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Hermon School Department

**Attendance Policy for Students Infected
With Human Immunodeficiency Virus**

FOREWARD

Acquired Immune Deficiency Syndrome (AIDS) is a new illness which was first reported in the United States in 1981, posing a fatal threat to several specific groups in our society. Most of the individuals at risk were adults but the illness had been identified in a small number of children. In the past three years, medical researchers have worked diligently to discover the cause and develop effective treatments and prevention measures. In the fall of 1984 the problems associated with providing an education to a child with a diagnosis of AIDS or of the less severe form known as AIDS Related Complex were brought to the attention of the State Department of Education and State Department of Health Services.

A joint task force was convened to explore all aspects of the problem. The legal, social, educational and health issues were discussed and Administrative Guidelines for Providing Education to Children with AIDS/ARC were written. The task force members recommended that the most recent factual information on the illness be distributed with the guidelines to assist school administrators who are faced with the problem of providing an education for a student with AIDS/ARC.

During the discussion of the AIDS problem, it became apparent that school administrators had many questions regarding the risk of exposure to potentially infectious body fluids from children with any known or unknown communicable disease within the school setting. Guidelines for Handling Body Fluids in Schools have been included and are appropriate for prevention of transmission of a number of communicable diseases other than AIDS.

As new information is published, copies will be distributed as an addendum to this document.

PURPOSE

The Hermon School Department has, as its primary goal, the provision of quality education in a safe environment for all students.

Public law in Maine education guarantees all children the right to an education. The purpose of this policy is to establish what actions shall be taken in the event that the Hermon School Department is made aware that a student attending school is infected with HIV.

This policy has been adopted to assure that the rights and safety of all involved parties are preserved.

These guidelines are based on the "Model School Attendance Policy for Students Infected with Immunodeficiency Virus" which was developed by the Department of Human Services and the Department of Education.

1. In general, the Hermon School Department shall provide educational opportunities for students infected with HIV just as it does for other students. Students infected with HIS shall be entitled to all the rights, privileges and services provided by Maine law and Hermon School Department policies.
2. As a rule, a child with AIDS/ARC should be allowed to attend school in a regular classroom setting with the approval of the child's physician. This is based on the medical fact that there is no known risk of transmission from casual contact.
3. Current Maine law protects the confidentiality of HIV test results with certain statutory exceptions (*). Test results may not be disclosed to anyone without written consent of parents/guardians. Records containing information about HIV test results and consent forms relating to test results shall be kept separate from other school records. Only those persons given written consent by the student's parents/guardians shall have access.
4. With written consent of the parents/guardians, the school shall designate an individual or team to:
 - a. serve as the liaison between the school and the student's parents, the student's physician and, if necessary, the Bureau of Health; and/or
 - b. serve as the supervisor of the medical component of the student's educational experience.

(*) P.L. 1985, ch 77, § 2. The statute has since been recodified and amended in P.L. 1987, ch. 539, codified at 5 M.R.S.A. § 19201 et seq.

Any team member or individual entrusted with the knowledge of a student infected with HIV must, by law, keep his/her knowledge of that child's status confidential and access to information shall be **limited** only to those persons authorized in writing by the student's parents/guardians.

5. If the school is not notified of a student infected with HIV by the parents/guardians and becomes concerned about the safety of that student, other students or staff, an evaluation may be requested from the Bureau of Health. In the rare event that they determine that a student is a health threat to the school community, the Bureau of Health and/or the superintendent shall remove the student from the usual classroom setting and place the student in an appropriate alternative education program until the Bureau of Health determines that the risks have abated. Quarterly re-evaluations of the removed student will be done by the Bureau of Health.

6. Under the following circumstances, a student with HIV might pose a risk of transmission to others:

- a. a student who has open sores that cannot be covered;
- b. a student who demonstrates "acting out" or combative behavior which could result in direct inoculation of potentially infected body fluids into the bloodstream of another person; and
- c. a student who exhibits neurological conditions or other symptoms which contribute to (a) or (b) above.

7. It is likely that the greatest risk for illness will be to the student infected with HIV and not his/her classmates or teachers. In the event that parent/guardians have given written consent to school authorities, a designated team or individual should function both to protect the student infected with HIV from any medical risks which may arise at school and watch for any possible public health risk posed to classmates or staff by the student infected with HIV. The school nurse is a logical person to serve as a member of the designated team and can best serve as the supervisor of the medical component of the student's care in the school. A student with HIV, as with any other immunodeficient student, may need to be removed from the classroom for his/her own protection when cases of measles, chicken pox, or selected infectious diseases occur in the school population. This decision should be made by the student's physician and parent/guardian in consultation with the school nurse and/or the school physician and the Director of Maine Bureau of Health or his/her designee.

8. Routine and standard procedures should be used by all school personnel to clean up after an individual has an accident or injury. Blood or other body fluids emanating from any individual should consistently be treated with caution. Gloves should be worn when cleaning up bodily fluid spills. These spills should be cleaned with soap and water and disinfected with either household bleach (diluted one part bleach with ten parts water) or intermediate disinfectant. Persons coming in contact with these spills should thoroughly wash their hands with soap and water. Disposable towels or tissues should be used and mops should be rinsed in the disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

Items soaked with bodily fluids should be packed in leak proof bags for washing or further disposition. Similar procedures are recommended for dealing with vomitus and fecal or urinary incontinence in **any** individual. Hand washing after contact with any individual is routinely recommended if physical contact has been made with the individual's body fluids, including saliva. (These procedures are summarized in CDC Guidelines for Precautions in Hospitals.) Generally, good hand washing provides the best defense against most infectious diseases. (A Glossary of Terminology and a list of references are attached. The latter can be used for additional information about infection control practices.)