

STUDENTS WITH HIV/AIDS

PURPOSE

The purpose of this policy is to establish what actions shall be taken in the event that the Board is made aware that a student attending school is infected with HIV.

This policy has been adopted to assure that the rights and safety of all involved parties are preserved.

For the purposes of this policy, “parent” means parent(s), regardless of divorce or separation; a legal guardian; or individual acting as a parent or guardian, unless there is evidence of a state law or court order governing such matters as divorce, separation or custody or a legally binding instrument that specifically revokes such rights.

POLICY ELEMENTS

In general, the Board will provide educational opportunities for students infected with HIV just as it does for other students.

In the event that a public health threat is perceived by the student’s private physician, the Bureau of Health must be notified, and will then conduct an evaluation. If the school is notified of a student infected with HIV by the parent and becomes concerned about the safety of that student, other students, or staff, a similar evaluation may be requested. Whenever the Board is concerned that a particular student poses a public health threat to others, advice may be requested from the Bureau of Health. The Superintendent may also consult on a strictly confidential basis with the school’s attorney.

If the Bureau of Health determines that conditions exist which suggest that a student with HIV infection is a health threat to the school community, the Bureau of Health/the Superintendent will remove the student from the usual classroom setting until other arrangements can be made or until the Bureau of Health determines that the risks have abated. The health status of a student temporarily removed from the usual school setting in order to protect the health of the student or others will be re-evaluated at least quarterly by the Bureau of Health.

Current Maine law protects the confidentiality of HIV test results with certain statutory exceptions. Test results may not be disclosed to anyone other than the Bureau of Health without written consent of the parent. Records containing information about HIV test results and consent forms relating to test results shall be kept separate from other school records. Only those persons given written consent by the student’s parents will have access.

With written consent of the parent, the school will designate an individual or team to:

- a. serve as the liaison between the school and the student's parents, the student's physician and, if necessary, the Bureau of Health; and/or,
- b. serve as the supervisor of the medical component of the student's educational experience.

Any team member or individual entrusted with the knowledge of a student infected with HIV must, by law, keep their knowledge of that child's status confidential, and access to information shall be limited only to those persons authorized in writing by the student's parent.

At the parent's written request, a designated team member, usually the school nurse, will, to the extent practicable, notify the student's parent/the student's physician in the event that the designated team member becomes aware of infections occurring in the school population which may place an immunodeficient student at increased risk as defined by the student's physician or Bureau of Health. The decision whether or not to remove the student from school will be made by the parents/guardians after consulting with the student's physician.

Because of the inability to identify individuals who may be infected with HIV or other agents transmissible through blood and other body fluids, the Board requires the school to follow standard procedures for cleaning and disinfecting all body fluid spills. The procedures for cleaning bodily fluid spills will be reviewed periodically by all school staff members.

In any instance where this policy requires the consent of the parent of an HIV-infected student, consent must be obtained directly from the student if the student is 18 years of age or older.

DATE ADOPTED: JULY 1, 2003

DATE REVISED: JUNE 10, 2026