

STUDENTS**Communicable Disease**

The Okemos Board of Education is committed to providing a safe environment for parents, students, and staff as well as working cooperatively with the Ingham County Health Department to enforce and adhere to the Michigan Public Health Code for prevention, control, and containment of communicable disease in school.

- A. Students are expected to be in compliance with the immunization schedule as specified in the Public Health Code. Students not meeting the immunization requirements may be excluded from school attendance unless a request for extension for a reasonable length of time is certified and filed. The procedure concerning a request for exemption from immunization will be in compliance with Public Health Code and Rules. School personnel will cooperate with public health personnel in completing and coordinating all immunization data, exemptions and exclusions, including the necessary Immunization Assessment Program forms (IP-100's), to provide for preventable communicable disease control.
- B. The superintendent or designee has the authority to exclude a student from school when reliable evidence or information from a qualified source (e.g. medical professional, parent/guardian or infected eligible student) confirms the student has a communicable disease or infection that is known to be spread by any form of casual contact and is considered a health risk to the school population. Such a student shall be excluded unless their physician approves school attendance or the condition is no longer considered contagious. All reportable communicable diseases will be referred to the Ingham County Health Department.
- C. When reliable evidence or information from a qualified source (e.g. medical professional, parent/guardian or infected eligible student) confirms that a student has a communicable disease or infection that is known not to be spread by casual contract (e.g. AIDS/HIV, Hepatitis B and other like diseases), the infected student will have the right to remain in the school setting.
 1. If issues or decisions regarding school attendance arise that cannot be informally resolved or if an identified compelling reason exists, the district will follow the protocol for a case-by-case review as outlined in Appendix A. Unless C.2 below applies, the student will remain in the school setting during this review.
 2. An exception exists if the superintendent, after consulting with the appropriate medical professional(s), learns there are clearly documented risks to the infected individual or others in the school setting resulting from other conditions, communicable disease or infections that could pose an immediate

health threat. If a communicable disease or infection known to be spread by casual contact is present, the provisions of “B.” above will apply.

3. If the student has been determined to be handicapped pursuant to the administrative rules for special education or is suspected of being physically or otherwise health impaired (POHI), the protocol as outlined in the Michigan Administrative Rules for Special Education will be followed. (Appendix B)
- D. Mandatory screening for communicable diseases that are known not to be spread by casual contact is not warranted as a condition for school entry.
- E. Regardless of the disease presence, routine procedures shall be posted and used and adequate sanitation facilities and supplies will be available for handling blood or body fluids within the school setting or on school buses. All school personnel will be trained in the proper procedures for handling blood and body fluids and these procedures will be strictly followed.
- F. Confidentiality of Medical Information: All medical information is protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. All personally identifiable medical information of a sensitive nature will be kept in a separate file than the student’s official school records.
1. Written consent of the parent/guardian/student will be obtained before releasing personally identifiable medical information.
 2. Written consent will include: a) the information on the disease, infection or condition that may be disclosed; b) the reason for disclosure; and c) to whom the disclosure may be made.
 3. If the presence of a communicable disease that can be spread by casual contact must be disclosed to persons in a school community for protection of others, the district will release only general information about the existence of a specific communicable disease.
- G. Instruction in the principal mode by which dangerous communicable diseases, including but not limited to Acquired Immunodeficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV), are spread and the best methods for restriction and prevention of the diseases shall be taught in every school.
1. Individuals responsible for instruction about HIV infection and AIDS shall have training in HIV and AIDS education for young people. The choice of curricula to be used for HIV infection and AIDS education shall be approved by the district school board.

2. Training about dangerous communicable diseases, confidentiality, school policy and the proper handling of blood and other body fluids spills will be provided to all staff.

Note: Part B Through F Above

“Casual Contact” is used herein to refer to any contact that does not permit the direct exchange of blood into the bloodstream, semen, or vaginal secretions from one person to another; e.g. shaking hands, sneezing, coughing, sharing eating utensils, sharing food or beverages, toilet seats, furniture, telephones, office equipment, or insect bites.” (Responding to HIV and AIDS, a special publication for NEA members from the Health Information Network, 1989, pp.8-9)

“Student” is used herein to refer to the infected student.

“Parent” is used herein to refer to the parent/guardian of the infected student.

REFERENCE:

Family Educational Rights and Privacy Act (FERPA) of 1974.
Michigan Health Code Act of 1978, Parts 51 and 92
Michigan Special Education Rules

Policy

Adopted: 03-11-86

Amended: 04-13-98

Reviewed: 10-18-99

Protocol for Communicable Diseases Known Not to be Spread by Casual Contact**I. Rationale for protocol concerning students who have contracted AIDS/HIV disease**

In adults and adolescents, the Human Immunodeficiency Virus (HIV) which may eventually cause AIDS is transmitted primarily through sexual contact and direct blood to blood exposure to infected blood or blood products.

All known cases of children who have acquired the AIDS/HIV virus have become infected: 1) prenatally from infected mothers; 2) from receiving a transfusion of blood or blood products that contained the virus; or 3) in older children who have acquired the diseases sexually or from contaminated needles during intravenous drug abuse.

None of the identified cases of AIDS/HIV infection in the United States are known to have been transmitted in the school, day care, or foster-care setting or through other casual person-to-person contact. Based on current evidence, casual person-to-person contact as would occur among school children is not considered as unusual risk. The following is an excellent description published in "Responding to HIV and AIDS," a special publication for NEA members, by the Health Information Network, 1989:

"HIV cannot be transmitted through such casual contact as shaking hands, hugging, kissing, crying, coughing or sneezing. One cannot contract the virus from water in pools or baths, from food or beverages, from bed linens, towels, cups, dishes, straws, or other eating utensils, or from toilets, doorknobs, telephones, office equipment, or furniture. HIV is not transmitted through vomit, sweat, stool, or nasal secretions. Although the virus has been isolated in very small concentrations in tears, urine and saliva of some HIV-positive persons, nobody has been infected through casual contact with these fluids. In addition, one cannot get HIV from mosquito or other bites."

The Center for Disease Control (CDC), the Michigan Department of Public Health, the Michigan Department of Civil Rights, the Michigan Department of Education and the Governor's Expert Committee on AIDS recommend that: For most infected school-age children, the benefits of an unrestricted setting would outweigh the risks of their acquiring potentially harmful infections in the setting and the apparent non-existent risk of transmission of the Human Immunodeficiency Virus (HIV). These children should be allowed to attend school.

Legal precedence clearly indicates that students who are HIV infected and whose physical condition does not adversely affect their educational performance should be permitted to attend school within the least restrictive educational environment; i.e., a regular education setting. Court findings also show that while an HIV infected student could at some point become handicapped as defined in the Education for Handicapped

Children's Act (EHCA) as a result of deterioration in his/her condition, such children are not handicapped for purposes of the EHCA merely because they have HIV/AIDS. Also, AIDS as well as other mental and physical symptomatic conditions caused by HIV, qualify as disabilities under Section 504 of the Rehabilitation Act of 1973, as amended, and by the Michigan Civil Rights Commission.

In August, 1986, the Michigan Civil Rights Commission issued the following policy statement on Acquired Immune Deficiency Syndrome (AIDS):

“The Michigan Civil Rights Commission has proved the Michigan Department of Civil Rights' (MDCR) determination that Acquired Immune Deficiency Syndrome (AIDS) falls within the statutory definition of a handicap in the Michigan Handicapper' Civil Rights Act (P.A. 200 for 1976). The Michigan Department of Public Health, has concluded that there is no need for specific precaution against AIDS in the work place. The MDCR will accept and process complaints from persons who believe they have been discriminated against in employment, housing, public accommodations, public service, and education because of AIDS or a related condition or the perception of AIDS.”

If a student has been determined to be handicapped pursuant to the Vocational Rehabilitation Act of 1973, as amended (Section 504), and its regulations, or is suspected of being so handicapped and requests that the district make certain adaptations or accommodations, the district must consider the request. Clearly, services, benefits, or employment cannot be denied to a person with AIDS and Asymptomatic HIV infection solely because of fear or concerns about possible transmission of HIV. The burden of proof for any decision contrary to allowing the student to remain in the regular school setting is ultimately placed on the district.

II. District Protocol

A. General Procedures

1. Students with a communicable disease or infection that is known not to be spread by casual contact will remain in the school system unless an appropriate medical professional confirms that there are clearly documented risks to the infected individual or others in the school setting resulting from other conditions, communicable disease or infections that could pose an immediate health threat. The district will follow the case by case review process if it is needed for issues or decisions that may arise regarding school attendance that cannot be informally resolved or if an identified compelling reasons exists that requires further consideration.
2. Written permission of the parent/guardian or infected eligible student to release information will be sought before the review panel is convened and before personally identifiable information is shared with the panel. If written permission cannot be obtained and the superintendent determines the information to be necessary, he/she will have the authority under FERPA and

district policy to disclose personally identifiable information only to the review panel for reasons of a “legitimate educational interest” and “health or safety of the student or other individuals” (FERPA Regulations, Section 99.31 & 99.36). Any other disclosure is forbidden without written permission or majority agreement of the review panel and superintendent approval.

3. If the superintendent determines that the review panel process is not necessary and the parent/guardian or infected eligible student requests the panel to meet, the superintendent or the local public health officer shall convene the panel as soon as the required panel members can be convened, but in any event no later than five (5) school days from the date of the request.
4. If the student has been determined to be handicapped pursuant to the Vocational Rehabilitation act of 1973, as amended (Section 504), and its regulations, or is suspected of being so handicapped and requests that the district make certain adaptations or accommodations, the review panel shall consider and determine any such requests on behalf of the district.

B. Confidentiality

All persons involved in these procedures shall be required to treat all proceedings, deliberations, and documents as confidential information. Records of the proceedings and the decision will be kept by the superintendent in a sealed envelope with access limited to only those persons receiving the consent of the parent/guardian or infected eligible student, as provided by the Employee Right to Know Act and the Family Educations Rights and Privacy Act. No confidential medical information concerning communicable diseases known not to be spread by casual contact will be recorded in the CA60 or other student record that is easily accessible.

C. Case Review Process

1. Disclosure of HIV Information received from a Public Health Official:

Any information disclosed to any school employee by an authorized representative of the health department that pertains to an individual who is HIV infected, or any information shared because the health official determine there to be a foreseeable risk of transmission of HIV to students in the school district, cannot be re-disclosed by that school employee to anyone without the written consent of the parent/guardian or infected eligible students.

- 1.1. The health department official is requested to inform the superintendent if ever such disclosure is deemed necessary.
- 1.2. If the disclosure by the health official occurs because of a foreseeable risk of transmission, the infected student will be excluded from the school setting until the review panel meets and decisions are made in accordance with the protocol in this appendix.

- 1.3 When the superintendent is informed by a health official he/she will: a) obtain the written permission of the parent/guardian or infected eligible student for approval to disclose to the review panel if a review panel is necessary; or b) request the health official disclose the information to the review panel members if a review is necessary.
2. Disclosure of Information Received from Other Sources: School employees who, while on school business, receive information from a reliable and qualified source (parent/guardian or infected student) indicating that a student has a communicable disease known not to be spread by casual contact, are requested to inform the building administrator or supervisor in order to permit school policy to be enforced in a consistent manner. The school employee shall be informed of the confidentiality regulations of the district as well as the statutory provisions of the Family Educational Rights and Privacy Act (FERPA) regarding disclosure.
3. Upon learning of a student within the Okemos School District who has been identified by a qualified source (other than a public health official) as having a communicable disease that is known not to be spread by casual contact, the superintendent or designee shall:
 - 3.1 Immediately consult with the physician of the student and/or health official from the Ingham Health Department to obtain information as to whether a documented risk exists to the infected individual or others in the school setting resulting from other conditions, communicable diseases or infection that could pose an immediate health threat through casual contact.
 - 3.1.1 If the student's physician or the Ingham Health Department official indicates the student is well enough to remain in the school setting and poses no immediate health threat through casual contact to the school population because of the student's illness, the student shall be allowed to remain in the school setting.
 - 3.1.2 If the student's physician or the Ingham Health Department official indicates the student is currently not well enough to remain in the school setting and/or that, a documented risk exists to the infected individual or others in the school setting resulting from other conditions, communicable diseases or infections that could pose an immediate health threat through casual contact, the student shall be excluded from the setting and the superintendent, representative of the infected student, or health department official may request a review panel to be convened to discuss the conditions under which the student may return to school.

- 3.2 Consult with the parent/guardian and/or infected eligible student on the situation and determine if a review panel should be involved to address issues or decisions that may arise of if an identified compelling reason exists that requires review panel consideration. The superintendent, parent/guardian, or infected eligible student may request the review panel process.
- 3.3 Submit to the parent/guardian or the infected eligible student, in writing, a notice of their rights and the method of appeal for any decisions.

D. Review Panel

1. Panel Membership shall be comprised of the following individuals:
 - a. A physician knowledgeable about the individual's medical condition.
 - b. A health official from the Ingham County Health Department who is familiar with the disease.
 - c. A student advocate (e.g., counselor, child advocate, or social worker, from in our outside the school setting) approved by the parent/guardian or infected eligible student.
 - d. A school representative familiar with the infected student's behavior in the school setting (in most cases, the building principal) as identified by the superintendent.
 - e. Either the parent/guardian of the infected student, the infected student, or the infected student's representative.
 - f. A district administrator other than the superintendent of deputy superintendent.
2. The superintendent will assign a stenographer to record the proceedings.
3. The superintendent will designate the chair of the panel. The chair shall ensure an impartial hearing for all.
4. The superintendent may be present during the information gathering process but will be excused when the panel is deliberating towards the Proposal for Decision recommendations to the superintendent. The chair of the review panel will designate the panel member who will write the Proposal for Decision.

E. Review Panel Process

1. If it is determined the Review Panel shall meet, it shall be as soon as the required panel members can be convened, but in any event no later than (5) school days from the date of the decision or request to meet. The following aspects should be considered in that review:

- 1.1 The circumstances in which the disease is contagious to others and the current status of implementing correct procedures for handling blood or body fluids within the school setting or on school buses.
- 1.2 The infections or illnesses the student could have as a result of the disease that may be contagious through casual contact in the school setting.
- 1.3 The behavior and neurologic development of the student and any potential impact on communicability.
- 1.4 The expected type of interaction with others in the school setting and implications to the health and safety of those involved.
- 1.5 The psychological impact on the infected individual remaining in the school setting.
- 1.6 The impact of contagious diseases occurring within the school population while the student is in attendance.
- 1.7 The potential request by the student with the disease to be excused from attendance in school.
- 1.8 The method of protecting the student's right to privacy, including maintaining confidential records.
- 1.9 The recommendation of who, if anyone, should be informed and under what legal conditions would anyone be informed without written permission.
- 1.10 The recommendation as to whether the student should continue in the school setting; the reason necessitating the panel's needing to consider the question; and, if currently not attending, under what circumstances the student may return.
- 1.11 The recommendation as to whether any type of restriction or alternative delivery of school programs is advisable.
- 1.12 The determination of whether an employee would be at risk of infection through casual contact when delivering an alternative educational setting.
- 1.13 The determination of when the case should be reviewed again by the panel.

- 1.14 Any other relevant information.
2. Within three (3) days after convening the panel, the superintendent shall be provided with a written record of the proceedings and the Proposal for Decision. The proposal serves as a recommendation to the superintendent. It is based on the information brought out in the review panel process and will include rationale for the recommendations.
 - 2.1 If there is a minority viewpoint by panel members following the review process that should also be included in the report.
 - 2.2 If the Proposal for Decision is to exclude the infected student from the school setting because of documented risk to the infected individual or others in the school setting resulting from other conditions, communicable diseases or infections that could pose an immediate health threat, the Proposal for Decision shall include the conditions under which the exclusion will be reconsidered.
 - 2.3 The parent/guardian, or infected eligible student, will be given a copy of the proposal.
 - 2.4 The review panel members will be given the opportunity to review the content of the Proposal for Decision.
3. The superintendent shall either, affirm, modify, or take exception to the Proposal for Decision within three (3) school days after receipt. (See Appeal Process, Re-Hearing Request).
 - 3.1 In the event the superintendent takes exception to the Proposal for Decision, he/she shall prepare a written statement that sets forth the reasons for the exceptions and the basis for that decision.
 - 3.2 The parent/guardian or infected eligible student and the Ingham Health Department official will be given a copy of the superintendent's decision.
 - 3.3 The other review panel members will be given the opportunity to review the content of the superintendent's decision.

F. Appeal Process

1. Request for reconsideration of the Review Panel's Proposal for Decision: In the event the parent/guardian or infected eligible student considers the Proposal for Decision unjust, they may submit a request for a re-hearing. Such request shall be in writing to the chair of the review panel within (3) days of the date of the

2. Proposal for Decision. Grounds for requesting a re-hearing are limited to: a) new evidence or information that is important to the decision; or b) substantial error of fact.
 - 2.1 The Review Panel chair, within three (3) school days from the date of receipt of the request for re-hearing shall either grant or deny the request for a re-hearing.
 - 2.1.1 If the request for re-hearing is denied, the chair shall immediately submit the Proposal for Decision to the superintendent.
 - 2.1.2 If the request for re-hearing is granted, the chair shall reconvene the same panel that originally heard the matter within five (5) business days of the date the hearing is granted.
 - 2.2 Within three (3) business days after the re-hearing, the chair shall submit the Proposal for Decision to the superintendent. The parent/guardian, or infected eligible student, will be given a copy of the proposal. The review panel members will be given the opportunity to review the content of the Proposal for Decision.
3. Request for reconsideration of the superintendent's decision: The parent/guardian or infected eligible student may request a re-consideration of the superintendent's decision within three (3) business days of the date the superintendent's decision was issued. The request shall be in writing and shall allege that the decision contains a substantial error of fact or that the decision is against the great weight of evidence as set forth in the Proposal for Decision.
 - 3.1 An oral presentation by the parent/guardian, infected eligible student, or their representative may be granted by the superintendent.
 - 3.2 The superintendent shall grant or deny the request for re-consideration within three (3) days after receipt of the request or within three (3) business days following the oral presentation.
4. Request for a Board Decision: The parent/guardian, infected eligible student, or their representative may make a final written appeal to the president of the Board of Education with five (5) school days after the superintendent's decision.
 - 4.1 The Board of Education shall meet within three (3) business days and hear the student's appeal along with the Proposal for Decision and superintendent's decision.

4.2 The Board of Education will render its decision in writing within two (2) school days of the hearing.

4.3 Copies of the board decision shall be given to the superintendent, Ingham Health Department official, and the parent/guardian or infected eligible student.

G. General Provisions

1. If the student with the disease is not attending school, the district will provide an alternative delivery of school programs.
 - 1.1 If the review panel determines there is a risk of infection through casual contact to the employee while delivering this program, the employee may be allowed the option not to serve in the situation.
 - 1.2 If the panel determines there is not risk of infection to the employee, the employee will be expected to participate in the delivery of the alternative program. (This may be subject to the collective bargaining agreement for employees).
2. The review panel member who is serving as the advocate for the infected individual (or another person designated by the panel and approved by the parent/guardian, or the infected eligible student) will serve as the liaison between the student, family and attending physician as it relates to the school setting.
3. Employees of the district shall be expected to teach and provide other normal personal contact services in school to a student determined to have a disease known not to be communicable by casual contact unless a destination to the contrary has been made by the review panel.

PROTOCOL FOR SPECIAL EDUCATION STUDENTS WHO HAVE CONTRACTED A COMMUNICABLE DISEASE KNOWN NOT TO BE SPREAD BY CASUAL CONTACT

In order to be consistent with both State and Federal law and to protect the rights of handicapped students, the following protocol applies for special education students who have been identified by a qualified source as having a communicable disease that is known not to be spread by casual contact.

A. Procedure Determination

1. If the student has been determined to be handicapped, the individual planning committee (IEPC) will serve as the review panel. (See B: Procedures).
2. If the student is suspected of being physically or otherwise health impaired (POHI), there are two options:
 - 2.1 With parent consent, the referral, multi-disciplinary evaluation team (MET), and individualized education planning committee process could be done on an expedited basis following the procedures presented in B. Procedure below.
 - 2.2 If the parent does not consent or if the MET cannot be expedited, the protocol in Appendix A will apply. However, if and when the student is determined to be handicapped, the procedures in B. Procedure below will be used and the procedures from Appendix A will be terminated.
3. The general procedures presented in Appendix A, II: District Protocol; A: General Procedures and C: Case Review Process will apply except when reference is made to the Review Panel, which shall be deemed to refer in this case to the IEPC.

B. Procedure

1. The individualized educational planning committee meeting shall be held as soon as the required members can be convened, but in any event, no later than five (5) days from the date of the request.
 - 1.1 The individualized educational planning committee meeting shall be held as soon as the required members can be convened, but in any event, no later than (5) days from the date of the request.
 - a. The physician treating the individual;
 - b. A physician from the Ingham Health Department who is familiar with the disease.
 - c. A student advocate (e.g., counselor, social worker, etc. From in or outside the school) approved by the parent/guardian or infected eligible student.

- 1.2 The superintendent will assign a stenographer to record the committee proceedings.
2. The individualized educational planning committee will carry out its responsibilities in accordance with R340.1721d of the Administrative Rules for Special Education.
 - 2.1 When IEPC convenes, the IEPC may wish to request additional evaluation information. The committee's authorization to do this is stated in R340.1721e (3) of the Administrative Rules.
 - 2.2 As part of this process, the 14 points presented in Appendix A, (Review Panel Process) should be considered.
3. The impartial due process hearing under R340.1724 of the Administrative Rules for Special Education provides the necessary safeguards if the parent and school district disagree with the decision(s) of the individualized educational planning committee.
4. Section 300.513 of the Rules and Regulations for part B of EHA provides for the child's status during administrative or judicial proceedings. This concept is also presented in R340.1725c of the Administrative Rules for Special Education. The Federal language follows:

“300.513 Child's status during proceedings.

- a. During the pendency of any administrative or judicial proceeding regarding a complaint, unless the public agency and the parents of the child agree otherwise, the child involved in the complaint must remain in his/her present educational placement.
- b. If the complaint involves an application for initial admission to public school, the child, with the consent of the parents, must be placed in the public school program until the completion of all the proceedings.”

Comment: Section 300.513 does not permit a child's placement to be changed during a complaint proceedings, unless the parents and agency agree otherwise. While the placement may not be changed, this does not preclude the agency from using its normal procedures for dealing with children who are endangering themselves or others.”

The “normal procedures” referred to in Section 300.513 are set forth for this policy in Appendix A, Initial Review Process.

Regulations: October 1999
Okemos Public Schools