

COMMUNICABLE DISEASE CONTROL PROCEDURES - Students

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A. Educational and Preventive Measures

1. The District, under the primary administrative responsibility and direction of the health office staff, will ensure that it obtains and appropriately retains records of all immunizations (or a related waiver) and health examinations/tests (e.g., tuberculin screening or test results) required of students and staff by law and Board policy.
 - a) The Director of Student Services shall periodically review the District's student immunization procedures and evaluate school-level compliance with relevant state statutes (including Chapter 252) and regulations (including Chapter DHS 144).
2. The District Registered Nurses shall post or verify the posting of the Department of Health Services' [Wisconsin Childhood Communicable Diseases Chart](#) at each school in at least the nurse/health office or other primary station/area that is designated for student health services. The chart is a non-comprehensive reference and general guide for school staff that includes information on selected diseases, including signs and symptoms, incubation periods, periods of communicability, modes of transmission, and control measures/public health responses.
3. First aid kits and other supplies and equipment appropriate for reducing the risk of transmission of communicable diseases in the school environment, as determined in consultation with public health officials and/or a health care professional serving the District, will be provided in each school building.
4. The teaching and learning staff shall ensure that student handbooks or other school-to-home communications inform parents and guardians of general expectations and standards for keeping students who are sick, or who are known or believed to be at risk of carrying or spreading a communicable disease, home from school (including avoiding in-person participation in school activities).
5. The District Registered Nurses shall ensure that the District provides parents and guardians of students in the 6th grade with information about meningococcal disease as mandated by state law

B. Reporting Communicable Disease Information and Exposure Incidents

- 1.
2. Reports to Public Health Officials:
 - a. Pursuant to state law and as further outlined in this section, a teacher, school nurse, or principal of any school (or childcare center) who knows or suspects that a communicable disease is present in a school (or center) is required to immediately notify a local public health officer. By policy, the District extends the external reporting responsibilities outlined in this section to the following additional positions:

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- the District Administrator, the District Registered Nurses, Director of Student Services and the Human Resources Director.
- b. All known or suspected cases of a vaccine-preventable disease covered by a student vaccination mandate (i.e., as identified in [section 252.04\(2\)](#) of the state statutes and/or in [Chapter DHS 144](#) of the Wisconsin Administrative Code) which occur among students or staff shall be reported immediately by telephone to the local health department.
 - c. In addition to the reports made by telephone under the preceding paragraph, the communicable diseases that are listed by the Department of Health Services in the categories below are also subject to external reporting requirements (see [Appendix A to Chapter DHS 145](#); the lists include some overlap with diseases covered by the vaccine mandates that apply to students):
 - Category I diseases are of urgent public health importance. If not already reported by telephone as a vaccine-preventable disease, as described above, these diseases must be reported immediately by telephone to the local public health officer or to the local health officer's designee upon identification of a case or a suspected case. In addition to the immediate telephone report, a written report must be made on the [required reporting form](#) within 24 hours. Examples of such reportable diseases include, but are not limited to measles, rabies (human, animal), hepatitis A, tuberculosis, and pertussis (whooping cough). This category also includes any confirmed or suspected outbreaks of any foodborne or waterborne disease, occupationally-related disease, or other acute illness regardless of whether the cause or source is known.
 - Category II diseases (in addition to making a telephone report for any disease covered by a student vaccination mandate that is in this category) must be reported by fax, mail, or electronic reporting to the local public health officer or to the local health officer's designee on the [required reporting form](#) or by other means within 72 hours of identification of a case or suspected case. Examples of such reportable diseases include, but are not limited to lyme disease, meningitis (bacterial), mumps, salmonellosis, sexually transmitted diseases (e.g., gonorrhea, chlamydia), tetanus, hepatitis B, C, D or E, varicella (chicken pox), and influenza-associated hospitalization, influenza-associated pediatric death or influenza A virus infection of any novel subtypes.
 - Category III diseases include human immunodeficiency virus (HIV) infection and must be reported to the state epidemiologist on a Wisconsin Human Immunodeficiency Virus Infection Case Report Form (DHS F-44338) or by other means within 72 hours after identification of a case or suspected case.
 - d. To the extent public health officials establish or modify external reporting procedures or expectations in response to a public health emergency (e.g., via a specific public health order, emergency regulation, or other similar directive), such additions or modifications shall supplement the expectations found in these procedures and, in the event of any conflict, supersede these procedures.

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- e. Nuisance diseases not addressed in the categories above, such as head lice, are not required to be reported to the local public health officer. However, a school nurse or school principal or their designee may contact public health officials for information about the prevention, control, and treatment of such diseases and request their involvement in addressing particular outbreaks.

C. Exclusion of Students from School

1. Students in any of the following situations shall be granted an excused absence from school until their presence, as ultimately determined by the District or any applicable public health order or directive, no longer poses an unacceptable threat to the health of themselves or others:
 - a. Any student who has been diagnosed as having a communicable disease that renders them unable to pursue their studies or that poses a significant risk of transmission to others in the school environment, or any student who is in the process of seeking a diagnosis due to a reasonable concern or suspicion of having such a disease.
 - b. Any student who is subject to a public health order that excludes them from school. Notwithstanding the remainder of these procedures, a public health order that requires a student's exclusion from school (including an order excluding non-vaccinated students from school following a substantial outbreak of a vaccine-preventable disease) is sufficient, by itself, to justify an exclusion.
 - c. Any student who is subject to a District-issued directive related to a communicable disease that excludes the student from attending school.
 - d. A student's absence has otherwise been deemed an excused absence for a medical reason under the District's policy governing excused absences.
2. Under state law, any teacher, any nurse who is employed by or directly serving a school, or any school principal may send a student home from school if the student is suspected of having a communicable disease or other disease that the Department of Health Services has specified by rule. The District Administrator is also authorized to make such a determination as a designee on behalf of any school principal. Under District procedures, teachers are expected to refer such issues to the school's health staff and/or to the school principal for a decision unless such individuals are unavailable and there is a need for the teacher to make a decision in their absence.
 - a. Any District employee or nurse serving a school who sends a student home under the above authority shall immediately notify the student's parent or guardian of the action and the reasons for the action. As soon as practicable, the District shall also notify the student's parent or guardian of any specific terms or conditions on the student's return to school.
 - b. A teacher sends a student home shall also promptly notify the school principal and any nurse serving the school (or, if there is no such nurse, a staff member who

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regularly works in the student health office) of the action and the reasons for the action.

3. A District decision to exclude a student from school (including any restrictions on a student's participation in school-sponsored activities) beyond the current school day for reasons related to a communicable disease, including the duration and any other terms and conditions of such an exclusion, shall initially be made or expressly approved by the school principal or his/her administrative-level designee. The District Administrator or his/her administrative-level designee may also make or give final approval to such a decision. Such decisions shall be based on all of the relevant facts and circumstances, giving appropriate consideration to information that may be provided by health care professionals and/or public health officials and to any applicable public health orders or standards that may be established by any authorized public health agency or official(s).
 - a. Any initial determination shall be revisited as soon as reasonably practicable if a student has been initially sent home or excluded from school as a health and safety measure conditioned on the receipt of additional information. Similarly, any initial determinations shall be subject to reconsideration in the event of a material change in circumstances or due to the availability of new, material information. Such reconsideration may be initiated by the District or upon the request of student's parent or guardian.
 - b. If the administrator(s) charged with making a decision regarding exclusion from school determines that the need for exclusion or the appropriate duration or other terms or conditions of an exclusion are unclear or would otherwise benefit from further expert input and analysis, such administrator(s) may refer the situation to a health care team. Members of such a team should be selected based on the specific circumstances, but may include individuals such as the relevant school administrator(s), any nurse serving the school, the District's designated medical advisor, and/or any state or local public health official(s). Based on the individuals who are contacted/involved, District staff shall observe any legal limitations on the disclosure of personally-identifiable information or patient health care records. To the extent the cooperation of the individuals can be obtained, the student and/or the student's parent or guardian and the student's own health care provider(s) may be invited to provide relevant information or otherwise participate in the evaluation of the situation.
4. Any time a decision or order to exclude a student from school due to a communicable disease involves a student with a disability under either Section 504 or under the Individuals with Disabilities Education Act (IDEA), the District employees involved in the matter shall promptly inform the District's lead administrator or coordinator for special education or Section 504, so that appropriate District personnel can evaluate the District's obligations and options regarding any required notices, potential changes in placement, modifications to the student's individualized education program (IEP) or section 504 plan, etc.
5. Any student who is excluded and excused from school attendance due to a communicable disease concern is entitled to at least the same opportunities to make up work as are available to other students with an excused absence. In addition, the

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student's parent or guardian (or an adult student) may submit a request for particular program or curriculum modifications. Depending on the duration of the period of exclusion, the District may also affirmatively propose other alternative educational arrangements and opportunities for the student.

6. Following any incident or student absence from school that involves a concern about a communicable disease, the administration may require a statement from a public health official or from a qualified health care provider about a student's suitability to return to school, if the matter warrants such a statement.
7. **Appeals:** An adult student or any minor student's parent or guardian who disagrees with a determination or related action of the District concerning an exclusion from school (including any restrictions on access) under these procedures may appeal such determination or action to the District Administrator or his/her designee at any time prior to the student's return to school without any restrictions. The appeal shall be in writing and shall include the following: (1) a statement of the relevant facts; (2) a statement of the relief requested; and (3) any necessary medical information that has not previously been provided. Once all information necessary for the appeal has been received, the District Administrator or his/her administrative-level designee shall normally render a decision in writing within five school days, unless the administrator informs the appealing party of the need and reason for an extension. Such appeals are further subject to the following:
 - a. Complaints involving the identification, evaluation, educational placement, or provision of a free and appropriate public education of a student with a disability will be resolved through the procedures contained in the District's Special Education Policy and Procedure Handbook.
 - b. Any allegation of unlawful student discrimination on the basis of disability or on the basis of any other legally-protected classification may be pursued either following such an appeal or in lieu of such an appeal, as further outlined in the District's student discrimination complaint procedures.
 - c. Except to the extent prohibited by law, a student may be excluded from school and/or any student activity during the pendency of any appeal.
1. The procedures, above, governing individualized decisions to exclude students for reasons related to a communicable disease are not intended to apply:
 - a. In the event of the temporary closure of a school or any workplace due to a communicable disease concern; or
 - b. To an exclusion decision that the District Administrator or his/her administrative-level designee determines is necessary to comply with a public health order or directive and that applies to a defined class of employees or a defined group of students, regardless of any case-by-case, individualized circumstances.

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2. In the event of a school or workplace closure or any non-individualized exclusion decision, as described above in this section, the District will make reasonable efforts to notify affected persons. In addition, a person affected by a non-individualized exclusion decision may appeal the decision using the appeal procedure included in these procedures (above) for students or employees, as applicable.
3. Nothing in these procedures prevents the administration from taking lawful and reasonable actions to exclude persons other than students and District employees from District property or District activities in order to address concerns with health and safety and the possible transmission of any communicable disease. For example, the administration may apply the decision-making procedures regarding the exclusion of District employees to contracted service providers and authorized District volunteers who are performing roles that are similar to roles that may otherwise be filled by a District employee.

E. Maintenance and Confidentiality of Communicable Disease Records and Information

1. Maintenance and Confidentiality of Student-Related Records:
 - a. Health and medical records of an individually-identifiable student that relate to any communicable disease, except for a student's immunization records and any other records that state law expressly defines as "pupil physical health records" (see below), shall be maintained in a confidential manner and with greater restrictions on access and disclosure than the student's general progress and behavioral records. Specifically:
 - i. Any records covered by the previous paragraph, except for a record concerning the results of an HIV test (see below), must be treated as patient health care records under sections [146.81](#) to [146.84](#) of the state statutes. Therefore, any disclosure of such records by the District must be on a basis that is either expressly mandated by an applicable federal law; expressly mandated by an applicable state law and not simultaneously prohibited by a separate federal law; **or** expressly permitted under **both** [Chapter 146](#) of the statute statutes **and** the federal FERPA (Family Educational Rights and Privacy Act) confidentiality law. **Examples** of applicable disclosure exceptions include the following:
 - 1) Patient health care records may be disclosed after obtaining the informed consent of the student (if an adult) or the informed consent of the parent or guardian of a minor student. Informed consent must be obtained in writing and must meet the requirements of [section 146.81\(2\)](#) of the state statutes.
 - 2) Patient health care records maintained by the District may be disclosed to a District employee or authorized agent of the District if the employee or agent is a school official who has legitimate educational interests in the record **and** if either (a) the employee or agent has responsibility for preparation or storage of such patient health care records, or (b) access to the patient health care records is necessary to comply with a requirement in federal or state law.

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- 3) Patient health care records of a student that the District obtains as a “non-covered entity” (i.e., when the District is not a “covered entity” as defined by under [Chapter 146](#)) may be redisclosed by the District without obtaining informed consent if the redisclosure without consent is authorized by FERPA **and** if either (a) the redisclosure is limited to the purpose for which the patient health care record was initially received, or (b) a court has ordered the redisclosure.
- 4) To the extent the District maintains any patient health care records in the capacity of a “covered entity” (as defined under [Chapter 146](#)) and the records relate to the health of a patient and were prepared by or under the supervision of a health care provider (including but not limited to a nurse licensed under ch. 441), the District may disclose such records without informed consent if the circumstances meet FERPA's health and safety emergency standards **and** if the purpose of the disclosure concerns a good faith effort to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
 - ii. Any record that concerns the results of an HIV test, as defined in [section 252.01\(2m\)](#) of the state statutes, shall be treated as provided under [section 252.15](#) of the state statutes. Disclosure of such a record may be permitted only if authorized by law, such as when the disclosure is on a basis that is permitted under **both** section 252.15 and the federal FERPA confidentiality law.
- b. Subject to the District's student records policies and applicable law, a student's personally-identifiable immunization records and certain lead screening records shall be maintained and treated as progress records of the student. Any other records of basic student health information that state law expressly defines as “pupil physical health records” (e.g., emergency medical cards, records of medication and first aid administration, etc.), shall be maintained and treated as behavioral records of the student.

Cross References: WASB PRG 453.3 Sample Rule 1

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