

## Students

### Students with HIV, ARC or AIDS

Acquired Immune Deficiency Syndrome (AIDS) is an illness that impairs the functioning of the body's immune system. It leaves the individual unable to fight off infection. The virus which causes AIDS and milder immune deficiency syndromes associated with AIDS virus infection, such as AIDS Related Complex (ARC), is called Human Immunodeficiency Virus or HIV. Current epidemiological studies indicate that HIV is not transmitted through casual contact, but through intimate sexual contact or blood to blood contact.

### Guidelines for Providing Education to Students with AIDS, ARC, or are Antibody Positive for HIV

#### 1. 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.*

2. A child who is diagnosed as having AIDS or ARC or who has tested HIV antibody positive and who is seeking entry into the New Haven School System will be admitted to the general school population when the child's treating physician certifies in writing that the child does not exhibit any condition or behavior which might pose a risk of transmission of HIV in the classroom setting. In deciding if such a risk factor exists, the physician shall be guided by the factors currently enumerated in the Connecticut Department of Education - Department of Health Services guidelines as posing a possible risk of transmission, as well as by the then-current guidelines of the American Academy of Pediatrics and the United State Centers for Disease Control All revisions in the enumerated "risk factors" in such guidelines shall be considered.

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3. A child who is currently in the general school population in the New Haven Public Schools who is newly diagnosed as having AIDS or ARC or who has recently been tested as HIV antibody positive shall be allowed to remain in the general school population if the child's treating physician certifies in writing that the child does not exhibit any condition or behavior which might pose a risk of transmission of HIV in the classroom setting and the child is not observed to exhibit a condition or behavior which under then-current state, American Academy of Pediatrics, or CDC guidelines is viewed as posing a possible risk of transmission. The physician shall make such evaluation in accordance with 2, supra.
4. If the physician for a child with AIDS or ARC or with a positive HIV antibody test fails to certify that the child is free of any condition or behavior which might pose a risk of transmission of HIV in the classroom setting, or if the child is observed to exhibit a condition or behavior which under then-current state, American Academy of Pediatrics, or CDC guidelines is viewed as posing a possible risk of transmission, the matter shall be referred to the School Medical Advisor so that the AIDS School Health Panel may be convened to review the case.
5. The AIDS School Health Panel will consist of:
  - A. Superintendent or designee
  - B. School Medical Advisor
  - C. Student's Physician
  - D. Parent or guardian of the HIV - infected student
6. The panel will, within three business days for a child currently in the general school population, or prior to the beginning of the school year for a child seeking entry:
  - A. Review student's medical history and current medical status.
  - B. Assess risk factors, as such may be revised by the Department of Education-Department of Health Services, the American Academy of Pediatrics and CDC.
    - (1) Presences of open wounds, cuts, lacerations, abrasions, or sores on exposed body surfaces where occlusion cannot be maintained.
    - (2) Impairment of gastro-intestinal and/or genito-urinary function such that control of internal body fluids cannot be maintained.

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- C. If a "risk factor" is found to exist, present and discuss option of home education, special education, regular education, or discuss options of other choices with parent/student, if applicable.
  - D. Re-evaluate all Panel cases on a continuing basis at least once a month and more often as circumstances change in the categories listed in B, above.
  - E. It is expected that recommendation of the Panel shall be based solely upon current medical information considerations in accordance with extant Guidelines of the Centers for Disease Control, the American Academy of Pediatrics, and the State Department of Education - Department of Health Services guidelines.
  - F. Removal from the classroom should not be construed as the only response to reduce risk of transmission. The Panel should be flexible in its response and attempt to use the least restrictive means to accommodate the child's needs and the needs of others.
7. If the AIDS School Health Panel decides that a period of exclusion is warranted and is projected to exceed five (5) school days, the panel shall immediately refer the case to the Director of Pupil Personnel Services to convene a Central Planning and Placement Team meeting ("PPT") to determine what alternative educational services will be provided. The PPT shall recommend, and the school system implement, this alternative education service program within six (6) days of the initial referral to the Director of Pupil Personnel Services.
  8. In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction must apply.
  9. Children and parents and guardians of children excluded from the general school population based on the determination of the presence of "risk" factors for the transmission of HIV shall retain all legal rights to challenge the exclusion.
  10. 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 Pupil 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.

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11. Since the student diagnosed as having clinical evidence of infection with the AIDS-associated virus (HIV, ARC, or AIDS) 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 (possible with hyperimmune gama globulin) and/or the outbreak is no longer a threat to the child.
12. The school principal, working in conjunction with the Director (Supervisor) of Pupil Personnel Services and school nurse, should function as (a) the liaison with the child's physician, (b) the AIDS/ARC child's advocate in the school (i.e. assist in problem resolution, answer questions) and (c) the coordinator of services provided by other staff.
13. All school personnel who are informed of the identity of a student with AIDS, ARC or other HIV infection, 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 AID, ARC, or other HIV infection shall be maintained in locked cabinets, accessible only to the principal and the school nurse. School personnel disclose the identity of a student with AIDS, ARC or HIV infection to persons other than those specified herein, this person 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.
14. The School Medical Advisor shall act as the school liaison with the AIDS Care Program at Yale-New Haven Hospital and shall make reasonable efforts to develop working relationship with that program.

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15. In circumstances where a child is diagnosed as having AIDS, ARC, or who has been tested HIV-antibody positive and where there is insufficient information regarding the risk of transmission in a classroom setting because the child is new to the New Haven community and has not been seen by a physician in one of the AIDS programs in Connecticut, such child shall be observed and evaluated by the AIDS Care Program at Yale-New Haven Hospital, the Hill Health Center, or a similar program within three (3) business days after application for enrollment. If no risk factors are identified, then the child shall be admitted to the general school population.

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**DEPARTMENT OF PUPIL SERVICES  
NEW HAVEN PUBLIC SCHOOLS  
NEW HAVEN, CONNECTICUT 06519**

**PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION REGARDING  
HIV, AIDS, ARC**

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, ARC, and 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.**