

Students

Providing Education to Students with AIDS/ARC

AIDS and milder immune deficiency syndromes associated with HIV infection such as ARC are primarily transmitted through intimate sexual contact or blood to blood contact. Thus, children with either AIDS or ARC generally do not pose a health risk to other children or employees in a school setting.

Procedures:

The following procedures are intended to provide a framework on which to develop programs to meet the needs of all children for whom the school district is responsible.

1. All children in Connecticut have a constitutional right to a free, suitable program of educational experience.
2. When the school system becomes aware that a student has AIDS or ARC a medical study team will be established consisting of the student's physician, the school system's medical advisor, the head nurse and the building administrator to consider the case.

Parents or legal guardian of the child will be informed of all meetings of the medical study team and invited to all such meetings.

3. As a general rule, a child with AIDS/ARC should be allowed to attend school in a regular classroom setting with the approval of the medical study team and should be considered eligible for all rights, privileges and services provided by law and local policy.
4. The school nurse should function as the liaison with the child's physician, the AIDS/ARC child's advocate in the school (i.e. assist in problem resolution, answer questions) and the coordinator of services provided by other staff members.
5. The school should respect the right to privacy of the individual. Therefore, knowledge that a child has AIDS/ARC should be confined to those persons with a direct need to know (i.e. administrators, school nurse, child's teachers). Those persons should be provided with appropriate information concerning such precautions as may be necessary and should be aware of confidentiality requirements.
6. Based upon individual circumstances, special programming may be warranted. Special education shall be provided if determined to be necessary by the Planning and Placement Team.

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7. Under the following circumstances a child with AIDS/ARC might pose a risk of transmission to others: if the child lacks toilet training, has open sores that cannot be covered, or demonstrated behavior (i.e. biting) which could result in direct inoculation of potentially infected body fluids into the bloodstream. If any of these circumstances exist the medical study team, in consultation with the child's physician, must determine whether a risk of transmission exists. If it is determined that a risk exists, the student shall be removed from the classroom.
8. A child with AIDS/ARC may be temporarily removed from the classroom 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 study team determines that the risk has abated and the child can return to the classroom. In situations of this type, the following procedures shall be followed:
 - a. A child removed from the classroom for biting or lack of toilet training should be immediately referred to the Planning and Placement Team for assessment and, thereafter, for the development of an appropriate program, if warranted.
 - b. A child temporarily removed from the classroom for open sores or skin eruptions which cannot be covered should be placed on home bound instruction and readmitted only with medical documentation that the risk no longer exists.
 - c. Removal from the classroom under Sections A and B should not be construed as the only response to reduce risk of transmission. The school district should be flexible in its responses and attempt to use the least restrictive means to accommodate the child's needs.
 - d. In any case of temporary removal of the student from the school setting, state regulations and board policy regarding homebound instruction must be followed.
9. Each removal of a child with AIDS/ARC from normal school attendance should be reviewed by the medical study team at least once every month to determine whether the condition precipitating the removal has changed.
10. A child with AIDS/ARC, as with any other immune-deficient child, may need to be removed from the classroom for his own protection when cases of measles or chicken pox are occurring in the school population. This decision should be made by the medical study team.
11. Employees should use the following routine and standard procedures to clean up after a child has an accident or injury at school: Blood or other body fluids emanating from any child, including ones known to have AIDS/ARC, should be treated cautiously. Gloves

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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 should be followed for dealing with vomit and fecal or urinary incontinence in any child. Hand washing after contact with a school child is routinely recommended only if physical contact has been made with the child's blood or body fluids, including saliva.

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