

Policy Guidance for HIV/AIDS/Bloodborne Pathogens for Nebraska Public Schools

Provided by the:

Nebraska Department of Health and Human Services
HIV/AIDS Prevention/Ryan White Programs
Office of Disease Prevention and Health Promotion

The purpose of this guidance is to simplify and help those who are revising HIV/AIDS existing policies and programs or creating new ones. This document was modified from the "Someone At School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection" created by the National Association of State Board of Education (NASBE).

INTRODUCTION

All communities are affected by the continuing spread of HIV and young people continue to be infected with HIV at alarming rates. Out of the 56,000 new HIV infections in the United States each year, the largest numbers of new infections occur in people under the age of 25. Thirty-five percent of new HIV infections are estimated to occur in people between 13-29 years of age. In Nebraska, 1,166 people have been diagnosed with AIDS and another 567 have been reported as having HIV. This growing problem and the serious issues raised by HIV infection in society and in schools demands a reaction from educators. With infection rates increasing in adolescents and young people, it is crucial for schools to develop policies that establish annual in-service training for school personnel on universal precautions; promotes age-appropriate, medically accurate HIV education for students; and protects schools from potential litigation as well as protects the rights of HIV infected individuals. The need to balance a number of complex factors — concerns of families, staff, and community members; the needs of children and adults with HIV infection; legal requirements; public health recommendations; and compassion — make policy making a challenge.

In the past, the prospect of students with HIV infection or AIDS attending schools has been sometimes controversial, causing some schools and communities to suffer public relations and legal nightmares, as well as causing some children and their families to be treated as outcasts out of concern for other children's safety. These same things could still occur if school authorities do not understand the facts about HIV and AIDS, lack procedural guidelines, or are not prepared to deal with peoples' concerns and fears. Here in Nebraska, a great many school districts have established HIV/AIDS policies. However, a vast number of these schools' policies are outdated or incomplete, creating a potential atmosphere for the above scenarios to occur.

HIV/AIDS policies and programs need to be revised periodically to reflect the most current body of knowledge. Medical information expands, legislation changes, and court decisions are made at the federal, state, and local levels related to HIV/AIDS continually. Policies adopted just a few years ago might not be adequate to deal with today's issues. Up-to-date policies and programs concerning infection with HIV enable schools and districts to deal with complex issues that affect the school community. Keeping these policies and programs current can be difficult, especially in light of the vast amount of information on the topic.

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Sample HIV/AIDS School Policy

Preamble

(District/School) shall strive to protect the safety and health of children and youth in our care, as well as their families, our employees, and the general public. Staff members shall cooperate with public health authorities to promote these goals.

The evidence is overwhelming that the risk of transmitting human immunodeficiency virus (HIV) is extremely low in school settings when current guidelines are followed. The presence of people living with HIV infection or diagnosed with acquired immunodeficiency syndrome (AIDS) poses no significant risk to others in school, day care, or school athletic settings.

(This policy should be used in addition to the school's Bloodborne Pathogens Policy)

School Attendance

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 policies. HIV infection shall not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity.

School authorities will determine the educational placement of a student known to be infected with HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision makers must consult with the student's physician and parent or guardian; respect the student's and family's privacy rights; and reassess the placement if there is a change in the student's need for accommodations or services.

School staff members will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group by another individual or group. This includes taunts directed against a person living with HIV infection, a person perceived as having HIV infection, or a person associated with someone with HIV infection.

Employment

The (District/School) does not discriminate on the basis of HIV infection or association with another person with HIV infection. In accordance with the Americans with Disabilities Act of 1990, an employee with HIV infection is welcome to continue working as long as he or she is able to perform the essential functions of the position, with reasonable accommodation if necessary.

Confidentiality

Pupil(s) or staff members are not required to disclose HIV infection status to anyone in the education system. HIV antibody testing is not required for any purpose.

Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Violation of medical privacy may be cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.

No information regarding a person's HIV status will be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with HIV infection (or the parent or guardian of a legal minor) and is to be in compliance with the Family Education Rights and Privacy Act of 1974 (FERPA, the Buckley Amendment). The written consent must specify the name of the recipient of the information and the purpose for disclosure.

All health records, notes, and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those named in written permission from the person (or parent or guardian); and to the emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record without written consent.

Infection Control/Universal Precautions

All employees are required to consistently follow universal blood and body fluid precautions (Universal Precautions) in all settings and at all times, including playgrounds and school buses. Schools will operate according to the standards promulgated by the U.S. Occupational Health and Safety Administration for the prevention of bloodborne infections. Equipment and supplies needed to apply the infection control guidelines will be maintained and kept accessible. (**Designate**) shall implement the precautions and investigate, correct, and report on instances of lapse. (See Section IV: Methods of Compliance)

If a situation occurs at school in which a person might have been exposed to an infectious agent, such as an instance of blood-to-blood contact, school authorities shall counsel that person (or, if a minor, alert a parent or guardian) to seek appropriate medical evaluation.

HIV, Athletics, and School Sponsored Activities

The privilege of participating in physical education classes, athletic programs, competitive sports, and recess is not conditional on a person's HIV status. School authorities will make reasonable accommodations to allow all students, including those living with HIV infection, the opportunity to participate in school-sponsored physical activities. All employees must consistently adhere to infection control guidelines in the school setting. Athletic rule books will reflect these guidelines and First Aid kits must be available for emergency use. It is recommended that all physical education teachers and athletic program staff will complete an approved first aid and injury prevention course that includes implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding HIV infection.

HIV Prevention Education

The goals of HIV prevention education are to promote healthful living and discourage the behaviors that can put a young person at risk of acquiring HIV. The educational program will:

- be taught at every level, Kindergarten through grade twelve;
- use instructional methods demonstrated by sound research to be effective;
- be consistent with community standards;
- follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC);
- be appropriate to student's developmental levels, behaviors, and cultural backgrounds;
- build knowledge and skills from year to year;
- stress the benefits of abstinence from sexual activity, alcohol, and other drug use;
- include accurate information on reducing risk of HIV infection;
- address students' own concerns;
- include means for evaluation;
- be an integral part of a coordinated school health program;
- be taught by well-prepared instructors with adequate support; and
- involve parents and families as partners in education.

Parents and guardians shall have convenient opportunities to preview all HIV prevention curricula and materials, and be provided assistance to discuss HIV infection with their children. If a parent or guardian submits a written request to a Principal that a child not receive instruction in specific HIV prevention topics at school, the child shall be excused without penalty or stigma. The education system will endeavor to cooperate with HIV prevention efforts in the community that address out-of-school youth and youth in situations that put them at high risk of acquiring HIV.

Related Services

Students will have access to voluntary, confidential, age and developmentally appropriate counseling about matters related to HIV infection. School administrators will maintain confidential linkage and referral mechanisms to facilitate voluntary student access to appropriate HIV counseling and testing programs, and to other HIV-related services as needed. Public information about resources in the community will be kept available for voluntary student use.

Staff Development

All school staff members will participate in a planned HIV education program that conveys factual and current information; provides guidance on infection control procedures; informs about current law and state, district, and school policies concerning HIV; assists staff to maintain productive parent and community relations; and includes annual review sessions. Certain employees will also receive additional specialized training as appropriate to their positions and responsibilities.

General Provisions

On an annual basis, school administrators will notify students, their family members, and school personnel about current policies concerning HIV infection and provide convenient opportunities to discuss them. Information will be provided in major primary languages of students' families.

In accordance with the established policy review process, or at least every three years, (Designate) shall report on the accuracy, relevance, and effectiveness of this policy and, when appropriate, provide recommendations for improving and/or updating the policy.

School Authority Date

IMPORTANT NOTE:

The above model policy was adapted, with permission, from the sample policy provided in the book, "Someone at School has AIDS; A Complete Guide to Education Policies Concerning HIV Infection, 2nd Edition." Nebraska public schools are permitted to copy and adopt this sample policy as long as they cite this book and give credit to National Association of State Board of Education (NASBE) (http://www.nasbe.org/HealthySchools/Safe_Healthy/sasha.html).

Exposure

Control

Plan

Exposure Control Plan

Section I: Purpose of the Plan

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out--to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees and /or students. Relative to this goal, OSHA has enacted the Bloodborne Pathogen Standard, codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogen Standard is to "reduce occupational exposure to Hepatitis B (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

This Exposure Control Plan has been established by (school district) in conjunction with the Bloodborne Pathogen policy in order to minimize and to prevent, when possible, the exposure of all employees to bloodborne disease and as a means of complying with the OSHA Bloodborne Pathogen Standard.

(School district) believes that there are a number of "good general principals" that should be followed when working with bloodborne pathogens. These include, but are not restricted to, the following:

1. It is prudent to minimize all exposure to bloodborne pathogens.
2. Risk of exposure to bloodborne pathogens should never be underestimated.
3. Engineering and work practice controls should be instituted to eliminate or minimize employee exposure to bloodborne pathogens.

The objective of this plan is twofold:

1. To minimize exposure of employees and/or students to the health hazards associated with bloodborne pathogens.
2. To provide appropriate treatment and counseling should an employee or student be exposed to bloodborne pathogens.

Section II: General Program Management

RESPONSIBLE PARTIES

There are two major "Categories of Responsibility" that are central to the effective implementation of the exposure control plan. These are:

1. **Employer**
2. **Employee**

The following section defines the roles played by both of these groups in carrying out the plan.

Employer

The Administrator or appointed designee will be responsible for the overall management and support of the Bloodborne Pathogens Compliance Program. Activities, which would typically be included, but are not limited to, include:

1. Overall responsibility for implementing the Exposure Control Plan for the entire school district.
2. Work with the school district and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
3. Periodically review the Exposure Control Plan to determine if revisions are needed.
4. Designate an employee to collect and maintain a suitable reference library on the Bloodborne Pathogen Standard and bloodborne pathogens safety and health information.
5. Know current legal requirements concerning bloodborne pathogens.
6. Act as facility liaison during OSHA inspections.
7. Conduct periodic facility audits to maintain an up-to-date Exposure Control Plan.
8. Designate employees who will be responsible for carrying out various aspects of the Exposure Control Plan.
9. Ensure that proper exposure control procedures are followed.
10. Consult with employees regarding changes in technology that eliminate or reduce exposure to bloodborne pathogens. Document annually. (See appendix-FORM A)
11. Make training available to employees identified as having the potential for exposure to bloodborne pathogens. This will include the following activities:
 - a. maintain a current list of (school district) personnel requiring training;
 - b. identify and schedule periodic suitable education/training programs;
 - c. maintain appropriate training documentation;
 - d. periodically review the training programs to include appropriate new information;

- e. monitor occurrence reports related to employee exposure to bloodborne pathogens;
- f. conduct post-exposure evaluation and follow-up;
- g. conduct exposure incident investigation;
- h. maintain medical record keeping.

Employee

The employees of (school district) have the most important role in the bloodborne pathogens compliance program, for the ultimate execution of much of the Exposure Control Plan rests in their hands. In this role the employees function as follows:

- 1. Know what tasks they perform that have occupational exposure.
- 2. Attend the bloodborne pathogens training sessions applicable to their exposure/risk level.
- 3. Plan and conduct all activities in accordance with established work practice controls. Develop good personal hygiene habits.

AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES

Employees will have access to (school district's) Exposure Control Plan at all times. Employees will be advised of this availability during education/training sessions. Copies of the Exposure Control Plan will be kept in each building in the administrative office. (Superintendent/Principal/Head Teacher).

REVIEW AND UPDATE OF THE PLAN

It is important to keep the Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- 1. Annually--on or before April 1 of each year at a meeting of the Safety Committee.
- 2. Whenever appropriate personnel are made aware of new or modified tasks and procedures are implemented which affect occupational exposure of employees.
- 3. Whenever appropriate personnel have been notified that employees' jobs have been revised whereby new instances of occupational exposure may occur.
- 4. Whenever new functional positions within the school district are established that may involve exposure to bloodborne pathogens.

Section III: Exposure Determination

One of the keys to implementation of a successful Exposure Control Plan is to identify exposure situations that employees may encounter. To facilitate this in the school district, the following information will be compiled:

- 1. Job classifications in which all employees have occupational exposure to bloodborne pathogens. (See appendix - FORM B)
- 2. Job classifications in which some employees have occupational exposure to bloodborne pathogens. (See appendix - FORM C)
- 3. Tasks and procedures in which occupational exposure to bloodborne pathogens occur. (See appendix-FORM D)

Section IV: Methods of Compliance

There are a number of areas that must be addressed in order to effectively eliminate or minimize employee and/or student exposure to bloodborne pathogens in the school district. The first five areas in the plan are explained below. Each of these areas will be reviewed with employees during their bloodborne pathogens related training. (See the Section VII: Information and Training section of this plan for additional information.)

UNIVERSAL BLOOD AND BODY FLUID PRECAUTION

The practice of "Universal Blood and Body Fluid Precautions" shall be the standard within the school district to prevent contact with blood and other potentially infectious materials. As a result, all human blood and body fluids shall be treated as if they are known to be infectious for HBV, HIV, and other bloodborne pathogens. The administrator or appointed designee is responsible for overseeing the Universal Blood and Body Fluid Precautions Program.

ENGINEERING CONTROLS

One of the key aspects of the Exposure Control Plan is the use of engineering controls to eliminate or minimize employee exposure to bloodborne pathogens. Appropriate equipment such as sharps disposal containers shall be made available. A "sharp" can be needles, pencils, and cutting equipment, or art, science, or industrial arts supplies. Document sharps injuries. (See appendix-FORM E). During the annual review of the Exposure Control Plan, areas where engineering controls can be updated and areas where engineering controls can be beneficial are evaluated. Existing engineering controls are reviewed for proper function and needed repair or replacement. (See appendix-

FORM F).

In addition to the engineering controls identified on the Engineering Equipment Control form, the following engineering controls will be used throughout the school district.

- Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated sharps are provided which are puncture resistant, color-coded or labeled with biohazard warning label, and leak proof on bottom and sides.
- Wastebaskets are lined with disposable, leak proof bags.

WORK PRACTICE CONTROLS

The following work practice controls have been adopted to help eliminate or minimize employee and/or student exposure to bloodborne pathogens.

1. Employees and/or students shall wash their hands immediately (or as soon as is feasible) after removal of gloves or other personal protective equipment.
2. Employees and/or students shall wash their hands and any other exposed skin with soap and water as soon as possible following any contact of body areas with blood or other infectious materials. Exposed mucous membranes will also be flushed with water.
3. Contaminated needles and other contaminated sharps shall not be bent or recapped.
4. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses shall be prohibited in work areas where there is potential for exposure to bloodborne pathogens.
5. Food and drink shall not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.
6. In all procedures involving blood or other infectious materials, splashing, spraying, or other actions generating droplets of the materials shall be minimized.
7. Contaminated materials shall be placed in designated leak proof containers (appropriately labeled). Double bagging may be necessary if the original container becomes contaminated.
8. Student personal property that becomes contaminated shall be examined prior to sending home and decontaminated as necessary, unless it can be demonstrated that decontamination is not feasible.

When an individual is hired or an employee changes jobs within the school district, the following process shall take place to ensure proper training in the appropriate work practice controls:

1. The employee's job classification and the tasks and procedures that will be performed are checked against the Job Classifications and Tasks Lists, which were identified in the Exposure Control Plan as those in which occupation exposure occurs.
2. If the employee is transferring from one job to another within the school district, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
3. Based on this "cross checking", the new job classifications and/or tasks and procedures, which will bring the employee into occupational exposure situations, are identified.
4. The employee will be trained regarding any work practice controls that the employee has not yet experienced.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is the employees' "last line of defense" against bloodborne pathogens. Because of this, (school district) provides (at no cost to the employees) the personal protective equipment needed to protect against exposure. This equipment may include but is not limited to:

- Gloves
- 2.Heavy Duty Gloves
- Gowns
- Laboratory coats
- Face shields/masks
- Safety glasses
- Goggles
- Mouthpieces
- Pocket masks
- Hoods
- Shoe covers
- Dustpan/Broom

Vinyl gloves and similar alternatives are provided to employees who are allergic to the gloves used by the school district. The Administrator or appointed designee is responsible for ensuring that all areas have appropriate

protective equipment available to employees.

All employees are trained regarding the use of appropriate personal protective equipment for their job classifications and task/procedures they perform. Training about personal protective equipment is provided, when necessary, if an employee takes a new position or if job functions are added to the current position. To determine whether additional training is needed, the employee's previous job classification and tasks are compared to those for any new job or function that is undertaken. Any needed training is provided by the Administrator or appointed designee.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the school district adheres to the following practices:

1. All personal protective equipment shall be inspected periodically and repaired or replaced as needed to maintain its effectiveness.
2. Reusable personal protective equipment shall be cleaned, laundered, and decontaminated as needed.
3. Single-use personal protective equipment (or equipment that cannot be decontaminated for whatever reason) shall be disposed of in the appropriate fashion.

The monitoring of equipment will be accomplished by the Administrator or appointed designee. To make sure that this equipment is used as effectively as possible, employees are to adhere to the following practices when using personal protective equipment:

1. Any garments penetrated by blood or body fluids or other infectious materials shall be removed immediately (or as soon as feasible).
2. All personal protective equipment shall be removed prior to leaving the area where it is being used.
3. Gloves shall be worn in the following circumstances:
 - whenever employees anticipate hand contact with potentially infectious materials.
 - when handling or touching contaminated items or surface
4. Disposable gloves shall be replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an "exposure barrier."
5. Utility gloves shall be decontaminated for reuse unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed of and replaced.
6. Masks and eye protection (goggles, face shields, etc.) shall be used whenever it is anticipated that splashes or sprays may generate droplets of infectious materials.
7. Protective clothing (such as gowns and aprons) shall be worn whenever potential exposure of the employee's body is anticipated.
8. Caps/gowns and/or shoe covers/boots shall be used in any instances where "gross contamination" is anticipated.

HOUSEKEEPING

Maintaining the school district in a clean and sanitary condition is an important part of the bloodborne pathogens compliance program. To facilitate this, a written schedule for cleaning and decontamination of the various areas of the school district shall be established. The schedule and the following information can be obtained from the custodial department:

- Work schedule
- Cleansers and disinfectants used
- Special instructions that are appropriate

Using this information, the custodial staff employs the following practices:

1. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
2. Protective coverings are removed and replaced as soon as feasible when overtly contaminated.
3. All pails, bins, cans, or other receptacles intended for routine use are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
4. Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
5. The custodial staff is responsible for setting up a cleaning and decontamination schedule/practice and ensuring its implementation within the school district.

Care needs to be exercised within the school district in handling regulated waste (including contaminated sharps, laundry, used bandages, and other potentially infectious materials). The following procedures are used with these types of wastes:

1. Wastes are discarded or "bagged" in containers that are closable, puncture resistant, leak proof if the potential for fluid spill or leakage exists, and red in color or appropriately labeled with the biohazard-warning label.
2. Containers for this regulated waste are located within the school district in easy access to employees and as close as possible to the source of the waste.
3. Waste containers are maintained upright, routinely replaced or emptied, and are not allowed to overfill.
4. Contaminated clothing is handled as little as possible and is not sorted or rinsed where it is used. It is laundered at school whenever possible. When it is not possible, it is bagged and secured in a leak proof bag and sent home with the student's parent.
5. Whenever employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

The custodial staff is responsible for the collection and handling of contaminated waste. Waste that is not pourable or spillable will be handled as little as possible and disposed of in closable bagged containers.

Section V: Hepatitis B Vaccination POST-EXPOSURE EVALUATION AND FOLLOW-UP

It is recognized that even with strict adherence to all exposure prevention practices exposure incidents can occur. As a result, procedures for post-exposure evaluation and follow-up for employees and /or students have been established in the event that exposure to bloodborne pathogens occurs.

1. VACCINATION PROGRAM

To protect employees as much as possible from the possibility of Hepatitis B infection, a vaccination program has been implemented by the school district. This program is available at no cost to all employees who may have occupational exposure to bloodborne pathogens. The vaccination program consists of a series of three inoculations over a six-month period. As part of the bloodborne pathogens training, employees receive information regarding hepatitis vaccination, including its safety and effectiveness.

The Administrator or appointed designee is responsible for setting up and operating the vaccination program. Vaccinations are performed under the direction of a licensed physician or other health care professional. Lists of employees taking part in the vaccination program are available in the Employee Health Records. Informed Consent will be secured from employees. (See appendix-FORM G) The school district may require physician approval for hepatitis B vaccination. (See appendix-FORM H) Employees who have declined to take part in the vaccination program are listed and have signed the Vaccination Declination Form. (See appendix-FORM I).

To ensure that all employees are aware of the vaccination program, the subject is thoroughly discussed in the bloodborne pathogens training and Hepatitis B vaccination clinic notices are posted in prominent places throughout the school district.

2. POST-EXPOSURE FOLLOW-UP

If an employee and/or student is involved in an accident on school property where exposure to bloodborne pathogens may occur, there are two things on which efforts need to be immediately focused.

1. Investigation of the circumstances surrounding the exposure incident.
2. Assurance that the employee and/or student receives medical consultation and treatment (if required) as expeditiously as possible.

The Administrator or appointed designee shall investigate every reported incident that occurs within the school district. This investigation shall be initiated within 24 hours of the incident and involves gathering the following information (if at all possible):

1. When the incident occurred--date and time.
2. Where the incident occurred--location within the school district.
3. What potentially infectious materials were involved in the incident--blood, body fluids, etc.
4. Source of the potentially infectious material.
5. Under what circumstances the incident occurred--type of work being performed.
6. How the incident was caused--accident, unusual circumstances such as equipment failure, power outage, etc.

7. Personal protective equipment being used at the time of the accident. Actions taken as a result of the incident--employee and/or student decontamination, cleanup, notifications made, etc.

After this information is gathered, it shall be evaluated, a written summary of the incident and its causes prepared, and recommendations made to avoid similar incidents in the future. An Exposure Incident Report will be completed. (See appendix-FORM J).

If an exposure to bloodborne pathogens should occur, a comprehensive post-exposure evaluation and follow-up process shall be established to ensure that employees and/or students receive the best and most timely treatment. (See appendix-FORM K.) This process is initiated by the school nurse, a physician designated by the district, or the employee's and/or student's personal healthcare provider. The employee and/or student may refuse a post-exposure medical evaluation. (See appendix-FORM L and/or L1).

It is recognized that much of the information involved in this process must remain confidential and everything possible will be done to protect the privacy of the individual(s) involved. As a first step in this process, the following confidential information is provided to an exposed employee:

1. Documentation regarding the routes of exposure and circumstances under which the incident occurred.
2. Identification of the source individual (unless infeasible or prohibited by law).

The next step, if possible, is to test the source individual's blood to determine HBV and HIV infectivity. This is accomplished by the following tests: HBsAg and HIV antibody. This information will be made available to the exposed employee and/or student if it is obtained. At that time the employee and/or student will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

The exposed employee's and/or student's blood will be collected as soon as feasible after consent is obtained, and tested for HBV and HIV serological status. If the employee and/or student consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee and/or student elects to have the baseline sample tested, such testing will be done as soon as possible.

Employees and/or students who have had hepatitis immunization and documented response need not be tested for hepatitis B. Once these procedures have been completed, the exposed employee and/or student will meet with a qualified healthcare professional to discuss the employee's and/or student's medical status. This includes an evaluation of any reported illness as well as any recommended treatment.

3. THE EVALUATION AND WRITTEN REPORT

After consultation, the Administrator or appointed designee shall provide a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation (See appendix-FORM M). In keeping with the emphasis on confidentiality, the written report will contain only the following information:

1. Whether Hepatitis B vaccination is indicated for the employee and/or student.
2. Whether the employee and/or student has received the Hepatitis B vaccination.
3. Confirmation that the employee and/or student has been informed of the results of the evaluation.
4. Confirmation that the employee and/or student has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other finding or diagnoses will remain confidential and will not be included in the written report.

4. MEDICAL RECORDKEEPING

Medical records pertaining to immunization for or exposure to bloodborne pathogens shall be maintained by the school district. (See appendix-FORM N) Records shall include the following information:

1. Name of the employee/student.
2. Forms:
 - I - Vaccination Declination
 - J - Exposure Incident Investigation Report
 - K - Exposure Incident Follow-up
 - L - Employee Refusal of Post-Exposure Follow-up

- L1 – Student Bloodborne Exposure Incident Report
- M – Written Report From Physician
- N – Employee Record of Vaccination and Exposure Incidents

Section VI: Containers, Signs, Disposal

The most obvious warning to employees of possible exposure to bloodborne pathogens is a sharps container with a biohazard-warning label. When necessary, biohazard-warning labels on containers/bags should be used.

The following items shall be labeled:

1. Sharps disposal containers.
2. Laundry bags and containers.
3. Contaminated equipment.

Section VII: Information and Training

Having well-informed and educated employees is extremely important when attempting to eliminate or minimize exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens will be provided access to a comprehensive training program and will be furnished with as much information as possible on this issue. Employees will be provided access to retraining at least annually to keep their knowledge current.

All new employees, as well as employees changing jobs or job function, will be provided access to any additional training required by their new position at the time of their new job assignment.

A. TRAINING TOPICS

The topics covered in the training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself.
- The epidemiology and symptoms of bloodborne disease.
- The modes of transmission of bloodborne pathogens.
- The school district's Exposure Control Plan (and where employees can obtain a copy).
- Appropriate methods for recognizing tasks and other activities that may involve the exposure to blood and other potentially infectious materials.
- A review of the use and limitations of methods that will prevent or reduce exposures, including:
 - Engineering controls
 - Work practice controls/Universal Precautions
 - Personal protective equipment
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for the selection of personal protective equipment.
- Information on Hepatitis B vaccine, including:
 - Efficacy
 - Safety
 - Method of administration
 - Benefits of vaccination
 - Free availability of vaccine
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting and medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide the employee following the exposure incident.
- An explanation of the signs and labels used.
- An opportunity for interactive questions and answers with the person conducting the training session.

B. TRAINING METHODS

The school district makes use of several training techniques, which may include, but not necessarily be limited to, the following:

- classroom with personal instruction
- videotape programs

- training manuals/employee handouts
- employee review sessions
- annual education day

Because employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

C. RECORDKEEPING

To facilitate the training of employees, as well as to document the training process, training records are maintained containing the following information:

- date and time of training session
- contents/summary of the training session
- names and qualifications of the instructors
- names, job titles, and social security numbers or date of birth or staff ID or date of incident of the employees attending the training session
(See appendix- FORM O).

Use of a computer and/or the forms on the following page facilitate this record keeping. These training records are available for examination and copying to employees and their representatives as well as OSHA and its representatives.

Resources and Appendices

Nebraska Department of Health and Human Services

HIV/AIDS Prevention/Ryan White Title II Program Manager
Steve Jackson
Nebraska Department of Health and Human Services - Infectious Disease Prevention and Care
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
402-471-2504
steve.jackson@nebraska.gov

Nebraska Department of Health and Human Services

Office of School Health
Carol Tucker R.N. B.S.N.
State School Nurse Consultant - Child & School Health Program Manager
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
402-471-1373
(Fax) 402-471-7049
carol.tuck@nebraska.gov

Form A: Annual Review

ANNUAL REVIEW

The Exposure Control Plan is to be reviewed annually. The review and update are required to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

Review Date: _____

Exposure Control Plan Manager: _____

Names of Employees Participating:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following commercial medical devices that eliminate or minimize occupational exposure were considered.

_____	_____
_____	_____
_____	_____

Form C: Some Employees

**JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES HAVE EXPOSURE TO
BLOODBORNE PATHOGENS**

Below are listed the job classifications in our school district where **SOME** employees handle human blood, body fluids, and other potentially infectious materials which may result in possible exposure to bloodborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

Below are listed the tasks and procedures in our school district where some employees handle human blood, body fluids, and other potentially infectious materials which may result in possible exposure to bloodborne pathogens:

TASK/PROCEDURE JOB TITLE DEPARTMENT/LOCATION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Form F: Engineering Control Equipment

ENGINEERING CONTROL EQUIPMENT

The following areas have, or should have, engineering control equipment to eliminate or minimize employee exposure to bloodborne pathogens. If equipment is needed but not yet installed, "NONE" is indicated in the Control Equipment column.

DEPT/LOC	CONTROL EQUIPMENT	NEED UPDATE?	LAST REVIEW DATE

Form G: Informed Consent

Confidential

INFORMED CONSENT FOR HEPATITIS B VACCINATION

(For employees and independent contractors)

I, _____, hereby authorize my employer to vaccinate me against Hepatitis B virus (HBV). I understand that the injections are given over a period of several months before it is effective in preventing this disease.

I have been informed of occasional side effects resulting from HBV immunization which include, but are not limited to, pain, itching, bruising at the injection site, sweating, weakness, chills, blushing and tingling, as well as other side effects, warnings and contraindications noted in **The Physician's Desk Reference** and manufacturer's information sheets.

I have been informed that hypersensitivity to yeast is a contraindication for use of the vaccine; that the vaccine should be administered to a pregnant woman only if clearly needed, and to nursing mothers with caution.

All my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the vaccination. I acknowledge that no guarantees have been made to me concerning the results of the proposed vaccination. I hereby release my employer from any and all liabilities and legal responsibilities as a consequence of my decision to receive this vaccine.

I have contacted my personal physician and he/she has given me permission to receive the vaccine, based on my previous medical history.

Signature _____

Date _____

Program Coordinator's Notation:

This employee has agreed to receive vaccination against Hepatitis B. The vaccination series will be provided at no cost to the employee by this educational facility.

Signature of Program Coordinator _____ Date _____

Note: Maintain this record for the duration of employment plus 30 years.

Form H: Health Care Provider Approval

HEALTH CARE PROVIDER APPROVAL

I authorize (school district) to immunize (employee) against Hepatitis B.

Health Care Provider Signature

Date

Form I: Vaccination Declination

INFORMED REFUSAL FOR HEPATITIS B VACCINATION

Employee Name _____

Job Title _____

Social Security Number **OR** Date of Birth **OR** Staff ID **OR** Date of Incident _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Address

City State_Zip

Form J: Exposure Incident Investigation Report

EXPOSURE INCIDENT INVESTIGATION FORM

Name _____ Address _____

Date of Incident _____ Time of Incident _____

Location _____

Potentially Infectious Materials Involved

Type _____ Source _____

Circumstances (work being performed, etc.) _____

How Incident Was Caused (accident, equipment malfunction, etc.) _____

Personal Equipment Being Used _____

Actions Taken (decontamination, clean-up, reporting, etc.) _____

Recommendations for Avoiding Repetition _____

Signature _____ Date _____

Signature of Exposure Control Plan Administrator _____

Date of Review _____

Form K: Exposure Incident Follow-up

EXPOSURE INCIDENT FOLLOW-UP

Exposure incident _____ Date _____

Exposure Incident Form Completed Date _____

Exposure incident reported to supervisor Date _____

Medical evaluation Date _____

Information sent to health care professional Date _____

1. Description of exposure incident (FORM J)
2. Results of source individual's blood tests (if known)
3. Employee/student immunization status (FORM N)

Source individual medical tests completed Date _____

Written report from health care professional Date _____

Hepatitis B vaccine given Date _____

Exposure incident reviewed Date _____

Form L: Employee Refusal of Post-Exposure Follow-up

EMPLOYEE INFORMED REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

Date _____

I, _____, am employed by
_____ (school district) _____. My employer has provided me training in bloodborne
pathogens policies and the risk of disease transmission in the school. On _____ (date) _____, 20_____, I was
involved in an exposure incident when I (describe incident)

My employer has offered to provide follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contacted an infectious disease from this incident.

However, I, of my own free will and volition, and despite my employer's offer, have elected not to have a medical evaluation. I have personal reasons for making this decision.

Signature _____

Witness _____

Name _____

Home Address _____

City, State, Zip _____

Phone _____

Note: Maintain this record for the duration of employment plus 30 years.

Form L1: Student Bloodborne Exposure Incident Report

****The filling of this report and all information on it are to be held in strictest confidence****

STUDENT SECTION

Date _____

Student Name _____ D.O.B _____

Parent/Guardian Name _____

Home Address _____

Phone _____

Date of Exposure (Mo/Day/Yr) _____ Time of Exposure _____

Description of Exposure (What, How, Why, etc.) _____

Dates of Hepatitis B vaccinations previously received _____

Source of Exposure (Individual's name) _____

Place of Exposure (Include school name, address and phone #) _____

PARENT/GUARDIAN SECTION

I do _____ or do not _____ wish to receive medical treatment for my child.

Parent Signature _____ Date _____

SCHOOL NURSE SECTION

I have reviewed the circumstances and management of this incident and verify that the appropriate follow-up is being attempted in order to identify or prevent the transmission of communicable disease to which the student may be at risk as a result of this exposure.

Name and Title _____

Signature _____ Date _____

TO BE COMPLETED BY A LICENSED HEALTH CARE PROFESSIONAL (M.D, APRN, P.A)

In my professional judgment, the Hepatitis B vaccination is _____ is not _____ indicated.
The Hepatitis B vaccination has _____ or has not _____ been administered. The parent/student has been informed of the results of the evaluation and told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

Name and Title _____

Signature _____ Date _____

Form M: Written Report From Health Care Provider

WRITTEN REPORT FROM HEALTH CARE PROVIDER

*******DUE BACK TO (SCHOOL DISTRICT) WITHIN 15 DAYS*******

Please check

- _____ Hepatitis B vaccination is indicated for the employee.
- _____ The employee/student has received the Hepatitis B vaccination.
- _____ The employee/student has been informed of the results of the evaluation.
- _____ The employee/student has been told about any medical conditions resulting from the exposure incident, which require further evaluation or treatment.
- _____ The employee/student has refused the Hepatitis B vaccination.

Health Care Provider Signature

Date

Form N: Employee Record of Vaccination and Exposure Incidents

EMPLOYEE RECORD FORM OF VACCINATION AND EXPOSURE INCIDENTS

Employee Name _____

Employee Address _____

Employee Social Security Number **OR** Date of Birth **OR** Staff ID **OR** Date of Incident _____

Employee starting date _____

Employee termination date (if any) _____

History of HBV vaccination (date received or, if not received, a brief explanation of why not)

Results of medical follow-up procedures regarding exposure incidents

Date Name of Health Care Provider Seen Written Report Received from Health Care Provider

*Release of information required before sending to health care provider

Note: Maintain this record for the duration of employment plus 30 years.

What Should A Policy On HIV/AIDS Include?

Policies on HIV/AIDS adopted by states, districts, and schools have many forms.

The following essential topics should be in policies:

- ✦ School attendance of students with HIV infection
- ✦ Employment protections for staff with HIV infection
- ✦ Confidentiality and privacy issues
- ✦ Effective HIV prevention education
- ✦ Infection control procedures
- ✦ Staff training
- ✦ Periodic policy review process
- ✦ Accountability
- ✦ Communications with the public

POLICY CHECKLIST

Appropriately Covered	Needs Revision	Not Covered	
			Attendance of students with HIV infection
			Employment protection for staff members with HIV infection
			Assurances of confidentiality & privacy
			Effective HIV prevention education
			Universal infection control procedures
			Thorough staff training
			Systematic periodic review process
			Clear lines of accountability
			Sound guidelines for communicating with the public

These are the basic elements of a solid HIV/AIDS school policy. Other related issues such as making voluntary, confidential HIV antibody testing available & referrals to support services for students, staff & families of affected persons might also be addressed by school districts.

HIV/AIDS

COMMUNITY/SCHOOL DISCLOSURE GUIDELINES

The following outline is a 'suggested process' for handling the disclosure of HIV/AIDS by a student and/or family member in a community. This outline makes the assumption that the student or family member discloses their medical status to school personnel prior to the information being disseminated within the community at large. It is important to remember that each family/personnel situation; each school and each community is different. When planning for a possible disclosure, each situation needs to be handled on an individual basis and in a manner which best meets the needs of the community, school, the students, and the families involved.

Key Players: It is recommended that two separate “teams” be established prior to a disclosure — an **Educational Team** and a **Resource Team**. These teams play critical roles in the process of community disclosure and education.

The Educational Team — includes professional health and educational specialists from Nebraska Health and Human Services (Office of Disease Prevention-HIV/AIDS Program), the Nebraska Department of Education (HIV Prevention Coordinator) and the local School Nurse. These professional educators will have a background in HIV/AIDS education and a working knowledge of issues specific to school settings.

The Resource Team — includes locally based members of the community where the disclosure will occur. This team should include community "gatekeepers" who are familiar with the community at large, know area resources and may be able to identify potential "hot-spots" which may be encountered during the disclosure process. This team will also serve as a resource to the community following the disclosure. Though the members of this team will vary according to each individual situation, appropriate members may include: school administrators, teachers, counselors, local physicians, clergy, school board members, parents/family members and or respected members of the community who may have a direct connection to the school or family.

Factors to Keep in Mind: Though disclosure of HIV may not be as frightening to some people today as it was 10 years ago, the emotions involved with sharing intimate information about oneself or loved one are significant. The following statements are made as reminders for those involved in the process:

- Education is critical. Accurate and timely information about HIV disease, transmission modes, treatments, resources, etc. is important; state and medical personnel are those most likely to keep abreast of the latest information.
- Emotional responses to situations like HIV disclosure are usually strong. It is important to validate everyone's concerns; however, a timely, calm, planned approach to dealing with the situation will be in everyone's best interest. Preparation and preplanning (even if you never have to deal with the situation) will make everyone feel more in control.
- Remember the family! The family's involvement in the disclosure is central to the process. All members of the family are being affected; parents, siblings, and extended family. Look at a process which is inclusive of the needs of everyone, if possible.
- Adults love to be in control... If the person infected with or affected by the HIV disclosure is a child, don't forget to ask what they are feeling, thinking or need. (Example: one young man who disclosed his HIV status by accident at school one day was more concerned that his friends and their parents were told about the situation before the rest of the school. He was also afraid to go back to school after the disclosure and needed a trusted adult to attend with him the first day. After a few hours in school he found he was receiving enough support to ask the "adult" friend to leave because he was fine.)
- Everyone involved plays an important role in the process, though his or her roles are different. Utilize the talents, expertise, skills and rapport of those involved in the process.

Process Outline:

Step One: **Initial Contact** — After the student/parent shares information with the school, the school

should contact the HIV consultant at the Nebraska Department of Education (402-462-4168 x 166) and/or the HIV/AIDS Program at Nebraska Health and Human Services (402-471-9098).

- Step Two: **Initial Meeting** — An initial meeting with the family, local school personnel (those identified as key players for this process), and State staff. This meeting should provide opportunity for the family to share issues/concerns and begin developing a plan of action for the process of disclosure.
- Identify members for the Education Team
 - Identify members for the Resource Team
 - Identify others who may need to be informed or included in this initial planning process
 - Develop a timeline for what is going to happen and when, as well as who is responsible for each task.
- Step Three: **Resource Team Presentation** — The members of the Educational Team will provide the Resource Team and other key individuals with basic HIV/AIDS factual information. The Disclosure Plan and follow-up activities should also be reviewed at this time.
- Step Four: **Meet with Local School Board** — A meeting with the local school board should be called to give them a description of the problem and a description of the disclosure plan and follow-up activities. Obtain school board support. This meeting may be facilitated by representatives from the Educational Team and the school administration (principal, superintendent, board member, etc.)
- Step Five: **Staff Presentations** — The Education Team or health education specialists identified by the team should conduct HIV/AIDS educational presentations within each building to all school personnel (teachers, para-professionals, food service, custodial, support staff, etc.). School administrators/board members should also present the Disclosure Plan and follow-up activities.
- Step Six: **Student Presentations/Education** — Health education specialists should conduct HIV/AIDS educational presentations within each building to all students. Student presentations should be provided in developmentally appropriate groupings, i.e. younger children, 4th, 5th, 6th graders, Middle School, High School, etc.
- Step Seven: **Meeting with Classroom Parents** — Health education specialists should conduct HIV/AIDS educational presentations for parents/family members of classroom students. School administrators/board members should also present the disclosure Plan and follow-up activities.
- Step Eight: **Community Presentation(s)** — Health education specialists should conduct HIV/AIDS educational presentation(s) for all community members. The Resource Team plays a critical role in preparation for these presentations and should be present during them to show "support" for the family, school, community and the Disclosure Plan. School administrators/school board members should present the Disclosure Plan and follow-up activities to the attending public.
- Step Nine: **Staff Presence/Support for Schools** — Health education specialists should provide support for the schools throughout the day(s). Examples of support that may be needed includes technical assistance of interpretation and enforcement of school policy (policies should already be in place), general information sharing, problem solving, provision of materials, sample letters, press releases, etc.

Step Ten: **Press Conference** — Meet with local/area newspapers, T.V., radio stations or other media to provide information, expression of school board support, personal interest story, review of education strategies used during the last several days, and the need for community support for the family.

Follow Up: Special events such as this generate a lot of activity and emotion in a relatively short period of time. It is important to include in the overall plan a follow-up component. The Educational and Resource Teams or members of them (as appropriate to the situation) should provide opportunity for school personnel, the family and students to debrief the events. A required staff meeting to discuss the process, assist teachers with additional information or issues they are continuing to deal with, ongoing informal contact with the family to show support as well as support for students with special issues should be provided. A follow-up by the media would also be appropriate several months after the disclosure to reinforce the positive responses of all members of the community. State HIV public health and education staff will be able to provide resources and referrals to the school and community as needed.

Note: The above Disclosure Plan Outline is meant to be a sample guideline only. Actual disclosure activities and timelines may vary and should be flexible in order to meet the needs of the community, the school, the students, and the families involved. It is recommended, however, that steps two through ten take place within a one or two day time period.

Federal Disability Laws Civil Rights Protections for Persons with Disabilities

Following are descriptions of some of the Federal laws that have implications for students or staff members who are living with HIV infection or AIDS. Congress occasionally amends laws such as these, and the executive branch periodically revises the implementing guidelines. Court decisions also affect how these laws are implemented. Policymakers and administrators should always check the current legal parameters.

Section 504 of the Rehabilitation Act of 1973

- **Civil Rights Protections for Persons with Disabilities**

Both HIV infection and AIDS are defined as disabilities, and so federal civil rights laws intended to protect the rights of persons with disabilities fully apply.

Section 504 prohibits institutions that receive federal funds from denying services or discriminating because of a disabling condition.

Legal recourses are allowed if a school denies or alters a student's education for no other reason than HIV infection.

- Includes participation in a school-sponsored athletic program, club, transportation service, or any other activity.
- Schools must allow students with HIV infection to participate if the student is "otherwise qualified," that is, if he or she meets the requirements for **any** student to participate.

Example: A school must allow a student with HIV infection to play in the school band if the student is "otherwise qualified", that is, if his or her musical skills meet the band's standard requirements. **Example:** A school cannot bar a student from riding a school bus because of HIV infection.

- School officials must not tolerate harassment of a student with HIV infection on school grounds or at school activities/functions.

The law protects **all** persons with disabilities, not just students, from discrimination in public institutions that receive federal funds.

- Parents and family members with HIV infection cannot be treated any differently than others.

Section 504 also includes anyone who is "regarded as having an impairment."

- Individuals who are merely **perceived** to have HIV infection, or **treated as** having the infection are also protected from discrimination.

Example: A child who is rumored to be infected with HIV cannot be made to eat alone.

Section 504 requires every school district to appoint a compliance officer to help implement the Rehabilitation Act.

- **Educational Rights under Section 504**

Every student with a disability—including every student with HIV infection—is to be provided a "free, appropriate public education" that meets his or her educational needs to the same extent as other students.

- Generally requires that a student with a disability remain in the regular educational environment, with the assistance of supplementary aids or services, if needed.
- This requirement applies unless someone can demonstrate that the child cannot be appropriately educated there.

If a child cannot be educated in a regular classroom and needs specialized services of some sort:

- The school is required to determine the child's educational needs on an individualized basis.
- Evaluation and placement procedures must conform to those specified in the U.S. Department of Education's regulations.
- The school must provide the placement, aids, and services identified as necessary to meet the student's individual needs.
- The federal government does not assist with funding to pay for these services, unless the child is also eligible under IDEA.

Developing an individualized education program (IEP) plan is one way to satisfy a school's legal obligations under Section 504, but it is not a standard requirement. An individualized health plan (IHP) is another way.

- Schools must periodically revisit and revise a plan as often as necessary to ensure that the student's educational needs are continually being met.

Parents and guardians have due process rights under Section 504.

- A school must notify a student's parent or guardian of actions regarding the identification, evaluation, and placement of the student.
- The parent/guardian has the right to appeal the school's decision.
- The appeals process must be fair and prompt.

In practice, it is rare that a school proceeds to plan and provide special services unless the student's parent or guardian fully participate in the process and give written permission.

The U.S. Department of Education's Office for Civil Rights (OCR) is charged with drawing up regulations and enforcing Section 504.

Americans with Disabilities Act of 1990 (ADA)

The ADA builds upon and extends the anti-discrimination provisions of Section 504.

Non-sectarian private schools, libraries, museums, auditoriums, and day care centers must conform to the requirements of the ADA whether or not they receive federal funds.

- Parochial schools and day care centers directly operated by religious organizations are exempt from the anti-discrimination provisions (Separate provisions of the law's employment protections do still apply).

The regulations for the ADA are more general than Section 504 and are administered by other federal agencies, rather than the U.S. Department of Education.

- The U.S. Department of Education, Office for Civil Rights (OCR) recommends that schools use Section 504 regulations to interpret the ADA.

One area in which the ADA goes further than Section 504 is protecting from discrimination those with a "known relationship or association" with a disabled person, such as family members, friends, or anyone else who associates with a person living with HIV infection.

- School administrators must intervene if they notice a student is being verbally abused because of a relative's HIV infection.
- Also, if a performance group has a member with HIV infection and a scheduled school appearance is canceled out of fear of HIV, everyone in the group has grounds to sue.

Individuals with Disabilities Education Act (IDEA)

The IDEA is a funding program. It helps school districts implement their obligations to disabled students. (Section 504 and the ADA are civil rights protection laws.)

The guidelines defining a student's eligibility for the program are more specific than those in Section 504, which is broadly written to protect everyone with a disability.

- Eligible students must qualify by:
 - Age, **and**
 - An impairment specified in the law, **and**
 - Requires special educational or related services because of that impairment.

Any student is eligible who has "limited strength, vitality or alertness, due to chronic or acute health problems...that adversely affects a child's educational performance."

- Children and youth with developmental disabilities, such as those with damage to their young nervous system caused by HIV, are nearly always eligible under IDEA.
- In practice, if a student is ill and deemed to need services under Section 504, the student is probably also eligible under IDEA.
- Eligibility means the student's school can get federal funding assistance to educate the student.

IDEA is intended to help students with disabilities obtain a free, appropriate public education "in the least restrictive environment."

- To the greatest extent feasible, schools must educate a student with HIV infection with other children in the regular classroom.

Schools are required to prepare an individualized education program (IEP) and update it at least annually, using a process detailed in the federal regulations.

- The IEP sets out a plan for special educational and related services designed to meet the unique educational needs of a student with a disability.
- Only an IEP team has the legal authority to enroll a student in a federally funded special education program, or to change a student's existing IEP.
- A parent, guardian, or school staff member can trigger an IEP planning process.
- Schools are required to make strenuous good faith efforts to involve parents or guardians in every aspect of the IEP development and implementation process.

School leaders should be careful not to let program-funding incentives influence their decisions about a student's identification, placement, or services. A student must have a genuine learning, physical, and/or mental impairment to justify providing federally funded services to the student.

Schools have to provide opportunities for parents/guardians to examine records and appeal decisions. In practice, it is unusual that a school would proceed to provide services without the permission of the student's parent or guardian.

Adapted from: "Someone At School has AIDS**," National Association of State Boards of Education

Curriculum

Sample AIDS Curriculum — Scope and Sequence

	AIDS IS A DISEASE	AIDS IS PREVENTABLE	AIDS AFFECTS US ALL	AIDS HELP IS AVAILABLE
	<p>Concept: There are some diseases that are infectious. AIDS is an infectious disease.</p>	<p>Concept: There are learnable skills that will lead to a healthful lifestyle. There are also specific methods of prevention for HIV infection.</p>	<p>Concept: There are some social and economic implications of AIDS.</p>	<p>Concept: There are community and area resources for information, help, and counseling.</p>
	<p>Goal I: Students will recognize the causes and characteristics of infectious and non-infectious diseases.</p>	<p>Goal II: Identify the methods of prevention for HIV infection.</p>	<p>Goal III: Evaluate the effects of disease on individuals, families, communities, and societies.</p>	<p>Goal IV: Recognize the roles and responsibilities of local, state, and national health professionals, organizations, and agencies.</p>
	The student will:	The student will:	The student will:	The student will:
KINDERGARTEN	<p>Describe the difference between being sick and being well.</p> <p>Understand that some diseases are "caught" and some are not "caught."</p>	<p>Identify and practice healthy behaviors that reduce the chance of becoming sick</p>	<p>Recognize that people need friends both when they are well and when they are sick.</p>	<p>Identify health helpers.</p>
FIRST GRADE	<p>Identify common infectious and non-infectious diseases.</p> <p>Describe how common communicable diseases are usually spread.</p>	<p>Identify and practice healthy behaviors that reduce the spread of infectious diseases.</p>	<p>Describe how family members show care and help one another during times of illness.</p>	<p>Explain why immunizations are given before entering school.</p>
SECOND GRADE	<p>Understand that communicable diseases are spread</p>	<p>Explain how good health habits prevent</p>	<p>Recognize death as a natural step in the life of animals and</p>	<p>List local health resources including the health department and licensed</p>

	from one person to another in a chain effect.	disease. Understand personal responsibility in the prevention and control of disease.	humans. Recognize the need to express emotions about death and loss to friends and family.	professionals.
THIRD GRADE	Understand that some diseases are caused by microorganisms including viruses and bacteria. Understand that the immune system helps protect the body from disease.	Identify infectious diseases that have been controlled. Identify personal actions necessary for continued control of these diseases.	Understand the effect of an epidemic on a community.	Understand that scientists all over the world are trying to find new treatments for diseases caused by microorganisms.
FOURTH GRADE	Identify AIDS (acquired immunodeficiency syndrome) as a disease that is difficult to get. Explain how the AIDS virus infects key parts of the body's immune system.	Understand personal responsibility in seeking accurate health information. Discuss the routes of transmission of the AIDS virus.	Discuss how lack of accurate information leads to anxiety, uncertainty, and fear.	Identify local resources which provide accurate information about AIDS.
FIFTH GRADE	Explain the structure and function of the reproductive system.	Discuss the importance of making responsible decisions that promote good health.	Explain the importance of taking responsibility for oneself and others. Explain the importance of self-respect.	Discuss state resources which provide accurate information about AIDS.
SIXTH GRADE	Understand the modes of transmission of HIV (human immunodeficiency virus) and other STDs (sexually transmitted diseases).	Review and practice decision making skills.	Discuss the abuse of alcohol and drugs as it affects behavior.	Understand the role of the local and state health departments and the Centers for Disease Control in health promotion and disease control
SEVENTH GRADE	Review in detail the immune system and the effects of HIV on it.	Explain the routes of transmission of HIV. Discuss those behaviors which put	Examine the consequences that acquiring HIV has on an individual, family, and community.	Review local resources available for AIDS information.

individuals at high risk for getting HIV infection.

EIGHTH GRADE

Compare infectious and non-infectious diseases.

Analyze risk behaviors and relate them to the chain of infection.

Analyze public reaction to persons with AIDS and identify reasonable and unreasonable reactions.

Discuss the responsibility of the media in giving accurate information about AIDS.

Analyze the routes of infection of common infections including HIV.

Discuss ways the HIV chain of infection can be broken.

Examine the consequences of choosing unhealthy behaviors on the individual, family and community.

NINTH THROUGH TWELFTH

Identify and list the causes, routes of transmission, and symptoms of AIDS and other STDs.

Understand the importance of abstaining from sexual activity until a mutually monogamous relationship is established.

Distinguish facts, myths, opinions, and unknowns relating to HIV and AIDS.

Compare health and health-related organizations which provide AIDS information for individuals and groups.

Describe the phases of HIV infection.

Understand the importance of abstaining from drug use.

Examine ethical issues related to AIDS: right to know vs. confidentiality; testing; discrimination.

(health department, family physician, counseling services, self-help groups, social service support, testing programs, substance abuse treatment programs, mental health services, faith based institutions, hot lines, hospital)

Explain how a healthy immune system functions and what happens when the immune system is infected by HIV.

Identify behaviors that reduce the risk of HIV infection.

Examine the physical, emotional, and family needs of people with AIDS and the financial costs of caring for them.

Consider how each AIDS related resource fulfills a responsibility, where there are omissions or overlaps and what remains to be done.

Apply information concerning HIV and AIDS to the communicable disease chain.

Review and practice decision-making skills.

Demonstrate ways to show caring for a person with AIDS.

Discuss the issues related to the financial impact of AIDS on individuals, families, and societies.

Note: This scope and sequence is reprinted with permission from the South Dakota Department of Education's curriculum "AIDS Prevention Through Education." Minor adaptations to the document have been made for Nebraska. This is a suggested curriculum only — all curriculum should be consistent with community standards and be adapted to comply with district mandates.

The following is suggested content to be taught and issues to be addressed at specific grade levels and have been excerpted from **AIDS: An Imperative for Comprehensive Health Education**, developed by the Education Development Center, Inc and **Tell Me About AIDS**, developed by American School Health Association.

KINDERGARTEN: AIDS can make anyone sick
Health helpers are working to stop the AIDS epidemic
HIV is hard to get
Various ways in which the body protects itself from germs
Proper hand-washing techniques
People can pass germs to others through direct and indirect contact
Ways to prevent the spread of germs
Ways that having HIV/AIDS might affect a child's life

FIRST GRADE: AIDS is a disease
Recognize that HIV is hard to get
How some germs spread from one person to another
Ways to prevent the spread of germs
Proper hand-washing techniques
The differences between the viruses that cause a cold and the flu, and HIV the virus that causes AIDS.
How HIV is and is not spread
Ways that having HIV/AIDS might affect a child's life
Health helpers are working hard to stop the AIDS epidemic

SECOND GRADE: Worry/fear affects our lives
Some people worry about getting sick
How the immune system protects the body from germs
Why it is important for people with colds and flu to be considerate of others
AIDS is a disease that mostly affects grown-ups
Sick people need caring and concern
Health helpers are working hard to stop AIDS

THIRD GRADE: AIDS is a communicable disease caused by a virus
HIV is hard to get
The difference between HIV and AIDS
How HIV weakens the immune system
Safe and helpful steps they can follow when someone is bleeding
Why it is difficult to stop HIV from infecting cells
AIDS is a disease that mostly affects grown-ups
People with HIV/AIDS don't always look sick

FOURTH GRADE: How the immune system works
How HIV attacks and weakens the immune system
Communicable diseases from non-communicable diseases
How HIV differs from the viruses that cause many common childhood illnesses such as colds
Sick people need comfort and concern
How body fluids (blood) spread HIV
Why people take health risks
Demonstrate how to say "No" to health risks

FIFTH GRADE: Attitudes affect behavior/decisions
Factors that shape our attitudes
Ways to resist pressure
How attitudes affect efforts to combat HIV infections
Ways that HIV can and cannot transfer from person to person
Purpose of the immune system
Characteristics of HIV infections
Extent of the HIV epidemic
Explain transmission of HIV
Identify the most effective ways to prevent HIV infection
Distinguish accurate from inaccurate information about HIV and AIDS
Explain why people infected with HIV are susceptible to other infections
Discuss how the world is fighting HIV

Practicing refusal skills

SIXTH GRADE: Importance of prevention

Transmission of HIV

The most effective protection from HIV

Who gets HIV

Why people infected with HIV are more vulnerable to other infections

Behaviors that increase a person's risk to HIV infection

Identifying people as "HIV infected"

Social issues related to HIV infection and AIDS

Practicing refusal skills

MIDDLE SCHOOL: How HIV affects the immune system

How HIV is/is not transmitted

Behaviors that increase the risk of HIV

Abstinence as a method to prevent the spread of IV

Feelings about HIV infection: how these feelings might affect behavior

Risk of infection

How student can help each other protect themselves by sharing accurate information

Identifying high-risk situations

Overcoming difficulties in refusing to participate in high risk behaviors

The feelings that discourage saying "no"

How to handle high-risk situations

Practicing refusal skills

** The curriculum should be consistent with community standards and be adapted to comply with district and state mandates.

**COORELATION BETWEEN THE HEALTH EDUCATION
FRAMEWORKS AND LESSONS IN HIV/AIDS**

	PRINCIPLE	LESSONS
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HEALTH EDUCATION STANDARD #1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.	<ul style="list-style-type: none"> • Identify that healthy behaviors affect personal health. • Recognize that there are multiple dimensions of health. • Describe ways to prevent communicable diseases. • Describe why it is important to seek health care.
HEALTH EDUCATION STANDARD #2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<ul style="list-style-type: none"> • Identify how the family influences personal health practices and behaviors. • Identify what the school can do to support personal health practices and behaviors. • Describe how the media can influence health behaviors.
HEALTH EDUCATION STANDARDS #3	Students will demonstrate the ability to access valid information and products and services to enhance health.	<ul style="list-style-type: none"> • Identify trusted adults and professionals who can help promote health. • Identify ways to locate school and community health helpers.
HEALTH EDUCATION STANDARDS #4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<ul style="list-style-type: none"> • Demonstrate health ways to express needs, wants, and feelings. • Demonstrate listening skills to enhance health. • Demonstrate ways to respond when in an unwanted, threatening, or dangerous situation. • Demonstrate ways to tell a trusted adult if threatened or harmed
HEALTH EDUCATION STANDARDS #5	Students will demonstrate the ability to use decision-making skills to enhance health.	<ul style="list-style-type: none"> • Identify situations when a health-related decision is needed. • Differentiate between situations when a health-related decision can be made individually or when assistance is needed.
HEALTH EDUCATION STANDARDS #6	Students will demonstrate the ability to use goal-setting skills to enhance health.	<ul style="list-style-type: none"> • Identify a short-term personal health goal and take action toward achieving the goal. • Indentify who can help when assistance is needed to achieve a personal health goal.
HEALTH EDUCATION STANDARDS #7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<ul style="list-style-type: none"> • Demonstrate health practices and behaviors that maintain or improve personal health. • Demonstrate behaviors that avoid or reduce health risks.
HEALTH EDUCATION STANDARDS #8	Students will demonstrate the ability to advocate for personal, family, and community health.	<ul style="list-style-type: none"> • Make requests to promote personal health. • Encourage peers to make positive health choices.

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South Dakota Department of Education and Cultural Affairs. **"AIDS Prevention Through Education."** Pierre, SD. Author.

Wyoming Department of Education. **"HIV/AIDS Model Policy for Wyoming Schools."** (1998). Cheyenne, WY. Author.

Educational Web Sites

Advocates for Youth
www.advocatesforyouth.org

Kaiser Family Foundation
<http://kff.org/hivaids/index.cfm>

Nebraska AIDS Projects (NAP)
www.nap.org

Nebraska HIV Counseling, Testing & Referral
www.dhhs.ne.gov/dpc/pdfs/CTRPCRsites.pdf

Office of Civil Rights
www.hhs.gov/ocr/

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/hiv/default.htm

National Association of School Nurses
www.nasn.org/AboutNASN

Nebraska Department of Health and Human Services
www.dhhs.ne.gov/dpc/HIV.htm

Occupational Safety and Health Administration (OSHA)
www.osha.gov

Sexuality Information and Education Council of United States (SIECUS) <http://siecus.org/index.cfm>