

SAMPLE POLICIES

Someone At School Has AIDS

General School Health

Updated 2006

(This statement offers school districts an excellent model policy for protecting the health and privacy of all students, no matter what their infectious disease status. This document addresses HIV, but could easily be adapted to include hepatitis B and C.)

With support from CDC's Division of Adolescent and School Health and many collaborating partners, NASBE (National Association of State Boards of Education) has developed sample policies on various school health topics that states, districts, and schools can adopt or adapt for themselves. These policy suggestions are written as statements of best practice that all states, school districts, public schools, and private schools should endeavor to adopt. The points they address were suggested by the CDC's scientifically rigorous school health guidelines (<http://www.cdc.gov/HealthyYouth/Publications/Guidelines.htm>), actual state and local policies, and comments reflecting the expert opinions of many reviewers.

Someone at School has AIDS

A Complete Guide to Education Policies Concerning HIV Infection

Updated 2001

Every state and school district needs policies that address serious issues raised by HIV infection. Sound policies provide essential guidance to educators; reassurance to families, students, and school staff members; legal protection for schools; and support for people with the virus. Well drafted and administered, they can also help to prevent or contain controversy.

Various laws establish parameters for policy options concerning HIV infection, notably the Americans with Disabilities Act and the Individuals with Disabilities Education Act. The policy development process should involve medical and legal experts and those affected by the policy, and welcome diverse points of view from the community. Locally developed procedures should accompany general statements of policy.

Education leaders need to actively communicate and engage in dialogue with the community about HIV-related school policies and procedures. Educators ought to work

with their local health department to educate the public about medical and legal issues concerning HIV infection.

Finally, policymakers and educators should be aware that even if a state, school district, school or early childhood center has previously established policies regarding HIV infection, the challenge is not over. Policies adopted just a few years ago might not be adequate to deal with today's issues. New laws, scientific data, and lessons from experience continually emerge. This second edition of *Someone at School has AIDS* also aims to help those who are revising existing policies.

The following **Sample Policy** contains the essential areas of education policy concerning HIV infection that are covered in the guide.

SAMPLE HIV/AIDS POLICY

Preamble

State/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, day care, or school athletic settings.

1. School Attendance

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.

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. This includes taunts directed against a person living with HIV infection, a person perceived as having HIV infection, or a person associated with someone with HIV infection.

2. Employment

The State/District/School does not discriminate on the basis of HIV infection or association with another person with HIV infection. In accordance with the Americans with Disabilities Act of 1990, 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 accommodation if necessary.

3. Privacy

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 legal minor). 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.

4. Infection Control

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. Occupational Health and Safety Administration for the prevention of blood-borne infections. Equipment and supplies needed to apply the infection control guidelines will be maintained and kept reasonably accessible. Designate shall implement the precautions and investigate, correct, and report on instances of lapse.

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.

5. HIV and Athletics

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. Rulebooks 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.

6. HIV Prevention Education

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

- be taught at every level, kindergarten through grade twelve;
- use methods demonstrated by sound research to be effective;
- 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 coordinated school health program;
- be taught by well-prepared instructors with adequate support; and
- involve parents and families as partners in education.

Parents and guardians will have convenient opportunities to preview all HIV prevention curricula and materials. School staff members shall assist parents or guardians who ask for help in discussing HIV infection with their children. 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, and assures that the topics will be discussed at home or elsewhere, the child shall be excused without penalty.

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.

7. Related Services

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.

8. Staff Development

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.

9. General Provisions

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, designate shall report on the accuracy, relevance, and effectiveness of this policy and, when appropriate, provide recommendations for improving and/or updating the policy.

SAMPLE GENERAL SCHOOL HEALTH POLICIES

1. A Vision for School Health

INTENT. Families are the primary teachers and caregivers for their children. The present and future health, safety, and well-being of students are also the concern of state/district/school. Schools have a duty to help prevent unnecessary injury, disease, and chronic health conditions that can lead to disability or early death. For students to learn to take responsibility for their own health and to adopt health-enhancing attitudes and behaviors:

- every school shall be a safe and healthy place for children and employees to learn and work, with a climate that nurtures learning, achievement, and growth of character;
- all students shall be taught the essential knowledge and skills they need to become "health literate" -- that is, to make health-enhancing choices and avoid behaviors that can damage their health and well-being;
- each school shall be organized to reinforce students' adoption of health-enhancing behaviors, and school staff shall be encouraged to model healthy lifestyles; and
- school leaders shall ensure that the nutrition, health services, and social services children need in order to learn are provided either at the school site or in cooperation with other community agencies.

RATIONALE. Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially. Credible surveys indicate that alarming proportions of young people engage in behaviors that put them at risk of serious health problems. In addition, the nation's leading health authorities recommend that schools take an active role in

preventing disabling chronic health conditions that create misery and consume a burdensome share of the nation's resources.

2. The Coordinated School Health Program

COORDINATED SCHOOL HEALTH PROGRAM. Every school district and school shall develop, adopt, and implement a comprehensive plan for a thorough, well-coordinated school health program that shall:

- be designed in response to demonstrated needs in the community;
- be based on models that demonstrate evidence of effectiveness;
- emphasize a positive youth development approach;
- make efficient use of school and community resources; and
- respond to families' needs and preferences.

The coordinated school health program plan shall incorporate the following eight components within a single framework:

1. a **school environment** that is safe; that is physically, socially, and psychologically healthful; and that promotes health-enhancing behaviors;
2. a sequential **health education curriculum** taught daily in every grade, pre-kindergarten through twelfth, that is designed to motivate and help students maintain and improve their health, prevent disease, and avoid health-related risk behaviors and that is taught by well-prepared and well-supported teachers;
3. a sequential **physical education curriculum** taught daily in every grade, pre-kindergarten through twelfth, that involves moderate to vigorous physical activity; that teaches knowledge, motor skills, and positive attitudes; that promotes activities and sports that all students enjoy and can pursue throughout their lives; that is taught by well-prepared and well-supported staff; and that is coordinated with the comprehensive school health education curriculum;
4. a **nutrition services program** that includes a food service program that employs well-prepared staff who efficiently serve appealing choices of nutritious foods; a sequential program of nutrition instruction that is integrated within the comprehensive school health education curriculum and coordinated with the food service program; and a school environment that encourages students to make healthy food choices;
5. a school **health services program** that is designed to ensure access or referral to primary health care services; foster appropriate use of health care services; prevent and

control communicable disease and other health problems; provide emergency care for illness or injury; and is provided by well-qualified and well-supported health professionals;

6. a **counseling, psychological, and social services program** that is designed to ensure access or referral to assessments, interventions, and other services for students' mental, emotional, and social health and whose services are provided by well-qualified and well-supported professionals;

7. integrated **family and community involvement activities** that are designed to engage families as active participants in their children's education; that support the ability of families to support children's school achievement; and that encourage collaboration with community resources and services to respond more effectively to the health-related needs of students; and

8. a **staff health promotion program** that provides opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities.

EFFECTIVE DATE. All districts/schools shall present a plan for a coordinated school health program to whom by date. The program shall be operational by date.

3. Administration and Evaluation

RESPONSIBILITIES OF ADMINISTRATORS. The superintendent/school principal/other or his/her designee shall be responsible for:

- preparing a comprehensive plan for eight elements of a coordinated school health program, with input from students and their families;
- ensuring that the various components of the school health program are integrated within the basic operations of the district/school, are efficiently managed, reinforce one another, and present consistent messages for student learning;
- developing procedures to ensure compliance with school health policies;
- supervising implementation of school health policies and procedures;
- negotiating provisions for mutually beneficial collaborative arrangements with other agencies, organizations, and businesses in the community; and
- reporting on program implementation, results, and means for improvement to whom and how regularly.

RESPONSIBILITIES OF THE SCHOOL HEALTH COORDINATOR. Each school/district shall appoint a school health coordinator to assist in the implementation and

coordination of school health policies and programs by:

- ensuring that the instruction and services provided through various components of the school health program are mutually reinforcing and present consistent messages;
- facilitating collaboration among school health program personnel and between them and other school staff;
- assisting the superintendent/school principal and other administrative staff with the integration, management, and supervision of the school health program;
- providing or arranging for necessary technical assistance;
- identifying necessary resources;
- facilitating collaboration between the district/school and other agencies and organizations in the community who have an interest in the health and well-being of children and their families; and
- conducting evaluation activities that assess the implementation and results of the school health program, as well as assisting with reporting evaluation results.

RESPONSIBILITIES OF THE SCHOOL HEALTH COUNCIL. A school health council shall be established that is composed of diverse members of the school community representing the eight components of the coordinated school health program, plus members of the community, family members, and students as appropriate. The council shall meet regularly to assess the progress of all aspects of the school health program and assist district/school leaders with general oversight, planning, evaluation, and periodic revisions of all aspects of the school health program.

To minimize inefficiency and duplication, the scope of duties, reporting procedures, and means of coordination shall be established in writing for this council and for all other planning committees and advisory councils.

RESPONSIBILITIES OF OTHER ADMINISTRATIVE STAFF. The food service program and its personnel shall be under the general supervision and authority of a food service director who reports to determined by district or school. State and district officials retain legal oversight responsibility to ensure compliance with state and federal laws, regulations, and guidelines.

Each middle school and high school shall appoint an athletic and/or student activities director to be primarily responsible for development, implementation, and ongoing administration of the school's intramural and interscholastic athletic programs.

The school health coordinator, food service director, athletic director, and student activities director shall be included as members of site-based management teams, district/school improvement councils, and other governance or advisory bodies as appropriate.

EVALUATION. Multiple indicators shall be used to assess the implementation and results of each component of the school health program. Health-related behaviors of students shall be anonymously surveyed every two years. The evaluation plan shall also include assessments of students' and families' satisfaction with the school health program.

POLICY REVIEW. The school board/other decision making body shall review school health policies to assess their effectiveness and make appropriate adjustments at least every three years.

4. Health Education

INTENT. A comprehensive program of health education that is designed to promote healthful living and discourage health-risk behaviors shall be taught at every grade level, pre-kindergarten through twelfth grade. Health-literate graduates of the school system shall be able to:

- comprehend concepts related to health promotion and disease prevention;
- access valid health information and health-promoting products and services;
- practice health-enhancing behaviors and reduce health risks;
- analyze the influence of culture, media, technology, and other factors on health;
- use interpersonal communication skills to enhance health;
- use goal-setting, decision-making, and self-management skills to enhance health;
- and
- advocate for personal, family, and community health.

INSTRUCTIONAL PROGRAM DESIGN. The health education program shall be an integral part of a coordinated school health program, be consistent with the state's standards/guidelines/frameworks, and be reviewed by the school health council. The health education program shall:

1. utilize educational theories and methods that have credible evidence of effectiveness;
2. emphasize learning and practicing the skills students need for healthful living;
3. build functional knowledge and skills from year to year (i.e., be sequential in design);
4. include accurate and up-to-date information;
5. use active, participatory instructional strategies and techniques;

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6. be appropriate to students' developmental levels, personal behaviors, and cultural backgrounds;
7. be consistent with community standards;
8. focus on the behaviors that have the greatest effect on a person's health and emphasize the short-term and long-term consequences of personal health behaviors;
9. encourage students to assess their personal behaviors and habits, set goals for improvement, and resist peer and wider social pressures to make unhealthy choices;
10. stress the appealing aspects of living a healthy lifestyle;
11. address students' health-related concerns;
12. utilize curriculum materials that are gender-neutral and nonstereotyping;
13. assess students' achievement of health knowledge and skills with assessment instruments aligned with the curriculum;
14. be appropriately adapted to the special needs of students with disabling conditions, students with limited English proficiency, and students in alternative education settings;
15. be taught by well-prepared instructors with adequate support;
16. be allocated enough instructional time to achieve the program's goals;
17. be taught in classes that are the same average size as classes in other subject areas;
18. include means for program evaluation; and
19. involve parents and families as active partners in their children's learning.

GRADING. All students shall be regularly assessed for attainment of the health education learning objectives. Course grades shall be awarded in the same manner as in other subject areas and be included in calculations of grade point average, class rank, and academic recognition programs such as honor roll.

Students' results on health-related portions of state and district academic achievement tests shall be considered the same as in other subject areas for determining school

progress indicators and in application of consequences in accordance with the established provisions of the state/district accountability system.

CURRICULUM INTEGRATION. Health education topics shall be integrated into the instruction of other subject areas to the greatest extent possible. Such cross-teaching is intended to complement, not substitute for, a comprehensive health education program.

PARENTAL REVIEW. Parents and guardians shall have convenient opportunities to preview all curricula and materials. A student may be excused from receiving school instruction in specific topics upon the written request of a parent or legal guardian. The parent/guardian must ensure that the topics the student is excused from are learned at home or elsewhere, and the student will be assessed for attainment of the health education learning objectives in the same manner as students not excused.

COLLABORATION. To the extent practicable, school staff shall cooperate with other agencies, organizations, and individuals conducting health education in the community. Guest speakers invited to address students shall receive appropriate orientation to the relevant policies of the school/district. School staff are encouraged to work with community organizations to provide opportunities for student volunteer work related to health.

5. Well-Prepared Staff

QUALIFICATIONS. All personnel involved in the school health program shall possess the necessary qualifications and training essential to their duties. Professional staff shall be currently licensed, certified, and/or recertified according the requirements established by state board or other agency for the positions in which they are employed and are expected to follow the performance and ethical standards established by their professional organizations.

Health and physical education teachers shall be required to periodically demonstrate their abilities to apply the content knowledge and instructional skills that are critical to the successful teaching of health and physical education.

PROFESSIONAL DEVELOPMENT. All personnel involved in the school health program shall participate in ongoing professional development activities that are directly related to their responsibilities. In particular, instructional staff who teach health topics shall satisfactorily complete professional development activities that provide basic knowledge about health and health education, including practice with teaching strategies designed to influence students' health-related behaviors and attitudes.

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Professional development programs shall:

- respond to the professional improvement needs of staff and schools;
- be designed to transfer knowledge and skills based on theories and methods proven effective by published research;
- encourage reflection and professional discourse among peers about classroom practice;
- be made available to staff at their place of work to the greatest feasible extent;
- involve staff unions and professional associations in planning and implementation;
- provide necessary information about school health-related standards, guidelines, frameworks, regulations, policies, and recommendations of state/district/school and federal agencies; and
- provide relevant information about other disciplines to foster efficient collaboration among professionals.

Source: National Association of State Boards of Education (www.nasbe.org)