STUDENTS

School Attendance for Children with Human Immunodeficiency Virus (HIV)

In order to comply with the statutory mandate to exclude from public schools students, suffering from contagious or infectious diseases while suffering from such diseases, the following procedures shall be followed in cases of Acquired Immune Deficiency Syndrome, or AIDS Related Complex (ARC) or documented cases of past or present HIV infection and Hepatitis B.

I. Any person who is reasonably suspected and confirmed, by competent medical evidence established by a report of a physician or State public health authority, of having Acquired Immune Deficiency Syndrome, Acquired Immunodeficiency Syndrome (AIDS), Aids Related Complex (ARC), documented cases of past or present HIV infection or present HIV infection, or Hepatitis B, will continue education in a regular classroom assignment unless the health status interferes significantly with performance. Students are expected to be in compliance with an immunization schedule (Article 2, 22.1-271.2); however, some required immunizations may be harmful to the health of the student who is HIV infected or has AIDS. (Students who are HIV infected or have AIDS may get an exemption from complying with the requirements, Virginia Code 22.1-272). School personnel will cooperate with public health personnel in completing and coordinating immunization data, exemptions, and exclusions, including immunization forms.

II. Mandatory screening for HIV infections is not warranted as a condition for school entry. Upon learning that a student is HIV infected or has AIDS, the Supervisor of School Health Services will consult with the individual’s family and physician or a health official from the local department to determine whether the student is well enough to stay in school. Since it is known that HIV is not transmitted through casual contact, any student who is HIV infected will continue education in a regular classroom assignment unless the health status interferes significantly with performance. If a change in the student’s program is necessary, the Supervisor of School Health Services, family, and physician or health official will develop an individual plan which is medically, legally, and educationally sound. If the HIV student is receiving special education services, the services will be in agreement with established policies.

III. Parents/guardians may appeal decisions for restriction or exclusion as determined by the school division’s established procedures.

IV. All persons privileged with any medical information about HIV infected students shall be required to treat all proceedings, discussions, and documents as confidential information. Individuals will be informed of the situation on a “Need to Know” basis with written consent of the parent/guardian.
V. Universal precautions for handling blood will be implemented within the school setting and on buses. To ensure implementation of the proper standard operating procedures for all body fluids, the guidelines from the Virginia Department of Health will be followed. Inservice training will be provided to all school personnel annually. Training will include local division policies; etiology, transmission, prevention, and risk reduction of HIV; standard operating procedures for handling blood and body fluids; and community resources available for information and referral. Periodic updates will be supplied through inservice or memoranda.

VI. Any request for the formation of a health team to determine the proper educational and instructional setting shall be made to the Director of Student Services or the Director of Special Education. Comprehensive and age-appropriate instruction on the principal modes by which HIV is spread and the best methods for the reduction and prevention of AIDS are required to encourage the support and protection of the HIV infected student.

VII. To enhance school attendance, the school division will collaborate with public and private organizations in the provision of support services to HIV infected students.

The recommendations and amendments thereto, not inconsistent with this regulation, promulgated by the Centers for Disease Control, U. S. Department of Health and Human Services/Public Health Service published in the November 15, 1985, issue of Morbidity and Mortality Weekly Report, Volume 34, No. 45, relating to "Recommendations for Preventing Transmission of Infection with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus in the Workplace" and the August 21, 1987, issue of Morbidity and Mortality Weekly Report, Volume 36, No. 25, relating to "Recommendations for Prevention of HIV Transmission in Health-Care Settings" are adopted by reference for guidance in dealing with persons infected with Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) or with HIV infection. Copies of these reports are available in the Student Services Office for review.


The Director of Student Services and Supervisor of School Health Services are responsible for implementing and monitoring this regulation.
Because the blood and certain body fluids (semen and vaginal secretions) of all persons must be considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B and C, and other organisms, it is important to follow precautions. Fortunately, in the case of schools, one need only be concerned about blood. Universal precautions do not apply to feces, nasal secretions, saliva, sputum, sweat, tears urine, and vomitus unless they contain blood. Despite the extremely remote risk that exposure of skin to blood could result in infection (the unabraided skin is an excellent defense against bloodborne organisms), the following precautions should be adhered to without any exceptions.

1. Those involved in cleaning surfaces contaminated with blood or rendering first aid to bleeding children should wear disposable gloves and avoid exposure of open skin lesions and mucous membranes to blood.

2. Surfaces contaminated with blood should be promptly cleaned with household bleach (1 part bleach to 9 parts water) using towels and tissues.

3. Hands must be washed after gloves are removed.

4. If advertent contamination of the skin with blood were to occur, all that is required is thorough washing of the contaminated areas with soap and water. Refer to Blood Borne Pathogen-Exposure Control Plan.