and supervise the appropriate staff in the care of students with diabetes.

The district shall develop and follow an individual health plan for each student with diabetes. Each individual health care plan shall include an individual emergency plan element. The health plans shall be updated annually, and more frequently as needed.

Parents of students with diabetes may designate an adult to provide care for their student consistent with the student's individual health care plan. At parent request, school district employees may volunteer to be a parent-designated adult under this policy, but they shall not be required to participate. Parent-designated adults who are school employees shall file a voluntary, written, current and unexpired letter of intent stating their willingness to be a parent-designated adult. For the purposes of this form, 'parent-designated adult' means: a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care, if needed, for the child consistent with the individual health plan. The 'additional training' is for care that would otherwise be performed by a health professional licensed under RCW 18.79. Parent-designated adults who are not school employees are required to show evidence of comparable training, and meet school district requirements for volunteers. The school nurse is not responsible for the supervision of procedures authorized by the parents and carried out by the parent-designated adult.

In addition to adhering to the requirements of each individual health care plan, for the general care of students with diabetes, the district shall:

1. Acquire necessary parent requests and instructions for treatment.



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