Subject: AIDS

In dealing with the issue of AIDS, those involved in any aspect of Catholic education are called “to witness Gospel values” in order to counter the prejudice arising with the AIDS epidemic, “to foster authentic responsibility for one’s actions”, and to “encourage both young people and adults to exercise Christian compassion” towards victims of the disease and their families.

Research indicates that AIDS is transmitted through contact with the body fluids of an infected person. No evidence exists of transmission by living in the same household, playing together with one who is infected, or by sitting near an infected person. The following guidelines and procedures have been developed for the schools of the Diocese by the Diocesan Schools Commission.

A. Student Guidelines and Procedures

All children diagnosed as having HIV, ARC, or AIDS including clinical evidence of infection with the AIDS-associated virus (HIV) and receiving medical attention are able to attend regular classes. However, if a child so diagnosed evidences any one of the following conditions, the Superintendent of Schools will convene an Advisory Panel for the purpose of making recommendations on the most appropriate educational placement of the student.

1. Manifestation of clinical signs and/or symptoms which indicate progression of illness from COVERT (HIV infection only) to OVERT status (ARC or AIDS related complex) or from COVERT status to DISABILITY (AIDS or Acquired Immune Deficiency Syndrome) or from DISABILITY to DEBILITATION (late stage disease).

2. Demonstration of risky or harmful behavior to self or others.

3. Unstable or decompensated neuropsychological behavior.

4. Presence of open wounds, cuts, lacerations, abrasions, or sores on exposed body surfaces where occlusion cannot be maintained.

5. Impairment of gastro-intestinal and/or genito-urinary function such that control of internal body fluids cannot be maintained.
B. Composition of the Advisory Panel

1. Chairman of the Diocesan Schools Commission.

2. Health Officer of the local county.

3. Attending physician of the person with HIV infection.

4. Secretary to the Superintendent, to serve ex-officio as official recorder of the panel’s review meeting.

5. Pastor and principal of the school which student attends.

6. Parent(s) of the HIV-infected student, when and as determined by the Superintendent as appropriate.

7. Infectious disease specialty physician, when and as determined by the Superintendent as appropriate.

8. Legal counsel for School Board, when and as determined by the Superintendent as appropriate.

9. Legal counsel of HIV-infected person, when and as appropriate or requested.

Persons listed in numbers 1-6 shall constitute the Advisory Panel.

Persons listed in numbers 7-9 (and others when requested) may participate at the invitation of the Superintendent or at their request.

C. Panel Responsibilities

1. Review student’s medical history and current status.

2. Review available educational and social data, progress reports as available, test results, prior school placements, etc.

3. Advise parents of educational options, if applicable.

4. Assess risk-benefit options; then present and discuss options of home education, special education, other choices with parents/students, if applicable.
5. Reduce findings, options, and recommendations to writing and review draft report before submission to Superintendent, focusing on key issues, unresolved problems if any, and summary recommendations.

6. Submit written report to Superintendent and remain available as needed.

7. Re-evaluate all Panel cases on a continuing basis at least once every six months and more often as circumstances change in the categories listed in A above.

The general intent of the Advisory Panel is to serve as an expert professional resource to advise the Superintendent in special situations where information about appropriate environment may not be available, complete, clear, or readily amenable to lay interpretation. It is expected that recommendations of the Advisory panel shall be based solely upon current medical and educational information consistent with established ethical guidelines and considerations in accordance with extant Guidelines of the Centers for Disease Control and other scientific and relevant professional bodies.

D. Panel Protocol:

1. If the Superintendent determines that any one of the conditions in “A” exists, the student in question will be placed on homebound instruction status for no longer than five school days.

2. Within the five school day period (equivalent to one calendar week), consent for release of medical information will be obtained, and past medical history, laboratory tests, and other relevant records will be provided to and reviewed by the health officer of the Health Department (and other consultants as appropriate) will advise the Superintendent within five days if continued instruction is or is not warranted.

3. Based on results and medical interpretation of the person’s current status, the Director of the Health Department (and other consultants as appropriate) will advise the Superintendent within five days if continued home instruction is or is not warranted.

4. If medical review indicates that continuation of special status is not indicated, the student will return to regular status at the end of the five school day initial review period or upon the advice of the Director of the Health Department, whichever is sooner.

5. If medical review indicates that continuation of special status is indicated, the student will remain on home instruction, for a period not to exceed fifteen additional school days
(or three more calendar weeks).

6. During the twenty school day review period, the Superintendent will arrange the following steps in preparation for Advisory Panel review:

a. Alert Advisory Panel of forthcoming meeting to be scheduled.

b. Obtain written authorization from parents of students to contact attending physician for medical information.

c. Obtain signed consent from parent(s) of student to permit release of information from attending physician and others to Superintendent of Catholic Schools of the Diocese of Pensacola- Tallahassee.

d. Receive relevant medical and social information about the person with HIV infection and maintain same in strict confidence.

e. Circulate confidential information about the HIV-infected person to Advisory Panel members only.

f. Schedule and notify Advisory Panel members of initial review meeting, at date, time and location suitable to all. (To be set up only when complete medical information has been obtained and circulated in advance to all Advisory Panelists.)

E. Siblings of children diagnosed as having HIV, ARC, AIDS or with clinical evidence of infection with the AIDS-associated virus (HIV) are able to attend school without any restriction.

F. Only persons with an absolute need to know should have medical knowledge of a particular student’s case. In individual situations, the Superintendent may notify one or more of the following: 1) principal; 2) school nurse; 3) student’s teacher. Notification should be made through a process that would maximally ensure patient confidentiality. Ideally, this process should be direct person-to-person contact. Person who become so informed will be expected to maintain strict confidentiality, pursuant to Section 228.093, Florida Statutes.

G. Since the student diagnosed as having clinical evidence of infection with the AIDS-associated virus (HIV, ARC, or AIDS), has an increased risk of acquiring infections in the school setting, the student will be excluded from school if their is an outbreak of a threatening communicable disease such as chicken pox or measles, until he/she is properly treated (possibly with hyper-immune gamma globulin) and/or the outbreak is no longer a threat to the child.

H. Blood or any other body fluids including vomitus, fecal or urinary products of any student should be treated cautiously. It is required that gloves be worn when cleaning up any body fluids from any student.
1. These spills should be cleaned up with a fresh solution of bleach (no older than 24 hours; one part bleach to one part water) or another EPA and District approved disinfectant, by pouring the solution around the perimeter of the spill.

2. All disposable materials, including gloves, should be discarded in a plastic bag. The mop should also be disinfected with the bleach solution described above.

3. Persons involved in the clean-up should wash their hands afterwards with soap.

I. In-service programs for all staff will be conducted as required and as new information becomes available.

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Diocesan Commission for Catholic Schools
Diocese of Pensacola-Tallahassee
Pensacola, Florida