AIDS/HIV Infected Students

The Board of Trustees of Jt. Jerome School District No. 261 requires that the condition of each student having been diagnosed as having AIDS or an HIV infection will remain confidential except as otherwise provided in this policy and carefully screened on a case by case basis for determination of appropriate action consistent with Idaho Law and Section 504 of the Rehabilitation Act of 1973. The focus of this policy is protection of the uninfected public while respecting the constitutional rights of infected persons.

The following definitions apply to this policy:

Infected student: Any student having tested positive for the HIV antibodies whether asymptomatic; having an HIV related disease or AIDS.

HIV: Human Immunodeficiency Virus.

Asymptomatic HIV infection: Any student having tested positive with the virus but showing no symptoms of the disease.

HIV related diseases: An HIV infected student developing the clinical signs of HIV.

AIDS – Acquired Immune Deficiency Syndrome: A specific group of diseases or conditions which are indicative of severe immuno-suppression related to infection with HIV. Students who are HIV positive and have one or more that indicate the onset of AIDS or have a CD4 + T cell count below 200, or both.

The school district requires disclosure of a student's HIV status. The infected student's parents or guardians are the gatekeepers of information relating to the students HIV status. Parents or guardians of an infected student must report such condition to the Superintendent of Schools.

Infected students will not be denied an education solely by reason of their infection and will be permitted to attend school as long as the benefits to the student outweigh the risk to the student or others.

The determination of whether an infected student is excluded will be determined on a case-by-case basis by a team composed of public health personnel, the student's physician, the students parents or guardians or a personal representative, and appropriate school personnel. In making this determination the team will consider the behavior, neurological development, and physical condition of the student; the expected type of interaction with others in the school setting; and, the impact on both the infected student and others in that setting. The team will evaluate the student at three month intervals to determine whether the student's educational environment should be changed. This evaluation should include an assessment of the student's hygienic practices and whether these practices suggest a need for a more or less restricted environment.

If an infected student is not permitted to attend classes or participate in school activities with other students, the district shall make every reasonable effort to provide the student with an alternative education.

A student who is diagnosed with AIDS or presents evidence of being immuno-compromised is at a greater risk of contracting infections. This means there may be good reasons to inform the school nurse or school physician of a student's AIDS diagnosis or HIV infection status. This student's parents or guardians would benefit from information from the school nurse about the occurrence of threatening contagious diseases such as chicken pox or influenza when making a decision regarding school attendance. The school nurse may also need to attend to the particular needs of HIV-infected regarding immunization schedules and medications.

To avoid infection school district employees and volunteers must take all reasonable precautions to avoid direct contact with blood, blood products, or other infectious fluids. All blood, semen, vaginal fluids, menstrual discharge, saliva, urine, nasal drainage, vomitus, feces and breast milk should be treated as potentially infective. Training about techniques preventing the spread of infectious diseases will be comprehensive and provided by the school district for all staff members. The school district will provide a supply of latex gloves and disinfecting solution for all schools and classrooms.

Legal Reference: I.C. § 33-512(7)

Policy History:
Adopted on: 04/28/09
Revised on: