

# Delaware Community School Corporation



## Employee Policy Handbook

### **NOTICE...**

This handbook is intended to give a general overview of the policies and procedures adopted by the Delaware Community School Board of Trustees. This handbook is not intended to create an employment contract or alter the at-will employment status of any at-will employee of Delaware Community School Corporation. This handbook in no way pre-empts the Agreement made between the Board of School Trustees and the Delaware Community Classroom Teachers Association. For specific details relating to policies and benefits governing certified employees, please refer to the official agreement.

## DELAWARE COMMUNITY SCHOOLS BOARD OF EDUCATION

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Assistant Superintendent  
Technology Assistant  
Deputy Treasurer  
Maintenance Director  
Administrative Assistant  
Human Resource Director  
Technology Director  
Corporation Treasurer  
Food Service Director  
Transportation Director

### DIRECTORY OF SCHOOLS

**Albany Elementary (K-5)**  
700 West State Street  
Albany, IN 47320  
Principal: Christopher Conley  
(765) 789-6102 Fax: (765) 789-6349

**Delta High School (9-12)**  
3400 East State Road 28  
Muncie, IN 47303  
Principal: Jim Koger  
(765) 288-5597 Fax: (765) 288-8498

**Delta Middle School (6-8)**  
9800 North County Rd 200 East  
Muncie, IN 47303  
Principal: Don Harman  
(765) 747-0869 Fax: (765) 213-2131

**DeSoto Elementary (K-5)**  
8400 East 400 North  
Muncie, IN 47303  
Principal: Joe Schmaltz  
(765) 289-3544 Fax: (765) 213-2146

**Eaton Elementary (K-5)**  
200 North East Union Street, PO Box 497  
Eaton, IN 47338  
Principal: Kathy Hottinger  
(765) 396-3301 Fax: (765) 396-3641

**Royerton Elementary (K-5)**  
1401 East Royerton Road  
Muncie, IN 47303  
Principal: Doug Marshall  
(765) 282-2044 Fax: (765) 288-3584

**Central Office**  
7821 State Road 3 North  
Muncie, IN 47303  
(765) 284-5074 Fax: (765) 284-5259

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## Getting Started

### Orientation Procedures

Orientation procedures have been established to help new employees complete the necessary forms and to receive needed employment information. The following topics are covered:

- General employment information and benefits
- Salary and pay periods
- Tax, immigration (I-9)
- Retirement, insurance, and health forms

### Delay/Cancellation Procedures

If there is a delay or cancellation needed due to inclement weather or unforeseen circumstances, the following procedures will be followed.

- Full-time employees (maintenance, mechanics, central office, administrative staff, custodians, transportation, year-round secretaries, etc.):
  - Report at regular scheduled times
- Classified personnel (instructional assistants, secretaries, etc.):
  - Report on the delayed schedule.
  - Will only be paid for time worked. The principal/supervisor will have the authority to call in a secretary(s) if deemed necessary to assist with operational duties.
  - If school is cancelled after a delay has been announced and the classified employee is working, the principal/supervisor may have the employee work the rest of the day, if needed. The employee will be paid only for time worked.
- Full-time food service employees (5 hours and above):
  - Report at regular scheduled time.
  - Breakfast will not be served.
  - Will only be paid for time worked.
  - If school is cancelled after a delay has been announced and the full-time food service employee is working, they will be paid for the time worked.
- Nurses:
  - Report on the delayed schedule.
  - The principal/supervisor will have the authority to call in the building nurse if deemed necessary to assist with operational duties. If school is cancelled after a delay has been announced and the nurse is working, they will be paid for time worked at hourly rate.

If there is a delay and later a cancellation during the same day, contracted employees, administrators, teachers, and bus drivers are required by law to make up the day when it is rescheduled, even if they have reported to work.

## Absence Reporting

All employees absent from their daily duties should complete an absence form and submit it to their Supervisor/Director/Principal, utilizing one of the reasons below. It is also required that proper documentation be forwarded to Central Office, when applicable.

<u>Type of Day</u>	<u>Definition</u>
Sick (S)	Personal illness.
Family Illness (FI)	Illness of family member. (Family member is to be defined consistent with the Family Medical Leave Act, which consists of employee's spouse, child, or parent.)
Personal Day (PB)	Based upon personal day request form.
Vacation (V)	Earned paid time off as approved by supervisor.
Professional (Prof)	Employee is absent from daily duties at the request of or approval of Board of Education, Superintendent, Administrative Assistant, Building Principal, and/or Supervisor, to attend a seminar, visitation, or meetings with other schools, programs, etc. (Documentation <u>must</u> be attached to corresponding payroll.) All professional days are to be notated whether a sub is needed or not.
Field Trip (FT)	All field trips are to be notated whether a sub is needed or not.
Lost Time (LT)	Unpaid time off.
FMLA (F-NP)	FMLA (Family and Medical Leave Act of 1993) leave after all sick, personal, and/or vacation days are exhausted.
NPV (NPV)	No pay vacation – Earned unpaid time off approved by supervisor. (Will only pertain to classified employees.)
Assoc (Assoc)	Association Day – President of the Association or appointed designee absent from duties for Association business.
Bereavement (Ber)	All bereavement days <u>must</u> be notated with employee's relation to deceased.

**Direct Deposit**

All employees are eligible for direct deposit. You may direct your paycheck to up to three (3) different bank locations. Please contact the Human Resource Director for the appropriate form.

## **Promotions/Transfers/Resignations/Dismissals**

**Employee-Initiated Transfers (Classified)**

A request by an employee for transfer to a posted position shall be made in writing to the Human Resource Director at Central Office. The request shall set forth the reasons for the transfer request, the school/position sought, and the applicant's qualifications. Decisions regarding whether to grant the transfer request shall be discretionary and based on the best interest of the school system as well as the overall candidate pool.

**Performance Evaluations (Classified)**

Employees are evaluated at least once annually. The immediate supervisor, with a copy available for the employee, conducts evaluations. A copy is kept in the employee's personnel file at the central office.

## **Personnel Records and Information**

**Updating Personal Information**

If you have a name or address change, please notify the Human Resource Director at Central Office so appropriate forms may be forwarded to you. Ancillary benefit information may also need to be changed at that time.

**IMPORTANT: The name on your records should agree with the name on your Social Security card.**

## Employee Leave Benefits

### Holidays

The Corporation recognizes certain federal holidays by closing facilities. These holidays may include:

- New Year's Day
- Memorial Day
- July 4<sup>th</sup>
- Labor Day
- Thanksgiving and the day after
- Christmas Eve and Christmas Day
- ½ Day on New Year's Eve Day

Additional holidays may be added or removed based upon school cancellations for the year.

These days include:

- Martin Luther King Day
- President's Day
- Good Friday

Paid time for these holidays will be given to eligible employees based upon their individual benefits sheets, or contracted agreement.

**Classified Staff:** Only approved vacation days will be allowed for the day before and/or after breaks, holidays, first day of school, and the last day of school. No approval shall be given for any other type of request for a day off before and/or after such days as listed above without the authorization of the Superintendent/Designee. If an employee submits a doctor's slip for the day before and/or after such days as listed above, this will be considered a sick day. Otherwise, it will be deemed an unexcused absence. If an employee takes an unexcused absence before or after any of the days listed above, this may be considered insubordination and the employee shall lose that day of pay, as well as holiday pay. Only with the approval of the Superintendent/Designee may this be overridden.

**Certified Staff:** As per contract agreement.

## **Sick Days**

Eligible employees earn sick days based on their scheduled days per year. Sick days may be granted for personal illness, doctor/dentist appointments, and/or injury. Family illness days may be used for the illness of a member in your immediate family (spouse, children, parents, or other dependents living in the household).

Sick days may be rolled over each year on the classified employee's anniversary date and accumulated up to the specified maximum listed on the Employee Benefit Sheet. Sick days must be taken in increments of ½ day or more. A classified employee may use up to ten (10) accumulated sick leave days per year for family illness.

**Classified Staff:** If an employee submits a doctor's slip for the day before and/or after breaks, holiday, first day of school, and/or the last day of school, this will be considered a sick day. Without the authorization of the Superintendent/Designee or the doctor's slip, this will be deemed an unexcused absence. If an employee takes an unexcused absence before or after any of the days listed above, this may be considered insubordination and the employee shall lose that day of pay, as well as holiday pay. Only with the approval of the Superintendent/Designee may this be overridden.

Sick days for teaching staff will be handled per their Agreement.

## **Personal Days**

Eligible employees earn personal days based on their scheduled days per year. Personal days may be granted for any personal reason as long as the absence is pre-approved by the appropriate supervising individual.

Unused personal days will be converted to sick days at the end of the anniversary year and rolled into the accumulated sick leave each year and are still subject to the specified maximum listed on the Employee Benefit Sheet or contracted agreement.

**Classified Staff:** No approval shall be given for use of any personal business days before and/or after breaks, holiday, first day of school, and the last day of school without the authorization of the Superintendent/Designee. Otherwise, it will be deemed an unexcused absence. If an employee takes an unexcused absence before or after any of the days listed above, this may be considered insubordination and the employee shall lose that day of pay, as well as holiday pay. Only with the approval of the Superintendent/Designee may this be overridden.

**Certified Staff:** As per contract agreement.

**☑ Vacation**

Full-time classified eligible employees earn vacation leave annually based on their work schedule. New classified employees eligible for non-paid time must use those days consecutively. If the total number of available days is not taken, the employee will forfeit any additional days remaining. For example, if an employee has five (5) non-paid days available, however only takes three (3) days consecutively, then he/she forfeits the remaining two (2) days. In addition, unused vacation leave may not be accumulated, and may not be used while students are in the building without permission of the Supervisor/Principal/Superintendent, and must be used in increments of ½ day or more.

Vacation for new eligible classified employees is based on the employee's date of hire. Eligible employees hired prior to July of 2000 will have their vacation days rolled over on July 1<sup>st</sup> of each year. If the employee has not used their allotted time available by the end of the accrual year, he/she will forfeit any remaining days. For classified employees, please see the individual Employee Benefit Sheet to confirm total vacation days allowed. For certified staff, please refer to the current agreement for benefit outline.

Vacation time for all eligible new full-time, classified employees will accrue as follows:

0 – 365 days	Five non-paid days with the approval of the Supervisor/Principal/Assistant Superintendent/Superintendent and shall be in consecutive day order.
After 1 year	Five paid days and five non-paid days with the approval of the Supervisor/Principal/Assistant Superintendent/Superintendent and the non-paid days shall be used in consecutive day order.
After 2 years	10 paid days
After 3 years	11 paid days
After 4 years	12 paid days
After 5 years	13 paid days
After 6 years	14 paid days
After 7 years	15 paid days

**☑ Severance Pay**

Eligible non-certified employees, having at least five years of seniority, who voluntarily separate their employment with the corporation, will be paid out their accumulated sick days based on their Employee Benefit sheet. Appropriate notice must be provided of resignation, typically consisting of two weeks, and only the appropriate percentage of accumulated days will be paid. Employees who receive vacation days will be paid out any remaining vacation days in addition to their eligible severance pay.

## **Family and Medical Leave Act of 1993 (FMLA)**

Delaware Community Schools complies with FMLA, which requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are deemed eligible if they have worked for Delaware Community Schools for at least one year, and for 1,250 hours over the previous 12 months.

### *Reasons for Taking Leave:*

Unpaid leave must be granted for *any* of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Employees may be required to first utilize any available sick days before allowing any unpaid leave.

### *Advance Notice and Medical Certification:*

Employees are required to provide advance leave notice and medical certification, when the leave is "foreseeable". Leave may be denied if requirements are not met. Employees are required to provide medical certification to support a request for leave because of a serious health condition, and Delaware Community Schools may require a second or third opinion (at the employer's expense) and a fitness for duty report to return to work.

### *Job Benefits and Protection:*

- For the duration of FMLA leave, the employer must allow the employee to maintain their current health coverage under any "group health plan," With the employee portion of the premium being paid by the employee to Central Office monthly.
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Should an employee need to request FMLA, they should contact the Human Resource Director at the Central Office for the required forms.

## **Jury Duty**

Full-time employees will receive a regular day of pay while serving jury duty as long as they choose to relinquish to the Corporation any jury duty monies (minus mileage) paid to them. A copy of the summons is to be given to the principal and/or director's secretary so the day may be documented for payroll.

Once an employee has received payment for jury duty, he/she is to forward their endorsed jury duty check to the Human Resource Director. This check may only be forwarded if mileage reimbursement is not included. If mileage reimbursement is included in the check's amount, the employee must write a personal check, minus the mileage, to Delaware Community School Corporation for the daily jury duty amount.

Since the Corporation pays the employee for the day(s) missed for jury duty, it is on the understanding the employee will return to work once he/she is released from duty. If an employee can return to work within at least two hours of the end of their workday, he/she should do so. If a substitute has been supplied for the employee's position, the Corporation will utilize the substitute in another capacity.

## **Military Leave**

The Uniformed Services Employment and Reemployment Rights Act (USERRA) and the Code of Federal Regulations (CFR), Part 1002 of Chapter 11 of Title 20, establish reemployment rights for employees who serve or have served in the uniformed services of the United States.

As soon as a supervisor or director is informed or becomes aware that an employee is going to leave or has left for military service, or is requesting to return from military service, the supervisor or director must consult with the Corporation Central Office to insure Corporation compliance with USERRA regulations.

A military leave of absence without pay shall be granted for employees in positions other than those that are temporary. The regulations define temporary positions as those that exist for a brief, non-recurrent period with no reasonable expectation that the employment would have continued for a significant period.

### *USERRA Eligibility*

To qualify for USERRA rights, an hourly employee must be in an eligible position and meet one of the following criteria:

1. The employee is inducted through Selective Service.
2. The employee enlists voluntarily.
3. The employee is called through membership in the uniformed services, defined as the Armed Forces; the Army National Guard; the Air National Guard; the commissioned corps of the Public Health Service; and, for USERRA coverage only, service as an intermittent disaster response appointee upon federal activation of the National Disaster Medical System (NDMS) or attending NDMS authorized training in support of its federal mission.

*Time Limits*

The limit on the cumulative time away from work in the Corporation for military service and still retain the USERRA rights is five years.

The period covers the dates that the employee is actively performing service. The five-year limit may also extend to a later date when the employee is able to obtain a release from active duty. Time between completing the uniformed service and reporting back to work or requesting to return does not count against the five-year limit. The law provides for other exceptions, which are to be discussed with the Human Resource Generalist if a case arises.

*Requests to Return to Work*

When an employee who was in an eligible position at the start of the military service, completes military service and requests to return to work (orally or in writing), he or she is to be returned within two weeks of the request if the following criteria are met:

1. The employee was discharged from military service under honorable conditions
2. The employee requests to return to work within the following time limits:

<b>Employees who serve for this amount of military service</b>	<b>Must apply (orally or in writing) to return to work this many days after release from duty</b>
Less than 31 days	At the beginning of the first regularly scheduled workday*
31 through 180 days	No later than 14 days
Over 180 days	No later than 90 days
* Employees must be allowed, however, a "reasonable" time to return home, rest, and travel to their place of employment.	

3. The cumulative period of time away from the Corporation in military service does not exceed five years, or if it does, the exceptions provided for in USERRA apply.

*USERRA Reappointment Provisions*

Employees in eligible positions at the time of the start of the military leave are entitled to the reappointment provisions of USERRA. An employee who completes military duty and meets the conditions above, will be restored to the status that he or she would have enjoyed as an employee as if the leave or separation had not occurred. This includes:

1. Working conditions established by one's length of employment.
2. The position that the person would have been in had the leave or separation not occurred. This may be at the same, higher or lower level.
3. The salary or pay rate that the employee would have been at but for the absence for military service.

4. If he or she had been in a PERF eligible position, the IU funded contributions that would have been allocated to the employee's retirement plan but for the absence for military service.
5. The time in the military service will count towards fulfilling the length of employment and hours of work requirements to be eligible for a leave under the FMLA policy.

#### *Return-to-work Rights*

The right to return to work exists whether the employee was placed on a leave of absence or separated employment for military service.

Employees requesting reinstatement to return to work who do not have an honorable discharge will be reviewed on an individual basis.

## **Insurance and Other Benefits**

### **☑ Health/Dental/Vision Benefits**

Delaware Community Schools is a part of the North Central Indiana School Insurance Consortium, and as such, eligible employees are offered an array of benefit offerings. New classified employees working 25 hours or more are eligible to enroll in benefits, and are offered a specified benefit allotment by the Corporation to offset their cost.

If a new employee, certified or classified, does not elect to take benefits within their first 30 days of employment, they are no longer eligible to elect benefits in the future unless they have a qualifying life event, or if the Consortium held an Open Enrollment period at a specified period of time.

For more information about benefit eligibility and options, please contact the Human Resource Director at Central Office.

### **☑ Life Insurance/AD&D**

Eligible employees are covered under the Group Life Insurance/Accidental Death & Dismemberment coverage for the amount specified on their Employee Benefit Sheet or as per their contract agreement. Beneficiaries for the insurance policy may be changed at any time by contacting the Human Resource Director at Central Office.

### **☑ Medical & Dependent Care Reimbursement Accounts**

Eligible employees may elect to contribute to tax-sheltered reimbursement accounts for unreimbursed medical and dependent care expenses. These accounts allow you to save tax dollars by making contributions on a pre-tax basis each year for certain qualifying expenses. There are some risks involved with these accounts if you do not accumulate enough expenses to cover the balance elected, so employees should consider their individual situations carefully before enrolling in these accounts. A Section 125 representative will be on-site once a year for enrollment.

**Notice of Privacy Practices for Health Information**

**PRIVACY POLICY**

**OF**

**DELAWARE COMMUNITY SCHOOL CORPORATION**

The Delaware Community School Corporation, “Sponsor”, hereby adopts the following as its privacy policy for the plans listed below for purposes of complying with the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 and 45 C.F.R. Parts 160 and 164 (“Privacy Rules” or “Rule”). Terms used in this Policy have the same meanings as they have in the Privacy Rules.

This Policy applies to the handling of protected health information (“PHI”) by the following plans sponsored by Delaware Community School Corporation:

Section 125 – Medical Reimbursement

These plans are referred to collectively in this Policy as the “Plan”.

The Sponsor hereby designates the listed plans as affiliated covered entities and an organized health care arrangement. These plans may share an individual’s PHI with one another.

**I. Privacy Officer.**

A. **Appointment.** Sponsor hereby designates the person serving in the capacity of Human Resource Generalist as Privacy Officer for the Plan.

B. **Duties.** The Privacy Officer will be responsible for the following:

1. Establishing and enforcing procedures for the handling of PHI by the sponsor and its employees and agents.
2. Establishing safeguards for the protection of PHI.
3. Training the Sponsor’s employees who will handle PHI.
4. Receiving and handling complaints about violations of the Privacy Rules or this Policy.
5. Preparing and distributing the Plan’s Notice of Privacy Practices as required by the Rule and this Policy.
6. Receiving and handling requests:
  - (a) to protect PHI.
  - (b) for access to PHI.
  - (c) to amend PHI.
  - (d) for an accounting of disclosures of PHI.
7. Identifying the business associates of each plan and securing appropriate business associate agreements from them.
8. Identifying agents and subcontractors of the sponsor who may receive PHI from the sponsor and securing appropriate agreements from them consistent with the Rule and this Policy.

9. Assuring the Plan obtains the appropriate consents, agreements and authorizations when required by the Rule or this Policy.
  10. Maintaining documentation of the Plan's compliance with the Rule.
  11. Handling HHS audits and inquiries.
- C. Nothing in this Policy shall be deemed to prevent the Privacy Officer from delegating his or her duties to other persons or prevent the Sponsor from engaging the services of third party consultants to assist the Privacy Officer in the performance of his or her duties.

**II. Procedures for Handling PHI.** The Plan will not use or disclose PHI except as required or permitted by the Rule, this Policy and the Plan's Notice of Privacy Practices. The Plan and its business associates may use and disclose PHI for purposes of treatment, payment and healthcare operations, subject to any limitations described in this Section II. The Plan will never use or disclose or request another covered entity to disclose more than the minimum PHI necessary to achieve the intended purpose of the use, disclosure or request.

A. **Disclosures to Sponsor.** The Plan will not disclose PHI to the Sponsor except as follows:

1. The Plan may disclose summary health information to the Sponsor if the Sponsor requests it for the purpose of obtaining premium bids for health insurance coverage and for the purpose of modifying, amending or terminating the Plan.
2. The Plan may disclose information about an individual's present or former enrollment in the Plan.
3. The Plan may disclose PHI to the Sponsor to the extent necessary for it to perform its plan administration functions, including payment and healthcare operations.

B. **Disclosures for Payment.** Payment of Plan benefits is normally handled by the Plan's business associates. The Sponsor will not normally request PHI from the Plan for purposes of payment. However, the Sponsor may request PHI when it receives notice from its business associate that it cannot determine benefits or when it receives notice that there is a dispute between the Plan and a beneficiary regarding the decision of the Plan's business associate involving eligibility or benefits, including coordination of benefits and utilization review activities. The Sponsor's involvement may also be required in subrogation recovery efforts and reinsurance claims. The following procedures will apply to such disclosures:

1. The Privacy Officer will designate the employees or class of employees who may routinely see PHI for purposes of determining the issues of the types outlined above. In general, those employees or classes of employees will be authorized to resolve the issues presented. The Privacy Officer may designate different employees or classes of employees for different payment functions.
2. The designated employees will work with the Privacy Officer and the appropriate business associate to determine the minimum amount of PHI necessary to permit the resolution of the issue. The employees will not request that the Plan provide more PHI than is needed to decide the issue.
3. The designated employees will not further use or disclose the PHI for any purpose other than resolution of the issues presented. If the employees determine that they are unable to resolve the issue without consultation of other persons (including other employees and independent consultants such as attorneys or medical

advisors) they will so advise the Privacy Officer. Except for routine matters described in Paragraph II-B-4, the Privacy Officer will determine on a case-by-case basis what PHI needs to be disclosed and to whom and will document the basis of his or her decision. The Privacy Officer will obtain assurances from these persons that they will limit their use and disclosure of the PHI to the matters in question and obtain business associate agreements as necessary.

4. The Privacy Officer will limit disclosures of PHI to summary health information whenever it is reasonable under the circumstances to do so. To disclose additional information, the Privacy Officer must determine that the information is necessary to understand the nature of the medical condition or claim or to interpret or apply the provisions of the Plan or decide the issue in question.

C. **Disclosures for Healthcare Operations.** The Plan may disclose PHI when requested by the Sponsor to perform healthcare operations on behalf of the Plan, including activities required for the creation, renewal and placement of contracts for insurance and reinsurance, creation, amendment and termination of the Plan, medical review, legal services, auditing, business planning, management and general administration and fund raising. The following procedures will apply to such disclosures:

1. The Privacy Officer will designate the employees or class of employees who may routinely see PHI for purposes of performing healthcare operations. In general, those employees or classes of employees will be those authorized to handle the activity. The Privacy Officer may designate different employees or classes of employees for different operations.
2. The designated employees will work with the Privacy Officer and the appropriate business associate to determine the minimum amount of PHI necessary to perform the activity in question. The employees will not request that the Plan provide more PHI than is needed to perform the operation.
3. The designated employees will not further use or disclose the PHI for any purpose other than performance of the activity with which they are charged. If the employees determine that they are unable to perform the operation without consultation of other persons (including other employees and independent consultants such as attorneys or medical advisors) they will so advise the Privacy Officer. The Privacy Officer will determine on a case-by-case basis what PHI needs to be disclosed and to whom and will document the basis of his or her decision. The Privacy Officer will obtain assurances from these persons that they will limit their use and disclosure of the PHI to the matters in question and obtain business associate agreements as necessary.
4. The Privacy Officer will limit disclosures of PHI to summary health information whenever it is feasible under the circumstances to do so. To disclose additional information, the Privacy Officer must determine that the information is necessary to accomplish the healthcare operation in question.

D. **Disclosures for Treatment.** The Plan may disclose an individual's PHI to a health care provider as needed in connection with health care rendered or to be rendered by the provider to the individual.

**E. Personal Representatives.** The Plan will treat a person who an individual's personal representative as the representative of the individual, except as limited in this Paragraph:

1. In the case of an adult or emancipated child, the Plan will treat an individual's personal representative as the individual to the extent the representative has authority to act for the individual in matters related to his health care. Personal representatives typically include, but are not limited to, persons with power of attorney, a court appointed guardian, or the executor of the individual's estate. The Plan will require the person seeking to act as an individual personal representative to demonstrate his authority to the satisfaction of the Privacy Officer by providing signed copies of the power or court order establishing the appointment of the guardian or executor or other formal instrument of appointment.
2. In the case of a minor, unemancipated child:
  - (a) the Plan will treat his or her parent, guardian or a person acting in the role of a parent as a personal representative unless with respect to a given health care service, the minor consents and no other consent is required by law, legally sufficient consent has been given by another party or the parent, guardian or person acting as parent has assented to a confidentiality agreement between the minor and the provider of the service; however,
  - (b) the Plan:
    - (i) may disclose the minor's PHI to his or her parent, guardian or a person acting in the role of a parent if applicable state law would permit it; and
    - (ii) may not disclose the minor's PHI to his or her parent, guardian or a person acting in the role of a parent if applicable state law would prohibit it.
  - (c) the Plan will allow a right of access pursuant to Paragraph VIII of this Policy to persons as required by applicable state law.
3. The Plan may elect not to treat a person as an individual's personal representative if the Privacy Officer reasonably determines that the individual has been subjected to domestic violence, abuse or neglect and that treating him or her as a personal representative could endanger the individual. This does not require the Privacy Officer to make or consider making such a determination even if he is presented with facts that would support it.

**F. Disclosures to Persons Involved in an Individual's Care.**

1. The Plan may disclose an individual's PHI to a family member, relative, close friend or other person to the extent of the person's involvement in the individual's care unless the individual tells the Plan not to do so. In general, PHI disclosed pursuant to this provision will be limited to claim status information and enrollment status information. However, the Privacy Officer may permit the Plan to disclose additional information if he or she determines that it is in the best

interest of the individual to do so. The Privacy Officer will document the basis for the determination to release additional information.

2. The Plan may not disclose an individual's PHI to his or her spouse unless the disclosure has been authorized, or the spouse is the individual's personal representative or as described in Paragraph 1 above. However, the Plan may send its standard Explanation of Benefits to a covered employee even if it contains PHI regarding his or her spouse or other dependent, unless the spouse or dependent has requested confidential communications as provided in the Policy.

**G. Miscellaneous Uses and Disclosures.** The Plan may use and disclose an individual's PHI as described in this section even though the individual has not authorized the disclosure or been given an opportunity to agree or object. The Privacy Officer will review each use or disclosure which the Plan proposes to make pursuant to the authority set forth in this Paragraph to determine the propriety of doing so. The Privacy Officer will document the decisions, uses and disclosures made pursuant to this Paragraph.

1. The Plan may disclose an individual's PHI to a public health authority that is authorized to collect or receive it for the purposes set forth in the Rule.
2. The Plan may disclose an individual's PHI that it reasonably believes to be a victim of abuse, neglect or domestic violence to a governmental authority authorized to receive such reports. The Privacy Officer will promptly inform the individual that the Plan has made such a disclosure unless he or she reasonably believes that the disclosure would place the individual at risk of serious harm or that the disclosure would be made to a personal representative of the individual that is responsible for the conduct reported and that this would not be in the best interests of the individual.
3. The Plan may disclose an individual's PHI to a health oversight agency for the activities specified in the Rule and not subject to any of the exceptions noted therein.
4. The Plan may disclose an individual's PHI to the extent required to comply with:
  - (a) any order of a court or administrative tribunal; or
  - (b) any subpoena, discovery request or other lawful process provided that the Privacy Officer has determined that the party seeking the information has given satisfactory assurances that it has met the requirements of the Rule for such process.
5. The Plan may disclose an individual's PHI to law enforcement officials for law enforcement purposes to the extent permitted by the Rule.
6. The Plan may disclose an individual's PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties authorized by law and to funeral directors as needed to carry out their duties with respect to a decedent.
7. The Plan may use and disclose an individual's PHI to organizations that procure, bank or transplant cadaveric organs, eyes or tissue for purposes of donation or transplantation.
8. The Plan may use or disclose an individual's PHI to avert a serious threat to the health or safety of any person or to the public or for disaster relief.
9. The Plan may disclose an individual's PHI:

- (a) to military personnel (if the individual is in the military) when necessary to assure proper execution of a military mission.
- (b) to authorized federal officials for the conduct of lawful intelligence, for counterintelligence and national security purposes.
- (c) to the State Department as needed for security clearances and to determine availability for service under the Foreign Service Act or for a family member to accompany a Foreign Service member abroad.
- (d) for the protection of the President, foreign heads of state and other government officials.
- (e) to a correctional institution where the individual is an inmate.
- (f) to permit the Sponsor to comply with laws governing workers compensation, work-related medical conditions or workplace related medical surveillance.

**H. Miscellaneous Provisions Relating to the Minimum Necessary Use or Disclosure of PHI.**

1. Whenever the Privacy Officer must decide what PHI to disclose because the established protocols do not adequately address the circumstances, the Privacy Officer shall assure that the Plan does not disclose more than the minimum amount of PHI needed to accomplish the intended purpose. Normally, this will require a case-by-case analysis of the facts and circumstances. However, the following guidelines should be taken into account:
  - (a) The Plan may reasonably rely on the representations of its business associates, professionals (e.g., attorneys or physician consultants) or another covered entity on the minimum necessary disclosures that they need to perform their duties.
  - (b) The Plan may reasonably rely on the representations of public officials on the minimum necessary information that they need to perform their duties and on their representations that the information requested is required by law.
  - (c) The Plan will not normally disclose an individual's entire medical record.
  - (d) The criteria for determining whether any piece of PHI should be disclosed will be whether or not the information is material, either directly or indirectly, to the proper accomplishment of the function for which it is disclosed. Except as expressly provided, the burden will rest on the party seeking the use or disclosure of the PHI to demonstrate the need for it.
2. The Plan will not request more PHI than it needs to perform the function for which it has requested the information. The Plan will not normally request a person's entire medical record absent specific justification that it is needed for the function in question.
3. The minimum necessary disclosure rule will not apply to:
  - (a) disclosures to an individual of his own PHI.
  - (b) disclosures made pursuant to and consistent with an individual's authorization.
  - (c) disclosures to an individual's health care providers for the purpose of treatment.

### **III. Safeguards for Protection of PHI.**

A. **Verification of Identity and Authority.** Prior to disclosing PHI, the Plan must verify the identity of the person to whom the disclosure is made and the authority pursuant to which he is receiving it. Except as described below, when the person making the disclosure knows the identity and the authority of the person receiving the PHI, no further verification is required.

1. For disclosures made to a person involved in an individual's care, the Plan will use its best judgement to verify that the requester is a person involved in an individual's care. That judgement may include, but is not limited to, asking the relationship of the requester to the individual, asking for information that a person involved in an individual's care is likely to know such as the individual's SSN or Plan Number, the nature of the individual's condition or the name of his or her health care providers. In questionable case, and where possible, the Plan will contact the individual or someone known to represent the individual to verify the identity and authority of the requester.
2. For PHI requested by a healthcare provider, the Plan will request the provider's EIN.
3. For personal representatives, the Plan will require a copy of the document or order creating personal representative status. The Plan may make written disclosures to the address of the personal representative (if any) specified in the order or documents. In all other cases, the Plan must determine the identity of the person presenting the documents as described in A-1 of this section.
4. For public officials, the Plan may rely of the officials' representation of their identity and authority accompanied by presentation of official ID's and a written statement of authority. The Plan may accept an oral statement if a written statement would be impractical.
5. In all other cases, the Plan may rely on any representations that appear to be reasonable.

B. **Physical Protection of PHI.** The Plan will physically safeguard PHI by:

1. requiring that printed matter containing PHI be maintained in a locked cabinet or cabinets or in a secured area accessible only to persons who authorized to do so for a purpose permitted by thus Policy or the Rule.
2. requiring that PHI which is no longer needed or required to be maintained by the Plan be shredded, erased or otherwise destroyed.
3. requiring computer files containing PHI be maintained in a password protected file accessible only to persons who authorized to do so for a purpose permitted by this Policy or the Rule.
4. providing for the sending or receipt of PHI by secure facsimile transmission from a machine accessible only by persons authorized to view PHI.
5. following all administrative procedures required to protect data integrity, confidentiality and availability as required by HIPAA's security rules, when effective.
6. requiring e-mail files containing PHI that are to be sent to parties outside of the office be tested for actual receipt prior to the e-mail's initial transmission, be

encrypted prior to transmission, be directed only to the private e-mail addresses of those parties authorized to receive PHI under this Policy or the Rule, and be sent only to inboxes with an active return receipt function. The company's private key will be sent to the intended recipient only via confidential phone, voice mail, postal mail or fax and in accordance with the applicable requirements of items 4 and 9 of this section.

7. requiring all unencrypted e-mail files containing PHI that are sent or forwarded internally be sent only to persons authorized to receive PHI under this Policy or the Rule, and only when the e-mail contains the minimum PHI necessary to achieve the intended purpose of the use. Encrypted e-mails may be sent internally without condition, provided that only those persons authorized to receive PHI under this Policy or the Rule have access to the data's private key and that the key is communicated only through confidential phone, voice mail, postal mail or fax in accordance with the applicable requirements in items 4 and 9 of this section.
8. requiring that all unencrypted e-mails containing PHI that are received from internal sources be saved in a password protected file, and when no longer needed, that they be deleted from the recipient's inbox in accordance with the requirements of item 2 of this section. If an e-mail containing PHI is received by a person that is not the intended recipient or the person who needs to receive the PHI to perform his duties, the actual recipient must notify the sender and either delete the e-mail, or if the correct receipt is known to the him and is authorized to access PHI under this Policy or the Rule, forward the message to him.
9. requiring all voice mails containing PHI that are sent to parties outside the office be sent only to the private voice mail boxes of those persons authorized to receive PHI under this Policy or the Rule, and that confirmation of actual receipt be obtained when leaving a message in a voice mail box for the first time. After such confirmation is received, all future messages sent to that voice mail box and containing PHI may be sent to the recipient without such confirmation.
10. requiring all voice mails containing PHI that are sent or forwarded internally be sent only to persons authorized to receive PHI under this Policy or the Rule, and only when the message contains the minimum PHI necessary to achieve the intended purpose of the use.
11. requiring voice mails containing PHI that are received from internal or external sources be saved in a password protected file, and when no longer needed, that they be deleted from the voice mail system. If a voice mail containing PHI is received by a person that is not the intended recipient or the person who needs to receive the PHI to perform his duties, the actual recipient must notify the sender and either delete the voice mail message, or if the correct receipt is known to the him and is authorized to access PHI under this Policy or the Rule, forward the message to him.
12. requiring that all PHI that is to be printed be sent to a printer that is accessible only to persons authorized to view PHI under this Policy or the Rule, and that all such persons with access to the same printer be trained to read only that PHI that they sent to the printer. However, any printed matter that is accidentally read by such persons will be treated as an incidental disclosure.
13. requiring that PHI not be disclosed over a cellular phone unless the issue requiring such a disclosure is urgent in nature and the person making or receiving the disclosure is traveling outside the office.
14. requiring that face-to-face and phone discussions which involve the use or

disclosure of PHI be held in private, secure locations or that the persons involved in such communications make reasonable efforts to avoid being overheard.

15. permitting unintentional uses or disclosures of PHI that are limited in nature, cannot reasonably be prevented, and occur as a by-product of administering the Plan if they occur as a result a use or disclosure otherwise permitted by this Policy or the Rule, but only if items 1 through 14 and the minimum necessary standard are implemented.

Nothing herein shall be deemed to prevent a business associate of the Plan from adopting safeguards for PHI that are different from those described in this Privacy Policy.

- C. **Requests for Confidential Communications.** An individual may request that the Plan communicate with him her or by means or at locations other than its standard ways of communicating. The Plan will accommodate such requests to the extent that they are made in writing, are reasonable, provide information about how payment, if any, is to be handled, specify an alternative address or other method of contact and contains a statement that disclosure of all or part of the information to which the request pertains by the Plan's usual means could endanger the individual.

- IV. **Training.** The Privacy Officer shall train all members of the Sponsor's workforce with respect to this Policy and the Rule as necessary and appropriate to carry out their functions on behalf of the Plan. An employee's training shall be completed before he or she actually undertakes any duties that require him or her to use or disclose PHI. If there is a material change in this Policy or the Rule, the Privacy Officer shall retrain the members of workforce affected by the change within a reasonable period of time after the change becomes effective. The Privacy Officer will require each person receiving training to give a written acknowledgment that he or she has received the training required by this paragraph and the Privacy Officer will maintain that acknowledgment as provided in this Policy.

- V. **Distribution of Notice of Privacy Practices.**

- A. **Covered Persons.** On or before April 14, 2003, the Privacy Officer will provide copies of the Plan's Notice of Privacy Practices to persons who are covered under the Plan on that date. The Privacy Officer will give copies of the Notice to persons who enroll in the Plan after April 14, 2003, upon receiving notice from the Plan that a person has enrolled. In addition:
  1. if the Plan makes any material changes to the Notice, then within 60 days thereafter, the Privacy Officer will give copies of the revised Notice to persons covered under the Plan on the effective date of the changes.
  2. at least once every three years, the Privacy Officer will notify persons covered under the plan of the availability of the Notice and how to get the Notice.
  3. the Privacy Officer will cause the current notice to be prominently posted on any web site maintained by the Plan that provides information about the Plan's services or benefits. The web site will make the Notice available electronically.
- B. **Other Requests for the Notice.** If any person makes a written request to obtain a copy of the Plan's Notice of Privacy Practices, the Privacy Officer will provide a copy of the Notice within 60 days after receiving the request.

- C. **Manner of Distribution.** The Privacy Officer may distribute the documents required by Paragraph V-A, by sending a copy to each covered employee (including covered former employees) by first class mail addressed to the employee's last recorded address as reflected in the Sponsor's employment records. The Privacy Officer may distribute the documents required by Paragraph V-A, by sending a copy to the requester at the address specified in the request.
- D. **Electronic Distribution.** The Privacy Officer may provide the documents required by this paragraph by e-mail if the intended recipient agrees to such notice. If the Privacy Officer actually knows that electronic notice has failed, a paper copy of the notice must be provided.
- E. **Documentation.** The privacy Officer will maintain copies of all notices issued by the Plan as provided in this Policy.

**VI. Requests to Protect PHI.** The Plan will permit individuals to request that it restrict its uses of the individual's PHI for treatment, payment or healthcare operations and for disclosures to persons involved in that individual's care.

- A. **Communications that Could Endanger the Individual.** The Plan will accommodate an individual's reasonable request to receive communications of PHI from the Plan at an alternative location or by alternative means provided that the request:
  - 1. is made in writing to the Privacy Officer;
  - 2. it specifies how payment is to be handled (if pertinent) and specifies an alternative address or means of contact; and
  - 3. contains a statement that disclosure of all or part of the information could endanger the individual.
- B. **Other Requests for Restrictions.** The Plan will consider other requests that a Plan agree to restrictions on its use or disclosure of an individual's PHI. All such requests must be made in writing to the Privacy Officer. The Privacy Officer has sole discretion to grant any such request. The Privacy Officer will notify the individual in writing of his or her decision within 30 days after it is received; however, if the Privacy Officer does not act within that time, the request will be deemed to be denied.
- C. **Effects of Granting a Request.** If the Plan grants a request to restrict use or disclosure of PHI, the Plan will observe the terms of the grant except for disclosures to an individual's health care provider for emergency treatment of the individual (but only if the Plan requests that the provider not further use or disclose the information), disclosures to the Secretary of HHS for purposes of auditing the Plan's compliance with the Rule or as permitted or required under Paragraph II-F of this Policy.
- D. **Termination of Agreement.** The Plan may terminate an agreement to restrict its uses or disclosures of an individual's PHI upon agreement of the parties or at any other time. The Plan will notify the individual in writing of its intention to terminate an agreed restriction and the termination but will be effective only with respect to information created or received after the individual receives the notice.

- E. **Documentation.** The Privacy Officer will document all requests under this Paragraph, the actions taken and all terminations of any restrictions. The Privacy Officer will promptly notify any affected business associates of the Plan of any agreed upon restrictions and terminations thereof.

**VII. Individual Access to PHI.** An individual may access his own PHI maintained by the Plan in a designated record set for purposes of inspection and copying; however, this does not apply to psychotherapy notes or information compiled for or in anticipation of a criminal or civil action or proceeding. Requests for access must be made in writing to the Privacy Officer. The Privacy Officer will document the Plan's designated record sets. The Privacy Officer will grant or deny the request within 30 days after its receipt for information maintained on-site by the Plan or Sponsor and within 60 days in all other cases. The Privacy Officer may have one extension of the time for granting or denying a request for access for 30 days by giving the individual written notice setting forth the reasons for the delay and the anticipated date of action. The Plan will handle grants and denials of requests for access as set forth in this Paragraph VII. The Privacy Officer will document the designated records sets that contain information subject to access under this Paragraph and the names of all persons responsible for receiving and processing requests for access.

- A. **Grants of Access:** If the Privacy Officer grants an individual's request for access, the Plan will make the requested information available to the individual:

1. in the form or format requested, if the Plan normally uses that format for such information and otherwise in readable hardcopy or other format upon which the individual and Plan may agree;
2. within the time frames described above and, in the case of inspection, at the location where it is normally maintained or accessed by the Plan; and
3. in the case of copies, upon payment of a fee no greater than the actual cost of copying (including supplies and labor) and postage (for information that is to be mailed.)

- B. **Denial of Access.** If the Privacy Officer denies access, the Privacy Officer will notify the individual in writing. The letter will:

1. state the grounds for denial.
2. state (if applicable) that the individual may appeal the decision by making a written request to the Privacy Officer for review within 180 days after the date of the denial.
3. describe the Plan's complaint procedures, the procedures for filing a complaint with the Secretary of HHS and give the name, phone number and title of the Privacy Officer or other designated contact person.

- C. **Grounds for Denial.** The Plan may not deny a request for access except as described in the Paragraph.

1. The Plan may deny a request for access if a licensed health care professional has determined in the exercise of professional judgement, that the requested access is reasonably likely to endanger the individual or another person (other than a health

care provider mentioned in the requested PHI). Requests denied on this basis are subject to appeal.

2. The Plan may deny a request for access if:
  - a. it is for psychotherapy notes or information compiled for or in anticipation of a criminal or civil action or proceeding.
  - b. the information was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would likely reveal the source of the information.

Requests denied on this basis are not subject to appeal.

- D. **Appeal Procedures.** A person may appeal a decision subject to appeal by making a written request for review to the Privacy Officer within 180 days after the denial. The Privacy Officer will promptly designate a licensed health care professional other than the person who originally reviewed the request to review the appeal. The reviewing professional will apply the same standards as those set forth in Paragraph VII-C-1 of this Policy. The review must be completed within 30 days after receipt of the appeal for information maintained on-site by the Plan or Sponsor and within 60 days in all other cases. The Privacy Officer may extend the time for granting or denying a request for access by 30 days by giving the individual written notice setting forth the reasons for the delay and the anticipated date of action.
- E. **Other Responsibilities.** If the Plan does not maintain the requested information in a designated record set but knows where it is maintained, the Privacy Officer will advise the individual where to direct a request for access.

**VIII. Requests to Amend PHI.** An individual may request that the Plan amend PHI about the individual that the Plan maintains in its designated record set. Requests for access must be made in writing to the Privacy Officer. The Privacy Officer will grant or deny the request within 60 days after receipt. The Privacy Officer may have one extension of the time for granting or denying a request for access for 30 days by giving the individual written notice setting forth the reasons for the delay and the anticipated date of action. The Plan will handle grants and denials of requests for amendment as set forth in this Paragraph VIII.

- A. **Grants of Requests for Amendment.** If the Privacy Officer grants the request for amendment, the Plan will:
  1. either modify the individual's PHI or make an appropriate annotation reflecting the amendment.
  2. inform the individual and make reasonable efforts to notify its affected business associates, persons identified by the individual as having received PHI and in need of the amendment and any other person that the Plan knows has the PHI in question and has relied or might be reasonably expected to rely on the PHI to the individual's detriment.

- B. Denial of Requests for Amendment.** If the Privacy Officer denies a request for amendment, the Privacy Officer will notify the individual in writing. The denial letter will:
1. state the grounds for denial.
  2. state that the individual may submit a written statement of disagreement with the Privacy Officer. The Privacy Officer may limit the statement of disagreement to 500 words.
  3. state that the individual may request that the Plan include the request for amendment and the denial letter with any future disclosures of PHI that is the subject of the requested amendment.
  4. describe the Plan's complaint procedures, the procedures for filing a complaint with the Secretary of HHS and give the name, phone number and title of the Privacy Officer or other designated contact person.
- C. Grounds for Denial.** The Privacy Officer may deny a request for amendment on the following grounds:
1. the information was not created by the Plan; however, this ground for denial is not available if the individual provides a reasonable basis to believe that the originator of the request is no longer available to act on a request.
  2. the information consists of psychotherapy notes or information compiled for or in anticipation of a criminal or civil action or proceeding.
  3. the information is not part of the enrollment, payment, claims adjudication or case or medical records systems maintained by or on behalf of the Plan.
  4. the information is not used by the Plan to make decisions about the individual.
  5. the information is accurate and complete.
- D. Actions Following Denial.**
1. The Privacy Officer may prepare a rebuttal to any statement of disagreement submitted by the individual; a copy of any such rebuttal must be provided to the individual.
  2. The Plan must include with or link to the disputed PHI, the request, the denial and any statement of disagreement and rebuttal.
  3. If the individual has submitted a statement of disagreement, the Plan will include the information described in Paragraph VIII-D-2 (or a summary thereof) with any subsequent disclosure of the PHI in question.
  4. If the individual has not submitted a statement of disagreement, the Plan will include the individual's request for amendment and the denial with any subsequent disclosure of the PHI in question, but only if the individual has requested that action.
- E. Action Upon Receiving Notice of Amendment.** If the Plan receives notice from a covered entity that it has amended an individual's PHI, the Plan will make a corresponding amendment in its records as described in Paragraph VIII-A-1 of the Policy.

F. **Documentation.** The Privacy Officer will document the designated records sets that contain information subject to access under this Paragraph and the names of all persons responsible for receiving and processing requests for access. The Privacy Officer will document all requests under this Paragraph, the actions taken and all terminations of any restrictions. The Privacy Officer will promptly notify any affected business associates of the Plan of any amendments.

**IX. Accounting of Disclosures of PHI.** An individual may request in writing that the Plan provide an accounting of disclosures of PHI made by the Plan during the 6 years prior to the date of the request; however, this does not include disclosures made: for the purpose of treatment, payment or healthcare operations; to the individual himself or herself; pursuant to the individual's authorization; as permitted in Paragraph II-F of this Policy; or for national security purposes or to law enforcement officials or correctional institutions as provided in Paragraph II-G of this Policy. This also does not include disclosures made before April 14, 2003. The Plan will honor appropriate requests for suspension of the right to an accounting if made as required by the Rule.

A. **Contents of Accounting.** The accounting must include for each disclosure:

1. the date of the disclosure.
2. the name and (if known) the address of the party to whom it was disclosed.
3. a brief description of the PHI disclosed.
4. a brief statement of the purpose of the disclosure or a copy of the request for disclosure.

B. **Provision of Accounting.** The Privacy Officer must provide the accounting within 60 days after receipt of the request. If necessary to provide the information, The Privacy Officer may have one extension of the time for providing the accounting for 30 days by giving written notice to the individual, giving the reason for the delay and the date by which the accounting will be provided. The Plan will not charge any fee for the first accounting within any 12 month period; however, the Plan will impose a reasonable cost-based fee for additional requests.

C. **Documentation.** The Privacy Officer will document the information necessary to provide an accounting, each actual accounting that is provided and the names of all persons responsible for receiving and processing requests for access. The Privacy Officer will document all requests under this Paragraph.

**X. Business Associates, Plan Sponsors, Agents and Subcontractors.**

A. **Business Associates.** The Plan may disclose PHI to its business associates or allow its business associates to create PHI on its behalf if the business associates have signed an appropriate business associate agreement.

1. The Privacy Officer shall identify all business associates of the Plan and shall assure that all arrangements with them incorporate the minimum requirements for business associate contracts as set forth in the rule.
2. The Privacy Officer shall receive information regarding a pattern, activity or practice of unauthorized uses or disclosures of PHI by a business associate (or any of its agents or subcontractors) and shall investigate the allegations in a timely

manner. If the Privacy Officer determines that a business associate has breached its obligations under its contract, the Privacy Officer shall forward all relevant material to the Plan and consult with the Plan and Plan Sponsor regarding appropriate remedies to cure the breach or end the violation. The Privacy Officer shall implement the remedies decided by the Plan as necessary. If the remedies fail, the Plan shall terminate the contract unless it determines that termination is not feasible. In the latter case, the Privacy Officer shall report the violation to the Secretary.

3. Upon termination of a business associate agreement, the Plan Sponsor shall assure that affected PHI is returned to the Plan, destroyed or retained by the former business associate subject to the extended protections required by the Rule.
4. A business associate may use PHI as necessary for its proper management and administration and to carry out its legal responsibilities and may disclose PHI for these purposes if:
  - a. the disclosure is required by law; or
  - b. the business associate obtains reasonable assurances that the person receiving the information will maintain its confidentiality and that it will not be further used or disclosed except as required by law or for the purpose for which it was received and that the receiving party will tell the business associate of any instances of which it is aware that confidentiality has been breached.

**B. Plan Sponsors, Agents and Subcontractors.** The plan may disclose PHI to the Plan Sponsor upon receipt of certification that the Sponsor has executed amendments to the Plan documents permitting and governing such disclosures as required by the Rule.

1. The Privacy Officer shall determine that the Plan Sponsor has amended Plan Documents as required by the rule before permitting the Plan to disclose any PHI to the Plan Sponsor (other than summary health information for purposes of obtaining premium bids or modifying, amending or terminating the Plan.) However, this does not apply to enrollment or disenrollment information. The Privacy Officer shall receive information regarding unauthorized disclosures by the Plan Sponsor and shall consult with the Plan regarding appropriate remedies. The Privacy Officer shall assure that the Plan Sponsor returns PHI to the Plan when it is no longer needed, or is destroyed or retained subject to the extended protections required by the Rule.
2. The Privacy Officer shall assure that the Sponsor does not disclose PHI to any agent or subcontractor except pursuant to an agreement that incorporates minimum requirements for such disclosures contracts as set forth in the rule. The Privacy Officer shall receive information regarding unauthorized uses or disclosures of PHI by an agent or subcontractor and shall forward same to the Plan and consult with the Plan and Plan Sponsor regarding appropriate remedies.

## **XI. Consents and Authorizations.**

**A. Consents.** The Plan does not need and will not require an individual to sign a consent as a condition of payment or treatment or to permit the Plan to perform health care operations.

B. **Authorizations.** The Plan will require an authorization from an individual in order to use or disclose PHI for purposes other payment, treatment or health care operations; however, this will not apply in any case where the Rule requires disclosure of PHI to a third party without regard for the existence of an authorization. The Privacy Officer will assure that the authorization is in the proper form and will not permit any use or disclosure of PHI pursuant to an authorization that does not contain all the elements required by the Rule and will deliver copies thereof to the Plan, its business associates and any other person or entity that needs to have it in order to observe its terms. The Privacy Officer will provide each individual with a copy of his or her signed authorization. The Privacy Officer will receive written revocations of authorizations and will determine whether, when and to what extent the revocation is effective and will notify the individual in writing of his or her decision. The Privacy Officer will approve any revocation of an authorization except to the extent that the Plan has acted in reliance thereon. The Privacy Officer will promptly notify the Plan of the revocation, as well as its business associates and any other person or entity that needs to know about it in order to observe its terms. The Privacy Officer will retain copies of all authorizations and revocations thereof.

**XII. Complaints.** The Plan will permit any person who is the subject of any PHI held by the Plan to file a written complaint asserting that the Plan's policies and procedures do not comply with the Rule or that the Plan has not complied with its policies and procedures. The Privacy Officer will promptly investigate the complaint and decide all issues of fact or law related thereto. All decisions will be made within 180 days after the complaint is filed and, until it resolved, the Privacy Officer will advise the complainant in writing of the status of the investigation at intervals of no more than 60 days. If the Privacy Officer determines that the Plan's policies or procedures do not comply with the Rule, he or she will promptly advise the Plan Sponsor of that determination. If the Privacy Officer determines that the Plan has not complied with its policies and procedures, he or she will take timely and effective steps to remedy the noncompliance. The Privacy Officer will inform the complainant in writing of his or her determination and the steps, if any, that are being taken as a result of the determination. The Privacy officer will document all complaints received and their disposition.

**XIII. Compliance Reviews.** The Privacy Officer will cooperate with the Secretary in any investigation or review undertaken by the Secretary to determine the Plan's compliance with the Privacy Rule. The Privacy Officer will permit access by the Secretary to the Plan's facilities, books, records, accounts and other sources of information, including PHI, that are pertinent to the Secretary's investigation or review.

**XIV. Mitigation.** The Privacy Officer will, to the extent reasonable and practicable, mitigate the harmful effects that he or she knows to have been caused by a disclosure of PHI by the Plan or its business associates in violation of the Rule or this Policy. The Privacy Officer shall determine the nature of the required mitigating acts on a case by case basis. The Privacy Officer shall consider the nature of the disclosure, the nature of the harm that it has caused and the likelihood that particular actions will mitigate the harm. The Privacy Officer may conclude that under a given set of circumstances, mitigation is not reasonable or practical. The Privacy Officer will document his or her determinations and the actions taken, if any.

- XV. Retaliation.** The Plan will not retaliate against or intimidate any person for asserting any right or pursuing any process available to him or her under this Policy, for filing a complaint with the Secretary or participating in any investigation by the Secretary or for his or her lawful, reasonable, good faith opposition to any practice made illegal by the Rule.
- XVI. Modification.** The Plan will modify this Policy when required to do so by changes in applicable law. The Plan may modify this Policy at any other time. Changes in this Policy will apply to all PHI regardless of when it is obtained or created.
- XVII. Documentation.** The Privacy Officer will maintain documentation of the Plan's compliance with the Privacy Rule as necessary to permit the Secretary to determine whether the Plan has complied with the Privacy Rule. The Privacy Officer will also maintain documentation as required by this Policy. All documentation will be maintained for six years after the date of its creation or the date it is last in effect, whichever is later. Documentation may be maintained in written or electronic form.
- XVIII. Construction.** It is the intent of the Plan that this document shall be construed consistently with the Rule and with the Plan's Notice of Privacy Practices. In the event of any inconsistency, the terms of the Notice shall prevail over this Policy and the Rule shall prevail over both the Notice and this Policy.

*Contact*

If you wish to file a complaint or obtain further information about the Plan's privacy policy, please contact Kim Kemper, Human Resource Director, at the Central Office located at 7821 State Road 3N, Muncie, IN, 47303 or by phone at (765) 284-5074.

**NORTH CENTRAL INDIANA SCHOOL INSURANCE CONSORTIUM**

**NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

This notice applies to the following health plans maintained by North Central Indiana Insurance Consortium.

**Health Plan**  
**Dental Plan**  
**Vision Plan**

These plans are collectively referenced by this notice as the Plan.

Federal law regulates the ways in which an employee health plan such as the Plan can use and disclose health information about you.

**This Notice is intended to inform you about the uses and disclosures of your health information that may be made by the Plan and about your rights and the Plan’s legal duties with respect to your health information.**

As used in this Notice, the term “health information” means information about you that the Plan creates, receives or maintains; and that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you.

**Uses and Disclosures**

The law permits the Plan to use and disclose your health information for purposes of treatment, payment and health care operations.

***Treatment:*** The term “treatment” means the provision, coordination or management of health care by one or more health care providers, including consultations, referrals and coordination with a third party. The Plan is not a health care provider and does not render health care; however, the Plan may disclose your health information to a health care provider, for example, to assist that provider with respect to your treatment. The Plan may use and disclose your health information for these purposes without your consent or permission.

***Payment:*** The term “payment” includes the activities undertaken by a health care provider to obtain payment and the activities undertaken by a plan to determine eligibility and benefits; to conduct utilization review, precertification, concurrent care and retrospective review activities; to bill and collect premiums; to coordinate benefits and enforce its reimbursement and subrogation rights; and to obtain payment from stop-loss insurance. For example, the Plan may disclose your health information to its claims administrator [**or to someone who provides utilization review services to the Plan**] so that it can determine the amount of benefits that may be payable by the Plan. The Plan may use and disclose your health information for these purposes without your consent or permission.

***Health Care Operations:*** The term “health care operations” includes underwriting, premium rating, and other activities relating to the creation or maintenance of a health plan; the acquisition and maintenance of stop-loss insurance; conducting or arranging for medical review, legal services and auditing; business planning and development relating to the management and operation of a health plan; and conducting the general business activities of a plan. For example, the Plan may disclose your health information in order to obtain or renew stop loss insurance coverage. The Plan may use and disclose your health information for these purposes without your consent or permission.

***Plan Sponsor:*** The activities and functions listed above may actually be performed by North Central Indiana School Insurance Consortium, the sponsor of the Plan, on the Plan’s behalf. The Plan may disclose your health information to North Central Indiana School Insurance Consortium to the extent necessary for it to perform those activities and functions.

***Business Associates:*** The activities and functions listed above may also be performed by third parties, called business associates. The Plan may disclose your health information to a business associate to the extent necessary for it to perform those activities and functions. The Plan’s claims administrator is a business associate. The Plan may have other business associates as well. When disclosing information to a business associate, the Plan will appropriately protect your health information by contract.

**Other Disclosures:** The Plan may use or disclose your health information without your consent or authorization for other purposes. For example:

- The Plan may use and disclose your health information to contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.
- The Plan may disclose your health information to a person who is authorized by applicable law to make decisions on your behalf regarding your health care and to your executor, administrator or other personal representative following your death to the extent it is relevant to such representation.
- The Plan may disclose your health information to member of your family or a close friend who is involved in your health care or payment for your health care to the extent of his or her involvement; however, the Plan will not do so if you tell it not to.
- The Plan may use and disclose your health information tell a member of your family or a close friend who is involved in your health care about your location, condition or death.
- The Plan will use and disclose your health information when it is required by law to do so.
- The Plan may disclose your health information to an authorized public health authority for certain public health activities such as preventing and controlling disease, injury or disability or to report child abuse and neglect; in addition, the Plan may use and disclose your health information to report problems with drugs or medical devices, to enable product recalls and replacements.
- The Plan may use and disclose your health information as necessary to permit your employer to comply with laws governing workers compensation, work-related medical conditions or workplace related medical surveillance.
- The Plan may disclose your health information in response to a court order or subpoena, discovery request or other lawful process.
- The Plan may disclose your health information to a law enforcement official for law enforcement purposes.
  
- The Plan may disclose your health information to coroners, medical examiners and funeral directors as needed for them to perform their duties.
- The Plan may use or disclose your health information to organ procurement, banking or transplantation organizations to facilitate organ, eye and tissue donation and transplantation.
- The Plan may use or disclose your health information for certain research purposes.
- The Plan may use or disclose your health information to avert a serious threat to the health or safety of any person or to the public.
- The Plan may disclose your health information to military personnel (if you are in the military) when necessary to assure proper execution of a military mission; to authorized federal officials for the conduct of lawful intelligence, for counterintelligence and national security purposes, to the State Department as needed for security clearances and to determine availability for service under the Foreign Service Act or for a family member to accompany a Foreign Service member abroad, and for the protection of the President, foreign heads of state and other government officials.
- The Plan may disclose your health information to a correctional institution where you are an inmate.
- The Plan may disclose your health information to a governmental health oversight agency.

- Each of the listed plans in the Plan may disclose PHI with one another as necessary to carry out treatment, payment and healthcare operations.

The Plan will not make any other use or disclosure of your health information (other than disclosures incidental to a permitted use or disclosure) unless you give it your written authorization to do so. You may revoke any authorization that you may have given. The revocation must be writing and must be given or sent to the same person or entity to whom you gave or sent your original authorization. However, the revocation will not apply to the extent that the Plan has acted in reliance on it.

### **Your Rights**

You have certain rights with respect to your health information. These rights are listed below in this section. In order to exercise these rights, you must make a request in writing and send it to the contact person listed near the end of this Notice.

***Restrictions on Disclosures:*** You have the right to make a written request that the Plan place restrictions on uses and disclosures of your health information to carry out treatment, payment or health care operations. In addition, you may request restrictions on the Plan's right to disclose your health information to persons involved in your medical care (such as a spouse, relative or close friend) to the extent of their involvement when you are unable to consent or object to the disclosure due to your incapacity or to emergency circumstances. The Plan is not required to agree to any requested restrictions.

***Restrictions on Communications from the Plan:*** You have the right to make a written request that the Plan communicate with you by alternate means or at alternate locations if you clearly state that the disclosure of your health information through the Plan's ordinary means of communications could endanger you. The Plan will accommodate reasonable requests.

***Inspection and Copying of Health Information:*** You have the right to make a written request that you be allowed to inspect and copy your health information. However, this does not apply to psychotherapy notes or information compiled in anticipation of litigation. The Plan may grant or deny your request based on criteria set forth in its Privacy Policy.

***Amendment of Health Information:*** You have the right to make a written request to amend your health information. As part of your request, you must explain the reasons why you think the information should be amended. The Plan may grant or deny your request based on criteria set forth in its Privacy Policy.

***Accounting of Disclosures:*** You have the right to make a written request for and to receive an accounting of disclosures of your health information that the Plan has made during the 6 years prior to the date the accounting is requested. However, this does not apply to disclosures made for purposes of treatment, payment or health care operations, disclosures made to you, disclosures made to persons involved in your care, disclosures made for national security or intelligence purposes as authorized by the National Security Act, disclosures to correctional institutions officials for your health care or other purposes pertinent to the operation of the institutions or disclosures that occurred before April 14, 2003.

***Paper Copy of Notice:*** You also have a right to make a written request for and to request and receive a paper copy, even if you have received an electronic version of this Notice.

## **The Plan's Duties**

The Plan is required by law to maintain the privacy of your health information and to give you notice of its legal duties and privacy practices with respect to your health information.

The Plan is also required to abide by the terms of the Notice of Privacy Practices currently in effect. The Plan can change the terms of this Notice and make the terms of the new Notice effective for all the health information that it maintains. If the Plan makes a material change to the terms of the Notice, it will notify all employees (including retirees and former employees, if any) who are covered under the Plan by first class mail at their home address as maintained by the Plan, **[or by hand delivery at the employee's work site or electronically if the employee has consented to receive these privacy notices electronically.]**

## **Complaints**

You may complain to the Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated.

If you want to file a complaint with the Plan, you must send a written statement describing your complaint to the contact person listed below. No one will retaliate against you for filing a complaint.

## **Contact**

If you wish to file a complaint or obtain further information about the Plan's privacy policy, please contact:

**Kim Kemper**  
**Human Resource Director**  
**7821 State Road 3N**  
**(765)284-5074**

## **Effective Date**

The effective date of this Notice of Privacy Practices is April 14, 2003.

## **Flu Shots**

May be offered to employees annually, as supply is available. These are on a voluntary basis, and interest forms will be offered at the appropriate timeframe.

**Annuities**

The following companies are the only corporation approved 403(b) plan providers for payroll deduction:

- AIG/Valic
- American Fidelity
- American United Life
- First Investors
- Lincoln National Life

Annuity changes/enrollments may be made twice a school year:

- First day of first semester
- First day of second semester

Forms are available from the Human Resource Director at Central Office. They may be turned in at any time but will not be processed until the nearest of the two dates listed above from the date received at Central Office.

**TRF/PERF**

You may contribute up to 10% more than the mandatory 3% to TRF and PERF. The form is available from the Human Resource Director at Central Office. Any change may be made twice a school year:

- First day of first semester
- First day of second semester

The form may be turned in at any time but will not be processed until the nearest of the two dates listed above from the date received at Central Office.

PERF employees may direct their investment. This may be done at any time and the form is available from the Human Resource Director at Central Office.

Beneficiary information may be changed at any time please contact the Human Resource Director for the appropriate form.

## **Policies and Guidelines**

**Asbestos Plan Notification**

The asbestos management plan for every school in the Delaware Community School Corporation is available for review in the principal's office of each building and in the Office of the Superintendent of Schools, 7821 State Road 3 North, Muncie, Indiana, 47303.

There are no plans to disturb asbestos containing materials within any building at this time. However, should the need arise to remove or replace asbestos containing materials, appropriate procedures will be employed to do so in compliance with all EPA regulations.

## Computer Usage Guidelines

### *General Statement*

The Internet is comprised of thousands of interconnected networks, which provide digital pathways to millions of information sites. Because these networks subscribe to a common set of standards and protocols, users have worldwide access to Internet hosts and their associated applications and databases. Electronic search and retrieval tools permit users to gather information and data from a multitude of sources and to communicate with other Internet users who have related interests. Delaware Community Schools recognizes the value of this tool to improve our competitive posture and the productivity and knowledge of Delaware Community School Corporation employees and students.

### *Lack of Privacy on the Internet*

Use of the Internet should not be considered a private medium. Internet or e-mail is neither secure nor private. All information contained in any Internet messaging application could be seen by others. All users of the Internet should be aware that Delaware Community Schools may choose at any time to create an audit log detailing every request for access in either direction by the user.

### *Potential Liability*

Improper use of the Internet may create liability on the part of yourself or Delaware Community Schools. Example areas of liability could include the republishing of copyrighted material without the consent of the original author or harassment suits caused by the use of indecent materials found on the Internet.

### *Acceptable Use/Usage Guidelines:*

- All employees and contractors, by use of the Internet, will acknowledge their acceptance and understanding of this policy, thereby agreeing to the guidelines of this policy.
- The only acceptable copies on any Delaware Community Schools PCs (of Internet-related software) will be those approved by Information Technology Services (ITS), Superintendents Office, and School Board. Employees and/or Students are not to introduce any other Internet access software or shareware, or other shareware that financially obligates Delaware Community Schools for use on Delaware Community Schools PCs without prior approval from management and ITS.
- Do not copy or distribute copies of protected works without a valid purchase and license agreement.
- All employees and/or students must receive prior approval from their immediate manager or supervisor before accessing any fee-based service that will financially obligate Delaware Community Schools in any way or at any time.
- Delaware Community Schools may choose at any time to block out-bound access to certain Internet sites and also to control in-bound access. This allows Delaware Community Schools to protect the integrity of its network systems, students and workplace.
- Administration may choose to access reports for monitoring Internet usage.

- The e-mail system has been established to expedite business matters among school corporation personnel, as well as decrease paper usage internally. Good judgment should be used by employees and/or students regarding communications on the e-mail system, with a view to the fact that all communications are subject to discovery in court actions, and should not include anything that would not be put on paper. Do not download, transmit or send abusive or offensive, discriminatory or harassing communications or access, retrieve or print text and graphics information that exceeds the bounds of generally accepted standards of good taste and ethics.
- Access to adult or pornographic sites is strictly prohibited.
- Do not engage in any unlawful activities or any other activities that would in any way discredit Delaware Community Schools. This also includes Corporation PC's for engaging in or accessing gambling sites or sites obtaining an age validation.
- Do not engage in any activity, which would compromise the security of Delaware Community School's host (workstation) computers. Host login passwords are not to be disclosed or shared with other users. If you feel that someone might have obtained a copy of your password, it is your responsibility to contact the Information Technology Department to have it changed to protect your identity and data.
- Any information posted on or created for the Internet while using your corporate Internet account is the property of Delaware Community School Corporation. Any data obtained from the Internet/World Wide Web or e-mail by a Corporation PC and/or Server shall also be the property and have all attainability of the School Corporation Administration.
- Any violations of this policy will be subject to disciplinary action up to and including recommendation of termination to the Board of Trustees.

This policy is subject to change and will be updated as needed.

### **Criminal Convictions**

To help insure a safe environment, it is the policy of the Delaware Community School Corporation to require each applicant for employment with the school corporation to submit as part of the application, a copy of the applicant's limited criminal history. The limited criminal history submitted to the corporation must be no more than twelve months old. For applicants employed in the same position in consecutive years, but not continuously employed, a new limited criminal history check shall not be required every year after the first year unless specifically requested by the Corporation and/or by the Administration. Generally, new limited criminal histories shall be required every third year, and such applicants shall be required to notify the school corporation of his/her conviction in Indiana or any other jurisdiction of the offenses described in IND. CODE 20-5-2-8(b), and to certify upon the beginning of each term of employment that he/she has not been convicted of any such offenses.

For purposes of this policy, “applicant” means any individual who is applying for employment with the school corporation and/or seeking to enter into a contract to provide services to the school corporation and that individual’s likelihood to have direct, ongoing contact with children as a result of the individual’s position. The term includes but is not limited to volunteers, bus drivers, lay coaches, and present employees who are applying for other positions within the Corporation.

Each applicant interviewed will be questioned about his/her limited criminal history, if necessary. Failure to answer honestly any questions related to the limited criminal history may be cause for termination of applicant if eventually hired.

If an individual applying for a non-certified position has an application on file with the school corporation and the application has been on file more than twelve months, at the time the individual is hired by the corporation, the applicant will be required to submit an updated criminal history at the time of hiring.

Each individual who is hired by the school corporation for a non-certified position at the time of hiring will be required to do the following:

1. Obtain a copy of a limited criminal history, and;
2. Submit a copy of a limited criminal history in a document verifying a disposition that does not appear on the limited criminal history.

Any entity which has a contract to provide services to the corporation and whose employees have direct, ongoing contact with children when performing those services for the school, must provide the Corporation limited criminal histories for such employees. The entity and/or the entity’s employees are responsible for all costs associated with obtaining the limited criminal histories.

Any information obtained from a limited criminal history is confidential and shall not be released or disseminated.

All school employees and individuals or entities who have contracts for services with the Corporation are required by state law to report convictions in Indiana or in any jurisdiction of certain crimes enumerated in the state law to the school corporation. The Superintendent or designee is responsible for implementing regulations to notify the employees, including volunteers, and the entities for contracted services of this duty. In addition to the crimes listed in the state law, the notice shall also include the convictions of the “attempted” crimes listed in the law.

Before employing an applicant, the Corporation shall review the Indiana Sex and Violent Offender Registry, and any other such available registries that might contain information pertaining to an applicant.

## **☑ Legal Requirement to Report Certain Criminal Convictions**

Effective July 1, 1997, Indiana Code 20-26-5-11 requires that a school corporation, or an entity with which; 1) the school contracts for services; and 2) that has employees who are likely to have direct, ongoing contact with children within the scope of their employment, to notify the governing body of the school corporation if during the course of employment the individual is convicted in Indiana or another jurisdiction of an offense described in the code. (Listed below.)

A school corporation or entity may use information obtained under section 7 of the code as rounds not to employ or contract with the individual.

The offenses identified in Indiana Code 20-26-5-11 are as follows:

1. Murder
2. Causing suicide
3. Assisting suicide
4. Voluntary manslaughter
5. Reckless Homicide
6. Battery (unless 10 years have elapsed)
7. Aggravated battery
8. Kidnapping
9. Criminal confinement
10. Sex offense under IC 35-42-4
11. Carjacking
12. Arson (unless 10 years have elapsed)
13. Incest
14. Neglect of a dependent (unless 10 years have elapsed)
15. Child selling
16. Contributing to the delinquency of a minor (unless 10 years have elapsed)
17. Offense involving a weapon under IC 35-47 or IC 35-47.5 (unless 10 years have elapsed)
18. Offense relating to controlled substances under IC 35-48 (unless 10 years have elapsed)
19. Offense relating to material or performance that is harmful to minors or obscene under IC 35-49-3 (unless 10 years have elapsed)
20. Offense relating to operating a motor vehicle while intoxicated under IC 9-35-5 (unless 5 years have elapsed)
21. Offense substantially equivalent to any of the above in which the conviction occurred in another jurisdiction (state)

Employees need to note that this law is not permissive. It is an employee's duty to report any of the above convictions to the governing body through the Superintendent of Schools.

**☑ Conflict of Interest**

It is the policy of the Delaware Community School Corporation to follow all applicable laws in relation to any potential conflict of interest on the part of Board members and employees. All Board members and employees are required to follow all applicable state laws in disclosing potential conflicts of interest.

**☑ Disabled Individuals Policy Statement**

It is the policy of the Delaware Community School Corporation that no qualified individual with a disability shall, on the basis of that disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, service, or activity sponsored by this school corporation.

Inquiries regarding compliance with this policy should be directed to the Assistant Superintendent of Schools of the Delaware Community School Corporation, 7321 State Road 3 North, Muncie, Indiana, 47303, or to the Office for Civil Rights, U.S. Department of Education, Washington, D.C.

*Requests for Assistance*

Persons who require accommodations or need information regarding access to a program and the availability of special facilities are requested to write or telephone the principal of the school or the Delaware Community School Corporation Superintendent's Office.

**☑ Discipline Policy**

All employees of Delaware Community School Corporation are expected to follow the policies and procedures as outlined in this handbook and conduct themselves in a manner that does not discredit the Corporation, whether during or after working hours. Employees found to have violated any Corporation policy, may be subject to disciplinary actions as determined by the Board of Trustees, up to and including termination.

**☑ Eye Protection Devices (IC 20-34-3-19)**

Each public school student and teacher shall wear industrial quality eye protective devices at all times while participating in any of the following courses:

- (1) Career and technical education involving experience with:
  - a. hot molten metals;
  - b. milling, sawing, turning, shaping, cutting, or stamping of any solid material;
  - c. heat treatment, tempering, or kiln firing of any metal or material;
  - d. gas or electric welding;
  - e. repair or servicing of any vehicle; or
  - f. caustic or explosive materials.
- 2) Chemical or combined chemical-physical laboratories involving caustic or explosive chemicals or hot liquids or solids.

- 3) Eye protective devices are of industrial quality if the devices meet the standards of the American standard safety code for head, eye, and respiratory protection, Z2.1-1959, promulgated by the American Standards Association, Inc.

### **Harassment**

It is the policy of the Delaware Community School Corporation to maintain a learning and working environment that is free from harassment, including but not limited harassment on the basis of gender, race, age, religion, ethnicity, or disability.

It shall be a violation of this policy for any employee of the Delaware Community School Corporation to harass another employee or student through conduct or communications.

The Corporation will take appropriate action to prevent and correct behavior that violates this policy. If necessary, the school system will also take disciplinary action against employees and students. Employees who violate the policy will be subject to such actions as oral or written reprimand, professional counseling, reassignment, demotion, suspension or termination. The use of the term “employee” also includes non-employees and volunteers who work subject to the control of school authorities.

The policy applies to all harassment incidents involving Corporation employees and students. The policy recognizes that it is unlawful for employees to commit acts of harassment. Harassment committed by students against students or staff constitutes inappropriate behavior and is subject to disciplinary action under the Board of Education discipline policies.

It is the responsibility of every supervisor and principal to recognize acts of harassment and take necessary action to ensure such instances are addressed swiftly, fairly, and effectively. The school system prohibits retaliation against an individual who reports an incident or cooperates with an investigation of a reported incident.

#### **What Is Sexual Harassment?**

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and/or other inappropriate verbal, written, or physical conduct of a sexual nature that takes place under any of the following circumstances:

- When submission to such conduct is made, explicitly or implicitly, a term or condition of employment, instruction or participation in other school activities;
- When submission to or rejection of such conduct by an individual is used by the offender as the basis for making personnel or academic decisions affecting the individual subjected to sexual advances; and/or
- When such conduct has the effect of unreasonably interfering with the individual's work and/or academic performance or creating an intimidating, hostile, or offensive work or learning environment.

It is against Corporation policy and unlawful for employees to commit acts of sexual harassment. The Corporation will take appropriate action to prevent and correct behavior that violates this policy. If necessary, the school system will also take disciplinary action against employees and students. Employees who violate the policy will be subject to such actions as oral or written reprimand, professional counseling, reassignment, demotion, suspension or termination. The use of the term “employee” also includes non-employees and volunteers who work subject to the

control of school authorities. Sexual harassment committed by students against students or staff is inappropriate behavior and violates Corporation policies.

### **Prohibited Conduct**

Prohibited conduct may include, but is not limited to, unwelcome behavior with sexual overtones that is intimidating or offensive to the recipient or observer of the behavior. For example:

- Grabbing, touching or patting
- Sexual propositions
- Sexually offensive pictures, magazines, notes, calendars, cartoons, or jokes
- Unwanted flirtations or advances
- Verbal abuse
- Repeated pressure or requests for sexual activities
- Rewards for granting sexual favors or the withholding of rewards for refusing to grant sexual favors
- Graphic comments about an individual's body or dress
- Sexually degrading names

Such conduct may also constitute sexual harassment. In determining whether prohibited conduct constitutes sexual harassment, consideration will be given to the totality of the circumstances, including the context in which the conduct occurred. Dating or sexual relationships between employees/adult volunteers and students is prohibited.

### **Expectations**

The expectation of the Board of Education is that employees and students will be committed to creating and maintaining an environment in which all persons participating in school programs and activities can do so in an atmosphere free from all forms of harassment. In order to ensure the fulfillment of this expectation:

- Corporation policy on harassment will be communicated to all employees and students.
- Education programs, to include all employees and students, will be implemented.
- Employees and students will be informed of procedures to follow for filing complaints of harassment.
- Confidentiality will be maintained in all phases of the complaint process in accordance with policy and Corporation obligation to investigate and address complaints.
- Retaliation against anyone who files a complaint about harassment or cooperates with an investigation is prohibited.

### **Actions for Employees**

If you believe you are the subject of harassment, you should report such incidents. You can report this information verbally or in writing to your immediate supervisor or principal. You may also report it directly to the HR Generalist within the Central Office at 765-284-5074.

When reporting such an incident, it is helpful to provide as much information as possible. Such information includes: (1) a description of the event or events, (2) the number of occurrences with dates and places, (3) the names of any witnesses, and (4) if appropriate, any documents, papers and/or other exhibits.

### **Where To Go for Help**

Employees of the Delaware Community School Corporation may contact any of the following individuals or offices for guidance, information, or resolution of a harassment issue:

- Your supervisor, principal, or director
- Department of Human Resource at 765-284-5074
- The Superintendent of Schools at 765-284-5074

### **Investigating Reports of Harassment**

Investigations will be handled as follows:

- Initial reports should be made as soon as possible from the most recent occurrence.
- Within ten (10) days of receipt of a complaint, the investigator must file a report with the Superintendent of Schools (if the Superintendent of Schools is not the investigator.)
- Within fifteen (15) days after receipt of the report, the Superintendent will present his/her report and a recommendation to the Board of Education for consideration.
- Within fifteen (15) days, the Board of Education will take whatever action it deems appropriate.

### **Sanctions for Misconduct**

Employees found to be in violation of the Harassment Policy shall be subject to disciplinary action including, but not limited to, reassignment, suspension, or discharge.

### **False Reporting**

Any person who knowingly files false charges against an employee in an attempt to demean, harass, abuse, or embarrass the individual shall be subject to disciplinary action consistent with school policy.

### **☑ Policy on Employee Drug and Alcohol Offenses**

No employee shall distribute, dispense, possess, use, or be under the influence of any alcoholic beverage, malt beverage, or fortified wine or other intoxicating liquor or unlawfully manufacture, distribute, possess, use, or be under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, anabolic steroid or any other controlled substance, as defined in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation 21 C.F.R. 1300.11 through 1300.15, before, during or after school hours at school, in any school district location or school sponsored function.

“School district location” means in any school building or on any school premises; in any school owned vehicle or in any other school approved vehicle used to transport students to and from school or school field trip or athletic event, where students are under the jurisdiction of the school district; or during any period of time such employee is supervising students on behalf of the school district or otherwise engaged in school district business.

As a condition of employment, each employee shall abide by the terms of this policy and shall notify his or her supervisor in writing of his or her conviction of any criminal drug statute for a violation occurring in any school district location no later than five (5) calendar days after such conviction.

Any employee who violates the terms of this policy is subject to sanctions, which could include suspension, termination or non-renewal of employment. The Board may, in appropriate cases, require that the employee satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program approved by the Board, as a condition of continued employment.

### **☑ Employee Badges**

The implementation of employee badges is to help ensure the safety of students and staff of the Delaware Community School Corporation. This guideline is to be enforced in each and every building throughout the Corporation. The photo ID badge will also serve as the employee pass.

The following are guidelines for employee identity badges:

- Badge is to be worn in a visible manner by the employee at all times during school hours and during school events when the employee is functioning in the capacity of a school employee.
- Badge is to be worn in a visible manner by a substitute teacher(s), visitor(s), and vendor(s) while in a Corporation building. The badge will be issued from the building office upon arrival and should be returned when signing out.
- Employees of Delaware Community School Corporation are to report any person(s) (excluding students) not wearing a badge to the building administrative office immediately.
- A principal may give a reminder to an employee if the badge is not worn and/or is worn but not in a visible manner. An employee may be considered insubordinate after a warning has been issued.
- If an employee loses his/her badge, they should contact their building principal immediately. One replacement badge per year will be issued at no cost. After one replacement, a charge of \$5 per replacement badge will be charged.
- The photo ID badge will work as the employee pass into qualifying school events. The pass is valid for the employee and a guest; therefore, the employee must be present for the pass to be used.

### **☑ Nondiscrimination Policy**

It is the policy of the Delaware Community School Corporation not to discriminate on the basis of race, creed, color, religion, sex, national or ethnic origin, age, disability, or handicap in its educational programs, activities or services of employment practices.

Inquiries regarding compliance of this policy with the Americans with Disability Act or Section 504 of the Handicapped Act policy should be *directed to* the Assistant Superintendent of Schools. All other inquiries regarding compliance with this policy should be directed to the Superintendent of Schools of the Delaware Community School Corporation, 7821 State Road 3 North, Muncie, Indiana, 47303, or to the Office of Civil Rights, U.S. Department of Education, Washington, D.C.

## Pest Control Policy

Delaware Community School Corporation is committed to providing students and staff a safe learning environment and seeks to prevent them from being exposed to pests and pesticides. Pest control practices may involve a variety of chemical and non-chemical methods that are designed to control pests effectively while minimizing potential pesticide exposure to students and staff.

The Corporation will:

- Inform parents and staff members at the beginning of each school year of the corporation's pest control policy by a separate memorandum or as a provision in the student handbook;
- Provide the name and phone number of the person to contact for information regarding pest control;
- Establish a registry of parents and employees who want to receive advance notice of all pesticide use and provide such notice;
- Provide notice of planned pesticide applications to parents and employees who have requested advance notice at least two (2) school days prior to the date and time the application is to occur, including the general area where pesticide is to be applied and the telephone number to contact the school for more information;
- Maintain a written record for at least 90 days of any pesticide applications.

In case of emergency pesticide applications, because of an immediate threat to the public health, the school will give written notice as soon as possible. When possible, pesticide applications will be done during non-instructional time or during vacation periods.

The Superintendent (or a designee) will prepare and disseminate regulations for the implementation of this policy.

## Reporting Child Abuse and Usage of Controlled Substances

The Board of Education of the Delaware Community School Corporation recognizes that school employees are obligated to report incidents of child abuse and usage of controlled substances on or near school property. The Superintendent of Schools shall be responsible for the development of rules concerning reporting such incidents.

## Universal Precautions and Bloodborne Pathogens

Universal precautions shall be observed by all employees to prevent contact with blood and other potentially infectious materials. The Delaware Community Schools Bloodborne Pathogen Exposure Control Plan as mandated by OSHA is available in every school building and contains additional information and guidance concerning Universal Precautions Procedures.

In the event of exposure to blood, all school personnel should adhere to the following:

- **Barrier protection should be used at all times** to prevent skin and mucous membrane contamination with blood, body fluids containing visible blood, or other body fluids.

- **Barrier protection should be used with ALL tissues.** The type of barrier protection used should be appropriate for the type of procedures being performed and the type of exposure anticipated.
- **Gloves are available** in the classroom and are to be worn when there is potential for hand or skin contact with blood, other potentially infectious material, or items and surfaces contaminated with these materials.
- **Wear face protection** (face shield) during procedures that are likely to generate droplets of blood or body fluid to prevent exposure to mucous membranes of the mouth, nose and eyes.
- **Wear protective body clothing** when there is a potential for splashing of blood or body fluids.
- **Change clothing** if another person's blood or body fluid gets onto your clothes.
- **Wash hands or other skin surfaces** thoroughly and immediately if contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
- **Wash hands immediately** after gloves are removed.
- **Avoid accidental injuries by sharp items.** Puncture resistant containers marked with the biohazard symbol are located in the school clinic and are to be used for disposal of used needles, syringes, and other sharp items. Red trash bags (available in the clinic or from the school custodian) must be used and disposed of properly for any items containing blood or other body fluids.

Custodians are trained in proper procedures for clean up and should be called if any blood or body fluid spill occurs. As a school employee you must react to an emergency not only with your heart, but also with your head. Take time to protect yourself while helping a child or co-worker in need.

## **UNIVERSAL PRECAUTIONS FOR SCHOOL SETTINGS**

### Definition of Universal Precautions

Universal precautions refer to the usual and ordinary steps all school staff need to take in order to reduce their risk of infection with HIV, the virus that causes AIDS, as well as all other blood-borne organisms (such as the Hepatitis B virus). They are universal because they refer to steps that need to be taken in all cases, not only when a staff member or student is known to be HIV-infected. They are precautions because they require foresight and planning, and should be integrated into existing safety guidelines.

### Protocol for Universal Precautions

In response to the increase in hepatitis B and human immunodeficiency virus (HIV) infections, the Centers for Disease Control have recommended "universal blood and body-fluid precautions." These measures are intended to prevent transmission of these and other infections, as well as to decrease the risk of exposure for care-providers and students. As it is currently not possible to identify all infected individuals, these precautions must be used with every student, regardless of his/her medical diagnosis.

Universal precautions pertain to blood and body fluids containing blood, cerebrospinal fluid, synovial fluid, vaginal secretions, semen, and pericardial fluid. These precautions do not apply to other body products such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine unless blood is visible in the materials. However, these other fluids and body wastes can be sources of other infections and should be handled as if they are infectious.

The single most important step in preventing exposure to and transmission of any infection is anticipating contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, the care-giver should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of these measures will enhance protection of both the care-giver and the student.

### HAND WASHING

Proper hand washing is crucial to preventing the spread of infection. Textured jewelry on the hands or wrists (such as rings and stones) should be removed prior to washing and kept off until completion of the care procedure and hands are rewashed. Use of running water, lathering with soap and using friction to clean all surfaces of remaining jewelry and hands is key. Rinse well with running water and dry hands with paper towels. If soap and water are unavailable, wet towelettes or "hand-wipes" may be used.

Hands should be washed before physical contact with student and after the contact is completed. Hands should be washed after contact with any used equipment. If hands (or other skin) become soiled with blood or body fluids, they should be washed immediately before touching anything else. Hands should be washed whether gloves are worn or not and after gloves are removed.

Barriers include disposable gloves, protective eye wear and gown. The use of a barrier is intended to reduce the risk of contact with blood and body fluids for the care-giver as well as to control the spread of infectious agents from student to student. It is essential that appropriate barriers be used when contact with potentially infectious material is possible.

Gloves should be worn when direct care of the student may involve contact with blood and body fluids. For infection control, it is recommended that gloves be worn as well for contact with urine, feces, and respiratory secretions. Gloves should be disposed of after each use and not reused.

- Gloves should be worn when changing a diaper or catheterizing a student.
- Gloves should be worn when changing dressings or sanitary napkins.
- Gloves should be worn when providing mouth, nose or tracheal care.
- Gloves should be worn if the care-giver has broken skin on the hands (even around the nails).
- Gloves should be worn when cleaning up spills of blood (e.g. nosebleeds) or body fluids and wastes, and soiled supplies.

Gowns or aprons may be worn to protect the care-giver's clothing if spattering of body fluids is possible. The apron or gown should be laundered or disposed of after each care session and should not be reused. In addition, protective eye wear and masks should be worn if splashing of body fluids is likely to occur (such as mouth suctioning or a coughing student).

Chux or other waterproof barriers should be used to cover any work surface if drainage or splashing with blood or body fluids is possible. The barrier should be disposed of after each care session and should not be reused.

### DISPOSAL OF WASTE

All used or contaminated supplies (including gloves and other barriers) except for syringes, needles and other sharp implements should be placed in a plastic bag which is then sealed. This bag should be placed in a second plastic bag, which is also sealed. The double-bagged waste can then be thrown in the garbage, out of the reach of children or animals.

Needles, syringes and other sharp objects should be placed in a metal or other puncture-proof container immediately after use. To reduce the risk of an accidental needle stick or cut, needles should not be recapped, bent or removed from the syringe before disposal. Once it is full, the container should be sealed, double bagged and brought to health services central administration for disposal in large biohazard container. Health services will call biohazard waste disposal company for proper disposal at least annually. Bodily wastes such as urine, vomitus or feces should be disposed of in the toilet.

### CLEAN UP

Spills of blood and body fluids that are covered under universal precautions should be cleaned up immediately. The CDC method is as follow:

- Wear gloves.
- Mop up the spill with paper towels or other absorbent material.
- Using a solution of one part household bleach (sodium hypochlorite) in ten parts of water, wash the area well.
- Dispose of gloves, soiled towels and other waste in sealed double plastic bag in the garbage as outlined above.

Routine environmental clean-up facilities (such as the health room and bathrooms), does not require any modification unless contamination with blood or body fluids covered under universal precautions should occur. If so, the area should be decontaminated using the procedure outlined above. Regular cleaning on non-contaminated surfaces such as toilet seats and table tops can be done with the standard cleaning and removal of obvious soil. It is more effective than extraordinary attempts to disinfect or sterilize surfaces.

### LAUNDRY

Whenever possible, disposable barriers should be used, if contamination with body fluids or blood is possible. If sheets, towels or clothing do become soiled, they should be handled as little as possible. Wash with hot water and detergent for at least 25 minutes. Cool water washing is also acceptable if an appropriate detergent is used for the water temperature.

### ACCIDENTAL EXPOSURE

Accidental exposure to blood, body products or body fluids places the exposed individual at risk of infection. This risk varies depending on the type of body fluid (blood vs. respiratory vs. feces), the type of infection (salmonella vs. HIV) and the integrity of the skin that is contaminated.

## PREGNANT WOMEN

Pregnant women are at no higher risk of infection than other care-providers as long as appropriate precautions are observed. However, due to the possibility of in-utero transmission of viral infections such as cyto-megalovirus (CMV) or HIV, as well as the potential for adverse outcomes with these congenitally acquired infections, pregnant women should be especially careful to observe universal precautions.

Further information regarding universal precautions and infection control is available from the local Public Health Department and in references at the end of this section.

### Personal Hygiene Emergency Procedures

The purpose of the procedures outlined herein is to establish basic guidelines intended to assist students who may be having a personal hygiene emergency. Instances of such emergencies may include, but not be limited to, a bleeding nose, sneezing, coughing, uncontrollable urinating, and sudden bowel movement.

Headmaster/Principal shall:

- Ensure that all staff are familiar with this policy and that the provisions of this policy are implemented.

Classroom Teacher shall:

- Reassure and calm the student.
- Have the student report to the appropriate lavatory facility. In some cases, it may be necessary to have another student or a classroom aide accompany the child.
- Notify the school nurse.
- Contact the student's parent/guardian to report the incident, and if necessary, request that the parents come to the school to assist.
- Request that the parents supply a clean set of clothing to be stored at the school for chronic cases.
- Report action taken to the Headmaster/Principal.

School Nurse shall:

- Meet with the student to recommend the procedure to be followed, i.e. student to be sent back to class, parents to come to school, student to be sent home, etc.
- Assist in ensuring that the student is properly cleansed before returning to class, or await the student's parent's/guardian's arrival.
- Provide supervision and a comfortable surrounding, if the student is awaiting the arrival of his/her parent/guardian or awaiting transportation.
- Share observations/recommendations with the classroom teacher.

School Custodian shall:

- Clean the area where the emergency occurred. Blood, vomitus, or any other discharges or any body fluids from any person or child at the school site should be cleaned up as follows: obtain a plastic bag to dispose of all materials used in the clean up.

## Human Bite Emergency Procedures

The purpose of the procedures outlined herein is to establish basic guidelines intended to assist students and staff who have encountered a human bite that breaks the skin.

Each human bite represents a unique set of circumstances and requires an individualized response. In most biting episodes there are no communicable disease extenuating circumstances and the episodes are treated as general universal precautions. There is a heightened sense of urgency when one of the children has a communicable disease. The school nurse is responsible for guiding the response, working with the Headmaster/principal and ensuring that confidentiality is maintained.

- Review known medical information of both the “biter” and the “bitee”. If there is known communicable disease issues, then the nurse needs to consult with Health Services administration for more specific guidance. Confidentiality needs to be respected throughout the consultation.
- Both biter and bitee should be referred to their primary care provider for further guidance. This may include any or all of the following: risk counseling; hepatitis, HIV testing; prophylaxis. The treatment approach is the decision of the primary care provider and the family.

Background information:

- In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.
- The biter is probably more at risk than the bitee as s/he is exposed to the blood from the wound.

Headmaster/Principal shall:

- Ensure that all staff are familiar with this policy and that the provisions of this policy are implemented.

Classroom Teacher shall:

- Reassure and calm the students.
- Employ universal precautions in evaluating the bite.
- Notify the school nurse.
- Contact the student's parent/guardian to report the incident, but only after discussing with the school nurse.
- Report action taken to the Headmaster/Principal.

School Nurse shall:

- Gather the appropriate medical information.
- Call health services before calling the families if there is known communicable disease issues with one or both of students
- Be liaison to primary care provider, as requested by parent and within the boundaries of confidentiality.

### **Worker's Compensation Benefits**

All worker's compensation injuries are to be reported to your supervisor, building principal, Assistant Superintendent, Human Resource Director, and/or Superintendent **immediately**.

In the event of a work-related injury, all employees seeking treatment are directed to US Healthworks, 3911 West Clara Lane, Muncie, IN (288-8800). You are required to have picture ID. US Healthworks is open from 8:00am to 8:00pm, seven days per week. After 8:00pm, employees are directed to the Ball Memorial Hospital Emergency Room.

### **Food Service Policy**

#### **Responsibility of reporting by food service employees and applicants**

Section 100. The Food Service Department shall require food employees to report to the food service manager information about their health and activities as they relate to diseases that are transmissible through food. The food service employees shall report the information in a manner that allows the manager or food service director to prevent the likelihood of food borne disease transmission, including the date of onset of jaundice or is diagnosed with an illness due to:

- A. Salmonella
- B. Shigella
- C. Shiga toxin-producing Escherichia coli
- D. Hepatitis A virus
- E. Norovirus

If the employee has a symptom caused by illness, infection or other source that is associated with an acute gastrointestinal illness, such as:

1. Diarrhea
2. Fever of 99.5 degree or higher
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesion or lesions containing pus, such as a boil or infected wound that is open or draining and is on:
  - 6.1 the hands or wrists unless an impermeable cover, such as a finger cot or stall, protects the lesion and a single-use glove is worn over the impermeable cover

- 6.2 exposed portions of the arms unless the lesion is protected by an impermeable cover; or
- 6.3 other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage
- 7. Has had a past illness from an infectious agent specified under Sections A-E; or
- 8. Meets one (1) or more of the following high-risk conditions, such as:
  - 8.1 Being suspected of causing, or being exposed to, a confirmed disease outbreak caused by Salmonella, Shigella, Shiga toxin producing Escherichia coli, Hepatitis A virus or Norovirus because the food employee or applicant:
    - 8.1.1 Prepared food implicated in the outbreak
    - 8.1.2 Consumed food implicated in the outbreak
    - 8.1.3 Consumed food at the event prepared by a person who is infected or ill with the infectious agent that caused the outbreak or who is suspected of being a shedder of the infectious agent
    - 8.1.4 Living in the same household as a person who is diagnosed with a disease caused by Salmonella, Shigella, Shiga toxin-producing Escherichia coli, hepatitis A virus or Norovirus

**Infection control exclusions and restrictions**

Section 200. The food service manager or food service director shall do the following:

- 1. Exclude a food service employee from the school food service department if the food employee is exhibiting vomiting and/or diarrhea symptoms.
- 2. Exclude a food service employee from the school food service department if the food employee is diagnosed with an infectious agent specified under section 100 or this rule.
- 3. Exclude a food service employee from the school food service department if the food employee is suffering from a symptom of sore throat with fever 99.5 degrees or higher.
- 4. Exclude a food service employee from the school food service department if the food employee is suffering from a symptom of fever 99.5 degrees or higher.
- 5. Exclude a food service employee from the school food service department if the food employee is suffering from a symptom of lesions containing pus, such as a boil or infected wound, that is open or draining as specified in section 100 (6), and is not covered with an impermeable cover.
- 6. Exclude a food service employee from the school food service department if the food employee is suffering from a symptom of jaundice, if the onset of jaundice occurred within the last seven (7) calendar days.

Section 220. The food service manager or food service director may remove an exclusion specified under section 200 (1) of this rule if:

- a. The employee is free of vomiting and/or diarrhea symptoms for at least twenty-four (24) hours; or
- b. The person excluded as specified under section 200 (1) of this rule provides the manager or food service director written medical documentation from a physician licensed to practice medicine, a nurse practitioner, or a physician assistant that specifies the vomiting and/or diarrhea result from a chronic noninfectious agent, such as Crohn’s disease, irritable bowel syndrome, or ulcerative colitis; or other acute noninfectious conditions.

- c. The employee provides written medical documentation from a physician licensed to practice medicine, a nurse practitioner, or physician assistant that specifies that the excluded person may work in an unrestricted capacity in the school food service department, including an establishment that serves a highly susceptible population, because the person is free of the infectious agent of concern as stated in section 200.

Section 230. Responsibility of a food service employee to report to food service manager or food service director:

- a. A school food service employee shall do the following:
  - a. In a manner specified under section 100, report to the food service manager or food service director the information specified under section 100 of this rule.
  - b. Comply with the exclusions and restrictions that are specified under section 200 of this rule.

### **Release of a school food service employee from restriction or exclusion**

Section 300. The school food service department shall release a food service employee from restriction or exclusion according to the following conditions:

- A. If the employee's stools are negative for Salmonella typhi based on testing of at least three (3) consecutive stool specimen cultures that are taken.
  - a. Not earlier than one (1) month after onset;
  - b. At least forty-eight (48) hours after discontinuance of antibiotics; and
  - c. At least twenty-four (24) hours apart.
- B. If one (1) of the cultures taken as specified in subdivision (A) is positive, repeat cultures are taken at intervals of one (1) month until at least three (3) consecutive stool specimen cultures are obtained.
- C. If the employee's stools are negative for Salmonella, Shigella, or Shiga toxin-producing Escherichia coli based on testing of two (2) consecutive stool specimen cultures that are taken:
  - a. Not earlier than forty-eight (48) hours after discontinuance of antibiotics, and;
  - b. At least twenty-four (24) hours apart.
- D. For a food service employee who was infected with Hepatitis A virus if:
  - a. At least seven (7) days have passed since the onset of jaundice;
  - b. At least fourteen (14) days have passed since the onset of symptoms, if no jaundice occurred; or
  - c. At least two (2) blood tests show falling liver enzymes.
- E. A food service employee has not experienced symptoms of vomiting and/or diarrhea or fever above 99.5, not attributable to another non-infectious condition, for at least twenty-four (24) hours.