

# Guidelines for HIV / AIDS in Educational Settings

Current public awareness of acquired immunodeficiency syndrome (AIDS) and changing patterns of infection have prompted an update on guidelines for managing the educational setting in which students or staff may be infected with the human immunodeficiency virus (HIV).

This information bulletin is intended to provide information and advice to school authorities and local public health officials in meeting their joint responsibility to provide educational programming to all eligible children and to protect the general public from communicable diseases.

## BACKGROUND

HIV is a virus which attacks the body's natural defense mechanism, the immune system, by steadily weakening a person's ability to resist various infectious diseases and cancers. AIDS is the end phase of an HIV infection. There is no vaccine to prevent HIV infection and no drugs to cure HIV once a person is infected. There are medications which can suppress the HIV virus and have been successful in adding years of life to those who are being treated. Side effects of these HIV medications can be severe.

Doctor-supervised care of a person with HIV / AIDS aims to prevent opportunistic infections; those caused by a microorganism that the body is normally able to fight but become harmful when the body's immune system is impaired by HIV. Often opportunistic infections are the cause of death in those infected by the HIV virus. Examples of opportunistic infections include tuberculosis, bacterial pneumonia, toxoplasmosis, cytomegalovirus, and herpes simplex. With successful efforts to reduce the impact of opportunistic infections, persons with HIV and AIDS can maintain productive, relatively healthy, lives for years.

In Alberta, HIV is spread mainly through sexual contact (both heterosexual and homosexual) and by sharing needles and syringes to inject drugs (this can include injection of steroids by athletes or body-builders). Since November 1985, all blood donors in Canada have been tested for HIV and the risk of being infected through a blood transfusion has been virtually eliminated. Laboratory tests have shown that HIV is present mainly in blood, semen and vaginal secretions; although the virus has been detected in small amounts in saliva and tears, there are no documented reports of HIV spread from contact with these fluids.

**Casual contact such as hugging, shaking hands or sharing a glass, does not result in transmission of HIV.**

There are reports of relatively small numbers of health care workers who have been infected with HIV due to a workplace injury. Exposure to the virus has usually taken place through injuries with needles or other sharp instruments which have punctured the skin and were contaminated with blood. Other forms of contact such as having blood splash into the eyes or prolonged contact with blood on open wounds have rarely resulted in HIV infection. Anyone handling blood or other body fluids should always exercise universal precautions since it is usually not known if a person is infected with HIV. Universal precautions include wearing gloves to avoid contact with a person's bodily fluids, cleansing of materials and surfaces contaminated with blood or body fluids and disposing of needles in proper sharps containers.

Some people are very fearful of becoming infected with HIV through day to day activities and contact with people in the school environment or workplace. Efforts should be made to recognize that the fear is very real for those people and should be dealt with primarily through improved education about HIV transmission while exercising patience and understanding.

## **HIV INFECTION IN CHILDREN**

The majority of children with HIV became infected with the virus from their HIV positive mothers. HIV can spread from a mother to her baby during pregnancy, delivery or, less commonly, through breast-feeding. A few children in Canada were infected through transfusion of contaminated blood or blood products (e.g., hemophiliacs).

In Alberta between 1998 and 2006, there were four newly diagnosed cases of HIV in children less than 15 years old. During this same time period in Alberta there was one newly diagnosed case of AIDS in a child under 15 years of age.

None of the identified cases of HIV infection in children in the United States or Canada have been transmitted in school, day-care and foster care settings, or through casual person-to-person contact. There is no evidence that the types of interaction usual among school children pose any risk of transmitting the virus, nor is there any reason to believe any risk exists from the type of blood exposure possible in a school setting. When children/infants are unable to control bodily functions due to illness or have behavioral problems such as biting, precautions should be taken.

## **GUIDELINES**

HIV / AIDS is covered under the *Communicable Diseases Regulation* of the Alberta *Public Health Act*. There are no public health reasons to exclude a child infected with HIV / AIDS from attending school. A child's medical record is *confidential* and cannot be released by medical or health personnel without the permission of the parent. A medical record may only be released by the Medical Officer of Health without the permission of a parent if it is deemed necessary for the health of the child or the public. The Medical Officer of Health considers each case individually to determine if the child or public require protection. School authorities are not notified of a child's HIV status

except in these instances. Similarly, there is no basis on which to exclude HIV infected teachers or other school staff from the work setting provided they are well enough to perform their usual duties. There is no need for teachers or other school staff to notify school authorities if they have been diagnosed with HIV or AIDS.

**Under the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, should school authorities become aware of the diagnosis of HIV infection, the right to privacy of the student or employee must be respected. The information must be kept strictly confidential and the number of persons who are aware of the diagnosis must be on a need-to-know basis only.**

The following guidelines have been established by Alberta Health and Wellness officials and draw upon those recommended by the U.S. Center for Disease Control (CDC). Alberta school authorities should remain consistent with these guidelines. The provincial government will review these guidelines and, on a regular basis as more information becomes available, revisions or modifications may be made.

**1. The child's educational setting should not be restricted.**

For most HIV infected school-aged children, the benefits of an unrestricted setting outweigh the risks of their acquiring potentially harmful infections from other children (e.g. chicken pox). In addition, there is an extremely low or non-existent risk of transmission of HIV through casual contact between an infected child and a non-infected child. HIV infected children should be allowed to attend school programs in an unrestricted setting unless, in the opinion of the Medical Officer of Health and the child's physician, there are special circumstances which necessitate some restriction. The need for any possible restricted environment should be reassessed periodically by the Medical Officer of Health and the child's physician.

**2. The setting should be based on the child's needs.**

Decisions regarding the type of educational and care setting for HIV infected children should be based on the behaviour, neurologic development, and physical condition of the child and the expected type of interaction with others in that setting. These decisions are best made using a team approach including the child's physician, public health personnel, the child's parent or guardian and staff who will be working with the child in the proposed educational setting. In each case, risks and benefits to both the infected child and to others in the setting should be weighed.

**3. A few children may need special settings.**

For HIV infected preschool-aged children and for some neurologically handicapped children who lack control of their body secretions or are

behaviorally impaired, a more restricted environment may be required as determined by the Medical Officer of Health.

**4. Mandatory testing is inappropriate.**

Mandatory testing for HIV infection as a condition for entry into school or pre-school programs is not necessary. Neither students nor staff should be subjected to such tests.

**5. Informing school authorities is not necessary.**

Providing that routine hygienic practices are in place, the HIV infected student does not present a risk to other students or staff. Consequently, there is no need to inform school authorities or other staff of the diagnosis except in instances where it is required for the protection of the child or the public. In the unlikely event that this notification is necessary, this will be determined by the Medical Officer of Health and the number of personnel who are made aware of the child's condition must be kept to an absolute minimum. Should persons involved in the care and education of such students become aware of the HIV infection, the child's right to privacy must be respected and any record kept must be strictly confidential. Confidentiality of information is required by the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*

**6. First Aid Procedures**

School personnel should be aware of correct first aid procedures. Proper equipment, including gloves, should be part of all first aid kits. A routine review of first aid procedures for school personnel is recommended and assistance from local public health staff is encouraged.

**7. Establishing hygienic practices.**

Routine hygienic practices regarding the cleansing of materials and surfaces contaminated with blood or body fluids should be reviewed with local public health staff to minimize the risk of transmission of any infection (including HIV). A review of practices should be encouraged for all staff **that** may have contact with blood or body fluids regardless of whether the school has any children known to be infected with HIV. All educational activities involving the extraction and analysis of samples of human fluid or tissue are prohibited in Alberta schools.

**8. Staff should not be restricted.**

School staff infected with HIV do not present a risk to either students or other staff. There is no need for any restrictions on their employment provided they are well enough to perform their usual duties. There is no need for notification of their diagnosis to school authorities.

**9. Implementing provincial guidelines.**

School authorities, with the assistance of local public health officials, should remain consistent with provincial guidelines regarding HIV / AIDS and other infectious diseases. This should be reviewed regularly by school authorities and local public health officials.

Additional information on HIV / AIDS is available from:

Office of the Chief Medical Officer of Health

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