

**Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), and HIV Carriers** - In the event a child in the Lordsburg Municipal School District becomes infected with Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or is an HIV carrier, it is the policy of the Lordsburg Board of Education to handle it in the following manner:

HIV is not spread by casual, everyday contact. Therefore, barring special circumstances (instances in which the physician of the person who is infected with HIV has advised that this person):

- Has a serious secondary infection, such as tuberculosis, that may be transmitted to others; or
- Has a significant health problem that will permanently restrict his or her ability to work or attend class;
- Mandatory screening for communicable diseases that are not spread by casual everyday contact, such as HIV infection, shall not be a condition for school entry or attendance, or for employment or continued employment.

- 1) The determination of whether an infected student shall be permitted to attend classes or participate in school activities with other students shall be made on a case-by-case basis by a team composed of:

- The superintendent;
- The personal physician of the infected person;
- The district nurse;
- The school principal or designee;
- The child's parent(s)/guardian;
- One other appropriate school person associated with the specific education placement, when indicated.

The final decision will be based on behavior, neurologic development, physical condition, and expected type of interaction with others in a school setting. If a joint decision cannot be reached, the School Board will determine the final decision.

- 2) A specific, periodic plan of medical re-evaluation should be outlined by the physician and submitted to the school district. The student should remain in school upon the recommendation of the physician. If unable to remain in a traditional school setting, every reasonable effort will be made to provide an alternative form of education. Hygienic practices may deteriorate as condition diminishes. Evaluation to assess the need for restricted environment should be performed at this time.

The educational program and placement setting decisions concerning those students with communicable diseases or who are infected with HIV may be made by a committee composed of the following:

The superintendent who shall chair the committee;

The child's physician;

The child's parent or legal guardian;

The school personnel with whom the child will interact and who are familiar with child's educational and physical needs;

Any other person to be appointed to the committee by the superintendent, whose expertise would be useful to the committee in reaching and implementing its decision.

In determining the educational program and placement setting for any student attending the Lordsburg Municipal Schools who has a communicable disease or is an HIV carrier, the following factors will be evaluated.

- The age of the student;
- The behavior of the student;
- The neurologic development of the student;
- The physical condition of the student;
- The expected type of interaction which the student will have with other individuals in the proposed placement setting;
- The degree to which other individuals may be exposed to the student's body fluids;
- The hygienic practices of the student;
- The risk of transmission of the communicable disease from the student to those individuals with whom he or she will interact; and
- Any other pertinent factor reasonably related to the decision.

An unrestricted educational program and placement setting will be the primary goal for any HIV infected student. Restrictions upon a student's educational program and/or placement will be imposed only when the committee determines that the risks of an unrestricted program and placement outweigh any benefits which the student may receive from an unrestricted program.

- 3) Every reasonable effort will be made to provide the least restrictive environment for the neurologically handicapped, any child who lacks control of bodily functions or display behavior such as butting and drooling. This may not be in the traditional school setting.

- 4) For most infected school-aged children, the benefits of unrestricted setting outweigh the risks of acquiring potentially harmful infections, depending on the condition of the immune system as determined by the physician. Parents of infected children must be notified of the possibility of acquiring various communicable diseases and sign proper forms acknowledging the fact and releasing the school from any responsibility.

If the superintendent has determined that a special education student with a long-term communicable disease may pose a risk to others, procedures outlined by existing special education laws and regulations can be used to determine whether the student's educational program needs to be changed. This process provides protection for both infected and non-infected persons. Medical experts, such as the student's physician or a public health official, can help the IEP team to ensure that the student receives a free, appropriate education and that the health of others is protected. The IEP team will want to examine the classroom setting and the nature of the risk.

Infected persons do not always know that they are infected. If they do know, they do not always share this information with school authorities. Common sense handling of body fluids, and CDC recommended universal precautions for handling blood, should be followed at all times with all fluids. This provides the best protection for everyone.

- 5) The most recent guidelines from the Center for Disease Control shall be utilized. Care involving exposure should be dealt in the following manner:

Gloves should be used when there will be contact with blood or bodily fluids (including blood, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions - such as nasal discharge, and saliva).

Thoroughly wash hands after exposure to blood and bodily fluids (including blood, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions) before caring for another child.

Gloves should be worn if there are open lesions present on part of the caretaker and/or patient. Soiled surfaces should be promptly cleaned with disinfectant (household bleach - 1 part bleach/10 parts water). All soiled articles should be bagged separately. Disposable tissue will be used. Mops and other cleaning articles should also be disinfected.

- 6) Personnel involved in the care and education of the infected patient must respect the child's right to privacy including maintaining confidential records. The number of personnel who are aware of the condition should be kept to a minimum. School employees who are likely to have regular direct contact shall be informed of the diagnosis.

All persons shall treat all information as highly confidential. No information shall be divulged, directly or indirectly, to any other individuals or groups. All medical information and written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept by the superintendent in a locked file. Access to this file will be granted only to those persons who have the written consent of the infected staff member or student's parent/guardian. To further protect confidentiality, names will not be used in documents, except when this is essential. Any document containing the name, or any other information that would reveal the identity of the infected person, will not be shared with any person, not even for the purposes of work processing or reproduction.

The people who shall know the identity of a student or school staff member who is infected with HIV are those who will, with the infected person and a student's parent/guardian, determine whether the person who is infected with HIV has a secondary infection that constitutes medically recognized risk of transmission in the school setting. They are as follows:

1. The superintendent, or person designated by the superintendent to be responsible for the decision;
2. The personal physician of the infected person;
3. The school nurse;
4. The school principal or designee;
5. A public health official. (Public health officials do not always need to know the infected person's name. In some instances, the official will study facts of the case without needing to know the identity of the student or staff member to make a decision).

The decision-makers listed above and the person infected with HIV (and a student's parent/guardian) will determine whether additional people need to know that an infected person attends or works at a specific school. The additional people will now know the name of the infected person without the consent of the infected person and a student's parent/guardian. Depending on the circumstances of the case, the following people may know about the person who is infected with HIV, but do not know his or her identity:

1. Instructor(s);
2. Other staff who have regular contact with the infected person.

Additional people may be notified if the decision-makers feel that this is essential to protect the health of the infected student or staff members, or if additional people are needed to periodically evaluate or monitor the situation.

If a parent tells a staff member confidential information about their child's health (having a communicable disease, including HIV infection), the staff member shall make the parent aware that district policy requires that communicable diseases be reported to school officials and urge the parents to report student health problems to the appropriate district officials, assuring them that cases will be handled individually and confidentially. The superintendent will be responsible for receiving reports.

Activities that transmit HIV are prohibited by existing district policies and procedures. When students break these rules, and they sometimes do, they are at risk for a range of serious health problems. They can be suspended, and expelled if necessary, regardless of the HIV epidemic. If the student who violates these rules had disabilities and is provided services under P.L. 94-142, the superintendent needs to obtain the advice of counsel concerning discipline.

- 7) the infected child shall not be required to receive his/her MMR. Parents must file for exemption and a copy will remain in the nurse's office. Exemption renewable every 9 months.

**Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), and HIV Carriers** - This policy applies to employees known to be infected with HIV.

The determination of whether an infected school employee should be permitted to remain employed in a capacity that involves contact with students or other school employees shall be based on the same criteria that is used to determine if a student is permitted to attend classes.