



Maryland State Department of Education
Maryland Department of Health and Mental Hygiene
Maryland State School Health Council

MARYLAND STATE SCHOOL HEALTH SERVICES GUIDELINES

Management of Students with Human Immunodeficiency Virus Infection in School

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Management of Students with HIV Infection

Children and youth with human immunodeficiency virus (HIV) infection attend schools regularly. HIV causes the disease Acquired Immune Deficiency Syndrome (AIDS). Current treatments for HIV have extended life expectancy for people living with HIV infection and have reduced the severity of infections. “Pediatric HIV is no longer viewed as a fatal, rapidly progressive condition, but rather as a chronic, manageable disease with prolonged survival.”¹ Students and youth with HIV or AIDS are in Maryland schools. The guiding principles for management of students with HIV infection include maintaining confidentiality, educating the student in the least restrictive environment, and addressing the functional needs of the student.

Purpose

The Maryland State Department of Education (MSDE) and the Maryland Department of Health and Mental Hygiene (DHMH) recognize that school systems may have questions regarding the management of students with HIV or AIDS in the school setting. This document addresses some of these questions and provides guidance to assist local school systems in the appropriate educational placement for students.

This document presents information on HIV/AIDS as it relates to confidentiality, school attendance and placement, infection control, education for school students and school staff, and athletics.

Background

HIV is one of several identified bloodborne pathogens; others include hepatitis B and C viruses. HIV can spread from one person to another by exposure to blood or certain other body fluids. Body fluids known to transmit HIV are blood, breast milk, semen, and vaginal secretions. This virus can cause serious illnesses. HIV causes HIV infection and AIDS. HIV causes a person’s immune system to weaken over time making the person vulnerable to infections and cancers. There are no cures for the diseases caused by HIV and other bloodborne pathogens; however, certain treatments may help improve the quality and length of life. The most common methods of spreading HIV are unprotected sexual intercourse with an infected person, injection of infected body fluids (such as occurs from sharing drug injection equipment), and transmission from an infected mother to her baby during pregnancy, childbirth, or breast-feeding. The virus can also be transmitted when a person is stuck with a needle that contains infected blood, or by getting blood or other infected body fluids in the eyes, mouth, or on broken skin (e.g., through splashing). Refer to the *Resource Manual for Handling Body Fluids in the School Setting (2000)* for information on managing exposures to body fluids. HIV is NOT spread by casual contact with an infected person, (e.g., hugging, sharing eating utensils, touching, sitting next to someone, shaking hands, sharing food or drink, or closed mouth kissing). Sweat, tears, nasal discharge, urine, feces, and saliva do not transmit HIV.

¹ Nielsen, Karin, MD, MPH. *Recent Advances in the Clinical Management of HIV-Infected Infants and Children*. Medscape HIV/AIDS: Annual Update 2000.

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The implementation of universal precautions is advised for all school personnel. Universal precautions is a method of infection control that advocates the use of gloves and/or other protective equipment whenever there is a risk of exposure to all human blood and body fluids known to transmit HIV. Annual training in universal precautions should be provided to all school staff, preferably at the beginning of the school year. The training includes modes of transmission of bloodborne pathogens and proper use of personal protective equipment (e.g., gloves).

Confidentiality

Parents and guardians are not required to disclose a student's HIV infection status in order for the student to attend school; likewise students are not required to disclose HIV status to school staff. If health protection issues for the student are involved, it may be advantageous to disclose this information to the designated school health professional. If the parent, guardian, or student chooses to disclose to other staff, it is recommended that the persons selected be kept to a minimum. The staff to be considered when the choice to disclose has been made includes the school nurse, the principal, classroom teacher (s), and instructional assistants. Any staff member with this medical information should be instructed that the information is confidential.

All health records, notes, and other documents that reference a student's HIV status will be kept in a secure location. Access to these confidential records is limited to those named in written permission from the parent or guardian. Student record information is confidential and only school officials with a legitimate need to know the information, or others enumerated under the law, may have access to a student record. (COMAR 13A.08.02).

School Attendance and Placement

A student with HIV infection has the same right to attend school and receive services as any other student, and will be subject to the same rules and local school policies. HIV infection status alone should not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity. Rather such decisions should be made on a case-by-case basis depending on the particular factual circumstances.

School authorities will determine the educational placement of a student known to be HIV infected on a case-by-case basis by following already established policies and procedures for students with chronic health conditions or students with disabilities. Students with special health needs who do not qualify for special education services under the Individuals with Disabilities Education Act (IDEA) may be entitled to reasonable accommodations pursuant to Section 504 of the Rehabilitation Act of 1973. Decision-makers should consult with the student's parent or guardian, and other appropriate individuals. Placement may be reassessed if there is a change in the student's need for accommodations or services. Respect for the student's and family's rights to privacy must always be maintained.

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School staff members will always strive to maintain a respectful school climate and not allow physical and verbal harassment of any individual or group by another individual or group.

All students in Maryland's public schools have the right to an educational environment that is free from any form of harassment (Code of Maryland Regulations 13A.04.05.05-1). This includes harassment of a person who is HIV infected, a person perceived as being HIV infected, or a person associated with someone who is HIV infected.

The student's health care provider and school nurse should perform a regular assessment of the student's current needs. Permission to share information between the student's health care provider and school nurse is recommended in order to plan for the health needs of the student in the school setting.

Infection Control

All employees are required to consistently follow infection control guidelines in all settings and at all times, including on playgrounds and school buses. Schools will operate according to the Maryland Occupational Safety and Health (MOSH) Bloodborne Pathogens Standard. Equipment and supplies needed to apply the infection control guidelines will be maintained and kept reasonably accessible in school buildings, playgrounds, and school buses. If a situation occurs at school in which a person may have been exposed to an infectious agent, such as an instance of blood-to-blood contact, school authorities shall counsel both parties to seek appropriate medical evaluations (refer to the Exposure Control Plan in the *Resource Manual for Handling Body Fluids in the School Setting*). School staff should alert the school health professional or the person responsible for health and safety issues if a student's health condition or behavior presents a reasonable risk for transmitting an infection.

Education for Students and School Staff

COMAR 13A.04.18.04 provides for HIV/AIDS prevention education for students. The staff persons who teach HIV/AIDS should have annual updates in order to keep the curriculum content current.

HIV and Athletics

HIV infection alone does not determine if a student participates in physical education classes, athletic programs, competitive sports, and recess. Students with HIV infection should be encouraged to participate in all school activities provided they are medically able to do so. A participant in an interscholastic athletic event faces very low risk of an infectious disease like HIV as long as standard precautions, other infection control precautions (e.g., covering existing

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cuts and abrasions) and common sense management of injuries are implemented.² Routine testing of athletes is not indicated, as there is no medical or public health justification for testing or screening for HIV infection prior to participation in sports. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities. Confidentiality and the right to privacy of families should be protected at all times.

All school personnel, including teachers, administrators, athletic directors, maintenance workers, and others should be trained regarding standard precautions and correct handling of body fluids. Gloves and first aid kits must be readily available in the event an injury occurs with bleeding that requires intervention. Athlete orientation regarding safety, appropriate behavior, and programmatic issues will include HIV transmission prevention guidelines. Athletes should be made aware of the hazards of needle sharing for illicit drug use, including steroids.

² American Academy of Pediatric Committee on Sports Medicine and Fitness. **Pediatrics**, Vol. 104 No. 6 December 1999. *Human Immunodeficiency Virus and Other Blood-borne Viral Pathogens in the Athletic Setting*.

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Selected Resources

American Academy of Pediatrics (2000). *Red Book: Report of the Committee on Infectious Diseases, 25th Ed.*

American School Health Association (2000). *Guidelines for Protecting Confidential Student Health Information.*

National Association of State Boards of Education (1996). *Someone at School Has AIDS.*