

Policy #: 453.3

SCHOOL DISTRICT OF WEBSTER

Date Adopted: May 17, 2011

Date Revised:

Policy Title: Communicable Diseases

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

I. POLICY

- A. All children in the Webster School District have a constitutional right to a free, appropriate program of educational experiences.
- B. As a general rule, a child with AIDS should be allowed to attend school in a regular classroom setting with the written approval of:
 - 1. the family physician and
 - 2. the Public Health Nurse
- C. The Public Health Nurse should function as (a) the liaison with the child's physician (b) the child's advocate in the school (i.e. assist in problem resolution, answer questions, provide in-service), (c) coordinator of services provided by other staff.
- D. The school should respect the right to privacy of the individual: therefore knowledge that a child has AIDS should be confined to those persons with a direct need to know (principal, nurse, and child's teacher(s)). Students' records will be maintained in accordance with section 118.125 of the Wisconsin Statutes. The "need to know" staff should be provided with appropriate information concerning such precautions as may be necessary and should be aware of confidentiality requirements in accordance with section 101.58 of the Wisconsin Statutes, "The Employees' Right to Know."
- E. The Principal has the authority to temporarily remove a student with AIDS in accordance with paragraph 1 and 2 of "Specific Guidelines: AIDS."

II. SPECIFIC GUIDELINES: AIDS

- A. Under the following circumstances a child with AIDS might pose a risk of transmission to others: if the child lacks toilet training, has open sores that cannot be covered, or demonstrates behavior (e.g. biting) which could result in direct inoculation of potentially infected body fluids into the bloodstream. If any of these circumstances exist, with the approval of the Public Health Nurse and the child's physician, the student will be removed from the classroom.
- B. A child with AIDS may be temporarily removed from the classroom for the reasons stated in #1 until either an appropriate school program adjustment can be made, an appropriate alternative education program can be established, or the Public Health Nurse determines that the risk has abated and the child can return to the classroom.
 - 1. A child removed from the classroom for biting or lack of toilet training should be immediately referred for assessment and, thereafter, for the development of an appropriate program if warranted.

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2. A child temporarily removed from the classroom for open sores, or skin eruptions which cannot be covered, should be placed on homebound instruction and admitted only with medical documentation that the risk no longer exists.
 3. Removal from the classroom under sections (a) and (b) above should not be construed as the only responses to reduce risk of transmission. The School District should be flexible in its response and attempt to use the least restrictive means to accommodate the child's needs.
 4. In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction must apply.
- C. Each removal of a child with AIDS from normal school attendance should be reviewed by the Public Health Nurse in consultation with the student's physician at least once every month to determine whether the condition precipitating the removal has changed.
- D. A child with AIDS, as with any other immune-deficient child, may need to be removed from the classroom for his/her own protection when cases of measles or chickenpox are occurring in the school population. The child's physician and parent/guardian, in consultation with the Public Health Nurse, should make this decision.
- E. Routine and standard procedures should be used 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, should be treated cautiously. Gloves 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 are recommended for dealing with vomitus and fecal or urinary incontinence in any child.
- F. 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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Cross Reference:

Legal Reference:

WISCONSIN STATUTES

- [Section 103.15](#) [restrictions on use of HIV test results in relation to employment]
- [Section 111.31](#) [fair employment law; nondiscrimination]
- [Section 115.01\(10\)\(a\)](#) [addressing school closures for public health and other reasons]
- [Section 118.01\(2\)\(d\)2c](#) [instructional program goals; teaching about certain health subjects including symptoms of disease and sexually transmitted diseases]
- [Section 118.07\(3\)](#) [requirement to provide parents of sixth-grade students information about meningococcal disease]
- [Section 118.125](#) [student records management, including student physical health records and patient health care records]
- [Section 118.13](#) [student nondiscrimination]
- [Section 118.195](#) [teacher nondiscrimination on basis of handicap]
- [Sections 146.81 – 146.83](#) [patient health care records]
- [Section 252.04](#) [student immunization requirements]
- [Section 252.15](#) [restrictions on use of HIV test results]
- [Section 252.19](#) [protection of public from communicable diseases]
- [Section 252.21](#) [communicable disease reporting requirements and exclusion from school]

WISCONSIN ADMINISTRATIVE CODE

- [DHS 145](#) [communicable disease control regulations]
- [DHS 145 – Appendix A](#) [list of communicable diseases and other notifiable conditions]
- [SPS 332.50\(2\)](#) [federal bloodborne pathogens/exposure control plan requirements adopted by the state]