

COMMUNICABLE DISEASES\STUDENT ATTENDANCE\PROCEDURES

The following procedures will govern attendance of students with communicable diseases:

1. Students with communicable diseases enrolled or seeking enrollment in a Burlington School District school shall be permitted to attend school in an unrestricted setting, subject to # 2 below. If requested, the student shall provide the school with a written statement from his/her treating physician supporting his/her attendance.
2. Students with communicable diseases shall not be excluded from attending school for reasons of the communicable disease, unless exceptional circumstances exist which indicate that such student poses a direct threat of transmission of a significant health hazard to others in the school environment. Such students may be temporarily removed from the regular classroom setting until either an educational program with necessary health precautions can be established or the board's designated medical advisor determines that the risk has abated and the student can safely return to the classroom. Each case is to be determined based on the health concerns of the student and school community as determined by the student's attending physician, the student's parent(s) or legal guardian(s), or the Board's medical advisor.
3. A student with a communicable disease that constitutes an impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment may qualify as handicapped under Section 504 of the Rehabilitation Act of 1973.
4. A student with a communicable disease that limits his/her strength, vitality or alertness, due to chronic or acute health problems that adversely affects the student's educational performance may qualify as a child with disabilities under the Individuals with Disabilities Education Act (IDEA).
5. Decisions regarding the educational setting for students with a communicable disease shall be based on the student's behavior, the student's neurological development and physical condition, the expected type of interaction with others in the proposed educational setting and health impact on both the student and others. This decision shall be made by the principal in consultation with the Board's medical advisor, the student's treating physician and the student's IEP Team or 504 Team, if applicable. The following factors shall be considered:
 - a) nature of the risk
 - b) duration of the risk
 - c) severity of the risk
 - d) probability that the disease will be transmitted and cause varying degrees of harm
6. Such student's medical condition as it relates to his/her removal from the regular classroom setting and/or return to attendance at school shall be regularly reviewed by the Assistant Superintendent\principal in consultation with the Board's designated medical advisor and the student's attending physician to determine whether the condition precipitating the removal has changed. Each such removal of a student from the regular classroom setting shall be reviewed by the Assistant Superintendent\principal at least once a month.
7. The principal shall function as the liaison with the Board's designated medical advisor, the student's treating physician and the student's parents, and shall act as coordinator of school services for such student.
8. Except as otherwise permitted by law, no school personnel shall disclose any information related to a student's communicable disease except to those persons with a direct need for such knowledge, except as provided in No. 10 below. Such persons shall be provided with appropriate information concerning any necessary precautions/procedures pertaining to such students and shall be informed in writing of the confidentiality requirements.

9. For the standard procedures to be followed for the handling of blood or bodily fluids of any student see published administrative procedures of the Burlington School District.
10. Pursuant to the Vermont Department of Health Communicable Disease Regulations, Chapter II, school health officials must report to the Health Department's Division of Epidemiology within 24 hours any incidence of students which they know or suspect are sick or have died of any disease listed in Appendix A.
11. The District shall ensure a "regular comprehensive health education" program for all students on communicable diseases and prevention as required by state statute.

Cross References: HIV/AIDS Policy, F 26
 Nondiscrimination on the basis of disability, ACAC
 Equal Employment Opportunity, A 4

Legal References:

Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794, as amended; 34 C.F.R. § 104 et seq., §300.1 et seq.
Americans with Disabilities Act, 42 U.S.C. § 12101, et seq., as amended;
Individuals with Disabilities Education Act, 20 U.S.C. § 1400, et seq., as amended; 34 C.F.R. § 104 et seq., §300.1 et seq.
1 V.S.A. §317 (7) and (11), exceptions to public records disclosure statute.
18 V.S.A. §102, as amended, Duties of State Board of Health, authority to make regulations
18 V.S.A. §107, Life and Health of Inhabitants, Inspections, Investigations
18 V.S.A. §1001, as amended, Duties of School Health Official to report communicable diseases.
16 V.S.A. § 131, et seq. and § 906, require schools to provide "comprehensive health education" to students including education on communicable diseases generally, HIV and other sexually transmitted diseases.
Vermont Department of Health, Communicable Disease Regulations, Part IV. §§ 4-101 - 4-206.

Appendix A

Vermont Department of Health Communicable Disease Regulations, § 4-204: Diseases Required to be Reported

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| AIDS | Legionnaires' Disease |
| Amebiasis | Listeriosis |
| Anthrax | Lyme Disease |
| Botulism | Malaria |
| Brucellosis | Measles (Rubeola) |
| Campylobacter Enteritis | Meningitis (Bacterial) |
| Chlamydia | Meningococcal Infections, Other |
| Cholera | Mumps |
| Cryptosporidiosis | Pertussis (Whooping Cough) |
| Diphtheria | Plague |
| E. coli 0157:H7 infection | Pneumococcal Disease, Drug-Resistant |
| Encephalitis | Poliomyelitis |
| Enterococci, Vancomycin-Resistant | Psittacosis |
| Giardiasis | Rabies in Man, Animals |
| Gonorrhea | Reye Syndrome |
| Group A streptococci (GAS) infection, invasive | Rheumatic Fever |
| Guillain Barre Syndrome | Rocky Mountain Spotted Fever |
| Haemophilus influenzae, invasive | Rubella (German Measles) |
| Hantavirus Disease | Salmonellosis |
| Hemolytic uremic syndrome (HUS) | Syphilis |
| Hepatitis A | Tetanus |
| Hepatitis B | Toxic Shock Syndrome |
| Hepatitis Non-A/Non-B | Trichinosis |
| Hepatitis Unspecified | Tuberculosis |
| Influenza | Typhoid Fever (Salmonella Typhi) |
| Kawasaki Disease | Yellow Fever |
| Lead Poisoning | |