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## Policy

### **AHS Policy on Bloodborne Pathogens**

The State of Vermont Personnel Policies and Procedures on Bloodborne Pathogens are in effect for Woodside Employees.

### **Commissioner’s Committee on HIV**

The Commissioner has designated a committee to assist department staff in dealing with issues related to HIV and AIDS. The Commissioner’s Committee on HIV (CCH) provides technical assistance on a variety of issues related to HIV and AIDS. The CCH should be consulted about the following issues and decisions:

- Child sexual abuse investigations in which the alleged perpetrator may be HIV+;
- Requests for HIV testing of any child in custody under the age of twelve;
- Decisions to withhold results of testing from a child’s parents;
- A youth’s refusal to be tested when that refusal may lead to risks to others;

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- A youth's refusal to be treated for HIV;
- Appropriateness of sharing information about a child's HIV status at case reviews and/or court hearings;
- Content of case plans and court reports concerning individuals with HIV;
- Major case decisions regarding children and families known to be HIV+;
- Needed education for foster parents or substitute care providers who will be caring for a child with HIV;
- Needed support and consultation to or about foster parents dealing with HIV issues;
- Payment for needed services not covered by an individual's insurance;
- How to handle referrals of youth with HIV to group residential programs.

Requests for consultation with the CCH should go to the operations manager, who will convene the committee by phone or in person within twenty-four hours.

#### **Training and Technical Assistance for Staff**

All staff will participate in required training on HIV and AIDS issues and periodical updates.

Each district, ESP and Woodside will designate a staff person as their HIV/AIDS point person. This point person will become knowledgeable about HIV/AIDS issues and resources.

#### **Safeguarding Confidential HIV Related Information**

Any written results of testing should be kept in the supervisor's file or in the case of a youth age twelve or older, by the youth. Upon case closure, materials regarding HIV issues in the supervisor's file will be sealed in an envelope and placed in the client file. Except in the case of a permanent adoption file, the envelope will be removed and destroyed before transfer of the file to public records.

Whenever possible, clients themselves will decide with whom to share information about their HIV status. Social workers will encourage the parents of children in custody to discuss this information and its implications with their attorney.

The child's social worker and supervisor will decide whether to share information about the HIV status of children in custody with their attorney and guardian ad litem. The child's parents will be involved in that decision whenever appropriate.

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All records and documentation about an individual’s HIV status will be held in strict confidence. Staff not directly involved with serving the individual will be informed only when they need to know. Whenever possible, discussions about issues related to a client’s HIV status will occur without revealing the client’s name.

Employees may not reveal or re-disclose confidential HIV related information obtained in the course of providing and administering services, except as specified in this policy. Employees who do so are subject to disciplinary action.

The client’s HIV status will not be mentioned in a written case plan, court report, case notes or computer records. Generic terms, such as "medical issues" or "communicable disease" may be substituted. Behaviors that put the client at risk may be described. All notes and documentation about the client’s HIV status will be kept in the supervisor’s *locked* file.

When a child is referred for psychological/psychiatric evaluation, the decision about disclosure of the child’s HIV status will be made by the social worker and supervisor based on the child’s best interest. Any such disclosure will be made verbally. The social worker will request that the evaluator exclude mention of HIV in the written evaluation.

**Sharing HIV Information at Case Reviews and Court Hearings**

The district director will decide whether a child’s HIV status should be revealed at a case review or court hearing. If the information will be shared, the social worker will consult with the client about how this can be done in a sensitive and constructive manner. Preferably, the client (or attorney) will raise the issue him or herself. All review participants will be reminded of confidentiality requirements.

If a client’s HIV status arises or is likely to arise in court, the social worker should consult with an Assistant Attorney General for FS. Procedures outlined in 12 VSA § 1705 (page 8) are applicable. Communication with the Assistant Attorney General is privileged; no written notes should be maintained in the case file.

**HIV Testing: Request, Consent and Disclosure**

Division policy regarding HIV testing is consistent with the best practice recommendations of the American Academy of Pediatrics and the American College of Obstetrics and

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Gynecology. Testing for HIV should be performed for all children in foster care with symptoms or physical findings compatible with HIV infection, for all children with a sibling or parent who is HIV-infected or if recommended by the child's physician.

The following table specifies, for each type of case, who may request testing, who must consent to testing, and to whom Family Services can disclose HIV status.

	<b>Infants</b>	<b>Older Children</b>	<b>Age 12 and Older</b>
Child in Parent's Custody	<b>Request:</b> Parent <b>Consent:</b> Parent <b>Disclosure:</b> Parent determines	<b>Request:</b> Parent <b>Consent:</b> Parent <b>Disclosure:</b> Parent determines	<b>Request:</b> Parent or Youth. <b>Consent:</b> Parent or Youth <b>Disclosure:</b> Parent and/or youth determine
Child in DCF Custody	<b>Request:</b> FS <b>Consent:</b> FS <b>Disclosure:</b> Parent and caretakers	<b>Request:</b> FS <b>Consent:</b> FS <b>Disclosure:</b> Parent and caretakers	<b>Request:</b> FS or Youth. <b>Consent:</b> FS or Youth <b>Disclosure:</b> Parent and caretakers

**Working with Pregnant Mothers at Risk**

Social workers working with a pregnant mother should arrange for her to receive counseling about HIV infection and the benefits to the mother and infant of knowing her serologic status.

If the mother's HIV status is not determined during pregnancy, after birth of the infant, staff should arrange for the pediatrician to discuss with the mother the benefits to the infant of knowing the mother's serologic status and recommend testing at that time.

**Working with Parents of Children Not in Custody**

Family Services staff should arrange for a physician to provide information to parents when children present with symptoms or physical findings compatible with HIV infection and for all children with a sibling or parent who is HIV-infected.

Communication of information about any positive test results to the child's parent(s) should occur in a health care setting with appropriate medical information and support available at the time of the meeting.

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### **HIV Testing of Children in Custody**

It is legally permissible to obtain testing for a child in custody without parental permission. However, parents will be consulted unless it would be detrimental to the child.

When a child in custody has been tested for HIV, the results of the testing should be disclosed to the child's parents unless parental rights have been terminated or it is clearly not in the child's best interest. The child's caregivers and health care providers will also be informed. Appropriate counseling and supports will be made available to the child, parents and caregivers, as needed.

### **Infants**

When the HIV-exposure status of an infant is unknown and there is reasonable information to suggest that the child may have been exposed, the division should provide consent for HIV testing of the infant. Communication of information about any positive test results to the child's parent(s) or the foster parent(s) should occur in a health care setting with appropriate medical information and support available at the time of the meeting.

### **Older Children**

The division should arrange for testing if any child in out-of-home placement with symptoms or physical findings compatible with HIV infection or who has a sibling or parent who is HIV-infected.

Communication of information about any positive test results to the child's parent(s) or the foster parent(s) and the child, if developmentally appropriate, should occur in a health care setting with appropriate medical information and support available at the time of the meeting.

### **Twelve and Older**

Youth age twelve and older may be tested at their own request. If a youth refuses recommended testing, his or her wishes will be respected unless testing is necessary to protect life or health of the youth or others, or upon approval of the CCH.

Testing for HIV (with assent of the adolescent) is recommended for all adolescents in foster care who have:

- Symptoms or physical findings suggestive of HIV infection;
- A sibling who is HIV infected;

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- A parent who is HIV infected or at increased risk of HIV infection;
- A current or past sexual partner who is HIV-infected or at increased risk of HIV infection;
- A history of sexual abuse or a diagnosis of sexually transmitted disease; or
- A history of illicit substance use or abuse.

Testing for HIV should also be considered for all adolescents in foster care who are sexually active or have a history of sexual activity and for those whose medical history and family history are unavailable or inadequate for assessment of the risk factors mentioned above.

When youth in custody will be tested, they should be referred, when possible, to anonymous testing sites that provide no written results. Site locations are available by calling the HIV/AIDS Program Hotline 1-800-882-2437.

Communication of information about any positive test results to the child, biological parent(s) or the foster parent(s) should occur in a health care setting with appropriate medical information and support available at the time of the meeting.

For a child or youth that tests positive, the social worker will arrange for appropriate medical treatment. Supportive counseling will be provided for any older child or youth dealing with HIV issues.

#### **HIV Testing of Children Free for Adoption**

Children free for adoption may be tested at the request of prospective adoptive parents. Communication of information about any positive test results to the child or the adoptive parents should occur in a health care setting with appropriate medical information and support available at the time of the meeting.

#### **Services Available for Victims of Sexual Offenses**

13 VSA §3256 permits the victim of a sexual offence (as defined in that section) to request an order for testing of the offender for the presence of an etiologic agent or acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases. The state's attorney is responsible to petition the court for the order.

The following services for victims are available on request and are coordinated through the Center for Crime Victim Services.

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- Counseling regarding HIV;
- testing for HIV and other sexually transmitted diseases (including monthly follow-up HIV testing for 6 months) which shall remain confidential unless otherwise provided by law;
- counseling by a medically-trained professional on the accuracy of the testing, and the risk of transmitting HIV and other sexually-transmitted diseases to the victim; and
- prophylaxis treatment, crisis counseling, and support services.

#### **Placement Resources and HIV Information**

The division will provide training about HIV issues, including transmission and universal precautions, to licensed foster parents as part of their initial training, with periodic updates that include infection control guidelines in the home setting. Foster parents should be aware that there may be HIV- infected infants, children and adolescents in foster care whose HIV status is unknown.

When referring a child with HIV to a foster home, the social worker or resource coordinator will discuss the child's needs and issues, including HIV issues.

However, the child's name will not be given until the foster parent has made a firm commitment to accept the child into his or her home for placement. The social worker should contact the CCH for assistance in arranging education for the foster parent about parenting a child with HIV.

Social workers discussing possible placement of a child with kin may discuss the child's HIV status. The CCH should be consulted on how to handle referrals to group residential programs.

#### **Discharge from Custody**

To the extent it is available, a comprehensive health history of a child in foster care should be provided to the child's parents or guardian when the child is discharged to their care.

#### **Appendix One: 12 VSA § 1705. HIV-Related Testing Information**

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(a) No court of this state shall issue an order requiring the disclosure of individually-identifiable HIV-related testing or counseling information unless the court finds that the person seeking the information has demonstrated a compelling need for it that cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for disclosure against the privacy interest of the test subject and the public interest which may be disserved by disclosure which deters future testing or which may lead to discrimination.

(b) Pleadings pertaining to disclosure of HIV-related testing and counseling information shall substitute a pseudonym for the true name of the subject of the test. The subject's true name shall be communicated confidentially to the court and those parties who have a compelling need to know the subject's true name. All documents filed with the court which identify the subject's true name shall not be disclosed to any person other than those parties who have a compelling need to know the subject's true name and the subject of the test. All such documents shall be sealed upon the conclusion of proceedings under this section.

(c) Before granting any such order, the court shall provide the individual whose test information is in question with notice and a reasonable opportunity to participate in the proceedings if he or she is not already a party.

(d) Court proceedings as to disclosure of counseling and testing information shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

(e) Upon issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may have access to the information, the purposes for which the information shall be used and appropriate prohibitions on future disclosure.