# Acquired Immune Deficiency Syndrome

Rhode Island Department of Children, Youth and Families

**Policy: 1000.0040**

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Each employee in the DCYF has a copy of the AIDS Informational Handbook. This Handbook includes case management guidelines based on information from the National Centers for Disease Control, the Rhode Island Department of Health and local medical personnel. The information contained in the Handbook is current as of the revised date of this policy. When given an option, the most cautious case management approaches have been adopted. If new information which impacts on case management strategies becomes known to the medical community, this information will be shared with employees.

The AIDS Informational Handbook, along with updated information, is also distributed to vendors and foster parents.

In addition to the Handbook, training is provided to DCYF staff, vendors and foster parents as specified in the procedural section of this policy. Prior to placement of any child known to be Human Immunodeficiency Virus (HIV) positive, training will be given to those individuals in a direct caretaking role, including providers, foster parents and DCYF workers.

As explained in the Handbook, there is a possibility that an individual may not know that he/she is HIV positive and ,therefore, the caretaker will not know. It is reasonable to assume that, as the child welfare agency in Rhode Island, the Department may encounter cases in which the possibility of the presence of HIV infection exists. In certain situations the presence of the virus may be confirmed; in other circumstances, confirmation may not be immediately possible.

While the presence of the virus is more prevalent in those who practice certain high risk behaviors, (e.g. intravenous (IV) drug use, multiple sex partners, sex with IV drug users), the limited background information that a child welfare agency may have about a child or family upon initial contact suggests that a cautious approach be taken when the status of a child's immune system is unknown. Precautions are simple and will protect the caretaker from other infections as well.

It is, therefore, the policy of DCYF that all staff take the precautions listed in the AIDS Informational Handbook, not only for those individuals known to be HIV positive but also for all individuals in which the present HIV status is unknown. All foster parents and providers are encouraged to use these precautions. Materials such as rubber gloves and bleach are available to DCYF staff. Providers and foster families have these special requirements considered contractually.

It is not the policy of DCYF to engage in the practice of medical decision making. A working relationship has been developed with knowledgeable medical personnel to

answer any case specific questions which arise when AIDS is an issue. Protocol to access this service is explained in the procedure section of this policy.

Effective January 1, 1989, Rhode Island General Laws 23-6-10 through 23-6-24 enable DCYF to make judgments concerning testing on a case-by-case basis. RIGL 23-6-14 specifically allows a physician to secure a test for the presence of AIDS without informed consent under certain circumstances. This process is explained in the procedure section.

Testing is a tool to access appropriate healthcare for the individual with the virus. Counseling by a qualified individual concerning the testing procedure and results must be given during the pre and post testing process.

Information about HIV positive clients is restricted confidential. All known positive cases must be brought to the attention of the Director of DCYF. RIGL 42-72-8 governs the release of confidential information and is consistent with Rhode Island General Laws 23-6-10 through 23-6-24, effective January 1, 1989. Specific guidelines shall be presented in the procedure section of this policy. Test results shall not be used to discriminate against any individual's legal right to services provided by this Department.

Prior to a residential placement of a child who is known to be HIV positive or of an infant born to a mother who is HIV positive, a Memorandum of Understanding and Disclosure of Facts as Known shall be signed by the provider/foster parents and witnessed by an employee of DCYF (DCYF #150). This document shall contain a confidentiality statement stressing the importance of keeping test result information within the confines necessary for appropriate care.

In some instances the parent(s) of an infant/child might be known to be engaging in high-risk behaviors, are untested, and the HIV status of the infant/child is unknown. Precautions as outlined in the AIDS Informational Handbook should be followed by all staff. All foster parents and providers are also encouraged to use these precautions. If the infant/child is considered by a physician to be at significant enough risk to necessitate testing, then the training, intake and placement precautions/procedures as outlined in this policy shall be followed immediately, including obtaining a DCYF #150 form.

The Training School has incorporated procedures specific to its operation. The Training School shall make all individuals, including those from outside the Training School, who may have direct responsibility for the care of a child aware of their policy.

**Related Procedures**

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## Training Employees About Acquired Immune Deficiency Syndrome

**Procedure From Policy 1000.0040: Acquired Immune Deficiency Syndrome**

A. Each Department employee involved in service delivery or in the supervision of these employee's is mandated to read the AIDS Informational Handbook:
   1. Recruited foster families will receive a copy of the Handbook via the Foster Care Licensing and Regulations Unit.
   2. New employees to DCYF will be given a copy of the Handbook at orientation and informed of the Department's mandate to read the policy and the handbook.

B. All staff and supervisors of DCYF involved in service delivery or placement of children are mandated to attend a departmental training session on AIDS. This session contains basic information about the HIV Infection, high risk behaviors associated with obtaining the infection, and procedures to prevent transmission:
   1. Support staff may attend this training and are encouraged to do so.
   2. Vendors (including day care) and foster families will be made aware of the training sessions and encouraged to attend so that a pool of placement resources will be available.
   3. New employees to the Department in a service delivery or placement capacity must attend the next regularly scheduled training session subsequent to their date of employment.

C. Prior to the placement of any HIV positive child or of an infant born to an HIV positive mother, the provider/foster parents will be given individual training in the precautions necessary to use as caretakers and the precautions necessary to protect the child from other infections. This training will be provided by informed DCYF staff in the staff development unit (during standard working hours), the placement unit, or the child's physician. A Memorandum of Understanding and Disclosure of Facts As Known (DCYF #150) will also be obtained.

D. In some instances the parent(s) of an infant/child might be known to be engaging in high risk behaviors, are untested, and the HIV status of the infant/child is unknown. Precautions as outlined in the AIDS Informational Handbook shall be followed by all staff. All foster parents and providers are also encouraged to use these precautions. If the infant/child is considered by a physician to be at significant enough risk to necessitate testing, the training intake and placement precautions/procedures as outlined in this policy shall be followed immediately including obtaining a DCYF #150.

E. It is less difficult to develop policy and procedures pertaining to infants and young children, because of their stable behavior patterns, than it is to design fail-safe case management procedures for adolescents. Many adolescents under the care of the Department are sexually active, have used IV drugs and frequently runaway from placements to engage in high risk behaviors. Teenagers tend to feel invulnerable. Getting pregnant, or dying from AIDS are things most

~~adolescents simply think cannot happen to them, even though they might be sexually active or using intravenous (IV) drugs. Education of adolescents is extremely important. While many schools are now offering AIDS education, some of the adolescents in the care of the Department may be truant or in educational transition when these programs are offered:~~

1. ~~The primary service worker, foster families and residential providers need to share in the continuing educational process of informing adolescents about the transmission factors and high-risk behaviors associated with contracting HIV. In addition to the AIDS Informational Handbook, there are a number of resource materials and video tapes which address the AIDS issue in language geared toward the adolescent population. This information can be obtained from the following sources:~~
   a. ~~RI Department of Health - AIDS Control Program 222-2320~~
   b. ~~AIDS Project Rhode Island 831-5522~~
   c. ~~AIDS Project Rhode Island Hotline 1-800-726-3010~~
   d. ~~Training Modules developed by local school systems~~
   e. ~~Materials available from DCYF staff development.~~
2. ~~The primary service worker shall ensure that each adolescent that comes into the care of the Department be immediately offered at least the basic information about the ways HIV is transmitted and the high risk behaviors associated with contracting HIV.~~
3. ~~Providers of services to these adolescents, **must** remember that if the adolescent continues to engage in high-risk behaviors, the potential to acquire HIV exists and precautions should be used.~~

## Intake for Children known to have HIV

**Procedure From Policy 1000.0040: Acquired Immune Deficiency Syndrome**

A. There are four situations that staff and providers may encounter in regards to HIV. These situations include the following:
   1. Those children that are known to the Department to be HIV positive.
   2. Infants born to HIV positive mothers as well as infants/children whose parent(s) are known to engage in high-risk behaviors and the status of the infant's/child's immune system is not yet known.
   3. Those individuals that are HIV positive and are potentially infectious but the Department/worker is not aware of the positive status or of any potential high risk behaviors or history.
   4. Those individuals that are not HIV positive but are engaging in high risk behaviors.

B. The intake process, as performed by the Intake unit and by the Call Floor, need not be significantly modified as a result of the presence of HIV in the population. It is important that Intake Workers and the Administrator be aware of high risk behaviors, symptoms of HIV, the simple precautions that will help prevent transmission and the means by which appropriate medical consultation can be acquired.

C. As any of the four conditions described in Section A above may exist through the course of DCYF case involvement, all DCYF staff will take the precautions listed in the AIDS Informational Handbook not only for those individuals known to be HIV positive but for all individuals whose HIV status is unknown.

D. The primary service worker shall inform his/her supervisor who will notify the Divisional Administrator of the presence of a child with the HIV infection. At no time may a worker divulge this information to fellow workers.

E. The Director of the DCYF will be notified of any HIV positive child in the care and custody of the Department, by the Divisional Administrator or Administrator .

## HIV Client Case Assignments

**Procedure From Policy 1000.0040: Acquired Immune Deficiency Syndrome**

A. No staff person will be asked to assume a case in which HIV is known to be present until he/she has been provided the Department's Training Session on AIDS. It should be remembered that the presence of the virus may not always be known to DCYF so precautions as explained in the AIDS Informational Handbook are routinely necessary. The possibility exists that a child will be found to be positive after a case has been assigned to a worker who has not yet completed the training. Since all workers should be following precautions as outlined in the Handbook, transmission would not be an issue. The worker shall, however, be given the training session as soon as possible so that the most effective case management approach can be adopted.

B. New staff shall be trained in accordance with Procedure Regarding DCYF's Policy on Training Employees About AIDS, and shall assume case assignments after training.

## HIV Client Placement

**Procedure From Policy 1000.0040: Acquired Immune Deficiency Syndrome**

A. All foster families and residential providers are encouraged to follow the simple precautions listed in the AIDS Informational Handbook for all children. This is especially true for those individuals engaging in high-risk behaviors. The same four conditions described in Procedure for Intake may continue to exist during the placement process.

B. Staff will continue to follow Policy for Referral for Placement, with the following procedural steps added when a child is known to be HIV positive, if an infant has been born to an HIV positive mother, or if a physician considers the child at significant enough risk to necessitate testing. This procedure shall apply to all shelter care, foster care, day care, residential facilities and related/community based treatment programs.

C. Placement During Standard Working Hours

1. Policy for Referral for Placement, states that as a prerequisite to referring a child for shelter care, the primary service worker shall ensure that all other possible resources (e.g. immediate or extended family etc. ) have been exhausted. These resources should be considered in conjunction with the placement unit so that adequate training can be given to potential family caretakers.
2. Prior to all placement, the child's physician/health provider will be contacted by the primary service worker or Placement Unit to review the case and to provide assistance in making placement decisions. This contact is especially important if the child is symptomatic so that appropriate medical care can be afforded. The medical and behavioral conditions of other children in the placement are also important and will be shared with the consultant.
3. The child shall be placed only with caretakers who have received the AIDS Informational Handbook and have been trained by a DCYF staff member knowledgeable about AIDS.
4. A Memorandum of Understanding and Disclosure of Facts As Known (DCYF #150) will be reviewed and signed by the provider prior to placement. One copy of the DCYF #150 (including Addendum A) will be given to the foster care provider; one copy of the DCYF #150 (including Addendum A) will be filed in the foster care record; and one copy of the DCYF #150 (excluding Addendum A) is to be filed in the Medical Section of the case record. If the primary service worker needs to review the information contained on Addendum A it will be made available to them via the foster care record.

E. Placement Requests Made After Normal Agency Working Hours

1. An infant born to an HIV positive mother would probably be able to remain in the hospital overnight and be placed as described above. A symptomatic child or infant as described in the AIDS Informational

~~Handbook, would also probably be evaluated in a medical setting prior to placement. An asymptomatic HIV-positive child may have to be placed in foster care because hospitalization is not required. If a placement is necessary after working hours the following shall take place:~~

a. ~~The Placement Unit will provide an updated list of available emergency shelter resources and families to the Call Floor Supervisor identifying available shelter vacancies/foster placements that have received training on HIV.~~

b. ~~The Call Floor Supervisor will contact the Administrator to notify him/her of the placement necessity.~~

c. ~~The child's physician/health provider will be contacted by the Call Floor Supervisor prior to placement to discuss the placement and assess the situation concerning others in the home.~~

d. ~~The child's physician/health provider will be asked to contact the provider directly to inform him/her of any necessary precautions for that evening and until the start of the next scheduled work day.~~

e. ~~The Administrator will notify the Director of DCYF of the placement at the start of the next scheduled work day.~~

f. ~~A DCYF #150 shall be secured at the start of the next scheduled work day.~~

2. ~~For the preschool-aged child and for some neurologically handicapped children who lack control of their body fluids or who display behavior, such as biting, and those children who have uncoverable, oozing lesions, a more restricted environment is advisable even though there has not been a documented case of transmission in a less restricted setting.~~

3. ~~The child's physician/health provider is the best judge of the need for a more restrictive placement and will be informed if the above mentioned conditions exist. This applies to all placements including Day Care. Concern must also be taken to prevent, to as great a degree as possible, the exposure of the HIV positive child to other diseases. Information about other children in placement is vital to the physician/health provider and must be provided.~~

4. ~~The hygiene practices of HIV-positive children may improve or deteriorate as the child matures. Evaluations to assess the need for a restricted environment shall be performed regularly by the primary service worker and the child's physician/health provider. A planned monitoring system must be in effect at the time of placement.~~

## HIV Testing

**Procedure From Policy 1000.0040: Acquired Immune Deficiency Syndrome**

A. Rhode Island General Laws 23-6-10 through 23-6-24 give DCYF authority concerning testing for the presence of HIV. All DCYF staff shall follow the procedures specified in this section:

1. Rhode Island General Laws 23-6-14 and 23-6-15 state that after a reasonable effort has been made to secure voluntary informed consent, a physician (including the DCYF medical consultant) may secure a test for the presence of HIV without informed consent under the following conditions:
    a. When the person to be tested is under one (1) year of age.
    b. When the person to be tested is between one (1) and thirteen (13) years of age and appears to be symptomatic for AIDS.
    c. When the person to be tested is a minor under the care and authority of the Rhode Island DCYF, and the director of said Department certifies that an HIV test is necessary to secure health or human services for that person.
2. DCYF employees shall utilize RIGL 23-6-14 and 23-6-15 by informing their Assistant/Regional Directors.
3. Testing is important from a medical management standpoint and from a counseling perspective concerning transmission factors. Testing shall only be sought when it is recommended by a physician for an at-risk individual and the Director of the Department of Children, Youth and Families certifies that testing is necessary for the purposes of providing health and human services to the child and his/her family.
4. Counseling by a qualified individual concerning the testing process and results shall be given during the pre and post testing periods.
5. The Director of the DCYF or his/her designee shall be entitled to the test results of any child under the care and authority of the Department under RIGL 23-6-17.
6. Test results will not be used to discriminate against any individual's legal right to services provided by this Department.

B. In certain cases, RIGL 14-1-51 allows that, whenever a child who has been brought before the Family Court appears to be in need of medical care, the Court may order the parent, guardian or other custodian to provide treatment. If such parent, guardian or other custodian fails to provide such care, the court may, after due notice, enter an order therefore:

1. If the conditions described in this section exist, the DCYF staff member shall inform his/her Assistant/Regional Director of the concern.
2. The Assistant/Regional Director shall notify the Director of DCYF.
3. Upon request from the Director, Departmental legal counsel and the child's physician/health provider shall review any case in which the use of RIGL 14-1-51 is being considered.

4. ~~At the time that a decision is made by the Department to proceed under RIGL 14-1-51, the individual's legal counsel and/or advocate shall be notified immediately.~~

## HIV Confidentiality

**Procedure From Policy 1000.0040: Acquired Immune Deficiency Syndrome**

A. All information about HIV testing or the presence of the HIV infection is restricted confidential information.

B. RIGL 42-72-8 allows the Director of DCYF to release restricted confidential information under the following conditions:

1. To individuals, or public or private agencies engaged in medical, psychological or psychiatric diagnosis or treatment or education of the person under the supervision of the Department.
2. To individuals or public or private agencies for the purposes of temporary or permanent placement of the person, and the Director determines that the disclosure is needed to accomplish that placement.
3. The Director determines that there is substantial risk of imminent physical injury by the person to himself or others, and that disclosure of the records is necessary to reduce that risk.

C. All providers, foster families and DCYF workers who will be in a position to provide direct child caretaking functions shall be made aware of the presence of the HIV infection, if it is known by DCYF to be present:

1. The DCYF worker will be informed by the individual in the Department who is first made aware of the possible condition.
2. Providers and foster families will be informed in accordance with the above procedure for HIV Client Placement.

D. All providers, foster families and DCYF workers who will be in a position to provide direct child caretaking functions will be made aware of the possible presence of the HIV infection if the child has been born to a mother known by DCYF to be HIV positive or if a physician considers the child at significant enough risk to necessitate testing:

1. The DCYF worker will be informed by the individual in the Department who is first made aware of the possible condition.
2. Providers and foster families will be informed as specified in HIV Client Placement Procedure above.

E. The father/putative father should be made aware of the presence of the HIV infection in his son/daughter by the attending physician. This is especially important if the virus was transmitted in utero.

F. Policy 1100.0005: Court Studies states that DCYF is to provide any available medical information to the courts. This would include information on the presence of the HIV infection in either the child or parent as it may impact on reunification and case plan goals. A child or parent testing HIV positive but not showing the symptoms of AIDS need not be noted in court studies unless it has an impact on how the case would be managed in terms of placement, or the court needs this information to safeguard the health of the child or others in a direct caretaking role.

G. ~~The procedures outlined in this section are consistent with those allowed under Rhode Island General Laws 23-6-10 through 23-6-24.~~

## ~~HIV Caretaking at The Rhode Island Training School~~

**~~Procedure From Policy 1000.0040: Acquired Immune Deficiency Syndrome~~**

~~The Rhode Island Training School has adopted its own AIDS policy the training school must make all individuals who will have direct caretaking responsibility children at the training school aware of the policy.~~