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ABSTRACT

This guide was developed to help local school districts review existing policies or establish new policies to address communicable diseases. Based on current scientific and medical information about the safety in allowing human immunodeficiency virus (HIV) infected students and staff to remain at school, it contains a suggested policy for local school districts. The suggested policy and its appendices are consistent with Montana Law on discrimination, and with state and federal public health recommendations. The guide uses the principles that HIV is not transmitted casually, and that transmission is not a problem in the school setting. Following a list of general recommendations is the suggested communicable disease control policy. The appendices, which contain the bulk of the document, include: the protocol for communicable diseases known not to be spread by casual contact; the Montana Department of Health and Environmental Sciences recommendations for preventing the transmission of HIV in the school setting; a suggested policy on confidentiality; and resource information. (TE)

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EDRS 14574

# GUIDELINES FOR COMMUNICABLE DISEASE CONTROL POLICIES IN MONTANA SCHOOLS

**A Guide and Model Policy  
for Communicable Diseases  
Including HIV Infected  
Students and Staff**

CG022828

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February 1990

## INTRODUCTION

This guide was developed to help local school districts review existing policies or establish new policies to address communicable diseases. This guide is based on current scientific and medical information about the safety in allowing HIV infected students and staff to remain at school.

Well-defined policy statements will be useful for school districts. The development of such policies will involve an educational process for the school and the community that can be as important, if not more important, than the policy itself.

This policy guide is just that -- a guide. It contains a suggested policy that local school districts may wish to adopt. The suggested policy and its appendices are consistent with Montana Law on discrimination, and with state and federal public health recommendations. This guide uses the principles that HIV is not transmitted casually and that transmission is not a problem in the school setting.

A good policy will be based in scientific and medical fact, will involve community education, and will ensure that everyone -- including the students for whom we are responsible-- knows how HIV infection is and is not transmitted, and how to protect themselves from infection.

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## GENERAL RECOMMENDATIONS

- Public health agencies will continually monitor outbreaks of infectious communicable disease and work with school officials on appropriate actions.
- It is safe for students and staff to work and study at school with someone who is infected with HIV. HIV infection is not transmitted casually; therefore, HIV infection by itself is not a reason to remove a student or staff member from school.
- Diseases known to be transmitted casually and diseases known not to be transmitted casually should be covered in communicable disease policies. Transmission is a medical question and is appropriately answered by a physician and public health officials.
- Only certain decision-makers (physician, public health official, superintendent) may need to know the identity of an HIV infected student or staff member. Decisions as to other persons to be given the identifying information should be discussed by the decision-makers and approved by the infected person or his/her designated representative.
- There are no medical, legal or practical justifications to warrant screening (i.e., testing of all students and staff for infections that are not spread by casual, everyday contact).
- Discrimination in employment based on HIV infection must not occur.
- School districts will provide an ongoing educational program about HIV for students, for staff members and other employees, and for the community. The educational program will include: current scientific evidence about HIV and its transmission, school district policy on communicable diseases such as HIV infection, other resources students/staff/community members can go to for more information, and procedures to prevent the spread of all communicable diseases at school.

## COMMUNICABLE DISEASE CONTROL POLICY

The \_\_\_\_\_ Public School District will work cooperatively with the \_\_\_\_\_ County Health Department to enforce and adhere to this policy for the prevention, control, and containment of communicable disease in schools.

- A. Students are expected to be in compliance with the required immunization schedule. The governing authority is required under Section 20-5-403, Montana Code Annotated (MCA), to exclude school children from school attendance who are out of compliance with the immunizations required by this statute. School personnel will cooperate with public health personnel in completing and coordinating all immunization data, waivers, and exclusions.
- B. The superintendent has the authority to exclude a student or staff member from school when reliable evidence of information from a qualified source confirms him/her of having a communicable disease or infection that is known to be spread by any form of casual contact<sup>1</sup> and is considered a health threat to the school population. Such a student or staff member shall be excluded unless their physician approves school attendance or the condition is no longer considered contagious. All reportable communicable diseases will be referred to the \_\_\_\_\_ County Health Department.
- C. When reliable evidence or information from a qualified source confirms that a student/staff member is known to have a communicable disease or infection that is known not to be spread by any form of casual contact, i.e., AIDS/HIV infection, Hepatitis B and other like diseases, the decision as to whether the affected person will remain in the school setting will be addressed on a case-by-case basis by a review panel to ensure due process. (Protocol and review panel membership are outlined in

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<sup>1</sup>A 1986 study (New England Journal of Medicine, February, 6, 1986, p. 344-349) indicates that household contacts who are not sexual partners of, or born to, patients with HIV infection are at minimal or no risk of HIV infection. The study supports the view that transmission of HIV infection requires injection of blood or blood products or requires intimate sexual contact. Long-term household exposure (sharing combs, towels, clothes, eating utensils, drinking glasses; sharing beds, toilets, baths and showers; cleaning household items, doing laundry; helping in bathing; touching, hugging, kissing) to a person with HIV infection and AIDS poses minimal or no risk of transmitting HIV.

Appendix A).

If the above individual is a student who has been determined to be handicapped and in need of special education and/or related services, the protocol for special education students outlined in the Education Handicapped Act (EHA) will be followed. In all cases, a student/staff member with AIDS/HIV infection should be allowed to remain in the school setting unless there is evidence from public health officials that there is risk of transmitting AIDS/HIV infection to others.

- D. Mandatory screening for communicable diseases that are known not to be spread by casual contact is not warranted as a condition for school entry or for employment or continued employment.
- E. Irrespective of the disease presence, routine procedures shall be used and adequate sanitation facilities will be available for handling blood or body fluids within the school setting or school buses. School personnel will be trained in the proper procedures for handling blood and body fluids and these procedures will be strictly adhered to by all school personnel. (See Appendix B, MDHES Recommendations for Preventing the Transmission of HIV in the School Setting.)
- F. All persons privileged with any medical information that pertains to students or staff members shall be required to treat all proceedings, discussions and documents as confidential information. Appendix C contains information on confidentiality.
- G. Instruction on the principal modes by which communicable diseases, including, but not limited to, Human Immunodeficiency Virus infection, are spread and the best methods for the restriction and prevention of these diseases shall be taught to students and parents, and inservice education shall be provided to all staff members.

**PROTOCOL FOR COMMUNICABLE DISEASES**  
**KNOWN NOT TO BE SPREAD BY CASUAL CONTACT**

**Rationale for Protocol Concerning Students or Staff Members Who Are Infected With Human Immunodeficiency Virus (HIV)**

In adults and adolescents, the Human Immunodeficiency Virus (HIV) which may eventually cause AIDS infection is transmitted primarily through sexual contact and direct infected blood-to-blood exposure.

All known cases of HIV infection (AIDS) have become infected: (1) perinatally from infected mothers; (2) from receiving a transfusion of blood or blood products that contained the virus; (3) from sexual contact with an infected person; or (4) from contaminated needles during intravenous drug use with an infected person.

None of the identified cases of HIV infection in the United States are known to have been transmitted in the school, daycare, or foster-care setting or through other casual person-to-person contact. Based on current evidence, casual person-to-person contact as would occur among school children is not considered an unusual risk. Recent (1988) reports from the Centers for Disease Control have followed up earlier (1985) cautions about children who lack control of their bodily functions or who bite. The 1988 reports conclude that the risk of transmitting HIV or hepatitis through saliva, urine, feces, nasal secretions or vomit is extremely low or nonexistent. Precautions should be used in cleaning up these body fluids to prevent the spread of other infectious diseases.

It is the opinion of the Montana Human Rights Commission that AIDS is a protected handicap under the Montana Human Rights Act and the Governmental Code of Fair Practices. These statutes prohibit taking adverse employment or education actions based on a person having AIDS or perceived to have AIDS. A student or staff person with AIDS/HIV infection should be allowed to continue his or her employment or educational activities unless there is medical evidence from public health officials to support a determination that he or she poses a risk to other students or staff. In addition, it is the responsibility of the employer or educational institution to provide any reasonable accommodation which will allow a person affected with AIDS/HIV infection to continue performing his or her job duties or educational program.

The Montana Human Rights Commission will accept and process complaints from persons who believe they have been discriminated against in employment, education, housing, public accommodations, financing, or government services because of AIDS/HIV infection or a related condition or the perception that a person may have AIDS/HIV infection.

- A. The Review Panel [set up by District Superintendent]
1. Communicable diseases that are known not to be spread by casual contact, i.e., AIDS, Hepatitis B and other like diseases, will be addressed on a case-by-case basis by a review panel.
  2. Panel Membership (may include some or all of the following):
    - a. The physician treating the individual.
    - b. A health official from the \_\_\_\_\_ Health Department who is familiar with the disease.
    - c. A child/employee advocate (i.e., nurse, counselor, representative, etc., from in or outside the school setting) approved by the infected person or parent/guardian.
    - d. A school representative familiar with the child's behavior in the school setting or the employee's work situation (in most cases the principal).
    - e. Either the parent/guardian of the child, the student (if over 18), the employee, or their representative.
    - f. An administrator other than the district superintendent.
  3. The district superintendent will assign a member of this panel to record the proceedings.
  4. The district superintendent will designate the chair of the panel. The chair is responsible for assuring a due process hearing that is fair and just. The chair will ensure an impartial hearing for all interests concerned.
  5. The district superintendent will be present during the testimony process but may be excused when the panel is deliberating towards the "Proposal for Decision."
  6. The chair of the review panel will designate the panel member who will write the "Proposal for Decision."

B. Case Review Process

1. Upon learning of a student/staff member within the \_\_\_\_\_ Public School District who has been identified by a qualified source as having a communicable disease that is known not to be spread by casual contact, the superintendent shall:
  - a. Immediately consult with the physician or the student/staff member and/or the health official from the \_\_\_\_\_ Health Department to obtain information as to whether the student/staff member is generally well enough to remain in school during the review panel process. The superintendent will confirm whether the student/staff member has evidence of a present or temporary condition that could be transmitted by casual contact in the school setting.
    - (1) If the student/staff member's physician or the health department official indicates the student/staff member is well enough to remain in the school setting and poses no immediate health threat through casual contact to the school population because of their illness, the student/staff member shall be allowed to remain in the school setting while the review panel meets.
    - (2) If the student/staff member's physician or the health department health official indicates the student/staff member is currently not well enough to remain in the school setting and/or that the affected individual currently has evidence of an illness or infection that poses a potential health threat through casual contact to the school population because of their illness, the student/staff member shall be excluded from the school setting while the review panel meets. If the health department official recommends exclusion because a public health threat exists, the review panel will discuss the conditions under which the individual may return to school.

- b. Immediately contact the review panel members to convene a meeting to explore aspects of the individual's case.
- c. Submit to the parent/guardian or infected person in writing a notice of their rights as a review panel member and the method of appeal.

## 2. The Review Panel Process

- a. Protecting the confidentiality of infected persons is important. If the name of the infected person is known, any written record of Review Panel meetings or the "Proposal for Decision" shall not include the name or other personal identifiers of the person.
- b. The Review Panel shall meet within 24-48 hours to review the case. The following aspects shall be considered in that review:
  - (1) The circumstances in which the disease is contagious to others.
  - (2) Any infections or illnesses the student/staff member could have as a result of the disease that would be contagious through casual contact in the school situation.
  - (3) The age, behavior, and neurologic development of the student/staff member.
  - (4) The expected type of interaction with others in the school setting (including extracurricular activities) and the implications to the health and safety of those involved.
  - (5) The psychological aspects for both the infected individual and others concerning the infected individual remaining in the school setting.
  - (6) Consideration of the existence of contagious diseases occurring within the school population while the infected person is in attendance.

- (7) Consideration of a potential request by the person with the disease to be excused from attendance in school or on the job.
- (8) The method of protecting the student/staff member's right to privacy, including maintaining confidential records, and who in the school setting "needs to know" the identity of the affected individuals.
- (9) Recommendations as to whether the student/staff member should continue in the school setting or, if currently not attending, under what circumstances he/she may return.
- (10) Recommendations as to whether a restrictive setting or alternative delivery of school programs is advisable.
- (11) Determination of whether an employee would be at risk of infection through casual contact when delivering an alternative educational program.
- (12) Determination of when the case should be reviewed again by the panel.
- (13) Any other relevant information.

c. Decision

[In Montana, final authority rests with the trustees; superintendents have no authority other than that delegated or statutory authority. Boards can only delegate administrative authority to superintendents.]

- (1) The Review Panel's proposal for decision ("Proposal") shall not contain the name or other personal identifiers of the infected person.
- (2) Within three (3) business days after convening the panel, the trustees shall be provided with a written record of the proceedings and the "Proposal". The proposal serves as a recommendation to the trustees. It is based on the information brought out in the review panel process and will include the rationale for the

recommendation concerning school attendance for the student or continuation of employment for the staff member. If there is a minority viewpoint by panel members following the review process, that should also be included in the report.

- (3) If the "Proposal" is to exclude the affected person from the school setting because of the existence of a temporary or present condition that is known to be spread by casual contact and is considered a health threat to the school community, the "Proposal" shall include the conditions under which the exclusion will be reconsidered.
- (4) The parent/guardian or affected person will be given a copy of the Proposal. The review panel members will be given the opportunity to review the content of the "Proposal."

d. The Trustees' Decision

- (1) The trustees shall either affirm, modify, or take exception to the "Proposal" within three (3) business days after receipt of the "Proposal."
- (2) In the event the trustees take exception to the "Proposal," they shall prepare a written statement that sets forth the reasons for the exceptions and the basis for that decision.
- (3) The parent/guardian or affected person and the public health official will be given a copy of the trustees' decision. The other review panel members will be given the opportunity to review the content of the decision.

## Montana Department of Health and Environmental Sciences Recommendations for Preventing the Transmission of Human Immune Deficiency Virus in the School Setting

### Background

As of February 16, 1987, 447 children in the U.S. under the age of 13 have been diagnosed with AIDS/HIV. Most of these children became ill very early in life (at less than one year of age), having contracted the infection either congenitally or from blood transfusions. No family members of these children have become ill from contact with the children. However, until we know more about AIDS/HIV, day care workers, school teachers, and others should exercise the same precautions they would take with an adult with AIDS/HIV.

The recommendations which follow apply to all children known to be infected with human immunodeficiency virus (HIV). This includes children with AIDS/HIV; children who are diagnosed by their physicians as having an illness due to infection with HIV but who do not meet the case definition; and children who are asymptomatic but have virologic or serologic evidence of infection with HIV.

The CDC case definition of AIDS/HIV in children is available from the Montana Department of Health and Environmental Sciences.

### School Attendance Guidelines

The question of children with AIDS/HIV attending day care or school is not strictly a medical matter. The following recommendations and infection control procedures are intended to provide the initial framework for development of subsequent guidelines by all parties concerned. Each child infected with HIV should be considered individually.

1. A child with AIDS/HIV should be allowed to attend day care and school in a regular classroom setting with the approval of the student's physician.
2. Day care centers and schools should attempt to use the least restrictive means to accommodate the child's needs and the infection control recommendations.
3. Infected children should be allowed to attend day care or school as long as they are toilet trained, have no uncoverable open sores or skin eruptions, and do not bite. Students (K-12) who are excluded for these reasons should receive adequate alternative education through homebound or other programs.
4. Children with AIDS/HIV should be temporarily removed from day care or school if measles or chickenpox is occurring in the school population (e.g., cases occurring in classroom or close non-classroom contacts). This also applies to other children with immune system abnormalities.
5. Children with AIDS/HIV should be temporarily removed from day care or school when they are acutely ill, as should any child.
6. The day care center or school should respect the right of privacy of the individual; therefore, knowledge that a child has AIDS/HIV should be confined to those selected persons with a direct need to know (e.g., principal, school nurse, child's teacher or day care director). Those persons should be provided with appropriate information concerning such precautions as may be necessary and should be aware of confidentiality requirements.
7. The school nurse or other knowledgeable person should be appointed as the child's advocate to assist in problems that arise, provide educational materials, answer questions and act as liaison with the child's physician.

## General Precautions

1. Good personal hygiene is probably the best protection against infection, with careful handwashing being the single most important personal hygiene practice. Handwashing, combined with a common-sense avoidance, removal or reduction of possible sources of infection is important in all communicable disease control, including HIV/AIDS. Handwashing applies even if gloves are worn.
2. Disposable gloves should be used any time there will be contact with blood, urine, feces, semen or saliva. Hands should be thoroughly washed after gloves are discarded.
3. Thorough cleaning of surfaces contaminated with blood or other body fluids followed by use of disinfectants must be maintained.

Environmental surfaces are generally adequately cleaned by housekeeping procedures commonly used. Surfaces exposed to blood and body fluids should be cleaned with a detergent followed by decontamination using an EPA-approved hospital disinfectant that is mycobactericidal. Individuals cleaning up such spills should wear disposable gloves.

Laundry and dishwashing cycles commonly used in public facilities are adequate to decontaminate linens, dishes, glassware and utensils.

Leak-proof bags should be used for disposal of cleaning materials.

Chemical germicides registered with and approved by the U.S. Environmental Protection Agency (EPA) should be used. Information on specific label claims of commercial germicides can be obtained by writing: Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460. The manufacturer's instructions should be followed, and the instrument or device to be sterilized or disinfected should be cleaned thoroughly before exposure to the germicide.

## Personal Contact

1. Direct mouth-to-mouth or genital contact should be avoided with persons with AIDS/HIV. Activities such as mouth-to-mouth kissing should be discouraged.
2. Mouth-to-mouth sharing of food and other objects (e.g., pencils, gum, toys) between children should be discouraged.
3. Personal toiletry items (e.g., towels, toothbrushes, razors) and tools (e.g., scissors, nail files, woodworking tools) which may potentially cause cutting injuries should not be shared by persons with AIDS/HIV and others. Toothbrushes should not be available in day care or preschool situations.

## Contact with Blood or Other Body Fluids

1. Care should be taken to minimize breaks in the skin (for example, hand lotion can be used to minimize chapping). If the person with AIDS/HIV has breaks in the skin, the care provider should use gloves when touching those areas.
2. Bleeding or oozing cuts or abrasions (in either the care giver or a person with AIDS/HIV) should be covered (gauze, bandaids, etc.) whenever possible. The care provider's fingernails should be kept trimmed and clean.

3. Care providers should avoid direct contact with blood while caring for nose bleeds, bleeding or oozing wounds, or menstrual accidents in a person with AIDS/HIV. Disposable gloves should be used in these situations.
4. Gloves, sanitary napkins, gauze pads or any other materials which are soiled should be carefully and promptly discarded in leakproof, sealed plastic bags or containers. Ultimate disposal is by incineration or placement in a properly supervised and maintained sanitary landfill.
5. Environmental surfaces soiled with blood should be thoroughly cleaned as recommended previously.

#### Soiled Items

1. Items soiled by blood, saliva or other body fluids from a person with AIDS/HIV should not be used by others; these items should be discarded or thoroughly cleaned with soap and water and disinfected with an appropriate disinfectant before reuse.
2. Dishes—Washing of dishes with plenty of hot, soapy water, followed by thorough rinsing, is recommended. An electric dishwasher can also be utilized for dishwashing. Separate dishwashing is not needed for dishes or utensils used by someone with AIDS/HIV.
3. Laundry—Blood-contaminated items should be handled with appropriate precautions (gloves, aprons and any other cover-up needed to prevent direct exposure to blood). Washing with soap, hot water and bleach, followed by thorough rinsing is suggested. A washing machine and dryer can be utilized. Separate laundering is not necessary for items used by a child with AIDS/HIV. It is of importance to thoroughly scrape and clean adherent materials from objects and surfaces before laundering.

#### Employees With AIDS/HIV

The determination of whether an infected school employee should be permitted to remain employed in a capacity that involves contact with students or other school employees should be made on a case-by-case basis. In making this determination, consideration should be given to: (1) the physical condition of the school employee; (2) the expected type of interaction with others in the school setting; (3) the impact on both the infected school employee and others in that setting.

The sexual orientation of a school employee is not cause to believe that he or she is an infected individual. No school employee or potential school employee should be required to provide information as to his/her sexual orientation.

School districts who have employees with reactive HIV tests are urged to solicit advice from their legal counsel and the State AIDS Project Coordinator (444-4740).

#### Other Issues in the Workplace

The information and recommendations contained in this document do not address all the potential issues that may have to be considered with making specific employment decisions for persons with HIV infection. The diagnosis of HIV infection may evoke unwarranted fear and suspicion in some co-workers. Other issues that may be considered include the need for confidentiality, applicable federal, state, or local laws governing occupational safety and health, civil rights of employees, workers' compensation laws, provisions of collective bargaining agreements, confidentiality of medical records, informed consent, employee and patient privacy rights, and employee right-to-know statutes.

## References

- CDC, "Education and Foster Care of Children Infected with HIV," *MMWR*, Volume 34, No. 34, August 30, 1985.
- CDC, "Recommendations for Preventing Transmission of Infection with HIV in the Workplace," *MMWR*, Volume 34, No. 45, November 15, 1985.
- "Guidelines for Children with AIDS/ARC Attending School," Indiana State Board of Health, July 1985.
- "Minnesota Department of Health Guidelines for the Placement in Schools of Children and Adolescents Infected with HIV," September, 1985.
- NEA, "Recommended Guidelines for Dealing with AIDS in the Schools," *NEA Now*, National Education Association, Washington, DC, October 14, 1985.

**CONFIDENTIALITY**

Source: NASBE, CDC, 1989

**Suggested Policy:**

The people who shall know the identity of a student or school staff member who is infected with HIV are those who will, with the infected person and a student's parent or guardian, determine whether the person who is infected with HIV has a secondary infection that constitutes a medically recognized risk of transmission in the school setting. They are as follows:

1. The superintendent, or a person designated by the superintendent to be responsible for the decision
2. The personal physician of the infected person
- \*\* 3. A public health official

\*\* Note: Public health officials do not always need to know the infected person's name. This practice will vary according to state laws and the particular case. In some instances, the official will study facts of the case without needing to know the identity of the student or staff member to make a decision.

**Notification of Additional Persons**

The decisionmakers listed above and the person infected with HIV (and a student's parent or guardian) will determine whether additional persons need to know that an infected person attends or works at a specific school. The additional persons will not know the name of the infected person without the consent of the infected person and a student's parent or guardian. Depending on the circumstances of the case, the following persons may know about the person who is infected with HIV, but do not know his or her identity:

1. The school nurse
2. The school principal or designee

Additional persons may be notified if the decisionmakers feel that this is essential to protect the health of the infected student or staff member, or if additional persons are needed to periodically evaluate or monitor the situation. Consent for notifying these additional persons must be given by the infected person (and a student's parent or guardian).

**Confidentiality**

All persons shall treat all information as highly confidential. No information shall be divulged, directly or indirectly, to any other individuals or groups. All medical information and written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept by the superintendent in a locked file. Access to this file will be granted only to those persons who have the written consent of the infected staff member or the infected student's parent or guardian. To further protect confidentiality, names will not be used in documents except when this is essential. Any document containing the name, or any other information that would reveal the identity of the infected person, will not be shared with any person, not even for the purposes of word processing or reproduction.

Any school staff member who violates confidentiality will: (Districts should insert appropriate wording about disciplinary procedures, based on existing personnel policy and negotiated personnel agreements. Staff should be advised of the seriousness of confidentiality requirements and that a breach could make them liable to a lawsuit).

## **Comments:**

A strong policy on confidentiality is essential if schools are to maintain an atmosphere of trust with families, students, and staff members. For this to happen, people who are infected with HIV must feel certain that their names will not be released, against their wishes, to people who have no need to know. Those who have experienced community fear and rage have stated that if they could do it all over again, they would never notify school officials about an HIV infection.

A policy on confidentiality that is strictly enforced will also provide protection to the school district from legal action and from the adverse publicity and community response that is likely to follow. There are serious penalties for violating state and federal laws that protect the confidentiality of health records.

### **Who needs to know the identity of, or about the presence of, a student or staff member who is infected with HIV?**

Since HIV is not transmitted through behaviors that are permitted at school, the identity of a student or staff member who is infected with HIV need not be shared with many people. Further, the more people who know, the greater the chance that one of them will reveal the name and expose the system to a civil suit. No single set of rules fits all circumstances, but all decisions should be made cooperatively with the infected person or a student's parents or guardian.

Staff members who are infected with HIV can decide whether they want their colleagues or students to know about the illness, but no one needs to know. Students and their families should consult with the superintendent if they would like to be notified by the school nurse when there are illnesses reported in the school that may threaten the health of the student. If a school is large, or there is no school nurse, the family may wish to notify a principal, teacher, or other staff member. The superintendent, the infected student, and the family should discuss whether the infected student could use the support of, for example, a school counselor. Parents of a student with AIDS may consider telling a sympathetic teacher, principal, or other staff member who can provide support. A physician can assist the family in making these decisions.

## Potential Problems or Concerns:

Staff members may express different concerns. Some staff members do not want to know if a person who is infected with HIV is at school; they may be afraid of liability or feel that they don't need to know. Others are afraid of HIV and will argue that they need to know who is infected, so that they can take special precautions in the case of accidents involving blood.

Teachers may also want to know about any serious problem that could affect a student's academic performance. If a student who is infected with HIV is coping with a serious illness, a teacher can provide support, and if necessary, tailor classroom lectures or materials to the student's situation. Some community members will also feel that someone at school or other community members need to know the names of infected students or staff members.

All these concerns can be met with education about HIV transmission and the rationale for this policy—before there is an infected student or employee at school. The desire of staff members and students to know the identity of infected persons must be weighed against the damage done when confidentiality is needlessly violated against the wishes and advice of affected persons, their physicians, and public health officials.

It is also essential that staff members understand that no one will always know which students or staff are carrying transmissible diseases, even if district policies require that this information be reported to school authorities. The infected persons do not always know. If staff members only use correct procedures for handling body fluids when they know that someone has a communicable disease, then they are using those procedures carelessly and incorrectly.

Because immunizations may cause illness in students with immune deficiencies, principals may learn that a student is infected with HIV when they are asked to approve an immunization waiver. The principal should ensure that other school staff do not learn about the infected student by seeing the waiver, which should state that the student is "immune compromised" rather than "infected with HIV." The principal may wish to conduct communications about the student by telephone, rather than by using written documents. Parents and physicians should mark any relevant letters "confidential," and only the school principal should read them.

Some existing policies allow school officials to notify a community, without revealing the person's name, that someone who is infected with HIV attends or works at a given school. This notification is unnecessary, and it will violate confidentiality in small communities or within an individual school, where the infected person's identity may be quickly guessed.

Source: "A Guide to Developing Policies for Students and School Staff Members Who Are Infected With HIV"; National Association of State Boards of Education and CDC, 1989.

**RESOURCE INFORMATION**

Office of Public Instruction  
AIDS Education Program  
Capitol Building  
Helena, MT 59620  
(406) 444-1964

National Association of State Boards of Education  
"Someone at School has AIDS: A Guide to Developing Policies for  
Students and School Staff Members Who are Infected with HIV"  
1012 Cameron St.  
Alexandria, VA 22314

Montana Department of Health & Environmental Sciences (MDHES)  
AIDS/STD Program  
Cogswell Building  
Helena, MT 59620  
(406) 444-4740