



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

Board Policy Statement

5141.24 - AIDS/ARC

Approved on May 3, 1993

Chronic infectious Disease includes, but is not limited to, AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), CMV (Cytomegalovirus), Hepatitis B and Herpes Simplex.

A child with a chronic infectious disease will be allowed, with the approval of the child's physician, to attend school in a regular classroom setting and will be considered eligible for all rights, privileges, and services provided by law and existing policy of the Consolidated School District of New Britain.



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

Administrative Procedure

5141.24 - AIDS/ARC

Approved on May 3, 1993

I. Overview

- A. The school will respect the right of privacy of the individual and maintain strict confidentiality of any records containing health information. Therefore, knowledge that a child has a chronic infectious disease will be confined to those persons authorized by the parent/guardian and with a direct need to know. Those persons will be provided with appropriate information concerning the child's needs and confidentiality requirements.
- B. Based upon individual circumstances special programming may be warranted. Special education will be provided if determined to be necessary by the Planning and Placement Team.
- C. Under certain circumstances a child with a chronic infectious disease might pose a risk of transmission to others. If such circumstances exist, the school medical advisor, in consultation with the school nurse and the child's physician must determine whether a risk of transmission exists in school. If it is determined that a risk exists, the student shall be removed from the classroom.
- D. A child with a chronic infectious disease maybe temporarily removed from the classroom for the reasons stated in #3 until an appropriate school program adjustment can be made, an appropriate alternative education program can be established, or the medical advisor determines that the risk has abated and the child can return to the classroom.
 - a. Removal from the classroom will not be construed as the only response to reduce risk of transmission. School personnel should be flexible in developing alternatives and should attempt to use the least restrictive means to accommodate the child's needs.
- E. In the case of temporary removal of a student from the school setting, state regulations and school policy regarding homebound instruction will apply.
- F. A child known to have a chronic infectious disease may need to be removed from the classroom for his/her own protection when other communicable disease (e.g., measles or chicken pox) are occurring in the school population. This decision will be made by the child's physician and parent/guardian in consultation with the school nurse and/or the school medical advisor.

II. Guidelines for handling body fluids in schools

Recent concern about how children with Chronic Infectious Diseases should be educated has raised several questions regarding exposure of teachers and children to potentially infectious body fluids from children and communicable diseases in the school setting:

- Does contact with body fluids present a risk of infection?
- What should be done to avoid contact with potentially infected body fluids?
- What should be done if direct contact with body fluids is made?
- How should such fluids when spilled be removed from the environment?

The following guidelines are meant to provide simple and effective precautions against transmission of disease for all person, including pregnant women, potentially exposed to the blood or body fluids of any student. No distinction is made between body fluids from students with a known disease or those from students without symptoms or with an undiagnosed disease.

III. Does contact with body fluids present a risk?

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term “body fluids” includes: blood, semen, drainage from scrapes and cuts, feces, urine, vaginal discharge, vomitus, respiratory secretions (e.g., nasal discharge) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors including the type of fluid with which contact is made and the type of contact made with it.

Table 1 provides examples of particular germ that may occur in body fluids of children and the respective transmission concerns. It must be emphasized that with the exception of blood, which is normally sterile, the body fluids with which one may come in contact will usually contain many organisms, some of which may cause disease. Furthermore, many germs may be carried by individuals who have no symptoms of illness. These individuals may be at various stages of infection: incubating disease, mildly infected without symptoms, or chronic carriers of certain infectious agents including the AIDS and hepatitis viruses. In fact, Transmission of communicable disease is more likely to occur from contact with infected body fluids of unrecognized carriers than from contact with fluids from recognized individuals because simple precautions are not always carried out.

IV. What should be done to avoid contact with body fluids?

When possible, direct skin contact with body fluids should be avoided. Disposable gloves should be available in at least the office of the custodian, nurse, or principal. Gloves are recommended when direct hand contact with body fluids is anticipated. (e.g., treating bloody noses, handling clothes soiled by incontinence, cleaning small spills by hand). If extensive contact is made with body fluids, hands must be washed afterwards. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily.

V. What should be done if direct skin contact occurs?

In many instances, unanticipated skin contact with body fluids may occur in situations where gloves are not immediately available (e.g., when wiping a runny nose, applying pressure to a bleeding injury outside the classroom, helping a child in the bathroom). In these instances, hands and other affected skin areas of all exposed persons would be routinely washed with soap and water after direct contact has ceased. Clothing and other non-disposable items (e.g. towels used to wipe up body fluid) that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove the stains (e.g. blood, feces), use gloves to rinse or soak item in cold water prior to bagging. Clothing should be sent home for washing with appropriate directions to parents/teachers. Contaminated disposable items (e.g. tissues, paper towels, diapers) should be handled as with disposable gloves. The child’s clothing should be placed in a plastic bag and sealed to be sent

home with the child for cleaning, after which, clean-up material such as towels should be gathered (in gloves) and disposed of in the red bag waste. Feces and Vomitus may be flushed.

VI. Hand Washing Procedure

Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 10 seconds. Soap suspends easily removable soil and microorganisms allowing them to be washed off. Running water is necessary to carry away dirt and debris. Rinse under running water. Use paper towels to thoroughly dry hands.

VII. Disinfectants

An intermediate level disinfectant should be used to clean surfaces contaminated with body fluids. Such disinfectant will kill vegetative bacteria, fungi, tubercle bacillus and viruses. The disinfectant should be registered by the U.S. Environmental Protection Agency (EPA) for use as a disinfectant in medical facilities and hospitals.

Various classes of disinfectants are listed below. Hypochlorite solution (bleach) is preferred for objects that may be put in the mouth.

- Ethyl or isopropyl alcohol (70%)
- Phenolic germicidal detergent is a 1% aqueous solution (e.g., Lysol*)
- Sodium Hypochlorite with at least 100 ppm available chlorine (1/2 cup household bleach in 1 gallon water, needs to be freshly prepared each time it is used).