

## **4065 HIV INFECTION**

The School Board recognizes that the epidemic of AIDS has the potential to interfere with the educational process, both for those infected with HIV and for those who lack knowledge that there is no evidence that the virus is transmitted in casual contact settings such as schools. Furthermore, education is the primary vehicle for prevention of this disease. Therefore, the role of the educational system is to respect the rights of individuals with HIV infection to education, to privacy, and to be free from discrimination; to respect the rights of others in the system to be educated and to work in a safe environment; and to educate administrators, staff, and students about preventing and reducing the risk of HIV transmission.

### **1. Fiscal Management**

The School District may accept funds for the development and implementation of AIDS prevention and risk reduction programs from public and private sources including public health funds and foundations, department professional development funds, federal block grants, or other federal or state grants.

### **2. Student Services**

a. Access. Student services will be readily available so that staff and students can receive specific information regarding HIV infection, counseling, and assistance in locating and using health services and social services.

b. Handicap/Disability. Each student with HIV infection is considered handicapped according to Section 504 of the federal Vocational Rehabilitation Act. The need for the development of an Individual Education Plan (IEP) shall be determined according to policies governing eligibility for special education services. If an Individual Health Plan (IHP) is developed which relates to educational objectives of the IEP, the IHP is to be included in the IEP.

### **3. Facility Development/System-Wide Issues**

a. Discrimination/Harassment. Discrimination, hostility or intimidation or offensive behavior is not permitted against any staff member or student with HIV infection.

b. Data Privacy/Confidentiality. The district protects the privacy rights of staff and learners of all ages. Therefore, knowledge that a specific staff or student is HIV infected will be shared only with permission of the adult or, for a minor child, the parent or guardian.

c. Local District Support Team. The School District shall establish a Local District Support Team comprised of qualified persons identified by the Superintendent to assist in preparing the School District's response when learning that a student or staff member is infected with HIV. Members may include, in addition to the Superintendent, the Chairperson of the School Board, School District attorney, a building principal, classroom teacher, and the licensed school nurse. The Community Health Services HIV

Resource person and a member of the local HIV Task Force may also be members.

d. Screening/Testing for the Presence of HIV. Mandatory screening for HIV (such as the HIV antibody test) as a condition of employment or enrollment is not warranted.

e. Safety Precautions. Universal precautions for handling all blood and body fluids according to Centers for Disease Control (CDC) guidelines will be implemented.

#### 4. **Personnel**

a. Employment of Personnel with HIV Infection.

Employees who are HIV infected will continue their employment and regular assignments. If their health status interferes with performance of essential job functions, then employees have the right to reasonable accommodation. Current CDC Recommendations for Preventing Transmission of HIV in the Workplace are to be followed.

b. Information about HIV Aids, Other Chronic Infectious Diseases and Communicable Diseases for School Personnel

(1) In-service training will be provided to all personnel, drawing on School District and community public health resources. Information will include School District policies, etiology of diseases, transmission of diseases, universal precautions, prevention, risk reduction, and community resources for information and referral. Periodic updates will be provided through in-service or memoranda.

(2) In accordance with federal and state data privacy requirements, educators will be notified about students with chronic infectious diseases only as it is necessary to provide an appropriate education for students.

#### 5. **Curriculum and Instruction**

a. Sexual Health and Responsibility

(1) Early Childhood and Elementary: Students in early childhood, primary, and intermediate grades will receive instruction in sexual health and responsibility, including age-appropriate information about anatomy and physiology; rights and responsibilities of individuals to make personal choices in behavior and relationships; and information about sexually transmitted diseases, including HIV infection, in answer to questions and concerns.

(2) High School, Middle School, and Adult Learners: Middle school, senior high, and adult learners will receive instruction in sexual health and responsibility, including information on anatomy and physiology; rights and responsibilities of individuals to make personal choices in behavior and relationships; respect for the choices of individuals; and specific information about sexually transmitted diseases, including

AIDS, and including prevention, risk reduction, and access to community resources. Programs will be planned and implemented in coordination with community resources.

b. Chemical Health and Responsibility. Learners of all ages will have specific instruction about the risks of chronic infectious diseases such as HIV infection and Hepatitis-B incorporated into the chemical health and responsibility curriculum. Also, the effects of chemical use on decisions and behavior related to the risk of HIV transmission will be addressed.

c. Equity Education. Learners of all ages will review concepts of the rights of individuals, including data privacy rights, tolerance of differences in lifestyle, and how fear and lack of information can lead to prejudice or other forms of minimizing the rights of individuals. AIDS and other chronic infectious diseases will be included.

## 6. **Students**

### a. Student Health and Welfare

(1) Communicable or Chronic Infectious Disease. A procedure for minimizing interruptions to learning from communicable or chronic infectious diseases will be established by the school nurse in consultation with school administrators, and community public and private health care providers.

(2) Enrollment and Attendance of Students with HIV Infection. Any student who is HIV infected will continue his/her education in the regular classroom setting unless health status interferes with performance. Determinations for special precautions and needs will be made on a case-by-case basis in consultation with the person's physician, community health agency, and/or the Minnesota Department of Health. The most current MDH Guidelines for School Placement for Children and Adolescents with HIV Infections are adopted.

(3) Early Childhood Education and Day Care Settings for Young Children Infected with HIV. In accordance with the Minnesota Department of Health Guidelines for Children in Day Care Settings, children who are known to have HIV infection and do not pose a potential increased risk of transmission shall be allowed to attend day care and early childhood programs in an unrestricted manner. HIV infected children who pose a potential increased risk of exposing others to blood should be evaluated for attendance on a case-by-case basis by public health authorities and clinicians involved in the child's care. In addition, assessment of the risk to the immune-suppressed child of developing severe complications or infections should be assessed by the child's physician. Determinations for special precautions and needs will be made on a case-by-case basis and reviewed periodically as the child's development and self care skills change. Due to the frequent and easy transmission of all germs in the day care setting, environmental precautions for handling body fluids will be carefully implemented.

(4) Students with Special Health Problems. Procedures to minimize the interference of acute and chronic health problems with learning will be established. These procedures will address identification of health problems and the impact on learning and growing, development and implementation of an individualized health plan, and communication with the primary health care provider.

7. **School Community Relations**

a. A School Health/Human Services Advisory Committee. A committee or task force will be established to review the district AIDS-related curricula and policies on a regular basis. Sexual and chemical health curricula will be reviewed to ensure appropriate content, support effective instruction strategies, and offer community expertise to teachers and school nurses.

b. Community Network. Staff will collaborate with public and private organizations involved in AIDS prevention to facilitate effective program development and ensure access to needed health and social services.

8. **Relationship to Other Education Agencies**

Cooperation and coordination between other school districts and ECSUs will be encouraged when designing and implementing an AIDS prevention and risk reduction program.

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