

Billings School District 2

STUDENTS

Communicable Diseases

AIDS/HIV Procedure

ADMITTANCE TO SCHOOL CANNOT BE DENIED A STUDENT SOLELY ON THE DIAGNOSIS OF AIDS. Exclusion of a student from school must be determined on a case-by-case basis and must consider the following information concerning the individual:

- Behavior
- Neurological Development
- Physical Condition
- Expected Type of Interaction with Others
- Risk and Benefit to Both the Infected Individual and Others in That Setting

Students to be Considered for Exclusion:

By way of example only, and as determined by the responsible team listed below, these students shall be considered for exclusion from the school environment: AIDS/HIV-infected preschool children or those neurologically handicapped who lack control of their bodily secretions, or any infected child who displays behaviors such as biting, vomiting or other behaviors that would allow for the transmission of a bodily fluid or other body matter to be excreted or expelled. The School District shall provide an appropriate alternative educational program.

Determination Responsibility

A team composed of the infected individual and/or his/her parents, public health personnel, the infected student's physician, and school personnel will make a team decision on the appropriateness of this exclusion. The team will follow all statutes and rules governing the placement of a handicapped child as defined in the Education of All Handicapped Children Act (EAHCA). Any decision will be re-evaluated as the condition of the infected individual changes.

Privacy

The school shall respect the right to privacy of the individual student. The School District shall limit access to confidential information to those who have a legitimate educational interest in the student. The School District, its employees and agents shall confine the knowledge that a child is AIDS/HIV infected to those selected persons with the need to know, as determined by the Superintendent. Those selected persons shall not discuss with anyone, other than the other selected persons, any matter pertaining to the medical condition of the AIDS/HIV-infected student.

Affected Persons

The Superintendent of Schools, in consultation with medical and public health personnel, may grant the option of not working to anyone who, upon a clear and convincing showing, demonstrates his/her inability to work or interact in the school setting with an AIDS/HIV-infected individual. Such demonstration shall include adequate proof of such inability including medical, psychological or psychiatric evidence.

For most infected school-aged children, the benefits of an unrestricted setting would outweigh the risks of contracting other harmful infections in the setting. To that end, it is the intention of the Billings Public Schools to allow an AIDS/HIV-infected student to remain in the school environment as long as is appropriate.

Care involving exposure to the infected child's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the child's AIDS/HIV infection. In any setting involving an AIDS/HIV-infected person, good hand washing after exposure to blood and body fluids and before caring for another child should be observed, and gloves should be worn if open lesions are present on the caretaker's hands. Any open lesions on the infected person should also be covered.

Because other infections in addition to AIDS/HIV can be present in blood or body fluids, all schools and other facilities should adopt routine procedures for handling blood or body fluids. Surfaces soiled with blood or body fluids should be promptly cleaned with disinfectants, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucous membranes to the blood or body fluids.

Mandatory screening as a condition for school entry is **not** warranted.

Persons involved with infected individuals should respect the right of privacy, including maintaining confidential records. The number of personnel who are aware of the individual's condition should be kept at a minimum needed to assure proper care and to detect situations where the potential of transmission may increase.

In-service training should be provided to staff, parents, and selected children.

Extreme care should be taken to prevent accidental wounds from potentially contaminated sharp instruments such as needles, scissors, or knives.

Implementing Policy 3417 Communicable Diseases

Cross References: Policy 6430 Development of Administrative Procedures
 Procedure 3417-P2 Head Lice Guidelines

Legal References: 16.28.201, ARM Reporters
 16.28.202, ARM Reportable Diseases

16.28.403, ARM	Investigation of a Case
16.28.5, ARM	Isolation, Quarantine, Disinfection
16.28.6, ARM	Specific Control Measures

Procedure History:

Issued by Superintendent on: February 28, 2005

Presented to Board on: March 21, 2005

Revised on: