

1 **FRANKLIN CENTRAL SUPERVISORY UNION AND ITS MEMBER SCHOOL DISTRICTS**  
2 **UNIVERSAL PRECAUTIONS FOR SCHOOL STAFF AND INDEPENDENT**  
3 **CONTRACTORS COMPREHENSIVE HIV PROCEDURES FOR SCHOOLS PRE K-12**  
4 **BLOOD-BORNE PATHOGENS AND SIGNIFICANT CONTAGIOUS DISEASE E9**  
5

6 **Preamble**

7 The evidence is clear that the risk of transmitting Human Immunodeficiency Virus (HIV) is extremely low in  
8 school settings when proper guidelines are followed. The presence of a person living with HIV infection or  
9 diagnosed with acquired immunodeficiency syndrome (AIDS) poses no significant risk to others in school,  
10 daycare, or school athletic settings. HIV is not transmitted through casual contact and therefore is not a reason  
11 in itself to treat individuals having or perceived as having HIV differently from other members of the school  
12 community. HIV is a blood-borne pathogen and is treated as such in the same manner as any other blood-  
13 borne pathogen.

14  
15 The FCSU and its member schools shall strive to protect the safety and health of children and youth in its care,  
16 and its employees, recognizing:

- 17 • the rights of students and employees with HIV;
- 18 • the importance of maintaining confidentiality regarding the medical condition of any individual;
- 19 • the importance of an educational environment free of significant risks to health; and
- 20 • the necessity for HIV education and training for the school community and the community-at-large.

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22 **Rights of Faculty/Staff**

23 **I. Equal Employment**

24 The FCSU and its member schools may not discriminate on the basis of an employee's HIV infection or  
25 association with another person with HIV infection. No applicant shall be denied employment and no  
26 employee shall be prevented from continued employment on the basis of having or being perceived as  
27 having HIV.<sup>1</sup> In accordance with the Americans with Disabilities Act of 1990, an employee with HIV  
28 infection is welcome to continue working as long as he/she is able to perform the essential functions of the  
29 position, with reasonable accommodations if necessary.<sup>2</sup>

30  
31 **Rights of Students**

32 **II. School Attendance**

- 33 a. A student with HIV infection has the same right to attend school and receive services as any other  
34 student and will be subject to the same rules and policies as any student without HIV. Except as  
35 deemed appropriate to accommodate students with disabilities, HIV infection shall not factor into  
36 decisions concerning class assignments, privileges, or participation in any school-sponsored  
37 activity.<sup>3&4</sup>
- 38  
39 b. The special education coordinator, Section 504 coordinator, or other designated school authorities will  
40 follow established policies and procedures for students with chronic health problems or students with  
41 disabilities to determine on a case-by-case basis the educational placement of a student known to be  
42 infected with HIV.<sup>5</sup> Respecting students' and families' privacy rights, school authorities may consult  
43 with the student's parent or guardian, seek a waiver from the parent/guardian to consult with the  
44 student's physician, and reassess the placement if there is a change in the student's need for  
45 accommodations or services.

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47 **Rights for Students and Staff**

48 **III. Nondiscrimination**

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<sup>1</sup> 21 V.S.A. § 495(a) (6) and (7)

<sup>2</sup> 42 U.S.C. § 12101 et seq., Americans with Disabilities Act

<sup>3</sup> 29 U.S.C. § 794, 34 C.F.R. § 104.1 et seq., The Rehabilitation Act of 1973 (Section 504)

<sup>4</sup> 42 U.S.C. §§ 2000d and 2000e, Title IV, Civil Rights Act of 1964 and as amended by the Equal Employment Act of 1972

<sup>5</sup> 20 U.S.C. § 1400 et seq., 34 C.F.R. § 300, Individuals with Disabilities Education Act (IDEA)

- 49 a. **The FCSU and its member schools** are committed to providing a learning environment and workplace  
50 free of discrimination. School staff members will strive to maintain a respectful school climate and  
51 will not allow physical or verbal harassment against a student or staff member based on their HIV  
52 positive status.<sup>6</sup> This includes conduct directed against a person living with HIV infection, a person  
53 perceived as having HIV infection, or a student or employee's family member's actual or perceived  
54 status as HIV positive.  
55
- 56 b. **The FCSU and its member schools** shall not discriminate against an applicant, prospective, or current  
57 student on the basis of a person's having a positive test result from an HIV-related diagnostic test.<sup>7</sup>  
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59 **IV. Confidentiality of HIV-related Information and Testing**

- 60 a. **The FCSU and its member schools** will protect the student's and family's privacy rights consistent  
61 with state and federal law pursuant to the **FCSU and its member schools** Student Records Policy and  
62 Employment Records Policy.  
63
- 64 b. No school official shall require HIV-related testing of any employee applicant, current employee, or  
65 prospective or current student for any purpose.<sup>8</sup>  
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- 67 c. Students, students' parents/guardians, or applicants/employees are not required to disclose HIV status  
68 to any school personnel.<sup>9</sup>  
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- 70 d. Service providers, including those dispensing medication, will maintain student confidentiality. Unless  
71 for the limited purpose of an exception of state law, federal law, the Student Records policy, or the  
72 Employee Records policy that applies, school personnel shall not disclose any HIV-related  
73 information about a prospective or current school personnel or students to anyone except in  
74 accordance with the terms of a written consent.<sup>10</sup> The Superintendent shall develop a written consent  
75 form (see Appendix A) which provides for a description of information to be disclosed, to whom it  
76 may be disclosed, its specified time limitation, and the specific purpose for the disclosure. The school  
77 district shall not discriminate against any individual who does not provide written consent.  
78
- 79 e. All health records, notes, and other documents that reference a person's HIV status will be kept  
80 confidential.<sup>11</sup> Access to these confidential records is limited to those named in written permission  
81 from the person or parent/guardian and to emergency medical personnel.  
82

83 **Health Protections and Universal Precautions**

84 **V. Infection Control**

85 HIV is a blood-borne pathogen. Therefore, infection control for HIV is to be addressed in the same manner  
86 as any other blood-borne pathogen.  
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- 88 a. **The FCSU and its member schools** shall comply with applicable Vermont Occupational Safety and  
89 Health Administration (VOSHA) rules in order to protect employees who are reasonably anticipated to  
90 be exposed to blood-borne pathogens as part of their regular job duties.<sup>12</sup>  
91
- 92 b. The Superintendent/designee shall determine those employees (by job class and possibly by task or  
93 procedure) who are reasonably anticipated to have occupational exposure to blood or other potentially  
94 infectious materials as part of their duties. These employees will be protected in strict accordance with  
95 the provisions of the Blood-borne Pathogens Standards.<sup>13</sup>

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<sup>6</sup> 18 V.S.A. §1127(a); see also 16 V.S.A. §§11(a) (26); 14; 565 regarding discrimination based on disability

<sup>7</sup> 18 V.S.A. § 112 7

<sup>8</sup> 18 V.S.A. § 112 7(a)

<sup>9</sup> 18 V.S.A. § 112 7(b)

<sup>10</sup> 1 V.S.A. § 317(b)(7) and (11)

<sup>11</sup> 20 U.S.C. § 1232g The Family Education Rights and Privacy Act, 1974 (FERPA)

<sup>12</sup> 29 U.S.C. §§653, 655, and 657 Occupational Safety and Health Act of 1970

<sup>13</sup> 29 U.S.C. §§653, 655, and 657 Occupational Safety and Health Act of 1970

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- c. A written Exposure Control Plan concerning blood-borne pathogens, which includes the use of universal precautions, shall be developed, maintained and followed.<sup>14</sup>

**Recommended Best Practice Additions for HIV Policy**

VI. Privacy and Confidentiality:

- a. The Superintendent/designee shall develop procedures which ensure confidentiality in the maintenance and, where authorized, dissemination of all medically-related documents (see Appendix A).
- b. Information regarding HIV status will not be added to a student’s permanent educational or health record without written consent.

VII. Health Protections:

- a. All employees shall consistently follow universal precautions and guidelines on school property at all times, including at school-sponsored events, on school playgrounds, and on school buses (see Appendix C).
- b. Students and school volunteers shall be instructed to avoid contact with potentially infectious materials and blood, and shall immediately contact a member or the staff who is covered by and trained in the Exposure Control Plan. When this is not possible, any person providing assistance shall follow universal precautions (see Appendix C).
- c. The Superintendent/designee shall provide annual training to all staff and students about the hazards of blood-borne pathogens, the recommended operating procedures of universal precautions, the existence of the VOSHA-required Exposure Control Plan, individuals or job classes to be notified in order to safely handle or cleanup blood or other body fluid spill safely, and the location and use of appropriate protective equipment and first-aid devices.
- d. The Superintendent/designee shall provide training on the recommended operating procedures of universal precautions to teaching substitutes.

VIII. Student Health Services:

- a. All students will have access to voluntary, confidential, age and developmentally-appropriate counseling about matters related to HIV infection.
- b. School administrators, in collaboration with the school nurses, will maintain referral information to facilitate confidential and voluntary student access to HIV counseling and testing, and other HIV-related services.
- c. Public information about community resources will be kept available for voluntary student use.

IX. Curriculum, Instruction and Extra-Curricular Activities:

- a. HIV/AIDS Prevention Education
  - 1. The school district shall provide systematic and extensive elementary and secondary comprehensive health education including education on HIV infection, other sexually transmitted diseases as well as other communicable diseases, and the prevention of disease.<sup>15</sup>
- b. HIV/AIDS Prevention Curriculum and Instruction:
  - 1. The comprehensive health education program will:
    - be provided in accordance with the Vermont Department of Education *Guidelines for the Development of an HIV/AIDS Education Program in Vermont Schools*;
    - be taught at every level, kindergarten through grade 12;

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<sup>14</sup> 29 C.F.R. § 1910.1030 Occupational Exposure to Blood-borne Pathogens Standard

<sup>15</sup> 16 V.S.A. § 131 et seq., § 906

- 147 • be consistent with community standards;  
148 • include current HIV epidemiology, methods of transmission and prevention, universal  
149 precautions, and psycho-social aspects of HIV;  
150 • be appropriate to students' developmental levels, behaviors, and cultural backgrounds;  
151 • build knowledge and skills from year to year;  
152 • stress the benefits of abstinence from sexual activity, alcohol, and other drug use;  
153 • include accurate information on reducing risk of HIV infection;  
154 • address students' own concerns;  
155 • include means for evaluation;  
156 • be an integral part of a skills-based comprehensive health education program;  
157 • be taught by well-prepared instructors; and  
158 • involve parents and families as partners in education.
- 159
- 160 2. The Superintendent shall designate a coordinator to oversee the **Supervisory Union's** HIV  
161 education plans and programs.
- 162
- 163 3. The Superintendent/designee shall establish a comprehensive health education community advisory  
164 council to assist the school board in developing and implementing comprehensive health education  
165 including HIV education. The Superintendent/designee shall provide public notice to the  
166 community to allow all interested parties to apply for appointment. The Superintendent/designee  
167 shall endeavor to appoint members who represent various points of view within the community  
168 regarding comprehensive health education.
- 169
- 170 4. The Superintendent/designee shall create a plan to ensure that all school employees, including  
171 newly hired staff, receive training regarding current HIV epidemiology, methods of transmission  
172 and prevention, universal precautions, psycho-social aspects of HIV, related school policies and  
173 procedures, and where appropriate, teaching strategies. The Superintendent shall report annually to  
174 the school board regarding implementation of this plan.
- 175
- 176 5. The school district shall provide for parents, families, students and the community, opportunities  
177 for education, discussion, and the development of recommendations about a comprehensive and  
178 age appropriate HIV prevention education plan (including the promotion of abstinence, condom  
179 availability, and nondiscrimination of people living with the disease). Educators, administrators,  
180 and health professionals shall be involved in such activities.

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182 X. Athletics:

- 183 a. Participation in physical education classes, athletic programs, competitive sports, and recess is not  
184 conditioned on a person's HIV status. School authorities will make reasonable accommodations to  
185 allow students living with HIV infection to participate in school-sponsored physical activities.<sup>16</sup>  
186
- 187 b. All employees shall consistently adhere to infection control guidelines in locker rooms and all play  
188 and athletic settings. Rule books will reflect these guidelines. First-aid kits will be on hand at every  
189 athletic event.
- 190
- 191 c. All physical education teachers and athletic program staff will complete an approved first-aid and  
192 injury prevention course that includes implementation of infection control guidelines.
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- 194 d. Student orientation about safety on the playing field will include guidelines for avoiding HIV  
195 infection.
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<sup>16</sup> 29 U.S.C. § 794, 34 C.F.R. § 104.1 et seq., The Rehabilitation Act of 1973 (Section 504)

- 199 XI. Staff Development:  
200 a. All school staff members will participate in a planned HIV education program that conveys factual and  
201 current information; provides guidance on infection control procedures; informs about current law and  
202 state, district, and school policies concerning HIV; assists staff to maintain productive parent and  
203 community relations; and includes annual review sessions.  
204  
205 b. As necessary to meet their responsibilities, employees will also receive additional specialized training.  
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- 207 XII. Policy Dissemination:  
208 a. On an annual basis, school administrators will notify students, their family members, and school  
209 personnel about current policies concerning HIV infection, and provide convenient opportunities to  
210 discuss them.  
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## Recommended Best Practice Procedures for Maintaining Confidentiality of HIV/AIDS

218 To maintain an atmosphere of trust with staff members, students, families, and the community, procedures that  
219 encourage confidentiality is essential. It is important that people who have the Human Immunodeficiency  
220 Virus (HIV) and their families feel certain that their names will not be released against their wishes to others  
221 without a need to know. A policy on confidentiality that is strictly enforced will also provide protection to the  
222 school district from potentially adverse reactions that might result, including legal action.

223  
224 To protect the confidentiality of student and/or employee medical records, the school district/supervisory  
225 union will comply with federal and state law and follow its Student Records Policy or Employment Records  
226 Policy. In addition to compliance with the applicable laws and policies, the following procedures are  
227 suggested:

- 228
- 229 1. All medical information in any way relating to the HIV status of any member of the school community,  
230 including written documentation of discussions, telephone conversations, proceedings, and meetings, shall  
231 be kept in a locked file. Unless an exception applies under federal law, state law, the Student Records  
232 Policy, or the Employment Records Policy, access to this file shall be granted only to those persons  
233 identified in writing by the student or student's parent/guardian. Filing and photocopying of related  
234 documents may be performed only by persons named in the written consent.  
235
  - 236 2. Because of the potential for breach of confidentiality, no HIV/AIDS information shall ever be faxed or e-  
237 mailed.  
238
  - 239 3. Medically-related documents that are to be mailed shall be marked "Confidential." Names of persons  
240 mailing documents and those receiving the documents shall be identified on the written consent form by  
241 the student or student's parent/guardian, or the applicant/employee.  
242
  - 243 4. A written consent form shall be completed prior to each disclosure and release of HIV-related information  
244 (sample attached).  
245
  - 246 5. Each disclosure made shall be noted in the student or employee's personal file. The list of such disclosures  
247 shall be made available to the student, parent/guardian, or employee upon request.  
248
  - 249 6. Schools shall comply with Vermont Occupational Safety and Health Administration (VOSHA) Rule  
250 §1910.20, which concerns maintenance of and access to employee medical records. [Note: §1910.20 is  
251 incorporated by reference into §1910.1030 (h).]  
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**Sample Written Consent Form for Each Release of Confidential HIV-Related Information**

Confidential HIV-Related Information is any information that a person had an HIV-related test; has HIV infection, HIV-related illness or AIDS\*; or has been potentially exposed to HIV. If you sign this form, HIV-related information can be given to the people listed and for the reasons listed below.

Name and address of person whose HIV-related information can be released:
Name and address of person signing this form (if other than above):
Relationship to person whose HIV-related information may be released:
Name, title or role, and the address of each person who may be given HIV-related information (include names of persons responsible for photocopying and filing confidential information):
1.
2.
3.
4.
Additional names and addresses can be attached or listed on back.)
Information to be provided: (Check as many as apply.)
<input type="checkbox"/> HIV antibody test result <input type="checkbox"/> AIDS diagnosis <input type="checkbox"/> summarized medical record <input type="checkbox"/> details of symptoms, signs, and/or diagnostic results (specify: _____) <input type="checkbox"/> psychiatric, other mental health, and/or developmental evaluation records (specify: _____) <input type="checkbox"/> names of medical care and/or support service providers (specify: _____) <input type="checkbox"/> infection status of other family members [requires written consent] <input type="checkbox"/> student's instructional program <input type="checkbox"/> other (specify: _____)
Specific purpose(s) for release of HIV-related information
Time during which release of information is authorized: (A specific time must be noted for each single incidence of release of HIV-related information. Use a new form for each incident.)
From: _____ To: _____

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263  
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Any disclosure of information not meeting the conditions listed above is expressly prohibited. Disclosure to any other persons than those listed above requires my informed, written consent.

266  
267  
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Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Human Immunodeficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS)

Sample Authorization for Release of Medical Information

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Date: \_\_\_\_\_

To: Primary Care Provider \_\_\_\_\_  
(name & address)

\_\_\_\_\_  
\_\_\_\_\_

From: Parent/Guardian \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please send information about my child \_\_\_\_\_ whose date  
of birth is \_\_\_\_\_ to:

Health Services Office  
School Name  
School Address  
City, State, Zip Code

Please send all pertinent information regarding \_\_\_\_\_  
\_\_\_\_\_

Signature of  
Parent/Guardian: \_\_\_\_\_



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## Universal Precautions for School Staff and Independent Contractors Blood-borne Pathogens • Significant Contagious Disease

### Blood-borne Pathogens

Research shows that the risk of getting a significant contagious disease in a school setting is extremely small. However, school staff and contracted personnel in the school need to decrease the possibility of exposure to blood-borne pathogens.

Significant contagious disease (SCD) includes cytomegalovirus (CMV), hepatitis B virus (HBV) and human immunodeficiency virus (HIV) infections. The local board of health or the state health officer may determine that other diseases are significant contagious diseases. <sup>1</sup>

“Universal Precautions” means protecting oneself from exposure to blood or body fluids through the use of latex gloves\*\*, masks or eye goggles; cleaning blood and body fluid spills with soap and bleach solution and water; and disinfecting and incinerating or decontaminating infected waste before disposing in a sanitary landfill. <sup>1</sup>

### None of these are Modes of Transmission of Blood-borne Pathogens

Sharing Restrooms

Bathroom Fixtures

Drinking Fountains

Hugging

Eating with Carriers

Mosquitoes

Working & Studying with Carriers

Playing with Carriers

Swimming Pools

Shaking Hands

Eating Food Prepared by Carriers

### Modes of Transmission

"The two common methods of spreading HIV are having sex with an infected individual and using contaminated needles to inject drugs."  
(Surgeon General's Report to the American Public on HIV Infection and AIDS)

<sup>1</sup> North Dakota Administrative Rules, Sections 33-06-05.1-01, 33-06-05-02, 33-06-05.1-0

## UNIVERSAL PRECAUTIONS IN THE SCHOOL SETTING

Reduce the risk of exposure to blood-borne pathogens by using universal precautions to prevent contact with blood and body fluids.\*

### Begin By Attending to the Injured Person

- Whenever blood and body fluids are present, a barrier (latex rubber gloves\*\*, thick layer of paper towels, or cloth) should be used to minimize exposure of the attending person while the injury is cleansed and/or dressed.
- Soiled clothes of the injured person must be bagged to be sent home.
- Place waste in a plastic bag for disposal.
- Remove gloves and dispose in plastic bag.
- Thoroughly wash hands with soap.

### Clean and Disinfect Environmental Surfaces

- Whenever cleaning and disinfecting environmental surfaces in which blood and body fluids are present, a barrier (rubber utility gloves durable enough to withstand environmental cleaning and disinfecting, thick layer of paper towels, or cloth) should be placed between the blood and attending person.
- Use disposable paper towels or other disposable materials to remove blood and body fluids.
- Disinfect the affected area(s) and cleaning tools with a commercial tuberculocidal disinfectant (mixed according to manufacturer's specifications) or bleach solution (approximately 1/4 cup common household bleach per gallon of tap water, mixed fresh daily).<sup>2</sup> The affected surface being disinfected should remain wet for several minutes.
- Secure all waste in plastic bag for disposal

### Clean Up for Attending Person

- Remove gloves and dispose and secure in a plastic bag.
- Immediately apply soap. Thoroughly wash hands with soap by rubbing hands together (avoiding scrubbing hands). Pay particular attention to finger tips, nails and jewelry. Rinse with fingers pointing downward.
- If running water and soap are not immediately available, a waterless antiseptic cleaner or moist towelette may be used until hands can be thoroughly washed (use of antiseptic cleaner or towelette is NOT a substitute for hand washing.) **WASH HANDS AS SOON AS POSSIBLE**

\* **Body fluids that contain blood.**

\*\* **Non-latex gloves should be available for any staff member who has a known latex allergy.**

2 Centers for Disease Control and Prevention Guideline for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-care and Public Safety Workers. MMWR Vol. 38/No. S-6:1-37, 1989.

## Annotated Legal References

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1. 1 V.S.A §317 (7) and (11) - Subsections (7) and (11) are two exceptions to the Vermont law requiring disclosure of public records. Subsection (7) deals with medical records of employees and subsection (11) deals with student records at public schools.
2. Section 504 of the Rehabilitation Act (29 U.S.C. §794) - This federal law (popularly known as "Section 504") prohibits discrimination against persons with disabilities by entities receiving federal funds.
3. 18 V.S.A. §112 (7) - This Vermont public health law prohibits school districts from requiring HIV testing of any applicant, or prospective or current students and prohibits discrimination against an applicant, or prospective or current student on the ground that the person has tested HIV positive.
4. 21 V.S.A. §495(a)(6) and (7) - These provisions prohibit employers, employment agencies, labor organizations and persons seeking employees from discriminating against persons who have a positive test result on an HIV-related blood test and from requiring employees or prospective employees to take an HIV-related blood test as a condition of employment, membership, classification, placement or referral.
5. Individuals with Disabilities Education Act (20 U.S.C. §1400, et seq.) - This federal law (popularly known as "IDEA" or "P.L. 94-142") requires states and school districts to provide special education and related services to eligible students with disabilities.
6. Title VI, Civil Rights Act of 1964 as amended by the Equal Employment Act of 1972 (42 U.S.C. §§2000d and 2000e) - These federal provisions authorize enforcement of Section 504 through the federal courts by clarifying that 11<sup>th</sup> Amendment immunity is unavailable in such cases and makes available administrative remedies to aggrieved parties. Further, these provisions provide the enforcement mechanisms for violations of the Americans with Disabilities Act.
7. Americans with Disabilities Act (42 U.S.C. §12101, et seq.) - This federal law (popularly known as the "ADA") prohibits discrimination in, among other areas, employment and education on the basis of a disability.
8. 16 V.S.A. §131, et seq. and 16 V.S.A. §906 - These Vermont laws require each public and independent school to provide students with a minimum course of study in "comprehensive health education," including education on "HIV infection, other sexually transmitted diseases, as well as other communicable diseases, and the prevention of disease." Additionally, these laws permit the appointment of a community advisory council to assist school boards in developing and implementing comprehensive health education programs.
9. Occupational Safety and Health Act of 1970 - This federal law (popularly known nationally as "OSHA" and in Vermont as "VOSHA") requires safe working conditions in places of employment. In particular, 29 U.S.C. §§653, 655, and 657 form the basis for the issuance of OSHA regulations on dealing with blood-borne pathogens in the workplace.
10. Occupational Exposure to Blood-borne Pathogens Standard (29 C.F.R. §1910.1030) - This federal regulation requires employers to develop and maintain a written Exposure Control Plan concerning blood-borne pathogens and requires the taking of "universal precautions."
11. 21 V.S.A. §§201 and 224 - These state statutes make Vermont law on Occupational Safety and Health consistent with the federal Occupational Safety and Health Act of 1970 (see paragraph #9 above).
12. 20 U.S.C. §1232(g) The Family Education Rights and Privacy Act, 1974 (FERPA) protects the privacy of students and parents.

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489 **Resources for HIV/AIDS Assistance and Information**  
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491 **State Resources**  
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493 **Vermont Department of Education: 802/828-5151**

494 *For local assistance, contact the Health Education Resource Center:*

495 Brattleboro: 254-4511 So. Burlington: 864-4789 St. Johnsbury: 748-8912 Rutland: 755-4314  
496

497 **Vermont Department of Health (Hotline) 800-882-AIDS**

498 The Hotline provides information and referral about all HIV-related issues.  
499

500 **Vermont Occupational Safety and Health Administration (VOSHA) 800-640-0601**

501 A division of the Vermont Department of Health that supports and regulates workplace safety.  
502  
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504 **American Red Cross Vermont Chapters**  
505

506 Serves all groups with a wide variety of informational resources available at low or no cost,  
507 including videos, curricula, and public health materials. Speakers and trainings on the following  
508 subjects are also available. Subjects covered include: HIV transmission and prevention, AIDS  
509 in the workplace, confidentiality, universal precautions, blood-borne pathogens and exposure  
510 control planning, and first aid.  
511

512 Northern Vermont - **800-660-9130** Central Vermont - **(802) 773-9159**

513 Green Mountain – **800-288-3554** (serving Southern Vermont)  
514  
515

516 **AIDS Service Organizations**  
517

518 These organizations may provide some of the following services: educational programs and  
519 training, speaker's bureaus, support and services for people affected by HIV/AIDS, and/or  
520 community advocacy. Contact the organization closest to you.  
521

522 **A Community Resource Network (ACORN) (603) 448-8887 or 800-816-2220**

523 serving Windsor and Orange Counties  
524

525 **Comprehensive Care Clinic Northeast Vermont Regional Medical Center (802) 751-7603**

526 (St. Johnsbury) serving Caledonia, Essex and Orleans Counties  
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528 **Bennington Area AIDS Project 800-845-AIDS (2437)** serving Bennington County  
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530 **AIDS Project of Southern Vermont (802) 254-4444** serving Windham and Southern Counties  
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532 **Vermont C.A.R.E.S. (802) 863-AIDS (2437)** (office and general hotline)

533 serving Chittenden, Addison, Rutland, Lamoille, Washington, Franklin, and Grand Isle Counties  
534

535 **Vermont People With AIDS (PWA) Coalition 800-698-8792 or (802) 229-5754**

536 The Coalition is a statewide organization of and for people living with HIV. The Coalition  
537 frequently provides HIV+ speakers for schools.