

School HIV/AIDS Policy Tool Kit

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PART 1: TOOL KIT OVERVIEW



**[I would want school
personnel to say] your
status doesn't matter
to me—you're still a
person with feelings.**

—Teen with HIV

PART 1: TOOL KIT OVERVIEW

INTRODUCTION

This **School HIV/AIDS Policy Tool Kit** is for school board members, district administrators, school nurses, classroom teachers, and other school staff to thoughtfully and proactively develop policies and procedures to address numerous issues related to human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) in school communities. We are now into the third decade since the first cases of HIV/AIDS in the United States were reported in 1981. This “modern plague” continues to challenge individuals, families, and communities throughout the U.S. and the world.¹ Although Wisconsin has been considered a low prevalence state, more than 8,000 cases of HIV/AIDS have been reported since the state’s first cases were reported in 1983. More than 300 new cases continue to be reported each year. School communities must respond to HIV/AIDS and do so in an era that is significantly different from the early years of the epidemic. School districts must take into consideration the following new realities in their response to HIV/AIDS.

In the U.S. and Wisconsin:

- The effect of the epidemic has not been the same for all populations. People under the age of 25 account for half of new HIV infections, and the majority of these individuals are infected through sexual activity.² The epidemic is disproportionately affecting communities of color, especially African Americans and Latinos. Men who have sex with men (MSM) continue to be overrepresented among people with HIV.
- Transmission of HIV/AIDS from mother to child (vertical transmission) has significantly decreased. Therefore, fewer children with HIV/AIDS are entering school. New medicines have prolonged the quality and number of years that youth living with HIV/AIDS attend school.
- There have not been any reported cases of HIV/AIDS transmission in a school setting.³
- As a result of advances in antiretroviral drug therapies, there has been a decline in the number of newly-reported AIDS cases and deaths. The number of people living with HIV/AIDS has continued to increase, and these individuals are living longer and better lives.
- Many young people engage in sexual behaviors that put them at risk for sexually transmitted infections (STIs), including HIV/AIDS. The most common STIs are disproportionately high among adolescents. According to 2003 Youth Risk Behavior Survey (YRBS) results, 37 % of Wisconsin public high school students report ever having had sexual intercourse. Only 64% of the 39% of sexually active students in 2001 reported using a condom the last time they had sex.⁴
- Prevention interventions, including HIV antibody testing, behavioral interventions, and comprehensive school-based HIV prevention programs are effective in reducing risks associated with HIV transmission.⁵
- Homophobia and stigma associated with HIV continue to have a negative impact on individuals and communities.⁶

POLICIES and PROCEDURES

Federal laws, state statutes, and administrative rules and regulations address HIV/AIDS and have implications for ways in which school districts should respond to HIV/AIDS. Statutes provide the basis for school district policies. Policies provide the foundation for school district procedures. In general, it is procedures that provide details about how policies are implemented. Both policies and procedures must be developed and implemented for school districts to effectively address HIV/AIDS.

Why are policies and procedures important?

Education policies have been defined as the “official statements of vision and judgment that address the needs of a state, district, or school.”⁷ Policies provide a foundation from which schools can respond to concerns about HIV/AIDS. Policies based on scientific, medical and legal considerations can provide guidance to educators, students, families and staff by clarifying issues and identifying options. Policies can also provide reassurance and support for families affected by the virus. They can prevent or reduce controversy and help districts prevent situations that can become grounds for legal action. In addition, sound policies can provide accountability to the extent that they identify individuals responsible for carrying out specific actions.

While policies can be viewed as broad statements driven by statute about what should be done, why it should be done, and who should do it, procedures provide more details about how policies are implemented. The importance of written policies and procedures should not be underestimated, and neither should the policy development and implementation process. This process involves more than drafting the language of policies and procedures. It requires leadership to garner commitment to the policy goals and may include training and technical assistance in order to establish necessary support.

What topics should school district HIV/AIDS policies address?

In view of the new realities of the HIV epidemic, and concerns of staff, students, parents, and other community members, policies and procedures should be developed and implemented to address the following important concerns:

1. Reduction of risk of HIV transmission for children and staff at school.
2. School attendance by children who are living with HIV.
3. Needs of children who have family members living with HIV.
4. Quality and effectiveness of HIV prevention education for youth.
5. Employment of staff who are living with HIV.

Ambiguity, confusion, and trouble are avoided when policies are adopted and published. Clearly written policies that reflect thorough research, sound judgment, and careful planning stave off the maiming accusations of uninformed critics.⁸

Don't Wisconsin school districts already have HIV/AIDS policies in place?

The recent Wisconsin School Health Education Profile (SHEP) report examined school policy and health education related to HIV/AIDS in middle and high schools.⁹ This study defined comprehensive HIV/AIDS policies as those which met at least 75% (or six) of the following eight characteristics:

- Protects the rights of students and/or staff with HIV infection or AIDS.
- Addresses attendance of students with HIV infection.
- Protects HIV-infected students and staff from discrimination.
- Maintains confidentiality of HIV-infected students and staff.
- Addresses work site safety (e.g., universal precautions for all school staff).
- Addresses communication of the policy to students, school staff, and parents.
- Provides for adequate training about HIV infection for school staff.
- Describes procedures for implementing the policy.

Based on these criteria, the SHEP study found that only 47% of Wisconsin schools have comprehensive HIV/AIDS policies in place, including 42% of middle schools and 56% of high schools. Although many school districts may have communicable disease policies that include HIV/AIDS in place, the findings from the SHEP study suggest the need for districts to develop, review, and revise policies to assure that policies and procedures are in place to address issues and concerns related specifically to HIV/AIDS.

TOOL KIT PURPOSE

It is important to remember that whether a district has specific policies addressing HIV/AIDS, or whether it chooses to imbed HIV/AIDS policies within other communicable disease policies, HIV/AIDS continues to be a special case. Because of the seriousness of the disease and the stigma associated with HIV/AIDS, there are numerous federal and state statutes that protect the confidentiality and rights of people living with HIV/AIDS. Similarly, there are serious consequences and legal risks associated with breaches of confidentiality. In view of continued concern about HIV/AIDS and the important role of schools to respond to these concerns, this tool kit is designed as a resource to assist school board members, administrators, school nurses, educators and other student service professionals as they review their policies related to HIV/AIDS. *Someone at School has AIDS*, a widely used policy guide published by the National Association of State Boards of Education (NASBE), reminds us, "Policies are most valuable if adopted before they are needed. Now is the best time to write or review them."¹⁰ **In short, the purpose of this tool kit is to increase the number of Wisconsin schools implementing scientifically and legally based policies and procedures related to HIV/AIDS. In some cases, these focused HIV/AIDS policies will supplement related, but more general, existing district policies. The tool kit provides a framework and guidance for reviewing and/or developing policies and procedures. It is not intended to replace the advice of legal counsel in development of a school district's policies and procedures.**

TOOL KIT STRUCTURE

This tool kit is developed specifically for use by Wisconsin school districts. It references Wisconsin statutes, includes policy examples, and identifies Wisconsin resources related to HIV policy development. This tool kit contains four parts: Part 1 provides an overview of the tool kit. Part 2 serves as a primer on HIV/AIDS and reviews terminology, basic information about HIV/AIDS transmission, HIV/AIDS testing, and the epidemic in Wisconsin. Part 3 provides policy guidance and uses the DPI Comprehensive School Health Program (CSHP) as a framework for addressing HIV/AIDS policies and procedures.

For each policy discussed in the tool kit you will find the following:

- **Overview**
Background and rationale for the policy.
- **Policy example**
An example of a policy addressing key points.
- **Legal references**
Legislation and administrative rules that provide the legal foundation for the policy.
- **Best practice procedures**
A checklist of suggestions for procedures to implement the policy.
- **Recommended resources**
Particularly useful resources related to the policy.

Part 4 of the tool kit identifies useful resources for policy development, including assessment and planning tools, state and national organizations, and selected publications.



ACRONYMS

The following acronyms for agencies, organizations, programs and reports are used in this tool kit.

AAP	American Academy of Pediatrics
ADA	Americans with Disabilities Act
ASO	AIDS Service Organization
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulation
CSHCN	Children with Special Healthcare Needs
CSHP	Comprehensive School Health Programs
CTR	Counseling, Testing and Referral Program
DASH	Division of Adolescent and School Health (CDC)
DPI	Wisconsin Department of Public Instruction
DHFS	Wisconsin Department of Health and Family Services
FDA	U.S. Food and Drug Administration
FERPA	Family Educational Rights and Privacy Act
HIPAA	Health Insurance Portability and Accountability Act
HGD	Human Growth and Development
IEP	Individualized Education Plan
IDEA	Individuals with Disabilities Education Act
LHD	Local Health Department
NASBE	National Association of State Boards of Education
OSHA	U.S. Occupational Safety and Health Administration
PCRS	Partner Counseling and Referral Services Program
PHS	U.S. Public Health Service
SHEP	School Health Education Profile
WASB	Wisconsin Association of School Boards
YRBS	Youth Risk Behavior Survey

Terms and acronyms specifically related to HIV/AIDS are located on page 18 of this tool kit.

FREQUENTLY ASKED QUESTIONS ABOUT SCHOOL HIV/AIDS POLICIES

The following questions are often asked in discussions about HIV/AIDS and schools. Concise answers are provided here. Additional information is provided in the respective sections of the tool kit.

HIV/AIDS PRIMER

How common is HIV/AIDS among children and youth in Wisconsin?

Cases of HIV infection are not common among children and adolescents. In Wisconsin, there have been 91 cases in children younger than 13.¹¹ Most of these cases are attributable to mothers with HIV passing the infection to their babies during pregnancy or birth or young people who received HIV through treatment for hemophilia or coagulation disorder before procedures were established to reduce the risks associated with such treatments. More than 190 cases of HIV infection have been reported among adolescents age 13-19.¹² Despite these numbers, a significantly greater number of young people engage in behaviors which place them at risk of HIV transmission. High rates of young people engaging in sexual intercourse (39% of high school students in 2001 and 37% in 2003) and high rates of STIs among young people are indications that many youth are also at risk for HIV.¹³

Can a child get an HIV test without parental consent?

In Wisconsin, individuals age 14 and over can give consent for an HIV test without parental permission.

POLICY GUIDANCE

Why are policies and procedures important?

Education policies are broad statements based on federal and state statutes and regulations that indicate what school districts should do and why regarding a particular topic. Procedures are the more specific details telling how a policy will be implemented. Together, policies and procedures provide a foundation from which schools can respond to concerns about HIV/AIDS—by clarifying issues and options, providing reassurance and support, preventing controversy and avoiding legal actions, and providing accountability.

What topics should school district HIV/AIDS policies address?

Comprehensive HIV policies and procedures are guided by statute and address:

1. Reduction of risk of HIV transmission for children and staff at school.
2. School attendance by children who are living with HIV.
3. Needs of children who have family members living with HIV.
4. Quality and effectiveness of HIV prevention education for youth.
5. Employment of staff who are living with HIV.

Don't Wisconsin school districts already have HIV/AIDS policies in place?

A recent study, the School Health Education Profile (SHEP), found that only 47% of all Wisconsin schools have comprehensive HIV/AIDS policies in place, including 42% of middle schools and 56% of high schools. Although many school districts may have in place communicable disease policies that include HIV/AIDS, the findings from the SHEP study suggest the need for districts to develop, review and revise policies to assure that appropriate policies and procedures are in place to address issues and concerns related to HIV/AIDS.

How can I get a copy of the state statutes related to schools and HIV/AIDS?

The Wisconsin Department of Health and Family Services (DHFS) publishes *Wisconsin Statutes and Administrative Code Pertaining to AIDS and HIV Infection* which includes statutory language. The Wisconsin statutes also can be obtained electronically at www.legis.state.wi.us/rsb/stats.html.

How do school districts actually go about developing HIV/AIDS policies?

The specific steps for developing and implementing policies will vary with each school district. The general steps include:

1. Laying the groundwork
2. Building awareness and support
3. Drafting the policy
4. Adopting the policy
5. Implementing the policy
6. Evaluating the policy

HEALTHY SCHOOL ENVIRONMENT

Who should practice universal precautions in a school?

All staff and students should know about universal precautions and infection control. Federal (29 CFR 1910.1030) and state (Wis. Stat. 101.055) legislation requires annual training for staff with a potential for exposure as a regular part of their job. Students of all ages can be taught the importance of hand washing and not to touch other potentially infectious materials, including another person's blood.

If a staff member is exposed to a student's or another staff member's blood, can he or she request an HIV test for himself or herself?

Yes. Employees occupationally exposed to blood or other potentially infectious materials shall be provided with a confidential medical examination and upon consent, an HIV test.

If a staff member is exposed to a student's or another staff member's blood, can the staff member request an HIV test of the person to whose blood they were exposed?

Under current law only specified persons who meet certain requirements and are significantly exposed to blood are authorized to subject the blood of the individual to whom they were exposed to an HIV test and to receive disclosure of the results. Specified persons include emergency personnel, employees in correctional facilities, healthcare providers, and staff in state crime laboratories. If the staff member was exposed as a result of criminal conduct, the victim may request the district attorney to ask the court to order an HIV test.

Will children with HIV be attending school?

Children with HIV infection are legally entitled to attend school and expect equitable treatment. In addition, legislation also protects the rights of employees with HIV.

Are students with HIV infection always eligible for special education services?

No. The educational placement of a student with HIV infection must be determined on a case-by-case basis.

If a child has HIV infection does the school have the right to know?

No. A school does not have the right to know the HIV status of a child and cannot ask the HIV status of a child. If a parent/guardian discloses the child's HIV status to specific school staff, staff may not legally disclose the child's HIV infection status to other school staff, students, or parents without informed written consent.

Should school leaders reveal that someone has HIV?

No. Disclosure of a person's HIV status is a violation of federal and state law. The widely distributed NASBE publication *Someone at School has AIDS* cautions, "Even if a school administrator holds back the person's name and simply announces that someone in the school has HIV infection, chances are that the person's confidentiality will be violated eventually. Meanwhile, speculation and rumor will distract students and staff members from the school's mission."¹⁴ When pressured, a school staff person should reiterate the district's policies about confidentiality. The publication suggests a response such as "Even if I knew whether someone has HIV infection, I could not say." The publication also recommends saying, "We assume that anyone might have HIV infection, but we're not worried about it. We're doing what's necessary to prevent HIV transmission."¹⁵

Why is it so important to maintain confidentiality about a person's HIV infection at school?

First, a person's confidentiality about their HIV status is protected by law. Unfortunately, disclosure of HIV infection has resulted in discrimination, harassment, and isolation for far too many people. Second, transmission risks are extremely low in school, and compliance with universal precautions reduces such risks even more. Following these procedures with everyone reduces risks of transmission from students and staff whose HIV status is unknown.

Why might a person disclose their HIV infection?

There are a number of reasons why students, parents of students, or staff with HIV infection might choose to disclose their HIV infection. It can be difficult to maintain secrecy about an important health condition and once the situation is "out in the open" it may be easier to use one's energy in other ways. Others may be open about their status because they feel it should be accepted as any other chronic condition would be. For others, the benefits of social support and necessary accommodations outweigh the potential negative consequences of disclosing that one has HIV infection.

What if a family wants to disclose their child's HIV status?

Encourage a family to discuss their wishes with the principal and/or the school nurse to ensure that such disclosure will result in a positive experience for the family. The Wisconsin HIV Primary Care Support Network ("the Network") and the Perinatal/Pediatric/Youth Case Management Program distributes a useful document, *Disclosure of a Child's HIV Infection to School, Daycare or Early Intervention Program*. A copy of this document is available in the Resource section of this tool kit. The Network's nurse and social worker working with the child and his/her family can help facilitate such a meeting.

If teachers know a child has HIV infection will they handle the child differently if she gets hurt on the playground?

Staff members should not handle a child with HIV infection differently than they would if any other child was hurt. If any child is injured, the school staff should follow universal precautions to protect against disease or infection, regardless of a person's HIV status. If a child with HIV infection is handled differently from other children, his or her confidentiality may be compromised and the school staff person may be legally liable for this breach of confidentiality.

How can schools prevent harassment of a person living with HIV, or believed to be living with HIV?

Schools must enforce nondiscrimination policies. Proactively, schools can make sure that all students and staff know that discrimination, or harassment, will not be tolerated. Curricula and instruction can address these issues and include anti-bullying education in the early grades. In addition, it is important that staff model appropriate behavior. When harassment does occur, staff must respond firmly and swiftly. This involves interrupting hurtful comments, as well as forms of physical harassment in the classroom, hallways, and elsewhere. Disciplinary action may also be required to reduce and eliminate harassment.

CURRICULUM, INSTRUCTION AND ASSESSMENT

What criteria exist to evaluate curricula?

There are various sets of criteria used to evaluate sexuality education and HIV prevention curricula. The DPI promotes *The Power of Teaching* as a set of criteria to use in assessing prevention curricula. These include characteristics related to the content of prevention education, as well as characteristics of effective instruction.

How is a particular curriculum selected for use in a district?

The choice of curriculum is recommended by the human growth and development (HGD) advisory committee in each school district to assure that it meets community standards and needs and it is then approved by the school board.

What HIV/AIDS prevention education training should be provided to teachers?

Because children at all ages may ask questions about HIV, teachers at all levels should know how to teach students about HIV prevention in a developmentally appropriate way. NASBE recommends that health educators, science teachers, physical education teachers, and school nurses receive continuing education on the science of HIV infection and skills to effectively discuss these topics with young people and help them develop knowledge, skills, behaviors and attitudes to promote health and reduce risks of STIs, including HIV. Moreover, more than half (59%) of the Wisconsin middle/junior high school and high school lead health teachers responding to the most recent SHEP survey reported that they would like to receive staff development on the topic of HIV.

How should HIV/AIDS prevention education be taught?

Effective educational programs use methods demonstrated by sound research to be effective, build knowledge and skills from year to year, address students' own concerns, and are an integral part of a comprehensive school health program. Furthermore, effective HIV/AIDS prevention education is taught by well-prepared instructors with adequate support and involves parents and families as partners in education. School staff members may also want to assist parents or guardians who ask for help in discussing HIV infection with their children.

What if a parent does not want her child to receive HIV/AIDS prevention education?

Wisconsin law (Wis. Stat. 118.01) allows parents to have their children "opt out" of HIV/AIDS instruction. If a parent or guardian submits a written request to the teacher and/or principal that a child not receive instruction on STIs, including HIV/AIDS, the child shall be excused without penalty.

What is the role of a human growth and development advisory committee?

A school district that offers human growth and development (HGD) instruction must have an advisory committee to develop the curriculum and review the curriculum at least every three years.

PUPIL SERVICES

What does it mean that HIV is a reportable disease?

HIV is considered a Category III reportable disease by the DHFS. As a communicable disease, a suspected or confirmed case of HIV/AIDS must be reported to the DHFS state epidemiologist within 72 hours. In practice, it is unlikely that a staff person in a school district will be the first person made aware of a case of HIV infection. A case of HIV infection will likely be reported by the healthcare or HIV/AIDS service provider conducting the HIV test.

What services can school staff provide to support a child affected by HIV?

Each family situation is different, but the team of school nurse, social worker, counselor, and psychologist can work with a child and his or her family to provide emotional support for a child affected by HIV/AIDS and the host of other issues that frequently are part of the picture. The stability and routine of school, as well as the caring expressed by school staff, can be exceptionally important supports for the child and his/her family. It is unlikely the school has the resources to provide all the services and resources the child may need, but the pupil services staff can make referrals to appropriate local agencies.

STUDENT PROGRAMS

Are students with HIV allowed to play sports?

Yes. There have not been any documented cases of HIV transmission occurring through school sports.

ADULT PROGRAMS

Can an employer require a person to disclose their HIV status or take an HIV test when applying for a job or as a condition of employment?

No. It is illegal for an employer to require an employee, or prospective employee, to take an HIV test. Furthermore, an employer cannot ask an employee directly, or indirectly, if he or she has HIV infection.

What is a reasonable job accommodation?

If an HIV-related medical condition limits a major life activity of the employee, he or she may be disabled. If an employee is determined to be disabled and is able to perform the job with reasonable accommodations, he or she is protected by the Americans with Disabilities Act and corresponding state law. Reasonable accommodations could include restructuring the job, changing work schedules, offering part-time work, acquiring remedial equipment, etc. An accommodation is not reasonable if it results in undue hardship to the employer based on type and cost, size and financial resources of the employer, and overall impact of the accommodation on the business operations.

FAMILY AND COMMUNITY CONNECTIONS

Do the policies need to be distributed to all parents/guardians?

Effective communication between the school and the community is helpful for everyone. There are different ways in which policies can be disseminated to parents, and the specific ways will depend on the age of students and the needs of the community.

Part 2: HIV/AIDS PRIMER



I learned about HIV in school but they never taught us much. I think [teachers] need to get more educated about the virus.

—Teen with HIV

PART 2: HIV/AIDS PRIMER

HIV/AIDS has been on the international landscape for more than 20 years. Some people continue to track recent developments in the epidemic, including epidemiological trends and new pharmaceutical therapies. Others have grown weary of news about HIV/AIDS and avoid reading about recent developments. In view of such differences, this section provides important information about HIV/AIDS and the epidemic in Wisconsin for individuals committed to developing HIV/AIDS policies in their school districts. It provides a glossary of terms and acronyms frequently used in discussion about HIV/AIDS. It provides information about transmission, disease progression, and HIV/AIDS testing. And finally, this section provides specific information about the epidemic in Wisconsin.

TERMS

AIDS—the acronym stands for acquired immunodeficiency syndrome, the advanced stage of HIV infection. A physician makes an AIDS diagnosis according to the Centers for Disease Control and Prevention (CDC) AIDS surveillance case definition which is based on results of a specific blood test (CD4 cell count) and/or development of one of the CDC-defined AIDS indicator illnesses.

Asymptomatic stage—the period during which a person has HIV infection but does not experience any symptoms. Unless a person has been tested and learns they are HIV-positive they may not be aware that they were HIV-infected and could transmit the virus to others.

Body fluids—a vague and imprecise term used to refer to fluids the body makes such as tears, saliva, sweat, vaginal fluids, semen and breast milk. HIV can be transmitted through the blood, semen, pre-ejaculatory fluid, vaginal and cervical secretions, and breast milk of an infected person. HIV is not transmitted through tears, saliva or sweat.

Centers for Disease Control and Prevention (CDC)—the lead federal agency with responsibility for protecting the health and safety of people of the United States. The National Center for HIV, STD, and TB Prevention of the CDC provides leadership in preventing and controlling HIV infection, sexually transmitted infections, and tuberculosis.

Communicable disease—any infectious disease that can be transmitted from one person to another. HIV/AIDS is a communicable disease.

Disease progression—this term refers to the way in which initial HIV infection develops in a person's body and eventually results in AIDS. As the virus replicates within a person's body and weakens his or her immune system, the body has increasing difficulty fighting off opportunistic infections. Eventually, a person with HIV infection succumbs to opportunistic infections such as tuberculosis, Pneumocystis carinii pneumonia (PCP), cytomegalovirus (CMV), and other diseases.

HIV, or human immunodeficiency virus—the pathogen that causes AIDS. The virus weakens a person's immune system and it becomes increasingly difficult to fight off opportunistic infections. In terms of school policy there is no need to make a distinction between HIV infection and AIDS.

HIV antibody test—the most common screening tests for HIV antibodies are blood tests and oral mucosal screening tests. When screening tests are positive, indicating the presence of HIV antibodies, a confirmatory test such as the Western Blot is used to verify the result. Frequently, people refer to these HIV antibody tests as "HIV tests."

HIV infection—refers to every stage of infection and illness, from initial infection to the advanced stage described as AIDS. A person can live with HIV infection for many years without knowing he or she is infected and without experiencing symptoms. This tool kit uses the term HIV/AIDS as a synonym for HIV infection.

HIV status—status is a reference to the condition of being HIV-positive or HIV-negative.

IDU—injection drug use. This term is used by the CDC to describe one of the exposure categories for HIV transmission.

Incubation period—is the time between exposure to HIV and the appearance of symptoms. It may take 8-11 years from the time a person is infected to the time when the individual experiences symptoms of the disease.

MSM—men who have sex with men. This term is used by the CDC to describe one of the exposure categories for HIV transmission.

MSM/IDU—men who have sex with men and also inject drugs. This term is used by the CDC to describe one of the exposure categories for HIV transmission.

Person living with HIV and Person with AIDS—term refers to an individual who is HIV-positive.

Positive test result—with regard to HIV, this term is used to refer to a test result that indicates the presence of HIV antibodies. A person with a positive HIV test result is said to be HIV-positive and is infected with HIV.

Postexposure prophylaxis (PEP)—therapeutic approach to reducing risks associated with occupational exposure to HIV infection.

STD—sexually transmitted disease. This term is being replaced with use of the term sexually transmitted infection, or STI.

STI—sexually transmitted infection. This is viewed as a more comprehensive and accurate term than sexually transmitted disease because not all sexually transmitted infections are diseases.

Symptomatic stage—this is the period of HIV disease progression in which a person with HIV experiences symptoms of the infection and disease, which may include enlarged lymph glands, tiredness, weight loss, and numerous opportunistic infections.

Transmission—HIV can be passed from a person with HIV to another person when infected body fluids (e.g., blood, semen, vaginal fluids and breast milk) enter another person's body. The most common ways in which HIV can be passed from a person with HIV to another person include sharing of contaminated injection equipment, unprotected vaginal, anal or oral sex, and from a mother with HIV to her infant through pregnancy, childbirth or breast feeding.

Window period—this is the time between exposure to HIV and the time at which the person's body has developed sufficient antibodies to be detectable by an HIV antibody test. Generally, the window period is 2-12 weeks.

HIV/AIDS TRANSMISSION

The fields of medicine, science, and public health have contributed to our understanding of HIV/AIDS and its transmission. Scientists know how HIV is transmitted and how it is not transmitted. HIV is not transmitted every time there is an exposure. The factors related to risk of HIV transmission include the presence of infectious material (body fluids that transmit HIV), amount of the infectious material, concentration of the virus in the infectious material, viability of the virus, and the type of contact.

Factor 1: Body fluids that transmit HIV

HIV can be transmitted through the following types of body fluids:

1. blood (and blood-containing tissues)
2. semen and pre-ejaculatory fluid¹
3. vaginal and cervical secretions
4. breast milk
5. other body fluids containing blood

HIV transmission does not occur through tears, saliva, sweat, urine, feces, nasal secretions, or vomit unless blood is present in these materials. Healthcare professionals may be exposed to additional body fluids that may transmit HIV, including cerebrospinal fluid surrounding the brain and the spinal cord, synovial fluid surrounding bone joints, and amniotic fluid surrounding a fetus.

Factor 2: Amount of infectious material

Exposure to larger amounts of the virus increases the likelihood of transmission. Minute quantities of virus particles have been detected in tears and saliva, but HIV transmission does not occur this way.

Factor 3: Concentration of the virus

The concentration of virus in an HIV-positive person affects the risk of HIV transmission. The concentration is highest in the early stages of HIV infection and late in the disease progression when the immune system is weakened. HIV treatment can decrease the viral load or concentration of the virus in the body. HIV transmission can occur even when the viral load is below detectable levels.²

In a person with HIV infection, body fluids can have differing levels of infectivity. For example, blood and fluids contaminated with blood are most infectious. Semen and vaginal secretions are slightly less infectious. Other fluids, including cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid and human breast milk can also transmit HIV.³

Factor 4: Viability of the virus

HIV is a relatively fragile virus and does not remain viable for long periods outside of the human host and/or body fluids. Of particular concern for many is the risk associated with discarded needles because of residual blood and the possibility of a puncture. It is possible for HIV to survive for many days in a syringe but a recent review of modes of HIV transmission reports, “There have been no confirmed reports of HIV acquisition from percutaneous injury by a needle found in the community.”⁴

Factor 5: Type of contact

HIV can be transmitted from a person infected with HIV through:

- Sharing contaminated injection equipment (syringes, needles, cookers, cotton, snorting straws, etc.) for legal and illegal drug use, including use of anabolic steroids, or other skin-piercing instruments (piercing equipment, tattooing equipment, razors).
- Unprotected vaginal, anal or oral sex.
- To an infant through pregnancy, childbirth, or breastfeeding.

HIV transmission has resulted from sexual abuse of children.⁵ Girls and young adolescent women may be particularly susceptible to HIV transmission because of the thin vaginal epithelium and cervical ectopy. The risks associated with HIV transmission increase when sexual abuse is perpetrated over a period of time by a person who is HIV-positive.

HIV is not transmitted by casual contact, including:

- hugging
- shaking hands
- closed mouth kissing (but there is a very small chance of transmission from open-mouthed or “French” kissing with an infected person because of possible blood contact)
- coughing
- sneezing
- eating food prepared by a person living with HIV
- being bit or stung by an insect
- working with, going to school with, or being around someone who has HIV
- using drinking fountains, phones, or toilet seats
- donating blood

Some people continue to question the safety of blood transfusions. A multifaceted approach to blood safety has made the blood supply in the United States among the safest in the world. The process involves donor selection and antibody screening tests. Blood products from individuals reporting high risk are discarded. Blood and blood products that test positive for HIV are also safely discarded. Screening of the blood supply for HIV and heat treatment of factor VIII concentrates has nearly eliminated the risks of HIV transmission from transfusion of blood and blood products.⁶ Despite these precautions, it is estimated that 1/450,000 to 1/660,000 donations per year are infected with HIV and are not detected by antibody screening tests.⁷

Scientists have recently learned more about the connection between STIs and HIV transmission. Existence of a STI increases the risk of HIV transmission by increasing a person’s susceptibility to HIV and increasing the infectiousness of HIV when another STI is also present.⁸ In addition, STI can cause skin irritation, ulcers, or sores that make it easier for HIV to enter the body during sexual contact. Even an STI that does not cause a break in the skin can stimulate an immune response in the genital area that can make HIV transmission more likely. The prevalence of STIs among young people serves as a marker of risk behaviors, including a marker of risk of HIV.

Individuals who work with children are often concerned about the risk of HIV transmission associated with biting. In the absence of blood from both individuals, the risk of HIV transmission from biting is extremely low. HIV transmission has occurred through human bites, but it is extremely rare. A number of factors

contribute to the low risk associated with biting. In most cases, the skin is not punctured by the bite and so there is no portal of entry for infectious blood. In addition, saliva inhibits HIV infectivity. Concentrations of HIV are low in the saliva of persons with HIV, even in the presence of periodontal disease. None of the cases of AIDS reported to the CDC have been attributed to exposure to saliva. There have been rare reports of transmission that has occurred after blood has been in contact with nonintact skin (eczema, abrasions, etc.) but there have not been any reports of HIV transmission resulting from contact with intact skin.⁹

RISK REDUCTION BEHAVIORS

The CDC continues to recommend specific behaviors to reduce one's risk of HIV transmission:¹⁰

- Do not share needles, syringes and other equipment used to inject drugs, steroids, vitamins, or for tattooing or body piercing.
- Abstain from sexual intercourse, or be in a long-term mutually monogamous relationship with a partner who has been tested and is not infected.
- For persons whose sexual behaviors place them at risk for STIs, use of the male latex condom correctly and consistently can reduce the risk of STI transmission.
- Condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STIs. Avoid use of spermicidal detergent nonoxynol-9 (N9), which can increase transmission.¹¹
- Do not share razors or toothbrushes because of the possibility of contact with blood.
- If pregnant, talk to your healthcare provider about being tested for HIV and transmission associated with breastfeeding.
- Follow universal precautions when handling blood or other potentially infectious materials.

Despite precautions, on very rare occasions healthcare professionals may have work place exposure putting them at risk for HIV transmission. The U.S. Public Health Service has recommended the use of antiretroviral drugs as postexposure prophylaxis (PEP) to significantly reduce the risk of HIV infection among healthcare providers following percutaneous (through the skin) exposures. At this time there is not sufficient evidence on the effectiveness of this approach to prevent HIV transmission after non-occupational exposures.¹² An algorithm for decision-making with regard to use of PEP concludes the decision to initiate prophylaxis for adults or children needs to be made in consultation with the patient, the family, and an experienced HIV clinician.¹³

DISEASE PROGRESSION

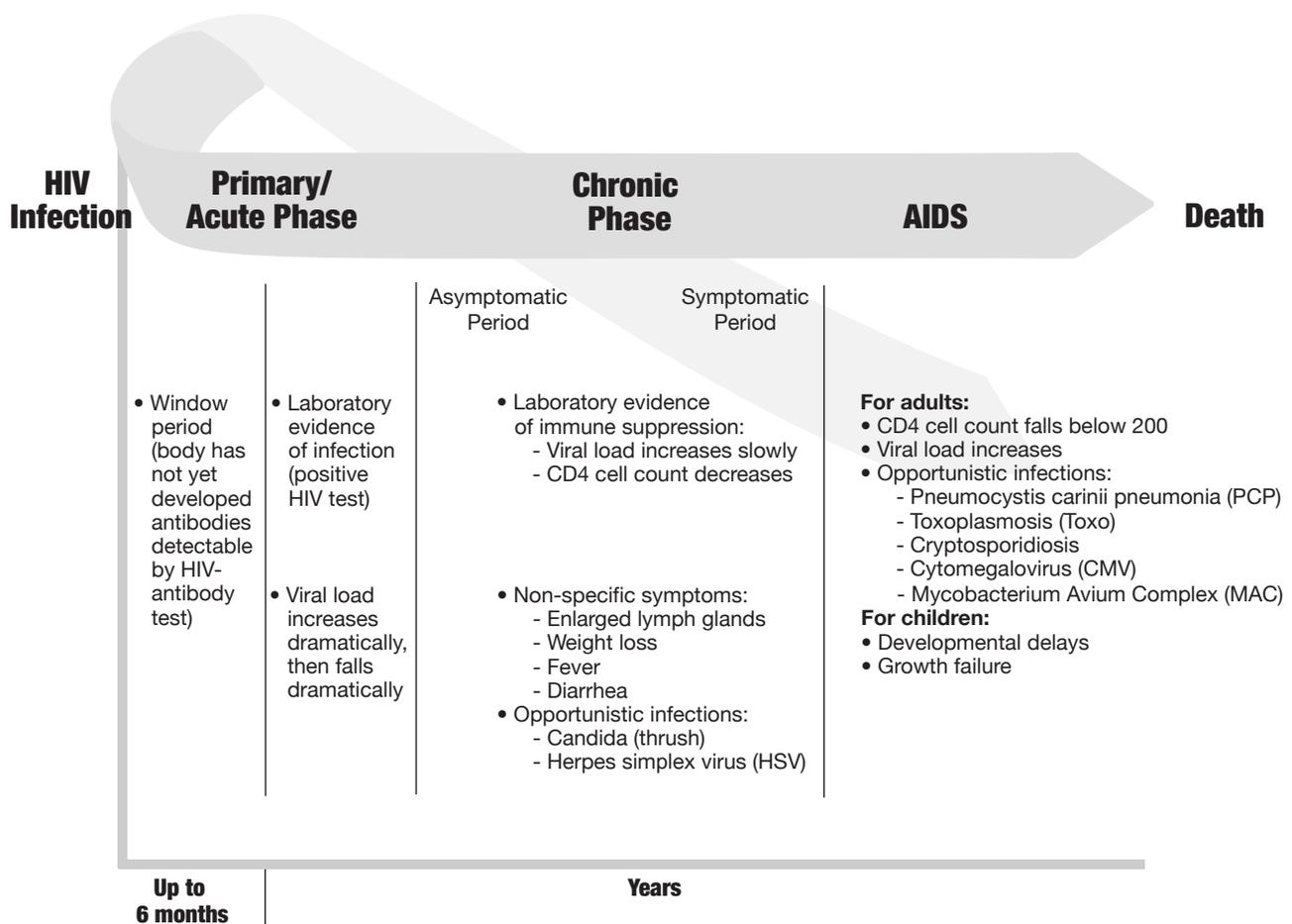
With regard to HIV, disease progression refers to the way in which initial infection with HIV develops in a person's body and eventually results in AIDS and then death. Some individuals who have HIV infection do not have any symptoms for many years. The time between infection with HIV and AIDS diagnosis varies greatly from person to person although an average of 8-11 years is frequently cited. Many factors affect the progression of the disease, including general health status, behaviors, and medical treatment.

HIV transmission does not occur with each exposure to HIV, although HIV transmission can take place at the first exposure. When transmission occurs, HIV enters the body and begins to infect and kill a specific kind of white blood cells, called CD4 cells, or T-helper cells. These are the cells that help the body fight infection and disease. As CD4 cells are killed by HIV, the immune system breaks down, making it harder for the body to fight infections. The CD4 cell count in a person with a healthy immune system ranges from

500 to 1800 for adolescents over age 13 and adults. When the CD4 cell count falls below 200 in a person with HIV infection, the person is said to have AIDS. A physician can also make an AIDS diagnosis when a person with HIV infection has certain opportunistic infections, including tuberculosis, Pneumocystis carinii pneumonia (PCP), Kaposi’s sarcoma, and other diseases, even if the individual’s CD4 count is greater than 200. Unlike adults, a diagnosis of AIDS for children under the age of 13 is not made with a CD4 count but rather is based on symptoms including developmental delays and growth failure. Children with HIV are at risk for PCP, Mycobacterium avium complex (MAC), wasting disease and HIV encephalopathy.

Many factors influence the progression of the disease, including general health, subsequent exposure, time at which antiretroviral treatment is initiated, treatment adherence, and others. Protease inhibitor combination therapies have dramatically improved the health of many people living with HIV, but these medications are not a “cure” and do not eliminate HIV from a person’s body.

The following diagram illustrates the progression of HIV infection.



Adapted from *The Spectrum of HIV Infection*, by P. Havens

HIV TESTING

The only way to know whether a person is infected with HIV is to be tested for HIV antibodies. Wis. Stat. 252.15 requires written informed consent for an HIV test, with few exceptions. Individuals age 14 and over can give consent for an HIV test without parental permission. The tests commonly used to test for HIV in adults and children older than 18-24 months are actually tests to determine the presence of antibodies produced by the body to fight HIV. Infants and children younger than 18 months are tested with a special

**I ran away from home,
dropped out of school,
and didn't even know
that I was living with
HIV at the time.**

—Teen with HIV

test, the HIV DNA PCR. There are three possible test results. A positive result means that a person is infected with HIV, an indeterminate result is neither negative nor positive and the person should be re-tested, and a negative result means that the person is probably not infected with HIV. Most people, but not all, will develop sufficient quantities of antibodies to be detectable by an HIV-antibody test within three months after infection. In rare cases, it may take up to six months or longer for a person's body to develop antibodies. If a person became infected shortly before he or she was tested, he or she would likely receive a negative or indeterminate test result because the test occurred during the window period. For this reason, the

CDC recommends testing at three to six months after the last possible exposure to HIV.

HIV testing is performed at hospitals, STD clinics, local health departments (LHDs), private physicians' offices, and HIV test sites. When individuals access counseling and testing services at a Wisconsin AIDS/HIV Program-funded Counseling, Testing & Referral (CTR) site, a specific counseling and testing protocol is used. This interaction provides an opportunity for clients to discuss risk behaviors, risk reduction strategies, and HIV screening test questions with a counselor. Clients provide written informed consent and a serum (blood) or oral fluid specimen is collected. A return appointment is scheduled for two weeks later at which time the client will receive their HIV antibody test results. Individuals are required to return to receive their test results. Rapid HIV testing is a new option that is available at some sites. This test and associated counseling can be performed during one visit, making it unnecessary for clients to return for a second visit to obtain their test results.

For clients who test HIV positive, the counselor can provide emotional support and provide suggestions, referrals, and resources to help individuals and their families obtain practical information and services. For example, individuals who test positive may be reluctant to inform their sexual partners. The services of public health officials in the Partner Counseling and Referral Services (PCRS) program will maintain the anonymity of the HIV-infected individual while informing sexual and drug-using partners of their risk exposure. Counseling can be very helpful in supporting an individual in changing behaviors to reduce risks of HIV transmission. It is recommended that individuals with HIV seek medical care, even if they don't feel sick, because early medical treatment can help slow progression of the disease. When symptoms of HIV infection are present, early treatment can help relieve HIV-related symptoms. Among pregnant women, treatment is very effective in reducing the likelihood of vertical transmission to the woman's infant. Treatment started in the second trimester and given through delivery and to the infant in the period following birth can reduce the rate of vertical transmission down to 2%.¹⁴

Serum, or blood tests have been the most common HIV antibody test and require a blood draw. Oral fluid testing ("Orasure") now provides an alternative to a blood test. Oral fluid testing involves using a special cotton swab to take a sample of oral mucosal transudate, or fluid, from inside a person's mouth. Both types of specimens are subjected to a screening test called an enzyme immunoassay (EIA). If initially positive

on this screening test, the specimens are reevaluated by repeating the EIA. If this second screening test is reactive, the Western Blot confirmatory test is performed. If this test is reactive, the specimen is considered HIV-positive.

In addition to the testing procedures discussed above, the Food and Drug Administration (FDA) has approved the Home Access Test for anonymous testing in the privacy of one's own home. This test can be purchased from a pharmacy. The procedure involves pricking one's finger with a special device included in the kit, placing a drop of blood on a specially treated card, and then mailing the card according to the directions provided with the kit. Test results are obtained by telephone up to two weeks later.

HIV tests can be performed as confidential tests or as anonymous tests. Anonymous HIV tests are those in which a client does not provide their name. In contrast, a confidential HIV test requires a client to provide their name as they would do for other medical procedures. Procedures are followed to maintain the client's confidentiality. HIV tests performed in a doctor's office are confidential HIV tests. There are multiple sites throughout the state that offer HIV testing, including local health department clinics, community health clinics, STD clinics, family planning clinics, community health centers, and community-based organizations. In addition to confidential HIV testing, some of these sites also provide anonymous tests when requested.

Recommended Resources

For additional information about HIV testing, contact:

Wisconsin AIDS/HIV Program at www.dhfs.state.wi.us/aids-hiv or by phone at 608-267-5287. A listing of HIV testing sites is available by clicking on HIV Counseling, Testing & Referral Program.

Wisconsin HIV/STD/Hepatitis C Information and Referral Center (IRC)

Outside Milwaukee: 800-334-2437

Milwaukee Metro Area: 414-273-2437

Contact the CDC at www.cdc.gov/hiv/dhap.htm for additional information on counseling and testing.

**We educated ourselves
so that we could
educate the schools.**

**—Guardian of middle and high
school youth whose mother
passed away from an AIDS-related
condition**

EPIDEMIOLOGY IN WISCONSIN¹⁵

Wisconsin continues to be considered a low-HIV prevalence state, yet there have been more than 8,000 cases of HIV infection reported in the state since the first cases were reported in 1983. Of these, 91 cases have been among children younger than 13 and 190 have been among adolescents age 13-19.¹⁶ It appears that there has been a leveling off at an unacceptably high number of new infections per year. In 2002, 390 new cases of HIV infection were reported. Since 1993, when there were 370 deaths attributable to HIV infection, there has been a decline in the number of people dying from HIV. As a result of new infections and declining deaths, the number of persons living with HIV has continued to increase. It is estimated there are almost 5,000 individuals in Wisconsin who are living with HIV.

HIV is not distributed evenly throughout the population and its impact has disproportionately affected some populations. The impact of the epidemic can be described in terms of risk exposure groups, age, sex, race/ethnicity, and geography. The CDC and the Wisconsin AIDS/HIV Program use a hierarchical system to categorize risk exposure. These include: MSM, IDU, MSM/IDU, Hemophilia/coagulation disorder, heterosexual contact, receipt of blood, blood components or tissue, mother with/at risk, and risk not identified/other. The largest percentage of reported AIDS cases in Wisconsin has been among men who have sex with men (MSM). Injection drug use (IDU) represents the second most common risk exposure category. Heterosexual contact refers to transmission from a person infected with HIV to a heterosexual sex partner known to be at high risk, including a partner who was a drug injector or a male partner who had sex with other men. As a result of screening of the blood supply in the mid-1980's, there has been a significant decrease in the number of cases of HIV/AIDS among persons with hemophilia or who receive blood or blood products. This mode of transmission represented 1% of the cases of HIV between 2000 and 2002. Similarly, the number of children with perinatally transmitted HIV/AIDS decreased to 8% in 2002.

Age is an important factor in understanding the epidemic, especially in the context of school communities. Nationally, the CDC reports that one in two new cases of HIV infection occurs in people under the age of 25¹⁷. In Wisconsin, persons with HIV infection are categorized as children less than age 15, youth 15-24, and adults 25 or older. The median age at diagnosis of HIV infection in Wisconsin is 33 years, an age which has held consistent since the early years of the epidemic. Although most individuals with HIV were adults when they were first diagnosed (83%), a significant 16% were youth and 1% were children. The number of cases reported among youth has declined since the early 1990's. Between 2000 and 2002, an average of 54 cases of HIV/AIDS among Wisconsin youth were reported each year. Despite the age of diagnosis, the age at which HIV infection was acquired is usually much earlier. With a median age of diagnosis of HIV infection of 33, it is likely that many of these individuals actually acquired HIV in their early twenties. There is also the possibility the behaviors putting them at risk began when they were in their teens.

Although most of the individuals with HIV in Wisconsin have been men, there has been a significant increase in the percentage of cases reported among females. Despite this increase in the percentage, the actual number of new cases among women has been fairly steady in the past few years. The increase in the percentage of cases among females is attributable to a decrease in the number of new cases among males.

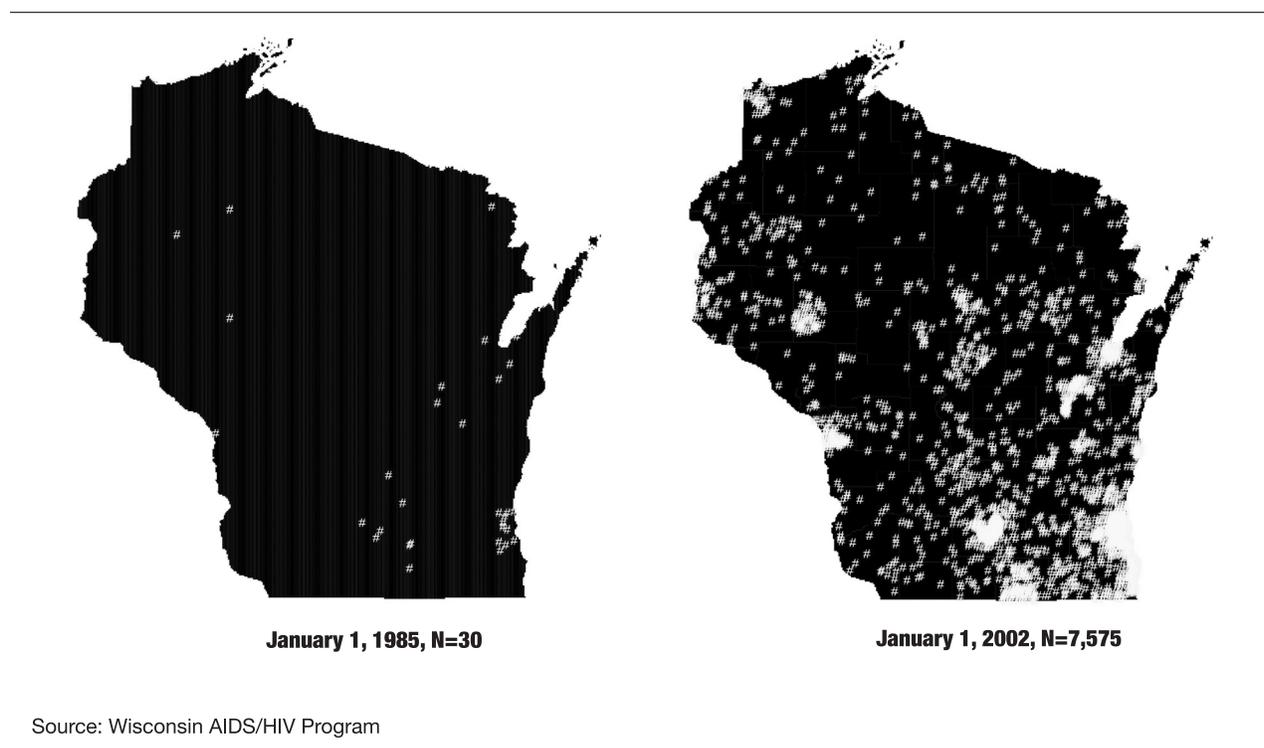
In Wisconsin, there has been a significant increase in the percentage of reported cases of HIV attributed to racial/ethnic minorities, with African-Americans and Hispanics bearing the brunt of this trend. In recent years, 41% of persons reported with HIV were African-American and 12% were Hispanic, although minorities comprise only about 12% of the Wisconsin population. Injection drug use and heterosexual contact account for a more significant percentage of these cases than they do among whites. In contrast, male-male sexual contact accounts for a greater proportion of the cases of HIV infection among whites than among the African-American and Hispanic populations.

With regard to the geographic profile of HIV in Wisconsin, cases have been reported from 71 of Wisconsin's 72 counties. Slightly more than half (54%) of the cases of HIV have been reported from the Milwaukee Metropolitan Statistical Area, including Milwaukee, Ozaukee, Washington and Waukesha counties. The rates of reported HIV infection are higher in metropolitan counties than in non-metropolitan counties, with the rates especially higher in the Milwaukee and Dane County areas.

For additional information about HIV/AIDS surveillance, contact the Wisconsin AIDS/HIV Program at 608-267-5287 or see www.dhfs.state.wi.us/aids-hiv/Resources/Overview/surv-epi.htm.

The following graphics illustrate the increase in the number of cases of HIV infection. For the dot-density map series of PowerPoint slides, please see www.dhfs.state.wi.us/aids-hiv/stats/Dotdensity.ppt.

Cumulative cases of reported HIV infection



PART 3: POLICY GUIDANCE



I want them [school personnel] to tell me that they won't tell anyone else, that the child would be kept safe, and ... that they already use universal precautions.

—Guardian of a high school student with HIV

COMPREHENSIVE SCHOOL HEALTH PROGRAMS

The policy guidance section of the tool kit is organized around the Wisconsin DPI framework for comprehensive school health programs (CSHP), an approach to promote the health, well-being and positive development of students and other members of the school community. The CSHP includes six components which collectively provide multiple strategies and a comprehensive approach to support children and adults.



The six components are related to HIV/AIDS in the following ways:

- **School Environment**—The school environment can be thought of as both a physical setting and an atmosphere that supports learning. Policies and procedures can reduce physical risks in the environment. Policies and procedures can also contribute to an environment in which all students and staff feel welcome, respected, and protected, regardless of their HIV status or perceived HIV status. This tool kit provides policy guidance on:
 - * Infection Control
 - * School Attendance
 - * Privacy and Confidentiality
 - * Antidiscrimination

- **Curriculum, Instruction and Assessment**—The content, or curriculum, provides young people with the knowledge and skills to reduce risks of HIV transmission and to understand HIV/AIDS in a national and international context. The instruction, or pedagogy, including assessment, provides developmentally appropriate and effective teaching strategies. This tool kit provides policy guidance on:
 - * HIV/AIDS Prevention Education
- **Pupil Services**—The Pupil Services providers, including the school nurse, school psychologist, school counselor, and school social worker provide a range of services to address the physical and psychological health service needs of students, including students and families affected by HIV infection. This tool kit provides policy guidance on:
 - * Communicable Disease Reporting
 - * Physical and Psychological Health Services
- **Student Programs**—Student programs can help address students’ physical, emotional, social, and cognitive needs. Extracurricular activities, peer programs, and other student programs provide opportunities for tailored HIV/AIDS prevention education and practices to reduce risks of HIV/AIDS transmission. This tool kit provides policy guidance on:
 - * Athletic Program
- **Adult Programs**—Adult programs, including staff development, employee wellness programs, employee assistance programs, and parent education or support programs provide information and skills for effective interactions with youth. In addition, policies and procedures protect the rights of school districts’ employees with regard to HIV. This tool kit provides policy guidance on:
 - * Equal Employment
 - * Staff Development
- **Family and School Connections**—The school works in partnership with families and community organizations to support the health of young people related to HIV. This tool kit provides policy guidance on:
 - * Policies Dissemination

More information about the Wisconsin DPI CSHP framework is available at www.dpi.state.wi.us/dpi/dlsea/sspw/index.html.

LEGAL REFERENCES

The guidance presented in this tool kit is based on federal and state statutes and administrative rules and regulations most relevant to HIV and school districts. Additional state statutes addressing HIV/AIDS can be found in the DHFS publication *Wisconsin Statutes and Administrative Code Pertaining to AIDS and HIV Infection*. The Wisconsin statutes cited can be obtained electronically at www.legis.state.wi.us/rsb/stats.html. Assistance obtaining updated Wisconsin statutes is also available by calling 608-266-2011. Additional state statutes addressing student health and wellness are listed on the DPI Student Services/Prevention & Wellness website at www.dpi.state.wi.us/dpi/dlsea/sspw/sspwstats.html. Additional DPI administrative rules are available at www.dpi.state.wi.us/dpi/dfm/pb/rulespg.html. Because legislation changes, users of this tool kit are encouraged to consult the referenced statutes. **The School HIV/AIDS Policy Tool Kit is designed as a resource to guide policy and procedure development related to HIV/AIDS and schools but it is not intended as a substitute for legal counsel.**

The following are the key legal references with implications for HIV policies for school districts:

WISCONSIN STATUTES	
Chapter 101: Department of Commerce—Regulation of Industry, Buildings and Safety	
101.055	Public Employee Safety and Health
Chapter 103: Employment Regulations	
103.15	Restrictions on use of a test for HIV
Chapter 111: Fair Employment	
111.31	Nondiscrimination against employees
Chapter 115: State Superintendent; General Classifications and Definitions; Children with Disabilities	
115.35	Health problems education program
Chapter 118: General School Operations	
118.01(2)(d)2	Educational goals; personal development, instruction in physiology and hygiene that includes STDs offered in every high school; parental opt out option
118.019	Human growth and development (HGD) instruction
118.125	Pupil records
118.126	Privileged communication
118.13	Pupil discrimination prohibited

Chapter 146: Miscellaneous Health Provisions	
146.81	Health-care records; definitions
146.82	Confidentiality of patient health-care records
146.83	Access to patient health-care records
146.84	Violations related to patient health-care records
Chapter 252: Communicable Diseases	
252.14	Discrimination related to acquired immunodeficiency syndrome (AIDS)
252.15	Restrictions on use of test for HIV; informed consent
252.21	Communicable disease reporting
ADMINISTRATIVE CODES	
HFS 145	Communicable disease control
PI 9	Pupil nondiscrimination in Wisconsin
FEDERAL STATUTES	
Americans with Disabilities Act of 1990 (ADA)	Disability discrimination prohibited
Section 504, Rehabilitation Act of 1973	Provides services for children with special health-care needs (CSHCN)
CPL 2-2.69 (November 27, 2001)	Revised Bloodborne Pathogens Standard; expands bloodborne pathogens to include any pathogenic microorganism, including hepatitis C virus (HCV) present in blood or other potentially infectious materials (OPIM).
29 CFR Part 1910 (December, 1991)	Occupational safety; Bloodborne Pathogen Standard
Civil Rights Act of 1991	Prohibits discrimination on basis of disability
34 CFR Part 300 Individuals with Disabilities Act of 1997 (IDEA)	Guarantees access to education and related services to assist children with disabilities benefit from special education
34 CFR 99 Family Educational Rights and Privacy Act (FERPA), www.access.gpo.gov/nara/cfr/waisidx_98/34cfr99_98.html	Provides privacy restrictions on student records
PL 104-91 Health Insurance Portability and Accountability Act of 1996 (HIPAA) http://aspe.hhs.gov/admsimp/pl104191.htm Additional information about implementation of HIPAA is available from the DHFS and HIPAA-Collaborative of Wisconsin at www.hipaacow.org/hipaacow/index.htm	Establishes federal privacy standards to protect patients' medical records and other health information.

IMPLEMENTATION

Changes in scientific understanding, programmatic experience, and local needs necessitate a periodic review and refinement of existing policies and practices related to HIV infection. In some cases, new policies will need to be created. In *Someone at School has AIDS*, NASBE recommends that HIV policies be “imbedded into general policies for health, safety, attendance, special education, etc. as those policies are periodically updated.”¹ The publication continues that such an approach “places HIV infection into context with other illnesses, disabilities, and chronic conditions that are much more common.”²

Regardless of whether a school district addresses HIV within the context of a communicable disease policy or as part of policies related to CSHP, specific steps will be required to develop, review, and implement the policies and procedures. The specific ways in which policy development takes place will vary from school district to school district, but the following steps have been found to be a useful policy implementation guide for many districts.³

Step 1: Lay the groundwork.

There are different reasons to begin the policy development process, and committing to policy review or policy development by clarifying the need is an initial first step. A needs assessment can provide support to move forward and provides an opportunity to learn whether it may make more sense to revise an existing policy than to create a new one. The *HIV/AIDS Policies and Procedures Self-Evaluation* provided in the Resource section of this tool kit can be helpful for the needs assessment. The background information gathered and synthesized provides an important foundation to generate ideas to meet the documented needs and begin to draft policy options. This step also involves identifying individuals or groups who are committed to doing the work required for policy development.

Step 2: Build awareness and support.

Policy development is a political process and political judgment is necessary. The process of policy development, revision, or review involves many people, but most important, individuals affected by the policy proposal. This stage is extremely important for at least two reasons. It is critically important to generate understanding and support for the policy goal, and the policy can be strengthened as a result of the refinement that takes place through discussion. Valuable expertise and public support can be provided by individuals and organizations (especially those with HIV/AIDS, medical and legal expertise) invited to assist in development and review of policies. Staff from the local Cooperative Educational Service Agency (CESA) may also provide helpful expertise.

There are occasions when a health advisory committee can be an important complement to the process. An advisory committee can provide a foundation for public support and is generally strengthened when it includes the school nurse, school medical advisor, and individuals with expertise in public health and the law. It is also important the committee include staff, parents, and students. Suggestions for convening a health advisory committee, although not one specifically focused on policy development, are provided in the DPI document, *Starting a School-Community Health and Safety Council*.⁴

Step 3: Draft the policy.

Districts have their own procedures for introducing policies. In some cases, an existing health advisory committee may write and present a policy. In other cases, a specially formed task force may do so. This group may conduct additional research and solicit additional opinions before drafting the policy language. Once drafted, it can be reviewed by various constituencies and at public hearings.

Step 4: Adopt the policy.

A final draft, and supporting information, is then presented to the decision-making body for review according to established procedures.

Step 5: Implement the policy.

After implementation details are developed, steps must be taken to communicate and educate staff, students, families, and other members of the community about the policy. Depending on the nature of the policy and the needs of the community, this process may involve preparation and dissemination of fact sheets, translation of materials into other languages, educational sessions, or media announcements.

It should be kept in mind that budgets are seldom sufficient to implement all elements of best practice procedures throughout a district. Some school districts address budgetary constraints, especially with regard to HIV prevention education, by coordinating with community agencies, including local health departments, AIDS service organizations (ASOs), and community-based organizations (CBOs) conducting HIV/AIDS prevention programs.

Step 6: Evaluate the policy.

Plans should be developed to monitor implementation, including challenges and outcomes associated with the policy. Such information will be helpful when it is time to review the policy and consider updates and changes. In Wisconsin, school boards are responsible for school district policies. In practice, it is likely that school district staff will take the lead in policy development related to HIV/AIDS. The following table suggests individuals who might take the lead in developing, revising and reviewing HIV/AIDS policies or comprehensive HIV/AIDS policy components. The school board will act on, and adopt, school district policies related to HIV/AIDS.

An action planning worksheet is included in the Resource Section of the tool kit to assist in identifying specific activities as part of the policy development process.

Having the school principal on your side is really important—especially when kids in school find out.

—Guardian of middle and high school youth whose mother passed away from an AIDS-related condition

Potential Lead Staff for HIV/AIDS Policy Development

Policy	Super-intendent	Principal	School Nurse	Other Pupil Services Staff	Teachers	Coaches, Trainers	Facilities Manager/ Safety Coordinator
School Environment:							
Infection Control			X				X
Attendance		X	X	X			
Confidentiality and Privacy		X	X	X			
Non-discrimination	X	X					
Curriculum, Instruction & Assessment:							
HIV/AIDS Prevention Education			X		X		
Pupil Services:							
Communicable Disease Reporting			X				
Physical and Psychological Health Services			X	X			
Student Programs:							
Athletic Program		X				X	
Adult Programs:							
Equal Employment	X	X			X		
Staff Development		X	X		X		
Family and Community Connections:							
Policies Dissemination	X	X					

POLICIES AND PROCEDURES GUIDANCE

HIV/AIDS POLICY PREAMBLE

Overview

Some school districts include a preamble to their HIV/AIDS policy (or policies) to acknowledge the role of the school to protect the rights of individual students and staff as well as to protect public health. A preamble can set a reassuring tone by acknowledging the low risk of HIV transmission in schools. The preamble can also reiterate the school district's commitment to address challenges related to HIV/AIDS.

HIV/AIDS Policy Example: Preamble¹

The (District/School) shall strive to protect the safety and health of children and youth in our care, as well as their families, our employees, and the general public. Staff members shall cooperate with public health authorities to promote these goals.

The evidence is overwhelming that the risk of transmitting human immunodeficiency virus (HIV) is extremely low in school settings when current guidelines are followed. The presence of a person living with HIV infection or diagnosed with acquired immunodeficiency syndrome (AIDS) poses no significant risk to others in school, daycare, or school athletic settings.

HEALTHY SCHOOL ENVIRONMENT

A healthy school environment is one that promotes and protects the physical health and safety of students and staff. In addition, a healthy school environment promotes and protects the social and emotional health of students and staff. With regard to HIV, a healthy school environment reduces the risk of HIV transmission, accommodates students and staff affected by HIV/AIDS, and maintains the confidentiality of students and staff living with HIV. It is an environment in which students and staff are not discriminated against because of their HIV status, or perceived HIV status. The WASB encourages a proactive two-pronged approach to reducing risks or controlling the transmission of communicable diseases in the school setting. It suggests implementation of written policies and procedures to protect the health of all students and staff at school or school-sponsored activities as well as policies and procedures to guide actions for the care of students and staff who have, or are suspected of having, a communicable disease. Reporting of communicable diseases (discussed in Pupil Services), implementation of infection control procedures, and decisions about school attendance must all be addressed, either as part of one policy or as separate policies. This section of the tool kit discusses policy and procedures related to the following school environment topics:

- Infection Control
- School Attendance
- Privacy and Confidentiality
- Nondiscrimination

Some school districts develop a policy for each of these topics. Other districts develop a comprehensive HIV/AIDS policy that addresses each of these issues.

INFECTION CONTROL

Overview

School districts must comply with federal and state statutes, as well as state administrative codes and regulations to assure safe and healthful facilities for students and staff. The U.S. Occupational Safety and Health Administration (OSHA) was established to assure a safe and healthy working environment for employees in the private sector. Wis. Stat. 101.055, Public Employee Safety and Health, provides government employees, including public school employees, the rights and protections relating to occupational safety and health equivalent to those granted to employees in the private sector under OSHA. These federal and state statutes cover employees, but do not specifically cover students. OSHA's rules and regulations, Occupational Exposure to Bloodborne Pathogens (Title 29, Part 1910) was published in 1991 and set standards for non-government work places, including private schools. Since 1991, OSHA has continued to publish updated compliance measures consistent with current knowledge.

Central to the practice of infection control is use of universal precautions. The term “universal precautions” was initially defined by the CDC as a set of practices designed to prevent transmission of HIV and other bloodborne pathogens. It was based on the understanding that it is often not possible to know if a person has HIV infection. Therefore, to ensure safety, individuals should avoid contact with others' blood as it may be potentially infectious and capable of transmitting disease. The precaution of HIV infection control applies mainly to blood and other body fluids containing visible blood, semen, and vaginal secretions. However, universal precautions are now applied more broadly to prevent transmission of any body fluid which could transmit other serious communicable diseases.

In addition to work place standards for employees, school policies should address parental or guardian notification when a child is exposed to potentially communicable infection. Infection control procedures should include common sense precautions, foremost of which is the importance of hand washing. This simple procedure involving soap and water has been characterized as “the most significant preventive measure for minimizing transmission of infection in the school setting.”¹

The U.S. PHS has recommended use of postexposure prophylaxis (PEP) antiretroviral drugs to reduce risk of occupational HIV transmission following percutaneous (through the skin) exposures. This therapy involves multiple drugs taken several times a day for at least 30 days and can have severe side effects. At this time, the CDC recommends that such therapy be considered only in individual circumstances when the probability of HIV infection is high, therapy can be initiated promptly after exposure, and adherence to the treatment regimen is likely.²

**Just because I disclosed to you about
my child, don't just use it [universal
precautions] for me—use universal
precautions for everyone. I just want to
protect him and all the kids.**

—Guardian of a high school student with HIV

HIV/AIDS Policy Example: Infection Control ³

All employees are required to consistently follow infection control guidelines in all settings and at all times, including playgrounds and school buses. Schools will operate according to the standards promulgated by the U.S. OSHA for the prevention of blood-borne infections. Equipment and supplies needed to apply the infection control guidelines will be maintained and kept reasonably accessible. (Staff position) shall be responsible for implementation of the guidelines, including investigating, correcting and reporting on neglect or violation of the guidelines.

A school staff member is expected to alert the person responsible for health and safety issues if a student's health condition or behavior presents a reasonable risk of transmitting an infection.

If a situation occurs at school in which a person might have been exposed to an infectious agent, such as an instance of blood-to-blood contact, school authorities shall counsel that person (or, if a minor, alert a parent or guardian) to seek appropriate medical evaluation.

Legal References

29 CFR, Part 1910—School boards, as employers, are required by federal regulations related to occupational safety to provide for the protection of employees who may be occupationally exposed to blood or other potentially infectious materials on the job.

CPL 2-2.69 (November 27, 2001)—Newer standards address the exposure control plan, compliance, hepatitis B and C, employee information and training, and record keeping.

Wis. Stat. 101.055—The Wisconsin Department of Commerce (DOC) Safety and Buildings Division is required to adopt and enforce health and safety standards equal to those offered private employees as administered by OSHA.

Best Practice Procedures

- ❑ Develop an explicit exposure control plan for the staff. Although the OSHA standards apply only to staff exposure, schools may choose to develop an exposure control plan that includes students as well as staff. The DPI publication, *Model Bloodborne Pathogens: Exposure Control Plan for Wisconsin Public Schools*, provides explicit guidance for development of the plan and provides specific forms for use by districts. In general, school districts must:⁴
 1. Establish a **written exposure control plan** that **identifies tasks and procedures** where exposure may occur, **positions** that have potential for exposure as a regular part of the job (e.g., school nurse, health room aides, custodians, and trainers), implementation strategy for the plan, and procedure for evaluating exposure incidents.
 2. Make **engineering modifications** and **changes in practices** as necessary (e.g., facilities and procedures for hand washing, use of needle-less devices, disposal of hazardous waste within school buildings and facilities, etc.).
 3. Provide **personal protective equipment (PPE)** to employees with a potential for exposure at no cost to the employee, including the availability of hypoallergenic gloves, glove liners, or powderless gloves to employees with allergies.
 4. Make available **hepatitis B vaccinations** free to employee if there is a possibility of employee exposure. Employees hired after November 1999 must have a hepatitis titer after series.

5. Provide **training** to employees who have a potential for exposure as a regular part of their job. This training must be provided at the time an employee is hired and then **annually** and when working conditions increase potential exposure or when there is a new standard.
 6. Provide **medical follow-up and counseling** for employees after an **exposure incident**.
 7. **Maintain records** on exposure incidents, including a needle-stick log, follow-up, and hepatitis B vaccination status and required training.
- Supplies for reducing the risk of transmission of communicable disease should be available in each building and in first-aid kits. Procedures should identify the location of supplies and this information should be shared with all staff, including substitute and practicum teachers.
 - A mask or shield for cardiopulmonary resuscitation (CPR) should be available in selected locations throughout the school.
 - Hand washing equipment must be reasonably accessible, but every room does not need a sink. Gloves and absorbent materials, such as paper towels, should be available in every classroom. A pair of gloves, preferably non-latex, and folded paper towels can easily be stored in a resealable plastic bag kept in each classroom and carried to the playground.
 - A budget must include funding to provide for necessary supplies and also for the replacement of supplies as necessary for infection control (non-latex gloves, soap, absorbent sweep material for fluid spills, germicidal cleaning agent for soiled carpets, etc.).
 - A child's bloody clothing should be sealed in a plastic bag and sent home.
 - Universal precautions are effective to prevent transmission of bloodborne pathogens and other potentially infectious materials because they are used at all times with all individuals. Procedures must help to develop a norm in which universal precautions are routinely employed by staff and students. Although legislation requires staff to be familiar with and practice universal precautions, best practice procedures support use of universal precautions by students, too. Students should learn infection control guidelines during first aid and health classes. Information about universal precautions and infection control can be regularly reviewed with students as well as staff. Similar information can also be provided as reminders to families through newsletters.
 - Staff and children should learn first-aid procedures using universal precautions, including having students take care of their own minor injuries, creating a barrier with available materials when gloves are not immediately available, etc.
 - Procedures should be in place to notify the parent/guardian if there is a concern that a child might have been exposed to a serious infection at school. For example, if a child was bitten deeply enough to draw blood, and the biter had a bleeding mouth sore, parents of both children should be notified with the suggestion that they obtain a medical evaluation.

Recommended Resource

Wisconsin DPI, *Model Bloodborne Pathogens: Exposure Control Plan for Wisconsin Public Schools*, available at www.dpi.state.wi.us/dpi/dlsea/sspw/bloodborne.html or by calling 608-266-8960.

SCHOOL ATTENDANCE BY STUDENTS LIVING WITH HIV

Overview

A student with HIV infection is legally entitled to attend school and expect equitable treatment. In addition, NASBE suggests that integration of such a child into a school is good for the social growth of all students.⁵ The ADA considers a person disabled when he or she has, or is suspected of having, a physical or mental impairment that substantially limits one or more major life activities. Case law indicates the need for a case-by-case determination of disability for children with HIV.⁶ Federal civil rights laws (Section 504 of the Rehabilitation Act of 1973) and the ADA protect the rights of people with disabilities and prohibit discrimination. Under the federal Civil Rights Act of 1991, which also prohibits discrimination on the basis of a disability, a school could be held liable if school authorities are aware of harassment aimed at a person with HIV infection and do not intervene to stop the harassment. Wis. Stats. 115 and 118.13 also protect the rights of students with disabilities and prohibit discrimination.

The Individuals with Disabilities Education Act (IDEA) is a federal program that governs the education of children ages 3-21 with disabilities. This legislation requires a free appropriate public education (FAPE), including specially designed instruction and related services to meet the individual needs of the child. It outlines procedures to identify, evaluate and place students. The legislation requires schools to prepare an Individualized Education Plan (IEP) annually to set out a plan for special education and related services to meet the child's education goals. A child with HIV may be eligible for special education and related services under IDEA. This is a case-by-case determination made by the IEP team. Even if the student is not eligible for services under IDEA, the student may be eligible for some type of accommodation under Section 504. Under Section 504 and ADA, a student with a disability has the right to remain in the regular educational environment, with accommodations if needed, unless the student cannot be educated in this way. Schools must conduct an individual planning process to determine appropriate accommodations.

Students with HIV infection do not always require special education services or a 504 accommodation plan. *Someone at School has AIDS* clarifies, "A full evaluation under either Section 504 or IDEA is not required if neither school officials nor a student's parents believe the student needs accommodations or services."⁷ The guide continues, "Students should not be referred for special education services simply because of HIV infection." The NASBE also recommends that with regard to attendance, a district policy describe a decision-making process that is based on medical and public health considerations, is timely and fair, relies on expert advice, and allows appeals.

HIV/AIDS Policy Example: School Attendance ⁸

A student with HIV infection has the same right to attend school and receive services as any other student and will be subject to the same rules and policies. HIV infection shall not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity.

School authorities will determine the educational placement of a student known to be infected with HIV on a case-by-case basis by following established policies and procedures for students with chronic health problems or students with disabilities. Decision-makers must consult with the student's physician and parent or guardian, respect the student's and family's privacy rights, and reassess the placement if there is a change in the student's need for accommodations or services.

Legal References

Wis. Stat. 115—Children with disabilities.

Wis. Stat. 118.13—Pupil discrimination prohibited.

Section 504, Rehabilitation Act of 1972—Provides services for children with special health-care needs (CSHCN).

Americans with Disabilities Act of 1990 (ADA)—Prohibits discrimination based on disability.

Civil Rights Act of 1991—Prohibits discrimination based on disability.

Individuals with Disabilities Act (IDEA)—Guarantees access to education and related services to assist children with disabilities benefit from special education.

Best Practice Procedures

- The educational placement of a student with HIV should be determined on a case-by-case basis by following established procedures for students with chronic health problems or students with disabilities. In addition to the student's parent or guardian, decisions may involve consultations with the student's physician/health-care provider. The placement will be reevaluated if there is a change in the student's need for accommodations or services.
- Procedures should be established to determine if and when all families are notified when there is a communicable disease such as chickenpox at school. Such a procedure is preferable to one in which only parents/guardians of children with compromised immune systems are notified, in part because school officials may not be aware of all children for whom exposure to the communicable disease is problematic. A pre-written "contagious illness alert" can be developed and available to send home to all families as needed.⁹

- ❑ Accommodations can be made for students and staff living with HIV/AIDS and decisions about necessary accommodations should involve the student, teachers, parents/guardians, nurse, physician, and other caregivers. Symptoms and the progress of HIV infection differ with each person but accommodations requested by the person with HIV infection might include:
 - Modification of schedules or course loads.
 - Flexibility for administration of medications or basic health-care procedures; increased fluid requirements, and more frequent bathroom privileges.
- ❑ In all situations, schools should remain flexible to accommodate changes, as the situation warrants.
- ❑ Children of parents who are chronically or terminally ill with HIV/AIDS may also need accommodations. In some cases, both parents may be ill. In other cases, a single parent may be ill. In either situation, the parent(s) may not be able to care for children. Frequently, children in families affected by HIV have struggled with multiple episodes of serious illness, poverty, discrimination, and family disruption. In addition to legal supports to ensure medical and educational services for children, the children will need a physically and emotionally supportive and nurturing environment and school may be a very important part of this framework of support. It may be helpful for school staff to build a relationship with the legal guardian appointed by a court to make decisions on the child's behalf, including health care and education. Children in families affected by HIV/AIDS may also require bereavement counseling. Classroom teachers and pupil services staff can provide understanding, compassion and guidance as children experience the grieving process.

I believe that HIV+ kids need to be protected. Their confidentiality is so important.

—mother with HIV, has kids in middle and high school

PRIVACY AND CONFIDENTIALITY

Overview

Federal and state statutes protect the confidentiality of a person’s HIV status and medical records. Violations of privacy laws expose school staff and districts to lawsuits. If school staff learn a student has HIV infection, this information (with rare exceptions) cannot be shared with others either intentionally or unintentionally. Policies and procedures should address both the formal protection of confidentiality as well as procedures to assure that confidentiality is maintained when staff inadvertently become aware of a student’s HIV infection. The same protections are to be afforded to staff. Additionally, school districts are required to maintain the confidentiality of student and staff health-related records in accordance with federal and state laws and regulations.

Neither students nor school district staff are required to reveal their HIV status. In addition to the fact that the law does not require such disclosure, there are many reasons that individuals request, or demand, confidentiality. Foremost among these reasons is a fear of stigma, discrimination, and hostility if others learn an individual is HIV-positive. Others are concerned that knowledge of the status will pose a distraction to learning in the school setting. In some cases, a parent may not want a child to know of his or her HIV infection, or may be waiting for what they believe is a more appropriate time to share this information with a child. For most individuals who have HIV infection, the decision about who and when to disclose should be a thoughtful decision. The State AIDS/HIV Program has services (e.g., HIV PCRS) to assist in informing sexual and drug-using partners about risks for HIV.

Despite the protection of confidentiality, voluntary disclosure to the district superintendent, principal, or school nurse can be beneficial in helping students receive appropriate services. Therefore, schools need policies and procedures describing how medical information of students will be handled.

HIV test results are confidential. With limited exceptions, Wisconsin law (Wis. Stat. 252.15(5)(a)(15)—Restrictions on use of a test for HIV) requires confidentiality of test results unless the individual authorizes disclosure of his or her test results. If a young person age 14 and older consented to testing, the parent or guardian may access the child’s HIV test results only with the child’s consent or a court order. A health-care professional or test site can disclose an HIV test result to the parent or guardian who consented for the testing for a child under the age of 14.¹⁰ Because HIV test results are confidential, schools are not entitled to student or staff HIV test results without the individual’s informed consent for disclosure.

Under Wis. Stat. 146.81(2), “informed consent” means written consent to the disclosure of information from patient health-care records to an individual, agency, or organization that must include specific points of information. The written consent to share patient health-care records must include the:

- Name of the person whose record is being released;
- Type of information to be disclosed;
- Types of health-care providers making the disclosure;
- Purpose of the disclosure;
- Individual, agency, or organization to which disclosure is made;
- Signature of the patient or the person authorized by the patient, and if signed by a person authorized by the patient, the relationship of the person to the patient or the authority of the person;
- Date on which the consent is signed; and
- Time period during which the consent is effective.

Wis. Stat. 252.15 authorizes specified individuals who are significantly exposed to potentially HIV-infected blood to request the individual be tested for HIV and to receive the test results. Among the individuals specified are emergency medical technicians, fire fighters, health-care professionals and correctional officers. At the time of this writing the state legislature is considering a bill to amend Wis. Stat. 252.15 to include employees of a school district, cooperative educational service agency, charter school, private school, the Wisconsin Educational Services Program for the Deaf and Hard of Hearing, the Wisconsin Center for the Blind and Visually Impaired, and social workers who are significantly exposed to an individual with HIV to subject the blood of the individual to whom they are exposed to a test for the presence of HIV.

Student Confidentiality

School districts maintain various types of pupil records. The requirements relating to pupil records are found in both state (Wis. Stats. 118.125 and 146.84; Wis Stat.115) and federal law. Wis. Stat. 118.25 defines pupil physical health records as those that include *basic* health information about a child, including the pupil’s immunization records, an emergency medical card, a log of first aid and medicine administered to the pupil, an athletic permit card, etc. These records do not contain information such as diagnoses, opinions, and judgments made by a health-care provider.¹¹ Patient health-care records within a school are any pupil record that relates to a pupil’s health and that do not fall within the definition of “pupil physical health record.” In general, records that contain diagnoses made by a health-care provider are treated as “patient health-care records.” These records must be treated consistent with Wis. Stat. 118.125—Pupil records, and Wis. Stat. 146.81–146.84. In other words, any pupil record that contains health-care information other than the basic health information found in pupil physical health records must also be treated as a patient health-care record. Any pupil record that contains the results of a test for the presence of HIV must be treated as provided under Wis. Stats. 252.15—Restrictions on use of a test for HIV.

Patient health-care records maintained by the school may be released without informed consent to school district employees or agents if access to the records is necessary to comply with a requirement in federal or state law. The law is silent on who may independently access patient health-care records. Both state and federal laws state that school staff with a legitimate interest or “need to know” may have access to the information on a particular student. Since there are specific sanctions for violations of use and disclosure of patient health-care records, a school district may wish to limit the independent access to staff qualified to interpret the information. School district employees obtaining information from patient health-care records must keep the information confidential and may not disclose identifying information about the child whose patient health-care records are released.¹² Patient health-care records maintained by schools are considered education records and are thus subject to the Family Education Rights and Privacy Act (FERPA) rules, and not the privacy portions of HIPAA. When a school wants or needs health information from outside health-care providers, schools will need to adhere to the disclosure requirements of the outside health-care providers (which are HIPAA-governed) to gain access to the information.

Federal requirements relating to the education records of all pupils are found at 34 CFR Part 99, the regulations implementing FERPA. Federal requirements relating to education records of children with disabilities are found at 34 CFR 300.560-576 of the regulations implementing the Individuals with Disabilities Education Act (IDEA).

Staff Confidentiality

Under the ADA, information obtained from required employee medical examinations must be collected and maintained separate from other personnel records and be treated as a confidential medical record. The WASB reiterates that the ADA authorizes selected individuals access to these records under specific situations, including:

1. Supervisors and managers so that necessary accommodations can be made.
2. First aid and safety personnel, when appropriate, if the employee's disability might require emergency treatment.
3. Governmental officials investigating compliance with the ADA.¹³

The Family Medical Leave Act (FMLA) also contains protections for individual's medical information, including confidentiality precautions (29 CFR Part 825; Wis. Stat. 103, et al.). After meeting threshold requirements, the FMLA enables an eligible employee to take time off from work to deal with a personal serious health condition or a serious health condition of a spouse, son, daughter, or parent. Although the employer has the right to know the health issues, including HIV, that spark the need to utilize the FMLA, all medical records pertaining to the FMLA must be kept in a separate file from the regular personnel records. This requirement is particularly helpful in large employer settings where most supervisors would have access to the confidential medical information if it could be found within the basic personnel file. It should be noted that both the federal government and the state of Wisconsin have FMLA provisions and that while they are similar in purpose, they have very different regulations. (See <http://www.dol.gov/elaws/esa/fmla/faq.asp>; see also <http://www.dol.gov/esa/programs/whd/state/fmla/wi.htm>.)

HIV/AIDS Policy Example: Confidentiality ¹⁴

Pupils or staff members are not required to disclose HIV infection status to anyone in the education system. HIV antibody testing is not required for any purpose.

Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Violation of medical privacy is cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.

No information regarding a person's HIV status will be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with HIV infection (or the parent or guardian of a child under 14). The written consent must specify the name of the recipient of the information and the purpose for disclosure.

All health records, notes, and other documents that reference a person's HIV status will be kept under lock and key. Access to these confidential records is limited to those named in written permission from the person (or parent or guardian) and to emergency medical personnel. Information regarding HIV status will not be added to a student's permanent educational or health record without written consent.

Legal References

The Family Educational Rights and Privacy Act (FERPA), 20 UCS 1232g—This legislation has had a major impact on the ways in which schools handle school records by limiting who can see student records without a parent’s consent and by providing for a parent’s right to see a child’s school records. At age 18, the rights previously available to the child’s parents become available to the young adult. Individually identifiable student records maintained by a school are protected by FERPA, including records related to school nurse services.¹⁵ Under FERPA, information in a student’s educational record, including health records, can be disclosed for reasons of “legitimate educational interest” without consent.¹⁶ Wisconsin’s student records law (118.125) is more restrictive than FERPA when it comes to the disclosure of specific types of student health-related records. FERPA contains protections for employee’s medical information, including confidentiality precautions.

Public Law 104-191, Health Information Portability and Accountability Act of 1996 (HIPAA)

HIPAA was implemented by the federal government to ensure uniform privacy protections of individuals’ health information, including those with HIV. Under HIPAA, health plans, health-care providers, and organizations which receive or transmit individual’s health-care information, are required to follow strict privacy guidelines. Covered entities must first obtain written authorization from an individual before they are allowed to transmit any personal health information. There are, however, exceptions which allow the entities to release personal health information without authorization. For instance, a health plan administrator may be required to report protected health-care information if ordered by a court or for public policy considerations. (See <http://www.dhfs.state.wi.us/HIPAA/> for more information.) A pupil’s patient health-care records maintained by a school are education records and therefore subject to the FERPA rules, and not HIPAA. However, when a school wants health information from outside health-care providers, a school will need to adhere to the disclosure requirements of these providers.¹⁷

Wis. Stat. 146.81-84 —This legislation addresses confidentiality of patient health-care records and disclosure of health-care records. Within schools, health-care providers include nurses licensed under Chapter 441; audiologists, and speech and language clinicians licensed under Chapter 459; psychologists licensed under Chapter 455; and both social workers and counselors licensed under Chapter 457. A school counselor, school social worker, school psychologist, or speech/language clinician holding only DPI certification does not meet the statutory definition of a health-care provider.

According to section 146.82(2), informed consent to disclose information from patient health-care records must include:

- The name of the person whose record is being released;
- The type of information to be disclosed;
- The types of health-care providers making the disclosure;
- The purpose of the disclosure, such as whether the disclosure is for further medical care, for an application for insurance, to obtain payment of an insurance claim, for a disability determination, for a vocational rehabilitation evaluation, for a legal investigation or for other specified purposes;
- The individual, agency, or organization to which disclosure is made;
- The signature of the patient or the person authorized by the patient and, if signed by a person authorized by the patient, the relationship of the person to the patient or the authority of the person;
- The date on which the consent is signed; and
- The time period during which the consent is effective.

Section 146.82(2) allows health-care providers to share information from patient health-care records without informed consent in specific circumstances, including situations in which the person is rendering assistance to the student, the person is being consulted regarding the health of the student, the life or health of the student appears to be in danger and the information contained in the patient health-care records may aid the person in rendering assistance, and the person prepares or stores health records.

Wis. Stat. 252.05(1)—Any person licensed under chapters 441 or 448 must report the suspicion of a communicable disease, including the individual’s name, sex, age, residence, and the disease in question to the local health officer. Reports and records of communicable disease must be treated as patient health-care records and are confidential.

Wis. Stat. 252.15—The State of Wisconsin also tackled HIV confidentiality issues separately from the more general protections of health-care and medical information. Unless an exception under Wis. Stat. 252.15(5) applies, an individual may not disclose another’s HIV test results without specific authorization. (For a complete list of exceptions please see Wis. Stat. 252.15(5)(1)-(20).)

Wis. Stat. 118.125(2m)—Any student records that relate to a student’s physical health and that are not included in the student physical health records definition under state law must be treated as a patient health-care record. Student physical health records include basic health information including immunization records, emergency medical card, log of first aid and medicine administered to the student, and a record concerning the student’s ability to participate in the education program.

Best Practice Procedures

- Staff need to understand the importance of confidentiality with regard to HIV. Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member. Violation of medical privacy is cause for disciplinary action, criminal prosecution, and/or personal liability for a civil suit.
- No information regarding a person’s HIV infection will be divulged to any individual or organization without a court order or the informed, written, signed, and dated consent of the person with HIV infection (or the parent or guardian of a child under 14). The written consent must specify the name of the recipient of the information and the purpose for disclosure.
- All health records, notes, and other documents that reference a person’s HIV infection will be kept under lock and key, and done in such a way that the process itself does not attract attention or raise concerns. Access to these confidential records is limited to those named personnel. Information regarding HIV status will not be added to a student’s permanent educational or health record without written consent.
- If staff inadvertently learn of the HIV infection of a student, it is critical they know they cannot share this private medical information with anyone else without signed consent. School staff expose themselves to criminal penalties and/or civil lawsuits if they violate a person’s privacy.
- This issue may arise if a student reveals his or her HIV infection to a school staff member. In such a case it is appropriate to discuss with the student the potential consequences of further disclosure and the positive benefits of disclosing this information with the school nurse who can help to assure that this individual is connected with additional needed services.

- Mechanisms for administration of medications, including methods to assure confidentiality of HIV infection, should be in place in all schools. Best practices include procedures for disposal of empty medicine containers to assure confidentiality such as returning empty containers to the family or shredding labels that contain student names.
- Procedures should be established to provide guidance on how to have a disclosure meeting, including who should be invited and what should be said.
- In addition to maintaining the confidentiality of students, it is important to remember that districts are also required to maintain the confidentiality of staff. Procedures should be established to keep all medical information and other documentation pertaining to an individual with HIV infection in a locked file so that only individuals for whom written consent has been provided have access to this information.
- With regard to the decision about disclosure, the student and family can consider answers to the question, “What would they (school staff) do differently if they knew?” when deciding about disclosure.
- Reiterate the importance of maintaining confidentiality about a person’s HIV infection at school. First, a person’s confidentiality about their HIV status is protected by law. Unfortunately, disclosure of HIV infection has resulted in discrimination, harassment, and isolation for far too many people. Second, transmission risks are extremely low in school, and compliance with universal precautions reduces such risks even more. Following these procedures with everyone reduces risks of transmission from students and staff whose HIV status is unknown.
- Explain to staff the reasons a person may wish to disclose their HIV infection. There are a number of reasons that students, parents of students, or HIV-infected staff might choose to disclose their HIV infection. It can be difficult to maintain secrecy about an important health condition and once the situation is “out in the open” it may be easier to use one’s energy in other ways. Others may be open about their status because they feel it should be accepted as any other chronic condition would be. For others, the benefits of social support and necessary accommodations outweigh the potential negative consequences of disclosing HIV-positive status.

Recommended Resources

DPI. *Sharing Information Across Systems*. Updated August 2002. This publication addresses the importance of confidentiality and reviews statutory authorization for school officials to disclose student information with other community systems. This publication is updated regularly and is available electronically at www.dpi.state.wi.us/dpi/dlsea/sspw/sharing.html.

DPI. *Student Records and Confidentiality*. November 2003. This document answers many common questions about student records, such as access and disclosure, maintenance, transfer, parents’ and students’ rights, and additional requirements related to special education. It is available at www.dpi.state.wi.us/dpi/dlsea/sspw/tadocs.html or by calling 608-267-9354.

Havens, P. L. et al. *Disclosure of a Child’s HIV Infection to School, Daycare or Early Intervention Program*. These guidelines are available in the Resource section of this tool kit.

NONDISCRIMINATION

Overview

Federal and state laws, as well as administrative regulations, prohibit discrimination on the basis of protected class. Some of these characteristics are particularly relevant in a discussion of HIV/AIDS. In particular, Wisconsin's Pupil Nondiscrimination Law, Wis. Stat. 118.13, provides that no person may be denied admission to any public school or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of their sex; race; religion; national origin; ancestry; creed; pregnancy; marital or parental status; sexual orientation; or physical, mental, emotional or learning disability. Harassment is a form of pupil discrimination and is prohibited by this law. According to this legislation, pupil harassment means any behavior toward a pupil's membership in a protected class which is so severe or pervasive that it substantially interferes with a student's school performance or creates an intimidating, hostile, or offensive school environment. Harassment includes name-calling, making threats, spreading rumors, telling jokes, making fun of someone, gestures, physical intimidation, hitting, touching, pranks or hazing, vandalism or destruction of property. PI 9, Pupil Nondiscrimination, establishes the procedures for compliance with the Pupil Nondiscrimination Law. It defines bias, discrimination, and pupil harassment and provides directives for policies prohibiting discrimination against pupils. The administrative code also establishes a complaint procedure for school districts. All districts are required to develop and adopt policies prohibiting discrimination and procedures that address receiving and resolving complaints of pupil discrimination.

Rehabilitation Act-Section 504—When a school system is the recipient, either directly or indirectly, of federal funds, it must comply with the federal Rehabilitation Act (29 U.S.C. 794). This law prohibits discrimination against disabled individuals in all activities. In section 504 of this act, any individual who has a physical or mental impairment substantially limiting a major life activity, who has a record of impairment, or who is regarded as having such impairment cannot be excluded from participating, be denied the benefits of programs or be discriminated against (29 U.S.C. 794). See <http://ericec.org/faq/sectn504.html>. The ADA's definition of disability was taken almost verbatim from section 504 of the Rehabilitation Act. (See *Bragdon v. Abbott*, 524 U.S. 624 [1998]).

HIV status is a particularly sensitive status because of the potential stigma, rejection, hostility, ridicule, and shaming that has been, and continues to be, associated with HIV. According to *Someone at School has AIDS*, "HIV itself poses less of a threat to the well-being of a school community than such abuse; harassment can ruin an entire school's learning climate."¹⁸ Historically, gay men have been a group disproportionately affected by HIV. For this reason, young gay men and young men perceived to be gay, have been targeted as HIV-positive and the recipients of discrimination and harassment. Because discrimination can be so pervasive, as well as so subtle, a concerted effort of school policies and actions of individual school staff members to interrupt all forms of discrimination is necessary. All school staff have an opportunity and responsibility to teach and model compassion and respect for all members of the school community.

HIV/AIDS Policy Example: Nondiscrimination

This school district is committed to providing learning environments free of discrimination. School staff members will always strive to maintain a respectful school climate and not allow physical or verbal harassment of any individual or group by another individual or group on the basis of a person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability. In addition, this school district is committed to providing learning environments free of discrimination on the basis of HIV infection or perceived HIV infection. To promote a productive learning environment, we must encourage an atmosphere respectful of individual differences so that people can learn in a functional and non-threatening atmosphere.

Legal References

Wis. Stat. 118.13—Prohibits pupil discrimination

PI 9—Administrative code prohibiting pupil discrimination

Rehabilitation Act-Section 504—Federal legislation prohibits discrimination against disabled individuals.

Best Practice Procedures

- Widely publicize the district's antidiscrimination policy and review it with staff and students on a regular basis. Includes ways in which the policy is enforced.
- Provide training so that all school staff have the confidence and skills to interrupt harassment when it occurs—in classrooms, hallways, the playground, and elsewhere.
- Gay Straight Alliances (GSAs) are student clubs that sometimes conduct training for other students and staff on harassment related to sexual orientation.

Recommended Resources

DPI Pupil Nondiscrimination Program provides technical assistance to local school districts and residents related to nondiscrimination and equality of educational opportunity under state and federal laws. The following publications are available from DPI:²

DPI, *Pupil Nondiscrimination* brochure (March 2001)

DPI, *A Guide to Filing Complaints Under the Wisconsin Pupil Nondiscrimination Law*

Filing a Complaint with Office for Civil Rights

DPI, Bulletin No.99.03—*Pupil Nondiscrimination Guidelines: Understanding Pupil Harassment*

Gay, Lesbian, Straight Educator's Network or GLSEN—This organization is committed to assuring that each member of every school community is valued and respected, regardless of sexual orientation or gender identity/expression. The organization works with schools and other community groups to end anti-gay bias in schools. Educational and training resources are available from the national GLSEN, www.glsen.org.

CURRICULUM, INSTRUCTION AND ASSESSMENT

HIV/AIDS Prevention Education

Overview

Each generation of young people needs information and skills to reduce risks and promote health, given the specific conditions and challenges facing that generation. In view of the unacceptably high rates of STIs, unintended pregnancies, and HIV/AIDS, young people today need accurate information, motivation, and skills to avoid sexual transmission of HIV/AIDS. In Wisconsin in 2001, there were 80 births to teens under age 15 and 2,167 to young women 15-17 years old.¹ In addition, young people ages 15-19 have the highest STI rate of any age group. The high rates of STIs, and unintended pregnancies, provide evidence that not all adolescents remain sexually abstinent.

The Wisconsin DPI supports local partnerships of parents, schools, and community organizations to address youth risk behaviors and provide mutually reinforcing prevention and health promotion messages for children and youth. Young people need to hear messages that refraining from sexual intercourse, alcohol and other drugs is the most effective prevention strategy to prevent unintended pregnancies, STIs, and HIV/AIDS. Local partnerships can help create a climate in schools and the community that supports young people who choose to abstain. Similarly, local partnerships can provide education and resources to help young people reduce their risks if and when they do not abstain from sexual intercourse.

Some young people have misconceptions and incorrect information about HIV/AIDS. For example, some incorrectly perceive HIV/AIDS as a less serious disease as a result of advances in HIV treatments. One author concludes with a cautionary mandate that if we do not renew and reinvigorate prevention education we may see a surge in HIV infection rates, especially among teenagers and young adults.² In addition to prevention education that addresses sexual transmission, young people should also be aware that any needle sharing, including injection equipment used to administer anabolic steroids or tattooing, can transmit HIV. HIV prevention education can also address the risks of unsafe sexual practices associated with impaired judgment as a result of use of alcohol, marijuana, cocaine or other drugs.

Wisconsin Statute 118.01 identifies educational goals and expectations of public education and, as part of the goal of personal development, states that each school board shall provide an instructional program designed to give pupils knowledge of the human body and the means to maintain lifelong health. This statute continues that instruction in physiology and hygiene shall include instruction on sexually transmitted diseases and shall be offered in every high school.

Wisconsin Statute 118.019 permits school districts to provide HGD instruction in grades kindergarten to 12 to promote accurate and comprehensive knowledge and responsible decision-making. The statute specifically includes the topics of HIV and AIDS as areas that may be taught in a developmentally appropriate way. The statute requires an opportunity for parents to review the curriculum and to exempt their child from HGD instruction. In addition, school districts that offer HGD must have an advisory committee composed of parents, teachers, school administrators, pupils, health-care professionals, members of the clergy and other residents of the school district to develop and review the curriculum at least every three years.

Wisconsin Statute 115.35 authorizes DPI to establish a critical health problems education program that includes specific topics such as STIs, including AIDS. It gives the DPI authority to establish guidelines to help school districts develop comprehensive health education programs and prohibits the DPI from requiring school boards to use a specific human growth and development curriculum.

Some individuals express concern that teaching young people about sexuality will hasten sexual behavior. There is now significant evidence that educating young people about sexuality does not increase sexual activity, either by hastening the onset of sexual intercourse, increasing the frequency of sexual intercourse, or increasing the number of sexual partners.³ In addition, the evaluation evidence indicates some sexuality education programs delay the initiation of sexual activity and increase the use of condoms or contraceptives. The CDC and DPI recommend that sexuality education and HIV prevention education include content that is medically accurate and updated periodically to reflect scientific developments, is consistent with community standards, and is appropriate for students' developmental levels and cultural backgrounds.

The recent SHEP study of middle and high schools in Wisconsin found that only 75% of all schools with required health education provide comprehensive HIV/AIDS curriculum and instruction. Comprehensive instruction on HIV/AIDS was defined as provision of 21 of the 28 components listed below.⁴

Instruction to develop students' skills:

- Accessing valid health information, products, and services
- Advocating for personal, family, and community health
- Analysis of media messages
- Communication
- Decision-making
- Goal setting
- Conflict resolution
- Resisting peer pressure for unhealthy behaviors
- Stress management

Use of the following teaching methods:

- Group discussions
- Cooperative group activities
- Role play, simulation, or practice
- Language, performing, or visual arts
- Pledges or contracts for behavior change
- Adult guest speakers
- Peer educators
- The Internet
- Computer-assisted instruction

Teaching on the following topics:

- Abstinence as the most effective method to avoid HIV infection
- How HIV is transmitted
- How HIV affects the human body
- How to correctly use a condom
- Condom efficacy, that is, how well condoms work and do not work
- Influence of alcohol and other drugs on HIV-related risk behaviors
- Social or cultural influences on HIV-related risk behaviors

- The number of young people who get HIV
- How to find valid information or services related to HIV or HIV testing
- Compassion for persons living with HIV or AIDS

The 2002 SHEP concludes that there is a need for HIV/AIDS education, including implementation of effective research-based HIV prevention programs to prevent HIV transmission among Wisconsin youth.

School districts are encouraged to structure their HGD and HIV/AIDS prevention curricula based on *Wisconsin's Model Academic Standards for Health Education*. As explained in the publication, "Academic standards specify what students should know and be able to do, what they might be asked to do to give evidence of learning, and how well they must perform."⁵ The health education standards can help improve student learning by providing a foundation and framework for curriculum development, classroom instruction, and assessment of student performance. School health education curriculum and instruction based on the academic standards can help provide a foundation for students' academic achievement and health literacy. Health literate individuals are critical thinkers and problem solvers, self-directed learners, effective communicators, and responsible and productive citizens with the knowledge and skills to live healthy and productive lives.

HIV/AIDS Policy Example: HIV/AIDS Prevention Education ⁶

The goals of HIV prevention education are to promote healthful living and discourage the behaviors that can put a young person at risk of acquiring HIV. The educational program will:

- be taught at every level, kindergarten through grade 12;
- be consistent with community standards;
- follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC);
- be appropriate to students' developmental levels, behaviors, and cultural backgrounds;
- build knowledge and skills from year to year;
- stress the benefits of abstinence from sexual activity, alcohol, and other drug use;
- include accurate information on reducing risk of HIV infection;
- address students' own concerns;
- include means for evaluation;
- be an integral part of a comprehensive school health program (CSHP);
- be taught by well-prepared instructors with adequate support; and
- involve parents and families as partners in education.

Parents and guardians shall have convenient opportunities to preview all HIV prevention curricula. If a parent or guardian submits a written request to a principal that a child not receive instruction in specific HIV prevention topics at school, the child shall be excused without penalty or stigma.

The education system will endeavor to cooperate with HIV prevention efforts in the community that address out-of-school youth and youth in situations that put them at high risk of acquiring HIV.

Legal References

Wis. Stat. 115.35—Authorizes DPI to establish a critical health problems education program that includes specific topics such as STDs, including AIDS. It gives the DPI authority to establish guidelines to help school districts develop comprehensive health education programs and prohibits the DPI from requiring school boards to use a specific HGD curriculum.

Wis. Stat. 118.01(2)(d)2c—Instruction in physiology and hygiene shall include instruction on STDs and shall be offered in every high school. No student may be required to take instruction in physiology and hygiene, sanitation, the effects of controlled substances and alcohol upon the human system, symptoms of disease and the proper care of the body if his/her parent files a written objection with the teacher. If a student does not take such instruction as a result of parental objection, the student may not be required to be examined in the subjects and may not be penalized in any way for not taking such instruction. If the subjects receive credit toward graduation, the school board may require the student to complete an alternative assignment that is similar to the subjects in the length of time necessary to complete.

Wis. Stat. 118.019—Human growth and development instruction. Permits school districts to provide HGD.

Best Practice Procedures

- School districts should develop or adopt existing criteria for selection of HGD and HIV/AIDS prevention curricula. The DPI resource, *Human Growth and Development: A resource packet to assist school districts in program development, implementation and assessment*, 3rd edition, provides information on characteristics of effective curriculum and instruction, scope and sequence, connections to academic standards, evaluation, communication and more.⁷
- It is helpful for HGD advisory committee members to receive background information about young people in the state and school district, including trends in sexual risk behaviors such as information included in the Wisconsin Youth Risk Behavior Survey (YRBS). It is also helpful for advisory committee members to adopt curriculum review criteria to guide discussion and decisions about curricula to be used in the district.
- Provide at least two convenient opportunities for parents and guardians to preview all HIV prevention curricula.
- Disseminate criteria to evaluate curricula. The DPI promotes *The Power of Teaching* as a set of criteria to use in assessing prevention curricula. These include characteristics related to the content of prevention education, as well as characteristics of effective instruction. There are many similarities between these criteria and evidence-based characteristics of effective curricula that have been shown to change attitudes and behaviors of young people.⁸ Important characteristics include provision of accurate information, use of active learning methods, including small-group discussions, examination of media and social influences and emphasis on skill modeling and practice (especially decision-making and refusal skills), and attention to the issue of self-esteem.
- HIV prevention education can be integrated into a variety of subject areas. If coordinated, such an approach can reinforce messages students learn in other grades and/or other subjects.
- An outline of topics taught at each grade level is not only useful for curricular planning, but it is also useful to explain scope and sequence to parents. The American Academy of Pediatrics (AAP) recommends the following concepts be taught at the elementary and middle/high school levels:⁹

Elementary school:

- General concepts of health and disease
- Cleanliness
- Role of microorganisms in disease
- Prevention of infection
- Definition of HIV infection and AIDS
- Differences between myths and facts regarding transmission
- Effects of HIV on the immune system
- Identify appropriate resource people for more information

Middle and high school:

- Spectrum and natural history of HIV infection and AIDS
- Effect of HIV on the immune system
- Methods of transmission of HIV
- Modes of transmission
- Testing
- Prevention and treatment of HIV infection/AIDS
- Relationship of substance abuse and HIV transmission
- Social and psychological aspects of HIV infection/AIDS, including legal and discrimination issues
- Right to receive confidential health services if student has STI, including HIV

- Select a curriculum that meets community needs. The choice of curriculum is recommended by the HGD advisory committee in each school district to assure that it meets community standards and needs and is then approved by the school board.

- Provide sufficient training to teachers. HIV prevention education requires adequate staff development. Because children at all ages may ask questions about HIV, teachers at all levels should know how to teach students about HIV prevention in a developmentally appropriate way. The NASBE recommends that health educators, science teachers, physical education teachers, and school nurses receive continuing education on the science of HIV infection and skills to effectively discuss these topics with young people and help them develop knowledge, skills, behaviors and attitudes to promote health and reduce risks of STIs, including HIV.¹⁰ Moreover, more than half of the 59% of the middle/junior high school and high school lead health teachers responding to the most recent Wisconsin SHEP survey reported that they would like to receive staff development on the topic HIV.¹¹

- Encourage teachers to provide effective prevention education. Effective educational programs use methods demonstrated by sound research to be effective, build knowledge and skills from year to year, address students' own concerns, are an integral part of a CSHP, are taught by well-prepared instructors with adequate support, and involve parents and families as partners in education. School staff members may also want to assist parents or guardians who ask for help in discussing HIV infection with their children.

- ❑ Permit parents to “opt out” of HIV prevention education. If a parent or guardian submits a written request to a principal that a child not receive instruction on STIs, including HIV/AIDS, the child shall be excused without penalty.
- ❑ In addition to providing HIV prevention education for young people in school, best practices encourage school districts to collaborate with local agencies to provide effective HIV prevention education for out-of-school youth and youth in situations that put them at high risk of acquiring HIV.

Recommended Resources

Wisconsin DPI (2003). *Youth and HIV/AIDS: Resources for Educators, Policymakers, and Parents*. Madison, WI. This resource provides an annotated list of materials that have been reviewed, and approved for school-age youth in Wisconsin. The document is updated biannually as new materials are made available and reviewed. www.dpi.state.wi.us/dpi/dlsea/sspw/tadocs.html

CDC’s “Guidelines for Effective School Health Education to Prevent the Spread of AIDS” was published in *MMWR* 37(S-2), January 29, 1988, and is available at www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm.

Kirby, D. (May 2001). *Emerging Answers. Research Findings on Programs to Reduce Teen Pregnancy*. (Summary). Washington, D.C.: National Campaign to Prevent Teen Pregnancy. Available at www.teenpregnancy.org/resources/data/pdf/emerswsum.pdf.

Wisconsin DPI (2001). *Tools for Comprehensive School Health Programs: Guest Presenters—Connecting Community Agencies with Schools to Support Instruction in Health and Safety*. Madison, WI. This publication provides suggestions and checklists for planning the content and process of presentations involving community members. It is available at www.dpi.state.wi.us/dpi/dlsea/sspw/pdf/guestpresenters.pdf.

Wisconsin DPI (1997). *Wisconsin’s Model Academic Standards for Health Education*. Madison, WI. Available at www.dpi/state.wi.us/dpi/standards/pdf/health.pdf

Education programs should provide adolescents with the knowledge, attitudes, and skills they need to both refrain from sexual intercourse and to use contraceptives and condoms effectively if they choose to have intercourse.¹²

PUPIL SERVICES

COMMUNICABLE DISEASE REPORTING

Overview

The Wisconsin communicable disease reporting statute (Wis. Stat. 252.21) requires a teacher, school nurse or principal to notify the local health officer if he or she suspects that a communicable disease is present in the school. The Wisconsin administrative code classifies AIDS and HIV infection as a Category III disease and as such it must be reported to the state epidemiologist by individual case report form or by telephone within 72 hours. The report shall include the name and address of the person reporting and of the attending physician, the diagnosed or suspected disease, the name of the ill or affected individual, that person's address and telephone number, age or date of birth, race and ethnicity, sex, county of residence, date of onset of the disease, and name of parent or guardian if a minor. All information provided in the case report is confidential.

HIV/AIDS Policy Example: Communicable Disease Reporting

The (school district) is committed to establishing and maintaining appropriate health standards regarding cases of known or suspected communicable disease, as well as the reporting of disease and disease control.

In an effort to promote the good health of students and staff the school district will provide educational opportunities to students and staff regarding measures that can be taken to reduce the risk of contracting or transmitting communicable disease at school and in school-sponsored activities.

It is the school district's intention to minimize interruptions to learning caused by communicable diseases. Guidelines for inclusion or exclusion from school of students with communicable disease shall consider the educational implications for the student and others with whom he/she comes in contact.

Students and staff may be excluded from school and/or school-related activities if they are suspected or diagnosed as having a communicable disease, as defined by the Wisconsin Division of Public Health Guidelines, that poses a significant health risk to others or that renders them unable to adequately perform their jobs or pursue their studies. Students excluded from school pursuant to this policy may appeal their exclusion in accordance with established procedures.

In recognition that an individual's health status is personal and private, the school district shall handle information regarding students and staff with suspected or confirmed communicable diseases in accordance with state and federal laws and school district procedures regarding confidentiality of student and staff records, while at the same time complying with applicable public health reporting requirements.

Legal References

Wis. Stat. 252.15—Restrictions or use of a test for HIV; disclosure of HIV status remains protected.

Wis. Stat. 252.21(a) Communicable disease reporting—A teacher, school nurse or principal who suspects that communicable disease is present must notify local health officer in accordance with state regulations.

Chapter HFS 145.04(3)(b)—Urgency of reports—HIV infection and AIDS is a Category III disease which must be reported to the state epidemiologist within 72 hours after identification of a case or suspected case.

Chapter HFS 145.04(1)(g)—Reports of communicable diseases—HIV test results must remain confidential as prescribed in Wis. Stat. 252.15.

Best Practice Procedures

- A list of communicable diseases as defined by Wisconsin Department of Health and Family Services (DHFS), including reportable diseases, will be posted in the health station (e.g., nurse’s office) in each school building.
- Contact information for the Wisconsin AIDS/HIV Program epidemiologist (608-266-0998) and the Wisconsin AIDS/HIV Program (608-267-5287) may also be posted.

PHYSICAL AND PSYCHOLOGICAL HEALTH SERVICES

Overview

Pupil services staff, including school nurses, social workers, guidance counselors, and psychologists can provide important support to students affected by HIV. Many children with HIV infection take medication, and for some the medications must be taken during the school day. In some cases strict protocols must be followed with regard to timing, water consumption, etc. Children with HIV infection, as well as those who are not HIV-positive but whose family member has HIV-infection, must deal with extremely significant emotional issues and challenges. Pupil services staff can provide counseling and help students and their families access other appropriate community services. In addition to directly serving students with HIV infection, pupil services staff may provide HIV prevention services to the broader school community. For example, in addition to school-based HIV/AIDS prevention education designed to delay sexual activity among young people, some school systems provide instruction on STIs, condom efficacy, sources of valid information or services related to HIV or HIV testing and related skills.

In general, students do not have privileged communications with school staff. However, Wisconsin law (Wis. Stat. 252.15(5)(a)(15) Restrictions on use of a test for HIV) provides that HIV test results of juveniles 14 years of age and older may not be disclosed to anyone unless the juvenile gives prior written consent, has been adjudicated incompetent, or is unable to communicate due to a medical condition, or an exception in Wis. Stat. 252.15 applies.

According to Wisconsin law, youth age 14 and older may obtain confidential services without parental or guardian consent in limited circumstances. Wisconsin law gives adolescents the right to access confidential family planning services, defined as counseling by trained personnel regarding family planning, distribution of information relating to family planning, and referral to health-care providers/services. In Wisconsin local school boards decide what school health services will be provided, and therefore the specific role and services provided by the school nurse may vary from one district to another. Although Wis. Stat. 48.981 requires school staff to contact the county child protective services (CPS) agency if he/she believes a child is being sexually abused, the statute provides limited exceptions to mandated reporting for school nurses providing health-care services (Wis. Stat. 48.981[2m]). The exception to reporting incidents of sexual contact between individuals in specific situations exists to allow children to obtain confidential health-care services from a health-care provider. The other limited circumstance for which youth have privileged communications is regarding discussions or disclosures with school staff related to alcohol and other drugs.¹

HIV/AIDS Policy Example: Physical and Psychological Health Services ²

Students will have access to voluntary, confidential, age and developmentally appropriate counseling about matters related to HIV infection. School administrators will maintain confidential linkage and referral mechanisms to facilitate voluntary student access to appropriate HIV counseling and testing programs, and to other HIV-related services as needed. Public information about resources in the community will be kept available for voluntary student use. Services, including dispensing of medication, will maintain student confidentiality.

Legal References

Wis. Stat. 252.15—Restrictions on use of a test for HIV.

Wis. Stat. 253.07—Family planning. This statute addresses family planning services provided through the DHFS. Privileged communication about family planning with the school nurse is treated as a confidential medical record.

Wis. Stat. 48.981—Child abuse and neglect reporting, including suspected sexual abuse.

Best Practice Procedures

- Like educators, pupil services staff benefit from continuing education that meets their needs. The Committee on Pediatric AIDS of the AAP recommends that pupil services staff receive continuing education about STIs, including HIV, and also on ethics, HIV testing, and HIV counseling.³ Pupil services staff need time and support to become familiar with community services and local resources to be able to direct students to HIV counseling and testing, as well as other resources that can help students living with HIV or students in families affected by HIV.
- Procedures should be established to communicate, and provide support, if a student, students' family member, or staff member dies from any cause, including HIV/AIDS. It is recommended that basic information be disseminated as soon as possible. It is best to inform students in small groups and to have students be told the news by someone they know, rather than be told over the public address system. Without violating the individual's privacy, or the privacy of the family, report the death and answer questions. It is important to provide students an opportunity to express their grief. It is helpful for the school to send a letter home with information about normal responses to such a loss, and indications of responses that may require intervention. A return to normal school routine provides security and stability.

Recommended Resources

Wisconsin DPI. *Confidential Services Available to Youth in Wisconsin*. September 2002. www.dpi.state.wi.us/dpi/dlsea/sspw/confid.html.

Wisconsin DPI. *Reporting Requirements for Sexually Active Adolescents*. www.dpi.state.wi.us/dpi/dlsea/sspw/rrfsaa.html.

STUDENT PROGRAMS

ATHLETICS

Overview

Many people worry about the risk of transmission of disease during sports because of the frequency that cuts, abrasions, and nosebleeds occur. Wrestling, because of the body contact involved, provides additional concerns about transmission of communicable diseases. The AAP reports that exposure to blood during an athletic activity (via skin or mucous membrane exposure to blood) poses a very small risk of infection. In a 1999 policy statement, the AAP Committee on Sports Medicine and Fitness reported, “Transmission of HIV in sports has not been documented. One unsubstantiated report describes possible transmission during a collision between professional soccer players.”¹

For students who have HIV infection, the decision about participating in a sport is up to the individual and his or her family. The NASBE advises, “There is no medical reason to disallow a student or school staff member from participating in recess, physical education, or a school athletic program if he or she wishes and is able to do so.”² Civil rights laws protect individuals so a person can participate if the person is “otherwise qualified.” Athletes with HIV infection should be told they have a very small risk of infecting other competitors, and this risk, though small, is greatest in wrestling.

HIV/AIDS Policy Example: Athletic Program³

The privilege of participating in physical education classes, athletic programs, competitive sports, and recess is not conditional on a person’s HIV status. School authorities will make reasonable accommodations to allow students living with HIV infection to participate in school-sponsored physical activities.

All employees must consistently adhere to infection control guidelines in locker rooms and all play and athletic settings. Rule books will reflect these guidelines. First-aid kits must be on hand at every athletic event.

All physical education teachers and athletic program staff will complete an approved first-aid and injury prevention course that includes implementation of infection control guidelines. Student orientation about safety on the playing field will include guidelines for avoiding HIV infection.

Legal References

Wis. Stat. 118.13—Prohibition of discrimination.

Wis. Stat. 252.14—Discrimination related to HIV prohibited.

Best Practice Procedures

- ❑ Athletes and their parents/guardians should be informed that athletes have a very small risk of becoming infected with a blood-borne pathogen and that these risks can be reduced even further by taking certain precautions.⁴ Specifically,
 - Athletes must cover existing cuts, abrasions, wounds, or other areas of broken skin with an occlusive dressing before and during participation. Caregivers should cover their own damaged skin to prevent transmission of infection to or from an injured athlete.
 - Disposable, water-impervious vinyl or latex gloves should be worn to avoid contact with blood or other bodily fluids visibly tinged with blood and any object such as equipment, bandages, or uniforms contaminated with these fluids. Hands should be cleaned with soap and water or an alcohol-based antiseptic hand wash as soon as possible after gloves are removed.
 - Athletes with active bleeding should be removed from competition as soon as possible and until the bleeding has stopped. Wounds should be cleaned with soap and water. Skin antiseptics may be used if soap and water are not available. Wounds must be covered with an occlusive dressing that remains intact during further play before athletes return to competition.
 - Athletes should be advised to report injuries and wounds in a timely fashion before or during competition.
 - Minor cuts or abrasions that are not bleeding do not require interruption of play but can be cleaned and covered during scheduled breaks. During these breaks, if an athlete's equipment or uniform fabric is wet with blood, the equipment should be cleaned and disinfected (see below), or the uniform should be replaced.
 - Equipment and playing areas contaminated with blood must be cleaned until all visible blood is gone and then disinfected with an appropriate germicide such as a freshly-made bleach solution containing one part bleach in ten parts of water. The decontaminated equipment or area should be in contact with the bleach solution for at least 30 seconds. The area may be wiped with a disposable cloth after the minimum contact time or be allowed to air dry.
 - Emergency care must not be delayed because gloves or other protective equipment are not available. If the caregiver does not have the appropriate protective equipment, a towel may be used to cover the wound until an off-the-field location is reached where gloves can be used during more definitive treatment.
 - Breathing (Ambu) bags and oral airways should be available for giving resuscitation. Mouth-to-mouth resuscitation is recommended only if this equipment is not available.
 - Equipment handlers, laundry personnel, and janitorial staff must be trained in proper procedures for handling washable or disposable materials contaminated with blood.

- ❑ Additional infection control procedures have been provided by the Wisconsin Interscholastic Athletic Association (WIAA) and are encouraged for all individuals involved in sports:⁵
 1. All individuals dealing with bleeding situations should wear latex-free gloves at all times when contact with blood may occur.
 2. Do not use a common towel for athletes and/or wiping up floors, mats or equipment. Clean individual towels or Kleenex should be used for each situation. To clean blood off these surfaces, use a disinfectant solution of bleach and water (1/10 mix).
 3. Materials used should be properly disposed of following their use.

4. It is necessary to have someone from the host school to wipe up floors, mats or equipment properly. Officials are not obligated to do this.
 5. All athletes should handle their bleeding conditions as much as possible by themselves.
- Coaches can educate athletes about modes of transmission and ways to reduce risks. In such discussions athletes should be told not to share personal items (razors, toothbrushes, nail clippers) that might transmit HIV. These young people should also receive education about the greater risk of transmission through sexual activity and injection drug use.
 - Time and resources should be allocated so that coaches and athletic trainers can receive training in prevention of transmission of blood-borne pathogens in the athletic setting.

When I go to school I'm not worried about people finding out about my HIV. Some people have overreacted, some have treated me like a weirdo, but overall they treat me like a regular kid.

—Middle school student with HIV

ADULT PROGRAMS

EQUAL EMPLOYMENT

Overview

An employee with HIV infection does not pose a risk of transmitting HIV to others in schools when infection control guidelines are followed. Therefore, there is no need for a school district to restrict a person's work solely on the basis of their HIV status. Federal and state laws and regulations, as well as collective bargaining agreements, protect the rights of employees who are HIV-infected or perceived to be HIV-positive.

The ADA is a federal law that prohibits discrimination by employers and organizations on the basis of disability. Case law has found that adults with HIV, including individuals without symptoms of AIDS, and adults perceived or assumed to have HIV, may be disabled. If an individual is "otherwise qualified" for a position, an employer may not discriminate based on HIV status in job interviewing, hiring, work assignments, wages, life and medical insurance benefits, promotions, suspensions, and termination. ADA requires an employer to allow an employee living with HIV infection to work if this person is able to perform the essential functions of the job with "reasonable accommodation." This includes a staff member living with HIV involved in athletics as long as he or she can continue to fulfill the "essential functions" of the job with "reasonable accommodations."¹ However, the legislation permits suspending or terminating an employee who, even with accommodation, is permanently unable to perform the "essential functions" of his or her job. In addition to the federal protections, the Wisconsin Fair Employment Act protects disabled individuals from discrimination in the work place.²

After meeting threshold requirements, the Family Medical Leave Act (FMLA) enables an eligible employee to take time off from work to deal with a personal serious health condition or a serious health condition of a spouse, son, daughter, or parent. It should be noted that both the federal government and the state of Wisconsin have FMLA provisions and that while they are similar in purpose, they have different regulations.

HIV/AIDS Policy Example: Equal Employment³

The (District/School) does not discriminate on the basis of HIV infection or association with another person with HIV infection. In accordance with the ADA, an employee with HIV infection is welcome to continue working as long as he or she is able to perform the essential functions of the position, with reasonable accommodations if necessary.

Legal References

Section 111.34—Wisconsin Fair Employment Act prohibits discrimination based on disability.

Section 252.14(2)—prohibits discrimination based on HIV status.

Section 103.15—No employer or agent of an employer may directly or indirectly require as a condition of employment or prospective employment a test for HIV or affect the terms, conditions or privileges of employment or terminate the employment of any employee who obtains a test for HIV. Exceptions may be made if the State Epidemiologist and the Secretary of DHFS declare that individuals who have HIV infections may, through employment, provide a significant risk of transmitting HIV to other individuals.

Americans with Disabilities Act of 1990 (ADA)—Prohibits discrimination based on disability.

Section 504 of the Rehabilitation Act of 1973—Prohibits discrimination against disabled individuals.

Family Medical Leave Act of 1993 (FMLA)—Enables eligible employees to take time off from work to deal with serious health conditions.

Best Practice Procedures

- Employees with HIV infection can ask their employer to provide “reasonable accommodation” because of their disability. Reasonable accommodations in the school setting might include periodic rest periods to be made up later, flexibility with regard to occasional absences, modifying or eliminating “marginal aspects of the job (such as hall patrol duty).”⁴ In addition, the ADA and the Wisconsin Family Leave Act may require reassigning an employee to a vacant position for which the person is qualified. Legal advice should be sought when addressing any disability accommodation request or situation.
- Document all actions concerning accommodations. Include date an accommodation was requested, offers made to the employee about the accommodation, and the employee’s responses to the offers.
- An employer cannot require an HIV antibody test, nor ask an employee their HIV status. If, however, an employee discloses his or her HIV-positive status, he or she must not be penalized for it.
- School districts must keep medical records of employees confidential and separate from personnel files.
- Public employees who believe they have been discriminated against may file a complaint in accordance with established discrimination complaint procedures at the local level or with the State of Wisconsin Equal Rights Division or the federal government’s Equal Employment Opportunities Commission.
- If an employee with HIV infection chooses to retire on the basis of disability, the school district can assist in expediting the application process.
- Individuals who are unable to work because of HIV-infection may be eligible for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). District staff may provide such an employee with referrals to an AIDS Service Organization (ASO) to determine if this employee meets the necessary requirements for these benefits and to explore health insurance options.
- It is illegal for an employer to require an employee, or prospective employee, to take an HIV test. Furthermore, an employer cannot ask an employee directly, or indirectly, if he or she is HIV-positive. All individuals involved in the hiring process should be aware of these statutes.
- If an HIV-related medical condition limits an individual’s ability to perform job-related duties, an employer is required to provide reasonable job accommodations unless doing so would cause a serious hardship on the business. Reasonable accommodations can include restructuring the job, changing work schedules, offering part-time work, acquiring remedial equipment, etc. An accommodation is not reasonable if it results in undue hardship to the employer based on type and cost, size and financial resources of the employer, and overall impact of the accommodation on the business operations.

Recommended Resources

HIV and Your Rights is a user-friendly booklet that covers rights of individuals living with HIV; it is available from the AIDS Network in Madison (608-252-6540 or 800-486-6276).

For federal and state Family Medical Leave Act provisions, see <http://www.dol.gov/elaws/esa/fmla/faq.asp>; see also <http://www.dol.gov/esa/programs/whd/state/fmla/wi.htm>.

STAFF DEVELOPMENT

Overview

It is important that all staff understand district policies related to HIV/AIDS prevention in order to support the educational mission of the district and the public health considerations associated with HIV infection. In addition, there is a need for staff development related to specific issues based on staff roles and responsibilities. Most staff will need basic information about HIV/AIDS to answer students' questions. Most staff will need to be familiar with universal precautions procedures. Many staff will need basic information about the rights of individuals with HIV, including privacy protections and ways to avoid potential problems resulting from unintentional violation of laws. Teachers, including elementary teachers, need opportunities to acquire current information and skills to comfortably present developmentally appropriate HIV prevention information to students.⁵ Staff also need skills to assess the quality of school-based curricula and advocate for curricula that have been shown to be effective or appear promising.

HIV/AIDS Policy Example: Staff Development ⁶

All school staff members will participate in a planned HIV education program that conveys factual and current information; provides guidance on infection control procedures; informs about current law and state, district, and school policies concerning HIV; assists staff to maintain productive parent and community relations; and includes annual review sessions. Certain employees will also receive additional specialized training as appropriate to their positions and responsibilities.

Best Practices Procedures

- Staff development about HIV/AIDS can be integrated into existing training opportunities (e.g., first-aid; staff handbooks).
- Staff development needs will vary, based on roles and responsibilities. For example:
 - Teachers providing HIV/AIDS instruction need current information about HIV and skills to teach HIV prevention strategies.
 - Administrators and other teachers need an awareness and knowledge of basic HIV prevention messages.
 - All staff need information and skills to prevent, or stop, biased comments and other forms of harassment that may exist in the school.
 - Coaches and athletic trainers may serve as role models and informal counselors and need information and skills to promote effective HIV/AIDS prevention and risk reduction among students.

- Pupil services staff provide individual counseling and therefore need information and skills to help students personalize HIV risk reduction messages and current information about local resources in order to make appropriate referrals when indicated.
- Districts must commit resources (release time, substitute teachers, stipends, instructional materials) for training.
- Universal precautions procedures for infection control are best taught through demonstration and discussion.

**I don't want my HIV
to affect my kids at
school, so I don't let the
school know. A lot of
them [teachers] don't
understand HIV.**

**—mother with HIV, has kids in
middle and high school**

FAMILY AND COMMUNITY CONNECTIONS

POLICIES DISSEMINATION

Overview

Strong communication between the community and the school is important to provide information, address concerns, and enhance support for school staff committed to working with children from Kindergarten through high school. By developing and regularly updating HIV policies, school districts can position themselves as proactively attending to a public health issue that will likely challenge families and communities for years to come.

HIV/AIDS Policy Example: Policies Dissemination ¹

On an annual basis, school administrators will notify students, their family members, and school personnel about current policies concerning HIV infection, and provide convenient opportunities to discuss them. Information will be provided in major primary languages of students' families.

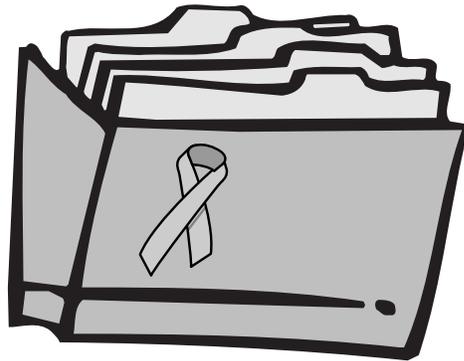
This policy is effective immediately upon adoption. In accordance with the established policy review process, or at least every three years, (staff position) shall report on the accuracy, relevance, and effectiveness of this policy and, when appropriate, provide recommendations for improving and/or updating the policy.

Legal References—None

Best Practices Procedures

- Policies can be disseminated in a variety of ways. They can be distributed in school handbooks, handouts distributed at Back-to-School meetings, and employee information flyers. The policies can also be disseminated through presentations, discussions, and question and answer sessions at parent-teacher organization meetings and staff in-service meetings.
- If necessary, policies should be translated or rewritten in a way that is understandable to parents and guardians.
- Targeted messages may be helpful in disseminating the policies. The NASBE notes that most communities typically focus on the safety of children that do not have HIV infection. Messages can be developed to assure parents/guardians and other community members that policies are in place to protect children, including infection control procedures and the use of effective HIV prevention curriculum and instruction. In addition, messages can be developed to inform the community that policies are in place to protect the rights of all students and staff, including those infected and affected by HIV.
- Presentation of policies can be enhanced by development and use of talking points, brochures and even comments or endorsement by medical and legal professionals.
- Districts can develop a crisis management plan to quickly respond to situations requiring a public response. Such a plan need not be focused on HIV/AIDS, but rather any potentially controversial issue. Such a plan will identify school officials who will respond quickly to provide information to the public, serve as spokespersons, etc.

Part 4: RESOURCES



It's hard [being HIV positive] but it's not as hard as I thought it could be. I thought people could just look at you and tell but they can't, it's just not like that.

—High school student with HIV

HIV/AIDS POLICIES AND PROCEDURES SELF-EVALUATION

This voluntary questionnaire is intended to help you assess school policies, procedures and classroom education related to HIV/AIDS across your school district. It is based on Wisconsin state law (Statutes 118.01(2), 118.019 and 118.13) and recommendations from the Centers for Disease Control and Prevention (CDC) and other national school health policy experts. This is intended as an internal planning guide—the Department of Public Instruction will not collect the results or hold your district accountable for the answers in any way.

The assessment is best done by a group of people who have knowledge of the district's policies, procedures and education programs. If your district has established one, a school health advisory council might be the appropriate body to conduct this self-evaluation.

Part 1: HIV/AIDS School Policies and Procedures Self-Evaluation

Following are a series of questions about provisions that might or might not be currently found in one or more of your district policies and procedures. Assess whether each provision exists and plans for development/revision.

Table 1: HIV/AIDS School Policies and Procedures Self-Evaluation

Do your district's policy and procedures include the following provisions:	Policy exists		Actively developing or revising	Plan to develop/ revise policy	No plans to develop/ revise policy
	Yes	No			
a. enforcement at all times and in all school settings of precautions to prevent contact with blood and other infectious body fluids?					
b. adequate training for school staff on work site safety/universal precautions to prevent contact with blood and other infectious body fluids?					
c. attendance and equal treatment for students with HIV/AIDS?					
d. maintenance of confidentiality of students and staff with HIV infection?					
e. adequate training for school staff on avoiding discrimination and maintaining confidentiality?					
f. prohibitions on discrimination and harassment of any and all students?					
g. consistent enforcement of prohibitions on student discrimination and harassment?					
h. annually providing public notice of pupil nondiscrimination policy?					
i. adequate training for school staff on prevention and intervention for student harassment and bullying?					
j. opportunities for confidential counseling for students with HIV infection?					
k. participation in school-sponsored extracurricular activities, including athletics, by students with HIV infection so long as the students are otherwise qualified?					
l. periodic communication of the policies related to HIV/AIDS to students, staff, and parents?					

Part 2: HIV/AIDS Prevention Education Policies and Procedures Self-Evaluation

At what middle and high school grades are students in your district **required*** to take instruction on HIV/AIDS? *(Circle all that apply)*

None 6 7 8 9 10 11 12
 At least one middle grade At least one high school grade

At what middle and high school grades is instruction on HIV/AIDS **offered** as an elective in your district? *(Circle all that apply)*

None 6 7 8 9 10 11 12
 At least one middle grade At least one high school grade

* State statute 118.01 gives parents the right to opt their child out of any instruction on sexually transmitted diseases, including HIV/AIDS education.

Table 2: HIV/AIDS Prevention Education Policies and Procedures Self-Evaluation

Do your district's policies and procedures include the following provisions:	Policy exists		Actively developing or revising policy	Plan to develop/revise policy	No plans to develop/revise policy
	Yes	No			
a. all students receive instruction on HIV/AIDS, including special education and limited English proficient students?					
b. the plan for instruction is developed cooperatively by families, teachers, school administrators, local health department staff, other community representatives, and the medical community?					
c. the plan for HIV/AIDS instruction is developed using multiple sources of data regarding student knowledge and behavior and meets the prevention needs of all students?					
d. the plan for HIV/AIDS instruction is appropriate to the age and maturity level of the students?					
e. the plan for HIV/AIDS instruction integrates the influence of alcohol and other drugs with HIV-related risk behaviors?					

Do your district's policies and procedures include the following provisions:	Policy exists		Actively developing or revising policy	Plan to develop/revise policy	No plans to develop/revise policy
	Yes	No			
f. the plan for HIV/AIDS instruction integrates STI and pregnancy prevention and teaches human development?					
g. instruction is of sufficient duration for students to acquire the knowledge and skills needed to adopt healthy behaviors?					
h. abstinence from sexual activity is taught as the best way to prevent transmission of HIV and other STIs and to prevent pregnancy?					
i. abstinence from injection drug use is taught as the best way to prevent blood transmission of HIV?					
j. scientifically based risk reduction strategies are taught in preparation for the time when students will become sexually active?					
k. the plan for instruction is evaluated on an ongoing basis and revised periodically to reflect current information on medical science and effective education strategies?					
l. teachers providing sexuality instruction, including HIV/AIDS, periodically attend professional development in the subject?					
m. the unit of instruction outline is distributed to the parents/guardians of each pupil prior to instruction?					
n. parents/guardians are given access, upon request, to all instructional materials?					
o. parents/guardians are notified of their right, upon written request, to opt their child out of instruction?					
p. support is available for those who request assistance on positive parent-child communication and guidance?					

Part 3: HIV/AIDS School Policies and Procedures Implementation

1. At the **district level**, is one person primarily responsible for assuring compliance with the policies and procedures detailed in parts 1 and 2 above?
 - Yes
 - No
 - Not sure

2. At the **school building level**, is one person primarily responsible for assuring compliance with the policies and procedures detailed in parts 1 and 2 above?
 - Yes
 - No
 - Not sure

3. Is training in HIV/AIDS policies and procedures provided for those responsible for compliance at the **school building level**?
 - Yes
 - No
 - Not sure

4. Are HIV/AIDS policies and procedures communicated at least annually to all appropriate people (e.g., administrators, staff, students and parents/guardians)?
 - Yes
 - No
 - Not sure

5. Does your district monitor HIV/AIDS policies and procedures compliance at the **school building level**?
 - Yes
 - No
 - Not sure

6. Now that you have completed this self-evaluation instrument, what areas will you target for improvement? What steps will you take in the next four weeks to make improvements? Who will make sure these steps are accomplished?

ACTION PLANNING WORKSHEET

The purpose of the action plan is to help individuals engaged in HIV/AIDS policy development identify specific steps toward implementing a comprehensive HIV/AIDS policy in the school district.

Instructions: In consultation with others in your district working on HIV/AIDS policy development, complete each of the five action planning steps. This will then provide your roadmap to move from Condition A, the current situation, to Condition B, the desired situation.

1. Focus

Write a clear, brief statement articulating your goal for developing and/or revising your HIV/AIDS policy.

Example:

This school district promotes the health of all students and staff by providing a physical and social environment to reduce the risk of HIV transmission and which supports students and staff living with HIV and other chronic conditions.

2. Condition A: What is happening now?

Describe the current situation, including assessment of the following:

- Policy Development Activities—Are policies being revised, being thought about to be revised, actively being revised, etc.?
- Community Climate—Is the community informed about HIV/AIDS? Supportive of policy development related to HIV/AIDS?
- Assessment—Based on the HIV/AIDS Policies and Procedures Self-Evaluation, are there clear areas for improvement? What is your assessment of school building and/or district strengths to address HIV/AIDS policy development?

3. Condition B: Desired results—what results do you want to achieve?

Identify results you want to achieve, written as achievable goals and measurable objectives.

Example:

Goal—Anytown, WI School District will adopt a comprehensive HIV/AIDS policy by September, 2004.

Objective—By November 30, 2003, Anytown, WI School District will complete a district-wide assessment of current HIV/AIDS policies and procedures.

Goal—All school buildings in Anytown, WI School District will be in 100% compliance with the district's HIV/AIDS policy by January, 2005.

Objective—By October 31, 2004, all staff will be provided with an in-service on the district's HIV/AIDS policies and procedures.

4. Action steps to get from A to B

Identify achievable and measurable activities, including ways to engage key people and acquire necessary resources.

Example:

1. Establish an advisory committee to review and develop the HIV/AIDS policies and procedures.
2. Review DPI's resource, *School HIV/AIDS Policy Tool Kit*

5. Action step details

Identify specific activities related to each action step, including who will be responsible for completion of the step by a specific date, resources needed and ways to acquire them, and progress indicators to assess accomplishment of the step.

Example:

To establish an advisory committee to review and develop the HIV/AIDS policies and procedures.

Specific activity: Invite selected individuals to participate and convene committee.

By whom: School health coordinator within two weeks

Resources: Principal's support for committee to meet during scheduled in-service days next semester.

Progress: Roster of committee members and meeting notes.

ACTION PLAN: ELEMENTS OF CHANGE
A-----B

1.
Focus: Clear statement of goal

<p>2. Condition A: What is happening now</p>	<p>4. Action steps: To get from A to B</p> <p>List activities, including key people to involve, and needed resources</p>	<p>3. Condition B: Desired results</p>
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Adopted from W.A. Lofquist, *The Technology of Prevention Workbook*.

5. Action step details			
Specific activity	By whom? By when?	Resources (needed/available)	Progress indicator

STAFF IN-SERVICE PLANNER

The chart on the next page can be used to identify professional development training needs for the school board and members of the school staff. An example of the training needs of one district is shown below and a template is provided on the next page.

SCHOOL DISTRICT: Anytown				
TOPICS	School board members	Principal	School nurses and other pupil services staff, including aides	Teachers and others providing HIV/AIDS/STD prevention education
Current, accurate and scientific information on HIV/STIs		x	x	x
Infection control and universal precautions			x	x
District policies and legal considerations (especially privacy protections)		x	x	x
Effective HIV education			x	x
Dealing with controversy, including working with the media	x	x	x	x
Related topics (gay, lesbian and bisexual youth; substance abuse; etc.)			x	x
HIV counseling and testing			x	
Grief counseling			x	
Employment policies	x	x		x

Disclosure of a Child's HIV Infection to School, Daycare or Early Intervention Program

Havens P.L., Waters D.A., Cuene B.E., McIntosh K., Yogev R. (January 31, 2001)

In Wisconsin, children and families may choose to inform school, daycare or early intervention programs about their child's HIV infection. Disclosure is not mandatory. The decision to inform school personnel is best made in collaboration with the child (depending on his/her age), the family, the primary care providers, and members of the HIV care team. After the decision is made to disclose the information, a group meeting should be held with members of the family, the health-care team, and school officials. The following issues could be discussed at such a meeting:

Meeting participants are introduced. Thank school personnel for holding the meeting. A clear statement for the meeting is given, e.g., "We are here to discuss Susie's medical condition and its impact on her educational needs and school participation, now and in the future."

Emphasize the strict confidentiality of the information about to be discussed. Remind meeting participants that Wisconsin State law protects the child's confidentiality, and that there are civil and criminal penalties for negligent and intentional disclosure of HIV test results.

Remind participants the meeting is taking place by permission of the child's parent/legal guardian. Informing others can only be done by permission of the child's parent/legal guardian. To safeguard the child's confidentiality, it is best to tell only those people who have the need to know. School personnel who may truly need to know the child's situation include the school principal, vice-principal, school nurse, the child's teacher, school social worker, and school psychologist. As few people as possible should be informed.

Reveal that the child is infected with HIV. Review the spectrum of HIV infection from exposure, asymptomatic and symptomatic periods, AIDS, and death. Discuss the child's current condition and medications.

Discuss the risk to the patient of acquiring a contagious disease from other children and school personnel (chicken pox, measles). Emphasize the importance of contacting the primary care provider if the child is exposed to someone with a communicable illness.

Discuss the risk of transmission of HIV to other children and to school personnel. Emphasize there are to date no documented cases of HIV transmission in the school setting. Review fears and myths about HIV transmission. Discuss transmission risk from biting (extremely small to non-existent). Discuss universal precautions and the handling of blood spills from nose bleeds, cuts, and other injuries from all students.

Discuss the likelihood that there are other children in the school system with HIV infection who may not know of their infection or may have chosen not to disclose the information.

Remind the participants that a family living with HIV risks social discrimination, rejection, and isolation because of their infection. Discuss the complex issues that a family living with HIV faces because the infection may affect multiple family members with illness, disability and death. Discuss the effects that physical illness and psychosocial stress may have on the child's academic performance and behavior.

Consider preparations necessary to manage an inadvertent disclosure of the child's HIV infection. Should that occur, school officials may need to organize and run meetings for parents of children in the child's classroom and possibly parents of children in the entire school.

Make sure that the child can receive medication scheduled for school hours.

Discuss transportation and school busing issues. Are bus drivers trained in universal precautions?

Assure your availability to participate in further education of school staff and consultation with the school teacher and nurse when needed.

Abridged Guide to Disclosure of a Child's, Youth's, or Parent's HIV Infection

Melissa A. Piper

This is intended as a quick outline of topics to cover during a disclosure meeting.

- Clearly identify purpose of meeting.
 - Remind everyone that the meeting is taking place by permission of the child/youth's parents/legal guardian
- Disclose that the child, youth, or parent has HIV infection.
- Address confidentiality.
 - Wisconsin State laws
 - Remind everyone that further disclosure can only be initiated by the parent/guardian or youth
- Discuss child/youth's (or parent's) current medical condition, addressing:
 - Spectrum of HIV infection
 - Child/youth's current medical condition
 - Child/youth's current medications
 - By whom, when, and where medications should be administered, if necessary
 - Side effects of medications and how the school can assist
 - Likelihood of school absenteeism
- Discuss risks of a child contracting communicable diseases from others in the school environment.
- Discuss transmission risks of HIV in the school setting and universal precautions, including:
 - Concerns about biting, physical violence, etc.
 - Participation in athletics (no student can be denied access)
 - Reminder that there may be other children, youth, and parents in the school system who either have not disclosed or who are not aware of their HIV status
- Discuss complex issues that many families face because of their HIV infection (i.e., social discrimination, rejection, isolation, psychosocial stress, grief, illness, disability, death). Discuss how these might impact the child's academic performance and behavior.
- Consider action plan for an inadvertent disclosure of a child's or parent's HIV infection.
- Identify additional resources to provide consultation with the school staff.

RESOURCE LIST: ORGANIZATIONS

NATIONAL ORGANIZATIONS

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

The CDC is the lead federal agency for protecting the health and safety of the people of the United States. It includes six centers, including three that have HIV/AIDS-related prevention programs: The National Center for HIV, STD and TB Prevention, the National Center for Infectious Diseases and the National Center for Chronic Disease Prevention and Health Promotion.

The National Center for HIV, STD and TB Prevention (NCHSTP)

Division of HIV/AIDS Prevention (DHAP) • <http://www.cdc.gov/hiv/dhap.htm>

Global AIDS Program • <http://www.cdc.gov/nchstp/od/gap/default.htm>

Division of STD (DSTD) • <http://cdc.gov/nchstp/dstd/dstdp.html>

This center provides national leadership in preventing and controlling HIV, STDs and tuberculosis.

CDC National AIDS Hotline (NAH)

800-342-AIDS or 800-342-2437

TTY: 800-243-7889 • Spanish: 800-344-7432

CDC National STD Hotline

800-227-8922

This Hotline is an activity of the Division of HIV/AIDS Prevention and National Center for HIV, STD, and TB Prevention. It operates toll-free, 24 hours a day, 7 days a week, and receives about 3,000 calls per day. It offers anonymous, confidential HIV/AIDS information and provides referrals to appropriate services throughout the United States. Informational materials from the CDC National Prevention Information Network (NPIN) can also be ordered through the Hotline.

Division of Adolescent and School Health (DASH)

<http://www.cdc.gov/nccdphp/dash/index.htm>

Part of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), this Division supports development and implementation of effective HIV prevention and health education for school-aged youth.

National Institute of Allergy and Infectious Disease (NIAIDS)

<http://www.niaid.nih.gov>

Part of the National Institutes of Health (NIH), this Institute performs the majority of HIV/AIDS research, including new drug therapies, epidemiologic studies, and HIV vaccines.

CDC National Prevention Information Network (NPIN)

800-458-5231 • <http://cdcpin.org>

Contact NPIN for information and resources related to education and prevention, as well as published materials, research findings, and news about trends related to HIV/AIDS, STIs and TB.

Office for Civil Rights, Chicago Office

U.S. Department of Education

111 North Canal Street, Suite 10532, Chicago IL 60606-7204

312-886-8434 • TDD 313-353-2540

WISCONSIN ORGANIZATIONS

Wisconsin AIDS/HIV Program

1 W. Wilson, P.O. Box 2659
Madison, WI 53701-2659
608-267-5287 • <http://www.dhfs.state.wi.us/aids-hiv/index.htm>

The lead program in the state to monitor HIV/AIDS epidemic and prevent transmission.

Wisconsin AIDS Service Organizations (ASOs)

Regional organizations funded by the State AIDS/HIV Program to provide prevention services and care and treatment services for people living with HIV.

Northern Region

AIDS Resource Center of Wisconsin
1105 Grand Avenue, Suite 3
Schofield, WI 54476
715-355-6867 or 1-800-551-3311

Northeastern Region

AIDS Resource Center of Wisconsin
824 S. Broadway
Green Bay, WI 54304
920-437-7400 or 800-675-9400

AIDS Resource Center of Wisconsin
120 N. Morrison Street, Suite 201
Appleton, WI 54911
920-733-2068 or 800-773-2068

Western Region

AIDS Resource Center of Wisconsin
505 Dewey Street South, Suite 107
Eau Claire, WI 54701
715-836-7710 or 800-750-2437

AIDS Resource Center of Wisconsin
Board of Trade Building
1507 Tower Avenue, Suite 230
Superior, WI 54880
715-394-4009 or 877-242-0282 (toll free)

AIDS Resource Center of Wisconsin
Grandview Center
1707 Main Street, Suite 420
La Crosse, WI 54601
608-785-9866 or 800-947-3353

Southern Region

AIDS Network
600 Williamson Street
Madison, WI 53703
608-252-6540 or 800-486-6276

AIDS Network
136 West Grand Avenue, Suite 202
Beloit, WI 53511
608-364-4027 or 800-486-6276

AIDS Network
101 East Milwaukee Street, #96
Janesville, WI 53545
608-756-2550 or 800-486-6276

Southeastern Region

AIDS Resource Center of Wisconsin
820 N. Plankinton Avenue
Milwaukee, WI 53203
414-273-1991 or 800-359-9272

AIDS Resource Center of Wisconsin
1212 57th Street
Kenosha, WI 53140
262-657-6644 or 800-924-6601

Wisconsin Association of School Boards (WASB)

122 W. Washington Avenue, Suite 400
Madison, WI 53703
608-257-2622 or toll-free 877-705-4422
info@wasb.org

This organization provides leadership to Wisconsin school boards by providing information and training on school law, education policy, legislative activity and employee relations.

Wisconsin Department of Public Instruction (DPI)

AIDS/HIV/STD Prevention Program Consultant
125 S. Webster St., P.O. Box 7841
Madison, WI 53707-7841
608-266-7921
800-441-4563 • www.dpi.state.wi.us/dpi/dlsea/ssp/aidshiv.html

Staff provide technical assistance and consultation on school-based HIV/AIDS and STI prevention education programs. Educational resources and training opportunities are available to support curriculum development, classroom instruction, student assessment and policy development related to HIV/AIDS.

Wisconsin HIV/AIDS Prevention Training System

<http://www.wihivpts.wisc.edu>

This is a collaboration between the University of Wisconsin–Madison and the State AIDS/HIV Program to disseminate and coordinate HIV prevention trainings around the state.

Wisconsin HIV Primary Care Support Network, and Perinatal/Pediatric/Youth Case Management Program

414-266-3158

Peter L. Havens, MD, Medical Director and Barbara Cuene, RN, MSN, Program Coordinator

This is a federally funded program to support providers and community agencies throughout Wisconsin who are caring for children, youth and pregnant women with HIV infection. The network provides 24-hour access to an HIV-specialist physician skilled in the care of children, youth and pregnant women; care coordination by nurses and medical social worker with extensive HIV experience; and assistance identifying support services in local communities. Services are free to care providers. For immediate assistance in the care of a patient with HIV, call the Children's Hospital of Wisconsin, page operator at 414-266-2000 and ask for the HIV nurse on call.

Wisconsin HIV/STD/Hepatitis C Information and Referral Center (IRC)

<http://www.irc-wisconsin.org>

1-800-334-2437 (toll-free)

1-414-273-2437 (Milwaukee)

This statewide information and referral resource provides hotline services, web-based public health information and referral services, and training and technical assistance. Its purpose is to provide general information on the prevention, transmission, and treatment of HIV infection, sexually transmitted infections, and hepatitis C infection. Hotline services are available toll-free, 24 hours a day, 7 days a week to provide Wisconsin residents information and referral services on HIV infection, STIs and hepatitis C infection.

Wisconsin Site of Midwest AIDS Training and Education Center (MATEC)

2828 Marshall Court, Suite 100

Madison, WI 53705

608-265-8798

The Wisconsin site of the federally funded center provides AIDS and HIV training to health-care and social service professionals.

Children with Special Healthcare Needs (CSHCN) Centers

Wisconsin First Step Hotline

800-642-7837

<http://www.mch-hotlines.org>

Five regional centers provide free and confidential assistance to parents of children with special healthcare needs. The Wisconsin First Step Hotline is available 24 hours a day, 7 days a week and will provide contact information for the regional centers.

PRINTED MATERIALS (WISCONSIN)

Wisconsin Statutes and Administrative Code Pertaining to AIDS and HIV Infection

Available from Wisconsin AIDS/HIV Program, 608-267-5287.

This document contains Wisconsin statutes, code and related materials pertaining to state law and regulations addressing HIV infection and AIDS. December, 2002.

AIDS/HIV and Youth: Resources for Educators, Policymakers, and Parents

See <http://www.dpi.state.wi.us/dpi/dlsea/sspw/tadocs.html> or request from Student Services/Prevention & Wellness at DPI, 608-266-8960 or e-mail: linda.carey@dpi.state.wi.us

A resource designed to provide information about technical assistance and educational materials that can guide the development, implementation, and evaluation of HIV/AIDS and STI prevention education for school-aged youth in Wisconsin. 2003-04.

Model Bloodborne Pathogens: Exposure Control Plan for Wisconsin Public Schools

See <http://www.dpi.state.wi.us/dpi/dlsea/sspw/tadocs.html> or request from Student Services/Prevention & Wellness at DPI, 608-266-8960 or e-mail: linda.carey@dpi.state.wi.us

Originally published in 1993, this resource has been updated to reflect changes in the Federal Occupational Safety and Health Administration (OSHA) compliance directives as well as additions to the Bloodborne Pathogens Standard originally published in the Federal Register in 1991. This web-based resource is designed to allow school districts the ability to individualize their plan. 2001, 91 pages.

The Power of Teaching: Characteristics of Effective Classroom Instruction on Health and Safety Issues

See <http://www.dpi.state.wi.us/dpi/dlsea/sspw/tadocs.html> or request from Student Services/Prevention & Wellness at DPI, 608-266-8960 or e-mail: linda.carey@dpi.state.wi.us

This publication represents an effort to tap into the rich knowledge and expertise of practitioners along with prevention education research to define a common set of prevention characteristics that cut across a variety of youth risk behavior curricula. This document can assist schools in developing instructional programs and activities that are grounded in research and best practice. 1998, 18 pages.

Wisconsin's Framework for Comprehensive School Health Programs: An Integrated Approach (Hard copy only!)

Request from Student Services/Prevention & Wellness at DPI, 608-266-8960 or e-mail: linda.carey@dpi.state.wi.us

This framework is a multi-strategy approach that addresses the entire range of youth risk behaviors and promotes the health, well-being, and positive development of students and other members of the school-community as an integral part of a school's mission. 1997, 24 pages.

Control of Communicable Diseases in the Schools

WASB publication. *The Focus*, Vol. 17, No. 7, February 2000.

This publication provides a concise summary of state statutes and implications for school districts' communicable disease policies.

ENDNOTES

PART 1: TOOL KIT OVERVIEW

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- ⁴ Unpublished 2003 Youth Risk Behavior data provided by DPI. 2001 YRBS data from DPI. (March 2002). *2001 Wisconsin Youth Risk Behavior Survey*. Prepared by the University of Wisconsin–Madison, Comprehensive Cancer Center. Available at <http://www.dpi.state.wi.us/dpi/dlsea/sspw/yrbsindx.html>.
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- ⁹ DPI (March 2003). *2002 Wisconsin School Health Education Profile Report*. Prepared by University of Wisconsin–Madison Comprehensive Cancer Center for Wisconsin Department of Public Instruction. Available at <http://www.dpi.state.wi.us/dpi/dlsea/sspw/pdf/02shep.pdf>.
- ¹⁰ Bodgen, J.F., Vega-Matas, C.A., and Ashcroft, J. (2001). *Someone at School has AIDS. A Complete Guide to Education Policies Concerning HIV Infection*. Alexandria, VA: National Association of State Boards of Education, p. 1.
- ¹¹ Wisconsin HIV/AIDS Quarterly Surveillance Summary of cases reported through March 31, 2003 in *Wisconsin AIDS/HIV Update*. Spring 2003, p. 42.
- ¹² Ibid, p. 42.
- ¹³ Unpublished 2003 YRBS data provided by DPI. 2001 YRBS data from DPI, 2002.
- ¹⁴ Bodgen et al., *Someone at School has AIDS*, p. 62.
- ¹⁵ Ibid., p. 62.

PART 2: HIV/AIDS PRIMER

- ¹ Calzavara, L., Burchell, A.N., Remis, R.S., et al. (2003). Delayed application of condoms is a risk factor for human immunodeficiency virus infection among homosexual and bisexual men. *American Journal of Epidemiology*. 157; 210-217.
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- ³ Ibid., p. 1476.
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- ⁵ Ibid., p. 1480.
- ⁶ CDC Update. Combating complacency in HIV prevention, June 1998.
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- ⁸ STD Update: Prevention and treatment of sexually transmitted diseases as an HIV prevention strategy, June 1998.
- ⁹ Havens, op cit., p. 1477.
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PART 3: POLICY AND PROCEDURES GUIDANCE

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HEALTHY SCHOOL ENVIRONMENT

Infection Control

- ¹ Hinton, C. *Info Guide #2 – When a Child is Hurt or Ill at School: What Teachers Should Know About Infection Control*, American Association of Colleges for Teacher Education.
- ² CDC (February 4, 2002). Preventive therapy for non-occupational exposures to HIV. Available at www.cdc.gov/hiv/pubs/facts/petfact.htm. *Editor's Note*: Much of the research on PEP has focused on exposure by healthcare providers and we are now seeing the recommendation for PEP extended to other types of possible transmission.
- ³ Policy example based on Bogden, et al., *Someone at School has AIDS*, p. 27.
- ⁴ Summary is based the article “Control of Communicable Diseases in the Schools in Wisconsin” published in the Wisconsin Association of School Boards (WASB) policy newsletter, *The Focus*. February 2000. 17; 7.

School Attendance

- ⁵ Bodgen, et al., *Someone at School has AIDS*, p. 12.
- ⁶ The courts have considered all persons living with HIV, even those who show no symptoms of AIDS, to be disabled under the ADA (Chorowsky & Nass, *HIV and Your Rights: A Legal Guide to Wisconsin*, 1999, p. 25.) However, case law has concluded that although HIV affects the major life activity of reproduction, school-age children are not affected in this way, and therefore are not automatically considered disabled on the basis of living with HIV.
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¹⁵ Correspondence with Linda Caldart-Olson, DPI school nursing consultant.

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