

## AR 5141.22 INFECTIOUS DISEASES

The Superintendent or designee shall consult with local health officials regarding the criteria for determining the admission or exclusion of a child with a suspected or diagnosed infectious disease. If necessary, the Superintendent or designee shall obtain a written statement from the student's physician that the child does not pose a risk of infection to other students and district personnel.

### Confidentiality

The Superintendent or designee shall ensure that student confidentiality rights are strictly observed in accordance with law. No district employee shall release medical information, including knowledge of a bloodborne pathogen infection, without written consent from the parent/guardian. Such information may be shared only with those persons specifically named in the written permission.

Note: Depending upon the source, the contents and format of a written consent for disclosure form may be governed by law. Decisions regarding disclosure should be made with legal counsel.

Note: The American Academy of Pediatrics does not recommend requiring disclosure of a student's HIV status as no cases of HIV transmission have been reported in the school setting. According to the Academy, knowledge of a student's HIV status is unnecessary for school entry and disclosure should not be required. The decision to disclose HIV infection status should be made in the best interests of the child and is the responsibility of the parents, who may want to include the child's pediatrician in the decision-making. When a decision is made to notify the school that a child is HIV-positive, the number of persons aware of the child's infection can be limited so that the information is disclosed only to those who need such knowledge to care for the child. This recommendation does not imply that the classroom teacher must be notified. See American Academy of Pediatrics, Committee on Pediatric AIDS and Committee on Infectious Disease, *Issues Related to HIV Transmission in Schools, Child Care, Medical Settings, the Home, and Community*.

### Students with Infections or Special Susceptibility to Infection

1. Before a review panel is convened to develop recommendations for the appropriate placement of students with infections or special susceptibility to infection, the Superintendent or designee shall obtain a written statement from the child's parent/guardian authorizing the Superintendent or designee and the health officer to obtain confidential information from the student's physician and any other source of pertinent medical, psychological or educational information.
2. A review panel shall be convened, composed of:
  - a. The student's parent/guardian.

- b. The student's physician.
- c. The district's appointed medical consultant or public health official.
- d. The Superintendent or designee.
- e. Other appropriate school personnel.

Note: To maintain the strictest standards of confidentiality, districts should include on the review panel only those persons who have a need to know about the student's medical condition. Only the Superintendent or designee, parent/guardian and student's physician have an ongoing need to know the student's identity. The Superintendent's designee, the district's appointed medical consultant, public health official and other appropriate school personnel do not always need to know the infected person's name. They may study the facts of the case and reach a decision without knowing the student's identity.

3. Upon collecting the required authorizations and statements, the review panel shall evaluate placement options for the child. The panel shall consider:

- a. The age, physical condition, neurological development and behavior of the infected student.
- b. The expected type of interaction with others in the school environment.
- c. Risks to the student.

4. The review panel shall provide the Superintendent or designee with recommendations regarding the student's placement in regular classes or in an alternative educational program. The panel is encouraged to recommend alternative programs:

- a. When a question exists as to whether transfer of infection may occur due to:
  - (1) Uncoverable oozing lesions.
  - (2) Inability to safely control bodily secretions.
  - (3) Behavior.
- b. When the student is at high risk of acquiring a secondary infection.
- c. When the student has a significant health problem that permanently restricts his/her ability to attend class.

5. The review panel shall also develop a written plan recommending procedures for personal care and for modification, if necessary, of the student's academic program. The panel shall review this plan regularly to determine any need for changes in placement, care or services.

6. The identity of a student with infection and/or special susceptibility to infection shall be held in confidence. Review panel members shall not share this confidence with anyone outside the panel except in accordance with law.

7. When infections such as chicken pox, cytomegalovirus, herpes simplex, tuberculosis or measles occur at school, the Superintendent or designee shall so inform the student's parent/guardian and physician, so that the physician who is aware of the student's immune status may assess the student's risks from exposure to these infections.

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**Craig City School District**