

STUDENTS

Exposure to Blood, Body Fluids, Viral and Bacterial Disease and Human Immunodeficiency (HIV) Virus

These procedures are designed to provide effective precautions against transmission of disease in the school setting. They apply to students and address exposure to blood and other body fluids, viral and bacterial diseases and human immunodeficiency virus (HIV).

The District will follow the guidelines established by the Office of the Superintendent of Public Instruction in the most recent Infectious Disease Control Guide for School Staff regarding control and spread of communicable diseases and the exclusion from school of students with a variety of viral or bacterial communicable diseases.

No distinction is made between body fluids from persons with known disease and those from persons with an undiagnosed illness or without symptoms. Body fluids of all persons should be considered to contain potentially infectious agents. The term "body fluids" include the following human body fluids:

Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Body fluids will be handled as in the prescribed guidelines in the most recent Infectious Disease Control Guide for School Staff. Should a student be identified in the district who is HIV Positive or has the symptoms of AIDS, the guidelines developed by the Center for Disease Control, the State Department of Social and Health Services, and the American Academy of Pediatrics will be followed.

- A. Students infected with the HIV virus, except for those subject to the conditions described in (E.) below should be allowed to attend school and before-and-after school care in an unrestricted manner because of the apparent nonexistent risk of transmission of HIV in these settings.
- B. The infected student should be considered eligible for all rights, privileges and services provided by law and local policy of the school district.
- C. Following consent for release of information provided by the parent or guardian of an infected student, communication will be established with the student's licensed health care professional. The licensed health care professional will be able

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to provide the guidance described in (D) below and will also serve as part of the team described in (E) to be used in making decisions about preschool or neurologically handicapped children who lack control of their body secretions or who display behavior at increased risk of virus transmission such as biting and scratching.

- D. For most infected students, the benefits of a normal school setting would outweigh the risks of their acquiring potentially serious infections in that setting. Assessment of the risk to the immunosuppressed students of attending school in an unrestricted setting is best made by the student's licensed health care professional who is aware of the student's immune status.

- E. A few infected students may potentially pose more of a risk to others. Students who lack control of their body secretions, who display behavior such as biting or who have other medical conditions, such as uncovered oozing lesions, require a more restricted environment until more is known about transmission of the virus under these conditions. Individual judgment needs to be made regarding placement of students with such behaviors and medical conditions. These decisions are best made using the team approach. The team may include the student's licensed health care professional, the parents or guardian of the student; the principal, school nurse and teacher or preschool/childcare program leader from the proposed educational setting. The Director of Student Services will consider the recommendations of the team in establishing the most appropriate placement for the student.

No person may disclose or be compelled to disclose the identity of any person upon whom a test for a sexually transmitted disease is performed, or the results of such a test or any information relating to diagnosis of or treatment for sexually transmitted disease in a manner which permits identification of the subject of the test, diagnosis, or treatment. There are no exceptions that allow a school district to decide that certain persons "need to know" that a student has HIV/AIDS. When an infected person informs the school district of his or her HIV/AIDS status, the school district should ask why that information is being provided and to whom it should be disclosed, and should obtain a release to make such disclosures. With a release, the school district employee to whom the information is given cannot relay that information to any other person including other district employees.

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To be effective, a release must be signed, dated, and must specify to whom disclosure is authorized and the time period during which the release is to be effective [RCW 70.24.017\(12\)](#). A general authorization for the release of medical or other information is **not** sufficient for this purpose.

Records documenting the HIV/AIDS status of a student should not be placed in the student's regular school file. Since HIV/AIDS records cannot be placed in existing files, new ones must be created. Where and how these new files will be kept will be dictated by individual circumstances. Consultation should be sought on a case-by-case basis from the Director of Student Services. This consultation shall be made without providing the identity of the person to the Director of Student Services.

The only exceptions to these confidentiality rules involve court orders to obtain information necessary for treatment.

Students in grades 5-12 and all district staff shall receive HIV/AIDS awareness and prevention training in accordance with [RCW 28A.230.070](#) and [WAC 392.198.005](#).