

Students

Educating Students with Chronic Infectious Diseases

The Regional School District No. 14 Board of Education adopts the following policy for educating students known to have a chronic infectious disease (e.g., AIDS, CMV, hepatitis B, herpes simplex) and for ensuring a safe and healthy school environment for all students.

1. All children in Connecticut have a constitutional right to a free, suitable program of educational experiences.
2. As a general rule, a child with a chronic infectious disease will be allowed, with the approval of the child's physician and the school Medical Advisor, to attend school in a regular classroom setting and will be considered eligible for all rights, privileges, and services provided by law and existing policy of the regional school district. The progress of the child will be monitored by the school Medical Advisor, school nurse and appropriate school personnel. The Superintendent will be informed if there is a change which warrants additional review.
3. The school nurse will serve as the liaison with the child's physician, assist in problem resolution, answer questions and coordinate services provided by other staff.
4. The school will respect the right to privacy of the individual; therefore, knowledge that a child has a chronic infectious disease will be confined to those persons with a direct need to know as recommended by the school Medical Advisor and approved by the Superintendent. Such determination will be based on the following considerations: the need for student's privacy, the need to protect the affected child from exposure to potentially communicable diseases, and the need to protect other students and faculty members. School personnel who are provided with information about a particular student carrying a chronic infectious disease should be aware of confidentiality requirements. Notwithstanding the above, special confidentiality requirements apply for HIV-related information, as set out in Board Policy #5125, Student Records.
5. Based upon individual circumstances, special programming may be warranted. Special Education will be provided if determined to be necessary by the Planning and Placement Team.
6. Under certain circumstances a child with a chronic infectious disease might pose a risk of transmission to others. Should the school Medical Advisor, in consultation with the school nurse and the child's physician, determine that a risk of transmission exists, the student shall be removed from the classroom with the approval of the Superintendent, in accordance with the provisions below.

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- (a) Such removal shall remain in effect until an appropriate school program adjustment can be made, an appropriate alternative education program can be established, or the Medical Advisor determines that the risk has abated and the child can return to the classroom.
 - (b) Removal from the classroom will not be construed as the only response to reduce risk of transmission. School personnel should be flexible in developing alternatives and should attempt to use the least restrictive means to accommodate the child's needs.
 - (c) In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction will apply.
 - (d) On the elementary level a letter is sent home with the students in the class where lice is reported. Nurses from the four schools communicate with each other concerning any lice infestations. In cases of wide-spread infestation, the lice letter", is sent home, school-wide. Parents are required to treat children with either a prescription shampoo or O.T.C. shampoo. Student is examined by nurse before being allowed to return to class.
7. A child with a chronic infectious disease may need to be removed from the classroom for his/her own protection when other communicable diseases (e.g., measles or chicken pox) are occurring in the school population. This decision will be made by the child's physician and parent/guardian in consultation with the Superintendent, school Principal, the school nurse and/or the school Medical Advisor.
8. The Region 14 Public Schools will have a periodic in-service program to alert staff of the importance of taking proper steps when children have infectious diseases. The Superintendent shall approve proper procedures for cleaning when an accident or injury involving body fluid occurs. The staff should follow these procedures.

Legal Reference: Connecticut General Statutes

"Education for Children with Disabilities", 20 U.S.C. 1400, et seq. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 706(7)(b)

"Americans with Disabilities Act"

The Family Educational Rights and Privacy Act of 1974, (FERPA), 20 U.S.C. 1232g, 45 C.F.R. 99.

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Legal Reference	Connecticut General Statutes (continued)
	10-76(d)(15) Duties and powers of boards of education to provide special education programs and services.
	10-154a Professional communications between teacher or nurse and student.
	10-207 Duties of medical advisors.
	10-209 Records not to be public.
	10-210 Notice of disease to be given parent or guardian.
	19a-221 Quarantine of certain persons.
	19a-581-585 AIDS testing and medical information.

**REGION 14 PUBLIC SCHOOLS
COMMON COMMUNICABLE DISEASES**

DISEASE	EXCLUSION FROM SCHOOL POLICY
Chicken pox	7-10 days or until lesions are crusted
Conjunctivitis	Has received appropriate therapy for 24 hours and has permission from the physician to return to school
Elevated Temperature (100 degrees or over)	A full 24 hours after the child is afebrile (99.9 degrees or lower)
German Measles (Rubella)	7 days after onset of rash
Impetigo	Has received appropriate medically prescribed therapy for 24 hrs. and has permission from the physician to return to school
Hepatitis	Has physician's permission to return to school
Infectious Mononucleosis	No set time – only while illness lasts, has permission from physician to return to school
Measles	5 days after appearance of rash has permission from physician to return to school
Meningitis	No set time – only while illness lasts, has permission from physician to return to school
Mumps	Until swelling has subsided or not less than 9 days after onset of parotid swelling or cleared by physician to return to school
Pediculosis	Until hair is clear – no appearance of live nits and has used prescribed shampoo or over-the-counter treatment, especially for the treatment of head lice
Ringworm	None, if under proper treatment lesions must be covered
Scabies	Has received appropriate medically prescribed treatment for 24 hrs. and has permission from physician to return to school
Streptococcal Infection	Has received appropriate therapy for 24 hours and has permission from physician to return to school
Fifth Disease	Excluding children from school is not recommended as a public health measure

Children excluded from school with any of the above health problems must be evaluated by the school nurse before returning to the classroom.