



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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**Updated Medical Policy Guidelines:
Children and Adolescents with HIV Infection/AIDS
in School Settings**

August 1991

Introduction

In the face of the significant public health concerns surrounding Acquired Immune Deficiency Syndrome (AIDS) and infection with the Human Immunodeficiency Virus (HIV), the virus that causes AIDS, schools have played a critical role. Public schools in Massachusetts have coped well with the demands of the AIDS/HIV epidemic by developing quality educational programs that help students reduce their risk of infection, and by maintaining supportive, fair and humane approaches to students with AIDS and HIV infection that protect their rights and their health. We congratulate schools for their efforts to date.

More scientific evidence about the transmission of HIV has become available since publication of the 1986 Massachusetts policy concerning school attendance of children with AIDS/HIV, which was based on the best medical evidence available at the time. Certain behaviors previously suspected of posing a risk of HIV transmission have been ruled out (e.g. most instances of biting, ordinary incontinence). Consequently, this revision brings the policy in line with current knowledge about HIV transmission. With these changes, the policy is consistent with the recommendations of the Medical Update to Massachusetts Policy Guidelines: Infants, Toddlers and Preschoolers with HIV Infection/AIDS in Early Childhood Settings (June, 1989) and the American Academy of Pediatrics Guidelines for Infection control of Human immunodeficiency Virus (Acquired Immunodeficiency Virus) in Hospitals, Medical Offices, Schools, and Other Settings (November, 1988). This policy offers recommendations for universal precautions when dealing with blood spills in a school setting. Further, it includes suggested procedures regarding the disclosure within a school of a student's AIDS diagnosis or HIV infection status in keeping with laws regulating the confidentiality of this information.

The fundamental message of the policy remains unchanged:

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 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 immune-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 occurrences 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 the HIV-infected students regarding immunization schedules and medications.

In consultation with the student's primary care physician, the student's parent(s) or guardian(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, s.70F, prohibit 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) which 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 a 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 the specific, informed, written consent of the individual'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 educate all students in accordance with the Board of Education's Policy on AIDS/HIV 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). The Departments of Education and Public Health encourage schools to continue their efforts in these areas, and will be pleased to provide resource materials and other guidance as needed. Please call the Massachusetts Department of Education, Bureau of Student Development and Health at (617) 770-7477 for further information.

*Under state public health statute M.G.L. c.112 s.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.

Approved August 27, 1991

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 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 Medical Update to Policy Guidelines: Infants, Toddlers and Preschoolers with HIV Infection/AIDS in Early Childhood Setting (Department of Public Health, June 1989)

APPENDIX B

UNIVERSAL PRECAUTIONS FOR SCHOOL SETTINGS

Universal precautions refer to the usual and ordinary steps all school staff need to take in order to reduce their risk of infection with HIV, the virus that causes AIDS, as well as all other blood-borne organisms (such as Hepatitis B virus).

They are universal because they refer to steps that need to be taken in all cases, not only when a staff member or student is known to be HIV-infected.

They are precautions because they require foresight and planning, and should be integrated into existing safety guidelines.

Appropriate equipment (mops, buckets, bleach, hot water, hand soap, disposable towels and latex gloves) must be readily available to staff members who are responsible for the clean-up of body fluid spills.

1. Treat human blood spills with caution
2. Clean up blood spills promptly
3. Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, or ask another staff member to do the clean-up. Latex gloves contribute an added measure of protection, but are not essential if skin is intact.
4. Clean up blood spills with a solution of one part household bleach to ten parts water, pouring the solution around the periphery of the spill. Disinfect mops, buckets and other cleaning equipment with fresh bleach solution.
5. Always wash hands after any contact with bodily fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body (be especially careful not to touch your eyes before washing up). Soap and water will kill HIV.
6. Clean up other bodily fluid spills (urine, vomitus, feces) unless grossly blood contaminated, in the usual manner. They do not pose a significant risk of HIV infection.

Adapted from Universal Precautions for School Settings, Massachusetts Department of Education and Medical Update to Massachusetts Policy Guidelines: Infants, Toddlers and Preschoolers with HIV Infection/AIDS in Early Childhood Settings (June, 1989)



The Commonwealth of Massachusetts

Department of Education

1385 Hancock Street, Quincy, Massachusetts 02169-5183

TO: School Committee Chairs and Superintendent of Schools

FROM: Rhoda E. Schneider, Acting Commissioner of Education
David Mulligan, Commissioner of Public Health

DATE: September 30, 1991

SUBJECT: Board of Education/Department of Public Health Policies on HIV/AIDS

Enclosed are two policies adopted jointly by the Board of Education and the Department of Public Health for use in Massachusetts schools. First is the "Updated Medical Policy Guidelines: Children and Adolescents with HIV Infection/AIDS in School Settings." These guidelines update and replace the 1986 Massachusetts policy concerning school attendance of children with AIDS/HIV, based on current medical evidence about the transmission of this virus. We recommend that you review the Updated Medical Policy Guidelines and integrate them into your school district's policies.

The second document expands on the existing 1990 Policy on AIDS/HIV Prevention Education, adding a recommendation that school committees, in consultation with superintendents, administrators, faculty, parents and students, consider making condoms available in their secondary schools. We encourage you to review the Policy on HIV/AIDS Prevention Education in its entirety, and consider the role schools can play in the overall public health and education effort to help young people reduce the risks to their lives and health.

A Question and Answer document is being developed to assist your district in implementing the Updated Medical Policy Guidelines. It will be sent to you under separate cover. Also, on December 5, 1991, the Department of Education and the Department of Public Health are planning a one-day informational conference for superintendents and school health care providers on the implementation of these two policies. You will receive further information on this conference within the next few weeks.

If you have any questions, please call Kevin Cranston, the Department of Education's AIDS/HIV Program Coordinator, at (617) 770-7555.

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Enclosures



POLICY ON AIDS/HIV PREVENTION EDUCATION

AIDS (acquired immune deficiency syndrome) and infection with HIV (human immunodeficiency virus), the virus that causes AIDS, are serious threats to the lives and health of young people in Massachusetts. HIV is transmitted through unprotected sexual intercourse and through blood-to-blood contact, such as that which occurs when intravenous needles are shared.

Due to prevalent patterns of sexual activity and substance abuse, many of our young people are at significant risk of infection with HIV. Our schools must play a major role in the concerted effort to stop the spread of the virus by helping students make healthy choices about their personal behaviors.

Further, as the number of individuals infected with HIV or diagnosed with AIDS continues to grow, we need to come to terms with these members of our local communities. Schools must also play a part in assisting students develop informed and compassionate responses towards those affected by AIDS/HIV.

Therefore, the Board of Education of the Commonwealth of Massachusetts urges local school districts to create programs which make instruction about AIDS/HIV available to every Massachusetts student at every grade level. These programs should be developed in a manner which respects local control over education and involves parents and representatives of the community.

The Board believes that AIDS/HIV prevention education is most effective when integrated into a comprehensive health education and human services program. Ideally, content related to various aspects of the AIDS/HIV epidemic (biological, social/historical, ethical, behavioral, interpersonal, statistical) will be spread across several curriculum areas, especially science, social studies, health, home economics, language arts, and mathematics.

Current state law (General Laws Chapter 71, section 1) requires all schools to offer instruction in health education, including such topics as community health, body structure and function, safety and emotional development. We urge all school districts to develop with input from parents and community members, and to include as part of a comprehensive health education and human services program, and AIDS/HIV program which takes into consideration the following components of a complete AIDS/HIV prevention education program:

- **Policy** – Appropriate local policies should be adopted regarding AIDS/HIV prevention education as well as the continued attendance of students and employment of staff who are HIV infected. Parents and representatives of the local community should be actively involved in the development and approval of these policies.

- **Parent and community education** – The Board strongly suggests that schools play a leadership role in developing educational programs on AIDS/HIV for parents and community members who may reinforce the prevention message presented in the classroom.
- **Staff development** – The Board believes that staff training is an essential component of an effective AIDS/HIV education program. In addition to faculty training, staff education should be directed to all school staff and should include basic information about AIDS/HIV, instruction in the use of recommended universal precautions when dealing with blood spills and training regarding relevant policies dealing with HIV-infected students and staff.
- **Curriculum and instruction** – This instruction should be offered at all grade levels (including special education classes, programs, schools and residential facilities) in a developmentally, linguistically and culturally sensitive manner. Special efforts should be made to educate hard-to-reach and high-risk young people, particularly youth who are out of school, are drug involved, are gay/bisexual or are members of communities disproportionately affected by the AIDS/HIV epidemic.

Instruction in AIDS/HIV prevention should occur over multiple sessions, in a format which maximizes student interaction. This instruction should respect students' various learning styles. It should increase students' knowledge about HIV/AIDS, allow students to process their feelings about the AIDS/HIV prevention and should encourage the development of positive self-esteem and concrete decision-making, communication and behavioral skills.

At the secondary level, and according to local decisions, AIDS/HIV education should be part of a more complete sexuality education curriculum. This curriculum should include information about sexually transmitted diseases and the value of both sexual abstinence and the use of condoms as disease prevention methods.

The Board recommends that, when possible, persons living with AIDS/HIV be utilized in the classroom to impress upon students the reality of the epidemic and to build compassion and respect for persons affected by AIDS/HIV.

- **Student involvement** – students should be actively involved in AIDS/HIV educational efforts. Peer education programs and student-initiated projects are especially encouraged in order to develop a sense of students' responsibility for their own behaviors and for community members who are living with AIDS/HIV.

Approved April 24, 1990

ADDENDUM TO AIDS/HIV PREVENTION EDUCATION POLICY REGARDING CONDOM AVAILABILITY IN SCHOOLS

Due to the rising rate of HIV infection and other sexually transmitted diseases among adolescents, the need to address infection prevention in all ways possible is critical at this time. In Massachusetts, decisions about AIDS/HIV prevention education and sexuality education, like all decisions about curriculum and educational policy, are made at the school district level. In response, a number of school systems in Massachusetts have recently begun to consider making condoms available to students in secondary schools.

The Massachusetts Board of Education's Policy on AIDS/HIV Prevention Education states that AIDS/HIV prevention education should include information about sexually transmitted diseases, as well as the value of both sexual abstinence and the use of condoms as disease prevention methods. As school districts consider condom availability at the secondary, the Board of Education makes the following recommendations as an addendum to the AIDS/HIV Prevention Education Policy:

We recommend that every school committee, in consultation with superintendents, administrators, faculty, parents and students consider making condoms available in their secondary schools.

We recommend that school districts consider various routes through which students may acquire condoms, including the offices of school nurses and counselors as well as coin-operated vending machines located in men's and women's rooms. The school nurse or counselor's office would place the condom availability in the context of a one-to-one professional relationship that could supplement the prevention education offered in the classroom. The vending machines would provide access to condoms in a manner that maximizes students' privacy and anonymity.

We recommend that school districts consider whether students at the secondary level need instruction about the correct use of condoms in order to increase understanding and effect behavior change.

Finally, we recommend that parent information accompany any efforts to make condoms available to students in schools. Parents would then be able to reinforce AIDS/HIV prevention messages at home, and place these messages in the context of their own personal values and religious traditions.

Addendum approved August 27, 1991