

HEALTHCARE MANAGEMENT

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I. GENERAL INFORMATION

PURPOSE

To provide an efficient and effective district-wide school health program to address the health education and health service needs of students attending Shelby County Schools.

SCOPE

This policy applies to Shelby County Schools' comprehensive school health service program. Special provisions shall apply to the Early Childhood program (see VIII. Administering Medicines to Students).

POLICY STATEMENT

The Shelby County Schools' Board believes that academic success is impacted by the overall well-being of the student; and that a fundamental mission of the school system is to help students remain healthy. It is therefore the policy of Shelby County Schools to provide an effective system of programs to support student health and learning.

DEFINITIONS

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) - comprehensive care services including all medically necessary screening, diagnosis, and treatment services listed in Section 1905(r) of the Social Security Act.

First Aid - the immediate care given a victim of injury or sudden illness until more advanced care can be obtained if necessary.

Periodic Health Screening/Evaluation - screening/evaluation that is conducted at regular intervals (e.g., healthcare monitoring).

Individualized Health Plan (IHP) - A healthcare plan developed by a Registered Nurse for children with acute or chronic health issues. Parents and other health care providers involved with the child participate in the development/approval of the plan.

Inter-Periodic Screening/Evaluation - screening/evaluation that is conducted whenever a problem is suspected.

Parental consent

1. Informed—written permission of a parent/guardian for their child’s participation (obtained by the health care provider contracted and/or working in collaboration with the district).
2. Presumed/Passive—permission of a parent/guardian for their child’s participation if the parent/guardian does not actively decline.

Parent-Designated Adult (PDA) – an individual (including school district employee) selected by a parent/guardian of a diabetic student, who voluntarily agrees to (1) be trained in accordance with District guidelines; and (2) provide diabetes management assistance to the student during school and/or school-sponsored activities in accordance with the student’s Individualized Health Plan (IHP).

RESPONSIBILITY

- A. The Principal shall be responsible of ensuring that healthcare services are available for students attending to their school.
- B. The office responsible for Coordinated School Health Services is responsible for implementing internal protocols; and for administering this policy.
- C. The Superintendent is responsible for ensuring that this policy is followed.

II. FIRST AID AND EMERGENCY MEDICAL CARE

The faculty and staff of each school shall be prepared to provide basic first aid in response to general medical emergencies. Further, it is the objective of the Shelby County Board of Education to have an adequate number of staff at each site who are trained and certified in CPR and other first aid emergency techniques in compliance with all governing state laws and regulations.

In accordance with state law, any person who in good faith provides emergency care or assistance at the place of the emergency or accident will not be liable for any civil damages as a result of any act or omission.

1. TCA 63-6-218 – Good Samaritan Law
2. TCA 49-2-122
3. TCA 68-140-703, 704, 705

III. SCHOOL-SETTING CONCUSSION MANAGEMENT

The District recognizes that head injuries may occur in the school-setting that may result in a student having a concussion. It is therefore the policy of the District to adopt practices to support the proper evaluation and management of such injuries. To this end, any student who sustains a head injury (i.e., a significant blow to the head resulting from a fall or colliding with another person or object) shall be monitored by appropriately trained staff in accordance with guidelines established by the District. Such guidelines shall provide for the appropriate training of District staff; assessment of students who may have sustained a concussion; process for notifying parents and as deemed necessary, medical services; and documentation of incidents.

Students who may have sustained an injury that may potentially result in a concussion shall be immediately removed from the classroom and/or activity for further evaluation in accordance with guidelines established by the District by appropriately trained school staff or the school nurse if available.

Training

The faculty and staff of each school shall be prepared to recognize the signs and symptoms of a concussion and to respond appropriately. The District shall have an adequate number of staff at each site who are trained in basic first aid and appropriate responses to head injuries in accordance with the Centers for Disease Control (CDC) and Prevention's Concussion Signs and Symptoms Checklist. Such training shall be:

1. Completed annually; and
2. Provided by an employee of the District's office responsible for coordinated school health.

IV. STUDENT ACCIDENT REPORTS

Any accident involving students that occur on the property of the Shelby County Schools and/or while under the approved supervision of District employees shall be reported in writing to the office responsible for student services within twenty-

four (24) hours after the accident occurs.

The report will include the person's name, date of the accident, an explanation of the accident, and care used in treating the individual. These reports will be kept in a file in the Principal's office for one year.

V. STUDENT PHYSICAL EXAMINATIONS IMMUNIZATIONS

A. Physical Examinations

The District is concerned about the health and wellness of the entire student community. To this end, physical examinations, except as exempt by statute, shall be required of students^{1,2}

1. Entering school for the first time (applies to any student entering a District school, including Pre-K, for whom there is no health record); or
2. Participating in interscholastic athletics (including any strenuous physical activity program covered by TSSAA)

The Principal shall ensure that there is a complete physical examination of each student prior to enrollment.

Cost of the examination shall be borne by the parent or guardian of the student and a copy retained on file in the Principal's office.

Physical Examinations Administered by the District

The District will not conduct physical examinations of a student without parental consent. Parents have the right to opt their child out of non-emergency, invasive physical examination or screening that is (1) required as a condition of attendance, administered by the school and scheduled by the school in advance; and (2) not necessary to protect the immediate health and safety of the student, or of other students.

An invasive physical examination does not include hearing, vision, blood pressure, height, weight, or scoliosis screening. Parents/guardians will be notified of dates and times when such screenings will be conducted and will receive written notification of any screening results indicating a condition that might interfere or tend to interfere with a student's progress.

B. Immunizations

No students entering school, including those entering pre-kindergarten, kindergarten, first grade, those from out-of-state and those from nonpublic schools, will be permitted to enroll (or attend) without proof of immunization. It is the responsibility of the parents or guardians to have their children immunized and to provide such proof to the principal of the school which the student is to attend. ²

Exceptions, in the absence of epidemic or immediate threat, parents or guardian shall file with school authorities a signed, written statement that such measures conflict with his/her religious tenets or practices; or due to medical reasons if such child has a written statement from his/her doctor excusing him from such immunizations.²

Legal References:

1. TRR/MS 0520-1-3-.08
2. TCA 49-6-5001
3. TCA 49-6-5004
4. P.L. 107-110 Part F 1061(1)(D); (2)(B) & (4)(B)

Cross References:

VI. SCHOOL HEALTH SCREENINGS/EVALUATIONS

Students shall be provided access to comprehensive District preventive, early intervention, and health referral services to address potential health problems that may adversely affect their health status and learning potential. Such services shall be inclusive of (1) Vision and Hearing; (2) Body Mass Index (BMI) and Blood Pressure; and (3) Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

A. Healthcare Services

Preventive and early intervention health services aimed at preventing and screening for health conditions shall be available to students of Shelby County Schools. Services shall be conducted by qualified healthcare providers contracted and/or working in collaboration with the District.

School-Based Health Clinics

School-based health clinics shall be available to increase access to healthcare services for all Shelby County Schools students. The clinics shall be operated by approved contracted health service providers and services offered shall be conducted by qualified health care providers employed by contractor. The school-based health clinics, under provisions established by contracted health service provider, shall provide primary and preventive care services.

Shelby County Schools is not responsible and shall not be liable for any services rendered by health care providers contracted and/or working in collaboration with the District.

Health Care Monitoring

Students entering grades PK, K, 2, 4, 6, 8, Lifetime Wellness courses and students entering the District from another district will be asked to provide evidence of completion of an EPSDT or preventive well-child screening. Evidence of screening shall consist of a report from a qualified healthcare provider within the past 12 months. No student shall be excluded from school for failure to provide documentation of completion of or refusal to submit to an EPSDT screening. If evidence of a screening is not available, the District shall make provisions for such screening during the applicable school year upon request by the parent, guardian, or custodian.

Health Referral Services

The results of vision and hearing; BMI and blood pressure; and EPSDT (including medical, dental, and mental/behavioral health) screenings shall be provided by the healthcare provider to parents. A referral to a follow-up evaluation with a healthcare provider shall be provided to parents whose child's test results indicate a possible condition that may interfere or tend to interfere with the student's academic progress.

B. Confidentiality

An employee of Shelby County Schools shall safeguard student medical information from unauthorized disclosure except as permissible by law or as a required function to perform his/her job responsibilities; and/or in cases where the student poses an imminent threat of harm to him/herself or others. An employee who misuses, alters, removes, or improperly uses confidential student medical information shall be subject to disciplinary action up to and including termination.

Volunteers whose volunteer activity may place them in a position where they may gain knowledge of a student's healthcare information as well as other entities contracted by and/or working in collaboration with the District to provide health care services shall be held to the same professional standards as an employee of Shelby County Schools. Sanctions for breach of confidentiality may apply.

C. Accurate Medical Information

1. Parents/guardians are responsible for informing school personnel of significant medical conditions which may lead to emergency situations or which may require some modification in the curriculum or school activities.
2. Medical information will be requested by Shelby County Schools and completed by the parent/guardian each school year.
3. The Principal shall assure that any/all information concerning the medical conditions of students is identified by:
 - a) Directing a systematic review of all registration forms and medical documentation
 - b) Mandating that information (suspected or confirmed) received by a staff/faculty member be reported to the Principal; and
 - c) Encouraging parents/guardians to alert the Principal of any medical condition.

D. Validation of Medical Conditions

1. The Principal shall recommend that the parent/guardian of each student identified as having a medical condition (or possible medical condition) be contacted for the purpose of clarifying the extent of the medical condition, especially in cases needing further clarification.
2. A statement from a healthcare provider should be provided by the parent in those cases in which the medical condition appears to warrant:
 - a) A modification in the standard curriculum or school related activities;
 - b) The need to supervise and/or administer medication during the school day; or
 - c) A special alert for school personnel regarding a possible requirement for emergency first aid.

VII. INDIVIDUALIZED HEALTHCARE PLANS

Specific health accommodation plans or individualized health care plans (IHP) shall be written by a Registered Nurse employed by the District in response to a student's medical condition and shall include:

1. A specified timeframe to develop a student IHP that must be reviewed with the parent/guardian (at least once per school year);
2. The medical condition; health assessment; emergency plan; identified health needs; and procedures/treatments required during school hours;
3. Relevant documents, such as a physician's statement,

The IHP should be distributed to school employees with a legitimate need to know.

Special cases

1. When the child is a special education student, the IHP shall be a part of the IEP and shall be maintained in the special education records.
 2. HIV/AIDS cases are considered to be unique and shall be responded to in accordance with policy and corresponding rules and regulations.
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VIII. ADMINISTERING MEDICINES TO STUDENTS

The following provisions for administering medicines shall apply to all K-12 students. The administration of medicines to students enrolled in the Early Childhood program (Pre-K) shall be in accordance with federal regulations and procedures outlined by the District's Early Childhood Division.

If under exceptional circumstances a student is required to receive medication during school hours and the parent cannot be at school to administer the medication, only the school nurse or the Principal's designee will administer the medication in compliance with the regulations that follow:

- A. Written instructions will be signed by the parent or legal guardian and will include:
 1. student's name
 2. name of medication
 3. purpose of medication
 4. time to be administered
 5. dosage
 6. possible side effects
 7. termination date for administering the medication
 8. name and phone number of student's physician.
- B. The signed instruction form will be kept on file at the school.
- C. All medication must be brought to school by the parent or guardian, unless other arrangements have been approved by the school Principal, but under no circumstance shall a student bring the medication to school him/herself. All medication must be in its original container, whether prescription or non-prescription, and be clearly marked with student's name, prescription number, medication name/dosage, administration route, date and refill, licensed prescriber's name, and pharmacy address and phone number. Over the counter medication must be in the original container with ingredients listed and child's name affixed to the container.

- D. The Principal or his/her designee will:
1. inform appropriate school personnel of the medication being taken.
 1. keep a record of the administration of medication on a designated form and will keep this record on file at school.
 2. keep medication in a locked area (Exception: Students may self carry emergency medications such as rescue inhalers, epinephrine, diabetic supplies and equipment, and prescribed pancreatic enzyme supplements).
 3. return unused medication to the parent only or discard appropriately. If discarded at school, the following procedure will be followed:
 - i. medication will be disposed of in a manner so that no student will be able to get the medication.
 - ii. the method used, the date the medication is discarded, and the person or people involved will be documented.
- E. The parents of the student must assume responsibility for informing the school Principal of any change in the student's health or change in medication.
- F. Should medications of an invasive nature (ex. intramuscular, intravenous, suppository) be required to be given by school personnel for emergency action, proper physician orders and instructions will be obtained and proper training will be given to appropriate personnel.
- G. The school system retains the discretion to reject a request for administration of medicine.
- H. A copy of this procedure will be provided to parents upon their request for administration of medication in the schools.

Legal References:

1. T.C.A. § 49-5-415
2. Tennessee State Board of Education Policy No. 4.208

Cross References:

IX. ACCOMODATING STUDENTS WITH DIABETES and PANCREATIC INSUFFICIENCY

Students with Diabetes

The District shall provide students with diabetes with a plan of care to ensure that necessary accommodations are available in accordance with applicable State law. Students with diabetes (insulin-dependent or non-insulin-dependent) shall have the right to monitor their blood sugar levels; and/or to have such levels monitored during the school day as ordered by their physician.

The Administrator in charge of student health services is to:

- A. Consult and coordinate with the parents and health care providers of students with diabetes;
- B. Prior to the beginning of the school year, or upon a student's diagnosis, train and supervise the appropriate staff in the care of students with diabetes; and
- C. Annually provide in-service on the procedure for parents to notify schools of specific health needs.

School administrators shall notify Assistant Principals and teachers of the students who will use glucose monitoring devices in their school.

Individualized Healthcare/ Emergency Plans

The District shall develop and follow an individualized healthcare/emergency plan for each student with diabetes. Each plan shall include an individual emergency plan. The health plans shall be updated annually, and more frequently as needed.

A. Parent Designated Adult

Parents of students with diabetes may designate an adult to provide care for their student consistent with the student's individual health care plan. At the request of the parent, employees of the District may volunteer to be a Parent-Designated Adult. Participation as a Parent-Designated Adult is strictly voluntary.

B. Letter of Intent

Parent-Designated Adults shall file a written letter of intent indicating that they voluntarily consent to serve in the capacity. The letter of intent must be dated for the current school year and shall be valid for one (1) academic year. Parent-Designated Adults shall be required to receive training in the appropriate care of students with diabetes. Such training must be:

3. Completed annually (following submission of a letter of intent) or as needed based on the student's IHP; and
4. Provided by an employee of the District's Office of School Health Services or from a Nationally Certified Diabetes Educator.

The Administrator in charge of student health services is not responsible for the supervision of procedures authorized by the parents and carried out by the Parent-Designated Adult.

Additional Requirements

In addition to adhering to the requirements of each IHP, for the general care of students with diabetes, the District shall:

- A. Acquire necessary parent requests and instructions for treatment.
- B. Acquire monitoring and treatment orders from licensed health care providers prescribing within the scope of their licensed authority.
- C. Provide sufficient and secure storage for medical equipment and medication provided by the parent.
- D. Assess competency and independent skill in blood glucose monitoring by the student and/or other personnel trained. The school nurse will assess competency in adequate knowledge and skill in all aspects of blood glucose monitoring.
- E. Permit students with diabetes to perform blood glucose tests, to administer insulin, to treat hypoglycemia and hyperglycemia, with easy access to the necessary supplies, equipment and medication necessary under their IHP. This includes the option for students to carry the necessary supplies, equipment and medication on their person and perform monitoring and treatment functions wherever they are on school grounds or at school sponsored events.
- F. The most appropriate setting for the glucose monitoring may be, in many cases, the school health room/office. The location and method of monitoring such glucose levels, including safe disposal of sharps/lancets, shall be determined by a joint decision of the school Principal/designee and the school nurse, with input from the student, the student's parent (s)/guardian (s), and the student's physician or other licensed healthcare provider.
- G. Permit students with diabetes unrestricted access to necessary food and water on schedule and as needed and permit unrestricted access to bathroom facilities. When food is served at school events, provision shall be made for appropriate food to be available to students with diabetes.
- H. School meals shall not be withheld from any student for disciplinary reasons. Students with diabetes shall not miss meals because they are not able to pay for them. The charge for the meal will be billed to the parent or adult student and collected consistent with District policies.

- I. Parents and health care providers of students with diabetes will be provided with a description of their student's school schedule to facilitate the timing of monitoring, treatment and food consumption.
- J. Each student's IHP shall be distributed to appropriate staff based on the student's needs and the staff member's contact with the student.

Indemnity

The Administrator in charge of student health services is not responsible for the supervision of procedures authorized by the parents and carried out by the Parent-Designated Adult.

Additionally, the District, its employees, agents or Parent-Designated Adults who act in good faith and in substantial compliance with a student's individual health care plan and the instructions of the student's health care provider shall not be criminally or civilly liable for services provided.

Students with Pancreatic Insufficiency or Cystic Fibrosis

Students diagnosed with pancreatic insufficiency or cystic fibrosis shall be allowed to carry and self-administer a prescribed pancreatic enzyme supplement while in school, participating in school-sponsored activities or in transit to or from school or school-sponsored activities if the school has been provided with authorization from the student's parent and prescribing practitioner.

Individualized Healthcare/Emergency Plans

The District shall provide students with pancreatic insufficiency or cystic fibrosis with an Individualized Health Plan (IHP) of care to include an Emergency Care Plan (ECP) developed by the Registered Nurse employed by the District to ensure that necessary accommodations are available in accordance with applicable State statute. The Individualized Health Plan shall be updated annually, and more frequently as needed.

The administrator in charge of student health services or his /her designee shall:

1. Collaborate with the parents, health care provider, and as deemed appropriate school administrator/staff and student for the management of pancreatic insufficiency or cystic fibrosis while in school, participating in school-sponsored activities, and in transit to or from school or school-sponsored activities;
2. Prior to the beginning of the school year, or upon a student's diagnosis, assess, train and supervise the appropriate staff in the care of students with pancreatic insufficiency or cystic fibrosis and;

3. Annually provide in-service for school administrators/appropriate District staff on the procedure for parents to requests authorization for student to self-carry/administer medication.

School administrators shall notify appropriate staff of the student who will self carry and self administer pancreatic enzyme medication during the school day; and promptly notify the office responsible for student health services of students who may be required to carry and self-administer a prescribed pancreatic enzyme supplement while in school, participating in school-sponsored activities or in transit to or from school or school-sponsored activities.

Additional Requirements

1. In addition to adhering to the requirements of each IHP for the care of students with pancreatic insufficiency, the District shall;
2. Acquire necessary parent written authorization and instructions for treatment
3. Acquire treatment orders from licensed health care providers prescribing within the scope of their licensed authority
4. Distribute a copy of the IHP to appropriate staff based on the student's need and staff interaction with the student
5. Provide sufficient and secure storage for medication provided by the parent if medication is stored at school
6. Institute a plan to ensure the student has the oral pancreatic enzyme available upon arrival at school if medication will not be stored at school
7. provide training for designated school staff
8. Assess student competency and independent skill related to the performance of tasks related to the self carry and self administer of oral pancreatic enzyme therapy in the manner directed by the licensed healthcare provider without additional assistance or direction
9. Permit students with pancreatic insufficiency to self administer oral pancreatic enzyme therapy according as outlined in the student's IHP

Legal References:

1. Section 504 of the Rehabilitation Act of 1973
Americans with Disabilities Act

Cross References:

X. SEIZURE MANAGEMENT

The Board recognizes its responsibility to protect the health of its students as well as to uphold their individual rights. As such, the Shelby County Schools Board of Education makes this statement related to child health and well-being for students with epilepsy and/or seizure disorders.

The District, in accordance with T.C.A. § 49-5-415, shall permit an employee, who has been properly trained by a registered nurse, to volunteer to administer anti-seizure medication in emergency situations to a student in compliance with the student's IHP. However, if a school nurse is available and on site, the nurse shall administer the anti-seizure medication to the student.

For training of volunteers and administration of anti-seizure medications, including diazepam gel, the District shall adhere to Tennessee's "Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting" created jointly by the State Departments of Education and Health. The District office responsible for Coordinated School Health will determine the criteria and response for seizure emergency in Shelby County Schools based on guideline recommendations by the State of Tennessee. In addition, a procedure will be developed; roles will be defined for students, parents/guardians, school administrators/designee, and district school health staff.

Legal References:

1. T.C.A. §49-5-415

Cross References:

XI. LIFE-THREATENING ALLERGY MANAGEMENT

Shelby County Schools shall have an allergy program to promote the safety and well being of students with life threatening allergies. While it is the Board's primary goal to provide a safe environment for all students, it is unrealistic to guarantee an allergen-free school environment. It is therefore the intent of the Board to ensure that safeguards are implemented for students with allergies determined to be life-threatening by a medical professional.

To effectively respond to student allergy risks, parents/guardians of students diagnosed with a life threatening allergy should promptly notify the school upon diagnosis of the allergy. An IHP tailored to the needs of each individual child at risk

for anaphylaxis, with accommodations for allergy management will be developed following the “Guidelines for Managing Life-Threatening Food Allergies in Tennessee Schools”. The District shall provide training for school-based staff in the appropriate administration of epinephrine.

Legal References:

1. T.C.A. §49-5-415
2. Tennessee State Board of Education Policy No. 4.205

Cross References:

XII. COMMUNICABLE DISEASES

The Board recognizes its responsibility to protect the health of its students as well as to uphold their individual rights. Students with a communicable disease may be allowed to attend school provided their presence does not create a substantial risk of illness or transmission to other students and/or employees.

A. Communicable Diseases Requiring Exclusion from School

Students may be excluded from school to prevent the spread of contagious disease. The Principal or designee may exclude a student, but no child shall be sent home from school without first informing the parents. A student suspected of having, or being able to transmit, a contagious disease shall be excluded from school, and a report made to the State Department of Public Health for those diseases requiring mandatory reporting. The Board will follow guidelines and recommendations from Shelby County Health Department regarding communicable disease handling.

Contagious diseases include, but are not limited to: red measles, German measles, chicken pox, mumps, whooping cough, scarlet fever, diphtheria, Vincent's angina, conjunctivitis, ringworm, impetigo, scabies, pediculosis (head lice), or other disease diagnosed as contagious.

B. Re-Admission

If the suspected condition is found not to exist, the Principal or designee may readmit the student.

In the case of a communicable disease, the student may be readmitted on presentation of a written statement from the family physician, and/or completion of the period of exclusion required by the State Department of Public Health.

In the case of ringworm, impetigo, or scabies the student may be readmitted once treatment has begun and proof of treatment is presented to the Principal or designee.

In the case of pediculosis (head lice) a student may be readmitted for inspection following treatment. If proof of treatment is presented to the Principal or designee and no live lice are present, the student may return to class.

The District may require students to submit supporting medical documentation from a competent healthcare provider whenever there is reason to believe that a student has tuberculosis or any other communicable disease. Upon certification from the healthcare provider that the student has tuberculosis or any communicable disease, the student shall be excluded from school until he/she provides proper documentation from the healthcare provider showing that he/she is free from the communicable disease.

Legal References:

1. T.C.A. § 49-2-203

Cross References:

XIII. ACQUIRED IMMUNE DEFICIENCY SYNDROME

Mandatory screening for communicable diseases not spread by casual, everyday contact, such as HIV infection, will not be a condition for school entry or attendance.

A. Administrative Responsibilities

If a student's parents/guardians choose to disclose the child's HIV status, all matters pertaining to that student will be under the direct supervision of the Superintendent or his designee. Upon disclosure, the Superintendent or his designee shall:

1. Request medical records from the parent or legal guardian and the student's physician;
2. Gather information regarding the student's cumulative school record; and
3. Meet with the evaluation team designated by the State Department of Education.

The Superintendent or his designee, with the cooperation of the State Department of Health and Environment, shall convene an evaluation team following notification to evaluate the student's health status relative to attending school. The evaluation team will consist of the Superintendent or his designee, the student's physician, a physician

or nurse from the Department of Health as designated by the Regional Health Officer, a representative of the LEA (local education agency) as designated by the Superintendent, and the student's parent/guardian. A student with AIDS or a HIV-related illness shall be allowed to attend school and participate in activities available to other students, unless the evaluation team determines that the student's medical condition warrants an alternative educational plan.

B. Appropriate Alternative Educational Programs

An educational program will be developed for each student infected with HIV-AIDS. If the team determines, on a case-by-case basis, that a student is medically unable to attend school, a determination of an appropriate alternative program will be made by the team. Any change in the program will be made within the bounds of confidentiality and will rely on the best available scientific evidence and medical advice.

When class removal is warranted, the Superintendent or his designee, parent/guardian, and the treating physician will develop an appropriate educational program in the least restrictive environment which is medically, legally, and educationally sound. If the HIV-infected student is receiving special education services, these services will be in agreement with established policies. Reassessment of educational placement will be conducted semi-annually.

C. Confidentially

The identity of a child affected by AIDS or HIV-related illness and all records will be on a "need to know" basis. Individuals will be informed of the student's HIV infection on a need to know basis, as decided by the evaluation team, and with the written consent of the parent/guardian if the student is under age.

D. Liability and Non-discrimination

Decisions on participation in activities which may be medically hazardous to persons with AIDS will be made on a case-by-case basis by the evaluation team used to determine placement of the student.

When a student with AIDS is known to have been exposed to a contagious disease, the parents of the student will be notified immediately by the Superintendent or his designee. The Principal will ensure that an accident report is filed for any accident occurring during the school day. The report will include the person's name, date of the accident, and explanation of the accident, and care used in treating the individual. These reports will be kept in a file in the Principal's office for a minimum of one (1) year.

E. Curriculum

The State AIDS framework and related instructional objectives including Universal Precautions instruction will be utilized in AIDS education and instruction in the schools.

F. Education and Universal Precautions

AIDS education will be required of all students, unless exempted. All students will be educated in the use of universal precautions.

The system will provide a program on AIDS education for parents and other interested community members. Public health and State Department of Education personnel may be utilized.

Annually, the Superintendent shall ensure that all employees, including newly hired staff, receive current HIV training to include:

- HIV epidemiology.
- Methods of treatment and prevention;
- Bloodborne pathogens;
- Universal precautions;
- Psychological and social aspects of HIV;
- Related federal and state laws and policies; and
- School procedures and policies regarding HIV-related issues.

G. Communication

The Superintendent or his designee will be responsible for all communications on AIDS.

Under no circumstances shall information identifying a student with AIDS be released to the public.

Legal References:

1. T.C.A. §10-7-504
2. Tennessee State Board of Education Policy No. 5.300
3. TRR/MS 0520-1-3-.08(2)(g)
4. TCA 68-10-113
5. 20 USC 1232(g); 34 CFR § 300.571-2
6. TRR/MS 0520-1-3-.05(1)(c)

Cross References:

XIV. PSYCHOLOGICAL AND SOCIAL SERVICES

The District shall make psychological and social service programs available for all students of Shelby County Schools.

A. Psychological Services

The psychological services program shall cooperate with other agencies in consultative screening and assessment services. School counselors shall respect the right of privacy of the students they counsel and confidentiality shall be maintained, except as outlined in the administrative rules and regulations to this policy.

B. Social Services

Each school shall provide a social service program for all students through the cooperative efforts of the principal, teachers, and school counselors. The Principal, in consultation with the social service provider and the offices responsible for student support and Coordinated School Health, shall ensure the development of a program of social services.

C. Confidentiality in Psychological Services

Confidentiality shall be maintained by any District employee providing services related to psychology services except:

1. Where there is a clear and present danger to the student or other person;
2. To consult with another psychologist when it is in the best interest of the student;
3. When the student and/or parent waives this privilege in writing; or
4. When required by federal law.

Legal References:

1. TRR/MS 0520-1-3-.08(e)(2)
2. TRR/MS 0520-1-3-.08(1)(c)
3. TRR/MS 0520-1-3-.08(1)(d)

Cross References: