

ADOPTED: June 17, 1993

**SCHOOL ATTENDANCE POLICY FOR STUDENTS
INFECTED WITH HIV**

Addendum

This section provides background for the policy statements cited in Policy JHCCA.

- A. The right of students infected with HIV to attend regular classes is based on the medical fact that there is no known risk of transmission as a result of casual contact. It is the position of the Department of Human Services, Bureau of Health, that students infected with Human Immunodeficiency Virus should be allowed to attend school with local medical input. In the rare situation that a threat to others is perceived, the extent of that threat can be determined by the Bureau of Health.

This case by case analysis is consistent with a 1987 case decided by the U.S. Supreme Court that designated public health officials as having the primary responsibility for determining medical risks in a public setting when determining whether an individual suffering from a contagious disease is otherwise qualified to continue in his employment. (School Board of Nassau County v. Arline). The reasonable medical judgments of public health officials should be given great weight in determining the nature of the risk, the duration of the risk, the severity of the risk, and the possibilities that the disease will be transmitted and will cause varying degrees of harm.

- B. The responsibility for informing anyone of a student's HIV status, including the school, rests with the parents/guardians of the student. Under current law, the Maine Bureau of Health may not necessarily receive reports of students infected with HIV, and even if notified, will not be in a position to determine public health threats without input from the private medical community. If a public health threat is perceived by a student's physician, the responsibility to inform the school administrative unit and/or the Bureau of Health of an HIV infection in a student rests with the private physician. This is consistent, both with current Maine law and public health practices. Neither the school system or the Bureau of Health would know of communicable diseases unless

the private medical community, as well as parents, accepted public health responsibility. The Bureau of Health requires immediate participation by public health professionals when a disease is transmitted through casual contact by aerosol (through air). When a disease, such as HIV infection, is transmitted only by contact with certain body fluids (blood and semen primarily, breast milk rarely; no recorded cases of transmission by saliva, urine or feces), the private medical community needs no early assistance in prevention of spread. With appropriate education, opportunities for transmission can be understood by parents. Students who are infected with HIV would be monitored by their physicians and parents.

- C. If any changes in condition or behavior exist, the student's physician and the Maine Bureau of Health must determine whether a risk of transmission exists. If it is determined that a risk exists, the student should be removed by the Superintendent, in conjunction with the Bureau of Health, from the regular school program or from the school setting entirely.
- D./E. It is likely that the greatest risk for illness will be to the student infected with HIV, not his/her classmates or teachers. In the event parents/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 by 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 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 the Maine Bureau of Health or his/her designee.
- G. 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 placed 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 Isolation Precautions in Hospitals. Generally, good hand washing provides the best defense against most infectious diseases. A glossary of terminology and a list of references is attached. The latter can be used for additional information about infection control practices.)