

Student Infected with AIDS, HIV, or ARC - FDAE

Students Infected with AIDs, HIV, or ARC ~~Diagnosed with HIV, ARC, or AIDS~~

In the school setting, no person shall be discriminated against, or denied activities or associations, based solely upon a diagnosis of AIDs, HIV, or ARC ~~infection except as permitted under this rule.~~

Most students with AIDs, HIV, or ARC can attend school in the regular classroom without restrictions. If a parent or school official believes that a child with AIDs, HIV, or ARC needs related services or placement outside the regular classroom, Section 504 requires an evaluation and placement process to determine the appropriate educational setting for a child with AIDs, HIV, or ARC. However, a full educational evaluation is not required when neither the school officials nor parents believe that a child is in need of special education or related services.

A student with AIDs, HIV, or ARC has a right to confidentiality under FERPA and Section 504. However, such confidentiality would not affect state and local public health rules regarding the duty of school to report specified diseases to public health departments. However, when reporting any cases of AIDs, HIV, or ARC to public health authorities, schools should convey such information in the same way that information about other diseases is treated.

The Occupational Safety and Health Administration (OSHA) has issued regulations whose purpose is to reduce or eliminate the possibility of an employee or students contracting any of a series of diseases that are spread through blood contact contained in 29 CFR Part 1910. All school employees should be following OSHA blood-borne pathogen standards when dealing with body fluids.

All students diagnosed as having HIV, ARC or AIDS or related complexes shall be treated as a child having a disability. An IEP team shall be convened to determine the least restrictive environment consistent with the following guideline. A student infected with HIV shall continue in his regular classroom until a review committee can meet and formulate recommendations. Decisions regarding the least restrictive environment and care setting for HIV-infected children should be based on the behavior, neurological development and physical condition of the child and the expected type of interactions with others in that setting. These decisions are to be made using the IEP team which shall also include a school administrator, the child's physician, public health personnel, and the child's parent or guardian together with personnel associated with the proposed care or educational setting. In each case, the risks and benefits to both the infected child and to others in the setting must be weighed. The committee shall review all pertinent information including current findings and recommendations of the United States Public Health Service, the American Academy of Pediatrics, and the Utah Department of Health; apply that information to the subject and the nature of activities and associations in which the student is involved with the school; and establish written findings of fact and recommendations based upon reasonable medical judgments and other information concerning the following:

- 1) The nature of the risk of transmission of HIV relevant to the activities of the subject in the school setting;

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- 2) The probability of the risk, particularly the reasonable likelihood that HIV could be transmitted to other persons by the subject in the school setting;
- 3) The nature and the probability of any health related risks to the subject;
- 4) If restrictions are determined to be necessary, what accommodations could be made by the school to avoid excessive limitations on activities and associations of the subject.

The review committee shall forward its findings and recommendations to the Superintendent. The school administrator will implement the recommendations without delay. The school administrator shall immediately advise the subject or, in the case of a minor, the subject's parents or guardian, in writing, of the decision of the review committee and that continued participation in the school setting may result in exposure to other communicable diseases.

If a child diagnosed with HIV, ARC or AIDS evidences any one of the following conditions, then the evaluation committee shall convene for the purpose of making recommendations regarding the most appropriate educational placement of the student:

- 1) Manifestation of clinical signs and/or symptoms which indicate progression of illness from covert (HIV infection only) to overt status (ARC or AIDS Related Complex) or from overt status to disability (AIDS or Acquired Immune Deficiency Syndrome) or from disability to debilitation (late stage disease).
- 2) Demonstration of risky or harmful behavior to self or others, including any behavior which may spread bodily fluids to others.
- 3) Unstable or decompensated neurophysiological behavior.
- 4) Presence of open wounds, cuts, lacerations, abrasions or sores in exposed body surfaces which OR ARC occlusion cannot be maintained.
- 5) Impairment of gastrointestinal and/or genital-urinary function such that control of internal bodily fluids cannot be maintained.
 - *Utah Admin. R388-802*

Evaluation Committee Responsibilities

The Evaluation Committee shall have the following responsibilities:

- 1) Review student's medical history and current status
- 2) Review available educational and social data, progress reports as available, test results, prior school placement, etc.
- 3) Assess risk benefit options; then present and advise parent/guardians of educational options.

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- 4) Reduce findings, options and recommendations to writing in an Individual Educational Placement draft report before submission to the designated chair person of the evaluation committee, focusing on key issues, unresolved problems, if any, and summary recommendations.
- 5) Submit the written report to the designated chairpersons of the Individual Educational Placement and evaluation committee and remain available as needed.
- 6) Re-evaluate all cases on a continuing basis at least once every six months and more often as circumstances warrant.

Committee Protocol

If the designated chair person of evaluation committee determines that any one of the conditions outlined above exist, the student in question shall be placed on home bound instruction status for no longer than nine (9) school days, consent for release of medical information shall be obtained and past medical history, laboratory test, and other relevant records shall be provided to and reviewed by the director of the School District or designee and other physicians as appropriate. Critical medical tests and other procedures shall be conducted during this period by appropriate medical practitioners as warranted.

Based upon results and medical interpretation of the student's current status, the director of the School District or designee (or other consultants as appropriate) shall advise the designated chairperson of the evaluation committee within five (5) days if continued home instruction is or is not warranted.

If medical review indicates that continuation of special status is not warranted, the student shall return to regular school status at the end of the nine (9) day review period or upon the advice of the Director of the School District or designee.

If medical review indicates that continuation of special status is indicated, the student shall remain on home instruction for a period not to exceed fifteen (15) school days or three (3) more calendar weeks.

During the period of review, the designated chairperson of the evaluation committee shall arrange the following steps in preparation for the evaluation committee:

- 1) Alert the Committee of the forthcoming meeting to be scheduled;
- 2) Obtain written authorization from parents of the student to contact attending physician for medical information.
- 3) Obtain a signed consent from parents of the student to permit release of information from the attending physician and others to the designated chairperson of the evaluation committee of the School District.

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- 4) Receive relevant medical and social information about the person with HIV infection and maintain it in strict confidence.
- 5) Circulate confidential information about the HIV infected person to the committee members only.
- 6) Schedule and notify committee members of an initial review meeting, the date, time and location suitable for the members. The meeting should be established for a time when the complete medical information has been obtained and circulated to all committee members.

Siblings

Siblings of children diagnosed as having HIV, ARC, or AIDS or with clinical evidence of infection with the AIDS associated virus (HIV) shall be able to attend school without any restrictions.

Medical Knowledge of Case

Only persons with an absolute need to know shall have medical knowledge of a particular student's case. In individual situations, the designated chairpersons of the evaluation committee may notify one or more of the following:

- 1) school principal;
- 2) school nurse;
- 3) student's immediate teacher.

Notification should be made through a process that maximizes patient confidentiality. All persons who become informed of the student's condition shall be informed that they must maintain strict confidentiality.

Student Exclusion

A student who is infected with an AIDS associated virus shall be excluded from school if there is an outbreak of a threatening communicable disease such as chicken pox or measles, until the student is properly treated and/or the threat of communicable disease is passed.

Professional In-Service

In-service programs for all staff members of the school shall be conducted as required when new information becomes available.

Bodily Fluids

The following guidelines shall be followed when handling bodily fluids from students with a known communicable disease, including specifically any student diagnosed as having HIV, ARC, or AIDS related complex disease.

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- The bodily fluids of all persons should be considered to contain potential infectious agents. The term “bodily fluids” includes: blood, semen, tears, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions such as nasal discharge and saliva.
- Contact with bodily fluids presents a risk of infection with a variety of infectious agents. In general, however, the risk is low and dependent upon a variety of factors including the type of fluid with which contact is made and the type of contact made with it.
- Whenever possible, direct skin contact with bodily fluids should be avoided. Disposable gloves should be available in the office of the custodian, nurse or principal. Gloves are recommended when direct hand contact with bodily fluids is anticipated (for example, when treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand, wiping noses, etc.). If contact is made with bodily fluids, hands should be washed afterwards.
- Gloves used for this purpose should be put in a plastic bag or lined trashcan, secured and disposed of daily.
- Hands and other affected areas of all exposed persons should be routinely washed with soap and water after direct contact with bodily fluids of any student has occurred.

Clothing and other non-disposable items such as towels used to wipe up bodily fluid that are soaked through with body fluids should be rinsed and placed in plastic bags. If pre-soaking is required to remove stains (such as with blood, feces, etc.) gloves should be used to rinse or soak the item in cold water prior to bagging.

- Contaminated disposable items such as tissues, paper towels and diapers should be handled as with disposable gloves above.
- An appropriate disinfectant should be used in connection with hand washing and applied, when appropriate, to all clothing, which has been exposed to any bodily fluid.