

**AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME)
SCHOOL ATTENDANCE POLICY***

This policy has been developed from guidelines recommended by the Governor's Task Force on AIDS for implementation in school systems throughout the Commonwealth.

1. All children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus, Human Immunodeficiency Virus, (HIV), and receiving medical attention are able to attend regular classes.
 - A. If a child has cutaneous (skin) eruptions or weeping lesions that cannot be covered, he/she should not be in school.
 - B. If the child exhibits inappropriate behavior which increases the likelihood of transmission (i.e., biting or frequent incontinence), he/she should not be in school.
 - C. Children diagnosed with AIDS or with clinical evidence of infection with the AIDS associated virus (HIV), who are too ill to attend school, should have an appropriate alternative education plan.
 - D. Siblings of children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HIV) are able to attend school without any further restrictions.

2. The child's personal physician is the primary manager of the child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HIV). Management includes acting as the "gatekeeper" for the child's attendance at school in accordance with the policy outlined above.
 - A. The child's personal physician, after consultation with the family, is responsible for reporting cases of AIDS to the Massachusetts Department of Public Health's Division of Communicable Disease. The school Superintendent will be notified by the child's personal physician and will provide assistance in identifying those educational or health care agents with an absolute need to know.

 - B. Only persons with an absolute need to know should have medical knowledge of a particular student. In individual situations, the Superintendent might notify one or more of the following:**

Principal
School Nurse
Teacher

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- C. Notification should be by a process that would maximally assist patient confidentiality. Ideally, this process should be direct person to person contact.
 - D. If school authorities believe there is evidence of conditions described in #1 in a child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HIV), then the school authorities can dismiss the child from the class and request authorization from the child's personal physician so that class attendance is within compliance with the school policy.
 - E. If school authorities and the child's personal physician are in conflict, then the case should be referred to the Department of Public Health for review by an appointed physician who would determine the permissibility of attendance.
3. Since the child diagnosed as having AIDS or with clinical evidence of infection with the Aids associated virus (HIV) has a somewhat greater risk of encountering infections in the school setting, the child should be excluded from school if there is an out-break of a threatening communicable disease such as chicken pox or measles until he/she is properly treated (possibly with hyperimmune gamma globulin) and/or the outbreak has no longer become a threat to the child.
 4. HIV screening is a blood test for detecting the presence of antibody to the HIV virus. Antibodies are substances produced by white blood cells that help fight infection caused by viruses or bacteria. Testing for HIV antibody is not recommended for any purposes other than to assist the child's personal physicians in a highly selected set of clinical decisions. Results of HIV antibody tests are confidential and should not be reported to schools.
 5. Blood or any other body fluids including vomit and fecal or urinary incontinence in any child should be treated cautiously. It is recommended that gloves be worn when cleaning up any body fluids.
 - A. These spills should be disinfected with bleach (one part bleach to ten parts water), or another disinfectant, by pouring the solution around the perimeter of the spill.
 - B. All disposable materials, including gloves, should be discarded into a plastic bag. The mop should be disinfected with the bleach solution described in 5A.
 - C. Persons involved in the clean-up should wash their hands afterward.
 6. In-service education of appropriate school personnel should ensure that proper medical and current information about AIDS is available.

NOTE: These are the guidelines, revised September 1986, from the Massachusetts Department of Public Health.

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