Parker School District	NEPN Code: JHCC-R (2)
Policy Reference Manual	

School Age Students with Aids

Risk of Transmission

1. In adults HTLV-III infections are transmitted primarily through sexual contact and by injection through the skin of infected blood or blood products such as can occur among intravenous drug abusers who share needles. Such modes of transmission may also be important in school-age adolescents. The AIDS virus has been isolated from blood, semen, saliva, and tears, but transmission has not been shown to occur from contact with saliva or tears. The majority of children with AIDS acquired the virus from their infected mothers during pregnancy. One child may have acquired the virus from ingestion of breast milk. The remainder of the children with AIDS acquired the disease after receiving transfusions of blood or blood products that contained the virus.

2. Based on current evidence, casual person-to-person contact as would occur among school-age children has not been demonstrated to pose a health risk to non-infected children or teachers.

Policy and Guidelines

1. Most school-age children with AIDS/ARC or HTLV-III antibody should be allowed to attend school and before and after school care, with the approval of the child's physician, in an unrestricted manner because of the apparent negligible risk of AIDS virus transmission in this setting. For most children with AIDS virus infection the benefits of their unrestricted school attendance outweigh the risks of their acquiring another potentially serious illness in that setting. When the local school board or administration is advised by school or health officials that a school-age child does have AIDS/ARC or HTLV-III antibody, the school board should not exclude the child from attending school unless the school board can document compelling reasons to do so, as is prescribed in this policy.

2. Some infected children may potentially pose more of a risk to others. Until more is known about transmission of the AIDS virus, the following exceptional conditions may require a more restricted environment for the infected school-age child:
    a. The child is not toilet-trained or is incontinent, or otherwise is unable to control drooling.
    b. The child is unusually physically aggressive, with a documented history of biting or harming others.
    c. The child has other medical conditions; such as uncoverable oozing sores.

3. For infected school-age children with questionable behavior or other medical conditions, individual judgments need to be made regarding placing those children in an unrestricted school setting. The South Dakota Secretary of Health will authorize an expert Advisory Committee to evaluate each of these children on an on-going basis. The Committee will consist of five permanent members and will include the State Epidemiologist, the Medical Officer for the South Dakota Department of Health, a representative from the South Dakota Department of Education and Cultural Affairs, a physician with expertise in infectious diseases, and a physician with expertise in the care of AIDS patients. Other members of the Committee will be specifically assigned for each child and may include the child's parent or guardian and personal physician and relevant employees from the school in which the child is to be enrolled. The State Epidemiologist will chair the Committee and will be responsible for convening the Committee as necessary. The Committee's appraisal and recommendation on each child's placement will be based on the child's behavior, neurologic development, physical condition, and the expected type of interaction with others in the school setting. The Committee will weigh the risks and benefits to both the infected child and to others. The hygienic practices of a child with HTLV-III infection may improve as the child matures; conversely, the hygienic practices may deteriorate if the child's condition worsens. The Committee will revaluate children periodically as deemed necessary by the State Epidemiologist.

4. School districts must seek an evaluation by the Advisory Committee, through an official request of the Secretary of Health, to individually evaluate an AIDS/ARC or HTLV-III antibody positive child whom a local school board deems has any of the exceptional conditions described above. School districts seeking review by the Committee will bear the burden of proof of demonstrating that the child exhibits the behavior or manifests the symptoms, which would justify exclusion from school. Between the time of referral and the rendering of the evaluation by the Committee, the child should be excluded from school but shall be provided with an alternate educational program. Results of the Committee's appraisal and its recommendation will be issued as rapidly as possible and not later than 30 days after referral by the school district to the Secretary of Health, the Superintendent of the child's school, and the President of the local school board. If the Committee concludes that the child should attend school, the child should immediately be admitted to school.

5. A school age child with AIDS/ARC or HTLV-III antibody who is recommended by the Committee to not attend school and who is a home bound child must be provided with special education programs and all other rights and privileges provided by federal and state law.

6. All schools, regardless of whether children with AIDS/ARC or HTLV-III antibody are known to be in attendance, should adopt routine procedures for handling blood or body fluids. School health care workers, teachers, and other employees should be educated about these procedures. For example, interior surfaces soiled with blood, vomitus, urine, feces, or saliva should be promptly cleaned with a detergent, followed by a disinfectant such as a freshly prepared solution of household bleach (sodium hypochlorite) which is

both inexpensive and very effective. Concentrations ranging from a 1:10 dilution to a 1:100 dilution of bleach to water are effective, depending on the amount of organic material present on the surface to be cleaned and disinfected. After removal of the major portion of the spill with a detergent, soil surfaces can also be decontaminated with other germicides that are approved and registered by the US Environmental Protection Agency (EPA) as "hospital disinfectants" capable of killing tuberculosis germs. Information on specific commercial germicides can be obtained by writing to the Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460. Disposable towels or tissues should be used whenever possible and disposed of properly, and mops should be rinsed in the disinfectant. Cleaning personnel should always avoid exposing any open skin lesions to blood or body fluids and should wear disposable gloves when cleaning up spills. In any setting involving the exposure of blood and body fluids, good hand washing practices should be observed. Blood or fluid soaked items (e.g., sanitary napkins, towels, used bandages and dressings) should be disposed of in sealed plastic bags. Laundry and dishwashing cycles commonly used in medical facilities and commercial establishments are adequate to decontaminate linens, dishes, glassware, and utensils.

7. Children infected with the AIDS virus may experience immunodeficiency and are at increased risk of experiencing severe complications from such infections as chicken pox, tuberculosis, herpes, and measles. Children may have a greater risk of encountering these infections in school than at home. Thus, assessment of the risk to the immunosuppressed child of attending school in an unrestricted setting is best made by the child's parents and personal physician who are aware of his/her immune status. If outbreaks of chicken pox, measles, or other acute infectious diseases occur in the school, the child's parents and physician should be notified, and the child should be excluded from school until the outbreak is over.

8. An Immunosuppressed child should not receive live virus vaccines and should be medically exempted from any such requirements.

9. A school-age child with AIDS/ARC or HTLV-III antibody has the right to privacy. Persons involved in the care and education of infected children should respect their right to privacy, and private records should be maintained and protected as specified by a state law. Only those individuals who are necessary to assure the proper care of the infected child and to detect situations in which the potential for transmission may increase should be informed of the child's condition, (e.g., principal, child's teacher, school nurse).

10. Based on available data, mandatory screening of children as a condition for school entry or attendance is not warranted.