

1st READING: 10/12/92

2nd READING: 10/26/92

3rd READING/ADOPTED: 11/09/92

**GUIDELINES FOR PROVIDING EDUCATION TO STUDENTS WITH
AIDS/HIV INFECTION**

1.0 All children in Vermont have a right to an education.

2.0 As a general rule, a student with AIDS or infected with HIV should attend school in a regular classroom with the approval of the student's physician and should be considered eligible for all opportunities and services provided by law and local school district policy.

3.0 Reporting AIDS or HIV infection to schools is not mandated. The student or student's parents may choose to report this information. These are the only acceptable sources of reporting regarding HIV infection.

4.0 The school nurse or the school's medical advisor should function as the liaison with the student's parents and the student's physician, the Department of Health, and the school. The responsibility of the school nurse (or school medical advisor) would be to ensure that the student is able to function in school without unnecessary impediments.

5.0 The school should respect the right to privacy of the individual student. Knowledge that a student is infected with HIV or has AIDS should be confined to those persons with a direct need to know. The decision of who needs to know shall be made in consultation with the student and his/her parents. The parents/guardians will provide this information to appropriate school officials in writing. Those persons to be informed should be provided with appropriate information concerning such precautions as may be necessary and should be made aware of the confidential nature of this information.

6.0 Before any known HIV infected student is removed from the classroom, a discussion should occur among the student, his/her parents and other appropriate persons. If it is determined that a significant risk of transmission exists the student shall be removed from the classroom.

7.0 Upon removal from the classroom, the school shall develop, within 10 school days, either an appropriate school program adjustment or an appropriate alternative

education program. When the appropriate persons (school's medical advisor, school nurse, Department of Health official, student's physician) determines that the risk has abated, the student can return to the classroom.

8.0 Each removal of an infected student from normal school attendance shall be reviewed by the appropriate persons as specified above, at least once every month to determine whether the condition precipitating the removal has changed.

9.0 A student with AIDS or milder immunodeficiency associated with HIV infection, as with any other immunodeficient student, may need to be removed from the classroom for his/her own protection when cases of measles or chicken pox are occurring in the school population. This decision should be made by the student's physician and parent/guardian in consultation with the appropriate persons, as listed above.

10.0 Routine and standard procedures should be used to clean up after a student has an accident or injury at school. Blood or other body fluids emanating from any students should be treated cautiously. Gloves must be worn when cleaning up blood spills. These spills must be disinfected with either 1:10 - 1:100 solution of bleach and water or another EPA approved bactericidal disinfectant, and persons coming in contact with them should wash their hands afterwards. Blood soaked items must be placed in leak proof bags for washing or further disposition. These may be flushed in a sewage or septic system. Similar procedures are recommended for dealing with vomitus and fecal or urinary incontinence in any student. Hand washing after contact with a school student is routinely recommended if physical contact has been made with the student's blood or body fluids.