

## **J-31 COMMUNICABLE DISEASES**

Rationale: The confirmed presence of AIDS/Bloodborne Pathogen Communicable Diseases in all fifty states and within all segments of the population has caused ever increasing concern in the medical community. The possibility of the disease in our community within the school population necessitates a formulation of policy by the Board of School Trustees for dealing with students afflicted with the disease.

The guidelines of the Indiana State Board of Health and the Federal Centers for Disease Control suggest the implementation of routine and standard clean-up procedures when contact is made.

Although Indiana law does not specifically designate acquired immune deficiency syndrome (AIDS) as a handicap, recent amendments to Indiana statutes dealing with communicable diseases demonstrate the legislature's awareness of the conclusions reached by courts which have ruled on the rights of individuals who test HIV positive.

Generally, courts have found that those who carry the HIV infection, as well as those who had AIDS related complex (ARC) or AIDS are handicapped under Section 504 of the Rehabilitation Act of 1973. Students who test HIV positive may not be excluded from school attendance unless there is a real danger that they will communicate the virus to others in the school setting. Whether a student tests positive for the virus or actually has ARC or AIDS, the student may not be excluded from school or treated differently from other students unless there are valid medical reasons to do so.

That danger must be supported by medical data and not based merely on unreasoned public fears. For example, students who carry the virus and who are incontinent, display biting or drooling behavior or have uncoverable oozing lesions could be excluded for as long as such conditions persist. However, students who are medically adjudged to present no danger in the normal casual contact which takes place in the school setting must be allowed to attend school.

The decision to exclude an HIV positive student is placed in the hands of the local health officer. Appeal of that decision takes place in an administrative hearing conducted by the State Board of Health.

Both the Center for Disease Control and the Board of Health recommend that the school inform only selected personnel that a student has tested HIV positive. Such personnel would include only those who would monitor that child's condition and might be expected to detect situations in which the virus could be transmitted. The Board of Health guidelines specifically identify the principal, school nurse and the student's teacher as members of the school staff who might need to know the identity of an HIV positive student. These people would be reminded of the confidentiality of this information.

The Family Educational Rights and Privacy Act (FERPA) regulations require parent permission before student record information is released. Staff members who have a legitimate educational interest may have access to a student's records without parent permission. Therefore, in determining which school personnel receive information about the medical condition of an HIV positive student, school officials should consider whether a particular staff members has a legitimate educational interest in the information. FERPA would not allow release of facts about a student's medical condition either to all staff members or to the general public.

The Indiana laws and the Center for Disease Control and the Board of Health guidelines will be followed. All school personnel will be informed in the proper disposal of body fluids and will be furnished with the necessary supplies for the safe disposal should the need arise. Also, a Bloodborne Pathogen Exposure Control Plan and guidelines relating to universal precautions (AIDS/Hepatitis), including vaccinations and training for the staff, are to be developed.

SOURCE Plainfield Community School Corporation  
Plainfield, IN  
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