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Students with Chronic Communicable Diseases

Students with chronic communicable diseases may attend school in the regular classroom setting whenever, through reasonable accommodation, the risk of transmission of the disease and/or the risk of further injury to the student is sufficiently remote in such setting so as to be outweighed by the detrimental effects of the student's placement in a more restrictive setting. If a student is required to be placed in a non-school setting, an appropriate educational program shall be developed and provided to the student. The determination of whether a student with a chronic communicable disease may attend school in the regular classroom setting shall be made in accordance with this Policy.

Section I – Procedures

A. Temporary Exclusion

Upon being informed that a student has, or is reasonably suspected of having, a chronic communicable disease, an employee shall inform the Superintendent or designee responsible for convening the multidisciplinary team.

Pending determination of placement, a student with a chronic communicable disease, or a student reasonably suspected of having a chronic communicable disease, may be temporarily excluded from school if a medical situation exists warranting temporary exclusion. The school district may require the student to submit to a physical examination, conducted by a physician selected by the district and provided at school district expense. If a student refuses to submit to such an examination, that student may be excluded pending a medical examination showing that the child poses no risk. During the period of temporary exclusion, the student shall be provided with an appropriate educational program. Appropriate educational instruction may include, but shall not be limited to, the following: homebound instruction, hospital instruction, on-line instruction, and tele-max (if age is appropriate).

B. Initial Case Study Evaluation

Each student with a chronic communicable disease, or a student reasonably suspected of having a chronic communicable disease, shall submit to a medical examination as part of a case study evaluation. The student shall then be evaluated by a multidisciplinary team, convened by the Superintendent, that may consist of appropriate district personnel and a physician or other consultants selected by the Superintendent or designee, the student's physician(s), public health personnel, the District's legal counsel, the student's
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parent(s)/guardian(s) and the student, where applicable. Every effort shall be made to complete the evaluation in a prompt and timely manner.

C. Placement Decision

Upon completion of a case study evaluation, one or more conferences shall be convened for the purpose of formulating program and service options. Recommendations concerning the student's placement shall be determined in accordance with the standard set forth in this Policy and shall be based upon the following factors:

(1) the risk of transmission of the disease to others;

(2) the health risk to the particular student;

(3) reasonable accommodations which can be made without undue hardship to reduce the health risk to the student and others; and

(4) the provision of educational services in the least restrictive environment.

(5) the placement decision shall be communicated in writing to the student, the parent(s)/guardian(s), the Building Principal, the Superintendent, and teachers who have a need to know.

(6) Within ten (10) school days of the decision, the parent may appeal a decision or recommendation of the multi-disciplinary team by asking the Superintendent for a reconsideration of the information by the team. Any such request shall be in writing and identify the specific decision(s) with which the parent disagrees, the basis for the disagreement and a proposed resolution. If after reconsideration, the parent continues to disagree with the school recommendations, the matter may be appealed to the Board of Education. An appeal to the Board must be requested within ten (10) school days of receipt of the decision following reconsideration. The Board decision shall be the final administrative decision.

D. Subsequent Evaluations

The student shall be reevaluated on a regular basis by the multidisciplinary team to determine whether the student's placement and program continue to be appropriate. The frequency of the reevaluations shall be determined by the team, but in no event shall the student be reevaluated less frequently than twice per school year. In the event a change in the student's medical condition occurs, or a change in the school environment occurs, the
multidisciplinary team shall determine if a change in placement is appropriate. If, however, an emergency occurs, the Superintendent shall have the right to take appropriate action. Any such action will be reviewed by the multidisciplinary team as soon as possible.

**Section II - Confidentiality**

**A. Students With Chronic Communicable Diseases Other Than Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)**

The student's medical condition shall be disclosed only to the extent necessary to minimize the health risks to the student and others. The number of personnel aware of the student's condition will be kept at the minimum needed to assure proper care of the student and to detect situations in which the potential for transmission of the disease may increase. Persons deemed to have "a direct need to know" will be provided with the appropriate information; however, these persons shall not further disclose such information. The multidisciplinary team responsible for making initial evaluations and placement decisions will be responsible for determining who has "a direct need to know." The Superintendent or designee shall report, by mail or telephone, each suspected or diagnosed case of a Class I or Class II communicable disease to the local health authority.

**B. Students With HIV or AIDS**

Upon learning that a student has AIDS, or has tested positive for HIV on a Western Blot Assay or on a more reliable test, the Principal shall inform the Superintendent or designee responsible for convening the multidisciplinary team. Members of the multidisciplinary team may be provided with the child's identity and any other appropriate information. The Principal may also disclose the identity of the child to the administrative official responsible for approving the necessary documentation pertaining to multidisciplinary staffings. The Principal may then disclose the identification of a student with AIDS to the school nurse at the school in which the child is enrolled. Classroom teachers of the child in question deemed to have a "direct need to know" by the multidisciplinary team will be provided with the appropriate information. The Principal, multidisciplinary team members, the school nurse and classroom teachers shall not further disclose any information provided to them. [The Principal may, in consultation with the Superintendent, reveal the presence of a child infected with HIV, AIDS or ARC so long as the child's identity is not revealed.] Members of the multi-disciplinary team shall be held harmless by the Board for all actions within the scope of their authority.

**Section III -Additional Rules and Regulations**

The Superintendent may establish additional rules and regulations designed to implement this Policy.