

Communicable Disease Policy

The Elder Board approved this policy on October 15, 1988

Introduction

A large number of communicable diseases exist in an urban setting having the demographics and size of Dallas. Northwest Bible Church (“NBC”) serving the entire community, without discrimination, have members or visitors (hereinafter, “members” of the Body who may carry communicable diseases and, consequently, be infectious to other members of the Body.

NBC has a responsibility to:

- The member with the communicable disease. NBC should act compassionately and sensitively, provide counseling and/or access to counseling, and provide a means of worship which will not be of risk to the member.
- The members of the Body. NBC should provide an environment for worship for the members of the Body which is free of contacting communicable diseases within practical limitations. Additionally, NBC should gather factual information, develop a comprehensive communicable disease policy, and address procedures concerning such information and policy.

Therefore, the NBC Board of Elders has adopted and approved for implementation the NBC Communicable Diseases Policy set forth hereinafter.

General Category of Communicable Diseases

The number and variety of communicable diseases are too enormous to describe in this policy. Generally, such diseases may be categorized into upper and lower respiratory diseases (i.e., sinusitis, sore throat, bronchitis, pneumonia); gastrointestinal diseases (i.e., diarrhea, vomiting); cutaneous diseases (i.e., abscesses, open infected sores, wounds); systemic illnesses with cutaneous manifestations (i.e., measles, chicken pox, roseola, etc.); and systemic illnesses without cutaneous manifestations (i.e., mumps, encephalitis, hepatitis, AIDS).

The severity, nature, and history of the stated disease is quite unpredictable. Upper respiratory symptoms are frequent and ubiquitous in a Body the size of NBC. Any policy, procedure, or action by the Body must be prudent. The following general procedure should be followed if a member of the Body is noted to have a communicable disease.

- The member or person should contact the teacher, volunteer staff member, fulltime staff member, or an Elder to express concern and obtain guidance.
- If it is the judgment of the person in authority contacted that further transmission of the disease is likely, temporarily the member should be requested to isolate him/herself. Likewise, if the member is a child, the child should be isolated by the teacher or staff member, and family members contacted to discuss removal from the class. Isolation may be no more than sitting in an area so as not to expose other members, but may mean not attending Sunday School or such service that day. Any

requests for a member to avoid contact with other members should be communicated with sensitivity and compassion. If possible, this should usually be done by a member of the Board of Elders or through the Standing Committee on Communicable Diseases (SCCD).

- If the communicable disease is to be long-standing, the member or family should obtain advice from professional medical personnel prior to returning to the NBC campus. In such a situation, NBC staff should contact the involved family to discuss options for worship.

Special Category Concerning Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or Human Immunodeficiency Virus 1 (I-BV-1) Infection.

General Background

Acquiring Human Immunodeficiency Virus (HIV-1) can lead to serious medical, emotional, economic, social, and spiritual consequences. NBC has a responsibility to the body to provide compassion, information, education, and policy concerning HIV-1 Infection. The result of this responsibility should provide a safe environment for worship for all concerned.

HIV-1 is spread from one person to another primarily by sexual contact and, in certain circumstances, by blood contact. The risk of contracting the disease in the church setting is extremely low. To date, not one case has been described or reported to the medical profession wherein member to member, teacher to child, or child to teacher transmission has occurred in a church or school setting through nonsexual or blood contact.

HIV-1 is not spread from one person to another by casual social contact. Spread has been documented only when a body fluid, specifically blood or semen, is introduced through broken skin or mucous membranes of the eye, mouth, vagina or, especially, the rectum. HIV-1 has been isolated from blood, semen, saliva, tears, vaginal secretions, breast milk, urine and fluid from the lungs of HIV-1 carriers, but transmission by saliva or tears has not been documented. Specific methods of spread have included sexual contact, sharing of intravenous needles, transfusion of contaminated blood or blood products, and transplantation of organs.

Adults at increased risk of infection include homosexual and bisexual males, prostitutes, males and females with multiple partners, intravenous drug abusers, persons transfused with contaminated blood or blood products, persons receiving contaminated transplanted organs, and sexual contacts of persons with W-1 infection.

The prevalence of HIV-1 Infection in the general population varies from 0.1% to 1.0% depending on the area and demographics tested. Consequently, NBC would be expected to have between 5 and 50 members or visitors participating in the varied programs during any time period.

Most infected children have acquired the virus from their infected mothers, either before or during birth, and during breastfeeding. Some have been infected by contaminated blood or blood products, especially hemophiliac children receiving blood clotting factors.

Available evidence indicates that the casual person-to-person contact that occurs among school, Sunday School, or church poses no risk of HIV-1 transmission. No case of AIDS or HIV-1 Infection in the United States is known to have resulted from spread in the school or day care setting or from other casual person-to-person contact. Except for sexual partners,

needle sharing partners, hemophiliac children, and infants born to infected mothers, no family member of HIV-1 infected persons has been reported to have contacted HIV-1. Family members sharing eating utensils, hugging, kissing on the cheek or lips, and skin to skin contact has demonstrated no transmission. Casual locker room contact, or sharing the same sauna, whirlpool, swimming pool, or shower facility with an infected person has not been shown to be a risk factor.

If any risk of spread in the Sunday School or church setting exists, it would be limited to situations where open skin lesions or mucous membranes would be exposed to blood from an infected person. An example would be a teacher providing first aid for a bleeding injury and getting blood into an open wound on his or her own skin. Another would be having a child with HIV-1 Infection bite or demonstrate other mouthing behavior whereby skin is broken on the recipient.

Paradoxically, a child with HIV-1 Infection may be at risk from the general population, especially in the nursery setting where infectious diseases may be pre-clinical, latent or evident in other children. In this situation, exposure may result in serious infection, especially to certain viral/bacterial/fungal infections, including chicken pox, measles, herpes simplex, and cytomegalovirus (CMV), in the immune-compromised HIV-1 infected person.

In summary, as a general rule, members or children of members with HIV-1 Infection should not pose a health risk to other members, children or members, or staff. Children are special problems (refer to Special Problems Associated with Children). Adults usually do not require isolation if they cover any open or draining cutaneous lesions and exhibit responsible behavior. Isolation from the Body may be important for the member's or child's own protection should they have HIV-1 Infection, and the member or family should seek medical counsel concerning this.

Compassionate Role of the Church

Information concerning HIV-1 Infection is sometimes misunderstood, misinterpreted, and mis-transmitted. Unfortunate results can result: fear, panic, irrational and inhumane treatment of victims and families, exaggeration, and distortion of medical and scientifically established facts.

All of these responses, for the true Christian, must be dwarfed by the overriding call in Scripture for compassion. While the strongest call in Scripture as it relates to God is the call to faith in the Lord Jesus Christ, the strongest call as it relates to mankind is the call to love one another. "Teacher, which is the greatest commandment in the Law? Jesus replied: "Love the Lord your God with all your heart and with all your soul and with all your mind.' This is the first and greatest commandment. And the second is like it: 'Love your neighbor as yourself.' All the Law and the Prophets hang on these two commandments." (Matthew 22:36-40) "A new commandment I give to you, that you love one another. By this all men will know that you are my disciples, if you have love for one another." (John 13:34-35).

This call to compassion is for the whole world regardless of their sinful am. We must be careful while we are calling for repentance from sin, that we also love the person who is suffering the consequence of sin, whether the fault is his own or some else's. The church should be on the vanguard of providing care and compassion for the victims of HIV-1 infection demonstrating to the world that we are followers of Christ. This should be done without undue risk to the physical health of the members of NBC.

Confidentiality, Disclosure, and Communication

Any policy must consider both the compassion toward the HIV-1 carrier and protection of the members of the Body and the legal aspects of the process. The social isolation resulting if compassion behavior is not exhibited can carry drastic and far-reaching ramifications, should the person's condition become known to those unable to appropriately integrate the information. There must be an extraordinary sensitivity to confidentiality, by the Body and staff.

The proper balance between confidentiality of the HIV-1 carrier and disclosure to persons who may be exposed by the HIV-1 carrier must be determined on a case-by-case basis. The HIV-1 carrier generally has a desire to minimize disclosure and maximize confidentiality to prevent discriminatory behavior by others toward him or her. The person who may be exposed by the HIV-1 carrier generally has a desire to maximize disclosure and minimize confidentiality so that he or she may alter or adjust his or her behavior or reduce the chances of exposure.

In determining the proper balance on a case-by-case basis between confidentiality and disclosure, NBC must be aware of the legal boundaries (federal and Texas law and local ordinances), biblical commands and wisdom, and facts of the individual situation.

Legal boundaries change and this document will have to reflect such changes. (The policy/revision date noted below reflects the latest change in the document.) Disclosure of the identity of a person with HIV-1 infection is governed by Article 9 of the Communicable Disease Prevention and Control Act ("Act") Article 4419-1 of Vernon's Texas Civil Statutes. Article 9.03 of the Act states that a test result is confidential and any person or entity that has knowledge of the test result may not release or disclose a test result or allow it to become known. The definition of a "test result" is very broad and encompasses any statement that an identifiable individual is positive or negative, at risk, has or does not have a certain level of antigen or antibody or any statement that indicates that an identifiable individual has or has not been tested for HIV-1 infection, antibodies to HIV-1 or infection with any other possible causative agent of AIDS. Disclosure of an identifiable individual without written consent of such individual can result in civil liability to such individual. If disclosure of an identifiable individual is made with "criminal negligence," then criminal sanctions by the state may result.

Consent to disclosure must be in writing, signed by the person tested or involved or his or her legal representative and must state the persons or entities or classification of persons or entities to whom the information may be released.

Procedures

Situations are too diverse to have a structured step-by-step procedure. The three areas that should be considered in each situation are:

- Comfort and compassion for the member and/or family involved.
- Protection of the members of the Body by resolution of any potential infectious problems, including certain staff, voluntary and professional.
- Education of the Body, specifically certain members involved in the specific situation.

Development and Responsibilities of the Standing Committee on Communicable Diseases

A standing Committee on Communicable Diseases (SCCD) will be appointed by the Board of Elders. This committee should include, but not be limited to a physician, an attorney, a member of the Board of Elders, a member of the ministerial or counseling staff, and one volunteer from the Body. The Chairman of the SCCD will be responsible for initial contacts and monitoring of policy and procedure, under the auspices and authority of the Operating Committee of the Board of Elders.

The responsibilities of the SCCD are as follows:

- To determine the facts of a situation brought to their attention.
- To present these facts to the Elder Board.
- To assist the Elder Board in determining who shall make the initial contact with the family and be involved in the release of information (see below) release authorization.
- To formulate a plan of compassion care for the involved family and a plan for safe worship for the family and the Body.
- To develop an initial and ongoing maintenance plan of education and to direct its implementation.

It becomes the responsibility of the SCCD to determine the facts of the case, including: whether HIV-1 Infection has been confirmed; the extent of prior high risk involvement with other persons at NBC and potential for exposure; names of persons possibly exposed; develop a plan for support of both the person with HIV-1 Infection and the Body, including the potential need for worship, isolation, immediate needs, compassion, and a plan for education of appropriate parties.

Procedure

Shall be done discreetly, in private, in a one-on-one basis after counseling such person on the fact of HIV-1 Infection and state law governing disclosure. Written agreement should be obtained by the SCCD that further unauthorized disclosure will not take place (even to his or her spouse).

Education

Education of the Body should be an ongoing process through literature, meetings, announcements, and speakers. It should be a maintenance project and not await specific incident. It should be a call to compassion and to service. When a specific incident does, education should be targeted at members and staff who have a need to know and will be at risk for infectious exposure, based on a proper understanding of the communicable nature of the disease process. This situation will most commonly arise in the case of a child with HIV-1 infection. Education needs to be done through the pulpit, through existing adult and youth (grades 7-12) classes, and through special seminars. The SCCD can suggest speakers to those in charge of adult and youth education. In addition, anyone who is to speak directly to the topic of HIV-1 infection needs to be cleared through the SCCD to avoid misinformation.

Testing of the Body for Evidence of HIV-1

In general, questions concerning advisability of testing for HIV-1 and other medically related questions should be deferred to the physician of the member/family.

Cure and Spread of HIV-1 Infection

Since research reveals that a cure to HIV-1 Infection is at least ten years away, the most effective way to prevent HIV-1 Infection is by preventing its spread through implementation of safeguards at NBC. The SCCD is commissioned to develop and implement as many safeguards as possible based upon current medical information in order to protect the members of the Body.

Further, NBC rejects “safe sex” as a legitimate or viable method to curb the spread of HIV-1 Infection. NBC endorses a Christian lifestyle for its members based upon sexual union occurring only between a husband and wife. Premarital, homosexual, and extramarital sexual activities should be abstained from. Also, members should avoid use of any type of illegal drugs.

Special Problems Associated with Children

This section is intended to provide assistance and guidelines in the care of a child with HIV-1 infection and to be used in the education of voluntary and professional staff in the “Spotlight Ministries” setting.

The following are recommended procedures:

As a general rule, the child will be allowed to attend “Spotlight Ministries” in a regular classroom setting with the approval of the child’s physician.

Although the risk is slight to negligible, under the following circumstances, the child might theoretically pose a risk of transmission to others: if the child lacks toilet training, has open wounds that cannot be covered, demonstrates behavior (e.g., biting) which could result in direct inoculation of potentially infected body fluids into the bloodstream, or is an older student involved in a contact extracurricular activity. If any of these risks exist, the SCCD, Elder Board, in consultation with professional medical consultation, the child’s physician, and the family must determine whether a risk of transmission exists. If it is determined that a risk exists, the child will be isolated from routine “Spotlight Ministries” activity, and offered alternative education, worship, and involvement. Special voluntary and professional staff from the Body may be warranted. The Elder Board, through the SCCD, will appoint one of its members, a child’s physician and a family member to monitor change in the child’s condition.

The parents may be asked to cooperate with NBC in making temporary arrangements outside the usual “Spotlight Ministries” setting for reasons stated above, until either an appropriate education and worship program can be established, or the Elder Board determines, with consultation with the SCCD, the family, and the family physician that the risk has abated and the child can return to his/her regular “Spotlight Ministries” classroom.

The child, as with any other immunodeficient child, may need to be removed from the “Spotlight Ministries” classroom for his/her own protection when cases of measles, chicken pox, or other highly contagious diseases are occurring in the “Spotlight Ministries”

population. This decision will be made by the child's physician and family in consultation with the teacher and appointed representative from the Board of Elders.

The members of the Body of NBC shall respect the privacy of the infected child and his/her family. All facts, recommendations, and decisions will be maintained only by the Elder Board in private file. Knowledge that a child has HIV-1 Infection should be confined to those persons with a direct "need to know" as previously described. Those persons should be provided with appropriate information to assure comfort and understanding to the family and Body, in addition to any technical information to provide safety to those in possible infectious contact.

Procedures for cleaning spills of blood or body fluids have been developed, and will be made available to staff responsible for the care and attendance of a child with HIV-1 Infection.

The release authorization and disclosure process noted above applies fully to dealing with the special situation of children having HIV-1 Infection.

Acknowledgement

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Release Authorization

As permitted by Subsection (c) (2) of Section 9.03 of the Texas Communicable Disease Prevention and Control Act ("Act"), the undersigned authorizes the release or disclosure of test results of the undersigned by the Elder Board of Northwest Bible Church to the following persons, entities: or classification of persons or entities:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

The Act defines a "test result" to mean "any statement or assertion that any identifiable individual is positive, negative, at risk, has or does not have a certain level of antigen or antibody, or any others mement that indicates that an identifiable individual has or has not been tested for AIDS or HIV Infection, antibodies to HIV, or infection with any other probable causative agent of AIDS."