

Communicable Diseases
Massachusetts Department of Education
Updated Medical Policy Guidelines:
Children and Adolescents with HIV Infection/AIDS
In School Settings - August 1991

Students with AIDS/HIV infection have the same right to attend classes or participate in school programs and activities as any other student.

Facts about the Transmission of HIV

HIV can be transmitted through unprotected sexual intercourse, through blood-to-blood contact (such as the sharing of injection drug needles and syringes) and from an infected woman to her baby at or before birth. A large body of research has demonstrated that HIV is **not** transmitted through casual contact, such as in a school setting. Therefore, except in very rare cases (Appendix A), there is no legitimate public health reason to exclude students with AIDS or HIV infection from attending school.

Guidelines for Disclosure

The student's parent(s) or guardian(s)* are the gatekeepers of information relating to the student's AIDS/HIV status. **They are not obliged to disclose this information to school personnel.**

A student who is diagnosed with AIDS or presents evidence of being immuno-compromised is at a greater risk of contracting infections. This means there may be good reasons to inform the school nurse or school physician of a student's AIDS diagnosis or HIV infection status. This student's parent(s) or guardian(s)* would benefit from information from the school nurse or school physician about the occurrence of threatening contagious diseases (such as chicken pox or influenza) when making a decision regarding school attendance. The school nurse or school physician may also need to attend to the particular needs of HIV-infected students regarding immunization schedules and medications.

In consultation with the student's primary care physician, the student's parent(s) or guardians(s)* may decide to inform certain school personnel about the student's AIDS/HIV status, particularly the school nurse or school physician. If they so choose, the following guidelines are recommended:

- The student's parent(s) or guardian(s)* may inform the school nurse or school physician directly.
- Alternatively, the student's parent(s) or guardian(s)* may request that their primary care physician make the disclosure. In this case, specific, informed, written consent of the student's parent(s) or guardian(s)* is required.

- **Further disclosure of a student's HIV status by the school nurse or school physician to other school personnel requires the specific, informed, written consent of the student's parent(s) or guardian(s)*.**

Statutes Governing Disclosure

As a general rule, a student's health records related to AIDS/HIV should be regarded as confidential. The Massachusetts General Laws, C.111, §70F, prohibit health care providers, physicians and health care facilities (including school-based clinics) from disclosing HIV test results, or even the fact that a test has been performed without the specific, informed, written consent of the person who has been tested. This statute prohibits testing persons for HIV antibodies without their permission, and protects against the nonconsensual release of medical records (including school health records) that contain such information.

These statutory requirements apply specifically to health care providers. However, case law in Massachusetts and other states leads to the conclusion that other school staff members beside health care providers may be liable for civil damages in the event of nonconsensual disclosure of information related to HIV status or AIDS diagnosis. In short, information about an individual's AIDS/HIV status should be treated as highly confidential, and released only with specific, informed, written consent of the student's parent(s) or guardian(s)*.

Conclusion

School officials, administrators and teachers throughout the Commonwealth have demonstrated their commitment to preserving the rights of students with AIDS/HIV to attend school and participate in school programs and activities, as well as to educate all students in accordance with the Board of Education's Policy on HIV/AIDS Prevention Education (April, 1990). All school staff should be informed about and understand these updated medical guidelines, and should be trained in the observance of universal precautions (see Appendix B).

*Under state public health statute M.G.L. c.112 §12F minors may consent to their own dental care and medical testing, diagnosis and treatment in certain circumstances (including HIV infection). This law mandates confidentiality of medical information and records except when an attending physician or dentist reasonably believes that the condition of the minor is so serious that the minor's life or limb is endangered.

Accordingly, if an adolescent student has sought HIV antibody testing independent of parental consent, that student has the right to keep this

information confidential, and any disclosure of this information would require the student's specific, informed, written consent.

Appendix A

Medical Guidelines Regarding Students Who Bleed in an Uncontrollable Fashion in a School Setting

A number of serious infectious diseases are spread by contact with human blood. Among these blood-borne infections are the Hepatitis B virus and HIV (the virus that causes AIDS). Consequently, students who bleed uncontrollably should not have routine contact with other individuals in school settings.

As a public health measure, students who exhibit the following conditions should be advised not to attend school until such time as these conditions are resolved:

1. If a student has weeping or bloody skin or mouth sores that cannot be successfully covered or controlled with medications.
2. If the student exhibits biting of an unusual frequency or severity that would be accompanied by actual transfer of blood **from the biter**, as might happen only from a student with chronically bloody gums or mouth.
3. If the student exhibits bloody diarrhea.

These conditions are grounds for the exclusion of any student from a school setting, regardless of whether she/he is known or suspected to harbor a blood-borne infection.

Adapted from the Medical Update to Policy Guidelines: Infants, Toddlers and Preschooler with HIV infection/AIDS in Early Childhood Setting (Department of Public Health, June 1989.)

Appendix B

Universal Precautions

Universal Precautions are the standards of practice followed by people to protect themselves from exposure to blood or body fluids. The strict definition applies only to visible bloods and therefore does not necessarily apply to body fluids such as urine, feces and vomit. However, since these fluids can spread other illnesses it is recommended that one wear gloves and practice good hand washing techniques.

Principles to Follow:

1. Wash hands immediately and thoroughly should you come in contact with blood or body fluids.
2. Wear gloves whenever you come in contact with blood on body fluids (this includes cleaning up spills).
3. Clean up any spills (including dried blood) with absorbent disposable cloths, i.e. paper towel.

4. Discard any soiled materials immediately into a barrel with a plastic liner.
5. CLEAN area promptly with approved disinfectant supplied by support services.
6. Wash hands immediately after task is completed even when gloves are worn.