

Educating Students with Chronic Infectious Diseases

The Ashland School Board adopts the following policy for educating students known to have a chronic infectious disease (e.g., AIDS, CMV, hepatitis B., herpes simplex) and for ensuring a safe and healthy school environment for all students.

1. All children in the Ashland School District have a right to a free and appropriate public education.
2. As a general rule, a child with a chronic infectious disease will be allowed, with the written order 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 Ashland School District.
3. The school nurse will function as (a) the liaison with the child's parents/guardian, the child's physician, and the school medical advisor(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; therefore knowledge that a child has a chronic infectious disease will be confined to those persons with a direct need to know (e.g., principal, school nurse, child's teacher). Those persons will be provided with appropriate information concerning such precautions as may be necessary and should be aware of confidentiality requirements. The Principal will determine who has a direct need to know.
5. Based upon individual circumstances, accommodations may be warranted.
6. Under certain circumstances a child with a chronic infectious disease might pose a risk of transmission to others. If any such circumstances exist, the school medical advisor, in consultation with the school nurse, and the child's physician, must determine whether the risk of transmission exists. If it is determined that risk exists, the student shall be removed from the classroom.
7. 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 school 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 should be flexible in developing alternatives and should 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.
8. 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 student's physician at least once every month to determine whether the condition precipitating the removal has changed.

9. 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.
10. All staff should follow Policy #3734, Blood Bourne Pathogens, and Policy #3725, Emergency Care and First Aid.

Legal References:

RSA 200:27, School Health Services

RSA 200:29, School Nurse

RSA 200:31, School Health Personnel

RSA 326-B, Nurse Practice Act

NH Code of Administrative Rules, Section Ed 306.12(b), School Health Services

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