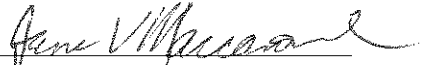


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
OAKLEY YOUTH DEVELOPMENT CENTER**

Subject: HIV Screening, Testing and Management		Policy Number: 34
Number of Pages: 4		Section: XI
Attachments	Related Standards & References	
HIV Informed Consent and Confidentiality of Test Results Form XI.34.A	ACA Juvenile Health Care Performance Based Standards 2009: 4-JCF-4C-22, 4-JCF-4C-25	
Effective Date: 06/09/06 Revised Date: 05/01/07, 04/25/08, 05/01/11, 11/01/13 Review Date: 11/1/14, 11/12/15	Approved:  James V. Maccarone, Director	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that standard procedural guidelines shall be established to ensure that HIV screening, identification, testing, education, surveillance, immunization when applicable, treatment, counseling, follow-up care, and isolation when indicated is provided to youth. This procedure identifies actions to be taken by employees concerning youths who are in need of HIV screening and/or have been diagnosed as HIV positive; when and under what condition youths shall be separated from the general population; and confidentiality. (4-JCF-4C-22, 4-JCF-4C-25)

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Acquired Immune Deficiency Syndrome (AIDS) – an illness caused by the Human Immunodeficiency Virus. Infection with the virus attacks the immune defenses of the body and leaves its victims vulnerable to opportunistic infections.

Human Immunodeficiency Virus (HIV) – the viral agent responsible for causing AIDS.

High risk exposure for blood and body fluids- when body fluids contact non-intact skin or mucus membranes.

Low risk exposure for blood and body fluids – when body fluids contact intact skin or clothing.

Standard Precautions -protective procedures recommended to reduce the risk of the spread of infections in health care facilities. This applies to blood, other body fluids containing visible blood, semen, and vaginal secretions. They also apply to tissues and the following fluids:

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- Cerebrospinal fluids – found in the brain and spinal cord
- Synovial fluid – found around the joints and tendons
- Pleural fluid – found around the lungs
- Pericardial fluid – found around the heart
- Amniotic fluid – found around the fetus of a pregnant woman
- Although the risk of transmission of HIV and HBV from feces, nasal secretions, sputum, sweat, tears, urine, vomitus, and saliva is extremely low, standard precautions shall also apply.

III. PROCEDURE

- A. Upon admission the nursing staff assess the youth’s general health condition, HIV status, establish a baseline for future comparisons, identify any medical problems or conditions that might affect placement or treatment, and identify any active communicable diseases. (4-JCF-4C-25)
1. Upon admission, a nurse shall complete a health history assessment on all youth. Refer to policy XI.15, Admission Health Screening and Assessment.
 2. The HIV Informed Consent and Confidentiality of Test Results Form XI.34.A shall be reviewed with the youth for their signature.
 - a. When reviewing the consent form with the youth, the nurse should ask if he/she understands the consent for testing.
 - b. If the youth refuses testing, have him/her sign the bottom of the consent form as “refusing testing” and forward it to the Director of Medical Services.
 - c. The Nurse shall also document the youth’s reason for refusal in the youth’s health record, Interdisciplinary Progress Notes Form XI.8.A.
 3. If the youth refuses to have an HIV test performed, the Physician shall be notified so that the youth can be counseled at the time of the physical examination.
 4. Youth who meet the following criteria are considered to be at high-risk:
 - Any youth stating a history of exposure to someone with known or suspected HIV infection
 - Any youth with active Tuberculosis (current or past history)
 - Any youth with a sexually transmitted disease, a history of recent or frequent STD’s or diagnosis of Hepatitis
 - Youth who engage in unprotected sex
 - Youth that have been victims of sexual abuse
 - Youth known to be IV drug users
 - Youth who have shared needles either for IV drug use, tattooing, piercing, or steroid use
 - Youth who engage in sex with multiple partners (male or female)
 - Bite wounds, when the skin is broken it constitutes a high risk

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- exposure for both parties
 - Presence of an opportunistic infection if determined to be medically necessary by the Physician
 - Adjudicated sex offender

- B. After a youth consents to have an HIV test performed, the Physician order shall be required prior to testing. Refer to policy XI.16, Health Care Appraisal and Examination, and policy XI.17, Laboratory Services, for guidelines and requirements for drawing laboratory specimens. (4-JCF-4C-25)

- C All results of HIV testing shall be held in strictest confidence.
 1. If the results are negative, the Nurse shall inform the youth who has been tested of the negative HIV results. The youth shall be instructed in safe sex practices.
 2. If the results are positive the Director of Medical Services/designee and/or the Physician shall communicate the status to the youth. The Director of Medical Services/designee shall forward the results to the Mississippi Health Department's (MDH) Sexually Transmitted Diseases Unit for further counseling direction.
 3. HIV laboratory results shall be maintained confidentially in the youth's health record, each result document shall be stamped as confidential.
 4. Only those persons with a medical need to know may be informed. Facility and Division staff that falls under "medical need to know" shall be:
 - Division Director
 - Facility Administrator
 - Director of Medical Services
 - Health Care Professionals who provide direct care to youth
 5. If a staff person request results of a youth HIV test as a result of a high risk exposure refer to policy XI.38, Exposure Control and Standard Precautions. Bite wounds in which the skin is broken, both people involved in the incident are to be considered as a high risk exposure. The results of said test will be given to the Facility Administrator for further disposition.

- D. All counseling shall be documented in the youth's medical record, Interdisciplinary Progress Notes Form XI.8.A.

- E. A youth who is HIV positive shall remain in general population unless his or her medical condition requires more intensive care, the individual is expressing threatening behaviors that might infect others, or the individual is threatened with violence and/or intimidation. (4-JCF-4C-25)

- F. Court Ordered Testing
 1. The Facility Administrator and Director of Medical Services shall be notified of any court ordered testing.

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2. Youth refusing court ordered testing shall be referred to the Facility Administrator for further directions.
 3. The Director of Medical Services shall send testing results directly to the ordering Judge.
 4. A copy of the court order shall be maintained in the youth's health record.
- G. Hospitalized youths, who in the opinion of the attending physician require a HIV test for diagnostic purposes, shall receive necessary pre-test and post-test counseling by the hospital physician/designee. If the youth is no longer hospitalized when the results became available, the facility shall provide and document the post-test counseling.
- H. The Director of Medical Services shall revise this policy as necessary.