**Section 830.50 Health Services**

a) The State Schools will provide school health services, including routine services such as cough medicine, bandages, cotton swabs, and non-prescription drugs, and occupational and physical therapy. A seven day a week health center is provided at ISD to serve the students of ISD and ISVI who are too ill to stay in the dormitory, but not sufficiently ill to require hospitalization. There is an infirmary at ICRE-R for students requiring routine health services, as well. ICRE-R does not provide services required at a hospital or that are beyond the scope of medical facilities at ICRE-R.

b) Responsibility for costs associated with related services requiring medical devices or the services of a physician will be determined through the IEP process.

c) Parents are not required to use private insurance proceeds to pay for services that must be provided under the Individuals with Disabilities Act (IDEA) (14 USCA 1400 et seq.) or under an IEP unless they will incur no financial cost. Financial cost includes a deductible or co-pay amount, a decrease in available lifetime coverage or any other benefit under an insurance policy or an increase in premiums or the discontinuation of the policy, but does not include time, postage or other incidental costs.

d) Parents are expected to use their own resources, including private insurance, and to apply for Medicaid, if appropriate, to pay for services for their children not required to be provided by the State Schools under this Part or by the local school district under IDEA or Illinois State law.

e) Assistance will be provided to parents in locating medical services beyond those described in subsections (b) and (c) of this Section. DHS-ORS State Schools will not pay for such services.

f) If a student receives medical treatment other than that prescribed by school health officials, the parents/guardian must inform school staff of such treatment and provide written medical information pertinent to that treatment.

g) Each State School shall comply with Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] in matters pertaining to immunization of its students. In addition, at the direction of the State School's physician and superintendent, authorized medical staff at the State School shall immunize students for communicable diseases provided:

1) the Illinois Department of Public Health (DPH) recommended the immunization due to a time limitation or unusual situation;

2) the local public health agency provides the vaccine at no cost to the State School or the superintendent determines, in consultation with the school physician, an emergency situation exists and the need is so urgent that the vaccine should be purchased from State School funds; and

3) the parents have given their consent if the student is under 18 years of age, or the student has given his or her consent if the student is 18 years old or older.

h) HIV Testing.

1) In compliance with the AIDS Confidentiality Act [410 ILCS 305] (AIDS Act) and rules of the Department of Public Health (77 Ill. Adm. Code 697 − AIDS Confidentiality and Testing Code), a student may not be tested for human immunodeficiency virus (HIV) unless:

A) the student or legally authorized representative consents in writing, or

B) a DHS' State School employee has had an accidental direct skin or mucous membrane contact with the student's blood or body fluids which is of a nature that may transmit HIV, as determined by a physician in his or her medical judgement.

2) Test Information and Counseling. In compliance with the AIDS Act [410 ILCS 305], if an HIV test is ordered by a school physician, whether or not written or informed consent of the student or legally authorized representative has been given, the physician must provide the student with information, including:

A) the meaning of test results;

B) additional or confirmatory testing, when appropriate; and

C) referrals for further information or counseling.

3) Disclosure of test results. The person performing the test shall only disclose results to the following people, who shall not redisclose the results, except as authorized by the AIDS Act:

A) the student or his or her legally authorized representative;

B) anyone designated in an express release executed by the student or legally authorized representative;

C) the State School employee who has had accidental contact as described in subsection (f)(2) above;

D) the DPH (any redisclosure by a DPH employee in violation of the AIDS Confidentiality Act will result in disciplinary action taken by DPH); and

E) an employee of the State School if he or she provides the student with medical services or such care as may involve contact with blood or body fluids of a student and the employee has a need to know such information (e.g., an employee has been involved in accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual with AIDS). Any redisclosure by a DHS' employee in violation of the AIDS Confidentiality Act will result in disciplinary action taken by DHS.

i) In compliance with the Communicable Disease Prevention Act [410 ILCS 315] the Department of Public Health or local public health department shall inform the facility administrator that a student has been diagnosed as having AIDS or AIDS-related complex or has been exposed to HIV. The facility administrator shall not disclose such information except to the following (who shall not redisclose the results except as authorized by the AIDS Act) and then only if the facility administrator finds it necessary for the safe and effective administration of the State School and its programs:

1) the principal of the State School;

2) the teachers in whose classes the student is enrolled;

3) the Infectious Disease Control Committee (i.e. facility administrator, head nurse and facility physician);

4) the school nurse; and

5) any other person that the facility administrator deems has a need to know who has been involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual with AIDS, but the student's identity must remain confidential.

j) Each State School will adhere to a consistent policy with regard to a diagnosis of Pediculus Humanus Capitis (head lice) by the school physician or nurse when discovered in the student population.

1) Residential students will be treated by the nurse applying a 1% Permethrin cream rinse as soon as the head lice is discovered. Parents/guardians will be contacted advising them their child has been treated by the nursing staff for head lice.

2) Non-residential students will have a phone call made to the affected student's parents/guardian informing them of the diagnosis of head lice, and that the student must be removed from the State School as soon as possible. The recommendation will be made to seek treatment from a physician and that all household members be treated. They will be informed that the student will not be allowed to return to the State School until treatment has been completed.

In the event a parent of a non-residential student cannot be contacted within a two hour time frame, the school nurse will treat the student to facilitate returning the student to the classroom until the parent is contacted. If the clothing of a non-residential student is infested temporary clothing will be issued while the student's clothes are being laundered.

3) A school nurse will evaluate all roommates and classmates for the presence of nits (lice eggs) or other evidence of infestation.

4) Residential students will not be allowed to return to the State School until they have been treated by the nursing staff. Non-residential students must present proof of appropriate treatment (e.g., note from physician, copy of prescription, proof of purchase of an over the counter product for the treatment of head lice) before returning to the State School. Upon return to the State School the student will be re-examined by the nurse prior to admission.

5) The nursing staff will again examine the affected student in 7 to 10 days.

6) All potentially infected environmental surfaces and clothing of residential students that could have been infected will be treated by the facility staff to prevent re-infection of the student population.

(Source: Amended at 23 Ill. Reg. 10220, effective August 10, 1999)