

## **Students**

### **Acquired Immune Deficiency Syndrome (AIDS)**

#### **Prevention of Disease Transmission in Schools**

Based upon the recognized responsibility stated in Board Policy 5141.24 and applicable state and federal laws, the following regulations require that:

1. The Waterford School system cannot require a parent or student to disclose information about AIDS nor in any way deny enrollment because of the decision of a parent/student not to disclose such information. The school system, however, believes that it is in the best interest of the student to share this information with appropriate staff members and therefore urges cooperation.
2. A Waterford School staff member or employee under contract who obtains confidential HIV related information may not disclose or become compelled to disclose such information to others unless proper authorization is given by a parent/guardian/adult student, or otherwise allowed by law.
3. Information may only be shared with those individuals listed on the Authorization for Release of Information-Confidential HIV Related Information Form 5141.24. This form must be signed by the student's parents/guardian or the affected student, if eighteen (18) years of age or older, in order for information to be released. A general authorization to obtain medical information is not sufficient to allow the release of HIV related information. A person receiving confidential HIV related information shall be informed in each instance that the information is confidential and that state law prohibits any further disclosure of the information without the specific written consent of the person to whom it pertains, or is otherwise permitted by law.
4. Any restrictions placed upon an infected student are only to minimize the risk of transmitting the disease to others or placing the student in a dangerous or harmful situation. The student will be given an appropriate educational program and changes will only be made to a regular educational program if so determined by the School Medical Team, pursuant to paragraphs (5) and (6) below.
5. If permission to discuss a student's program is provided then the following procedure is recommended:
  - a. A School Medical Team meeting will be convened at the earliest possible mutually agreed upon date.
  - b. The School Medical Team is to be chaired by the Supervisor of Special Services and it is recommended that it will include as permanent members the School Medical Advisor, school nurse, school - principal, the affected student, if appropriate, and/or parent/guardian. The parent/guardian/student is encouraged to invite the - treating physician and/or others they deem appropriate. The student's teacher(s) or support staff members may be invited if agreed to.

## Students

### Acquired Immune Deficiency Syndrome (AIDS)

#### Prevention of Disease Transmission in Schools (continued)

- c. The School Medical Team will consider the following issues:
    - (1) the student's medical status.
    - (2) the risk involved to the student by being exposed to infection from other students and staff members.
    - (3) the probability of the risk of transmission by the infected student to other students and staff due to the student's behavior patterns and expected interactions with students and staff.
    - (4) whether factors (1) through (3) necessitate a change in educational programming.
  - d. If the School Medical Team determines that the needs of a student with AIDS cannot be reasonably accommodated in the regular education program and that an alternate educational program is appropriate, a written plan of action is to be developed based on the factors described above.
  - e. If the School Medical Team decides that the student may be in need of a special education program because the student is health impaired or for other reasons, the standard special education Planning and Placement Team (PPT) procedures are to be implemented at the earliest possible date. HIV authorization Form 5141.24 must be completed and signed before other staff members are invited to PPT.
  - f. The confidential records of students identified as having AIDS are to be kept in the office of the Supervisor of Special Services and the Director of Public Health Nursing Services Office. Confidentiality regarding this information is to be maintained at the highest level.
6. Current information regarding AIDS/HIV is to be made available by the school administration to students, parents, faculty members and other concerned persons. The information distributed is to be based upon the best medical knowledge available. The administration shall make a continuous effort to monitor and update that knowledge.
  7. To assure the prevention of HIV transmission in schools the Board of Education regulation entitled Emergencies and Safe Procedures for the Waterford school system (5141.2) section entitled Prevention of Disease Transmission in School is to be followed:

## Students

### Acquired Immune Deficiency Syndrome (AIDS)

#### Prevention of Disease Transmission in Schools (continued)

Routine and standard procedures should be used to clean up after a child or adult has an accident or injury at school. Blood, vomitus, stool, urine, or other body fluids from any child or adult, should be treated cautiously. Gloves should be worn when cleaning up all spills whenever possible. These spills should be disinfected with either bleach or another disinfectant, and persons coming in contact with them should wash their hands afterwards.

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the office of the custodian, nurse, or principal. Gloves are recommended when direct hand contact with body fluids is anticipated (i.e. treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). If extensive contact is made with body fluids, hands should be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

8. The Superintendent shall develop and incorporate into the curriculum a planned, ongoing, and systematic program of instruction on Acquired Immune Deficiency Syndrome. Instruction other than incidental discussion on AIDS must be part of the written curriculum in any subject and shall be approved by the Board of Education. Upon written request of the parent(s) or guardian(s) students will be exempt from instruction in AIDS.

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**CONFIDENTIALITY HIV RELATED INFORMATION**

Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

I authorized \_\_\_\_\_ to release information with respect to the treatment of the above-referenced patient, including any confidential HIV related information, to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Purpose of this release of information is as follows: (Check one)

- Information only  
 Development of Education Program  
 Other \_\_\_\_\_

Comments if appropriate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This release authorizes the disclosure of the patient's entire medical records (except such parts as may require another special authorization) or such pertinent information from the record as the recipient may require to meet the purpose of the disclosure.

This release serves the dual purpose of being both a general authorization for the release of medical or other information and an authorization for the release of confidential HIV related information.

This authorization shall expire 180 days after the appearing below or 180 days after the patient's final treatment, whichever is later.

\_\_\_\_\_  
Signature of patient or person granting  
authorization on behalf of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

DEPARTMENT OF PUPIL SERVICES  
WATERFORD PUBLIC SCHOOLS  
WATERFORD, CONNECTICUT

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*

Other \_\_\_\_\_  
*Title 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*

This permission is granted for the \_\_\_\_\_ school year.

**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.**

This form is to be filed in the following office

\_\_\_\_\_  
*Office* *Building*