

Policies of the Board of Education

Section I Students

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

900.41

All children in the Lake Country School District have a constitutional right to a free, appropriate program of educational experiences.

As a general rule, a child with HIV or AIDS should be allowed to attend school in a regular classroom setting with the written approval of:

- a) the family physician and
- b) the district medical advisor and
- c) the school nurse

The school health aid 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 inservice), c) coordinator of services provided by other staff.

The school should respect the right of privacy of the individual: therefore knowledge that a child has HIV or AIDS should be confined to those persons with a direct need to know (principal, nurse, child's teacher(s)). Students' records will be maintained in accordance with section 118.125, 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, Wisconsin Statutes, "The Employee' Right to Know".

The District Administrator has the authority to temporarily remove a student with AIDS in accordance with the following guidelines:

1. 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 or potentially infested body fluids into the bloodstream. If any of these circumstances exist, the school nurse and 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.

2. 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 school health aide and the child's physician determines that the risk has abated and the child can return to the classroom.

a) 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.

b) A child temporarily removed from the classroom for open sores or skin eruptions which cannot be covered should be placed on homebound instruction and readmitted only with medical documentation that the risk no longer exists.

c) 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.

d) In any case of temporary removal of the students from the school setting, state regulations and school policy regarding homebound instruction must apply.

Each removal of a child with AIDS from normal school attendance should be reviewed by the school health room aide in consultation with the student's physician at least once every month to determine whether the condition precipitating the removal has changed.

A child with AID, as with any other immunodeficient child, may need to be removed from the classroom for his/her own protection when cases of measles or chicken pox are occurring in the school population. This decision should be made by the child's physician and parent/guardian in consultation with the school nurse.

Adopted by the School Board January 25, 1993