

BARRINGTON SCHOOL DEPARTMENT
POLICY ON HIV INFECTED STUDENTS
& EMPLOYEES ADOPTED FROM THE RHODE
ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY
EDUCATION

Policy
Adopted
09/17/98

RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
AND THE RHODE ISLAND DEPARTMENT OF HEALTH

Policy on HIV Infected Students and Employees

1. **PURPOSE:** The purpose for establishing a school policy concerning Human Immunodeficiency Virus (HIV) infected employees and/or students in schools is to:
 - A. protect against the transmission of HIV from infected employees and/or students to other employees or students;
 - B. protect the health and well-being of the infected person as well as to enable that person to take part in normal school activities with a minimum of disruption;
 - C. inform students, parents, teachers, school employees, and members of the community about safe practices regarding HIV transmission and the school's HIV policy; and
 - D. provide a basis for the school committee, superintendent, principals, teachers, nurses and physicians, school employees and students to establish necessary preventive health measures, and to inform the public about these measures while still maintaining the rights of confidentiality of an infected individual, should any exist in the school district.

This policy should be implemented along with the [OSHA Bloodborne Pathogens Policy](#) and "[Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers](#)" (better known as the "Universal Precautions" policy). One version of Universal Precautions, adapted from [Taking Action on AIDS](#), is detailed in Section 10 of this policy.

2. **DEFINITION OF HIV INFECTION:** HIV is an acronym for the Human Immunodeficiency Virus. HIV is the virus which causes AIDS, Acquired Immune Deficiency Syndrome. An individual is HIV infected if he/she tests positive on an ELISA test for the presence of HIV antibodies in the blood and is confirmed by a Western Blot (or other medically recognized) test, performed in a qualified medical laboratory. Infected people are described as being HIV positive.

A person may be infected but show no symptoms of illness. People at this early stage of the disease are described as “asymptomatic.” Asymptomatic people feel well and are able to work or attend school without limitation.

At a later stage of the disease, the person may exhibit symptoms of AIDS. Persons with symptoms are described as “symptomatic.” Symptomatic people may have health limitation, not unlike any other disease, which periodically affect one’s ability to work or to attend school. Both asymptomatic and symptomatic persons carry the virus; however, they cannot transmit HIV through classroom or workplace contact with other students or employees. (See Section 3 for routes of transmission.)

3. ROUTES OF TRANSMISSION: HIV is transmitted from an HIV infected person to a non-HIV infected person in the following ways:

- A. sexual activity
- B. needle sharing for tattooing, ear or body piercing or to inject drugs, including steroids;
- C. direct infusion from blood or blood products, or
- D. during pregnancy, in the birth process, or after birth from breast milk.

HIV cannot be spread by casual contact, e.g. sitting together, sneezing or coughing on each other or eating together. Both [Rhode Island law \(G. L. 23-6-22\)](#) and the [Americans with Disabilities Act of 1990 \(P. L. 101-336\)](#) expressly prohibit discrimination against individuals who are infected with, or who are perceived to be infected with HIV. Being HIV positive is not grounds for dismissal from employment or enrollment in school. However, if an HIV infected person demonstrates behavior which puts another at risk of becoming infected with HIV (see routes of transmission listed above) then that behavior might lead to an alternative educational placement outside of the school setting. In the case of an employee, behaviors that pose a risk to others would be handled through the regular disciplinary process. The school physician shall participate in this risk assistance.

4. REPORTING HIV STATUS: When an employee or student has tested HIV positive, it is optional for that person to notify the superintendent of schools. Notification of an individual’s positive HIV status alone does not justify limiting that person’s involvement in the school. Informed individuals will be subject to the requirements of the [Rhode Island General Laws 23-6-17](#) and [5-37.3-7 in the Confidentiality of Health Care Information Act](#), as well as any and all other relevant federal and state laws and regulations relating to the confidentiality of Health Care Information Act, as well as any and all other relevant federal and state laws and regulations relating to the confidentiality of health care information. HIV related information cannot be transferred or released except as allowed by [Rhode Island General Laws \(23-6-17\)](#).

5. CONFIDENTIALITY OF EMPLOYEE AND/OR STUDENT HIV STATUS: Information concerning the identity of HIV positive employees/students must be kept confidential in accordance with Rhode Island [General Laws 23-6-17 and 23-6-18](#). Any written or electronic records containing this information should be kept in a locked file in the superintendent’s office and accessible only to those who have received written permission from the infected person. All school department employees and/or students who receive this information are bound by state and federal confidentiality laws.

6. PERSONS WHO MAY NEED TO KNOW: Persons in the school system who may need to know the identity of an HIV positive employee or student may include:

- A. the certified school nurse teacher and school physician, especially as liaison with the infected person's personal physician (in order to monitor the employee's/.student's health status and to help coordinate medical care;
- B. certain other employees of the school department; and
- C. the supervisor(s) principal of the employee/student;

The decision to inform personnel should be made by the Superintendent of Schools along with the infected employee/student and parent or guardian and, with a signed release of information, in consultation with the infected person's physician.

7. DISSEMINATION: This policy should be distributed annually through a minimum of the following methods:

- A. each student handbook will reference this policy and its availability;
- B. posting in a conspicuous place in each school and school administration building;
- C. posting in all faculty rooms
- D. dissemination to officials of collective bargaining units;
- E. dissemination and inservice to meet the needs of those parents whose language is other than English.

8. RIGHT OF APPEAL: This policy shall provide a student, parent/guardian or an employee with the opportunity to seek amendment to any record, written or electronic regarding his/her own HIV status. This does not foreclose the use of any other remedy such as grievances under a collective bargaining unit.

9. SCHOOL DECISION AUTHORITY: The superintendent of schools, as chief personnel officer, is responsible for ensuring that the purposes of this policy are implemented fully within the guidelines provided by both Rhode Island and federal laws.

The superintendent of schools, as the leader of the school district, is expected to demonstrate respect for infected person and to support that person's regular employment or attendance.

10. IMPLEMENTATION: This policy should be implemented in conjunction with an annual review of Universal Precautions and frequent opportunities for students, staff and parents to participate in HIV/AIDS education.

A. UNIVERSAL PRECAUTIONS

Universal Precautions and the provision of supplies necessary for implementing them.

Universal Precautions represent a commitment to safety and prevention. This policy can only work if Universal Precautions are taught annually to all staff and the supplies necessary for implementing them are available and current. Adherence to Universal Precautions should be considered for addition to all staff job descriptions and performance evaluations.

The key to understanding and implementing Universal Precautions is to treat all visible blood, from all students and staff, as potentially infected. Six procedures are necessary for the implementation of Universal Precautions.

1. Disposable latex gloves should be worn whenever you find yourself in a position where you could be touching any other person's blood.
2. Washing hands and skin is the single most effective health precaution for all viral and bacterial exposures.
3. Properly cover all wounds, cuts, oozing sores, or rashes.
4. Use bleach to clean up body fluid spills.
5. Clothes soiled with blood, vomitus, urine, or fecal matter should be handled while wearing gloves, placed in leak-proof bags, and washed in water that is at least 160 degrees in temperature.
6. Avoid accidental needle sticks. (Nurses who administer injections should not recap needles. Needles and other sharp items should be thrown away in puncture-resistant containers.)

B. AIDS EDUCATION

A comprehensive ongoing AIDS education program should be available for all students, parents and staff. School nurse teachers and health educators should be involved in the planning and implementation of all components of AIDS education program for parents and staff.

B1. STUDENTS

Students are required to receive AIDS education annually as part of comprehensive health education. At each grade level they are provided with information which addresses their fears and examples of how they can enhance the lives of their friends and families who may be infected with HIV. Universal Precautions should be outlined early on in the curriculum. At each level the information on prevention, high-risk behaviors and medical information about the virus is more detailed.

B2. PARENTS

If students are to benefit from AIDS education or any AIDS policy, schools must provide a means for parents to become involved with on-going AIDS informational sessions, discussion groups and programs.

Parents have fears; sometimes more concerns and questions than their children. Each session should be planned to address their concerns and questions as well as providing them with information on transmission.

Parent sessions could be planned to take place prior to the AIDS component in health education each year, and discussion groups and other programs could be planned with parents, annually, to insure that they have the best possible information to discuss this virus with their children.

B3. STAFF

All staff need regular professional development in the area of HIV/AIDS. Those who work with and around students need to participate in similar activities as parents. Staff who coach a team, drive buses, clean buildings, provide support services and teach, counsel or administer education are all likely to be confronted with situations where proper use of Universal Precautions and a thorough understanding of how HIV is and is not transmitted, is very important to their/and others health and comfort.

Those who teach about the disease and its relationship to other high-risk behaviors, just like parents, students, and other staff, need to deal with their own fears and questions both related

to their past and present behavior as well as their role as health educators, school nurse/teachers or elementary teachers of students who may be HIV positive. Once these fears are broken down, they need to participate in professional development experiences which will increase their comfort level with teaching about HIV and provide them with assistance in planning and developing meaningful experiences for students.

TECHNICAL ASSISTANCE

Staff from the Department of Health, AIDS Office and Department of Education, Office of Integrated Social Services are available to assist school administrators and health personnel in planning sessions for and with parents and staff.

HIV/AIDS GLOSSARY OF TERMS

Acquired Immunodeficiency Syndrome (AIDS) – a life threatening form of HIV infection wherein the body's immune system is incapable of fighting off certain types of disease.

Enzyme-linked immuno-sorbent assay test (ELISA) – a test used to detect antibodies in blood samples, used to detect the presence of antibodies to HIV.

Human Immunodeficiency Virus (HIV) – The accepted name for the recognized causal agent of AIDS.

Sexual Activity – any sexual contact which may involve the transfer of infectious fluids, i.e. blood, semen, vaginal secretions, breast milk.

Universal Precautions – precautions which are undertaken to treat all visible blood, and any bodily fluid which may contain blood, as potentially infected.

Western Blot – a confirmatory blood test for HIV; used after an ELISA test is positive.

References: "HIV/AIDS Terminology", American College Health Association, Rockville, MD, 1989.

Taking Action on AIDS, The Albert E. Trieschman Center, Needham, MA 1990.

Resources

For more information, contact the:
Superintendent of schools;

[Department of Education, Office of Integrated Social Services, HIV/AIDS Specialist](#)

277-4600. x. 2369

[Department of Health, Office AIDS/STDs](#)

277-2320

[Rhode Island Project AIDS](#)

1-800-726-1010

[CDC National AIDS Hotline](#)

1-800-342-AIDS