


**Rhode Island Department of Elementary and
Secondary Education**

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Rhode Island Department of Health

Policy Guidelines*
Relating To  HIV/Hepatitis

* Pursuant to Rules and Regulations for School Health Programs (R16-21-SCHO) Sec. 2.2.1

RHODE ISLAND DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION

&

RHODE ISLAND DEPARTMENT OF HEALTH

POLICY GUIDELINES RELATING TO HIV/HEPATITIS

Section 1: PURPOSE

The Rhode Island Department of Elementary and Secondary Education and the Rhode Island Department of Health *Rules and Regulations for School Health Programs* (R16-21-SCHO) Section 2.2.1 requires that each school district and non-public school maintain a manual of procedures and policy on potentially or confirmed HIV/Hepatitis Infected Students and employees. These guidelines will assist districts/schools to establish health policies related to these pathogens.

INTENT

- A.** To establish routine universal precautions to protect against the transmission of HIV/Hepatitis to employees, students, and/or volunteers.
- B.** To insure the health, well-being and confidentiality of the infected persons as well as to enable those persons to take part in normal school activities.
- C.** To inform students, parents/guardians, teachers, school employees and members of the community about safe practices regarding HIV/Hepatitis transmission and the district's HIV/Hepatitis policy and "Blood-borne Pathogens Exposure and Control Policy"; and,
- D.** To provide a basis for the school committee, superintendent, principals, teachers, nurses, physicians, school employees and students to establish necessary preventive health measures; and to inform the public about these measures while still maintaining the rights of confidentiality of the infected individual.

District/school policy should be implemented in conjunction with the [OSHA Blood-borne Pathogens Policy](#) and "[Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis A/B/C Virus to Health-Care and Public-Safety Workers](#)" (better known as "[Universal Precautions](#)" policy).

One version of Universal Precautions, adapted from [Taking Actions on AIDS](#), is detailed in Section 11 of this policy.

Section 2. DEFINITION OF HIV INFECTION

HIV is an acronym for Human Immunodeficiency Virus. HIV is the virus that causes AIDS, Acquired Immune Deficiency Syndrome. An individual is HIV infected if he/she tests positive on an ELISA test for presence of HIV antibodies in the blood and is confirmed by a Western Blot (or other medically recognized) test, performed in a qualified medical laboratory. Infected people are described as being HIV positive.

A person may be infected but show no signs of illness. People at this early stage of the disease are described as “asymptomatic.” Asymptomatic people feel well and are able to work or attend school without limitations.

At the later state of the disease, the person may exhibit symptoms of AIDS. Persons with symptoms are described as “symptomatic.” Symptomatic people may have health limitations, not unlike any other disease, which periodically affect one’s ability to work or to attend school.

Both asymptomatic and symptomatic persons carry the virus; however, they cannot transmit HIV through classroom or workplace contact with other students or employees.
(See Section 4 for routes of transmission.)

Section 3 DEFINITION OF HEPATITIS INFECTION*

There are three (3) major types of Hepatitis, all of which attack the liver and can cause lifelong infection.

1. **Hepatitis A virus** is spread from person to person through fecal-oral transmission.
2. **HBV-Hepatitis B virus** is spread from person to person through blood or body fluids i.e. sharing of needles, sexual activity, needle sticks, from a mother during pregnancy to a fetus. The Hepatitis B virus can survive outside the body from seven (7) to ten (10) days and remains active to transmitting the disease.
3. **HCV-Hepatitis C virus** is spread similar to Hepatitis B virus, and is the leading cause of cirrhosis and liver cancer.

*(Section 3: Adapted from Johnston School Department *HIV/Hepatitis Policy, 2005*)

Section 4 ROUTES OF TRANSMISSION

HIV/Hepatitis B/C is transmitted from an HIV/Hepatitis infected person to a non-HIV/Hepatitis B/C infected person in the following ways:

- A.** Sexual activity
- B.** Needle sharing for tattooing, ear piercing or to inject drugs, including steroids.
- C.** Direct infusion from blood or blood products; or
- D.** During pregnancy, in the birth process, or after birth from breast milk.

HIV and Hepatitis B/C cannot be spread by casual contact e.g. sitting together, sneezing or coughing on each other or eating together. Both [Rhode Island General Law \(G.L. 23-6-22 V \)](#) and the [Americans with Disabilities Act of 1990 \(P.L. 101-336\)](#) expressly prohibit discrimination against individuals who are infected with, or who are perceived to be infected with HIV and/or Hepatitis. Being HIV and/or Hepatitis positive is not grounds for dismissal from employment, enrollment in school, or participation in sports.

HOWEVER, if an infected HIV and/or Hepatitis person demonstrates behavior which puts another person at risk of becoming infected with HIV/Hepatitis then that behavior might lead to an alternative education placement outside of the school setting.

In the case of an employee, behaviors that pose a risk to others are subject to disciplinary actions in accordance with the district/schools policies.

Section 5 REPORTING HIV and/or Hepatitis STATUS

When an employee, student or volunteer has tested HIV and/or Hepatitis positive, it is optional for that person to notify the employer/superintendent of schools. Notification of an individual's positive HIV and/or Hepatitis status does not justify limiting that person's involvement in the school. Informed individuals will be subject to the requirements of the [Rhode Island General Laws 23-6.3-7](#) and [5-37.3-7](#) as well as any other relevant federal and state laws and regulations relating to the confidentiality of health care information. HIV and/or Hepatitis related information cannot be transferred or released except as allowed by [Rhode Island General Laws 23-6.3-7](#).

Section 6: CONFIDENTIALITY OF EMPLOYEE AND/OR STUDENT HIV/HEPATITIS STATUS:

Information concerning the identity of "potentially or confirmed" HIV and/or Hepatitis positive employees/students must be kept confidential in accordance with Rhode Island General Laws [23-6.3-7](#); [23-6.3-8](#); and [5-37.34](#). Any written or electronic records containing this information should be kept in respective file in the appropriate secured area:

Any written or electronic records containing this information should be kept in a locked file in the superintendent's office and accessible only to those who have received written permission from the infected person. All district/school department employees and/or students who receive this information are bound by state and federal confidentiality laws.

Employee information shall be kept in a locked file in the superintendent's office and/or in the Human Resource in the Administration office and accessible only to those who have received written permission from the infected person.

Student information shall be secured in a locked file in the superintendent's office and/or in the individuals' school nurse office, and accessible only to those who have received written permission from the "potentially or confirmed" infected person and/or parent/guardian.

All District/school employees and/or students who receive this information are bound by state and federal confidentiality laws.

Section 7: PERSONS WHO (MAY) NEED TO KNOW:

Persons in the school system who may need to know the identity of a "potentially or confirmed" HIV and/or Hepatitis positive employee or student may include:

The certified school nurse teacher and/or school physician, especially as liaison with the potentially or confirmed infected person's personal physician (in order to monitor the employee's/student's health status).

In addition,

Certain other employees of the district/schools; and, the supervisor(s)/principal of the potentially or confirmed person.

However, the decision to inform personnel should not be made without the consent of the employee or student affected and the school nurse and parent/guardian, if applicable and, a signed “release of information” shall be completed by the potentially or confirmed person. A consultation with the potentially or confirmed persons’ physician is recommended.

Due to confidentiality, staff will not be made aware if a student is HIV and/or Hepatitis positive. Therefore, it is critical that Universal Precautions are practiced.

Section 8: DISSEMINATION

This policy should be a permanent part of the Blood-borne Exposure and Control Policy available in each school building, and made available annually through a minimum of the following methods:

- ▶ Dissemination to students and parents at the beginning of each year in connection with scheduled in-service opportunities to provide both groups with relevant information regarding prevention and transmission of HIV/AIDS;
- ▶ Posting in a conspicuous place in each school and school administration building;
- ▶ Inclusion in school committee, parent, and student handbooks;
- ▶ Posting in all faculty rooms;
- ▶ Dissemination to officials of collective bargaining units;
- ▶ Dissemination and in-service to meet the needs of those parents whose language is other than English; and
- ▶ Inclusion in a staff in-service training program for all members of the school community, including professionals and support staff, coaches, bus personnel, building maintenance and all others.

Section 9 RIGHT OF APPEAL

This Policy shall provide potentially or confirmed student/parent/guardian and/or employee with the opportunity to seek amendment to any records, written or electronic, regarding his/her own HIV/Hepatitis status. This does not foreclose the use of any other remedy such as grievances under a collective bargaining agreement.

Section 10: SCHOOL DECISION AUTHORITY

The superintendent of schools, as chief personnel officer of the district/schools, shall be responsible for ensuring that the purposes of this Policy are implemented within the guidelines provided by both Rhode Island and Federal Laws.

The superintendent of schools, as chief personnel officer of the district/schools, is expected to insure the confidentiality and respect for the potentially or confirmed infected person and to support that person’s regular employment or attendance.

Section 11:

A. IMPLEMENTATION

This policy should be implemented in conjunction with the annual review of the district/schools [Universal Precautions \(OSHA 1910.1030\)](#) and/or “[Blood-borne Exposure Control Plan and Policy](#)” and annual opportunities for students, staff, parents, and volunteers to participate in HIV/AIDS education.

A. UNIVERSAL PRECAUTIONS

Universal Precautions and the provision of supplies necessary for implementing them represent the district/schools commitment to safety and prevention. Universal Precautions should be taught annually to all staff. The necessary supplies for implementing Universal Precautions should be available and current.

The key to understanding and implementing Universal Precautions is to treat all visible blood and body fluids as potentially contaminated, including clothing and surfaces. Seven procedures are necessary for the implementation of Universal Precautions.

- 1.** Disposable gloves should be worn whenever a person finds himself or herself in a position where they could be touching any other persons' blood, body fluids or contaminated clothing.
- 2.** Washing hands and skin is the single most effective health precaution for all viral and bacterial exposure.
- 3.** Properly cover all wounds, cuts, oozing, sores, rashes, etc...
- 4.** Use Environmental Protective Agency (EPA) registered disinfectant to clean up blood, body fluid spills and/or surfaces in accordance with manufacturers' recommendations.
- 5.** Clothes soiled with blood, vomit, urine, or fecal matter should be handled while wearing disposable protective gloves, and placed in disposable leak-proof red colored waste liner that is permanently labeled "BIO-HAZARD WASTE" and permanently labeled with universal symbol and prepared to be transported home.
- 6.** Avoid accidental needle sticks. Needles are not to be recapped.
- 7.** Needles and other potentially contaminated sharps items shall be discarded in a puncture resistant container (Sharps Disposal Container).

B. EDUCATION

A comprehensive AIDS education program should be available for all students, parents, and employees. School nurse teachers and health educators are encouraged to be involved in the planning and implementation of all components of AIDS education.

STUDENTS

Students are required to receive AIDS education annually as part of the comprehensive health education program. At each grade level, they are provided with information as deemed necessary to address concerns about contracting AIDS, strategies for confronting their concerns and examples of how they can enhance the lives of others who may be infected with HIV or Hepatitis. Universal Precautions are outlined early on in the curriculum.

At each grade level, the information on prevention, high-risk behaviors and medical information about the virus is more detailed.

PARENTS

If students are to benefit from AIDS education or any AIDS policy, schools must provide a means for parents to become involved with on-going AIDS informational sessions, discussion groups and programs.

Parents have fears; sometimes more concerns and questions than their children. Each session should be planned to address their concerns and questions as well as providing them with information on transmission.

Parent sessions could be planned to take place prior to the AIDS component in health education each year, and discussion groups and other programs could be planned with parents, annually, to insure that they have the best possible information to engage in discussions with their children.

STAFF

All District/schools staff need regular professional development in the area of HIV/AIDS and bloodborne pathogens. Those who work with and around students need to participate in similar activities such as parents, staff who coach a team, drive buses, clean buildings, provide support services and teach, counsel, and/or administer education who are all likely to be confronted with situations where proper use of Universal Precautions and a thorough understanding of how HIV and Hepatitis is and is not transmitted. This is very important to their/others health and comfort.

Those who teach about the disease and its relationship to other high-risk behaviors, just like parents, students, and other staff, need to deal with their own misconceptions/concerns and questions both related to their past and present behaviors as well as their role as health educators, school nurse/teachers or elementary teachers of students who are potentially or confirmed HIV and/or Hepatitis positive.

Once these misconceptions/concerns are broken down, those who teach need to participate in professional development in order to increase their knowledge and personal comfort level teaching about HIV and Hepatitis and to be provided with assistance in planning sessions for and with parents and students.

HIV/AIDS GLOSSARY

AIDS – Acquired Immunodeficiency Syndrome

A life threatening form of HIV infection wherein the body's immune system is incapable of fighting off certain types of disease.

ELISA - Enzyme-linked Immuno-Sorbent Assay test

A test used to detect antibodies in blood samples, used to detect the presence of antibodies to HIV.

HIV – Human Immunodeficiency Virus

The accepted name for the recognized causal agent of AIDS.

Sexual Activity

Any sexual contact, which may involve the transfer of infectious fluids, i.e. blood, semen, vaginal secretions, breast milk, etc...

Universal Precautions

Precautions that are undertaken to treat all visible blood and/or body fluids as potentially infected.

Western Blot

A confirmatory blood test for HIV; used after ELISA test is positive.

REFERENCES

HIV/AIDS Terminology, American College Health Association, Rockville, MD, 1989

Taking Action on AIDS, The Albert E. Trieschman Center, Needham, MA, 1990

HIV/AIDS

[Rhode Island Department of Health](#)

[Centers for Disease Control and Prevention](#)

Hepatitis

[Centers for Disease Control](#)

[En Espanol](#)

Hepatitis A

[Rhode Island Department of Health](#)

[Centers for Disease Control and Prevention](#)

Hepatitis B

[Rhode Island Department of Health](#)

[Centers for Disease Control and Prevention](#)

[Viral Hepatitis B - Frequently Asked Questions](#)

[En Espanol](#)

Hepatitis C

[Rhode Island Department of Health](#)


[Centers for Disease Control and Prevention](#)

[Viral Hepatitis C - Frequently Asked Questions](#)

[CDC Viral Hepatitis C Safety and Prevention Topic Page.](#)

RESOURCES

Additional resources may be obtained from:

- ▶ Superintendent of schools or designee
- ▶ [R.I. Department of Elementary and Secondary Education](#)
 - [Rhode Island's Health Education Standards and Framework](#) 
 - [Comprehensive Health Instructional Outcomes](#) 
 - [Rhode Island Rules and Regulations for School Health Programs](#) 
 - [Universal Precautions Tutorial](#)
- ▶ [RI Department of Elementary and Secondary Education HIV/Sexuality Specialist](#)
Tel: (401) 222-8951
- ▶ [R.I. Department of Health](#), Office of HIV/AIDS and Viral Hepatitis:
(401) 222-2320
- ▶ [Center for Disease Control National AIDS and STD Information](#)
(800) CDC-INFO (800) 232 - 4636 (English)
(800) CDC-INFO (800) 232 - 4636 (Spanish)
TTY: (888) 232-6348
24 Hours/Every Day - cdcinfo@cdc.gov
CDC STDNet Email Service [NCHSTP/DSTD Web Response](#)