

Students

Educating Students with Communicable/Infectious Diseases

The Ansonia Board of Education adopts the following policy for educating students known to have a chronic infectious disease (e.g., AIDS/HIV infection, 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, 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 Ansonia school district.
3. The school nurse, with the written permission of the parent/guardian, will function as (a) the liaison with the child's physician, (b) the child's advocate in the school (i.e., assist in problem resolution, answer questions) and (c) the coordinator of services provided by other staff.
4. The school will respect the right to privacy of the individual and maintain strict confidentiality of any records containing health information. Therefore knowledge that a child has a chronic infectious disease will be confined to those persons authorized by the parent/guardian and with a direct need to know. Those persons will be provided with appropriate information concerning the child's needs and confidentiality requirements.
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. If any such circumstances exist, the School Medical Advisor, in consultation with the school nurse and the child's physician, must determine whether a risk of transmission exists in school. If it is determined that a risk exists, the student shall be removed from the classroom.
7. A child with a chronic infectious disease may be temporarily removed from the classroom for the reasons stated in #6 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.

Students

Educating Students with Communicable/Infectious Diseases (continued)

- (a) 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.
 - (b) In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction will apply.
8. Each removal of a child with a chronic infectious disease from normal school attendance will be reviewed by the school medical advisor in consultation with the parent/guardian and the student's physician at least once every month to determine whether the condition precipitating the removal has changed.
9. 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 school nurse and/or the School Medical Advisor.
10. Routine and standard procedures will be used to clean up after a child has an accident or injury at school. All staff will be trained to use such procedures. Blood or other body fluids emanating from any child, including ones known to have a chronic infectious disease, should be treated cautiously. Gloves should be worn when cleaning up blood spills. These spills should be disinfected with either bleach or another disinfectant and persons coming in contact with them should wash their hands afterwards. Blood soaked items should be placed in leakproof bags for washing or further disposition. Similar procedures are recommended for dealing with vomitus and fecal or urinary incontinence in any child. Handwashing after contact with a school child is not routinely recommended unless physical contact has been made with the child's blood or body fluids, including saliva. Staff who are identified to be of substantial risk of direct contact with body fluid shall be offered hepatitis B vaccinations according to OSHA regulations.

Students

Communicable/Infectious Diseases (continued)

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.

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.

Policy adopted: April 7, 2004

ANSONIA PUBLIC SCHOOLS
Ansonia, Connecticut

Students

Educating Students with Communicable/Infectious Diseases

Exclusion Procedures

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

1. The nature of the disease.
2. Whether transmission may be controlled.
3. 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.
4. 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.
5. 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

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Medical Intervention (continued)

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 or 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 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.

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Legal Reference: Connecticut General Statutes

"Education for Children with Disabilities", 20 U.S.C. 1400, et seq.

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"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.

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Regulation approved: April 7, 2004

ANSONIA PUBLIC SCHOOLS
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COMMON COMMUNICABLE DISEASES

DISEASE	EXCLUSION FROM SCHOOL POLICY
Chicken pox	6 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
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
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 of Scalp	None, if under proper treatment
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.