SUBJECT
BOR Policy 3:13 – Communicable Disease (First and Final Reading)

CONTROLLING STATUTE, RULE, OR POLICY
BOR Policy 3:13 – Communicable Disease

BACKGROUND / DISCUSSION
BOR Policy 3:13, which covers communicable disease, was originally written in 1988 and has remained unchanged since. The original impetus for the policy was to address HIV/AIDS, and as such, the policy is fairly limited in its application. Recent events highlighted the narrow focus of the current policy, and as a result, the policy has been revised to provide a generally applicable policy on the topic. The proposed policy provides a general framework for appropriately addressing communicable disease on campus, to include education and communication, student services, and institutional response, while maintaining the necessary flexibility to tailor, adjust and/or adapt at the campus level.

The proposed revisions to BOR Policy 3:13 result in unnecessary redundancy with BOR Policy 4:28 – AIDS, which is specific to AIDS/HIV. Since the previous content of BOR Policy 4:28 is appropriately covered in the proposed revisions to BOR Policy 3:13, BOR Policy 4:28 will be repealed in its entirety.

IMPACT AND RECOMMENDATION
The proposed revisions set forth in BOR Policy 3:13 simply update the communicable disease policy to reflect a more appropriate framework applicable to infectious diseases in general.

Board staff recommends approval.

ATTACHMENTS
Attachment I – Proposed Revisions to BOR Policy 31:3 (with Track Changes)
Attachment II – Proposed Revisions to BOR Policy 31:3 (without Track Changes)
Attachment III – Repeal of BOR Policy 4:28

DRAFT MOTION 20221207_7-D:
I move to (1) waive the two-reading requirement of By-Laws Section 5.5.1.; (2) approve the first and final reading of the proposed revisions to BOR Policy 3:13, as presented; and (3) repeal BOR Policy 4:28.
SOUTH DAKOTA BOARD OF REGENTS

Policy Manual

SUBJECT: Communicable Disease

NUMBER: 3:13

A. PURPOSE
To establish protocols and guidelines for when a student receives a diagnosis or is infected with a communicable disease that has the potential to threaten the health of a university population pertaining to communicable disease(s).

B. DEFINITIONS

B. 

1. Communicable Disease:
An infectious disease that can be transmitted from one individual to another individual.

Communicable Diseases that may significantly threaten the health and safety of a university population may include, but are not limited to:

COVID-19,
Hepatitis,
Meningococcal disease,
Measles,
Mononucleosis,
Mumps,
Rubella,
Tuberculosis,
and Varicella.

A complete list of reportable diseases in South Dakota is available on the South Dakota Department of Health website.

C. POLICY

1. Education and Communication
The primary response of the institutions under the control of the Regents to communicable disease epidemics or outbreaks must be as follows:

1.1 A. Each University will develop and maintain a communication plan and any needed educational programs, resources, and outreach efforts once a communicable disease threat has been identified.

1.2 Communication plans will address campus recommendations or mandates based on the most current public health information. Where required, emergency notifications for Communicable Disease Outbreaks will be issued.

   Educational resources and communications will be made to all impacted students and employees in the institution.

1.3 Communication plans will address campus recommendations or mandates based on the most current public health information. Where required, emergency notifications for Communicable Disease Outbreaks will be issued.

   Educational resources will keep pace with new developments and the current state of scientific and public health knowledge concerning the risk, transmission pathways, mitigation measures, and other relevant information. Colleges and universities must provide educational resources to all participants in the school setting: i.e., students, faculty support services, etc. The resources will be in the form of literature, lectures, symposia, video cassettes, etc.

1.5 Each institution will assign responsibility for educational resources and communications plan to an individual who will formulate the programs.

CB. Educational efforts will keep pace with new developments. Colleges and universities must provide educational resources and communications will be made to all impacted participants, students, and employees in the school setting: i.e., students, faculty support services, etc. The resources will be in the form of literature, webpages, videos, etc.

C. Stakeholders from each university are encouraged to meet with experts from the South Dakota Department of Health or other public health officials Department to discuss recent guidance updates and its application to institutes. Institutions to higher education on an ongoing basis. A team of experts from the university, the Health Department, and the School of Medicine is encouraged to visit campuses on a rotating schedule to present educational information and answer questions.
D. Education efforts will keep pace with new developments and stress the current state of medical scientific and public health knowledge concerning the risk, transmission pathways, mitigation measures, and other relevant information of acquiring AIDS.

E. Public Health information will be emphasized.

1.6 FE. Each campus Institution will assign responsibility for educational programs resources and communications plan to an individual who will formulate the programs.

G. Each campus will develop and maintain a communications plan in the event a communicable disease is identified as a risk to the university population.

H. The communication plans will address campus recommendations or mandates based on the most current state and local public health information. Where required, emergency notifications for Communicable Disease Outbreaks will be issued.

I. Stakeholders from each institution are encouraged to meet with experts from the South Dakota Department of Health or other public health officials to discuss guidance updates and its application to Institutions on an ongoing basis.

2. Student Services

A. Students with AIDS, AIDS related complex (ARC), positive HIV antibody or other communicable diseases will have access to student unions, theaters, restaurants, cafeterias, snack bars, gymnasiums, swimming pools, or other common areas. However, the college or university may require restriction from specific areas if such activities would jeopardize student health and safety.

2.1 AB. When Institutional Health officials services are provided at an Institution, such health services will be familiar with sources for testing at the Institution on campus and in the community. In the event counseling is indicated upon diagnosis of an infectious disease, it will be arranged by the diagnosing clinician antibodies.

2.2 As available, health services will provide regular medical follow-up for persons with a communicable disease diagnosis.
2.3 Health services will observe public health reporting requirements to local and public health authorities.

2.4 Medical information regarding an individual’s communicable disease diagnosis will not be provided to any person, group, agency, insurer, etc., without the consent of the student; however, written permission of the student is not required for public health reporting purposes.
will be arranged by the initial physician ordering test.

CB. As available, Health Services will be available to provide regular medical follow-up for persons with a communicable disease diagnosis. With AIDS, ARC, or HIV antibody positive test. Special precautions to prevent contagious diseases (chicken pox or measles) may be necessary.

DC. Health Services will observe public health reporting requirements to local and public health authorities.

E. Immunocompromised individuals may with certification from the individuals physician clinician be excused from institutional requirements for certain live virus vaccinations, i.e., rubella and measles, because of the potential consequences to such persons.

FD. Medical information regarding an individual’s communicable disease diagnosis, with AIDS, ARC, or antibody positive status will not be provided to any person, group, agency, insurer, etc., without the written permission of the student, provided, however, written permission of the student is not required for public health reporting purposes.

3. Institutional Response

Institutions under the control of the Board of Regents will follow the guidelines set forth below related to individuals with AIDS, ARC, HIV positive status, or other communicable diseases.

3.1 A. No otherwise qualified individual will, solely by reason of his AIDS, ARC, or HIV antibody positive status, or because of the presence of any other communicable disease, be denied admission to a university or college or be denied access to its services or programs. Decision will be based on reasonable medical judgment given the state of medical knowledge about (a) the nature of the risk, (b) the duration of the risk, (c) the severity of the risk, and (d) the probabilities the disease will be transmitted and will cause varying degrees of harm. No individual will be unlawfully discriminated against due to a communicable disease diagnosis including in admission to an institution, university, or college or access to services or programs.

3.2B. In the event an individual receives a diagnosis that requires isolation or quarantine, per South Dakota Department of Health or clinician directive, the institution will work with the student to fulfill the directive. Students— with AIDS, ARC, HIV antibody positive status or other communicable diseases may attend regular classroom sessions. Restrictions may be placed on a student if the student has contagious diseases arising from the immunodeficiency syndrome or if the individual’s behavior appears to endanger other persons.
C. Students with AIDS, ARC, or HIV antibody positive status assignments in residential housing will be determined by the college or university on a case by case basis. Alternative housing is suggested.

3.3CD. Safety guidelines consistent with public health recommendations will be adopted for the handling of blood and body fluids of all individuals, not just those previously known to have blood borne infections.

3.4DE. Safety guidelines will be adopted for handling blood and bodily fluids in classroom settings in which either may be part of the course work, such as in biology classes or medical technology classes.

F. Individuals and organizations that attempt to impose restrictions on HIV carriers other than those authorized by the Board will be subject to discipline including expulsion, termination for cause, or, in the case of organizations, withdrawal of recognition.

FORMS / APPENDICES:
None

SOURCE:
SOUTH DAKOTA BOARD OF REGENTS
Policy Manual

SUBJECT: Communicable Disease

NUMBER: 3:13

A. PURPOSE
To establish protocols and guidelines pertaining to communicable disease(s).

B. DEFINITIONS
1. Communicable Disease: An infectious disease that can be transmitted from one individual to another individual.

Communicable Diseases that may significantly threaten the health and safety of a university population may include, but are not limited to: COVID-19, Hepatitis, Meningococcal disease, Measles, Mononucleosis, Mumps, Rubella, Tuberculosis, and Varicella.

A complete list of reportable diseases in South Dakota is available from the South Dakota Department of Health.

C. POLICY
1. Education and Communication
The primary response of the institutions under the control of the Regents to communicable disease epidemics or outbreaks must be as follows:

1.1 Each institution will develop and maintain a communication plan and outreach efforts once a communicable disease threat has been identified.

1.2 Communication plans will address campus recommendations or mandates based on the most current public health information. Where required, emergency notifications for Communicable Disease Outbreaks will be issued.

1.3 Educational resources and communications will be made to all impacted students and employees in the institution.

1.4 Educational resources will keep pace with new developments and the current state of scientific and public health knowledge concerning the risk, transmission pathways, mitigation measures, and other relevant information.

1.5 Each institution will assign responsibility for educational resources and
communications plan to an individual who will formulate the programs.

1.6 Stakeholders from each institution are encouraged to meet with experts from the South Dakota Department of Health or other public health officials to discuss guidance updates and its application to Institutions on an ongoing basis.

2. **Student Services**

2.1 When institutional health services are provided at an institution, such health services will be familiar with sources for testing at the institution and in the community. In the event counseling is indicated upon diagnosis of an infectious disease, it will be arranged by the diagnosing clinician.

2.2 As available, health services will provide regular medical follow-up for persons with a communicable disease diagnosis.

2.3 Health services will observe public health reporting requirements to local and public health authorities.

2.4 Medical information regarding an individual’s communicable disease diagnosis will not be provided to any person, group, agency, insurer, etc., without the consent of the student; however, written permission of the student is not required for public health reporting purposes.

3. **Institutional Response**

Institutions will follow the guidelines set forth below related to individuals with communicable diseases.

3.1 No individual will be unlawfully discriminated against due to a communicable disease diagnosis including in admission to an institution or access to services or programs.

3.2. In the event an individual receives a diagnosis that requires isolation or quarantine per South Dakota Department of Health or clinician directive, the institution will work with the student to fulfill the directive.

3.3. Safety guidelines consistent with public health recommendations will be adopted for the handling of blood and body fluids of all individuals, not just those previously known to have blood borne infections.

3.4. Safety guidelines will be adopted for handling blood and bodily fluids in classroom settings in which either may be part of the course work, such as in biology classes or medical technology classes.

**FORMS / APPENDICES:**

None

**SOURCE:**

SUBJECT: AIDS

NUMBER: 4:28

AIDS in the Workplace

Introduction

Acquired Immunodeficiency Syndrome (AIDS) is a major health problem in the United States, and there is increasing need for establishing appropriate guidelines for the workplace because of the complex social issues surrounding the disease. Since the AIDS virus is not transmitted by the kind of nonsexual person-to-person contact that generally takes place among employees and students in the campus setting, there is no medically established basis for not wanting to work with fellow employees or students who have been or are suspected of being infected with the AIDS virus. Therefore, employees or students with AIDS or HIV infection should be treated as any other employee or student. This policy is designed to assist presidents and superintendents in establishing an appropriate workplace policy on AIDS which will allay unnecessary concerns or fears and which will enhance employees' understanding about the nature and transmission of the disease.

Policy Implementation

A. Definition: "AIDS" means all medical conditions caused by the human immunodeficiency virus (HIV) to include clinical AIDS, AIDS related conditions (ARC), and asymptomatic HIV infection.

B. Personnel Policies: All existing personnel rules and policies regarding employment, working conditions, hiring, dismissal, sick leave, disability, and related matters must apply to individuals with AIDS on the same basis as for persons having other diseases or conditions which may incapacitate them for work or otherwise affect job performance.

C. AIDS Testing: AIDS serologic testing must not be requested or required of individuals as a condition of preemployment, continuing employment, or eligibility for services.

D. Discrimination: Employees and employers must not discriminate against any individual, employee, or student on the basis that the person has AIDS, is suspected of having AIDS, or is perceived as being at risk of acquiring AIDS.
E. Privacy and Confidentially: Because AIDS-related information is generally medical information which should be treated confidentially, policies must be implemented to ensure that only persons with a need to know have access to confidential medical information concerning any employee or student.

F. Health and Safety Standards: Because of potential contact with possibly infective blood and other body fluids, health care workers with responsibility to provide direct patient care must routinely follow recognized infection control precautions for blood-borne diseases. Institutions which employ health care workers that provide direct patient care must ensure that appropriate policies are implemented to protect workers, clients, patients and students from potential infection. Such policies must be consistent with the recommendations of the Centers for Disease control, United States Public Health Service, pertaining to "Prevention of HIV Transmission in Health Care Settings" as issued August 21, 1987, updated June 24, 1988, and including all future revisions.

G. Information and Education: Institutions must ensure accurate information is provided to all employees and supervisors relative to AIDS issues so as to prevent unnecessary fear and anxiety when working with others.

H. Supplemental Policies: Institutions are encouraged to implement additional AIDS policies which may be needed for unique or special workplace situations. The South Dakota Department of Health has agreed to provide consultation and direction in the development of such policies.

Education

A. University and college employees should receive education about AIDS and the communicable diseases as appropriate through review sessions prior to the arrival of the new students each year.

SOURCE: Current Policy Manual 8.8.1; 8.8.2; 8.8.3