Students

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

SCHOOL ATTENDANCE

The Regional School Committee adopts the policy statement concerning School Attendance and Acquired Immune Deficiency Syndrome (AIDS) as provided by the Commissioner, Massachusetts Department of Public Health (Correspondence to Superintendent, September 6, 1985) and endorsed by the Department of Education.

Consistent with this policy statement provided by the Department of Public Health (attached), the Committee believes that the following additional policy statements are needed in order to implement the State policy in the Regional School District:

STUDENTS

1) When informed that a student has been diagnosed as having AIDS or clinical evidence of the AIDS associated virus (HTLV III), the student shall not be allowed to attend school until his/her personal physician informs the Superintendent, in writing, that the student’s attendance presents no danger of AIDS infection to other students and staff.

2) It is expected that any student who has been diagnosed as having AIDS or clinical evidence of the AIDS associated virus (HTLV III) shall inform the Superintendent immediately of this condition.

3) For all known cases of AIDS, the School Nurse shall maintain continuous communication with the personal physician, of each student with AIDS in order to insure that the student’s attendance at school causes no health hazard for others.

4) If it is determined by the student’s personal physician that a student known to have AIDS should not attend school because of his/her AIDS infection, the student shall be dismissed immediately. He/she shall not be allowed to return to school until authorized by the Superintendent upon receipt of a written medical clearance from the student’s personal physician.

5) In the interest of confidentiality, only those persons with an absolute need to know shall have knowledge of a student(s) known to have AIDS.

6) Given an acceptable medical clearance from the student’s personal physician, instructional services shall be made available to the AIDS-afflicted student in the home and/or hospital setting. If, in the Superintendent’s judgment, a second medical opinion is appropriate, he shall refer the matter to the Department of Public Health via the State Department of Education. If the Department of Public Health concurs with the student’s personal physician, home/hospital instruction shall be provided. If there is no concurrence, home/hospital instruction shall not be provided. During the interim period, no home/hospital instruction shall be provided directly. Instructional materials and assignments, however, shall be made available to the affected student. In addition, staff shall be available by telephone to assist the student as needed.
1) When informed that a staff member has been diagnosed as having AIDS or clinical evidence of the AIDS associated virus (HTLV III), the staff member shall not be allowed to attend school until his/her personal physician informs the Superintendent in writing that his/her attendance presents no danger of AIDS infection to students and other staff.

2) It is expected that any staff member who has been diagnosed as having AIDS or clinical evidence of the AIDS associated virus (HTLV III) shall inform the Superintendent immediately of this condition.

3) For all known cases of AIDS, the School Nurse shall maintain continuous communication with the personal physician of each staff member with AIDS in order to insure that the staff member’s attendance at school causes no health hazard for others.

4) If it is determined by the staff member’s personal physician that the staff member should not attend school because of his/her AIDS infection, the staff member shall be sent home immediately and placed on paid sick leave until he/she is medically authorized to return to work or until his/her personal sick leave is exhausted. The AIDS—afflicted staff member shall not be allowed to return to school until his/her personal physician provides the Superintendent written medical clearance stating that the staff member presents no danger to the health of students and other staff members.

5) If it can be medically determined by the staff member that he has contracted his illness as a result of his employment and this staff member exhausts his sick leave before his return to work, he shall continue to receive compensation only in accordance with the provisions of Article 15, Paragraph 157, Sick Leave Bank.

6) If it can be medically determined that the staff member did not contract his illness as a result of his employment and this staff member exhausts his sick leave before his return to work, he shall not continue to receive compensation.

7) If it cannot be medically determined by the staff member that he has contracted his illness as a result of his employment and this staff member exhausts his sick leave before his return to work, he shall be allowed to receive compensation only in accordance with the provisions of Article 15, Paragraph 157 Sick Leave Bank.

8) In the interest of confidentiality, only those persons with an absolute need to know shall have knowledge of a staff member known to have AIDS.
Epidemiologic studies show that AIDS is transmitted via sexual contact or blood to blood contact. To date, there is no recorded transmission of AIDS to family members who are non-sexual contacts. This fact is also observed with medical personnel who directly care for and are exposed to AIDS cases. Since there is no evidence of casual transmission by sitting near, living in the same household, or playing together with an individual with AIDS, the following guidelines are recommended by the Governor’s Task Force on AIDS for implementation in school systems throughout the Commonwealth.

1) All children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV III) and receiving medical attention are able to attend regular classes.
   a. If a child has cutaneous (skin) eruptions or weeping lesions that cannot be covered, he/she should not be in school.
   b. If the child exhibits inappropriate behavior which increases the likelihood of transmission (i.e., biting or frequent incontinence), he/she should not be in school.
   c. Children diagnosed with AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV III), who are too ill to attend school, should have an appropriate alternative education plan.
   d. Siblings of children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV III) are able to attend school without any further restrictions.

2) The child’s personal physician is the primary manager of the child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV III). Management includes acting as the “gate keeper” for the child’s attendance at school in accordance with the policy outlined above.
   a. The child’s personal physician, after consultation with the family, is responsible for reporting cases of AIDS to the Massachusetts Department of Public Health’s Division of Communicable Disease. The school superintendent will be notified and will provide assistance in identifying those educational or health care agents with an absolute need to know.
   b. Only persons with an absolute need to know should have medical knowledge of a particular student. In individual situations, the superintendent might notify one or more of the following:

   PRINCIPAL
   School Nurse
   Teacher

   c. Notification should be by a process that would maximally assist patient confidentiality. Ideally, this process should be direct person to person contact.
d. If school authorities believe that a child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV III) has evidence of conditions described in #1, then the school authorities can dismiss the child from the class and request authorization from the child’s personal physician so that class attendance is within compliance with school policy.

3. Since the child diagnosed as having AIDS or with clinical evidence of infection with the AIDS Associated virus (HTLV III) has a somewhat greater risk of encountering infections in the school setting, the child should be excluded from school if there is an outbreak of a threatening communicable disease such as chicken pox or measles until he/she is properly treated (possibly with hyperimmune gamma globulin) and/or the outbreak has no longer become a threat to the child.

4. HTLV III screening is a blood test for detecting the presence of antibody to the HTLV III virus. Antibodies are substances produced by white blood cells that help fight infection caused by viruses or bacteria. Testing for HTLV III antibody is not recommended for any purposes other than to assist the child’s personal physicians in a highly selected set of clinical decisions. Results of HTLV III antibody tests are confidential and should not be reported to schools.

5. Blood or any other body fluids including vomitus and fecal or urinary incontinence in any child should be treated cautiously. It is recommended that gloves be worn when cleaning up any body fluids.
   a. These spills should be disinfected with bleach (one part bleach to ten parts water), or another disinfectant, by pouring the solution around the perimeter of the spill.
   b. All disposable materials, including gloves, should be discarded into a plastic bag. The mop should also be disinfected with the bleach solution described in 5A.
   c. Persons involved in the cleanup should wash their hands afterward.

6. In-service education of appropriate school personnel should ensure that proper medical and current information about AIDS is available.