

Lower Merion School District

Policy No.:	203
Section:	PUPILS
Title:	BLOOD BORNE PATHOGENS
Date Adopted:	2/20/89
Date Last Revised:	7/17/06 – Replaces prior 203 HTLV-III Infection (AIDS)

203 BLOOD BORNE PATHOGENS

Blood borne pathogens, such as Hepatitis B (HBV) and the human immunodeficiency virus (HIV), can be harmful, and in some instances, potentially fatal to persons who are exposed. Blood borne pathogens are not spread by casual contact, but through contact with blood or other bodily fluids. Accordingly, the purpose of this policy shall be to safeguard the health and well-being of all members of the school community while protecting the rights of the individual.

This policy will be reviewed and updated periodically to take into account any new information or legislation.

"Blood borne pathogen" means a microorganism carried by human blood and other bodily fluids which can cause disease in humans.

"Body fluid" means all human body fluids and secretions, including but not limited to, blood, feces, urine, semen, vomitus, saliva and respiratory secretions.

"Exposure" or "exposure incident" means contact with an eye, mouth, mucus membrane, non-intact skin, skin with dermatitis, under fingernails, cuts, abrasions, chafing.

"Infected individual" means a person who has been diagnosed with a disease caused by a blood borne pathogen regardless of symptomology.

"Source individual" or "source patient" means any individual whose blood or bodily fluids may be a source of occupational exposure to the employee or students.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for blood borne pathogens.

This policy shall apply to all students in all programs conducted by the school district.

The Board directs that the established district policies and procedures that relate to illnesses among students shall also apply to infected students.

The Board shall not require routine screening tests for blood borne pathogen infection in the school setting, nor will such tests be a condition for attendance unless required by law.

The District may not access any person's confidential HIV-related information or disclose such information unless the District has the person's written informed consent or unless the District has a compelling need to access or disclose information as defined by law.

The Superintendent or designee shall be responsible as the central contact for handling and

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releasing information concerning infected students.

The District shall take Universal Precautions to prevent exposure by treating all human blood and bodily fluids as if known to be infectious for HIV, HBV or other blood borne pathogens. Universal Precautions shall be set forth in an Exposure Control Plan developed by the Superintendent or designee. All students shall be required to consistently follow Universal Precautions in all settings and at all times.

Building administrators shall notify district employees, students and parents about current Board policies concerning blood borne pathogens and shall provide reasonable opportunities to discuss the policy and related concerns.

Building administrators shall make students aware of their responsibility to notify the school nurse, teacher or principal of all incidents of exposure to bodily fluids.

The Superintendent shall develop and implement administrative procedures addressing the following in accordance with this policy

1. Assessment
2. Confidentiality
3. Employee training and records of training;
4. Use of Personal Protective Equipment;
5. Vaccination;
6. Evaluation of Exposed Employees and Students; and
7. Medical Records

The Superintendent or designee shall report periodically to the Board regarding the effectiveness of this policy and shall make recommendations for revision in accordance with developments in medical research and treatments.

Exposure Control Plan

The Superintendent or designee shall develop an Exposure Control Plan in accordance with this policy and CDC Guidelines, which shall contain the following:

- 1) An exposure determination;
- 2) A schedule and method of implementation;
- 3) Procedures for the evaluation of circumstances surrounding exposure incidents; and
- 4) Procedures for record keeping. [See 29 CFR 1910.1030]

A copy of the Exposure Control Plan shall be located in all building administrators' and nurses' offices. The exposure control plan shall be reviewed and updated at least annually, or more often as needed to accommodate work place changes.

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Attendance

Infected students have the same right to attend school and receive services as any other students and shall be subject to the same policies and rules. Infection with a blood borne pathogen shall not be the sole factor in decisions concerning class assignments, privileges or participation in any school-sponsored activity.

A Screening Team comprised of the Superintendent or designated central contact, building principal, school nurse, district physician, and including the student's parent or guardian and attending physician shall evaluate the educational placement of an infected student. Placement decisions shall be based on the known infected student's behavior, neurological development, physical condition, expected interaction with others in the school setting, and the criteria proposed by the CDC.

First consideration must be given to maintaining the infected student in a regular assignment. Any decision for an alternative placement must be supported by specific facts and data.

An infected student who is unable to attend school, as determined by a medical examination, shall be considered for homebound instruction or an alternative placement.

An infected student may be excused from school attendance if the parent or guardian seeks such excusal based on the advice of medical or psychological experts treating the student.

An infected student's placement shall be reassessed if there is a change in the student's condition or the student's need for accommodations.

Confidentiality

The Superintendent or designee shall determine which school personnel will receive information about an infected student. The number of individuals informed of an infected student's status shall be kept to the minimum required to assure proper care and supervision of the student as well as to protect the school population. Anonymity shall have high priority.

All district employees and students have a duty to preserve the confidentiality of all information concerning an infected student. Serious disciplinary consequences shall result from a breach of confidentiality by an employee or student.

Information about infected students in the school setting shall not be disclosed to the general public, undesignated school employees, or other groups without a court order or the informed, written, signed and dated consent of the infected student or a parent or guardian if the student is a legal minor. The Superintendent may seek a court order disclosing the name of an infected student to one or more members of the general public where, in the judgment of the

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Superintendent, in consultation with the District physician and Solicitor, such disclosure is necessary to protect the health, safety and welfare of one or more members of the school community. The Superintendent will establish and promulgate procedures to ensure that the Superintendent is made aware of incidents of potential infection of or other exposure to blood borne pathogens to members of the school community by a District student.

All health records, notes and other documents referring to a student's infection status shall be secured and kept confidential as required by law.

35 P.S. §7601 et seq
42 U.S.C. §12101 et seq
P.L. 103-3 of 1993