

Prevention and Control of Communicable Diseases

I. Purpose

Infectious diseases are one of the major problems that school health programs face, causing both staff and student absence, as well as discomfort. These contagious illnesses may occur in school and these policies are developed to prevent their spread. It is the responsibility for the care of the individual student rests with the family and his/her source of medical care.

II. Immunizations

Immunizing students to prevent communicable diseases is necessary to maintain a low incidence of disease. Minnesota statutes require immunizations be current and be documented.

- A. M.S. 123.70 says that no person over two months old may be allowed to enroll or remain enrolled in any elementary or secondary school or child care facility until the person has submitted a statement that documents a completed schedule of immunizations consistent with medically acceptable standards. This documentation must include month, day and year for all immunizations administered.
 - 1. A physician may verify exemptions for medically contraindicated reasons, laboratory confirmation of the disease, or notarized exemption due to conscientiously held beliefs. These exemptions should be recorded on the student's health record.
 - 2. Students older than 7 years of age are not required to show proof of immunization against pertussis.
 - 3. Students who are 18 years or older are not required to show proof of immunization against polio.
 - 4. Beginning in 1998-99 school year, all students enrolled in grades 7-12 must have evidence of a Td booster given at or after 11 years of age. This is in addition to their requirement to have documentation of two doses of measles-mumps-rubella (MMR) vaccine.
 - 5. Beginning in 2000-2001 all students entered in kindergarten must have evidence of Hepatitis B series.

6. Beginning 2001-2002 all students entering the 7th grade must have evidence of Hepatitis B series.
 7. Varicella vaccine not required if child has had chicken pox disease. Beginning in 2008-09, two doses will be required for all children at kindergarten or 7th grade.
- B. M.S. 135A.14 is a statement of immunizations for post-secondary students as of 1990, “No student born in 1957 or later may remain enrolled in a public or private post-secondary educational institution unless the student has submitted a statement that the student has received appropriate immunization against measles, rubella and mumps after having attained the age of 12 months and against diphtheria and tetanus within 10 years of first registration.”
1. Physician-signed medical contraindications, or laboratory confirmation of the disease, or a notarized exemption is allowed.
- C. M.S. 144.29, Health Records for Children of School Age of 1993 states, “It shall be the duty of every school . . .to cause a permanent public health record to be kept for each child of school age.”
- D. M.S. 144.335, Immunization Data, 1995 was developed to limit cumbersome consent procedures. It states, “Providers as defined . . . may exchange data with one another without the patient’s consent on the date and type of immunizations administered to the patient . . .”
- E. P.L. 101-645 Section 722(e)(9) is a federal law designed to protect homeless children and encourage their school attendance. It says, “Each State and local educational agency shall review and revise any policies that may act as barriers to the enrollment of homeless children and youth in schools selected in accordance with paragraph (3). In reviewing and revising such policies consideration shall be given to issues concerning transportation, requirements of immunization, residency birth certificates, school records, or other documentation and guardianship. Special attention shall be given to ensuring the enrollment and attendance of homeless children and youths who are not currently attending school.”
- F. With these federal and state mandates in mind, Kimball Area Schools shall:
1. Comply with the above mandates.
 2. Provide information about immunization requirements and public immunization programs to parents with preschool or school-age children.
 3. Document every student’s immunization status on their Health Record.

4. Assist the student and family to comply with these laws. See “Recommended Immunization Schedule” attached to this policy.
5. Promote and provide immunization clinics for children who are not immunized.
6. Assist parents in transferring immunizations records when changing schools.
7. Allow transfer students 30 days to produce immunization records.
8. Assist international student exchange programs to ensure that international students obtain immunization dates before coming to the U.S.
9. Exclude students from school if they lack required immunizations or cannot verify the immunizations.
10. Give parents current immunization requirements and child’s immunization record if the child leaves the school.
11. Report to appropriate authorities and cooperate with epidemiological investigations regarding vaccine preventable diseases.
12. Complete the Annual Immunization Status Report as required by the Minnesota Department of Education and the Minnesota Department of Health.
13. Dispose of items and articles contaminated with blood according to OSHA standards.
14. Have adequate facilities and opportunities for school staff and students to wash their hands immediately after an exposure, i.e. to blood or body fluids.
15. Assure staff attend training on transmission of organisms and use of universal precautions to avoid infection. All staff employees who could be exposed to blood and body fluids should be appropriately trained by qualified instructor to meet these OSHA standards.
16. Students in homeless situations are not required to provide proof of records such as immunization and medical records. There is no 30 day limit for submitting records for a homeless student.

III. Communicable Diseases

See “School Reference Selected Infectious Diseases of Children” for name, type, incubation, mode of transmission, exclusion from school. Kimball Area Schools shall follow these recommendations.

IV. Universal Precautions and Blood borne Pathogens

- A. At Kimball Area Schools all staff will be familiar with the concept of universal and necessity of hand washing. These will be reviewed annually and new employees must receive this information as part of their orientation to the school district. OSHA standards and policies have been developed in conjunction with Benton-Stearns Education District .
1. Everyone at school will be treated as if they have an infection. When dealing with blood and body fluids, everyone will wear gloves (or other appropriate equipment) as personal protective equipment.
 2. Everyone will wash their hands after an incident when gloves have been worn.
 3. Health Service staff will wash their hands before and after working with each student.
 4. Staff who have the possibility of coming in contact with another’s blood will be offered, at no charge, the chance to receive the vaccination against Hepatitis B.
 5. Blood and body fluid spills shall be cleaned as defined in the OSHA standards and policies. See above.
 6. Records are maintained on all employees for the training requirement. These are kept in each Health Service Office.
 7. Faculty and staff will receive annual training for Blood Borne Pathogens.

V. Disposal of Hazardous Waste

Kimball Area Schools shall follow the policies that have been developed in conjunction with Benton-Stearns Education District regarding disposal of hazardous wastes. These meet federal and state OSHA standards. See policies, “OSHA: Occupational Exposure to Blood Borne Pathogens,” revised 1996.

VI. Disease Surveillance

The school nurse at Kimball Area Schools will cooperate with the Minnesota Department of Health in reporting communicable diseases. The attached Minnesota Rule Governing Communicable Disease outlines diseases that are reportable to the Minnesota Department of Health (MDH). The diseases identified with an asterisk should be reported immediately via telephone to the MDH. Reports can be mailed if the information required does not have to be reported within 24 hours. Reports should be faxed or mailed to: 1-800-222-1222

Acute Disease Epidemiology Section
Minnesota Department of Health
717 Delaware Street Southeast
P.O. Box 9441
Minneapolis, MN 55440-9441

The information to be included is on the disease report card. (See attached disease report card.) By calling to report a communicable disease, a network of public health action is set in motion.

Cross Reference: Policy No. 530.1

Source: Independent School District No. 739, Kimball, Minnesota
Date: 8/1998; Revised 2003, 2007, 2017; Reviewed 9/2021

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information. Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date)

Notary Stamp



by _____
(name of parent or guardian)

Notary Signature: _____
STATE OF MINNESOTA, COUNTY OF _____

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.
Minnesota Department of Health - Immunization Program (2019)

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)