

Communicable Disease: Human Immunodeficiency Virus

In accordance with "Guidelines for Schools with Children who have Hepatitis B Virus or Human Immunodeficiency Virus Infections," Oregon Health Division, Department of Human Resources, January 1995.)

I. Identification and Education Planning

- A. In the event that a child with AIDS is reported, the Health Division or County Health Department will immediately request the parent/legal guardians, if they wish the child to continue to receive education, to notify the local school District Superintendent. The local health officer or Oregon Health Division administrator will issue an order to exclude the child from school until the school Superintendent has been notified and an educational program has been planned for the child. In order to determine whether special measures are necessary for continuing the education of the child, as well as the child's involvement in non-classroom activities (e.g., athletic events), the Superintendent or designee and the health agency shall convene a planning team to include the following:
 - 1. Child's parents/legal guardians
 - 2. Child's physician
 - 3. Representative of the Oregon Health Division and/or local Health Department
 - 4. School Superintendent or designee
 - 5. Director of Special Education, who may act as the Superintendent's designee
 - 6. Representative of the Department of Education (optional)

- B. For the preschool child receiving regular care outside the home, the planning team will include:
 - 1. Child's parents/legal guardians
 - 2. Child's physician
 - 3. Representative of the Oregon Health Division and/or local Health Department
 - 4. Representative of the care provider
 - 5. Director of Special Education

Planning team members will receive up-dated information provided by the Oregon Health Division in order to best evaluate the needs of the child and any risks to others in the school setting. Decisions regarding the type of educational setting will be based on the behavior, neurological development and physical condition of the child and the expected type of interaction with others in that setting. The planning team will submit to the Superintendent within five (5) days after the convening of the planning team a written report of the team's findings and recommendations.

In general, it is expected that HTLV-III infected school-aged children (K-12) will be able to attend school without restriction. Until more is known about the degree of risk, it is expected that HTLV-III infected children under the age of five years will face some restriction of contact with other children in school and care settings.

For neurologically disabled children who lack control of their body secretions or who display behaviors such as biting, and those children who have uncoverable, oozing lesions, a more restricted environment and medical testing may be determined necessary until more is known about transmission from such individuals. Such individuals will be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

II. Re-evaluation

Re-evaluation of the individual child's status and needs for a restricted environment will be conducted twice annually by the planning team or upon special request by any planning team member. The planning team will submit to the Superintendent within five (5) days after the convening of the planning team a written report of the team's findings and recommendations.

III. Confidentiality

Strict confidentiality will be maintained in accordance with state and federal laws and local school District policies. Knowledge of the child's condition will be shared with persons other than the planning team only after the planning team has made such a recommendation to the Superintendent. The planning team may make such a recommendation only upon unanimous decision of the team members. The child's parents/legal guardians, solely at their own discretion, may disclose information relating to the child. District employees serving on the planning team are instructed to strictly adhere at all times to the District's policies and practices regarding confidentiality. Failure to do so will result in disciplinary action.

IV. Clean-up procedures

- A. Because most infected children will not be identifiable, the following precautions are to be observed by first aid providers in all situations involving exposure to body fluids*:
1. Wash hands thoroughly with soap and water before and after completing first aid.
 2. Wear disposable gloves if your assistance will place your hands in contact with body fluids.
 3. Avoid getting blood from an injured child in your mouth or eyes. If such an exposure occurs, rinse the eye or mouth thoroughly with water.
 4. Clean up any spilled body fluid with soap and water, followed by the disinfectant provided by the District.
 5. Place contaminated items, such as gloves, bandages and towels in a plastic bag, close bag appropriately and place in the garbage receptacle.

6. Record the first aid situation. Should any difficulties or variances to the clean-up procedure occur, contact your supervisor immediately. Any direct contact with body fluid spills must be reported to your supervisor.

B. School procedures will be as follows:

1. A sink with soap, running water and disposable towels will be available.
2. Sharing of personal toilet articles such as toothbrushes and razors will not be permitted.
3. Skin lesions which may ooze blood or serum will be kept covered with a dressing.
4. Exchange of saliva by kissing on the mouth, by sharing items which have been mouthed, and by putting fingers in others' mouths will be discouraged.
5. Environmental surfaces which may be regularly contaminated by students saliva or other body fluids will be disinfected daily.

V. Staff Education

All new school staff members will be fully informed of these procedures and on current HTLV-III information. Others will updated on a periodic basis.

* The term "body fluids" includes drainage from cuts and scrapes, vomit, urine, feces, respiratory secretions (nasal discharge), saliva, semen and blood.