

DEPARTMENT OF HEALTH

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in § 1 of An Act to authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases, approved August 11, 1939 (53 Stat. 1408, Ch. 691, § 1; D.C. Official Code § 7-131(2012 Repl.)), and § 2 of Mayor's Order 98-141, dated August 20, 1998, hereby gives notice of the adoption of the following amendments to Chapter 2 of Subtitle B of Title 22 of the District of Columbia Municipal Regulations on an emergency basis. The Director intends to take final rulemaking in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

The Director adopted this emergency rule on August 5, 2014. Emergency action is necessary because the emergency and proposed rule will help prevent the spread of communicable diseases contracted by students. The emergency rule revises the requirements for maintaining students in school, and returning them to school, after having been diagnosed with a communicable disease.

The emergency rule shall take effect on August 5, 2014, and shall continue in effect for one hundred twenty (120) days from August 5, 2014, expiring on December 4, 2014 or until publication of a notice of final rulemaking, whichever occurs earlier. The rule shall become final upon publication of a notice of final rulemaking in the *District of Columbia Register*.

Title 22 DCMR (Public Health & Medicine) (August 1986) is amended as follows:

Amend the table of contents by striking the phrase “209 RESERVED” and inserting the phrase “209 COMMUNICABLE DISEASES CONTRACTED BY STUDENTS”

Amend Chapter 2 by adding a new section 209 to read as follows:

209 COMMUNICABLE DISEASES CONTRACTED BY STUDENTS

209.1 Each school shall encourage its students to adhere to the following preventive measures designed to minimize the transmission of communicable diseases:

- (a) Use tissues for coughs and sneezes, or cough and sneeze into the elbow;
- (b) Wash hands with soap and water before eating and after using the toilet; and

(c) Do not share combs, brushes, hair accessories, and hats.

209.2 Each school shall provide students with developmentally appropriate information regarding communicable diseases including Chlamydia, Gonorrhea, Human Papillomavirus (HPV), Human Immunodeficiency Virus (HIV), and other sexually transmitted infections. This information shall include instruction in measures designed to prevent the spread of communicable diseases.

209.3 Each school shall contact the parent or guardian of a minor student who exhibits any of the following symptoms, which may indicate the beginning of a communicable disease, for possible referral for medical examination:

- (a) Sore throat;
- (b) Runny eyes;
- (c) Headache;
- (d) Nausea;
- (e) Vomiting;
- (f) Diarrhea;
- (g) Fever;
- (h) Chills;
- (i) Severe or chronic cough;
- (j) Rash;
- (k) Jaundice; and
- (l) Weeping or draining sores that cannot be covered.

209.4 A school official who suspects that a student has one of the following communicable diseases shall refer the student to the school nurse [or contact a parent or guardian if the school nurse is unavailable]. A school shall exclude a student diagnosed with a communicable disease and re-admit the student as follows:

- (a) Conjunctivitis (“pink eye”):
 - (1) A student diagnosed with a viral infection may return to

school after any redness and discharge have disappeared;

- (2) A student diagnosed with a bacterial infection may return to school twenty-four (24) hours after commencing antibiotic treatment if a licensed practitioner provides a note attesting to the diagnosis, the onset of treatment, and that the child is cleared to return to school; or
- (3) A student diagnosed with allergic conjunctivitis may return to school upon submitting a licensed practitioner's note stating the diagnosis;

(b) Acute diarrhea:

- (1) A student with infectious diarrhea (*e.g.*, Salmonella, Shigella, *E. coli*) may return to school when diarrhea ends or upon submitting a health care provider's note providing medical clearance to return to school;
- (2) A student with non-infectious diarrhea (*e.g.*, inflammatory bowel disease, food allergy, reaction to medication) may return to school when diarrhea ends and with instruction to thoroughly wash hands with soap and water after using the toilet and before handling food;

(c) A student with a clinical syndrome such as meningitis or pneumonia resulting from Haemophilus influenza type B (Hib) may return to school twenty-four (24) hours after completing [antibiotic] treatment and submitting a licensed practitioner's note attesting to the diagnosis and completion of treatment;

(d) Hepatitis:

- (1) A student with Hepatitis A may return to school one (1) week after onset of illness or jaundice and upon submitting a licensed practitioner's note providing medical clearance to return to school;
- (2) A student with Hepatitis B or C may return to school upon submitting a licensed practitioner's note providing medical clearance to return to school;

(e) A student diagnosed with Impetigo (bacterial infection of the skin) may return to school twenty-four (24) hours after beginning antibiotic therapy, provided all lesions are covered, and upon submitting a licensed practitioner's note stating that the student is undergoing treatment;

- (f) A student diagnosed with Measles may return to school four (4) days after the appearance of rash and upon submitting a licensed practitioner's note providing medical clearance to return to school;
- (g) A student diagnosed with Meningitis may return to school upon submitting a licensed practitioner's note providing medical clearance to return to school;
- (h) A student diagnosed with Methicillin-resistant *Staphylococcus aureus* (MRSA) may return to school provided that all wound drainage ("pus") is covered and contained;
- (i) A student diagnosed with Mumps may return to school five (5) days after the onset of swelling and upon submitting a licensed practitioner's note providing medical clearance to return to school;
- (j) A student diagnosed with Pediculosis (infestation by live head lice) may remain in class that day; however parents or guardians should commence treatment at the conclusion of the school day. The child may return to school upon submitting to the school nurse a parent's or guardian's note attesting to the fact that the student is undergoing treatment. A student with only Nits (eggs) shall not be excluded from school; however the school nurse, principal or designee shall send a note to the parents or guardians advising them to monitor the child for re-infestation.
- (k) A student diagnosed with Pertussis ("whooping cough") may return to school three (3) weeks after the onset of symptoms, if untreated, or five (5) days after beginning antibiotic therapy and submitting a licensed practitioner's note attesting to the beginning of therapy;
- (l) A student diagnosed with Pinworms may return to school twenty-four (24) hours after the first treatment and upon submitting a licensed practitioner's note stating that the student is under treatment;
- (m) A student diagnosed with Ringworm may return to school upon submitting a licensed practitioner's note stating that the student is under treatment;
- (n) A student diagnosed with Rubella (German measles) may return to school seven (7) days after the rash appears;
- (o) A student diagnosed with Scabies ("itch mite") may return to school upon submitting a licensed practitioner's note stating that

the student's treatment for scabies with a prescription lotion has been completed;

- (p) A student diagnosed with Strep infection (scarlet fever, strep throat) may return to school twenty-four (24) hours after beginning antibiotic treatment, provided the student is without fever for twenty-four (24) hours, and upon submitting a licensed practitioner's note affirming the start of treatment, and providing medical clearance for the student to return to school;
- (q) Tuberculosis:
 - (1) A student diagnosed with active Tuberculosis may return to school upon providing a written recommendation to return to school from the Tuberculosis Control Program of the Department of Health; and
 - (2) A student diagnosed with latent Tuberculosis may return to school after initiating treatment and upon submission of a licensed practitioner's note giving medical clearance to return; or
- (r) A student diagnosed with Varicella (chickenpox), even if previously vaccinated, may return to school after lesions have crusted and upon submission of a licensed practitioner's note giving medical clearance to return.

209.5 A person shall not disclose a student's individually identifiable health information without written authorization from the parent or guardian of a minor student or from a student eighteen (18) years of age or older to anyone other than:

- (a) The Department of Health;
- (b) A school nurse;
- (c) A school physician;
- (d) The student's primary health care provider; or
- (e) A school principal or designee.

209.6 A school shall inform the Director of the Department of Health within two (2) hours when any student has contracted any of the following diseases:

- (a) Measles;

- (b) Meningococcal meningitis;
- (c) Mumps;
- (d) Pertussis;
- (e) Rubella;
- (f) Tuberculosis; or
- (g) Hepatitis A or any other food-borne illness.

209.7 To the extent permitted by law or regulation, a school shall report cases of Chlamydia, Gonorrhea, HIV, and other communicable diseases contracted by students to the Director of the Department of Health.

Comments on the proposed rules should be sent in writing to the Department of Health, Office of the General Counsel, 5th Floor, 899 North Capitol Street, NE, Washington, DC 20002, not later than thirty (30) days after the date of publication of this notice in the *D.C. Register*. Copies of the proposed rules may be obtained Monday through Friday, except holidays, between the hours of 8:15 A.M. and 4:45 P.M. at the same address. Questions concerning the rulemaking should be directed to Angli Black, Administrative Assistant, at Angli.Black@dc.gov or (202) 442-5977.