

Infectious Diseases Policy for Students

Policy

The Torrington Board of education adopts the following policy for educating students known to have a chronic infectious disease (e.g., AIDS/HIV infection, CMV (cytomegalovirus), 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, appropriate, public education.
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 Torrington 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 services will be provided if the student is determined to be eligible for services by the Planning and Placement Team, as defined by IDEA and/or Section 504 regulations.
6. Under certain circumstances a child with a chronic infectious disease might pose a risk of transmission to others. If any such circumstance exists, 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.

Procedure

1. 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.
 - (a) Removal from the classroom will not be construed as the only response to reduce risk of transmission. School personnel shall be flexible in developing alternatives and shall 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.

2. 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.

3. 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.

4. 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 leak proof bags for washing or further disposition. Similar procedures are recommended for dealing with vomits and fecal or urinary incontinence in any child. Hand washing 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 is identified to be of substantial risk of direct contact with body fluid shall be offered hepatitis B. vaccinations according to OSHA regulations, and will be instructed to follow procedures outlined in the Medical Management Exposure Control Plan required by OSHA Regulations.

(c) In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction will apply.