

**A Resource Guide for the Evaluation and Creation of Educational
Policies Concerning HIV Infection in North Carolina Public Schools**

POLICIES OF HOPE



PUBLIC SCHOOLS OF NORTH CAROLINA State Board of Education | Department of Public Instruction

POLICIES OF HOPE
A Resource Guide for the Evaluation and Creation of Educational
Policies Concerning HIV Infection in North Carolina Public Schools

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This publication was written with the support of grants from the National Association of State Boards of Education (NASBE) and the US Centers for Disease Control and Prevention (CDC). Its contents are intended as a resource for school leaders and do not necessarily represent the official views of NASBE or the Centers for Disease Control and Prevention.

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Call to Action

Policies of Hope is intended to serve as a renewed call to action against a killer disease that has been forgotten by many public school systems. For more than 30 years now the HIV/AIDS epidemic turned pandemic has inflicted fear, sabotaged the human spirit and robbed human life. Despite landmark scientific breakthroughs and heroic humanitarian efforts in place to battle it, our nation remains in the grasp of this horrible and insidious disease. In fact, as you read these words, ONE in FIVE of the people in our country with HIV do NOT EVEN KNOW THEY HAVE IT! We must improve our efforts in combating HIV infection by having the latest facts, overcoming new obstacles, developing sound policy and engaging the multitude of resources which are available to defeat this disease.

Aren't we doing better against HIV? Why is there a problem?

The answer is a "resounding yes" on one hand and a "mystifying no" on the other! In recent years there HAVE been amazing advancements in the development of life-extending therapies which have allowed many HIV patients to live relatively normal lives. Sadly, instead of increasing momentum to find a CURE, our limited success has generated COMPLACENCY and a FALSE SENSE that ALL IS WELL. With HIV and AIDS, nothing could be further from the truth or more damaging to our hopes for a cure than the MISTAKEN PERCEPTION that we already have one.

What differences will this publication make?

The goal of this publication is to provide health leaders with a tool that will impact the battle against HIV/AIDS in three ways:

- First, it will increase a renewed AWARENESS that, although great strides have been made with HIV and AIDS, there is still a long way to go.
- Secondly, it will initiate ACTION by providing school leaders with a compelling reminder to stop and assess their current school board policies and practices regarding HIV and AIDS. Upon evaluation, some systems will find that their HIV/AIDS policies are outstanding. Others will find that their policies may need revisions,

are weak or non-existent. Regardless, the very act of revisiting current policy and discussing it will make a positive difference by getting HIV and AIDS back in the forefront.

- Finally, in addition to garnering thoughtful attention and assessment, **Policies of Hope** will arm school leaders with a ready resource that will guide them through a FOUR-STEP PLAN for updating their current HIV/AIDS policies.

The four action steps that will yield HOPE are:

Having the latest FACTS.

Overcoming OBSTACLES.

Promoting the discussion of BOARD POLICY.

Engaging RESOURCES and assisting those in need.

The goal of the HOPE Model is to provide a flexible and manageable system of delivery for health leaders. Because the content is divided into four clear categories, it can be covered in one main session or divided into smaller sub-sessions. Either way the sessions should be given the same urgency as other life-threatening situations, events, or diseases.

Policies of Hope are truly policies of life. Now is the time to create strong policies which will inspire HOPE and create renewed DETERMINATION to go the distance against this disease.

Together we have the power to stop HIV!

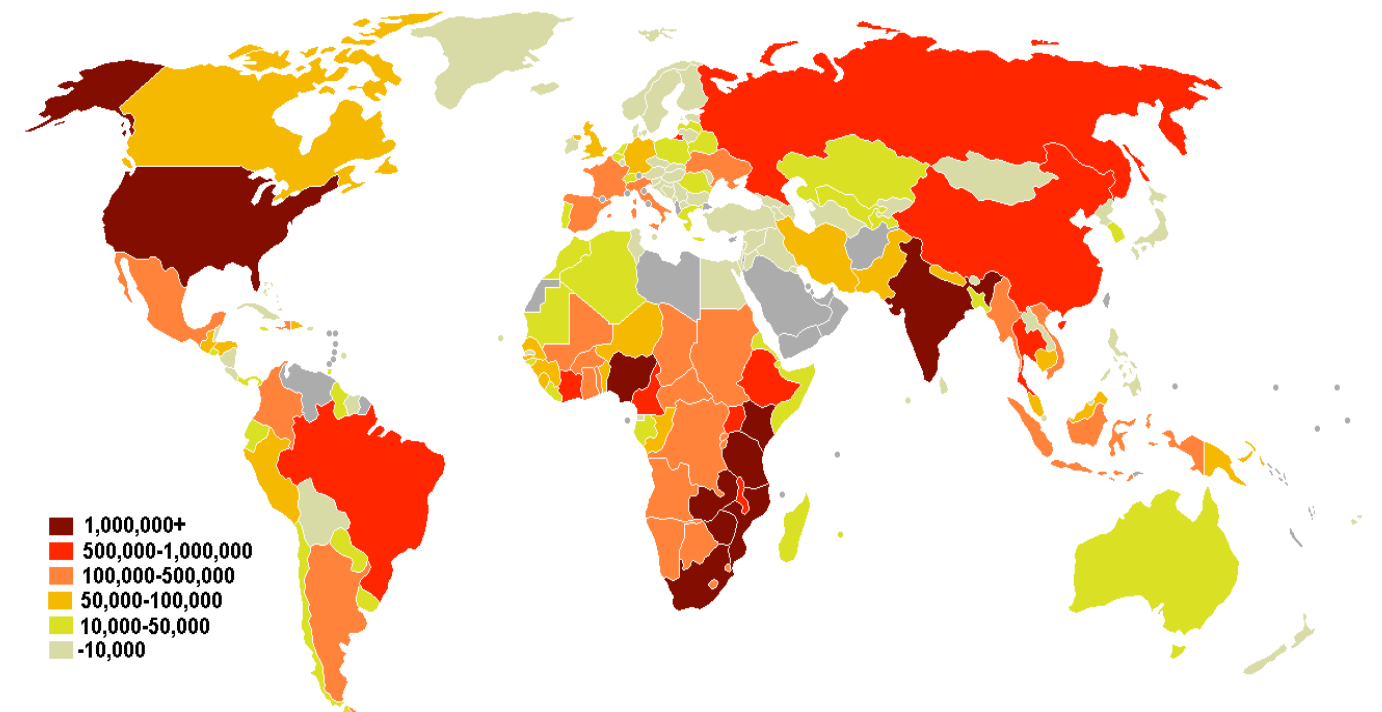
HOPE: Having the Facts!

FACT! Currently there is NO Cure for HIV!

Although researchers throughout the world are working hard to find new treatments that will prevent HIV infection, there is not yet a cure. There are however, some medications available that can help people infected with HIV dramatically extend their lives. In the meantime, it is important that individuals get tested early for HIV in order to know that they are infected. By knowing, they will be able to get medical care and treatment that will have the greatest effect on their lives.

FACT! HIV is STILL a world-wide problem!

World Prevalence – People Living with AIDS/HIV
(Map Source – UNAIDS 2008 Global Report)

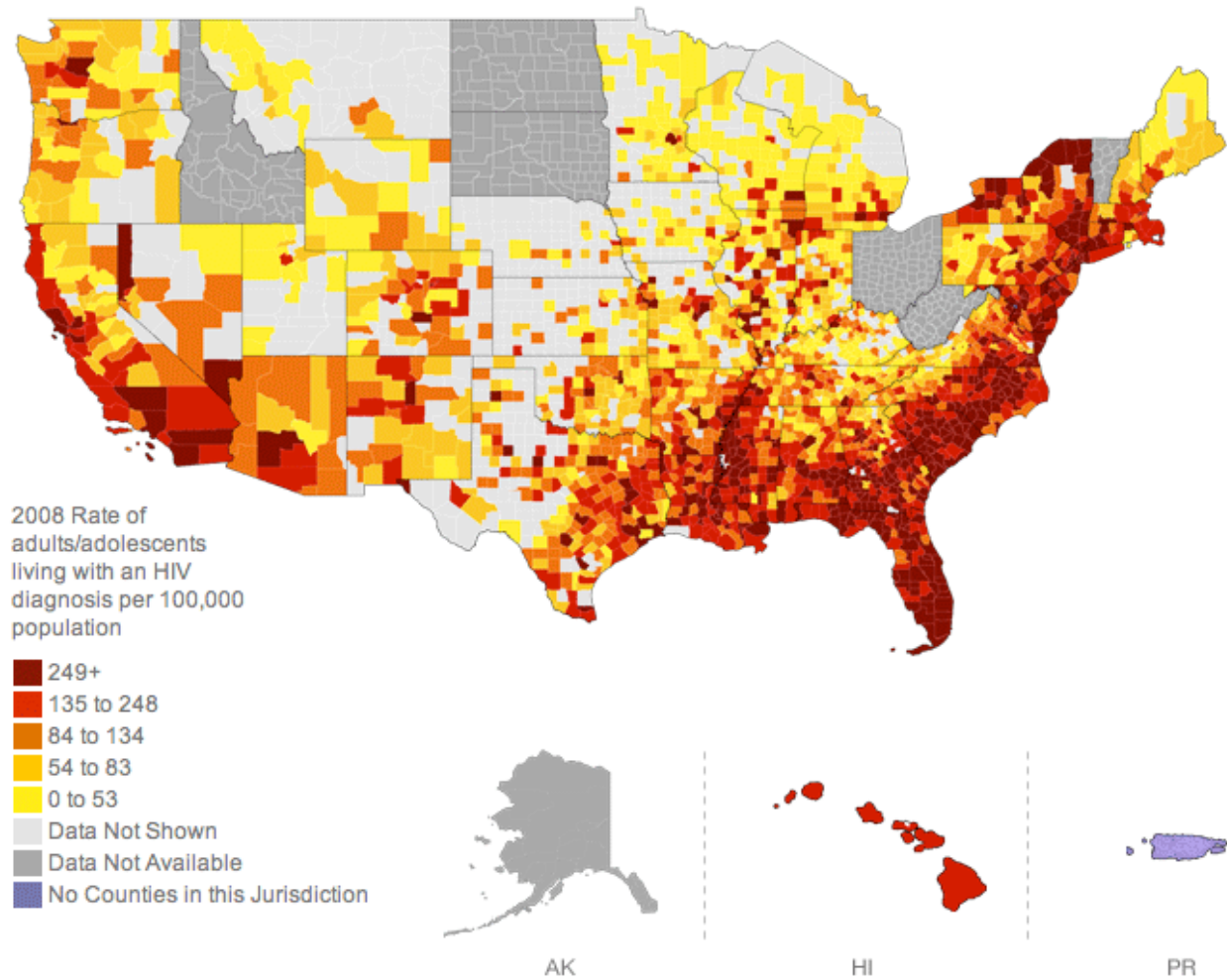


FACT! HIV / AIDS is STILL a national problem!

US National Facts

(US HIV Geographic Prevalence 2008)
(Source – Aidsvu.org 2011)

Persons Living with an HIV Diagnosis / by County / 2008



In fact, the problem is so prevalent that even in our nation’s capital, the infection rate rivals that of some poor developing countries!

FACT! HIV/AIDS is STILL a local problem!

North Carolina Facts

(Source – Aidsvu.org 2011)

- The **estimated population** of North Carolina in 2008 was 9,222,414.
- In 2008, the number of adults/adolescents in North Carolina **living with an HIV infection diagnosis was 22,746**.
- The estimated percent of adults/adolescents diagnosed with AIDS **within 12 months of initial HIV infection diagnosis** in 2008 was 27.5%.
- In 2008, 15% of the population of North Carolina **lived below the federal poverty line**.
- As of May 20, 2011 there are 242 people on North Carolina’s waiting list for **ADAP (AIDS Drug Assistance Program)**.

FACT! There some Alarming Trends!

The 2008 HIV Prevalence Ratios Show Alarming Disparity Trends in NC Adults and Adolescents
(Source Aidsvu.org 2011)

- Rate ratio of **black to white males** living with an HIV infection diagnosis: **7.1 : 1**
- Rate ratio of **Hispanic to white males** living with an HIV infection diagnosis: **2.0 : 1**
- Rate ratio of **black to white females** living with an HIV infection diagnosis: **14.7 : 1**
- Rate ratio of **Hispanic to white females** living with an HIV infection diagnosis: **3.3 : 1**

FACT! Other STIs are also on the rise!

2008 North Carolina STI Rates and National Rankings Source Aidsvu.org 2011

Chlamydia

Rate per 100,000
pop: 414.0
Rank among US states: 18
Number of cases: 37,516

Gonorrhea

Rate per 100,000
pop: 176.3
Rank among US states: 5
Number of cases: 15,972

Syphilis
(Primary & Secondary)

Rate per 100,000
pop: 3.2
Rank among US states: 17
Number of cases: 287

FACT! HIV/AIDS is STILL a problem!

General FACTS About HIV/AIDS

HIV Transmission

HIV CAN BE TRANSMITTED THROUGH:

- Sharing contaminated injection equipment.
- Unprotected vaginal, anal or oral sex.
- To an infant through pregnancy, childbirth, or breastfeeding.
- Sexual abuse of children.

HIV IS NOT TRANSMITTED THROUGH:

- Hugging
- Shaking hands
- Closed mouth kissing
- Coughing
- Sneezing
- Eating food prepared by a person living with HIV
- Being bit or stung by an insect
- Working, going to school with or being around someone with HIV
- Using drinking fountains, phones, or toilet seats
- Donating blood

Risk Reduction Behaviors

According to the CDC the following behaviors reduce one’s risk of HIV transmission:

- 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.
- 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.

HOPE: Overcome the Obstacles!

Creating policy may often involve overcoming obstacles. Recognize these obstacles that are counterproductive to stopping HIV and examining possible solutions enhance the policy making process.

Examples Might Include:

- No knowledge about available resources for HIV AIDS.
- Fear of being excluded or bullied if labeled HIV positive.
- Not knowing how to get tested for HIV or about free HIV testing.
- Socioeconomic conditions.
- No current policy on AIDS/HIV.
- Issue is never discussed.
- No sense of urgency from school leaders in addressing HIV/AIDS.
- No direction from the state.
- No current data about the extent of HIV/AIDS.
- No funding for HIV/AIDS related prevention education programs.
- Transportation issues.



HOPE: Promote the Policy!

Policy Review and Assessment Checklist

Does your existing HIV/AIDS school board policy...

- Protect the rights of students and/or staff with HIV infection or AIDS?
- Address attendance of students with HIV infection?
- Protect HIV-infected students and staff from discrimination?
- Maintain confidentiality of HIV-infected students and staff?
- Address work site safety (e.g., universal precautions) for all school staff?
- Address communication regarding the policy to students, school staff, and parents?
- Provide for adequate training about HIV infection and prevention for school staff and students?
- Describe procedures for implementing the policy?

Sample Policy for Students

SAMPLE I NC SCHOOL BOARD POLICY COMMUNICABLE DISEASES – STUDENTS

NOTE: Footnotes are for reference only. They should be eliminated from an individual board’s policy.

Policy Code: 4230 – This sample policy is provided by the N.C. School Boards Association as a subscriber benefit and is not intended to be legal advice. Policies should be modified to address your specific needs and should be reviewed by your board attorney prior to adoption. © 2009 NCSBA

COMMUNICABLE DISEASES – STUDENTS | Policy Code: 4230

The board strives to provide a safe and healthy environment for all students and employees. The board also strives to maintain a balance among the needs to educate all eligible students, to protect students’ and employees’ rights, and to control communicable diseases, including HIV and AIDS.

Under certain circumstances, students with communicable diseases may pose a threat to the health and safety of other students and employees. Decisions regarding the educational status of students with communicable diseases will be made on a case-by-case basis in accordance with this policy. Nothing in this policy is intended to grant or confer any school attendance or education rights beyond those existing by law. This policy will be shared with school employees annually and with new employees as part of any initial orientation.

A. DEFINITION OF COMMUNICABLE DISEASE

A communicable disease is defined as an illness due to an infectious agent, or its toxic products that is transmitted directly or indirectly to a person from an infected person or animal.

B. PRECAUTIONS

In order to prevent the spread of communicable diseases, school system officials shall distribute guidelines for necessary health and safety precautions that all school system employees must follow. (See policy 7260, Occupational Exposure to Bloodborne Pathogens, and policy 7262, Communicable Diseases – Employees). Employees are also required to follow the school system’s bloodborne pathogens exposure control plan that contains universal precautions and specific work practice controls relating to the handling, disposal, and cleanup of blood and other potentially infectious materials. Students should not be involved in the handling, disposal and cleanup of potentially infectious materials unless the students have been specifically trained in the handling of such materials and are qualified to perform first aid services. Employees shall take reasonable precautions to avoid allowing students to come in contact with these substances.

C. CURRICULUM

The curriculum will include health, hygiene and safety education, including age-appropriate information concerning safe health practices that inhibit and prevent the spread of diseases, including HIV and AIDS. (See policy 3540, Comprehensive Health Education Program.)

D. REPORTING AND NOTICE REQUIREMENTS¹

In accordance with G.S. 130A-136, school principals shall report suspected cases of communicable diseases to the county health department. Confidentiality of such reports is protected by law. School principals are presumed by law to be immune from liability for making such reports in good faith. Without releasing any information that would identify the student, the principal also must report suspected cases of communicable diseases to the superintendent. Additionally, parents or guardians will be notified in a timely manner when their child has potentially been exposed to a communicable disease through the exchange of blood with another individual and will be encouraged to contact their private physician or the county health department for consultation.

If the local health director determines that there is significant risk of HIV transmission, the local health director is responsible for deciding which school personnel will be informed of the identity of a student with AIDS or HIV infection. The health director is also responsible for determining which school personnel will be informed of the identity of students with other communicable diseases required to be reported.

Any employee who is informed of or becomes aware of the student’s condition shall respect and maintain that student’s right of privacy and the confidentiality of his or her records and may not share that information unless specifically permitted to do so by the health director, the student’s parent or guardian or by other applicable state or federal laws or regulations.² Permission from a parent or guardian to share a student’s HIV status with other school personnel must be in writing. Any documents relating to a student’s HIV or AIDS infection will be retained in a locked cabinet separate from the student’s other school records and medical records and will be released or shared only as necessary to comply with this policy. Employees who are informed of the student’s condition will also be provided with appropriate information concerning necessary precautions and will be made aware of the strict confidentiality requirements. If an employee releases this type of confidential information or record, except as permitted by law, the employee will have committed a misdemeanor and may be subject to further discipline.

¹ Some of the information in this section may be provided in administrative procedures.

² The policy may also specify who will be responsible for releasing confidential information as required.

In order to address the needs of the student within the school environment, school employees are required to notify the principal if they are aware or become aware of any student suffering from a communicable disease other than HIV infection. Parents will be encouraged to notify the principal as well.

Students who are immunodeficient, whether due to AIDS or other causes, face an increased risk of severe complications from exposure to communicable diseases that appear in the school setting. Although students with an HIV infection are not required to notify school staff of their HIV status, students and their parents or guardians are encouraged to inform the principal if a student suffers from this immunodeficiency.

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Students who are immunodeficient because of other communicable diseases, and their parents, are also encouraged to inform the principal. If notified that a student suffers from an immunodeficiency, the principal should request that the notifying party provide information about what types of exposures might put the student at risk and what reasonable practices can be taken in the school setting to minimize risk to the student. Whenever possible, the principal of a school should notify the parents or guardians of an infected or immunodeficient student (or the student himself or herself, where appropriate) about the presence of chicken pox, influenza, meningococcus, measles, tuberculosis or other contagious diseases occurring in the school that may present a serious threat to the student’s health. Students who are removed from school as a result of such conditions will be provided instruction in an appropriate alternative educational setting.

E. EDUCATION/SCHOOL ATTENDANCE FOR STUDENTS WITH AIDS/HIV INFECTION³
Students with an AIDS or HIV infection will be permitted to attend school without special restrictions except in accordance with 10A N.C.A.C. 41A .0201-.0204 and this subsection.

When the local health director notifies the superintendent that a student with AIDS or HIV infection may pose a significant risk for transmission, the superintendent, in consultation with the local health director, shall appoint an interdisciplinary committee in accordance with state health regulations and procedures established by the superintendent. The committee shall consult with the local health director regarding the risk of transmission and advise the superintendent regarding the placement of the student. The committee will include appropriate school system personnel, medical personnel, and the student’s parent or guardian and may include legal counsel. The parent may request additional participants as necessary to appropriately evaluate the risk. The health director will be responsible for determining whether to add additional members requested by the parents. The superintendent shall inform the board whenever a committee has been formed and shall advise the board of the professional composition of the committee.

The interdisciplinary committee shall review each case individually in consultation with the local health director to determine (1) the degree to which the student’s conduct or presence in school exposes others to possible transmission or other harm and (2) what risk the school environment may pose to the infected student. If the local health director concludes that a significant risk of transmission exists in the student’s current placement, the committee must determine whether an appropriate adjustment can be made to the student’s school program to eliminate this risk. If that is not possible, the student will be provided instruction in an appropriate alternative educational setting that incorporates protective measures required by the local health director.

³ Some of the information in this section may be addressed, alternatively, in administrative procedures.

If the administrative or instructional personnel on the committee determine that the student has limited strength, vitality or alertness due to a chronic or acute health problem that adversely affects the student’s educational performance, they must refer the student for possible identification and placement as a student with special needs.

All deliberations of the interdisciplinary committee will be kept strictly confidential and shared only as allowed by law. Any student records related to the deliberations of the committee will be retained in a locked cabinet separate from the student’s other school records and medical records.

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Legal References: G.S. 115C-36, 130A-136, -142 to -144, -152 to -157; 10A N.C.A.C. 41A .0201 through .0204

Cross References: Comprehensive Health Education Program (policy 3540), Occupational Exposure to Bloodborne Pathogens (policy 7260), Communicable Diseases – Employees (policy 7262)

Issued: August 30, 1997

Revised: January 16, 2002; May 7, 2004; August 31, 2006; April 28, 2009

Sample Policy for Employees

SAMPLE II
NC SCHOOL BOARD POLICY
COMMUNICABLE DISEASES – EMPLOYEES

NOTE: Footnotes are for reference only. They should be eliminated from an individual board’s policy.

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COMMUNICABLE DISEASES – EMPLOYEES | Policy Code: 7262

It is the policy of the board to attempt to provide a safe and secure environment for all students and employees.¹ In an effort to maintain a balance between the need to protect the rights of students and employees and the need to control the spread of serious communicable diseases and conditions, the superintendent shall make decisions regarding the employment status of employees with communicable diseases or conditions on a case-by-case basis, in accordance with this policy. An employee suffering from a communicable disease or condition is encouraged to inform his or her supervisor so that appropriate accommodations may be made and appropriate precautions may be taken. This policy applies to all legally reportable communicable diseases, including HIV and AIDS, as set forth in 10A N.C.A.C. 41A .0101. This policy must be shared with school employees annually and with new employees as part of any initial orientation.

¹ This policy is designed to comply with federal law..

A. COMMUNICABLE DISEASE DEFINED

A communicable disease is defined as an illness due to an infectious agent, or its toxic products, that is transmitted directly or indirectly to a person from an infected person or animal.

B. SAFETY CONTROL MEASURES

1. Handling Bodily Fluids

In order to prevent the spread of communicable disease and conditions, universal health and safety precautions, including precautions regarding the handling and cleanup of blood and other bodily fluids, must be distributed by the human resources office² and followed by all school system employees. Employees are also required to follow the school system’s bloodborne pathogens exposure control plan that contains universal precautions and specific work practice controls relating to the handling, disposal, and cleanup of blood and other potentially infectious materials. The bloodborne pathogens exposure control plan will be made available at each school or department. All employees are required to review and be familiar with the plan within a reasonable time, not exceeding 30 days, after assuming employment. Faculty should not allow students to be involved in the handling, disposal and cleanup of potentially infectious materials unless the students have been specifically trained in the handling of such materials and are qualified to perform first aid services.

Failure to follow universal health and safety precautions or applicable provisions of the bloodborne pathogens exposure control plan may result in disciplinary action against the offending employee. All employees have a duty to report to the school principal or the director of the personnel office any failure by a staff member or a student to follow the universal precautions, including their own.

2. Reporting Communicable Diseases

In accordance with G.S. 130A-136, school principals are required to report suspected cases of reportable communicable diseases or conditions to the county health director for investigation. Principals must provide the health director with available factual information to substantiate the report. Such reports are to remain strictly confidential and may be shared only with other employees as necessary to prepare and file a report. All information must be kept strictly confidential.

3. Following Health Control Measures for Communicable Diseases

Any employee suffering from a communicable disease or condition is required to follow all control measures given to him or her by the health director and take all necessary precautions to prevent the transmission of the disease or condition. Any school system employee who has reason to believe that a fellow employee is not following safe practices, including the universal precautions, must report this failure to his or her principal or supervisor. Supervisory personnel shall report unsafe conduct to the health department when they have a reasonable concern that such conduct may cause or may have caused the spread of a communicable disease.

4. Cooperating with Health Officials

If the county health director notifies the superintendent or any other school system personnel that a school system employee with a communicable disease or condition may be posing a threat to the public health, these employees shall cooperate with the health director in eliminating the threat.

² Replace “human resources office” with the appropriate designation for your school system.

C. EMPLOYMENT STATUS OF EMPLOYEE³

The board will follow all applicable state and federal laws and regulations and this policy in determining when an employee with a communicable disease or condition will be required to take leave from his or her position or otherwise be restricted from continuing his or her employment.

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1. Requests to Alter Duties

Any employee may request that the superintendent or designee consider altering the employee’s duties or other conditions of his or her employment if the employee:

- a. believes that he or she is unable to continue to perform the regular duties of the position due to a communicable disease or condition, or
- b. believes that he or she may risk transmitting the communicable disease to others by continuing to perform assigned duties. The employee seeking alteration in the conditions of employment must apprise the superintendent or designee of his or her condition, submit medical documentation regarding such condition, suggest possible accommodations known to him or her and cooperate in any ensuing discussion and evaluation regarding whether there are possible reasonable accommodations.

2. Interdisciplinary Committee⁴

If the superintendent so requests, the employee must give the superintendent written permission either to consult with appropriate medical personnel or to convene an interdisciplinary committee to receive medical information regarding the employee to the extent necessary to assist the superintendent in determining whether alternative employment opportunities reasonably can be provided to the affected employee. The committee may include appropriate school system personnel, appropriate medical personnel, including the employee’s personal physician when possible, the health director or designee, and the employee.

3. Reasonable Accommodation Review

When addressing the issue of whether reasonable accommodation is possible, the superintendent shall determine:

- a. to what degree the employee’s presence in his or her current job exposes students or other employees to possible transmission of the disease; and/or
- b. whether the employee is able to continue in his or her current position with reasonable modifications.

The superintendent shall consult with the health director if there is any question as to the employee’s risk of transmission on the job. If the superintendent determines that a significant risk of transmission exists in the employee’s current position or that the employee is no longer able to continue in his or her current position for health reasons, the superintendent shall decide whether alternative employment

opportunities are reasonably available within the school system and follow appropriate board policies for implementing or recommending a transfer.

³ The Americans with Disabilities Act of 1990, 42 U.S.C. 12101 et seq., requires employers to provide reasonable accommodations to persons with disabilities.

⁴ An interdisciplinary committee is not required by law but may be a useful resource when the superintendent needs to consult with medical experts in order to make decisions regarding reasonable accommodation as required by the Americans with Disabilities Act.

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If the employee requesting accommodation refuses to consent to the release of information to medical personnel or an interdisciplinary committee appointed by the superintendent, his or her request for an accommodation may be denied until the employee agrees to allow the superintendent to consult with the necessary parties.

4. Confidentiality of Information
Information shared with the superintendent, medical personnel, or interdisciplinary committee personnel must be kept confidential and separate from other personnel file information and may be shared with other school employees only with the written permission of the employee as necessary to explore, design, or implement possible accommodations or as otherwise allowed by law. Nothing in this policy is intended to grant or confer any employment rights beyond those existing by law or contract.

Legal References: The Americans with Disabilities Act of 1990, 42 U.S.C. 12101 et seq. 29 C.F.R. 1630; G.S. 130A, Article 6; 10A N.C.A.C. 41A .0101 et seq.

Cross References: Communicable Diseases – Students (policy 4230); Occupational Exposure to Bloodborne Pathogens (policy 7260)

Issued:

Revised: January 22, 1999; March 25, 2002; August 31, 2006; April 28, 2009

HOPE: Engage the Resources!

HIV / AIDS Hotlines

- **AIDSinfo**
1-800-HIV-0440 (1-800-448-0440) | TTY: 1-888-480-3739
Outside U.S.: 1-301-315-2816 | Fax: 1-301-315-2818
Hours: Monday through Friday 12:00 pm to 5:00 pm (Eastern Time)
Chat room: available in English and Spanish 12:00 pm to 4:00 pm, Monday through Friday EST)
E-mail: ContactUs@aidsinfo.nih.gov
Offers information on HIV treatment and research, customized clinical trial searches, and referrals to a host of other useful, government-approved resources. Health information specialists can confidentially answer questions in both English and Spanish.
- **CDC-INFO (CDC National STD and AIDS Hotline)**
1-800-CDC-INFO (1-800-232-4636) | 1-888-232-6348 TTY
Available 24 hours a day, in English and Spanish; counselors available to answer questions about personal health issues, including HIV and other STDs; online zip code tool for finding local HIV and STD testing locations also available at www.hivtest.org and www.stdtest.org. Sponsored by the U.S. Centers for Disease Control and Prevention (CDC).
- **HIV Health InfoLine (From Project Inform)**
1-888-HIV-INFO (1-888-448-4636) | Hours: Monday through Friday 10:00 am to 4:00 pm (Pacific Time)
Non-judgmental volunteer operators listen to callers, share their own stories and provide calm, clear and encouraging information about HIV disease and its care. They draw on a wealth of real-life experience in helping people navigate health care obstacles and talk to doctors about their concerns. English and Spanish speakers available.
- **National Association of People with AIDS Hotline**
1-240-247-0880 | Hours: Monday through Friday 9:00 am to 5:30 pm (Eastern Time)

Web Resources for HIV / AIDS

- **www.aids.gov** – HIV/AIDS information from the Federal government about prevention, testing, treatment, research, and using new media in response to the HIV/AIDS epidemic in the U.S.
- **www.thebody.com** – Information about HIV/AIDS, including FAQs and an “ask the experts” feature.
- **www.cdc.gov/hiv/** – CDC’s comprehensive resources for HIV/AIDS information.
- **www.greaterthan.org** – Information about HIV/AIDS including HIV/AIDS facts, talking tips, protection, testing, and getting involved locally.
- **www.hivtest.org** – FAQs about HIV/AIDS and a search tool for finding local testing locations. Sponsored by the CDC.
- **www.kff.org/hivaids/** – The Kaiser Family Foundation site provides data and information on the HIV/AIDS epidemic in the U.S. and around the world, including policy reports, fact sheets, and survey data, and information on our media partnerships, journalist training programs, and HIV/AIDS initiatives in South Africa.
- **www.nastad.org** – Online resource for the National Alliance of State and Territorial AIDS Directors (NASTAD), which represents the nation’s chief state health agency staff who have programmatic responsibility for administering HIV/AIDS healthcare, prevention, education, and supportive service programs funded by state and federal governments.
- **www.whitehouse.gov/administration/eop/onap/nhas** – Official site from the White House and the Office of National AIDS policy on the 2010 National HIV/AIDS Strategy from President Obama.
- **www.clinicaltrials.gov** – A registry searchable database of federally and privately supported clinical trials conducted in the United States and around the world, including trials of HIV prevention and treatment.



North Carolina HIV Resources

Updated May 2011

- **State AIDS Hotline – North Carolina**
Phone: 800-227-8922 (outside NC) | 800-342-AIDS (in NC) | 800-344-7432 (en español)
Address: PO Box 13827, Research Triangle Park, NC 27709
Web: www.ashastd.org | Email: hivnet@ashastd.org
- **North Carolina Department of Health and Human Services**
Phone: 919-733-7301 | Address: 225 North McDowell Street, Raleigh, NC 27699-1902
Web: www.schs.state.nc.us (Home Website) or www.epi.state.nc.us/epi/hiv (HIV-specific Website)
- **AIDS Care Service (ACS)**
Phone: 336-777-0142 | Address: PO Box 21373, Winston Salem, NC 27120
Services provided include regional information, referrals, housing and activities.
- **Alliance of AIDS Services – Carolina**
Phone: 919-834-2437 (admin) or 919-212-9500 (client services)
Address: PO Box 12583, Raleigh, NC 27605
Web: www.aas-c.org or www.werememberaids.org | Email: info@aas-c.org
AASC operates the Orange Community Residence (6-bed group home) and the Hustead House (5-bed group home) for persons living with HIV.
- **Duke University Medical Center—Infectious Diseases Clinic**
Phone: 919-681-6261 or 919-681-6060 (information on clinical trials)
Website: <http://dart.medicine.duke.edu>
- **Early Intervention Clinic—Durham County Health Department**
Address: 414 East Main Street Durham, NC
Phone: 919-560-7726 | Email: clinicinfo@ph.co.durham.nc.us
Services may be received at the Lincoln Community Health Center which is part of the Durham County Health Department. This clinic provides primary care, social work services and support group to HIV-positive clients.
- **Rural AIDS Interfaith Network (RAIN)**
Address: First United Methodist Church, 501 N. Tryon Street, 4th Floor, Charlotte, NC 28202
Phone: 704.372.7246 | Email: info@carolinarain.org
Services: Medical case management, holistic care supporting spiritual, physical, mental, and social wellness.
- **University of North Carolina AIDS Clinical Trials Unit (ACTU)**
Address: 211-A West Cameron Street, Chapel Hill, NC 27599-7215
Phone: 919-843-2506 | Web: www.id.unc.edu/actu (clinical trials) | Email: HIVtrials@unc.edu
Services: Conducts and develops research of HIV infection and its associated opportunistic infections and providing access to promising clinical protocols to persons living with HIV.
- **Western North Carolina AIDS Project**
Address: PO Box 2411, Asheville, NC 28802
Phone: 828-252-7489 or 800-346-3731 | Web: <http://wncap.org/>
Email: wncap@main.nc.us Services: Offers two referral services, benefits advocacy, case management and health education.

So careful the house we are building together
With foundations of research and data so strong
So fragile the hopes that depend on that dwelling.
So hopeful their hearts that we won’t build it wrong.

Such powerful leaders we are with our planning.
With our “findings” and “insights” and “knowledge” to bear.
But weak is our path if we aren’t understanding
That conditions of health are conditions we share.

As we scour the world for the answers and cures
That will end all the sadness and madness and pain.
We must synergize faith and ideas within us
Whose answers will prove we have not dreamed in vain.

As for policies, plans and the way we deploy
All our wonder and hunger to answer the call,
May we pledge that together our spirits and actions,
Will generate hope and compassion for all.

JL Edwards 2011

*(Dedicated to the professionals who devote their lives
to building the health policies that impact us all.)*

- **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** – Coordinated School Health Programs
- **CTR** – Counseling, Testing and Referral Program
- **DASH** – Division of Adolescent and School Health/CDC
- **NCDPI** – North Carolina Department of Public Instruction
- **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
- **YRBS** – Youth Risk Behavior Survey



APPENDIX 2 – Important HIV / AIDS Terms

- **AIDS** – the acronym stands for acquired immunodeficiency syndrome, the advanced stage of HIV infection.
- **Asymptomatic stage** – the period during which a person has HIV infection but does not experience any symptoms.
- **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 main federal agency charged with protecting the health and safety of people of the United States.
- **Communicable disease** – any infectious disease that can be transmitted from one person to another.
- **Disease progression** – this term refers to the way in which initial HIV infection develops in a person’s body and eventually results in AIDS.
- **HIV** – human immunodeficiency virus, the pathogen that causes AIDS.
- **HIV antibody test** – the most common screening tests for HIV antibodies are blood tests and oral mucosal screening tests.
- **HIV infection** – refers to every stage of infection and illness, from initial infection to the advanced stage described as AIDS.
- **HIV status** – status is a reference to the condition of being HIV-infected 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.
- **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.
- **Person living with HIV and Person with AIDS** – term refers to an individual who is HIV-infected.
- **Positive test result** – with regard to HIV, this term is used to refer to a test result that indicates the presence of HIV antibodies.
- **Post exposure 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.
- **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.

