

CF OPERATING PROCEDURE
NO. 155-4

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, April 27, 2017

Mental Health/Substance Abuse

HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)
SCREENING AND TREATMENT IN STATE MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure provides for HIV/AIDS screening and treatment of residents in the State Mental Health Treatment Facilities. The purpose of this operating procedure is to ensure:
 - a. Provision of evidence-based, culturally competent HIV counseling and testing services for residents of State Mental Health Treatment Facilities;
 - b. Provision of needed medical and psychosocial care for residents diagnosed with HIV/AIDS;
 - c. Mandatory reporting requirements are followed; and,
 - d. Infection control procedures are in place at the facilities to protect staff and residents.
2. Scope. Guidelines described in this operating procedure apply to all State Mental Health Treatment Facilities serving residents committed to the Department pursuant to Chapter 394, Florida Statutes (F.S.), or Chapter 916, F.S., including the Florida Civil Commitment Center.
3. References.
 - a. Chapter 381, Florida Statutes (F.S.), Public Health: General Provisions.
 - b. Chapter 384, F.S., Sexually Transmissible Diseases.
 - c. Section 64D-2, Florida Administrative Code (F.A.C.), Human Immunodeficiency Virus (HIV).
 - d. Department of Health and Human Services, Centers for Disease Control and Prevention, HIV/AIDS at <http://www.cdc.gov/hiv/>.
 - e. Department of Health, Bureau of HIV/AIDS, http://www.doh.state.fl.us/disease_ctrl/aids/.
 - f. Florida's Omnibus AIDS Act: A Brief Legal Guide for Health Care Professionals, found at <http://www.floridahealth.gov/diseases-and-conditions/aids/administration/documents/Omnibus-booklet-update-2013.pdf>.
 - g. Department of Health, Model Protocol for HIV Counseling and Testing Conducted Outside County Health Departments and Registered Testing Programs, <http://www.floridahealth.gov/diseases-and-conditions/aids/Prevention/testing-counseling.html>.
 - h. CFOP [155-24](#), Guidelines for Infection Prevention and Control Program in State Mental Health Treatment Facilities.

This operating procedure supersedes CFOP 155-4 dated November 24, 2014.

OPR: SMF

DISTRIBUTION: X: OSGC; ASGO; Region/Circuit Mental Health Treatment Facilities.

i. Centers for Disease Control and Prevention. *MMRW*. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care setting. September 22, 2006. Vol. 55 No. RR-14. Atlanta, Georgia. Web 2014.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

4. Definitions. As used in this operating procedure, the following means:

a. Acquired Immunodeficiency Syndrome (AIDS). The late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting opportunistic infections and certain cancers. Having AIDS means the virus has weakened the immune system to the point at which the body has a difficult time fighting infections. When someone has one or more of these infections or a low number of T cells, he/she has AIDS. It can take years for a person infected with the HIV virus to reach this stage.

b. Confirmatory Test. A corroborative or supplemental HIV test, such as a Western Blot, Multispot, or Nucleic Acid Amplification Testing (NAAT) licensed by the United States Food and Drug Administration (FDA) to validate a positive preliminary HIV test; or other supplemental or corroborative tests authorized by the State AIDS Program in consultation with the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Public Health Laboratory Directors, or the FDA, e.g., the immunofluorescent assay (IFA).

c. Human Immunodeficiency Virus (HIV). The virus that can lead to AIDS. There are two types of HIV: HIV-1 and HIV-2. In the United States, unless otherwise noted, the term "HIV" primarily refers to HIV-1. Both types of HIV damage a person's body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases. At this time, there is no cure for HIV infection.

(1) HIV is a fragile virus that cannot live for very long outside the body. HIV is primarily found in the blood, semen, or vaginal fluid of an infected person. Transmission of the virus requires intimate contact with the blood or body fluids of a person who is infected with the virus.

(2) There is no evidence to suggest transmission of the virus by casual contact. Studies of families of HIV-infected people have shown clearly that HIV is not spread through casual contact such as the sharing of food utensils, towels and bedding, swimming pools, telephones, or toilet seats. Scientists have found no evidence that HIV is spread through sweat, tears, urine, or feces. HIV is not spread by biting insects such as mosquitoes or bedbugs.

d. Opportunistic Infections (OI). An illness that takes advantage of weakness in the immune defenses of an HIV infected person. HIV doesn't take the life of a person directly. It weakens the body's ability to fight disease. Infections which are rarely seen in people with normal immune systems can be fatal to those with HIV. Many of the germs that cause opportunistic infections are common but the illnesses they can cause in an immune compromised person can be very serious and need to be treated. Some opportunistic infections can be prevented. The following are the most common opportunistic infections, the disease they usually cause, and the CD4 cell count when the disease becomes active.

(1) Candidiasis (Thrush) is a fungal infection of the mouth, throat, or vagina. CD4 cell range: can occur even with fairly high CD4 cells.

(2) Cytomegalovirus (CMV) is a viral infection that causes eye disease that can lead to blindness. CD4 cell range: under 50.

(3) Herpes simplex viruses can cause oral herpes (cold sores) or genital herpes. These are fairly common infections, but if you have HIV, the outbreaks can be much more frequent and more severe. They can occur at any CD4 cell count.

(4) Malaria is common in the developing world. It is more common and more severe in people with HIV infection.

(5) Mycobacterium avium complex (MAC or MAI) is a bacterial infection that can cause recurring fevers, general sick feelings, problems with digestion, and serious weight loss. CD4 cell range: under 75.

(6) Pneumocystis pneumonia (PCP) is a fungal infection that can cause a fatal pneumonia. CD4 cell range: under 200. This is still a fairly common OI in people who have not been tested or treated for HIV.

(7) Toxoplasmosis (Toxo) is a protozoal infection of the brain. T-cell range: under 100.

(8) Tuberculosis (TB) is a bacterial infection that attacks the lungs, and can cause meningitis. CD4 cell range: Everyone with HIV who tests positive for exposure to TB should be treated.

e. Reasonable Attempt. A documented effort to locate an individual, for example: contact by last known phone number, relative's phone number, agency contacts, or certified mail.

f. Significant Exposure.

(1) Exposure to blood or body fluids through needlestick, instruments, or sharps;

(2) Exposure of mucous membranes to visible blood or body fluids, to which universal precautions apply according to the National Centers for Disease Control and Prevention, including, without limitations, the following body fluids:

(a) Blood;

(b) Semen;

(c) Vaginal secretions;

(d) Cerebrospinal fluid (CSF);

(e) Synovial fluid;

(f) Pleural fluid;

(g) Peritoneal fluid;

(h) Pericardial fluid;

(i) Amniotic fluid;

(j) Laboratory specimens that contain HIV (e.g., suspensions of concentrated virus); or,

(3) Exposure of skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area.

g. Standard Precautions. An infection control standard used to reduce the risk of transmission of hospital acquired infection from resident to resident; to protect staff from exposure to residents infected with bloodborne and non-bloodborne pathogens; and to protect residents from exposure to infected staff. Standard Precautions combine the major features of universal precautions and body substance isolation and are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents.

(1) Universal precautions is the practice of avoiding contact with patients' bodily fluids, by means of the wearing of nonporous articles such as medical gloves, goggles, and face shields. Under universal precautions all patients are considered to be possible carriers of blood-borne pathogens.

(2) Body substance isolation (BSI) is the practice of isolating all body substances (blood, urine, feces, tears, etc.) of patients who might be infected with illnesses such as HIV or hepatitis, to reduce the chances of transmitting these illnesses. BSI is similar in nature to universal precautions, but goes further in isolating staff from pathogens, including substances not currently known to carry HIV. These pathogens fall into two broad categories: bloodborne (carried in the body fluids) and airborne.

5. Testing Requirements and Pre-Test Counseling.

a. HIV/AIDS counseling and testing services will be offered to each resident upon admission to a facility unless the resident's cognitive ability prevents him/her from understanding the information at that time. Counseling may be postponed and provided at a more appropriate time. The recovery team will address the issue of timing in the resident's recovery plan if counseling and testing services are postponed. Per section 381.004 (2)(a), F.S., a person who has signed a general consent form for medical care is not required to sign or otherwise provide a separate consent for an HIV test during the period in which the general consent form is in effect.

b. Evaluating a resident's risk for HIV infection and offering HIV testing on a voluntary basis is a routine part of health care. Risk assessment is conducted without regard to age, religion, sexual orientation, gender, race/ethnicity, marital status, economic status, and social or other cultural factors.

c. When conducting the risk assessment, the resident will be assured that all information is confidential under Florida law. Questions should be asked in a professional, culturally sensitive, and non-judgmental manner. The following criteria is to be used to ask a resident a series of open ended questions that will help the resident to determine his or her level of risk:

- (1) Sexual behavior;
- (2) Substance use/abuse or needle sharing;
- (3) Occupational exposure;
- (4) Blood/blood products/transplants;
- (5) Partners at risk for HIV;
- (6) History of sexually transmitted disease(s);

- (7) Child of woman with HIV/AIDS;
- (8) History of sexual assault/domestic violence; and,
- (9) Sex for drugs/money.

d. Residents presenting as high risk based on risk exposure assessment will be counseled regarding the need for testing.

e. If a resident is pregnant, pre-test counseling is mandatory relative to the potential benefits, potential risks and limitations of treatment to reduce the risk of transmission from infected women to their babies and offered HIV testing.

(1) If the pregnant woman objects to HIV testing, a reasonable attempt must be made to obtain a written statement of objection, signed by the resident, which shall be placed in her medical record.

(2) If a pregnant woman tests HIV negative, another test should be performed in the third trimester.

(3) If a pregnant woman tests positive for HIV, she will be linked to care with the high risk maternity clinic immediately in the county of the facility where she resides. Contacting the local hospital is a source available to determine location of the high risk maternity clinic. If discharged and still pregnant, a referral should be made to the appropriate medical facility in the county in which she will reside. Additional assistance may be available through the Family Health Line at 1-800-451-BABY or the Florida AIDS Hotline at 1-800-FLA-AIDS. If the resident chooses to decline referral for linkage to care, a written statement of objection should be obtained and placed in her medical record.

f. Written informed consent shall be obtained from each resident or his/her legally appointed representative prior to HIV testing.

g. Providing the following information is considered thorough, reasonable, and sufficient information for obtaining informed consent:

(1) An HIV test is a test to determine if an individual is infected with the virus which causes AIDS;

(2) The potential uses and limitations of the test;

(3) The procedures to be followed;

(4) HIV testing is voluntary and consent to be tested can be withdrawn at any time prior to testing; and,

(5) The results of HIV testing are confidential to the extent provided by law. The facility is required to report positive test results to the local county health department.

h. In the absence of informed consent, testing may only be completed:

(1) Pursuant to a court order to test, or;

(2) By licensed medical personnel for medical diagnosis of acute illness where, in the opinion of the medical physician, obtaining informed consent would be detrimental to the resident, as supported by documentation in the medical record, and the test results are necessary for medical

diagnostic purposes to provide appropriate care or treatment to the resident being tested. Notification of test results is required if it would not be detrimental to the resident. The Florida Administrative Rule does not authorize the routine testing of residents for HIV infection without informed consent.

(3) If a staff member comes in contact with a resident in such a way that a significant exposure occurs during the course of employment or within the scope of practice and where a blood sample is available that was taken from that resident voluntarily for other purposes.

(4) Upon a defendant pursuant to a victim's request in a prosecution for any type of sexual battery where a blood sample is taken from the defendant voluntarily, pursuant to court order for any purpose, or pursuant to the provisions of s. 775.0877, s. 951.27, or s. 960.003, F.S. However, the results of any HIV test performed shall be disclosed solely to the victim and the defendant, except as provided in ss. 775.0877, 951.27, and 960.003, F.S.

(5) By licensed medical personnel in bona fide medical emergencies when the test results are necessary for medical diagnostic purposes to provide appropriate emergency care or treatment to the resident being tested and the resident is unable to consent, as supported by documentation in the medical record

i. Any resident requesting to be tested will be provided appropriate HIV/AIDS counseling and testing. Counseling, without testing, will also be provided as requested. If testing is requested by a resident more than once during a year, it will be provided at the clinical discretion of the medical physician.

j. Facilities may negotiate with a county public health unit to provide HIV/AIDS screening and testing services.

6. Post Test Counseling.

a. Each resident will be confidentially informed of the results of HIV screening tests whether negative or positive at a post test clinic appointment. Positive test results will be confirmed with a supplemental test prior to informing the resident of the results.

b. Preliminary test results may only be released to the medical physician and resident if decisions about medical care or treatment cannot await the results of confirmatory testing. Positive preliminary test results shall not be characterized to the resident as a diagnosis of HIV infection. Corroborating or confirmatory testing must be conducted as follow up to a positive preliminary test. Results of the follow-up test shall be communicated to the resident regardless of outcome. Preliminary test results may not be released for the purpose of identification of an HIV infected resident.

c. Post-test counseling will be offered to all residents tested and will be based on the test result and the resident's needs as determined during the risk assessment. Post-test counseling at a minimum will include:

(1) For a resident that tests positive and, where applicable, the resident's legal representative will be counseled on preventing transmission of HIV, the availability of appropriate medical and support services, and the importance of notifying sex and/or needle sharing partners who may have been exposed.

(2) For residents that test negative, the resident will be informed, if appropriate, how the transmission of HIV can be prevented.

d. Post-test counseling sessions will be individualized and may include:

- (1) The meaning of the test results and the potential medical effects;
- (2) The possible need for retesting;
- (3) A reassessment of risk;
- (4) Availability of health care, mental health, social and support services for residents while at the facility and referral to community services as preparing for discharge;
- (5) Options for eliminating and/or reducing the transmission of HIV infection to the resident and/or partners and the fact that Florida law imposes strict penalties upon those who knowingly transmit HIV infection to others;
- (6) A discussion of past and present sex and/or needle-sharing partners who may have been exposed to HIV and a plan on how to notify those partners;
- (7) A discussion of the increased risk for TB; and, other recommended testing and services.

e. A good faith effort must be made to notify sex and/or needle sharing partners of their potential exposure.

(1) The resident should provide notification of possible exposure to his or her partners. If the resident refuses to inform partners, he/she will be informed of the availability of partner notification services offered by the DOH County Health Departments. If the resident refuses to use the partner notification services offered by the County Health Departments, the resident will be informed of the intent of the attending practitioner to inform the sex and/or needle-sharing partner(s), if the name(s) of partner(s) have been voluntarily disclosed to the practitioner by the resident. The practitioner has no duty to ask the identity of such partner(s) and has no authority to act on information from another source.

(2) Practitioners will document in the HIV infected resident's medical record that the resident has been counseled to notify sex and/or needle-sharing partner(s) if the resident refused to notify partners.

(3) The practitioner will reveal the positive test result to the sex or needle-sharing partner(s) of an HIV infected patient only in a private face-to-face meeting unless special circumstances justify an alternative, such as the exposed partner's inability to meet face-to-face with the practitioner. The practitioner shall not disclose to anyone else the identity of the exposed partner. The name(s) of the partner(s) shall not be included in the resident's medical record.

(4) After notifying a partner of his or her exposure to HIV, a practitioner shall inform the partner of available counseling and testing services, including anonymous and confidential testing programs conducted at some DOH County Health Departments. The practitioner will discuss with the exposed partner(s) ways to prevent the spread of HIV. If providing counseling, the practitioner shall encourage, not pressure, partners to take the HIV antibody test. Practitioners also shall encourage partners to refer their own sex and/or needle-sharing partner(s) for counseling and voluntary testing even if they do not intend to be tested themselves.

(5) Pursuant to section 456.061, F.S., a practitioner, acting in accordance with the DOH protocol as outline in paragraph 6e(1) of this operating procedure, shall not be held liable for disclosing the identity of an HIV positive patient to his or her sex and/or needle-sharing partner(s). However, in

each partner notification, the practitioner shall consider the benefits of notifying the sex and/or needle-sharing partner(s) of a resident without disclosing the resident's name.

f. If the resident has been discharged before being informed of positive test results, the facility may inform the county health department to notify the resident of the results.

7. Treatment.

a. Facilities shall receive and treat residents meeting admission criteria regardless of their HIV/AIDS status, and the facility will provide the appropriate level of care including implementing a regimen to minimize an HIV/AIDS infected resident's exposure to opportunistic infections.

b. Residents with HIV/AIDS infection shall be provided services in the least restrictive setting. Most HIV-infected residents can participate fully in regular program activities. Others may require special supervision in a mainstream setting to minimize risk of exposure of others or exposure of the resident to opportunistic infection. In unusual situations, residents with aggressive behaviors such as biting, or those who display inappropriate sexual activity, may require temporary segregation until the inappropriate behavior improves.

c. Facilities shall provide or arrange for the provision of medical services needed by residents diagnosed with HIV/AIDS. Referrals to outside facilities with appropriate health care services shall be based on the particular circumstances and needs of the resident.

d. HIV/AIDS infected residents (and their legal representatives, when applicable) who have pending or future discharge plans shall receive discharge counseling and education to assure that, to the extent possible, they understand:

- (1) The current circumstance of their HIV/AIDS infection;
- (2) Methods of transmission and ways to prevent transmission of the disease; and
- (3) Current HIV/AIDS treatment protocols; and, where follow-up care can be obtained.

e. At the time of discharge, the recovery team registered nurse will document the residents request or rejection for referral for community services. The nurse will ensure the resident being discharged to the community has a written referral or a written appointment for HIV follow up services if the resident requests a referral. There are seven HIV/AIDS Patient Care Network programs to provide HIV/AIDS patient care services to eligible persons (see Appendix A to this operating procedure). When the discharge of a resident is unexpected and immediate, and the resident is not in the facility, staff will not be able to obtain consent for the release of HIV related information; in these situations, staff will not contact AIDS service organizations unless the nurse was able to obtain the resident's consent prior to the resident leaving the facility for legal proceedings.

8. Reporting.

a. All cases of AIDS which meet the Center for Disease Control and Prevention case definition of AIDS and all positive tests to diagnose HIV infection shall be reported. Intermediate test results and unconfirmed positive antibody test results are not reportable. Reporting forms can be obtained from the Department of Health, Bureau of HIV/AIDS, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL. 32399-1715.

b. Reports must be submitted to the local county health department within two (2) weeks of diagnosis in a sealed envelope marked "Confidential." If the laboratory conducting the test provides

the report to the health department, the facility will provide the health department with any further information they request.

c. As per CFOP [155-24](#), Guidelines for Infection Prevention and Control Program in State Mental Health Treatment Facilities, each facility that reports a notifiable disease or condition or a positive laboratory finding indicating the presence of a notifiable disease to the Department of Health shall notify the Substance Abuse and Mental Health Program Office/Mental Health Facilities Section. Notification per this operating procedure will include notification of the positive finding of HIV and AIDS. Reporting is for data collection only. Therefore, no confidential resident information is to be sent.

9. Confidentiality.

a. The results of HIV tests are confidential and may not be publicly disclosed except with the resident's written permission or as otherwise provided in Chapter 384, Florida Statutes.

b. The facility shall establish a uniform procedure to maintain confidential medical records which ensures access only to persons authorized to review or receive the contents.

c. Confidential medical information including HIV test results may only be shared with those listed in section 64D-2.003(2), F.A.C. This includes but is not limited to the following:

(1) The resident tested;

(2) Any person designated in a legally effective release of information executed by the resident prior to or after the performance of the HIV test;

(3) The Department of Health in accordance with rules for reporting and controlling the spread of disease, or as otherwise provided in state law;

(4) Any medical personnel who experience a significant exposure during the course of employment or in the performance of professional duties, or non-medical personnel who experience a significant exposure while providing emergency assistance;

(5) Pursuant to sections 960.003(2)-(5), F.S., and section 775.0877(2), F.S., a resident, staff member, or visitor, who is the victim of a criminal offense at the facility involving the transmission of body fluids from a resident to another, who shall, upon request, obtain the HIV test results of the resident charged with or convicted of the criminal offense; the test results shall be disclosed in accordance with section 381.004(3)(c), F.S.; and the test results shall not be disclosed to any other person except as expressly authorized by law or court order; and,

(6) Employees of the Department and its authorized representatives who are responsible for the custody, medical care, and treatment of residents and who have a need to know such information. Need to know is outlined in section 64D-2.003, F.A.C. and includes an employee that performs one of the following functions:

(a) Participates in or administers the business operations of a health care facility such as:

1. Financial staff who compile or review resident records as part of routine billing activities;

2. Medical records staff who enter medical information into computers or records.

3. Personnel involved in utilization review, risk management or peer review activities in which patient records are normally shared among reviewers; or,

4. Supervisors of staff carrying out their resident care responsibilities.

(b) Handles or processes specimens of body fluids or tissues; or,

(c) Provides or participates in providing resident care such as but not limited to:

1. Licensed medical professionals, including those involved with the diagnosis or treatment of residents tested; and,

2. Medical professional and paraprofessional staff who regularly participate as part of an interdisciplinary team responsible for the care and treatment of residents.

d. No medical record shall be marked, coded, or distinguished on the outside so as to identify HIV test results or that an HIV test was or was not performed.

e. A resident's written informed consent shall include a statement to the effect that the resident's HIV test results can only be released to individuals, facilities, or healthcare providers to whom the resident gives written permission to see or to copy his or her medical record. The written informed consent form or documentation of informed consent and HIV test results will be kept in the legal section of the resident's medical record.

f. If the facility receives a court order for information regarding a resident's diagnosis, the court order will be referred to and reviewed by the facility attorney and acted upon as required and designated by the facility attorney.

g. When a resident is transferred from one facility to another, the resident's medical records, including HIV/AIDS information, must be transferred in a sealed envelope marked confidential.

h. When a resident diagnosed with HIV/AIDS is discharged, the resident will be asked to sign a "Consent to Share Confidential Information" that will link the resident to care and services in the community. **If the consent form is not signed, the resident's name should not be released to AIDS service organizations.**

10. Penalties for Violation of Confidentiality. The identity of any resident upon whom a HIV test has been performed is confidential. Any employee of the Department or its contracted providers who violates the confidentiality of this information commits a misdemeanor of the first degree. Any person who obtains this confidential information maliciously, for monetary gain, or who makes the information known to any person other than a physician, nurse, or law enforcement agency, commits a felony of the third degree. Any employee that violates the confidentiality of this information shall be reported to the Office of the Inspector General of the Department, is subject to disciplinary action including dismissal, and is punishable as specified in Florida Statutes.

11. Infection Control – Preventing Occupational HIV Transmission to Healthcare Personnel. The most important strategy for reducing the risk of occupational HIV transmission is to prevent occupational exposures.

a. Each facility will have a current written exposure control plan designed to eliminate or minimize staff exposure and ensure that staff with occupational exposure risk to bloodborne pathogens receive appropriate training. The plan will include post-exposure management including chemoprophylaxis as needed for staff and residents. The exposure plan will be reviewed and approved by the clinical director of the facility at least annually.

b. Immediate steps following occupational exposure include:

- (1) Wash needlestick and cuts with soap and water;
- (2) Flush splashes to the nose, mouth or skin with water;
- (3) Irrigate eyes with clean water, saline, or sterile irrigates;
- (4) Report exposure to your supervisor; and,
- (5) Obtain medical evaluation because treatments are most likely to be effective if administered as soon as possible after the exposure.

12. Education and Training.

a. Employees and residents of each state mental health treatment facility will complete the facility's HIV and AIDS training program which will include at a minimum:

- (1) Modes of transmission;
- (2) Infection control procedures;
- (3) Clinical management;
- (4) Prevention of HIV and AIDS with emphasis on appropriate behavior and attitude change;
- (5) Current Florida law and its impact on testing, confidentiality of test results, and treatment of residents;
- (6) Protocols and procedures applicable to HIV counseling, testing, reporting, and partner notification; and,
- (7) Offering of HIV testing for pregnant woman in facilities that serve female clients.

b. Updated training will be provided for staff if laws, regulations, treatments, or protocols change.

c. The facility Infection Control Nurse will have a minimum of 15 contact hours of experience in counseling persons with HIV. Examples of counseling include: informing a person of an HIV positive test result; providing case management services to HIV-infected persons; facilitating a support group for HIV-infected persons; and providing medical care.

d. Facility staff providing post-test counseling for residents with a positive test result will have received specialized training which shall be equivalent to the Department of Health specialized training in providing post-test counseling to HIV-positive clients. Specialized training must include information on the following:

- (1) Confidentially, the meaning of a positive test result and the importance of not donating blood, blood products, tissues, or sperm;
- (2) Early intervention, referrals and linkages to care/services;
- (3) Prevention of secondary HIV transmission;

- (4) Partner counseling and referral services;
- (5) HIV infection reporting; and,
- (6) Documentation of test results.

e. Each facility will maintain a record of employees and date(s) of attendance at HIV and AIDS training course(s). A list of current employees and HIV/AIDS training dates will be available for review to demonstrate compliance with this training requirement.

BY DIRECTION OF THE SECRETARY:

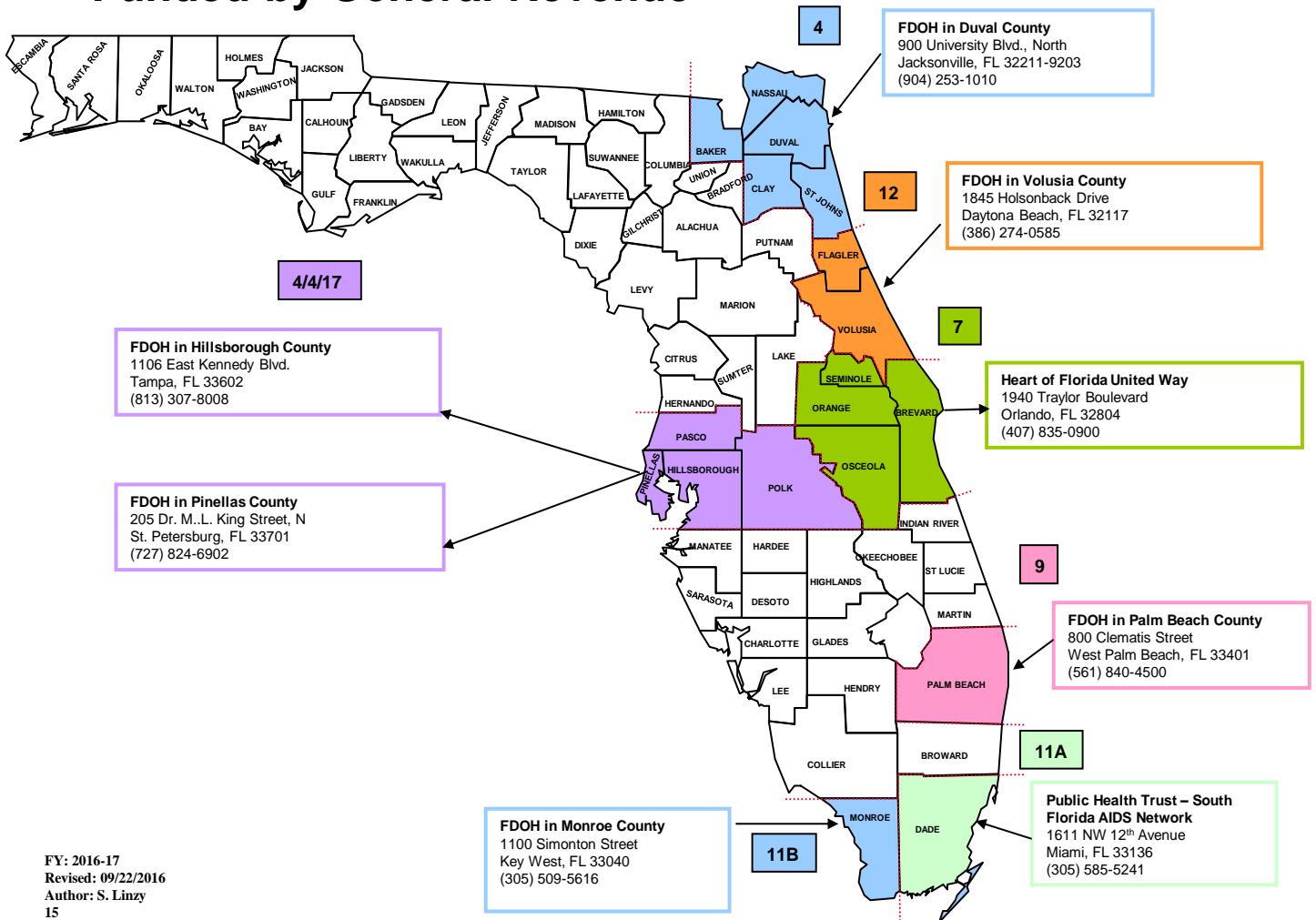
(Signed original copy on file)

WENDY SCOTT
Director, State Mental Health Treatment Facilities, Policy and Programs

SUMMARY OF REVISED, DELETED OR ADDED MATERIAL

Updated of the language in paragraph 5a to clarify consent requirements to meet the confidentiality requirements in section 381.004(2)(a), F.S.; and updated the language in paragraph 7e regarding Patient Care Networks.

Patient Care Networks (4BNWK) Funded by General Revenue



FY: 2016-17
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Author: S. Linzy
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