Administrative Policies and Procedures: 20.22

Subject:	**Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome**
Authority:	TCA 37-5-105 (3), 37-5-106; ***https://www.tn.gov/health/health-program-areas/std/std/std-laws.html***
Standards:	**COA**: PA-CR 4.10, PA-ASE 8.01-8.02, PA-RPM 2.01(c); **PREA:** 115.333
Application:	All Department of Children's Services Employees

Policy Statement:

The Department of Children's Services (DCS) protects the safety and health of children/youth by providing accurate information and appropriate resources for HIV-related health services and respecting the right to privacy and confidentiality of children/youth in custody as well as their families. We ensure that custodial children/youth with a diagnosis of Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) receive appropriate medical care and the social services appropriate to their unique needs and the needs of their families.

Purpose:

The Department of Children's Services believes that good health is a basic human right. Children/youth with an HIV/AIDS diagnosis will be afforded health care and protected from discrimination through culturally competent care and respect.

Procedures:

A. Confidentiality

Maintaining confidentiality is particularly important when dealing with HIV-infected individuals. The confidentiality requirements for the disclosure of HIV/AIDS are more stringent than those for other medical records. Consent is required to disclose HIV related information unless the disclosure is otherwise authorized or required by law. HIV/AIDS confidential information is defined as information that a child/youth has:

- Submitted to an HIV test;
- Had a positive or negative result from an HIV antibody test;
- Sought and received counseling regarding HIV/AIDS;
- Been designated as a person at risk of being infected with HIV;
- Been diagnosed as HIV positive;
- Been diagnosed as having AIDS; or
- Been or is being treated for AIDS.

B. Need to know	DCS and Contract Agency staff respect the child/youth's right to confidentiality about their HIV/AIDS diagnosis. Information that is shared is held in strict confidence and shared only with designated individuals on a need-to-know basis. 1. Foster parents are provided information regarding the child/youth's HIV status. Only non-identifying information should be shared before placement. 2. The Primary Care Provider (PCP) is informed by the Family Service Worker (FSW)/Juvenile Service Worker (JSW~~)~~ and/or foster parent of the child/youth's HIV status. 3. The Deputy Commissioner of Child Health must be informed if a custodial child/youth has been diagnosed with HIV or AIDS within two (2) business days. 4. Persons who **may** have a need to know are as follows: ♦ Central office program staff; ♦ Regional Health Nurse; ♦ Regional Administrator/JJ Statewide Director; ♦ Team Coordinator; ♦ Team Leader; Family Service Worker (FSW)/Juvenile Service Worker (JSW); ♦ DCS legal staff; ♦ YDC Superintendent; ♦ YDC Health Clinic staff; ♦ YDC Contract Physician or designated NP/PA; ♦ TDC Case Manager; ♦ Private Provider Agency Director; ♦ Private Provider Agency Case Manager; or ♦ Private Provider Agency Medical Director/Contract Physician. 5. Others with a need to know will be determined on a case-by-case basis. 6. School personnel, including the principal and school nurse: Determination of the school's need to know is made in conjunction with medical personnel involved in the management of the child/youth's care and treatment. 7. All persons who receive information regarding a child/youth's HIV status are informed that the information is strictly confidential, and that any disclosure of this information is a violation of laws protecting the confidentiality of children in foster care.

C. Documentation	HIV/AIDS information is protected according to TCA 68-10-113 and is maintained in strict confidence except as outlined in Section B. Confirmed cases of HIV/AIDS should be documented in TFACTS in the health section.
D. Testing for HIV	1. HIV testing should be considered and discussed with the healthcare provider caring for the following child/youth: ♦ Either parent has a history of HIV/AIDS; ♦ Youth has been involved in high-risk behaviors associated with HIV, including: • Multiple sex partners • Certain types of sexual activity • Intravenous or other injectable drug use ♦ Child/youth has been diagnosed with another sexually transmitted infection. ♦ Child/youth is diagnosed with active tuberculosis. ♦ Child/youth has been a victim of child sexual abuse. Testing in this population depends on the time since last contact, the type of contact, what is known about the alleged perpetrator, and child/youth and family input. Testing in this circumstance should be guided by medical professionals knowledgeable about child sexual abuse and STI testing in this population. ♦ Pregnant youth. ♦ Infants born to HIV-infected mothers. Infants in this circumstance are tested within forty-eight (48) hours of birth, at one (1) month of age, and again at four (4)-six (6) months of age. Testing in this circumstance should be guided by a pediatrician familiar with the most current medical guidelines. ♦ Child/youth has symptoms. 2. The signs and symptoms of acute HIV infection are similar to those of common pediatric illnesses like the flu, other upper respiratory infections, or mononucleosis. Therefore, testing for HIV at this stage is extremely rare. As the virus damages the immune system, other symptoms may become evident. If these symptoms persist for several months or recur over time and there are no alternate explanations, HIV testing may be indicated. A partial list of these symptoms includes: ♦ Persistent fever ♦ Headache ♦ Weight loss, wasting or anorexia ♦ Fatigue ♦ Muscle and joint pain

	♦ Gastrointestinal upset, vomiting and/or diarrhea ♦ Chronic or recurrent cough ♦ Persistent or recurrent swollen lymph nodes ♦ Chronic or recurrent ear infections and/or sore throat ♦ Rash ♦ Ulcers in the mouth and/or throat ♦ Pneumonia ♦ Failure to thrive and developmental delays 3. In accordance with Tennessee Code Annotated §68-10-104(c), minors in Tennessee can consent to the confidential diagnosis and treatment of STDs, including HIV, without the knowledge or consent of their parents. 4. Testing may be performed on a child/youth if there has been a significant exposure of blood to health care personnel, emergency response workers, DCS staff, or other children/youth. Written permission is obtained prior to testing and recorded on form ***CS-0377, Consent/Refusal for Testing and Release of Information due to Exposure Incident***. Parental consent should be obtained for children under the age of thirteen (13) years. If the child/youth or parent refuses, DCS Regional legal staff should be consulted.
E. Medical Care	1. A child/youth diagnosed with HIV/AIDS must be followed by an infectious disease specialist in addition to his or her primary care provider. If distance is a problem, telemedicine or telephone consultation between the primary care provider and the specialist is an alternative. 2. Medical monitoring through appointments with specialists and primary care providers is necessary. These visits will include monitoring growth and development, side effects of medications, and blood tests to monitor viral load at intervals determined by the age and health of the child/youth and by the medical provider. 3. For children/youth on medication related to their HIV/AIDS status, it is imperative that medication is given as scheduled without interruption. This must be addressed with all placement changes, including returning to home. Ensuring an adequate supply of medications, arranging follow-up medical appointments, and forwarding medical records if needed are necessary steps for the care of these children/youth.
F. Immunizations	The recommended immunization schedule for HIV-infected children and youth is mostly the same as that for HIV-uninfected peers with some exceptions. The medical providers treating the child/youth will determine the exact regimen.
G. School and Sports Participation	1. Children and adolescents who have HIV infection can participate fully in the educational and extracurricular activities in school. There is no obligation to notify school personnel of a student's HIV infection status. Athletes who have a detectable viral load avoid such high-contact sports that would likely cause bleeding plus skin breaks such as wrestling or boxing.

	2. Athletic personnel should use standard precautions when handling blood or body fluids that have visible blood.
H. Rights	Individuals with HIV infection or AIDS are considered to be handicapped under 504 of the Rehabilitation Act of 1973 and under the Americans with Disabilities Act and therefore have the same rights as anyone else to employment, health care, welfare and social services.
I. Placement	1. Optimally, testing for children/youth that are at risk for HIV infection is done as part of the pre-placement physical. However, since this will not always be feasible, the placement should be informed that consultation will be arranged when a child is considered to be at risk for HIV infection. When placing a child/youth in a foster home, a child/youth at risk for HIV infection should be placed with foster parents who have indicated that they are willing to care for a child who might possibly be infected with HIV. 2. As with all custodial youth, efforts are to be made to place each HIV-infected child/youth in the most home-like setting where the child's medical and emotional needs can be met. Youth known to have HIV/AIDS may be referred for placement to a group home or treatment facility after an assessment of his/her behavior and medical condition. Juvenile justice youth diagnosed with HIV/AIDS and housed in a Youth Development Center are maintained in the facility's general population. 3. Children/youth with HIV/AIDS should be designated as a Child with Special Health Care Needs as defined in the Child with Special Health Care Needs Scope of Services. 4. Successful placement of an HIV-infected child/youth requires careful preparation. Before a HIV positive child/youth is placed, DCS staff must assess the following: a) Has the caregiver consented to care for a child infected with HIV? b) Does the caregiver understand the child/youth's required care including medication administration and observation for symptoms? c) Can appropriate supports for the caregiver be obtained, including but not limited to medical care and consultation, treatment services, transportation, and support groups if needed?
J. Occupational Exposure of Staff	Transmission of the HIV virus through casual contact has not been documented and is highly unlikely. Every employee shall use universal precautions when interacting with children/youth. (see DCS Policy ***20.19 Communicable Diseases***, section L Universal Precautions) In those rare instances when staff is exposed or exposure is suspected, the guidelines in the department's ***Exposure Control Manual for Blood borne Pathogens*** must be followed.

Forms:	***None***
Collateral documents:	***Exposure Control Manual for Blood Borne Pathogens*** ***Attachment to Policy 20.22***