

Southwest Vermont Regional Technical School District	<b>COMPREHENSIVE HIV/AIDS AND BLOOD BORNE PATHOGENS</b>	Policy # 5411C <b>[Required]</b>
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The Human Immunodeficiency Virus (HIV) is not transmitted through casual contact and, therefore, is not reason in itself to treat individuals having or perceived as having HIV differently from other members of the school community. Accordingly, with respect to HIV disease, including Acquired Immune Deficiency Syndrome (AIDS), the Southwest Vermont Regional Technical School District recognizes:

- § the rights of students and employees with HIV/AIDS,
- § the importance of maintaining confidentiality regarding the medical condition of any individual,
- § the importance of an educational environment free of significant risks to health, and
- § the necessity for HIV/AIDS education and training for the school community and the community-at-large.

**1. General Provisions:**

- a. The school district shall not discriminate against or tolerate discrimination against any individual who has or is perceived as having HIV/AIDS.
  
- b. A student who has or is perceived as having HIV/AIDS is entitled to maintain his/her attendance in the current educational setting, unless otherwise provided by law, and shall be afforded all educational opportunities on an equal basis with all students.
  
- c. No applicant shall be denied employment and no employee shall be prevented from continued employment on the basis of having or being perceived as having HIV/AIDS. Such an employee is entitled to the rights, privileges, and services accorded to employees generally, including benefits provided school employees with long-term diseases or disabling conditions.

**2. Confidentiality, Disclosure, and Testing:**

- a. A student or student's parent/guardian, or an applicant/employee, may, but is not required to, report HIV/AIDS status to any school personnel.
  
- b. Except as otherwise permitted by law, no school personnel, including Regional Governing Board members and volunteers, shall disclose any HIV/AIDS-related information, as it relates to prospective or current school personnel or students, to anyone except in accordance with the terms of a written consent. The Director shall develop a written consent form (see Appendix A) which details the information the signatory permits to be disclosed, to whom it may be disclosed, its specified time limitation, and the specific purpose for the disclosure. The District shall not discriminate against any individual who does not provide written consent.
  
- c. No school official shall require any applicant, employee, or prospective or current student to have any HIV/AIDS-related test.

### **3. Education and Instruction:**

a. HIV/AIDS is not, in itself, a disabling condition, but it may result in conditions that are disabling. To the extent that a student who has HIV/AIDS is determined to meet the criteria for eligibility for accommodations under state and federal non-discrimination laws or for special education services, the school district shall meet all procedural and substantive requirements.

b. The district shall provide systematic and extensive elementary and secondary comprehensive health education which includes education on HIV/AIDS infection, other sexually transmitted diseases as well as other communicable diseases, and the prevention of disease, as required by state law.

### **4. Exposure to Blood borne Pathogens and Universal Precautions:**

a. The District shall comply with applicable Vermont Occupational Safety and Health Administration (VOSHA) rules in order to protect employees who are reasonably anticipated to be exposed to blood borne pathogens as part of their regular job duties.

b. In the event that the contracted school nurse determines that a student has had a significant exposure to blood (as defined in the district's VOSHA Exposure Plan), the parent(s)/guardian(s) will be notified immediately and advised to consult the child's physician at once.

c. The Director shall determine those employees (by job class and possibly by task or procedure) who are reasonably anticipated to have occupational exposure to blood or other potentially infectious materials as part of their duties. These employees will be protected in strict accordance with the positions of the Bloodborne Pathogens Standard.

d. Students and all staff not covered by the Bloodborne Pathogens Standard shall be instructed to avoid contact with potentially infectious materials and blood and shall immediately contact a member of the staff who is covered by the exposure control plan. When this is not possible, any person providing assistance shall follow *Universal Precautions*.

e. *Universal Precautions* information shall be posted in each lab, classroom and restroom in the CDC.

### **5. Enforcement:**

Any person who violates this policy may be subject to remedial and/or disciplinary action in accordance with applicable laws, collective bargaining agreements, policies, and/or disciplinary codes.

### **Legal References:**

1 V.S.A. §317(b)(7) and (11)

16 V.S.A. §131 et seq., & §906

18 V.S.A. §1127

21 V.S.A. §201(c)(2) and §224.

Section 504 of the Rehabilitation Act of 1973

Individuals with Disabilities Education Act (IDEA)

Title VI, Civil Rights Act of 1964, and as amended by the Equal Employment Act of 1972

American with Disabilities Act, P.L. 101-335 (1990)

Occupational Safety and Health Act of 1970

Occupational Exposure to Bloodborne Pathogens Standard (29 CFR §1910.1030)

Family Education Rights and Privacy Act [FERPA] (20 U.S.C. § 1232g; 34 CFR Part 99)

Health Insurance Portability and Accountability Act [HIPAA]

	Date Drafted	Date Warned	Date Adopted
Southwest Vermont Regional Technical School District	5/21/07	8/20/07	9/21/2007



**PROCEDURES FOR MAINTAINING CONFIDENTIALITY - FOR PERSONS WITH HIV**

To maintain an atmosphere of trust with staff members, students, families, and the community, a policy that encourages confidentiality is essential. It is important that people who have the Human Immunodeficiency Virus (HIV) or an AIDS diagnosis and their families feel certain that their names will not be released against their wishes to others without a need to know. A policy on confidentiality that is strictly enforced will also provide protection to the school district from legal action and from potentially adverse reactions that might result.

To promote confidentiality and to avoid the violation of state and federal laws that protect the confidentiality of medical records, the following procedures are suggested:

1. All medical information in any way relating to the HIV/AIDS status of any member of the school community, including written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept in a locked file. Access to this file shall be granted only to those persons identified in writing by the student or student's parent/guardian, or the employee, as having a direct need to know. Filing and photocopying of related documents may be performed only by persons named in the written consent.
2. No record referring to HIV/AIDS status medical information shall ever be faxed.
3. Medically-related documents that are to be mailed shall be marked "Confidential." Names of persons mailing documents and those receiving the documents shall be identified on the written consent form by the student **or** student's parent/guardian, or the applicant/employee.
4. A written consent form shall be completed prior to each disclosure and release of HIV/AIDS -related information. (Sample attached.)
5. Each disclosure made shall be noted in the student or employee's personal file. The list of such disclosures shall be made available to student, parent/guardian, or employee upon request.
6. Schools shall comply with Vermont Occupational Safety and Health Administration (VOSHA) rule §1910.20 which concerns maintenance of and access to employee medical records. [Note: §1910.20 is incorporated by reference into §1910.1030 (h).]

## Sample Written Consent Form for Each Release of Confidential HIV/AIDS\*-Related Information

Confidential HIV/AIDS-Related Information is any information that a person had an HIV/AIDS-related test, has HIV/AIDS infection, HIV-related illness or AIDS,\* or has been potentially exposed to HIV/AIDS. If you sign this form, HIV/AIDS-related information can be given to the people listed and for the reasons listed below.

Name and address of person whose HIV-related information can be released:

Name and address of person signing this form (if other than above):

Relationship to person whose HIV/AIDS-related information may be released:

Name, title or role, and address of each person who may be given HIV/AIDS-related information (include names of persons responsible for photocopying and filing confidential information):

- 1.
- 2.
- 3.
- 4.
- 5.

(Additional names and addresses can be attached or listed on back.)

Information to be provided: (Check as many as apply.)

- HIV antibody test result
- AIDS diagnosis
- summarized medical record
- details of symptoms, signs, and/or diagnostic results  
(specify: \_\_\_\_\_)
- psychiatric, other mental health, and/or developmental  
evaluation records (specify \_\_\_\_\_)
- names of medical care and/or support service providers  
(specify: \_\_\_\_\_)
- infection status of other family members [Requires written consent.]
- student's instructional program
- other (specify: \_\_\_\_\_)

Specific purpose(s) for release of HIV/AIDS related information:

Time during which release of information is authorized: (A specific time must be noted for each single incidence of release of HIV/AIDS-related information. Use a new form for each incident.)

From:

To:

Any disclosure of information not meeting the conditions listed above is expressly prohibited. Disclosure to any other persons than those listed above requires my informed, written consent.

Signature \*\* \_\_\_\_\_ Date \_\_\_\_\_

\*Human Immunodeficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS)

\*\*Parent, Guardian or Employee