

Adopted by Jackson School Board – October 12, 1999

HIV/AIDS POLICY

No restriction will be placed on any person with HIV/AIDS in relation to attendance, use of recreational facilities, classrooms, or common areas within the school setting. Strict confidentiality will be followed per federal and state law. Disclosure to any person of the status of an HIV infected person will only happen with written consent from a parent or guardian or student if 18 years or older.

The Jackson School District will follow the most current Centers for Disease Control and Prevention (CDC), Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health Care Settings and the Federal Occupational Safety and Health Administration (OSHA) standards.

HIV education will be provided in health classes to both junior high students and high school students. Content will include the definition of HIV/AIDS and how it is transmitted. Details of the curriculum will be based on the approved health curriculum by the School Board.

Procedures

Attendance

Access to Facilities – There is no justification (medical or otherwise) to deny or restrict access of persons with HIV infection to classrooms, office buildings, eating and recreational facilities, or other such common areas within the school setting.

Athletic and Recreational Programs – Students with HIV/AIDS who are capable of vigorous sports activity will not be restricted from recreational sports, intramural, or interscholastic athletic participation.

Discrimination – A student shall not be excluded or discriminated against solely based on his/her HIV/AIDS status. They are entitled to all rights, privileges and services accorded to other students.

Discipline for infraction of these rules will be handled in the same way as any other form of discrimination.

Confidentiality

Due to the gravity of the HIV/AIDS epidemic and the potential for discriminatory abuse targeted against those who are or are thought to be HIV positive, maintenance of an individual's right to privacy is of utmost importance.

All matters regarding a student's health and medical information, including HIV related information, are to be managed in a confidential manner. HIV related information means any information that is likely to identify, directly or indirectly, someone suspected of or actually having HIV infection or AIDS. Any written information regarding a student or staff person's HIV/AIDS status will be kept in a secure location separate from the student's academic file or the staff person's personnel file. (See also NH laws regarding HIV/AIDS 141-F.)

Legal / Liability

HIV related information is confidential regardless of the source, including whether the information is obtained intentionally or unintentionally from the student or from another source; or through oral, written, or electronic communication. Disclosure of HIV related information could result in a loss of privacy, harassment, and discrimination against the student or staff person and his/her family. Unauthorized disclosure by staff could lead to individual liability as well as criminal or civil penalties against school districts and their personnel. (See also NH laws regarding HIV/AIDS 141-F.)

The Family Educational Rights and Privacy Act of 1974 and other laws protect individuals from unauthorized disclosure of confidential information. More specifically, this means that no medical information will be released unless there is prior specific written consent. Written consent is defined as a written authorization to disclose of medical information by the

student (if eighteen years of age or older), his/her parents, or his/her legal guardians. It also means that no specific or detailed information concerning complaints or diagnosis will be provided to faculty or administrators without written consent. Further, no information about a student will be entered into non-medical or education records without the knowledge and written consent of the student and/or guardian.

Occupational Safety

Training regarding universal precautions will be provided for all staff, substitute teachers, and new staff on an annual basis. The training will include a demonstration of procedures and an opportunity for hands-on experience to demonstrate proficiency. As described by CDC guidelines, training techniques for preventing the spread of infectious diseases should be comprehensive and should be provided to all staff. Jackson School District will follow state guidelines for reporting communicable diseases.

Each school will provide materials necessary to follow universal precautions. School nurses are the appropriate staff members to assist in the development of guidelines for the handling of body fluids based on the recommendations of the New Hampshire Department of Education, New Hampshire Division of Public Health Services, and the U.S. Centers for Disease Control and Prevention. All employees will be encouraged to comply with these guidelines in handling all blood or body fluids. See appendix, Handling Body Fluids in Schools.

In the case of an exposure to blood borne pathogens, a referral to the exposed person's primary health care provider will be recommended.

Transportation

The HIV infected student should be transported to school without restrictions. Bus drivers and drivers' aides do not "need to be informed" of the identity of HIV infected students. Bus drivers and drivers' aides should be instructed to follow universal precautions at all times with all students.

Testing and Counseling

Students who suspect they may be at risk of HIV infection are encouraged to be tested so the appropriate counseling and treatment can be initiated. Risk factors include engaging in high-risk behavior and/or having been subjected to a "high risk exposure" during the past ten years. A "high risk exposure" is defined as an event involving the introduction of blood into the blood stream, mucous membranes, and/or non-intact skin by splash or puncture wound.

Testing is voluntary and confidential and includes pre-test and post-test counseling. Information about testing may be obtained through the student's health care provider, the local Visiting Nurse Association, or by contacting the New Hampshire Department of Health and Human Services, HIV/AIDS Program. School nurses and guidance counselors will have local information concerning HIV testing, counseling and treatment

APPENDIX A

RECOMMENDATIONS FOR HANDLING BODY FLUIDS IN SCHOOLS

Recent concern about persons infected with HIV* has raised several questions regarding exposure of employees to potentially infectious body fluids from persons with communicable diseases in the work setting:

1. Does contact with body fluids present a risk of infection?
2. What should be done to avoid contact with potentially infected body fluids?
3. What should be done if direct contact with body fluids is made?
4. How should such fluids, when spilled, be removed from the environment?

The following recommendations are meant to provide simple and effective precaution against transmission of disease for all persons, including pregnant women, potentially exposed to the blood or body fluids of any individual. No distinction is made between body fluids from persons with a known disease or those without symptoms or with an undiagnosed disease.

DOES CONTACT WITH BODY FLUIDS PRESENT A RISK?

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomit, respiratory secretions, (e.g. nasal discharge), and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and is dependent on a variety of factors, including the type of fluid with which contact is made and the type of contact.

Except for blood, which is normally sterile, many body fluids contain dozens of types of germs, some of which may cause disease. Furthermore, many germs may be carried by persons who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including HIV and hepatitis viruses. In fact, transmission of communicable diseases may occur through contact with body fluids from well persons.

WHAT SHOULD BE DONE TO AVOID CONTACT WITH BODY FLUIDS?

When possible, direct skin contact with body fluids should be avoided. Disposable gloves are recommended when direct hand contact with any body fluids is anticipated (e.g. , treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). Gloves used for this purpose should be put in a plastic bag or lined trash can, secured and disposed of daily. Hands should be washed thoroughly after any contact with body fluids and before contact with any other person.

*The Human Immunodeficiency Virus (HIV) is the causative agent of AIDS.

WHAT SHOULD BE DONE IF DIRECT SKIN CONTACT OCCURS?

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may not be immediately available (e.g., when wiping a runny nose, applying pressure to a bleeding injury). In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. Clothing and other non-disposable items (e.g., towels used to wipe up body fluid) that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains (e.g., blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Disposable towels and tissues should be used whenever possible. Contaminated disposable items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves.

HOW SHOULD SPILLED BODY FLUIDS BE REMOVED FROM THE ENVIRONMENT?

Standard procedures should be instituted for removing body fluids (e.g., vomit). These procedures should be reviewed to determine whether appropriate cleaning and disinfection steps have been included. Sanitary absorbent agents specifically intended for cleaning body fluid spills (e.g., ZGOOP, Parsen Mfg. Co., Philadelphia, PA.) are available. Disposable gloves should be worn when using these agents. The dry material is applied to the area, left for a few minutes to absorb the fluid, and then vacuumed or swept up. The vacuum bag or sweepings should be disposed of in a plastic bag. Broom and dustpan should be rinsed in disinfectant. No special handling is required for vacuum equipment.

HAND WASHING PROCEDURES

Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds.

Soap suspends easily removable soil and microorganisms, allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

DISINFECTANTS

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectants will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

1. Ethyl or isopropyl alcohol (70%)
2. Phenolic germicidal detergent in a 1% aqueous solution (e.g., Lysol*).

3. Sodium Hypochlorite with at least 100 ppm available chlorine (1/2 cup household bleach in one gallon of water, needs to be freshly prepared each time it is used).
4. Quarternary ammonium germicidal detergent in 2% aqueous solution (e.g., Tri-quat*, Mytar*, or Sage*).
5. Iodophor germicidal detergent with 500 ppm available iodine (e.g., Wescodyne*).

DISINFECTION OF HARD SURFACES AND CARE OF EQUIPMENT

After removing the soil, a disinfectant should be applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in a toilet or a plastic bag as appropriate. Non-disposable cleaning equipment (dust pans, buckets) should be thoroughly rinsed in the disinfectant. The disinfectant solution should be promptly disposed down a drain pipe. Remove gloves and discard in appropriate receptacles.

DISINFECTION OF RUGS

After apply a sanitary absorbent agent, let the rug dry then vacuum. If necessary, mechanically remove the agent with dust pan and broom, then apply rug shampoo (a germicidal detergent) with a brush and re-vacuum. Rinse dust pan and broom in a disinfectant. If necessary, wash the brush with soap and water. Dispose of non-reusable cleaning equipment as noted above.

LAUNDRY INSTRUCTIONS FOR CLOTHING SOILED WITH BODY FLUIDS

The most important factor in laundering contaminated clothing is elimination of potentially infectious agents by soap and water. Addition of bleach will further reduce the number of potentially infectious agents. Clothing soaked with body fluids should be washed separately from other items. Pre-soaking may be required for heavily soiled clothing. Otherwise, wash and dry as usual. If the material is bleachable, add ½ cup bleach to the wash cycle. If the material is not colorfast, add ½ cup non-clorox bleach (e.g., Clorox II, Borateem) to the wash cycle.

*Brand names used only for examples of each type of germicidal solution and should not be considered an endorsement of a specific product.