Communicable Disease Regulation

1320-10 | Communicable Disease Regulation

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Under Section 109 of the School Act, School Boards are responsible for protecting students from exposure to a child with a serious communicable disease. The School Board will base its decision upon the advice of the Medical Health Officer and deal with each situation in accordance with the following regulations.

AIDS AND HIV INFECTIONS

INTRODUCTION

Children and adults with a diagnosis of AIDS are those with the most serious form of illness related to HIV infection. There are many more persons who are infected with the virus, perhaps unknowingly, and who have either a mild illness or no signs of infection at all.

The majority of infected children acquire the virus from their infected mothers in the perinatal period. In utero or intrapartum, transmission occurs and at least one case has been reported in which breast milk transmission was the probable mechanism. Sexual transmission is only likely with youth in their later teens and with adults.

The issue of concern is whether the child with HIV infection can transmit the infection to classmates and staff, and under what circumstances transmission is likely to occur.

RISKS ASSOCIATED WITH SCHOOL ATTENDANCE

A. Risks of Infection to Classmates and Staff
In the everyday social contact setting of the school environment, there is no risk of transmission of the virus among children and staff. There is a theoretical potential for transmission when open skin sores or broken mucous membranes come in contact with blood or other body fluids of an infected person. These circumstances are more likely to occur in institutions for very young children who still lack bowel and/or bladder control and are diapered.
Also mentally handicapped children who lack control of their secretions and excretions or who exhibit aggressive behavior, such as biting or striking, pose a higher risk.

B. Risks of the Child's Environment to the Child
The infected child may have immune system damage which renders the youngster more susceptible to infectious diseases such as chicken pox, measles, herpes simplex and cytomegalovirus. The risk to the child is greater in the school or day care setting than in the home. In specific disease contact situations this risk can be reduced by the prompt use of appropriate immunoglobulin.
The diagnosis of AIDS or associated illnesses evokes fear and even panic in most persons in contact with the infected individual. To prevent social isolation and ostracism by classmates and teachers, confidentiality and child's right to privacy must be paramount when the safety of employees and students is not a concern.

C. Risk of Transmission by Infected Adult

Teachers and other staff who have an HIV infection pose no risks to other staff or students since casual social contact does not allow for the exchange of infectious body fluid.

RECOMMENDATIONS

A. School Age Children

1. A student with HIV infection should be allowed to attend school without restriction unless there are significant risks to others from the student's attendance. Restrictions are for specific reason(s) beyond presence of HIV infection.
2. Each student should be assessed on an individual basis by the attending physician and the Medical Officer for the school. The assessment for attendance should be based on the behavior, development and physical condition of the student and the expected type of interaction with the others in that setting. Involvement of the parent is essential to ensure that all facts are taken into account and that everyone understands the rationale for the final decisions.
3. In general, school staff need not be informed that a student with HIV infection is in the school. If, in the opinion of the School Medical Officer and the attending physician, it is necessary to inform school personnel of the student's infection, then the information shall be restricted to those staff who "need to know". The parent must be made aware of the intention to inform and, if possible, should be a participant during the transmission of this information to ensure that everyone involved understands the situation and the implications of any actions which may be taken. The decision to inform is most often required when the student's health status requires consideration of alternative or special educational arrangements.
4. If the student's health permits and in the absence of special risk factors, the benefits of unrestricted school attendance outweigh the student's risk of acquiring potentially harmful infections in the school setting and the extremely remote risk of transmission of the infection in the school environment. The condition of the student should be monitored regularly by the family physician and the School Medical Officer, and changes in the student's school program should be recommended if necessary.
5. An uninfected student who has a family member with HIV infection should not be excluded from school.
6. Routine screening of children for HIV infection is not warranted.

Since blood and body fluids may carry various infectious agents, all schools should be encouraged to adopt good hygiene practices for handling environmental soiling by blood, urine, stool, vomit or other body fluids. School personnel involved in such cleaning should be taught to avoid exposure of open skin lesions or mucous membranes to blood or body fluids.