**NJSBA POLICY SERVICES FILE CODE: 5141.2**

**X Monitored**

**X Mandated**

**Policy X Other Reasons**

***\* This is a modified model policy from the Critical Policy Reference Manual (CPRM). It has been revised to include some of the requirements of the NJDOE Guidance: The Road Back: Restart and Recovery. The changes are highlighted below.***

ILLNESS

When pupils are taken suddenly ill in school, they shall be sent or escorted to the nurse's office. If the nurse is not in the medical office, the pupil shall be sent or taken to the building principal’s office. In general, the same procedures that apply to accidents shall apply to sudden pupil illness. The chief school administrator, in cooperation with the medical inspector, shall implement this policy.

Control of Contagious Diseases or Conditions

In order to protect the health of the pupils in our schools, all regulations of the state department of education, the state department of health and the local board of health shall be scrupulously observed, particularly those dealing with contagious or infectious diseases or conditions. Pupils who have been absent because of contagious or infectious diseases or conditions must present a certificate of recovery from a licensed physician or be examined by the medical inspector.

The school nurse shall observe pupils who show evidence of communicable disease and recommend their exclusion to the school principal. Recommendations shall be consistent with reporting requirements on communicable diseases as set forth in the New Jersey Health Code. Such pupils shall be isolated in the nurse's office until a parent/guardian picks them up, and any necessary measures have been taken to prevent spread of the infection. The school nurse, under the direction of the medical inspector, shall instruct all teachers in the symptoms of the most common diseases or conditions at least once a year.

Any student with HIV infection or AIDS or who lives with or is related to someone with HIV or AIDS shall not be excluded from general education, transportation services, extracurricular activities, athletic activities, assigned to home instruction or classified as eligible for special education because of the HIV infection. The school nurse shall recommend the exclusion of any individual with weeping skin lesions that cannot be covered.

In addition to the review of health and safety measures required by law, the school nurse shall individually instruct teachers from whose classrooms a pupil has been excluded in the symptoms of the disease for which the pupil was excluded. Student rights and confidentiality shall be protected in accordance with law. No teacher shall attempt to diagnose any illness of a pupil, but shall refer suspected cases to the nurse immediately.

Contact Tracing

Contact tracing is the process used to identify those who come into contact with people who have tested positive for many contagious diseases, including COVID-19. Contact tracing is used by health departments to prevent the spread of infectious disease. In general, contact tracing involves identifying people who have an infectious disease (cases) and their contacts (people who may have been exposed) and working with them to interrupt disease transmission. For COVID-19, this includes asking cases to isolate and contacts to quarantine at home voluntarily.

All procedures will adhere to applicable federal and state law and regulations regarding privacy and the confidentiality of records.

Contact tracing for COVID-19 typically involves:

1. Interviewing people with COVID-19 to identify everyone with whom they had close contact during the time they may have been infectious;
2. Notifying contacts of their potential exposure;
3. Referring contacts for testing;
4. Monitoring contacts for signs and symptoms of COVID-19; and
5. Connecting contacts with services they might need during the self-quarantine period.

To prevent the further spread of disease, COVID-19 contacts are encouraged to stay home and maintain social distance (at least 6 feet) from others until 14 days after their last exposure to a person with COVID-19. Contacts should monitor themselves by checking their temperature twice daily and watching for symptoms of COVID-19.

The school nurse shall consult with the local health department in the development, review and revision of the district contact tracing policy and procedures. The school nurse and the building principal are the designated staff liaisons responsible for providing notifications and carrying out other components of the board’s contact tracing policy.

The school nurse in consultation with the building principal shall establish measures for a system of open communication that allows staff, students, and families to self-report symptoms and/or suspected exposure.

A staff member shall immediately notify the principal and the school nurse when he/she observes symptoms consistent with COVID 19 or becomes aware that an individual who has spent time in a district facility tests positive for COVID-19. The school nurse shall immediately notify local health officials, staff, and families of a confirmed case while maintaining confidentiality when the COVID-19 test is positive.

When the individual exhibits symptoms the school nurse will ensure that the student is taken to the designated isolation area. The nurse will examine the individual and may refer them for testing and treatment. A student exhibiting symptoms of COVID 19 may be required to submit to a COVID 19 test. The school nurse shall require the certification of a physician that the student is contagion free before readmitting a student to school. The nurse shall report all students testing positive for COVID 19 to the health department. The health department shall conduct the contact tracing.

Symptoms of COVID 19 include:

1. A fever of 100° F or greater;
2. Cough;
3. Shortness of breath or difficulty breathing;
4. Chills;
5. Repeated shaking with chills;
6. Muscle pain;
7. Headache;
8. Sore throat;
9. New loss of taste or smell;
10. Fatigue;
11. Congestion or runny nose;
12. Nausea or vomiting;
13. Diarrhea

All school and district administrators, school safety specialists, counselors, and any other staff deemed appropriate by the school and district, shall be provided information regarding the role of contact tracing in keeping school communities safe from the spread of contagious disease.

The school nurse or his or her designee shall make information available and/or conduct virtual information sessions to educate the broader school community on the importance of contact tracing.

Handling Blood and Body Fluids

The chief school administrator and medical inspector shall develop detailed routine procedures based on New Jersey administrative code and guidelines from the Centers for Disease Control for proper handling of blood and body fluids resulting from illness/accidents in the schools. These procedures shall be disseminated to all district staff and volunteers.

The medical inspector shall report all cases of communicable disease to the local board of health as required by law.

Adopted:

NJSBA Review/Update:

Readopted:

Key Words

Illness, Sickness, Body Fluids

**Legal References:** N.J.S.A. 18A:16‑6 Indemnity of officers and employees against civil actions

N.J.S.A. 18A:16‑6.1 Indemnity of officers and employees in certain criminal actions

N.J.S.A. 18A:40‑3 Lectures to teachers

N.J.S.A. 18A:40‑7 Exclusion of pupils who are ill

N.J.S.A. 18A:40‑8 Exclusion of pupils whose presence is detrimental to health and cleanliness

N.J.S.A. 18A:40‑10 Exclusion of teachers and pupils exposed to disease

N.J.S.A. 18A:40‑11 Exclusion of pupils having communicable tuberculosis

N.J.S.A. 18A:40‑12 Closing schools during epidemic

N.J.S.A. 18A:40-25 Boards of education to provide nursing care to students in nonpublic schools

N.J.S.A. 26:2T-1 Newly diagnosed Hepatitis C case; information, reports

N.J.S.A. 26:4‑6 Prohibiting attendance of teachers or pupils

N.J.S.A. 26:4‑15 Reporting of communicable diseases by physicians

N.J.S.A. 26:5C-1 et seq. AIDS Assistance Act

N.J.A.C. 6A:16-1.1 et seq. Programs to Support Student Development

See particularly:

N.J.A.C. 6A:16-1.3,

-2.1 et seq.

N.J.A.C. 8:57-1.1 et seq. Reportable Communicable Diseases

See particularly:

N.J.A.C. 8:57‑1.3, -1.7, -2

N.J.A.C. 8:61‑1.1 Attendance at school by pupils or adults infected by Human Immunodeficiency Virus (HIV)

Plainfield Board of Education v. Cooperman, 105 NJ 587 (1987)

The NJDOE Guidance: *The Road Back: Restart and Recovery* at:

[*https://www.nj.gov/education/reopening/*](https://www.nj.gov/education/reopening/)

**Possible**

**Cross References:** \*1410 Local units

\*4112.4/4212.4 Employee health

\*4131/4131.1 Staff development; inservice education/visitations/conferences

\*5113 Attendance, absences and excuses

\*5125 Pupil records

\*5131.6 Drugs, alcohol, tobacco (substance abuse)

\*5141 Health

\*5141.1 Accidents

\*5141.4 Child abuse and neglect

\*5141.8 Sports related concussion and head injury

\*5200 Nonpublic school pupils

\*6142.13 HIV prevention education

\*Indicates policy is included in the Critical Policy Reference Manual.