

SECTION 296 COMMUNICABLE DISEASE POLICY

It is the policy of the Portage Community School District, pursuant to federal, state, and local laws and regulations, and in cooperation with state and local public health agencies, to establish and maintain appropriate health standards for the school environment, to promote the good health of students and staff, and to educate students and staff in disease prevention methods and sound health practices.

In an effort to maintain a safe and healthful school environment, the District will provide educational opportunities to students and staff regarding measures that can be taken to reduce the risk of contracting or transmitting communicable diseases (including HIV infection) at school and in school-related activities.

In recognition that an individual's health status is personal and private, the District will handle information regarding students and staff with suspected or confirmed communicable diseases in accord with state and federal law regarding the confidentiality of student and staff records, while at the same time complying with applicable public health reporting requirements.

Students and staff may be excluded from school and/or school-related activities if they are suspected of or diagnosed as having a communicable disease as defined by the Department of Health and Social Services (HSS) that poses a significant health risk to others or that renders them unable adequately to perform their jobs or pursue their studies. Students and staff excluded from school pursuant to this policy may appeal their exclusion as set forth in the administrative procedure.

ADMINISTRATIVE PROCEDURE

A. Educational and Preventive Measures

1. The district will ensure that all examinations/inoculations required of students and staff have been obtained.
2. The nurse serving the school shall be responsible for the appropriate maintenance of one or more health stations (which may include a sick room and/or designated areas within school offices) in each school building. The nurse shall ensure that a first-aid kit is available in the health station, that a list of communicable diseases as defined by HSS is posted in the health station, (Exhibit A) and that information regarding the suppression and control of communicable diseases is available for review by interested students and staff.
3. Information regarding suppression and control of communicable diseases will be included as a regular part of the curriculum for students.
4. Information regarding suppression and control of communicable diseases will be included in orientation sessions for new staff and will be used periodically in training programs for existing staff.

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5. Standard procedures as set forth in the current edition of Control of Communicable Diseases in Man to prevent the spread of communicable diseases transmitted by air (such as tuberculosis, chicken pox, measles, mumps, and rubella) or by exchange of body fluids (such as hepatitis A and B, rotovirus, cytomegalovirus, salmonella, staphylococcus aureus, and AIDS) and the spread of other conditions (such as pediculosis, scabies, and body lice) will be followed by all staff in the performance of their duties.
6. Supplies and equipment appropriate to reducing the risk of transmission of communicable disease in the school environment, as determined by the nurse serving the school (in cooperation with local public health officials) and as approved by the Board of Education, will be provided in each school building for use by staff.

B. Confidentiality/Reporting

1. The principal shall function as the District's liaison with students and staff, parents and physicians, public health officials and the community at large concerning communicable disease issues in the school.
2. Any person who knows or suspects that a student or staff member has a communicable disease shall report the facts to the principal's office.
3. The principal's office will investigate the report, conferring to the extent circumstances warrant and permit with the nurse serving the school, the subject of the report, and, for student subjects, the student's parent or guardian.
4. If the presence of a communicable disease is confirmed or remains suspect, the principal will make a report to the local public health officer, as required pursuant to public health statutes and regulations.
5. The District will maintain the confidentiality of the health records of students and staff, and will not disclose any such records except to the extent required or permitted by law and essential to the safe conduct of the District's operations.

C. Exclusion from School

1. Students
 - a. Students who are suspected of having a communicable disease that could be detrimental to the health of self or others in the school environment may be sent home for diagnosis and treatment. Students who are diagnosed as having a communicable disease that renders them unable to pursue their studies or poses a significant risk of transmission to others in the school environment shall be excused from school attendance until their presence no longer poses a threat to the health of themselves or others. Exclusions hereunder shall be regarded as excused absences for purposes of Policy 506 (Attendance Rules) so long as the affected students have complied with any applicable student illness procedures, including our-of-school passes and permits to leave.

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- b. Unless referral to the health care team or M-Team is warranted, the determination as to whether and under what circumstances a student may be sent home for diagnosis and treatment or excused from school attendance shall be made by the principal. In making any such determination, the principal may consult with the nurse serving the school and, where appropriate, with local public health officials.
- c. If the disease in question appears to require a lengthy period of exclusion or to pose a serious health threat to the student or others (tuberculosis, hepatitis B and HIV infection, for example), the principal shall refer the determination to the health care team unless referral to the M-Team is warranted.
- d. For students with previously identified exceptional educational need or whose communicable disease appears likely to give rise to exceptional educational need, the principal, in consultation with the District's special education director, shall refer this determination to the M-Team. The normal membership of the M-Team making any such determination should be supplemented to the extent possible by the student's physician and parent or guardian, the local public health officer, and the principal and nurse serving the school.
- e. Before making a determination that a student should be sent home for diagnosis and treatment or excused from school attendance, the principal, health care team, or M-Team reviewing the case shall ensure that student illness procedures have been followed, shall (to the extent circumstances warrant permit) inform the student and the student's parent or guardian of the reasons for the contemplated action, and shall consider any information the student and/or the student's parent or guardian may choose to offer regarding the student's condition. If a student is sent home or excused from school attendance pursuant to this procedure, the principal shall provide prompt written notification to the student's parent or guardian of action and the reasons therefor.
- f. Alternative educational opportunities will be arranged for students who must be excused from school attendance for a significant period of time. If the exclusion is expected to last at least 30 days, homebound instruction may be requested according to existing homebound procedures.
- g. The principal, in consultation with the nurse serving the school and, where appropriate, with local health officials, shall determine when a student who has been excused from school attendance may be readmitted. As a condition of continued or renewed attendance, the District may require a statement from a student's physician that a student is in suitable condition to attend school.

h. **Appeals**

1. A parent or guardian of a minor student or an adult student who disputes the determination or action of the principal, health care team, or M-Team concerning exclusion of a student from school attendance pursuant to this procedure may appeal such determination or action by bringing or sending a complaint to: Special Education Director, Portage Community Schools, 904 De Witt Street, Portage, Wisconsin 53901.
2. A complaint must be made in writing, signed by the complainant, and submitted within 10 (ten) consecutive school days of the disputed determination or action and must contain: a) a statement of the facts, b) a statement of the relief requested, c) any necessary medical documentation, and d) consent sufficient to permit disclosure of any such medical documentation to the District officers and staff involved in resolving the complaint.
3. The special education director shall confer with the complainant within 5 consecutive school days of receipt of the complaint to verify the nature of the complaint and to explain the procedure that will be followed to resolve the complaint.
4. Complaints involving the identification, evaluation, educational placement, or provision of a free appropriate public education of a student with exceptional educational need will be resolved through the procedures contained in the District's special education handbook.
5. Complaints involving pupil discrimination on the basis of handicap or of physical, mental, emotional, or learning disability will be resolved through the procedures established by the District to comply with § 118.13 of the Wisconsin Statutes, Wisconsin Administrative Code § PI 9.04, and § 504 of the Federal Rehabilitation Act of 1973.
6. Other complaints will be resolved by the district administrator. The district administrator will confer with the parties involved and will render a written decision within 10 (ten) consecutive school days of his/her receipt of the complaint. A complainant who remains unsatisfied with the district administrator's decision may appeal to the school board. This appeal must be made in writing, signed by the complainant, and submitted to the president of the school board within 5 (five) consecutive school days of the district administrator's decision and must state the reasons for disagreement with that decision. The school board will afford the complainant a hearing, upon request, and will render a written decision within 30 (thirty) consecutive school days of receipt of the appeal or (if a hearing is held) conclusion of the hearing.
7. Except to the extent prohibited by law, and subject to section C.1.g., above, a student may be excluded from school during the pending of any appeal hereunder.

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2. Health Care Team

- a. The health care team will consist of the principal, the nurse serving the school, the special education director, the local public health officer, and--to the extent the cooperation of such individuals can be obtained--the student and/or the student's parent or guardian, and the student's physician. The team will confer, as necessary, with the District's medical consultant and legal counsel and with state public health officials.
- b. The health care team will convene at the request of the principal to determine whether and under what circumstances a student may be sent home for diagnosis and treatment or excused from school attendance. The health care team may also receive referrals for the purpose of formulating recommendations regarding educational program modification short of exclusion that could permit the student to attend school without posing a significant threat to the health of self or others.
- c. The health status of a student temporarily removed from the usual school setting to protect the health of self or other will be reevaluated by the health care team at regular intervals.
- d. The health care team may provide information to the district administrator and Board to the extent permitted in light of confidentiality requirements.

3. Staff

- a. If there is reasonable cause to believe that a staff member has a communicable disease that could be detrimental to the health of self or others in the school environment, the District reserves the right, in consultation with the nurse serving the school and in accord with existing teacher attendance and other Board policies and collective bargaining agreement provisions, to require a medical examination of the staff member at District expense and a physician's statement indicating whether the staff member is in suitable condition to continue working.
- b. Staff who are diagnosed as having a communicable disease that poses a significant health risk to others in the school environment or that renders them unable adequately to perform their duties shall be excused from work.
- c. The determination as to whether and under what circumstances a staff member's communicable disease poses a significant health risk to others in the school environment or makes adequate performance impossible shall be made by the district administrator (or designee), in consultation with the nurse serving the school and, where appropriate, with local public health officials.

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- d. Before making a determination that a staff member should be excused from work, the district administrator shall inform the staff member of the reasons for the contemplated action and shall consider any information the staff member may choose to offer regarding his/her condition. The district administrator shall also consider whether a reasonable accommodation could eliminate the health risk to the staff member or others and/or permit adequate performance.
- e. The district administrator shall provide written notice to any staff member excused from work pursuant to this procedure. Staff so excused may utilize any available alternative employment opportunities for which they are eligible under existing Board policies and collective bargaining agreement provisions—which may include sick leave, unpaid leave of absence, or reassignment—but are not guaranteed continued or renewed employment except to the extent provided under such policies and provisions.
- f. Appeals
 - 1. Staff excused from work pursuant to this procedure and subject to a collective bargaining agreement may appeal the district administrator’s determination or action according to the grievance procedure set forth in the collective bargaining agreement.
 - 2. Staff excused from work pursuant to this procedure and not subject to a collective bargaining agreement may appeal the district administrator’s determination or action according to the procedure set forth in paragraph C.1.h.2 and 6, above.
 - 3. Except to the extent prohibited by law, a staff member may be excused from work during the pendency of any appeal hereunder.

D. HIV Infection/Aids

- 1. General
 - a. In addition to maintaining normal confidentiality regarding health records of students and staff, the District will not disclose the results of a test for the presence of an antibody to HIV except as expressly authorized by the test subject or by law.
 - b. Except as authorized by the affected staff member or student and/or the student’s parent or guardian, knowledge that a student or staff member is HIV-infected will be disclosed only to those persons with a direct need to know.
 - b. Health records of students and staff concerning HIV infections will be kept separate from the remainder of the affected individuals’ records and will be disclosed only to the extent required or permitted by law.

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2. Students

- a. As a general rule, students suspected of or diagnosed as being HIV-infected will be allowed to attend school in their regular classroom setting and should be considered eligible for all rights, privileges, and services provided by law and District policy.
- b. Decisions regarding the type of educational setting appropriate for suspected or diagnosed HIV-infected students will be made on an individual basis and will be based, whenever possible, on an objective assessment by the health care team or M-Team of the behavior, neurological development, and physical condition of each affected student and of the student's expected type of interaction with others in that setting.
- c. If it is determined that an HIV-infected student poses a significant risk to the health of students or staff- - for example, if the student lacks toilet training, has open sores that cannot be covered, or demonstrates behavior such as biting that could result in direct inoculation of potentially infected body fluids into the bloodstream of another - -the student may be placed in a more restricted setting. If homebound instruction is provided, the homebound tutor will be advised regarding the standards to be followed to prevent transmission of communicable diseases through exchange of body fluids.
- d. HIV-infected students may be immunodeficient and their health may therefore be threatened when other communicable diseases are present in the school environment. For each student known to be HIV-infected, the nurse serving the school will notify the student a/or the student's parent or guardian if an outbreak of a dangerous communicable disease occurs in the school. Upon the recommendation of the nurse, students who may be exposed to a significant health risk because of their own immunodeficiencies may be excused from school attendance by the principal, upon request, until such time as the risk has abated. Alternative educational opportunities will be arranged for students who are excused for a significant period of time.

3. Staff

- a. The District will not solicit or require a test for the presence of an antibody to HIV as a condition of employment and will not affect the terms, conditions, or privileges of employment of any staff member because the staff member obtained such a test.

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- b. HIV-infected staff may be immunodeficient and their health may therefore be threatened when other communicable diseases are present in the school environment. The nurse serving the school will notify each staff member known to be HIV-infected if an outbreak of a dangerous communicable disease occurs in the school. Upon recommendation of the nurse, staff who may be exposed to a significant health risk because their own immunodeficiencies may be excused from performance of their regular duties by the district administrator, upon request, until such time as the risk has abated. During this period, at the discretion of the District, staff so excused may be reassigned to other duties. Such temporary reassignment shall not be governed by Board policies and collective bargaining agreement provisions concerning transfers or pupil contact days. Staff not reassigned may utilize any available alternative employment opportunities for which they are eligible under Board policies and collective bargaining agreement provisions.

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**EXHIBIT A
HEALTH AND SOCIAL SERVICES
COMMUNICABLE DISEASES**

CATEGORY I:

The following diseases are of urgent health importance and shall be reported **IMMEDIATELY BY TELEPHONE** to the local health officer upon identification of a case or suspected case. Complete and mail an Acute and Communicable Disease Case Report (DPH 4151) to the local health officer within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax	Pertussis (whooping cough)
Botulism	Plague
Botulism, infant	Poliomyelitis
Cholera	Rabies (human)
Diphtheria	Ricin toxin
Food or water-borne outbreaks	Rubella
Haemophilus influenzae	Rubella (congenital syndrome)
Hepatitis A	Smallpox
Hantavirus	Tuberculosis
Measles	Yellow fever
Meningococcal disease	

CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DPH 4151) or by other means within 72 hours of the identification of a case or suspect case. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (b).

Amebiasis		
Arboviral infection		
Babesiosis	Kawasaki disease	
Blastomycosis	Legionellosis	
Brucellosis	Leprosy	Shigellosis
Campylobacter	Leptospirosis	Streptococcus group A invasive disease
Cat Scratch Disease	Listeriosis	Streptococcus group B invasive disease
Cryptosporidiosis	Lyme disease	Streptococcus pneumoniae invasive disease
Cyclosporiasis	Malaria	*Tetanus
E-coli	Meningitis, bacterial	Toxic shock syndrome
Encephalitis, viral	Meningitis, viral	Toxic substance related diseases: Infant methemoglobinemia
Ehrlichiosis	*Mumps	Lead intoxication
Giardiasis	Mycobacterial disease	Other metal and pesticide poisonings
Hemolytic uremic syndrome	Psittacosis	Toxoplasmosis
*Hepatitis B	Q fever	Trichinosis
Hepatitis C	Reye syndrome	Tularemia
Hepatitis non-A, non-B	Rheumatic fever	Typhoid fever
Hepatitis D	Rocky Mountain spotted fever	Varicella (chickenpox)
Hepatitis E	Salmonellosis	Yersiniosis
Histoplasmosis	Sexually Transmitted diseases:	
	Chancroid	
	Chlamydia trachomatis	
	Genital herpes infection	
	Gonorrhea	
	Pelvic inflammatory disease	
	Syphilis	

* For diseases preceded by an asterisk (*) in Categories I and II give vaccination history.

Report any suspected outbreaks of other acute or occupationally-related diseases

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS case report (DPH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DPH 4338) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b)

Acquired Immune Deficiency Syndrome (AIDS)

Human Immunodeficiency Virus (HIV)

CD4+ T-lymphocyte < 200/ul, or CD4+ T-lymphocyte percentage of total lymphocytes < 14