

Guidelines for Schools with Children who have Hepatitis B Virus or HIV Infection

These guidelines were prepared as recommendations for school administrators developing policies and procedures for providing education in a safe manner to children infected with either the hepatitis B virus (HBV) or human immunodeficiency virus (HIV—the virus that causes the acquired immunodeficiency syndrome [AIDS]). They have been reformatted but are otherwise unchanged from the January 1995 revision.

I. BACKGROUND

A. General

HBV and HIV cause serious illnesses, and are spread from one person to another primarily through blood, semen or vaginal fluids. HBV infections are much more common in Oregon school children than HIV infections. The risk of spread of either disease in the school setting is extremely low. Since the basic measures to reduce this low risk even further are similar for the two diseases, the guidelines for both are presented.

B. Hepatitis B

The illness

Some persons infected with HBV develop no illness, but most older children and adults are ill for a few weeks and recover completely. Symptoms include general malaise, abdominal discomfort, nausea and jaundice. Most persons are infectious for a few weeks or months. Occasionally, long-term complications may occur, including liver failure and cancer.

Carriers

About 5% to 10% of adults, and 25 to 95% of infants infected with HBV will continue harbor the virus in their blood for life (carriers). Carriers are infectious to other persons, and may develop serious liver disease.

Transmission

HBV is not spread by ordinary social contact. Transmission occurs only when a body fluid such as blood, semen, vaginal fluids and rarely saliva from an infected person is introduced through broken skin, or onto the mucous membranes of the eye mouth, vagina or rectum. HBV does not penetrate intact skin. Specifically, HBV can be spread from an infected person to an uninfected person by sexual contact, by needle sharing, by contact with infected blood or saliva through a cut in the skin or splash into the mouth or eye, or from an infected woman to her child.

No significant risk of HBV transmission has been documented in the usual school setting. Any risk is limited to persons exposed to infected students who exhibit aggressive behaviors, such as biting, scratching or spitting, and to persons who provide first aid to students with injuries involving blood or other bodily fluids.

Vaccine

An effective vaccine is available to protect against HBV infection. Hepatitis B vaccine is given in three doses over a six month period. It is a safe vaccine: a sore arm occurs frequently at the injection site, but more serious side effects have not been documented. Since 1991, health authorities have recommended that all children be immunized against HBV as part of the usual childhood immunization schedule. Persons who could reasonably anticipate occupational exposures to blood or other bodily fluids, such as those who are designated to provide first aid to injured persons, should receive immunization against HBV in accordance with Occupational Safety and Health Administration Bloodborne Hazard Standard.

C. Human Immunodeficiency Virus (HIV) Infection

HIV infection results in a broad range of clinical illness ranging from no symptoms to the life-threatening condition of AIDS. Most, if not all people infected with HIV will eventually become ill, sometimes months, but usually years after they become infected. HIV infection causes a failure of a person's immune system, and as a result that person is prone to many infections that others would normally fight off.

Carriers

Persons who become infected with HIV continue to carry the virus in their blood and are infectious for the rest of their lives.

Transmission

HIV is not spread from one person to another by casual contact. HIV is more fragile than the HBV. Consequently, the risk of transmission is very low in school situations. HIV can be spread by semen or vaginal fluids during sexual intercourse, and by blood or blood products during transfusion or by sharing injection needles. Children may acquire HIV from their infected mothers before or during birth, or during breast feeding. Transmission may also occur if infected blood is introduced through broken skin or onto the mucous membranes such as in the eyes, mouth. HIV may be present in very low concentrations in the saliva and tears of infected persons, but such fluids, as well as feces and urine, pose little, if any risk.

If any risk of spread in the school setting exists, it is limited to situations where an uninfected person is exposed to blood from an infected person through open skin lesions, mucous membranes or needle sharing.

D. Legal Issues

Among the legal issues to be considered in forming policies for the education of children with HBV or HIV infections are confidentiality, the responsibility of the school district to provide a safe and healthy environment for students and employees, the civil rights aspects of public school attendance, and protection for children with disabilities. All persons diagnosed with hepatitis B are required to be reported to the local health department by their health providers. Special categories of children with HIV infection are reported to the local health department by their health providers. These include: 1) all children <6 years of age; 2) children <21 years of age whose providers have reasonable grounds to believe that they present special risks to other children or to adults in an educational setting (e.g., an ongoing history of biting others); and 3) diagnosed with AIDS. People diagnosed with HIV infection, AIDS and HBV carriers are covered under the Americans With Disabilities Act, and so must receive appropriate accommodations.

E. Confidentiality Issues

School personnel, parents and others involved in the education of children with HBV or HIV infections should be aware of the laws regarding student confidentiality and the potential for social isolation should the child's condition become known to others. Information from student educational records is confidential and cannot be released without written parental consent. Local school board hearings on matters pertaining to or examination of confidential medical records of a student must be held in executive session and the name of the student, the issue, the board members' discussion and their decision cannot be made public. Results of an HIV antibody test and the identity of a person receiving the test are confidential, and may not be released without specific written consent from the child's parent(s) or guardian(s). No person in Oregon may be tested for HIV without his or her informed consent or, in the case of a child, the consent of the child's parent(s) or legal guardian(s).

II. RECOMMENDATIONS

A. General

1. Education

School personnel and the general public should receive intensive education about HBV and HIV infections on a regular basis. This education should emphasize information about how the infections are spread and how they are not spread. It should be done before problems arise in individual schools. The Oregon Health Division, local health departments, Oregon Department of Education, Education Service Districts, and local school districts should cooperate to deliver this education.

2. Training

All school staff members, including teachers, instructional aids, support staff, administrators, custodians, bus drivers, and secretaries, should be fully informed of these recommendations and basic prevention measures including personal hygiene and immunizations as part of annual in-service training. Adopted procedures should be carried out in all school situations.

3. Standard precautions

Because of the risk of blood-borne transmission from infected persons, and because most infected student will not be identifiable, standard precautions should be observed by persons in all situations involving exposure to blood, bodily fluids or excrement. Routine care involving exposure to all children's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the modes of possible disease transmission. In any setting, good handwashing after exposure to blood and body fluids and before caring for another child should be observed, and gloves should be worn. Any open lesions on the caregiver's hands should be covered. These precautions must be used for all children, not just those known or suspected to be infected:

- a. Wear disposable FDA-approved examination gloves when providing first aid for bleeding injuries.
- b. Wash your hands immediately after completing the first aid with soap and running water for at least 30 seconds.
- c. Avoid skin, mouth or eye contact with the blood from an injured child. If such an exposure occurs, wash skin with soap and water, and rinse eyes or mouth thoroughly with water.
- d. Clean up any spilled blood with absorbent material, and clean with soap and water, followed by disinfection for ten minutes: use germicidal products with an EPA number or a freshly made solution of one part bleach to 9 parts water.
- e. Place blood contaminated items such as gloves, bandages, and paper towels should be disposed of properly. Reusable materials may be laundered in the usual way. Any disposable items such as paper towels or gloves that are saturated or dripping with blood or body fluids should be placed in a red plastic bag marked as infectious waste, tied closed, and separated from the general garbage stream. Disposable items such as paper towels that contain blood or body fluids that are not saturated and would not drip into the container can be placed in the general garbage.
- f. Report the first aid situation to your supervisor.

4. Additional precautions

The following additional precautions should be applied in all school settings. These procedures will help prevent transmission of many infections in addition to HIV and HBV. These include:

- a. A sink with soap, hot and cold running water, and disposable towels should be available close to the classroom.
- b. Sharing of personal toilet articles, such as toothbrushes and razors should not be permitted.
- c. Skin lesions that may ooze blood or serum should be kept covered with a dressing.
- d. Exchange of saliva by kissing on the mouth, by sharing items that have been mouthed, and by putting fingers in others' mouths should be discouraged.

- e. Environmental surfaces and toys that may be regularly contaminated by students' saliva or other body fluids should be washed daily with soap and water, or anytime they are soiled. Change tables should be cleaned and disinfected.

5. Confidentiality

Strict confidentiality should be maintained in accordance with state and federal laws and local school district policies. Knowledge of the child's condition should be shared with others only if the school superintendent determines it is necessary to do so after receiving recommendations from the team. Written consent from the parents or guardians of the AIDS diagnosed or HIV-infected child is required before a child is identified by name to team members or to others. Oregon rules guide confidentiality, reporting and informed consent. See also §IE.

B. Hepatitis B—Specific Recommendations

1. Screening for HBV carriers

Hepatitis B is not a school-restrictable disease under OAR 333-19-015. Attempts to specifically identify carrier children are generally discouraged. The exceptions to this are the previously institutionalized individuals who are subject to frequent injuries, who have frequent visible bleeding from the gums, or who have aggressive or self-destructive behaviors (biting, scratching, etc.) that may lead to bleeding injuries. Such an individual should be referred to a health care provider who, with their consent, can determine whether the person is infected with HBV.

2. HBV carriers

If a student is an identified hepatitis B carrier, the local health department should be consulted for individualized special precautions to be incorporated into the educational program for that child. Such precautions may include restricting contacts with other students and assuring that the teaching staff is immunized when appropriate.

3. Immunizing staff

School staff members who provide direct personal care to students who lack control of their bodily secretions or who display behavior such as biting, spitting or scratching should be offered hepatitis B vaccine, and encouraged to consult with their personal physician or health department for information about it.

4. Immunizing parents or residential caretakers

The parents or residential caretakers of students who are likely to have ongoing classroom or household contact with students who lack control of their bodily secretions or who display behavior such as biting, spitting or scratching should be advised of the availability of hepatitis B vaccine and encouraged to consult with their personal physician or health department for information about it.

C. HIV/AIDS—Specific Recommendations

1. General Considerations

Children with HIV infection who are <6 years, or <21 years and whose providers have reasonable grounds to believe that they present special risks to other children or to adults in an educational setting (e.g., an ongoing history of biting others) should be confidentially reported to the local health department by their health provider.

Under Oregon law, health care providers must report to the local health department children with HIV infection who are <6 years, or <21 years and whose providers have reasonable grounds to believe that they present special risks to other children or to adults in an educational setting (e.g., an ongoing history of biting others). When an HIV-infected child is reported, the Health Division or local health department will immediately contact the parent(s) or guardian(s). The parent(s) or guardian(s) will be required to notify the local school district superintendent of their child's infection if they wish the child to continue to attend school.

2. Assessment

The local health officer or the Health Division administrator will issue an order to exclude the child from school, unless the school superintendent has been notified. After notification, with the parent/guardians' permission, the superintendent, in cooperation with the school principal,

the local health department, the school nurse and the child's parents or guardians, will immediately conduct a preliminary assessment as to whether significant risk of transmission exists in the school setting. If there is such risk, the child will be temporarily excluded. Such exclusion should last no longer than five working days. In order to determine whether special measures are necessary for continuing the child's education, the superintendent and local health department should convene a planning team, which should include the child's parent(s) or guardian(s), the child's physician, the school nurse, and representatives of the Health Division, the local health department, the local school district superintendent, and the Department of Education.

Ordinarily the child will be able to remain in school during the assessment. Issues of confidentiality and discrimination must be considered carefully when a team is convened. (See §IIA5.)

3. Appropriate setting

Decisions regarding the type of educational and care setting for children with HIV infection should be based on the behavior, neurological development, and physical condition of the child and the expected type of interaction with others in that setting.

4. Children <6 years of age

Local health department staff should provide education to daycare facility staff where an HIV-infected child is enrolled. Usually, if the facility provides adequate first aid facilities, little restriction of contact with other children will apply.

5. Older Children

Students <21 years of age whose providers have reasonable grounds to believe that they present special risks to other children or to adults in an educational setting (e.g., an ongoing history of biting others)

For some students who lack control of their body secretions or who display behaviors, such as biting, spitting or scratching, and those children who have uncoverable, oozing lesions, a more restricted environment is advisable. Such children infected with HIV should be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

6. Other HIV-infected children

In general, it is expected that other HIV-infected school-aged children will be able to attend school without restriction. Since most cases of HIV infection among children over 5 years of age are not reportable, schools must assume that the identity or HIV status of many HIV-infected children under their jurisdiction will not be known.

7. Re-evaluation

One member of the planning team, preferably the school nurse, should be responsible for re-evaluating the child's need for a restricted environment, and liaison between other team members. Such re-evaluation should occur monthly, upon request by the teacher or principal, or if there is a change in the child's behavior or health.

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