

Acquired Immunodeficiency Syndrome (AIDS)

The following guidelines are based on recommendations developed by the Center for Disease Control (CDC) and published in the August 30, 1985 *Morbidity and Mortality Weekly Report*.

These guidelines are the official policy of the Division of Health, Department of Social and Health Services. All school districts and health districts should inform parents, children and educators regarding the AIDS virus and its transmission.

Individuals eligible to attend school (preschool through age twenty-one) are referred to as *students* in the guidelines.

Recommendations

- A. Students infected with the AIDS virus, except for those subject to conditions described in 3 below, should be allowed to attend school and before-school and after-school care in an unrestricted manner because of the apparent nonexistent risk of transmission of HIV in this setting. The student should be considered eligible for all rights, privileges, and services provided by law and local policy of the school district. The presence of HIV infected students in school does not pose a significant risk to other students or school employees.
- B. For most infected students, the benefits of a normal school setting would outweigh the risks of their acquiring potentially serious infections in that setting. Assessment of the risk to the immuno-suppressed student of attending school in an unrestricted setting is best made by the student's physician who is aware of the student's immune status.
- C. A few infected students may potentially pose more of a risk to others. Students who lack control of their body secretions or who display behavior such as biting and those students who have other medical conditions, such as uncoverable oozing lesions, require a more restricted environment until more is known about transmission of the virus under these conditions. Individual judgments need to be made regarding placement of students with questionable behavior, impaired neurologic development, or other medical conditions in the normal school setting. These decisions are best made at the local school district level using the team approach. The team should include: the student's physician; the parent(s) or guardian(s) of the student; the principal or program manager, school nurse, and teacher from the proposed educational setting; a physician with expertise in AIDS; and a pediatrician with expertise in infectious disease. The director, Division of Health, will provide the latter two at the request of the local school district. In each case, risks and benefits to both the infected child and to others will be weighed.
- D. Because other infections may be present in blood or body fluids and students may be unknowingly infected with the AIDS virus all schools should adopt routine procedures for handling blood or body fluids. School nurses, teachers, other employees, and students should be appropriately educated regarding these procedures.

When handling blood or other body fluids, disposable latex gloves should always be worn. Soiled surfaces should be promptly cleaned with disinfectant, such as household bleach (diluted 1 part bleach to 10 parts water). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in disinfectant. Those who are cleaning should avoid exposure to open skin lesions or mucous membranes and to the blood or body fluids.

- E. Mandatory screening of students for HIV infection, as a condition of school entry, is not warranted by available data.
- F. Those involved in the care and education of HIV infected students should respect the individual's right to privacy and the confidentiality of school and medical records. The persons who are aware of the student's condition should be limited to the minimum needing to know to assure proper care of the child and to detect situations where the potential for transmission may increase (e.g. bleeding injury).