

**JOHN STARK REGIONAL SCHOOL DISTRICT****HIV/AIDS POLICY**

1. All children in New Hampshire have a constitutional right to a free, suitable program of educational experiences.
2. A child with AIDS/ARC shall be evaluated in terms of school attendance in a regular classroom setting by a Planning and Placement Team prior to such attendance. The decision must take into account the potential risks to the balance of the students in that class and in the school and the rights of the individual. In the event that nonattendance is required, then a homebound instructional program must be provided for that student.
3. Decisions regarding the type of educational and care setting for HTLV-III/LAVE-infected children should be based on the behavior, neurologic development, and physical condition of the child and the expected type of interaction with others in the school setting. These decisions are best made using the team approach including the child's physician, a medical or public health specialist on AIDS, the child's parent or guardian, the school's medical advisor, personnel associated with the proposed care or educational setting, school administrative representative, and school psychologist, (referred to as "Planning and Placement Team" in text). The N.H. Division of Public Health Services' Bureau of Disease Control and the N.H. Department of Education are available for consultative purposes. In each case, risks and benefits to both the infected child and to others in the school setting should be carefully weighed.
4. A child with AIDS/ARC (as with any other immunodeficient child may need to be temporarily removed from the classroom for his/her own protection when communicable diseases such as measles or chickenpox are occurring in the school population. This decision should be made by the child's physician in consultation with the school medical advisor.
5. Under the following circumstances a child with AIDS/ARC might pose a risk of transmission to others: if the child is not toilet trained, has open oozing sores that cannot be covered, or demonstrates behavior such as biting or other irresponsible behavior which could result in direct inoculation of potentially infected body fluids into the bloodstream. If any of these circumstances exist the child's physician, in consultation with the school medical advisor, and school officials, must determine whether a risk of transmission exists. If it is determined that such a risk exists, the student shall be removed from the classroom.
  - A. The parents of the infected child should be advised that their child cannot attend school when he/she is acutely ill and/or has a fever, cough (respiratory illness), or diarrhea. If the child is present at school with these symptoms, he/she should be removed from the school setting until the symptoms clear.

- B. A child removed from the classroom for biting, lack of bowel control, or other cause for concern of increased risk should be referred to the Planning and Placement Team for assessment and for the development of an appropriate alternative educational program.
  - C. A child temporarily removed from the classroom should be placed on homebound instruction and readmitted only with medical documentation that the complicating condition no longer exists.
  - D. In any case of temporary removal of the student from the school setting, state regulations and school policy regarding homebound instruction must apply.
6. Care involving exposure to the infected child's body fluids should be performed by persons who are aware of the child's HTLV-III/LAV infection and the modes of possible transmission.
  7. Standard procedures should be used to clean up after a child has an accident or injury at school. Blood or other body fluids emanating from any child, including ones known to have AIDS/ARC, should be treated cautiously. (See attached "Guidelines for Handling Body Fluids in School")
  8. HTLV-III/LAV infected children who are in attendance at school should be monitored by the school nurse in consultation with the child's physician to assess any changes in health status at least monthly or more often at the discretion of the Planning and Placement Team.
  9. Selected persons within the school should have knowledge of the child's condition, including the principal, the school nurse, and the child's classroom teacher. These persons should be provided with appropriate information concerning such precautions as may be necessary. Medical confidentiality should be preserved as much as possible. Specifically, the school should respect the right to privacy of the individual. If the confidentiality of the infected child is breached, the Planning and Placement Team should evaluate the continued attendance of the child in the school.
  10. Screening for HTLV-III/LAV antibody as a condition for school entry is not warranted based on available data. Epidemiologic evidence points to an extremely low prevalence of infection among school aged children, and a total lack of evidence of transmission from a school aged child to another persons.

Proposed: 09/24/87  
 Adopted: 10/14/87