

## Students

### Communicable/Infectious Diseases

#### Providing Education to Students with Chronic Communicable Diseases

All children in Connecticut have a constitutional right to a free, suitable program of educational experiences.

CREC is committed to meeting the needs of students referred to its programs regardless of educational, physical and medical limitations when the programs are appropriate to meet their educational needs.

CREC recognizes its responsibility to work with member Local Education Agencies (LEAs) who need assistance in the resolution of educational problems. CREC will provide member LEAs with guidance and support in the provision of educational programming for students with Chronic Communicable Diseases.

Chronic Communicable Diseases include but are not limited to the following:

- Hepatitis A and B virus
- Cytomegalovirus (CMV)
- Herpes
- HIV

CREC also has a responsibility to provide safe learning, living and working environments for the students and employees participating in its programs. Policies and procedures for students with Chronic Communicable Diseases are developed in accordance with the responsibility.

CREC will work with member and/or sending LEAs, parents, students, staff, medical advisors and other relevant private and state agencies in the establishment of admission procedures and individualized processes to meet the needs of students with Chronic Communicable Diseases and will at the same time ensure a safe learning, living and working environment for its students and staff.

CREC will respect the right to privacy of the student with a Chronic Communicable Disease. Knowledge that a person has such a disease will be confined to those who have a direct need to know.

(cf. 5113 - 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.

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:  
Policy revised:

June 18, 2003  
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CAPITOL REGION EDUCATION COUNCIL  
Hartford, Connecticut

## Students

### Communicable/Infectious Diseases

#### Part I

When a student diagnosed as having a Chronic Communicable Disease is referred to CREC for programming by an LEA, the following procedure will be followed:

#### 1. **Determination of the Educational and/or Programmatic Needs of the Student**

- 1.1 The educational or programmatic needs of the student will be determined by the LEA, or other sending agency, and CREC without regard to the Chronic Communicable Disease condition.
- 1.2 CREC will determine whether or not it has a program to meet the educational and programmatic needs of the student.
- 1.3 If no CREC program is available to meet the needs of the student, the procedure described under Part II will be followed.
- 1.4 If it is determined that CREC has an appropriate program and the student would be accepted, except for the Chronic Communicable Disease, the procedure will continue as follows:

#### 2. **Assessment of Program's Ability to Meet Medical Needs of Student**

A team Consisting of CREC Central administration, CREC's Medical Advisor, CREC's School Nurse, program nurse, program administrator(s), Child Study Team (CST) or Student Review Team (SRT) of the program will assess the program's ability to meet the special medical needs of the student.

- 2.1 **Medical Assessment of the Student:** CREC and the student's medical advisors will provide a comprehensive assessment of the student's medical condition including:
  - a. the potential for risk to the student.
  - b. potential risk of communicability of the disease to others.

A report with relevant medical information and recommendations will be prepared, presented and discussed with the administrator and staff who would be responsible for programming for the student.

2.2A\* **Program Assessment for Risk to Student and Others in the Program:** The risk to the student being referred and others participating in the program will be examined and evaluated. Areas to be examined are as follows and not limited to:

- a. student population
- b. program components
- c. environmental logistics
- d. hours of the school day
- e. transportation

A report of findings and recommendations will be prepared and discussed with the administrators and staff responsible for programming for the student.

2.2B Since the student diagnosed with HIV 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 and/or the outbreak is no longer a threat to the child.

2.2C 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.*

\* When a student already appropriately enrolled in a CREC program is diagnosed as having a Chronic Communicable Disease, the above process will be initiated at #2.

- 2.2D All school personnel who are informed of the identity of a student with AIDS, or HIV, 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 AIDS, or HIV infection shall be maintained in locked cabinets, accessible only to the principal and the school nurse. School personnel who disclose the identity of a student with AIDS, or HIV infection to persons other than those specified herein, 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.
- 2.3 **Placement Decision:** The team will present all reports, findings, and recommendations and a plan of action to ensure the safety of the student and others in the program to the OP 5/7-2 Executive Director or his designee and the Administrator(s) responsible for the program. The Executive Director will determine whether to:
- a. approve the placement of the student based on the information available.
  - b. disapprove the placement and state reasons for the decision - to be shared with the LEA and staff who were involved in the assessment and planning.
  - c. make added recommendations, directives.
  - d. request more information.
  - e. determine with the team how the decision is to be communicated to the LEA and what information is to be shared.
  - f. communicate the decision and recommendations to the program director and Child Study Team or Student Review Team assigned to serve the student.
- 2.4 **Program Monitoring:** Upon admission to a CREC program, the student's educational and medical condition and the ability of the program to manage the student will be monitored by an evaluation team established by the Executive Director to include specifically identified medical advisors, CREC and LEA administrators and staff.
- a. The monitoring team will convene monthly and/or on an as needed basis to problem solve and evaluate progress.
  - b. Educational, behavioral and medical data will be reviewed. Recommendations, responsibilities and strategies will be generated and documented in writing;
  - c. Evaluation statements, progress and recommendations will be reported in writing to the Executive Director and those Administrator(s) responsible for the program by the end of each month that the student is enrolled in program.

## Part II

If no CREC program is appropriate to meet the special needs of a student referred or when an LEA requests assistance in programming for a student with a Chronic Communicable Disease, the following procedure will be initiated: CREC Medical Advisory School Nurse, an identified administrator and staff will work with LEA personnel, medical advisors and local medical facilities to explore possible placement options and/or some combination thereof:

1. regular school placement
2. regular school programming with support
3. hospital placement
4. homebound instruction

The process and procedures established in CREC will be shared with LEAs at their request.

### CREC Administrative Guidelines for Providing Education to Students Diagnosed as Chronic Communicable Disease Carriers

1. Risks to the program population are determined by the student's physician, CREC's Medical Advisor, the CREC School Nurse, program nurse, program director and the director's immediate supervisor. It is their responsibility to ensure that the necessary procedures to minimize the risk of transmission of Chronic Communicable Diseases are understood and implemented.
2. CREC's School Nurse and the program nurse will function as:
  - a. liaison with the student's physician;
  - b. Student advocate in the school and living environment (i.e., assist in problem resolution, answer questions); and
  - c. coordinator of services provided by other staff as determined in the action plan.
3. 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.

## 5141.22- R

4. The classroom or living environment will be as normal and least restrictive as possible taking into consideration necessary procedures to reduce risk of transmission. The student will be considered eligible for all rights, privileges and services provided by the assigned program and as directed by the student's educational plan.
5. The program/project director, principal, CREC School Nurse and/or program nurse will be well informed in order to review the student's condition and behavior on an ongoing basis with the parent and the LEA.
6. A change in the student's condition and behavior may increase the risk of transmission and will be reported by the teaching staff to the CREC School Nurse, program nurse and the program director. A meeting will be called immediately by the program director, principal or immediate supervisor, program nurse, or CREC School Nurse and medical advisor to review the student's condition/behavior and determine if procedures can be modified to ensure decreased risk of transmission or if removal is necessary.
7. Under the following circumstances a student with Chronic Communicable Disease or any bodily condition which can result in exposure to potentially infected bodily fluids, such as respiratory infection or vomiting, might pose a risk of transmission to others: if the child lacks toilet training, has open sores that cannot be covered, or demonstrates behavior (e.g., biting) which could result in direct inoculation of potentially infected body fluids into the bloodstream. If any of these circumstances exist, the CREC Medical Advisor, in consultation with the CREC School Nurse/program nurse and the child's physician, the monitoring team and the Executive Director must determine whether a risk of transmission exists. If it is determined that there is a likelihood of transmission, the Executive Director will make the decision that the student be removed from the classroom.
8. A student with a Chronic Communicable Disease may be temporarily removed from the classroom or living environment for the reasons stated in #7 until either an appropriate school program adjustment can be made, an appropriate alternative education program can be established, or the medical advisors, monitoring team and Executive Director determine that the risk has abated and the student can return to the classroom/living environment.
  - a. If a student is removed from the classroom or living environment for reasons described under #7, the LEA will be contacted immediately to convene a Planning and Placement Team for assessment and, thereafter, for the development of an appropriate program if warranted.

- b. CREC will work with the LEA in assessment and planning upon the LEA's request.
  - c. A student temporarily removed from the classroom or living environment for open sores or skin eruptions will be readmitted only upon the request of the LEA and with medical documentation that the risk no longer exists.
  - d. In any case of temporary removal of the student from the school setting/living environment, state regulations and LEA and CREC policy regarding homebound instruction will apply.
9. The responsibility for review upon removal of a child with a Chronic Communicable Disease from CREC program attendance will rest with the LEA or sending agency. CREC's Medical Advisor, CREC School Nurse, program nurse, and administrators will work with the LEA or sending agency upon their request and as is reasonable and necessary to determine whether the condition precipitating the removal has changed.
10. A student with a Chronic Communicable Disease, as with any other immunodeficient child, may need to be removed from the classroom or living environment for his/her own protection when certain cases of infectious diseases are occurring in the school population or living environment. This decision will be made by the child's physician and parent/guardian in consultation with the school nurse, program nurse and/or the school medical advisor, CREC staff and the LEA or sending agency.
11. Routine and standard procedures should be used to clean up after a student has an accident or injury at school or in living environment. Handwashing after contact with a student is routinely recommended if physical contact has been made with the student's blood or body fluids, including saliva. Blood or other body fluids emanating from any student, including ones known to have a Chronic Communicable 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 vomitus and fecal or urinary incontinence in any student.



**References:**

1. Health and Safety Policy and Procedures, Area Cooperative Educational Services, 1986.
2. Prevention of Disease Transmission in Schools, State Department of Education and Department of Mental Health, 1986.
3. DCYS Administrative Guidelines for Providing Care to Children/Youth with AIDS, Department of Children and Youth Services Task Force, 1986.

Regulation approved: June 18, 2003  
Revised: January 20, 2016

CAPITOL REGION EDUCATION COUNCIL  
Hartford, Connecticut

DEPARTMENT OF PUPIL SERVICES  
\_\_\_\_\_  
PUBLIC SCHOOLS  
\_\_\_\_\_, CONNECTICUT

PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION  
REGARDING HIV/AIDS

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-AIDS.

I give permission to disclose the information to:

Executive Director of Pupil 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.**