

**POLICY RELATING TO PERSONNEL MANAGEMENT**

***EMPLOYEE COMMUNICABLE DISEASE AND SERIOUS ILLNESS***

Preamble:

The purpose of this policy is to describe the rights of the school department employees with communicable diseases or serious illness.

The Wachusett Regional School District shall make reasonable accommodations to enable employees with communicable diseases and other serious illness to continue to perform the essential functions of their jobs, subject to the requirements of safety for themselves, students, and others.

A number of serious infectious diseases are spread by contact with human blood. Among these blood-borne infections are the Hepatitis B virus and HIV. Consequently, employees who bleed uncontrollably and are infected with a disease that is spread by contact with human blood would not have routine contact with other individuals in school settings.

A large body of research has demonstrated that HIV is NOT transmitted through casual contact, such as in a school setting. Therefore, except in cases where they bleed in an uncontrollable fashion, employees with AIDS or HIV infection will not be excluded from attending or being employed in school.

Universal precautions refer to the usual and ordinary steps all school staff need to take in order to reduce their risk of infection with HIV, the virus that causes AIDS, as well as all other blood-borne organisms (such as the Hepatitis B virus).

These are universal because they refer to steps that need to be taken in all cases, not only when a staff member or student is known to be HIV-infected.

They are precautions because they require foresight and planning, and should be integrated into existing safety guidelines.

Appropriate equipment (mops, buckets, bleach, hot water, hand soap, disposable towels, and latex gloves) must be readily available to staff members who are responsible for the clean-up of body fluid spills.

1. Treat human blood spills with caution.
2. Clean up blood spills promptly.

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3. Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, or ask another staff member to do the clean-up. Latex gloves contribute an added measure of protection, but are not essential if skin is intact.
4. Clean blood spills with a solution of one (1) part household bleach to ten (10) parts water, pouring the solution around the periphery of the spill. Disinfect mops, buckets, and other cleaning equipment with fresh bleach solution.
5. Always wash hands after any contact with body fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body (be especially careful not to touch your eyes before washing up). Soap and water will kill HIV.
6. Clean up other body fluid spills (urine, vomitus, feces), unless grossly blood contaminated, in the usual manner. They do not pose a significant risk of HIV infection.

Adapted from the Universal Precautions for School Settings, Massachusetts Department of Education and Medical Update to Massachusetts Policy Guidelines: Infants, Toddlers, and Preschoolers with HIV Infection/AIDS in Early Childhood Settings (June, 1989).

As a public health measure, students who exhibit the following conditions will not be permitted to attend school until such time as these conditions are resolved:

1. If a student has weeping or bloody skin or mouth sores that cannot be successfully covered or controlled with medications.
2. If the student exhibits biting of an unusual frequency or severity that would be accompanied by actual transfer of blood from the biter, as might happen only from a student with chronically bloody gums or mouth.
3. If the student exhibits bloody diarrhea.

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These conditions are grounds for exclusion of any student from a school setting, regardless of whether she/he is known or suspected to harbor a blood-borne infection.

Children diagnosed with AIDS or with clinical evidence of infection with AIDS associated virus (HTLV EYE), who are too ill to attend school, should have an appropriate alternative education plan.

Siblings of children diagnosed as having AIDS or with clinical evidence of infection with AIDS associated virus (HTLV III) are able to attend school with-out further restrictions.

The student's parent(s) or guardian(s) are the gatekeepers of information relating to the student's AIDS/HIV status. They are not obliged to disclose this information to school personnel.

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 if a student's parent(s) or guardian(s) would benefit from information from the school nurse or school physician about the occurrence of threatening contagious diseases (such as chicken pox or influenza) when making a decision regarding school attendance. The school nurse or school physician may also need to attend to the particular needs of HIV-infected students regarding immunization schedules, medications, emergency first aid, and treatments.

In consultation with the student's primary care physician, the student's parent(s) or guardian(s) may decide to inform certain school personnel about the student's AIDS/HIV status, particularly the school nurse or school physician. If they choose, the following guidelines are recommended:

- The student's parent(s) or guardian(s) may inform the school nurse or school physician directly.
- Alternatively, the student's parent(s) or guardian(s) may request that their primary physician make the disclosure. In this case, specific, informed, written consent of the student's parent(s) or guardian(s).

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- Further disclosure of a student's HIV status by the school nurse or school physician to other school personnel requires the specific, informed, written consent of the student's parent(s) or guardian(s).

First Reading: 09/12/94

Second Reading: 09/26/94

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