

## Students

### Communicable/Infectious Diseases

The Board of Education recognizes that all children in Connecticut have a constitutional right to a free, suitable program of educational experiences. The Board will establish reasonable health requirements as prerequisites to admission or attendance including the requirement that students undergo physical examination prior to admission.

Where it can be medically established that a student suffers from a serious infectious disease and there is a significant risk of transmission of the disease to others due to the nature of the disease or personal characteristics of the student carrier, it may be appropriate to exclude the student from the regular classroom. The determination of exclusion of any student will be made on a case by case basis with the appropriate procedural due process safeguards. Where the risk of transmission is relatively low or appropriate procedures can be adopted to reduce the risk of transmission, exclusion is not warranted.

A child with an infectious disease may be considered handicapped, if the child presents such physical impairment that limits one or more major life activities. Therefore, Section 504 of the Rehabilitation Act may apply. The parent/guardian or the school administration may make a referral for determination whether the student is handicapped and entitled to protection under Section 504. The Planning and Placement Team will conduct an Individual Placement Program (IPP) to determine whether the student is handicapped or is "otherwise qualified" within the meaning of Section 504. The student will be educated in the least restrictive environment.

(cf. 5111 - Admission)

(cf. 5141.3 - Health Assessments and Immunizations)

(cf. 6155 - Individualized Education Program)

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.

## Students

### Communicable/Infectious Diseases

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.

## **Students**

### **Communicable/Infectious Diseases**

#### **Exclusion Procedures**

If it is determined that the interests of the student and the school are better served when a student with a communicable or infectious disease is excluded, procedural safeguards will establish such by extensive medical evidence which shall include, but not be limited to:

- A. The nature of the disease.
- B. Whether transmission may be controlled.
- C. Whether the personal characteristics of the student involved are such that exclusion of the affected student from the regular classroom is clearly necessary to protect the health of other students.
- D. As medical knowledge and circumstances may change rapidly, the school Board administrator will monitor current medical information and assess the student's medical condition and the school's ability to accommodate that student in light of the most current medical information. New facts may warrant a different result from the one previously reached.
- E. Where a student or student's parents object to the Board's decision to exclude that student, the Board of Education will provide a hearing to adjudicate pertinent facts concerning the exclusion.

#### **Medical Intervention**

The school nurse or medical advisor will establish guidelines which will provide simple, effective precautions against transmission of communicable disease for all students and staff. Universal precautions will be used to clean up after a student has an accident or injury at school. Blood or bodily fluids emanating from any student should be treated cautiously. Such guidelines will be reviewed regularly in light of medical advances. Necessary reports will be made to health authorities consistent with state law.

If emergency exclusion of a student is warranted, regulation will provide procedures to take care of the emergency situation.

Consideration will be given to temporary removal of a student from school, if in the school population, a disease, flu, cold or childhood disease might negatively impact the infected student's health. Students with infectious diseases may be temporarily removed from school when that student is acutely ill.

## **Students**

### **Communicable/Infectious Diseases**

Classroom and educational programs will be established so that students, staff and the public are better informed of the risk and prevention of transmission of communicable diseases. The school nurse or other medical staff will be available to assist in any problem resolution, answer questions and coordinate services provided by other staff.

### **Confidentiality**

The privacy rights of students with a communicable disease shall be strictly observed by school staff. No person who obtains confidential related medical information may disclose or be compelled to disclose such information except to the following:

1. The protected student or parent.
2. Any person who secures a release of the confidential related information.
3. A federal, state or local officer when such disclosure is mandated or authorized by federal state law.
4. A health care provider or health facility when knowledge of the related information is necessary to provide appropriate care treatment to the protected student and when confidential related information is already recorded in the medical chart or record or a health provider has access to such records for the purpose of providing medical care to that student.

When confidential information relating to communicable disease is disclosed, it should be accompanied by a statement in writing which shall include the following similar language;

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure without the specific written consent of the student or legal guardian to whom it pertains or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose."

A notation of all such disclosure shall be placed in the medical record or with any record related to a communicable disease test results of a protected student. Any person who willfully violates the provisions of this law will be liable in a private cause of action for injuries suffered as result of such violation. Damages may be assessed in the amount sufficient to compensate said student for such injury.

## Students

### Communicable/Infectious Diseases

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.

Connecticut General Statutes

10-15b Access of parent or guardian to student's records.

10-19 Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome.

10-66b Regional educational service centers. Operation and management. Board.

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.

Regulation approved: March 22, 2001

MARLBOROUGH PUBLIC SCHOOLS  
Marlborough, Connecticut

## **Students**

### **Students with Special Health Care Needs**

#### **General Statement of Policy**

Students with health impairments have needs similar to those of students without such impairments. For these students, access to education requires:

- assessment and periodic reassessment of the child's health status and level of functioning on a daily or intermittent basis in order to determine what special services or program modifications he/she may need;
- policies which support close collaboration with families;
- safe professional practice;
- appropriate instructional programs;
- related services necessary to ensure successful functioning in educational settings;
- enhanced communication and collaboration with health and social service providers in the community;
- education of school personnel; and
- smooth interdisciplinary teamwork

Recognizing the above, the Board of Education will adopt the State of Connecticut Department of Education Guidelines for Serving Students with Special Health Care Needs - 1992. As it was intended that these guidelines be built upon to develop, enhance and promote safe and appropriate educational opportunities for students with special health care needs, amendments to these guidelines will be made as necessary, by the school nurses and the School Medical Advisor.

#### **Administrative Responsibility**

The administration is responsible for notifying the school nurse that a student with special health care needs is entering or reentering the school, and to collaborate with the school nurse and other appropriate personnel to provide for the student's safe transition into school, and meeting the student's subsequent health care needs while in school.

## Students

### Students with Special Health Care Needs

#### Administrative Responsibility (continued)

General categories (with examples of each type) of students with special health care needs are as follows (this list is not inclusive):

- **Chronic Disease:** asthma, cancer, cystic fibrosis, diabetes, seasonal respiratory allergies, sickle cell anemia
- **Chronic Infectious Disease:** hepatitis B infection, HIV infection, mononucleosis
- **Physical Conditions:** congenital heart defect, spina bifida
- **Psychological Condition:** childhood psychosis, chronic depression, conduct disorder
- **Acquired Disability:** traumatic brain injury, lead poisoning, drug addiction, broken leg
- **Severe Acute Illness:** (which may require complex medical care over several weeks or months) nephritis (kidney infection), osteomyelitis (bone infection), pneumonia (lung infection)

#### School Nurse Responsibility

All students with special health care needs entering or reentering school will be assessed by the school nurse prior to entering or returning to school. The school nurse will collaborate with any other appropriate personnel to develop a care plan for the student's safe transition into school and meeting his subsequent health care needs while in school.

## Students

### Psychotropic Drug Use

In conformity with state statute, the Board of Education prohibits all school personnel from recommending the use of psychotropic drugs for any student enrolled within the school system. For purposes of this policy, the term “recommend” shall mean to directly or indirectly suggest that a child use psychotropic drugs.

Psychotropic drugs are defined as prescription medications for behavioral or social-emotional concerns, such as attentional deficits, impulsivity, anxiety, depression and thought disorders and includes, but is not limited to stimulant medications and anti-depressants.

However, school health or mental health personnel, including school nurses or nurse practitioners, the District’s Medical Advisor, school psychologists, school social workers, and school counselors may recommend that a student be evaluated by an appropriate medical practitioner.

Communications between and among school health, mental health personnel and other school personnel pertaining to a child in possible need of a recommendation for a medical evaluation shall be accomplished through the District’s established child study teams and/or the planning and placement team and its procedures, in conformity with state and federal special education statutes.

Further, upon the consent of the student’s parents or guardian, obtained in writing, through the Planning and Placement Team process, school personnel may consult with the medical practitioner regarding such use.

The Board recognizes that the refusal of a parent or other person having control of a child to administer or consent to the administration of any psychotropic drug to the child shall not, in and of itself, constitute grounds for the Department of Children and Families (DCF) to take such child into custody or for any court of competent jurisdiction to order that such child be taken into custody by the department, unless such refusal causes such child to be neglected or abused, as defined in C.G.S. 46b-120.

The Superintendent of Schools or his/her designee shall promulgate this policy to district staff and parents/guardians of students annually and upon the registration of new students.

(cf.514.4 – Reporting of Child Abuse and Neglect)

Legal Reference: Connecticut General Statutes

10-212b Policies prohibiting the recommendation of psychotropic drugs by school personnel. (as amended by PA 03-211)



## Students

### Psychotropic Drug Use

Legal Reference: (continued)

46b-120. Definitions

10-76a Definitions. (as amended by PA 00-48)

10-76b State supervision of special education programs and services.

10-76d Duties and powers of boards of education to provide special education programs and services. (as amended by PA 97-114 and PA 00-48)

10-76h Special education hearing and review procedure. Mediation of disputes. (as amended by PA 00-48)

State Board of Education Regulations.

34 C.F.R. 3000 Assistance to States for Education for Handicapped Children.

American with Disabilities Act, 42 U.S.C. §12101 et seq.

Individuals with Disabilities Education Act, 20 U.S.C. §1400 et seq.

Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794.

Policy adopted: February 28, 2002

Policy revised: March 18, 2004

MARLBOROUGH PUBLIC SCHOOLS

Marlborough, Connecticut

## Students

### Students with HIV, ARC or AIDS

Acquired Immune Deficiency Syndrome (AIDS) is an illness that impairs the functioning of the body's immune system. It leaves the individual unable to fight off infection. The virus which causes AIDS and milder immune deficiency syndromes associated with AIDS virus infection, such as AIDS Related Complex (ARC), is called Human Immunodeficiency Virus or HIV. Current epidemiological studies indicate that HIV is not transmitted through casual contact, but through intimate sexual contact or blood to blood contact.

### Guidelines for Providing Education to Students with AIDS, ARC, or are Antibody Positive for HIV

#### 1. Release of Confidential Information

The parent or legal guardian must sign a release of confidential information before any staff member is notified of the confidential information (see form attached).

Whenever confidential information relating to AIDS, HIV infection or HIV related illness is disclosed, it will be accompanied by the following statement:

*This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information if not sufficient for this purpose.*

2. A child who is diagnosed as having AIDS or ARC or who has tested HIV antibody positive and who is seeking entry into the school system will be admitted to the general school population when the child's treating physician certifies in writing that the child does not exhibit any condition or behavior which might pose a risk of transmission of HIV in the classroom setting. In deciding if such a risk factor exists, the physician shall be guided by the factors currently enumerated in the Connecticut Department of Education - Department of Health Services guidelines as posing a possible risk of transmission, as well as by the then-current guidelines of the American Academy of Pediatrics and the United State Centers for Disease Control All revisions in the enumerated "risk factors" in such guidelines shall be considered.
3. A child who is currently in the general school population in the district who is newly diagnosed as having AIDS or ARC or who has recently been tested as HIV antibody positive shall be allowed to remain in the general school population if the child's treating physician certifies in writing that the child does not exhibits any condition or behavior which might pose a risk of transmission of HIV in the classroom setting and the child is not observed to exhibit a condition or behavior which under then-current state, American Academy of Pediatrics, or CDC guidelines is viewed as posing a possible risk of transmission. The physician shall make such evaluation if accordance with 2, *supra*.

## Students

### Students with HIV, ARC or AIDS

#### Guidelines for Providing Education to Students with AIDS, ARC, or are Antibody Positive for HIV (continued)

4. If the physician for a child with AIDS or ARC or with a positive HIV antibody test fails to certify that the child is free of any condition of behavior which might pose a risk of transmission of HIV in the classroom setting, or if the child is observed to exhibit a condition or behavior which under then-current state, American Academy of Pediatrics, or CDC guidelines is viewed as posing a possible risk of transmission, the matter shall be referred to the School Medical Advisor so that the AIDS School Health Panel may be convened to review the case.
5. The AIDS School Health Panel will consist of:
  - A. Superintendent or designee
  - B. School Medical Advisor
  - C. Student's Physician
  - D. Parent or guardian of the HIV - infected student
6. The panel will, within three business days for a child currently in the general school population, or prior to the beginning of the school year for a child seeking entry:
  - A. Review student's medical history and current medical status.
  - B. Assess risk factors, as such may be revised by the Department of Education-Department of Health Services, the American Academy of Pediatrics and CDC.
    - (1) Presence of open wounds, cuts, lacerations, abrasions, or sores on exposed body surfaces where occlusion cannot be maintained.
    - (2) Impairment of gastro-intestinal and/or genito-urinary function such that control of internal body fluids cannot be maintained.
  - C. If a "risk factor" is found to exist, present and discuss option of home education, special education, regular education, or discuss options of other choices with parent/student, if applicable.
  - D. Re-evaluate all Panel cases on a continuing basis at least once a month and more often as circumstances change in the categories listed in B, above.

## Students

### Students with HIV, ARC or AIDS

#### Guidelines for Providing Education to Students with AIDS, ARC, or are Antibody Positive for HIV (continued)

- E. It is expected that recommendation of the Panel shall be based solely upon current medical information and considerations in accordance with extant Guidelines of the Centers for Disease Control, the American Academy of Pediatrics, and the State Department of Education - Department of Health Services guidelines.
  - F. Removal from the classroom should not be construed as the only response to reduce risk of transmission. The Panel should be flexible in its response and attempt to use the least restrictive means to accommodate the child's needs and the needs of others.
7. If the AIDS School Health Panel decides that a period of exclusion is warranted and is projected to exceed five (5) school days, the panel shall immediately refer the case to the Director of Student Personnel Services to convene a Central Planning and Placement Team meeting ("PPT") to determine what alternative educational services will be provided. The PPT shall recommend, and the school system implement, this alternative education service program within six (6) days of the initial referral to the Director of Student Personnel Services.
  8. In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction must apply.
  9. Children and parents and guardians of children excluded from the general school population based on the determination of the presence of "risk" factors for the transmission of HIV shall retain all legal rights to challenge the exclusion.
  10. Only persons with an absolute need to know should have medical knowledge of a particular student's case. In individual situations, the Superintendent or designee will notify the following: 1) Principal; 2) School Nurse; 2) Student's teacher; and 4) Director (Supervisor) of Student Personnel Services. Notification should be made through a process that would maximally ensure patient confidentiality. This process should be direct person-to-person contact. Persons who become so informed shall be advised of their legal responsibility to maintain strict confidentiality.
  11. Since the student diagnosed as having clinical evidence of infection with the AIDS-associated virus (HIV, ARC, or AIDS) has an increased risk of acquiring infections in the school setting, if there is an outbreak of a threatening communicable disease such as chicken pox or measles, the school nurse shall notify the child's treating physician and parent and guardian, who shall determine if the child needs to be excluded from school temporarily until he/she is properly treated (possible with hyperimmune gamma globulin) and/or the outbreak is no longer a threat to the child.

## Students

### Students with HIV, ARC or AIDS

#### Guidelines for Providing Education to Students with AIDS, ARC, or are Antibody Positive for HIV (continued)

12. The school Principal, working in conjunction with the Director (Supervisor) of Student Personnel Services and school nurse, should function as (a) the liaison with the child's physician, (b) the AIDS/ARC child's advocate in the school (i.e. assist in problem resolution, answer questions) and (c) the coordinator of services provided by other staff.
13. All school personnel who are informed of the identity of a student with AIDS, ARC or other HIV infection, or who come to learn of a student's diagnosis, have an obligation to maintain strict confidentiality regarding this information, disclosing it to no person other than as specified herein. Health and personnel records containing information regarding the identity of school children with AID, ARC, or other HIV infection shall be maintained in locked cabinets, accessible only to the Principal and the school nurse. School personnel disclose the identity of a student with AIDS, ARC or HIV infection to persons other than those specified herein, this person shall be fully liable in tort for the disclosure and shall be disciplined by fine and/or suspension or termination. The Superintendent or designee shall educate all staff about the need to maintain strict confidentiality and shall monitor staff compliance.
14. The School Medical Advisor shall act as the school liaison with the AIDS Care Programs at local area hospitals and shall make reasonable efforts to develop working relationship with that program.
15. In circumstances where a child is diagnosed as having AIDS, ARC, or who has been tested HIV-antibody positive and where there is insufficient information regarding the risk of transmission in a classroom setting because the child is new to the community and has not been seen by a physician in one of the AIDS programs in Connecticut, such child shall be observed and evaluated by the AIDS Care Program at local area hospitals, or a similar program within three (3) business days after application for enrollment. If no risk factors are identified, then the child shall be admitted to the general school population.

DEPARTMENT OF STUDENT SERVICES  
MARLBOROUGH PUBLIC SCHOOLS  
MARLBOROUGH, CONNECTICUT 06447

PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION REGARDING  
HIV, AIDS, ARC

I, \_\_\_\_\_, give permission to inform the following school personnel  
*Parent Name*  
that my child \_\_\_\_\_ is \_\_\_\_\_  
*Student Name*

I understand that this information will be treated with strict confidentiality as described in the attached Guidelines and Procedures concerning HIV, ARC, and AIDS.

I give permission to disclose the information to:

Executive Director of Student Personnel Services \_\_\_\_\_  
*Name*

School Principal \_\_\_\_\_  
*Name*

Child's \_\_\_\_\_ Primary \_\_\_\_\_ Teacher \_\_\_\_\_  
*Name*

School Nurse \_\_\_\_\_  
*Name*

I also give permission for \_\_\_\_\_  
*Name*

to speak to the above personnel about health issues that may relate to my child's education.

\_\_\_\_\_  
*Signature of Parent* *Date*

**Please read the confidentiality statement carefully:**

**This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the persons to whom it pertains, or as otherwise permitted by said law, a general authorization for the release of medical or other information is not sufficient for this purpose.**