

Section 8000 – Students

8512-R Bloodborne Pathogens

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I. Rights of Students

- A. A student with an infection not known to be spread by casual contact has the same right to attend school and receive services as any other student and will be subject to the same rules and policies. A student with an infection not known to be spread by casual contact cannot be discriminated against because of his/her medical condition. Such an infection cannot factor into decisions regarding student class assignments, privileges, or participation in all school-related activities.
- B. If a student's parent/guardian, or a student 12 years of age or older, wishes to disclose the student's infection to school personnel, that party may contact the school nurse. The school nurse will assist the parent/guardian or student in developing an individualized health care plan (IHP). The nurse will assist the parent/guardian in determining the need to inform or meet with other school personnel. The school nurse may consult with others without revealing the identity of the student.
- C. If there is reasonable cause to believe that a student's disease is substantially limiting one or more major life activities (e.g., walking, seeing, hearing, speaking, breathing, learning, caring for self, or performing manual tasks) and that the student needs specialized accommodations in order to participate in school activities, the student should be referred for an evaluation according to the school District procedures under Section 504 of the Rehabilitation Act and Title II of the Americans with Disabilities Act. The referral should be made to the school nurse.
- D. If there is reason to believe that a student's infection is significantly affecting school performance and that the student may need special education services in order to benefit from education, the student should be referred for an evaluation according to the school District procedures under the Individuals with Disabilities Education Act (IDEA). The referral should be made to the school's Special Education building coordinator.

The building coordinator will contact the school nurse for assistance with the evaluation process.

II. Confidentiality

- A. Students/Families are not required by law to disclose bloodborne pathogen infection status to anyone in the education system.
- B. No information regarding a student's HIV status will be disclosed to any individual or organization without a court order or the informed, written, signed, and dated consent of the student's parent/guardian or the student 12 years of age or older.
- C. The written consent must specify the name of the recipient of the information and the purpose of the disclosure. The name of the specific bloodborne infection must be identified on the consent form. Without such, any consent provided by the parent/guardian or the student 12 years of age or older is invalid. The consent form is a confidential document. It is valid for one (1) year and must be renewed annually to continue sharing information and can be rescinded at any time by written request.
- D. If a staff member is told by a parent/guardian or a student him/herself about the student's infection, that staff member must obtain a signed, written consent from the parent/guardian or the student 12 years of age or older before the staff member can disclose the student's bloodborne infection to anyone, including another staff member. Violation of this confidentiality is cause for disciplinary action or personal liability for a civil suit.
- E. All health records, including prescription authorization forms, notes of meetings, proceedings, telephone calls, copies of written consents, and all other documents will be kept separate from school education records and be securely locked with access limited to only those persons whom proper consent has been granted.
- F. Any verbal communication about individual students with a bloodborne pathogen infection must be restricted to persons who have consent from the student's parent/guardian or the student 12 years of age or older. The

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conversation must occur in a private area, away from other adults and students.

- G. Administration of medication to a student with a bloodborne pathogen infection must ensure the confidentiality of the student's infection diagnosis status.

III. Universal Precautions

- A. The routine procedures shall be used and sanitation facilities will be available for handling blood or body fluids within the school setting or school buses. Appropriate school personnel will be trained in the proper procedures for handling blood and body fluids. Those procedures will be strictly adhered to by all school personnel.
- B. School personnel will follow protocols to care for students who are exposed to blood or body fluids. (See Appendix A Bloodborne Pathogens – Students for care of students or staff with possible exposure to blood or body fluids.)
- C. Instruction on the principle modes by which blood borne pathogens are spread and the best methods for restriction and prevention shall be made available to students, and in-service education provided to all staff members. Information concerning the policy and procedures will be included in District communications to parents/students.
- D. All students and volunteers shall have annual blood borne pathogen training.

Rules Accepted: June 29, 2009

Reviewed: February 10, 2014 (no changes)