

STUDENTS WITH HIV/AIDS

The following procedures are to be followed when determining the proper educational placement of a student known to be infected with human immunodeficiency virus (HIV), including those students diagnosed as having Acquired Immune Deficiency Syndrome (AIDS).

Identification of Students

The district generally will identify a student infected with HIV only when it receives direct information from the student or parent/guardian about the student's medical diagnosis.

To encourage such disclosure, the district will endeavor to treat such students in a fair, nondiscriminatory and confidential manner consistent with its legal obligations.

All information about such students will be reported to the Director of Special Education, who will be the school official responsible for coordinating the placement decision. For purposes of these procedures, the Director of Special Education will be referred to as the "school officer."

Placement Decision

HIV infection is not transmitted casually; therefore, it is not itself a reason to remove a student from school. The school officer will determine whether the student who is infected with HIV poses a significant medically recognized risk of HIV transmission in the school setting (e.g., certain secondary infections). This is a medical question that the school officer will answer by consulting with the infected student's physician, a qualified public health official who is responsible for such determinations, the school nurse and the infected student's parent/guardian.

If there is no medically recognized risk of transmission in the school setting, the infected student's education program will not be altered.

If there is a medically recognized risk of transmission in the school setting, the school officer will consult with the physician, public health official, the school nurse and the infected student's parent/guardian. If necessary, they will develop an individually tailored plan for the student. Additional persons may be consulted if this is essential for gaining additional information, but the infected student's parent/guardian (unless the student is 18 years of age) must approve the notification of any additional persons who would know the student's identity.

If an individually tailored plan is necessary, it must have minimal impact on the student's education. Utmost confidentiality will be observed throughout this process.

The school officer in consultation with the school nurse will review the case periodically with the infected student or the student's parent/guardian and the medical advisors described above.

If the student with HIV qualifies for services as a child with disabilities under state and federal law, the procedures related to law will be used to make a placement decision in lieu of those described above. In the development of the student's individualized educational program (IEP), school personnel should consider including the student's physician and a public health official on the staffing committee to serve in an advisory capacity.

The fact that a student is infected with HIV will not be disclosed on the student's IEP nor will it be

disclosed to members of the staffing committee unless the school officer in consultation with the infected student and parent/guardian, as appropriate, determines that such a disclosure is necessary to develop procedures to address the student's medical condition or to provide medical treatment. These precautions also shall be observed in the case of an HIV-infected student who is referred for special education and staffing for reasons unrelated to HIV infection.

Confidentiality

All information gained by the district through application of Policy JLCC and these procedures, including the identity of the student, will be treated as confidential. Special precautions will be taken to protect information regarding a student's health condition in order to prevent any disclosure that may invade that student's personal privacy.

All medical information and written documentation of discussions, telephone conversations, proceedings and meetings will be kept in a locked file/secure database by the school officer or school nurse.

To further protect confidentiality, names will not be used in documents except when this is essential. No document containing the name or any other information that would reveal the identity of the infected student will be shared with any person, not even for the purposes of word processing or reproduction.

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