

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. The employer has the right to administer, interpret, and alter the handbook's provisions, as needed. 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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Maintenance Director
Latchkey Director
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: Joe Schmaltz
(765) 789-6102 Fax: (765) 789-6349

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

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

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

Eaton Elementary (K-5)
200 North East Union Str., PO Box 497
Eaton, IN 47338
Principal: Greg Kile
(765) 396-3301 Fax: (765) 396-3641

Central Office
7821 State Road 3 North
Muncie, IN 47303
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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 on a 1 hour delay.
 - 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.
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 full time 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 4th
- 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 will not be earned until the end of the accrual period. 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.

Certified Staff: As per contract agreement.

Personal Days

Eligible employees earn personal days based on their scheduled days per year. Personal days will not be earned until the end of the accrual period. 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. Vacation days will not be earned until the end of the accrual period. 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 1st 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 full time 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:

Employees who serve for this amount of military service	Must apply (orally or in writing) to return to work this many days after release from duty
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. Effective January 19, 2016 any classified hourly personnel hired as a non-12 month employee working between 5 – 5.99 hours per day, will be classified as a part time employee. For those hired in this part time category, health coverage will not be offered. The new part time employee may elect single or family dental and single or family vision coverages to be paid for by the Corporation (at the cost of \$1 per benefit per insurance year). Any current part time classified hourly employee on the health plan may elect to remain on the health coverage under their current specified benefit allotment by the Corporation until termination of employment or cancellation by the employee. At the time of cancellation of the health plan, the part time employee will begin receiving benefits of the part time classified hourly employee. All new classified employees working 30 hours or more are eligible to enroll in health, dental, and/or vision 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 health, dental, or vision 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 upon 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

Effective January 19, 2016 any classified hourly personnel hired as a non-12 month employee working between 5 – 5.99 hours per day, will be classified as a part time employee. For those hired in this part time category, life insurance, long term disability, and accidental death and dismemberment will not be offered. Any current part time classified hourly employee on the life, LTD, and AD&D plan may remain on the coverage under their current specified benefit allotment by the Corporation until termination of employment. All new 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.

☑ Benefit Schedule

DAYS WORKED PER YEAR	HOURS WORKED PER DAY	HOURS WORKED PER YEAR	% OF EMPLOYMENT	PERSONAL DAYS	SICK DAYS	ACCUMULATED SICK DAYS	VACATION DAYS	INSURANCE BENEFIT	
								(effective 10/1/16)	
260	8	2080	100%	3	8	80	1 - 15	5472	
260	8	2080	100%	3	8	80	1 - 15	9472	
260	8	2080	100%	3	8	80	1-15	7016	
260	5.5	1430	69%	3	8	80	1-15	3762	
230	8	1840	88%	3	8	80	N/A	9472	
225	8	1800	87%	3	7	69	N/A	4780	
220	8	1760	85%	3	7	63	N/A	4673	
215	8	1720	83%	3	7	66	N/A	4567	
210	8	1680	81%	3	6	65	N/A	4460	
205	8	1640	79%	3	6	63	N/A	4354	
200	8	1600	77%	3	6	60	N/A	4247	
195	8	1560	75%	3	6	59	N/A	4140	
									Old benefit:
195	6	1170	56%	3	6	59	N/A	4100	3181
185	8	1480	71%	3	6	59	N/A	4100	3935
182	8	1456	70%	3	6	56	N/A	4100	3874
182	7.5	1365	66%	2	5	46	N/A	4100	3661
182	7.25	1319.5	63%	2	5	46	N/A	4100	3554
182	7	1274	61%	2	5	46	N/A	4100	3448
182	6.75	1228.5	59%	2	5	46	N/A	4100	3341
182	6.5	1183	57%	2	5	46	N/A	4100	3181
182	6.25	1137.5	55%	2	4	44	N/A	4100	3075
182	6	1092	53%	2	4	42	N/A	4100	2968
182	5.75	1046.5	50%	2	4	36	N/A	D/V	2862
182	5.5	1001	48%	2	4	36	N/A	D/V	2755
182	5.25	955.5	46%	2	4	36	N/A	D/V	2595
182	5	910	44%	2	4	36	N/A	D/V	2489
180	5	900	43%	2	4	36	N/A	D/V	2489
TSP				1	3	28	N/A	D/V	2063

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.

Responsible Use Policy – Computer Guidelines

Statement of Board Policy.

1. Statement of Board Policy.

It is the policy of the Delaware Community School Corporation Board of Education to provide technical resources to students and employees for the purpose of promoting the efficient operation of the Board, advancing student achievement and allowing students and staff to master 21st century skills. The Board expects staff and student to utilize the opportunities and facilities provided in a manner consistent with this policy.

2. Scope of this Policy.

This Policy applies to all technology provided by the Board as well as the personal devices of students and employees (collectively “Users”). This includes, but is not limited to telephones, cell phones, digital media players, PDAs, laptop and desktop computers and work stations, direct radio communication, pagers, Internet access, voice mail, e-mail, text messaging, facsimile transmission and receipt, and any computer based research and/or communication.

3. Definition of Terms Used in the Policy.

“Confidential information” means information that is declared or permitted to be treated as confidential by state or federal law or Board policy on access to public records.

“Proprietary information” means information in which a person or entity has a recognized property interest such as a copyright.

“Personal device” includes cell phones, smart phones, laptops, slates, handhelds or any other device that is not the property of the Board but is used at school or a school activity, or connected to Board technology by wired or wireless link.

“System Administrator” means the Board employee designated by the Superintendent to maintain and/or operate the Board’s technology and network, and includes assistant System Administrator designated by the System Administrator appointed by the Superintendent.

“Technology” means computers and computer systems, public and private networks such as the Internet, phone networks, cable networks, voice mail, e-mail, telephone systems, copiers, fax machines, audio-visual systems, cell phones, PDAs, laptop and desktop computers, direct radio communications, pagers, text messaging, and similar equipment as may become available.

“User” means a Board employee, student, volunteer or other person authorized to use Board technology.

4. Violation of the Policy.

- a. Intentional, knowing, and reckless or negligent violations of this Policy may result in denial of further access to technology, suspension or expulsion of students, and discipline of employees including suspension without pay or termination of employment. Such a

violation by a person affiliated with a contractor or subcontractor rendering services to the Board may result in cancellation of the contract of the contractor or sub-contractor.

- b. A user observing or learning of a violation of this policy is required to report the violation of this Policy to the user's immediate supervisor (for employees or volunteers), or teacher (for students).

5. Ownership of Board Technology & Information.

- a. The technology provided by the Board and all information stored by that technology is at all times the property of the Board, subject to the copyright interest of an author. Documents and other works created or stored on the Board technology are the property of the Board and are not the private property of the user. This includes all information created using technology and/or placed on a website, blog and/or other storage device.
- b. A user's history of use and all data stored on or sent to or from Board technology shall at all times be subject to inspection by the System Administrator or a designee without notice to the user before or after the inspection. The System Administrator may deny, revoke, or suspend a user's accounts and/or access to Board technology.
- c. Before being given access to Board technology, each user shall be required to agree that they have read, understand, and agree to be bound by the following standards and condition for responsible use of that technology:
 - 1. They will comply with all conditions for the responsible use of Board technology established by the Board, System Administrator, or Superintendent.
 - 2. They will notify a System Administrator if they have violated the conditions established for the use of Board technology or have witnessed or become aware of another user misusing Board technology. Users shall be responsible for noting and reporting any inappropriate use of Board technology in violation of Board policy or conduct standards including threats, bullying, harassment, or communications proposing or constituting a violation of the law or the Student Code of Conduct.
 - 3. They shall not have an expectation of privacy in any use of Board technology or the content of any communication using that technology other than a live telephone call, and the System Administrator or a designee may monitor their use of technology without notice to them, and examine all system activities the user participates in including but not limited to, e-mail, recorded voice and video transmissions, to ensure proper and responsible use of the Board's technology. Monitoring shall include the use of voice-mail but shall not include monitoring a live communication between two or more parties unless at least one user is aware of the monitoring.
 - 4. The user's history of use and any information or document accessed or stored on Board technology is subject to inspection by the System Administrator or a designee and is subject to production pursuant to the Indiana Access to Public Records Act, Ind. Code 5-14-3, subject to the decision of the System Administrator or Superintendent to claim a permissive or mandatory exemption to disclosure under that statute.

5. They shall not have an expectation that data in any form created, maintained, transmitted or stored in or on Board technology will be maintained for any specific period of time, protected from unauthorized access, or deleted from the system or storage when the user deletes the information from their account.
 6. If they make use of a password, code or encryption device to restrict or inhibit access to electronic mail or files, they will provide access to that information when requested to do so only by the user's supervisor or the System Administrator. This includes personal technology brought to or accessed during the work or student day or at a school activity including bus transportation. They System Administrator or a designee shall be authorized to override any password or encryption device to access the technology.
 7. A user's information stored on Board technology will not be stored beyond student graduation or employee separation.
6. Investigation of Potential Violations of this Policy.
- a. **Students.** If a System Administrator has reasonable cause to believe a student has violated this policy or additional rules promulgated by the System Administrator and approved by the Superintendent, the System Administrator or a designee may investigate to determine if a violation has occurred. The results of the investigation shall be reported to the System Administrator by e-mail or in person, and the System Administrator shall take appropriate action.
 - b. **Employees & Volunteers.** If a System Administrator has reasonable cause to believe an employee or volunteer has violated this policy or additional rules promulgated by the System Administrator and approved by the Superintendent, the System Administrator or a designee may investigate to determine if a violation has occurred. If the investigation is not done by a System Administrator, the results of the investigation shall be reported to a System Administrator by e-mail or in person, and the System Administrator shall take appropriate action.
 - c. **Appeals.** A decision by a System Administrator in response to an investigated allegation of a violation this policy or additional rules promulgated by the System Administrator and approved by the Superintendent may be appealed in writing to the Superintendent whose decision concerning continued access to Board technology and any other penalty shall be final.
7. Standards of Responsible Use of Technology.
- a. The Board believes that technology users have the same responsibilities while using Board technology that are expected in any other school activity. Responsible use of technology is ethical, academically honest, respectful of the rights of others, and consistent with the Board's mission. Technology should be used by students to learn and communicate in correlation with the curriculum while under a teacher or supervisor's direction. Student owned personal devices and Board technology shall be used by students under teacher supervision with the objective of improving instruction and student learning.
 - b. Users must respect and protect the privacy intellectual property rights of others and the principles of their school community.

- c. The privilege of use of Board technology access comes with personal responsibilities for each user. Access is not a right and is provided on the condition that the user complies with this policy and any additional rules promulgated by the System Administrator and approved by the Superintendent. Use of the Board or personal devices or Board technology on school property or for school purposes must be consistent with the educational mission and objectives of the Board. Misuse of Board technology may result in sanctions and civil and criminal penalties.
 - d. The System Administrator is authorized to select, adopt and endorse the use of specific web based resources for teacher and student use. This may include resources for web site creation, multimedia projects, presentations, and other collaborations. The System Administrator in consultation with the Superintendent's other designees will select resources based upon online safety, coordinated professional development, and informed technical support. If a teacher or student desires to use an alternate resource, they may make request to the System Administrator via the established waiver process.
 - e. Any recording made on school grounds without written permission of a System Administrator is subject to copyright laws and the protection of the privacy right of others, including personally identifiable information about a student protected by the Family Education Rights and Privacy Act ("FERPA"). Any recording, data, or image in violation of this standard may be confiscated and deleted by the System Administrator. Any use of a personal recording device to invade the privacy of another person will result in sanctions for the person making the recording.
8. Conditions & Standards for Responsible Student Use of Board Technology.
The following apply to all student use of Board technology:
- a. Creation of a web user ID by a student must be under the supervision of a teacher for the purpose of an assignment.
 - b. Students shall not be required to divulge personal information for access to a non-district managed technology.
 - c. Students will be permitted access to the Internet through Board technology unless a parent/guardian has signed and returned a "Student Electronic Resources Restriction Form" within the preceding twelve (12) months.
 - d. Student use shall be filtered to minimize access to inappropriate materials. Student access to inappropriate materials despite the presence of the filter shall be reported immediately to the System Administrator. The filtering software shall not be disabled or circumvented without the written authorization of a System Administrator.
 - e. Monitoring of Internet access by the designees of a System Administrator should be expected by users. However, there is no guarantee that all student access will be monitored.
 - f. While online, student users should not reveal personal information such as name, age, gender, home address or telephone number, and are encouraged not to respond to unsolicited online contacts and to report to a teacher or supervisor any online contacts which are frightening, threatening, or otherwise inappropriate.

information about students protected by the Family Educational Rights and Privacy Act (“FERPA”).

- d. Users should not access confidential information in the presence of others who do not have authorization to have access to the information. Confidential information should not be left visible on the monitor when a user is away from the monitor.
- e. Users should not copy, file share, install or distribute any copyrighted material such as software, database files, documentations, articles, music, video, graphic files, and other information, unless the user has confirmed in advance that the Board has a license permitting copying, sharing, installation, or distribution of the material from the copyright owner. Violation of the right of a copyright owner will result in discipline of a student or employee, and may subject the violator to civil and criminal penalties.

11. Security of Board Technology.

- a. Security on any Board technology is a high priority when the resource involves many users and contains proprietary and confidential information. A user shall immediately notify the System Administrator if a security issue is identified. A security issue shall not to be disclosed or demonstrated to other users except in the presence of the System Administrator or a designee.
- b. A user shall never use another user’s password, or account, even with the permission from the user. Any need to have access to another user’s account should be addressed to the System Administrator or a designee.
- c. An unauthorized attempt to log on to Board technology as a System Administrator will result in cancellation of the user’s access to Board technology and may result in more severe discipline including termination for employees and expulsion for students.
- d. A user identified as a security risk based upon one or more violations of this Policy may be denied access to all Board technology. A decision denying or restricting a user’s access may be appealed in writing to the Superintendent or a designee within ten (10) calendar days after written notice of the System Administrator’s decision to the user. The decision of the Superintendent shall be final.

12. Incurring Fees for Services.

No user shall allow charges or fees for services or access to a database to be charged to the Board except as specifically authorized in advance of the use by a System Administrator. A fee or charge mistakenly incurred shall be immediately reported to the System Administrator. Incurring fees or charges for services to be paid by the Board for personal use or without prior authorization of the System Administrator may result in discipline including suspension or expulsion of a student, or suspension without pay or termination of an employee.

13. Children’s Internet Protection Act.

Delaware Community School Corporation will use filtering technology that will affect all workstations. Adults needing access to unfiltered content may make a request to the Technology Director. All requests must state the educational purpose for the unfiltered access and the time frame for unfiltered access.

Delaware Community School Corporation will make a good faith and reasonable attempt to filter images that are obscene, contain child pornography, and contain images that are harmful to minors. There are no guarantees that filtering will be successful in blocking images.

Delaware Community School Corporation has established the following guidelines for students and staff when using the Internet and its resources:

- Students are permitted to access the Internet for academic and extra-curricular work associated with classes and activities under the supervision of a Delaware Community School's staff member.
- Electronic mail, chat rooms, and other forms of direct electronic communications are prohibited except for specific educational activities under the supervision of a staff member.
- Students are forbidden from establishing or attempting to establish unauthorized access, including so-called hacking, or engaging in any form of unlawful activities online.
- Students are forbidden from making unauthorized disclosure, use, and/or dissemination of personal identification.

Staff and Students may also be asked to comply with their schools specific Technical Use Policy, Code of Conduct and Dress Code as they relate to technology and use.

Delaware Community School Corporation, Muncie, IN

(Adapted from the policy of MSD of Wayne Township, Marion County, Indiana)

Adopted February, 2012

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 extended criminal history. Generally, 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 20-26-5-11(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 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 an extended criminal history by submitting a \$28.00 money order along with the requesting form, and;
2. Submit a copy of an extended criminal history in a document verifying a disposition that does not appear on any criminal history. This extended criminal history must not be more than 3 months old.

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 extended criminal histories for such employees. The entity and/or the entity's employees are responsible for all costs associated with obtaining the extended criminal histories.

Any information obtained from an extended 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 National 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 grounds 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. No person will be hired for a position that has direct reporting to a relative.

☑ 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, 73821 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:

- (2) 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

I. The Policy Statement

It is the policy of the Delaware Community School Corporation to maintain a learning and working environment (“Educational Environment”) that is free from sexual harassment. Sexual harassment creates an atmosphere that undermines a positive and healthy Educational Environment and will not be tolerated.

This policy applies to teachers, staff, administrators, employees, volunteers, and other persons subject to the control of School authorities (individually and collectively “School Personnel”) and students. All School Personnel and students have a responsibility to keep the Educational Environment free from sexual harassment.

The School Corporation seeks to eliminate sexual harassment through education and by encouraging School Personnel and students to report promptly to School authorities any complaint of sexual harassment. Appropriate corrective measures will be taken to stop sexual harassment when it is found to have occurred. Those persons found to be in violation of this policy shall be subject to the applicable disciplinary action.

II. Title IX Coordinator

There shall be a Title IX Coordinator responsible for coordinating compliance with applicable Title IX requirements for the School Corporation. The Title IX Coordinator may, but is not required to, assign a School official in each building to serve as that building’s Title IX Coordinator.

Each Title IX Coordinator shall (a) provide counseling and guidance for students and School Personnel on matters related to Title IX; (b) have authority to receive complaints and coordinate the investigation of complaints in accordance with this policy; and (c) recommend measures for compliance.

The Title IX Coordinator shall be the Assistant Superintendent. The name, office, address, telephone number, and e-mail address of the Title IX Coordinator shall be published in the School Directory.

III. Confidentiality

In carrying out this policy and the applicable procedures, the right of confidentiality of both the complainant and the accused will be respected consistent with the legal obligations and the necessity to investigate allegations of misconduct, and to take corrective action when sexual harassment has been found to have occurred. Neither an alleged victim’s name nor the name of any accused will be released to the public unless required by law.

IV. No Retaliation

No student or School Personnel shall be subject to retaliation for action taken in good faith to seek advice concerning a sexual harassment matter, to file a sexual harassment complaint, or to serve as a witness in the investigation of alleged sexual harassment. Acts of retaliation are a violation of this sexual harassment policy and will be investigated and addressed as a form of sexual harassment.

V. STUDENTS

V. Students

A. DEFINITION OF SEXUAL HARASSMENT

1. Conduct that constitutes unwelcomed sexual advances, requests for sexual favors, and other unwelcome verbal or physical conduct of a sexual nature where:
 - a. Submission to such advance, request or conduct is made either explicitly or implicitly a term or condition of the student's education.
 - b. Submission to or rejection of such advance, request or conduct by a student is used as a basis for decisions affecting such student's performance in education programs.
 - c. Such advance, request or conduct has the purpose or effect of substantially interfering with a student's performance in education programs.
 - d. Denial of an educational opportunity for a student occurs directly because another student submits to such advance, request or conduct which has favorable results for that other student.
2. Unwelcomed conduct of a sexual nature that creates an intimidating, hostile, or offensive environment when:
 - a. Such conduct has the purpose or effect of substantially interfering with the student's performance in education programs.
 - b. Such conduct is unwelcomed when the student has indicated either by his or her conduct or verbal objection that it is unwelcomed.
 - (1) A student who has participated in conduct that would be sexual harassment has initially welcomed such conduct and must give specific clear notice to any other student that such conduct is no longer welcomed for subsequent such conduct to be deemed sexual harassment.
 - (2) A student cannot complain of conduct as being sexual harassment if he or she has participated in the conduct that would be the basis for the complaint.

B. EXAMPLES OF SEXUAL HARASSMENT

Actions that constitute sexual harassment take a variety of forms. Examples of kinds of conduct that may constitute sexual harassment include but are not limited to the following:

1. Sexual advances, propositions or pressuring a student for sexual favors
2. Comments of a sexual nature regarding a person's body, personality, or dress
3. Displaying or distributing sexually suggestive objects, pictures, drawings, or written materials
4. Telling sexual jokes or making sexual gestures
5. Spreading rumors or rating other students as to sexual activity
6. Touching of a sexual nature

C. COMPLAINT PROCEDURES

1. A student who believes he or she has been subjected to sexual harassment by any student or School Personnel should use the complaint procedures in this Section C.
2. A sexual harassment complaint may be made to any building Principal, Assistant Principal, Principal's designee, or Title IX Coordinator.
3. Whether a complaint is made under this Section C or not, any student believing he or she has been the victim of sexual harassment has the right to file criminal charges with local authorities.
 4. Should the sexual harassment complaint involve an alleged sexual touching, the School official receiving the complaint shall notify (a) the building Principal where the alleged sexual harassment occurred or, if not available, then the Superintendent; (b) the Title IX Coordinator; and (c) the appropriate personnel of the Delaware County Sheriff's Department. The School official and Title IX Coordinator will work with the Sheriff's Department to investigate the alleged sexual touching and determine the proper course of action. The School official receiving the complaint should prepare the written report as provided in the following Sub-section 4.
5. A sexual harassment complaint must be reported in writing on the forms provided by the School Corporation. If a student makes a verbal complaint, the School official receiving the complaint should complete the written report. The written report must include the following:
 - a. name of the student making the complaint;
 - b. name of the person or persons alleged to have committed the sexual harassment;
 - c. name of any witnesses; and
 - d. description of the behavior, acts and/or events that are alleged to constitute the sexual harassment.
6. Any student providing a written statement for the investigation of a sexual harassment complaint should be asked to sign and date the statement.
7. The School official receiving the complaint shall inform the student who filed the complaint that such student may elect to:
 - a. change his or her academic situation as appropriate; and/or b. have no contact with the accused.If either election is made, appropriate interim measures will be implemented to change the academic situation with as minimum a burden on the student who filed the complaint as reasonably possible under all the circumstances.
8. If the accused is a student, the School official receiving the complaint may determine at any time that the accused should be placed on in-school suspension or take other action to separate the students involved with appropriate consideration for the academic situation of the student who filed the complaint and the accused.
9. If a complaint is made under this Section C within thirty (30) days of the incident alleged to be sexual harassment, the report shall be submitted no later than thirty (30) school days after receipt of such complaint (the "Reporting Period"). Whenever a complaint is made under this Section C more than thirty (30) days after the incident alleged to be sexual harassment, the Reporting Period shall be extended by a reasonable number of school days to assure that a full and complete investigation may be conducted.
10. A written report on the sexual harassment complaint shall be submitted as follows:

- a. to the building Principal where the alleged sexual harassment took place if the accused are students or School Personnel other than a building Principal; or
 - b. to the Title IX Coordinator if the accused is a building Principal.
11. The School official who receives a report shall review the investigation and information provided regarding the alleged sexual harassment. The School official receiving the report may choose to have a hearing regarding the alleged sexual harassment. If a hearing is held, the student who filed the complaint and any accused student shall have equal access to information that will be used in the hearing and the right to present witnesses and other evidence at the hearing. The student who filed the complaint may elect not to appear at a hearing while the accused will be present.
 12. Within seven school days after receipt of the report or a hearing if held, the School official shall make findings and determine what, if any, sanctions are to be imposed based upon the preponderance of evidence standard.
 13. Each report of sexual harassment, the findings from the investigation, and any sanctions to be imposed if the alleged offender is a student, are to be presented to the Title IX Coordinator and Superintendent upon the conclusion of the investigation of the complaint. The preponderance of evidence standard shall be used to review the findings and sanctions, if any, to be imposed set forth in the report.
 14. A written notice of the outcome of an investigation of the complaint shall be prepared by the Title IX Coordinator and delivered to each the student who filed the complaint and the accused, subject to the applicable Federal and State statutes governing the privacy rights of students.

D. SANCTIONS FOR SEXUAL HARASSMENT

1. Student Offenders
 - a. A student who is found to have engaged in sexual harassment shall be subject to disciplinary action including suspension or expulsion in accordance with School policy and the Student Code of Conduct.
 - b. The building Principal shall make findings based on the investigation, including without limitation the written report, and determine the appropriate disciplinary action to be taken.
 - c. The building Principal shall advise the Superintendent of the results of the investigation and any disciplinary action taken. The Superintendent shall inform the Board of School Trustees in an executive session where a student is alleged to have engaged in sexual harassment, the results of the investigation and any disciplinary action taken.
2. School Personnel Offenders
 - a. The School Personnel found to have engaged in sexual harassment shall be subject to disciplinary action including but not limited to reassignment, suspension, and/or discharge.
 - b. The building Principal shall submit the results of the investigation to the Superintendent. Where the building Principal is involved in the alleged sexual harassment, then the Title IX Coordinator shall submit the results of the investigation to the Superintendent.
 - c. The Superintendent shall review the report and findings, and make a recommendation to the Board of School Trustees of any action the Superintendent determines to be appropriate. The Board of School Trustees may meet in executive session to consider the report, findings, and Superintendent's recommendation and take any action it deems appropriate.

E. FALSE REPORTING

Any student who knowingly files false charges against any student or School Personnel shall be subject to disciplinary action consistent with the School policy and in accordance with the Student Conduct Code.

F. NOTIFICATION OF THIS POLICY

Notice of the policy will be circulated to all schools and departments of the Delaware Community School Corporation and incorporated in each student handbook.

I. SCHOOL PERSONNEL

A. DEFINITION OF SEXUAL HARASSMENT

1. Conduct that constitutes unwelcomed sexual advances, requests for sexual favors, and other unwelcome verbal or physical conduct of a sexual nature where:
 - a. Submission to such advance, request or conduct is made either explicitly or implicitly a term or condition of employment or the Educational Environment.
 - b. Submission to or rejection of such advance, request or conduct by any School Personnel is used as a basis for decisions affecting such School Personnel's terms and conditions of employment or Educational Environment.
 - c. Such advance, request or conduct has the purpose or effect of substantially interfering with the employment or Educational Environment of the School Personnel.
 - d. Denial of an employment or educational opportunity for a School Personnel occurs directly because another School Personnel submits to such advance, request or conduct which has favorable results for that other School Personnel.
2. Unwelcomed conduct of a sexual nature that creates an intimidating, hostile, or offensive environment when:
 - a. Such conduct has the purpose or effect of substantially interfering with the terms and conditions of employment or Educational Environment of the School Personnel.
 - b. Such conduct is unwelcomed when the School Personnel has indicated either by his or her conduct or verbal objection that it is unwelcomed.
 - (1) A School Personnel who has participated in conduct that would be sexual harassment has initially welcomed such conduct and must give specific clear notice to any other person that such conduct is no longer welcomed for subsequent such conduct to be deemed sexual harassment
 - (2) A School Personnel cannot complain of conduct as being sexual harassment if he or she has participated in the conduct that would be the basis for the complaint.

B. EXAMPLES OF SEXUAL HARASSMENT

Actions that constitute sexual harassment take a variety of forms. Examples of kinds of conduct that may constitute sexual harassment include but are not limited to the following:

1. Sexual advances, propositions or pressuring any School Personnel or student for sexual favors
2. Comments of a sexual nature regarding a person's body, personality, or dress
3. Displaying or distributing sexually suggestive objects, pictures, drawings, or written materials
4. Telling sexual jokes or making sexual gestures
5. Spreading rumors or rating other person's as to sexual activity

6. Touching of a sexual nature

C. COMPLAINT PROCEDURES

1. Any School Personnel who believes he or she has been subjected to sexual harassment by any student or School Personnel should use the complaint procedures in this Section C.
2. A sexual harassment complaint may be made to the Title IX Coordinator, Title IX Coordinator appointee, Human Resources Director, or Superintendent.
3. A sexual harassment complaint must be reported in writing on the forms provided by the School Corporation. If the School Personnel makes a verbal complaint, the School official receiving the complaint should complete the written report. The written report must include the following:
 - a. name of the School Personnel making the complaint;
 - b. name of the person or persons alleged to have committed the sexual harassment;
 - c. name of any witnesses; and
 - d. description of the behavior, acts and/or events that are alleged to constitute the sexual harassment.
4. If the accused is a student, the School official receiving the complaint shall inform the Principal of the building the student attends of the complaint. The building Principal may determine that the accused should be placed on in-school suspension during the investigation.
5. A written statement given by any School Personnel for the investigation of a sexual harassment complaint should be signed and dated by the School Personnel giving the statement. Any student providing a written statement for the investigation should be asked to sign and date the statement.
6. The report of sexual harassment shall be submitted as follows:
 - a. In the event the accused are students or School Personnel other than the Title IX Coordinator, the report shall be submitted directly to the Title IX Coordinator.
 - b. In the event the accused is the Title IX Coordinator, the report shall be submitted directly to the Superintendent.
 - c. If a complaint is made under this Section C within thirty (30) days of the incident alleged to be sexual harassment, the report shall be submitted no later than thirty (30) school days after receipt of such complaint (the "Reporting Period"). Whenever a complaint is made under this Section C more than thirty (30) days after the incident alleged to be sexual harassment, the Reporting Period shall be extended by a reasonable number of school days to assure that a full and complete investigation may be conducted.
7. In the event that the accused is School Personnel other than the Superintendent, each report of sexual harassment, the findings from the investigation, and the recommended sanctions, are to be presented to the Superintendent. In the event the accused is the Superintendent, the report of sexual harassment, the findings from the investigation, and the recommended sanctions, are to be presented to the President of the Board of School Trustees.

D. SANCTIONS FOR SEXUAL HARASSMENT

1. Student Offenders
 - a. A student who is found to have engaged in sexual harassment shall be subject to disciplinary action including suspension or expulsion in accordance School policy and the Student Code of Conduct.
 - b. The building Principal shall make findings based on the investigation and determine the appropriate disciplinary action to be taken.

- c. The building Principal shall advise the Superintendent of the results of the investigation and any disciplinary action taken. The Superintendent shall inform the Board of School Trustees in an executive session where a student is alleged to have engaged in sexual harassment, the results of the investigation, and any disciplinary action taken.
2. School Personnel Offenders
- a. School Personnel found to have engaged in sexual harassment shall be subject to disciplinary action including but not limited to reassignment, suspension, and/or discharge.
 - b. The Title IX Coordinator or Title IX Coordinator appointee shall submit the results of the investigation to the Superintendent. Where the Superintendent is involved in the alleged sexual harassment, the Title IX Coordinator or Title IX Coordinator appointee shall submit the results of the investigation to the President of the Board of School Trustees.
 - c. The Superintendent shall review the report and findings, and make a recommendation to the Board of School Trustees of any action the Superintendent determines to be appropriate. Where the Superintendent is involved in the alleged sexual harassment, the President of the Board of School Trustees shall review the report and findings, and make a recommendation to the Board of any action the President determines to be appropriate. The Board of School Trustees may meet in executive session to consider the report, findings, and any recommendation and take any action it deems appropriate.

E. FALSE REPORTING

Any School Personnel who knowingly files false charges against any student or School Personnel shall be subject to disciplinary action consistent with the School policy and [staff handbook].

F. NOTIFICATION OF THIS POLICY

Notice of the policy will be circulated to all schools and departments of the Delaware Community School Corporation and incorporated in the Policy Manual.

Adopted: 11-21-95

Revised: 1-18-11

Revised: 3-19-13

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.

AUTISM DOCUMENT

Section 2.IC 20-26-5-32.4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 10, 2010]:
Sec. 32.4 The Department of Education shall create a document explaining aspects of autism including behaviors that students with autism may exhibit. Said document is to be distributed to school corporations for distribution to noncertified employees (as defined in IC 20-29-2-11). This document has been created to fulfill this requirement.

As of December, 2009, the Centers for Disease Control and Prevention released the estimate that one in 110 children has autism. The CDC found that autism affects boys at a rate of about one in 70, while it affects girls at a rate of about one in 375. It is very likely that all school personnel already know students with autism.

In a school setting, students qualify for special education services through a case conference committee decision based on the results of an educational evaluation. It must be determined by a case conference committee that the student's disability adversely affects the student's academic and/or functional performance. This determination may be different from a medical diagnosis. In Article 7, the Indiana Special Education Rule, autism is defined as follows:

511 IAC 7-41-1 Autism spectrum disorder

Sec. 1. (a) Autism spectrum disorder is a lifelong developmental disability that includes autistic disorder, Asperger's syndrome, and other pervasive developmental disorders, as described in the current version of the American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders. The disability is generally evident before three (3) years of age and significantly affects verbal, nonverbal, or pragmatic communication and social interaction skills and results in an adverse effect on the student's educational performance. Other characteristics often associated include the following:

(1) Engagement in:

- (A) repetitive activities; and
- (B) stereotyped movements.

(2) Resistance to:

- (A) environmental change; or
- (B) change in daily routines.

(3) Unusual responses to sensory experiences.

(b) Unless the characteristics of autism spectrum disorder are demonstrated to a greater degree than is normally attributed to these disabilities, autism spectrum disorder does not apply if a student's educational performance is adversely affected primarily by: (1) an emotional disability; (2) blindness or low vision; (3) deaf-blindness; or (4) a cognitive disability.

Although this is the general description of this eligibility category, it is important to understand that this condition will look different from one student to another. For example, one student may be hypersensitive to loud sounds while another student may react strongly to a smell that most would not notice. Repetitive behaviors may include particular hand movements for one student while it might manifest as a more complex set of routine events for another student. A student may be fully compliant when faced with a major change while becoming very anxious about something that may seem inconsequential. To complicate matters, sensitivities and behaviors often change for students as they mature.

Students with autism require different types and amount of assistance in the educational environment. A student may require minimal accommodations or may require support from an aide or assistant. It is the expectation that all school personnel who work with a given student with autism have the knowledge and skills necessary to appropriately respond to each student as an individual. Just memorizing the definition of autism is not enough.

511 IAC 7-42-6 Developing an individualized education program...

... (c) The CCC must also consider the following special factors when applicable:

- (1) Positive behavioral interventions and supports, and other strategies, to address any of the student's behaviors that impede the student's learning or the learning of others.
- (2) Any supports, under 511 IAC 7-35-2, necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's IEP.

Each student with a disability must have a teacher of record identified. This licensed educator is responsible for providing support personnel with the information that they need in order to anticipate the needs of a student with a disability and respond appropriately when the student behaves in a way that requires a supportive response.

511 IAC 7-32-97 "Teacher of record" defined "Teacher of record" (TOR) is the single special education teacher to whom a student with a disability is assigned. The TOR shall:

- (4) Ensure the student's IEP is accessible to each of the: (A) student's teachers; (B) related services providers; and (C) other services providers...
- (5) Inform each teacher and provider of his or her specific responsibilities related to implementing the student's IEP.
- (6) Ensure that: (A) supplementary aids and services; (B) program modifications; and (C) supports for school personnel; are provided in accordance with each student's IEP.
- (7) Serve as a consultant and resource person to all other personnel providing services to the student.

There are many helpful links for additional information on autism including:

http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/AutismFactSheet.pdf

http://www.easterseals.com/site/DocServer/Autism_101_Fact_Sheet_1_3_.pdf?docID=83363

http://www.autism-society.org/site/PageServer?pagename=about_home

http://www.ninds.nih.gov/disorders/autism/detail_autism.htm

<http://www.autism.com/autism/index.htm>



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 cytomegalovirus (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 ommunicable 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 Med Express, 1313 W. McGalliard Road, Muncie, IN (765-287-8460). You are required to have picture ID. Med Express is open from 8 a.m. to 8 p.m., seven days per week. After 8 p.m. 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.