

State of Maryland

Department of Health & Mental Hygiene

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Deputy Secretary for Public Health Services—AIDS ADMINISTRATION, et al.—POLICY 03.02.01
Version Effective April 15, 2002

HIV POLICY FOR DHMH FACILITIES

SHORT TITLE: HIV POLICY

I. EXECUTIVE SUMMARY

HIV infection, and its end stage, AIDS, are major public health concerns. The extraordinary seriousness of HIV infection is underscored by the high mortality rate for persons diagnosed as having AIDS and the lack, at present, of any known cure for the disease.

The Centers for Disease Control and Prevention (CDC) have determined that HIV is transmitted under certain identifiable conditions, i.e., unprotected sexual contact with an infected partner, percutaneous and non-intact skin exposure to infected blood or blood components, and perinatally from an infected mother to newborn. Although HIV has been isolated from other body fluids, secretions and excretions, epidemiological evidence has implicated blood, semen, vaginal secretions, and breast milk in transmission. There are no research reports confirming casual contact transmission of the virus, for example, from sitting near or living in the same household with an individual with HIV infection. There are a few reports of transmission in the household setting, presumably through personal items contaminated with blood, or in instances where universal control precautions were not followed.

This policy establishes guidelines regarding the identification, care and treatment of patients infected with or at risk for infection with human immunodeficiency virus (HIV), the virus which causes acquired immunodeficiency syndrome (AIDS); and measures for prevention of HIV infection. The guidelines shall be followed by all facilities operated by DHMH under the Mental Hygiene Administration, the Developmental Disabilities Administration, and the Family Health Administration's Division of Chronic and Rehabilitation Facilities.

This policy is based on Federal and State laws and regulations that are included by reference. It also assigns responsibility for reporting of disease, and for education and training of staff and patients at DHMH Facilities.

II. BACKGROUND

The HIV Policy for DHMH Facilities was developed in 1996 by a committee consisting of representatives from the AIDS Administration, Developmental Disabilities Administration, Mental Hygiene Administration, and Local & Family Health Administration in response to OSHA's *Bloodborne Pathogens Standard* and CDC's *Guidelines for Prevention and Control of HIV*.

DHMH Policy 03.02.01 updates the 1996 version of the *HIV Policy for DHMH Facilities* and incorporates the *Guidelines for Exposure Management*. This policy also incorporates the January 2001 Final Rule from OSHA regarding safer sharps and needle stick prevention as well as the June 29, 2001 U.S. Public Health Services *Guidelines for Management of Occupational Bloodborne Pathogens Post-Exposure Prophylaxis*.

A glossary of clinical and technical terms is appended to this policy to facilitate understanding the medical terminology related to HIV infection and AIDS used in this policy (See Doc-A). <Insert URL for Doc-A Glossary>

III. POLICY STATEMENTS

A. Non-Discrimination Policy

1. Individuals who meet admission requirements will be admitted to and provided with care and treatment at DHMH operated facilities without discrimination on the basis of HIV infection or AIDS diagnosis.
2. Federal law, the Americans with Disabilities Act (ADA) <insert URL for ADA> and State law, the Annotated Code of Maryland, Maryland Human Relations Commission Article 49B, <insert URL for 49B> prohibit discrimination in employment or provision of services to persons with disabilities, including HIV infection and AIDS.
3. In 1987, the State of Maryland, Department of Personnel, issued a policy statement Entitled "Personnel Policies of Employability and AIDS" <insert URL for Doc B>. This document includes the statement: "AIDS is not transmitted through casual contact, thus employees may not refuse to take care of patients or refuse to work with co-workers who have AIDS, are suspected of or perceived as having AIDS." This statement clarifies the responsibility of individual employees toward patients or other employees who may have AIDS or HIV, or are suspected of having HIV/AIDS. This policy statement continues to be in effect.

B. Confidentiality and Record Keeping Policy

1. In general, medical records concerning HIV and AIDS, including results of an HIV test, shall be handled in the same manner as other medical records.
2. Under Maryland law (Annotated Code of Maryland- Health-General Article Title 4 Subtitle 3, <insert URL for Title 4-3> all medical records are confidential documents; the law outlines permissible disclosures of information from medical records as well as for non-permissible disclosure.
3. Mishandling of information regarding HIV status has resulted in discrimination; therefore, staff should take special care to assure that confidentiality of HIV information is safeguarded.
4. The criminal penalty upon first conviction for violation of the confidentiality laws is a fine up to \$1,000; the fine for subsequent violations can be up to \$5,000. In addition, the individual is liable for actual damages to the patient resulting from the disclosure.
5. The general recommendation is that information about HIV tests (if the test is performed at the facility), as well as other HIV information, be made part of

the patient's medical record.

6. Maryland law requires that HIV test information be kept separate from the patient's medical records when testing is done under provisions of Annotated Code of Maryland, Health-General Article, §18-338.1, [<insert URL for 18-338.1>](#)

a. This section of law refers to an HIV test performed in a health care facility after a health care provider has been exposed to a patient's blood or body fluids.

b. If the patient consents to an HIV test and agrees to disclosure of the result to the exposed health care provider, the HIV test order and result may not be put into the patient's primary medical record (See VII A, Case II).

C. Universal Precautions Policy

1. The Maryland Department of Health and Mental Hygiene requires the use of *universal precautions* for infection control in all State facilities. Universal precautions [<insert URL to Doc-C>](#), as defined by the Centers for Disease Control and Prevention (CDC), shall be the standard. Maryland law (various sections of Health-General and Health Occupations, passed by the 1992 Maryland General Assembly as HB 388) and implementing regulations require use of universal precautions in all patient care settings, and Maryland Occupational Safety and Health (MOSH) regulations require use of universal precautions to protect workers from bloodborne pathogens, including HIV.

Universal Precautions is the terminology used through this document to address infection control practices that are effective in protecting both the employee and those they serve. These practices (e.g. handwashing and use of barriers for protection) are intended for use in all situations where human blood or body fluids are present and are designed to protect the user from bloodborne infections, especially HIV and hepatitis B virus (HBV) and Hepatitis C virus (HCV).

Standard Precautions were introduced in the publication "*Guideline For Isolation Precautions In Hospital*" printed in both the AMERICAN JOURNAL OF INFECTION CONTROL February 1996, Vol. 24, No. 1 and in INFECTION CONTROL AND EPIDEMIOLOGY, January 1996, Vol. 17, No. 1. Standard precautions are inclusive of universal precautions and additional infection control practices that have been in use under several different names, i.e. blood and body substance isolation (BSI) [<insert URL for Doc-D>](#).

2. Since it is impossible to rule out infection with HIV or any other bloodborne pathogen by medical history or physical examination alone, universal precautions for the prevention of transmission of bloodborne disease shall be consistently used for ALL patients.

3. Universal precautions are used to provide protection against the transmission of bloodborne pathogens to all persons who have actual or potential contact with blood and/or body fluids or another individual. Universal precautions

are intended to prevent precutaneous, mucous-membrane, and non-intact skin exposure of a person to blood or potentially infectious materials from another person who may have symptomatic or asymptomatic bloodborne infections.

By the CDC definition, these precautions apply to:

- a. blood and any body fluid containing visible blood;
 - b. semen and vaginal secretions;
 - c. tissue and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids; and
 - d. unidentified body fluids.
4. Universal precautions with regard to HIV, HBV, and HCV do not apply to urine, feces, nasal, secretions, sputum, saliva (except in dental procedures), tears, sweat, and vomitus unless they contain visible blood. Universal precautions do not apply to breast milk except in circumstances where frequent exposure is likely, e.g., in a milk bank. Handwashing/washing skin which comes in contact with the listed body substances will protect against the transmission of other infectious diseases, e.g., gastrointestinal diseases.
5. Procedures to be followed include:
- a. As required by MOSH, all DHMH facilities shall incorporate into their procedures the use of universal precautions in all activities involving contact with blood, body fluids and any other potentially infectious material as defined by CDC.
 - b. The procedures are to include guidelines on hand washing practices, use of personal protective equipment/barrier precautions, appropriate precautions during CPR, proper handling and disposal of needles and other sharps, and the management of infectious medical waste.
 - c. Education regarding universal precautions and the Exposure Control Plan (ECP) of the facility shall be provided to all persons with potential exposure to blood/body fluids and documented in accordance with Maryland Occupational Safety and Health (MOSH) Regulations on Bloodborne Pathogens.
 - d. Each facility shall post a copy of the poster, "We Take Precautions for You" (COMAR 10.52.11) at the entrance to the facility [<Insert URL for Doc-E>](#).

D. Prevention And Management Of Employment Exposures Policy

1. Prevention

- a. In December 1991, the Occupational Safety and Health

Administration (OSHA) issued a Bloodborne Pathogens Standard (BBPS) requiring that “each employer who has an employee with occupational exposure to blood or other potentially infectious materials shall prepare an exposure determination. Each employer having an employee(s) with a potential for occupational exposure shall establish a written Exposure Control Plan (ECP) designed to eliminate or minimize employee exposure.”

The OSHA Bloodborne Pathogens Standard was adopted by Maryland Occupational Safety and Health (MOSH) COMAR 09.12.31 <Insert URL for 09.12.31>.

b. OSHA published on January 18, 2001 the new “Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries; Final Rule” <Insert URL for OSHA Rule>. It amended the definition to the term Engineering Controls to include “Needleless Systems” and “Sharps Engineered with Sharps Injury Protections.” The Exposure Control Plan (ECP) is to be reviewed and updated at least annually and as needed to reflect changing technology and changing tasks to reduce exposures.

c. In addition to all previous requirements, the ECP must document solicitation of non-managerial employees responsible for direct patient care in identifying selecting and evaluating engineering controls and work practices and products to reduce injuries.

d. The employer must maintain a Sharps Injury Log that includes all percutaneous injuries from contaminated sharps. The information in the log will include:

- (i) Type and brand of device.
- (ii) The department and work area where the exposure occurred.
- (iii) An explanation of how it occurred.

e. This log is to be maintained for the period required by 29 CFR 1904.6 <Insert URL for 1904.6> which states “Records (log) shall be retained for five (5) years following end of year which they relate.”

2. Plan for HIV Post Exposure Management

This plan shall be implemented by a medical person with training in infectious disease. Each exposure must be evaluated on a case by case basis and decisions on the post-exposure prophylaxis and HIV testing must be made by the exposed person and the medical person/designee responsible for the post exposure management protocol. If a decision is made to implement post-exposure chemoprophylaxis, it should be initiated as soon as possible. Guidance in this process is given in the PEP Algorithm <Insert URL for Doc-F>, and The Occupational Exposure Management Resources spelled out in Box 5 <insert URL for <http://cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>>.

E. HIV Testing Policy**1. ON-SITE TESTING**

- Test ordered by a health care provider at the facility
- Specimen obtained on-site

When a health care provider at the facility orders an HIV test and the specimen is obtained at the facility, the facility shall ensure that the HIV testing is performed in compliance with Maryland law and regulations. **Maryland law requires written, informed consent prior to HIV testing, in accordance with Annotated Code of Maryland, Health-General Article, §18-336 <insert URL for 18-336>, and Code of Maryland Regulation 10.52.08 <insert URL for 19.52.08>.**

The consent must be documented by having the patient or person legally authorized to give consent sign the HIV consent form <insert URL for Doc-GI>.

HIV testing may be offered by the health care provider based on clinical indicators, or it may be done at the request of the patient. A voluntary HIV test may also be recommended when the patient was the source of a significant exposure to an employee at the facility in accordance with the Annotated Code of Maryland, Health-General Article §18-338 <insert URL for 18-338>

a. Testing of Patient Recommended Based on Clinical Indicators When the Patient Is Not A Source of Exposure to Staff or other Patients.

- (i) Before facility staff members provide pretest or post-test HIV counseling, they must receive training which includes components of the counseling process and essential points which must be covered when providing HIV counseling
- (ii) Identification of a patient's HIV risk factors shall be part of a complete history and physical examination.
- (iii) All testing shall be voluntary. If the patient does not sign the HIV informed consent form <insert URL for Doc G> the HIV test may not be performed.
- (iv) The decision to recommend an HIV test for a patient shall be made on an individual basis, based on the patient's request or on clinical indicators.
- (v) If a patient is not capable of giving informed consent about health care issues, a person authorized under Annotated Code of Maryland, Health-General Article, §5-605, <Insert URL for 5-605> or other provisions of Maryland law, to make health care decisions for the patient, may give consent by signing the HIV informed consent form. COMAR 10.18.02.04 requires that the health care provider ordering an HIV test include on the test order form the unique

patient identifying number (UI) of the individual being tested. The UI is a 14-digit number developed according to the instructions provided in [<Insert URL for 10.52.08>](#). The health care provider must keep a log, which would enable him/her to match the patient's medical record to the UI, for follow-up purposes. As part of the pretest counseling, the counselor must inform the patient that, if the test result is positive, the laboratory will report the patient's UI, not the patient's name to the local health department and that the disclosure and use of a portion of the patient's social security number in constructing the Unique Identifier is voluntary. On the HIV Consent Form, there is a check-off box so that the patient can indicate if permission is denied for the use of part of Social Security number in the UI.

- (vi) A specimen for HIV testing may be obtained only after pretest counseling has been provided, in a manner understandable to the patient (or person authorized to give consent for the patient) and written informed consent has been obtained. Posttest counseling must be provided by the facility when test results are given to the patient. Requirements for pretest and posttest counseling are outlined in COMAR 10.52.08 [<Insert URL for 10-52-08>](#).
- (vii) The HIV test results may be part of the patient's medical record when the HIV test is ordered by a health care provider at the facility. Strict confidentiality of information shall be maintained.

b. Testing of Patient who is Source of Staff Exposure

(Based on Health-General, §18-338.1, Annotated Code of Maryland in addition to the other statutes and provisions governing HIV counseling and testing).

- (i) Before individuals provide pretest or posttest HIV counseling, they must receive training which includes components of the counseling process and essential points which must be covered when providing HIV counseling.
- (ii) If an employee of the facility is exposed to the blood or body fluids of a patient, the employee shall give the facility prompt, written notice of the exposure, as required by the facility's Exposure Control Plan.
- (iii) If the employee requests that the patient have an HIV test, a physician who is not the employee involved in the exposure shall review the report of the exposure and make a determination of whether the exposure meets the definition of "exposure" given in Health-General Article, §18-338.1, Annotated Code of Maryland [<Insert URL for 18-338.1>](#).

- (iv) If the physician does not believe that an exposure meeting this definition has occurred, the patient will not be approached about testing.
- (v) If the physician agrees that an exposure meeting this definition has occurred and if the employee has given informed consent and submitted their own sample for HIV testing, then an employee of the facility who was not involved in the exposure shall seek the informed consent of the patient (who was the source of the exposure) to undergo HIV testing.
- (vi) If the facility conducts the HIV test for the employee, pretest and posttest counseling must be provided as required by Maryland law.
- (vii) Before a patient's sample is submitted for HIV testing, the patient must receive pretest counseling and give written informed consent, as required by COMAR 10.52.08. [<Insert URL for 10.52.08>](#) During the pretest counseling, circumstances of the exposure must be reviewed with the patient and the patient must be told that agreement to testing is also an agreement to notification of the employee involved in the exposure of the patient's test results. (NOTE: If the patient wishes to be tested but does not agree to notification of the employee, the testing is not considered to be taking place under the requirements of Health-General Article, §18-338.1, Annotated Code of Maryland. Follow the procedures in VII A, Case I, above.) If the patient refuses to test, an HIV test cannot be done on the patient. As part of the pretest counseling, the counselor must inform the patient that, if the test result is positive, the laboratory will report the patient's UI and not the patient's name to the local health department and that disclosure and use of a portion of the Unique Identifier is voluntary. On the HIV Consent Form, there are check-off boxes so that the patient can indicate whether or not permission is given for use of part of the Social Security number in the UI. If the patient agrees to test, written informed consent must be obtained.
- (viii) COMAR 10.18.09.04 requires that the health care provider ordering an HIV test include on the test order form the unique patient identifying number (UI) of the individual being tested. The UI is a 14 digit number developed according to the instructions provided in [<Insert URL for 10.52.08 >](#) The health care provider must keep a log or other mechanism which would enable him/her to match the patient's medical record to the UI for follow-up purposes.
- (ix) The facility shall directly notify the patient, or the patient's

authorized decision maker, if applicable, of the patient's HIV test results and provide posttest counseling to the patient as required by COMAR 10.52.08 within 48 hours of the facility's receipt of written notification of the results of the patient's HIV test.

- (x) If the patient has given permission to notify the employee of the patient's test results, the facility shall provide the exposed employee with the results of the patient's HIV test within 48 hours of the facility's receipt of a written notification of the results. If the patient's HIV test is positive, the facility's designee shall provide the exposed employee with written notice of the patient's HIV test results and counseling regarding additional follow-up procedures the employee should take (e.g., serial HIV testing, precautions until the employee can determine whether or not (s) he has become infected, etc.).
- (xi) Both the patient or the patient's authorized decision maker and the exposed employee shall receive written notice of the patient's HIV test result at the time of posttest counseling.
- (xii) All records related to HIV tests for both the exposed employee and the patient shall be maintained in a file that is separate from the primary medical record of the individual tested.

c. Testing of Patient Who is Source of Exposure to Another Patient in the Facility
Patient was the source of exposure to another patient within the facility

(This situation is not covered by the Annotated Code of Maryland Health-General Article, §18-338.1). NOTE: When two patients participate in an incident that involves exposure to blood or body fluids, it may be difficult (or impossible) to say which patient was the "source" of the exposure and which patient was the "exposed" patient. Generally, both patients are at risk in these situations.

For clarity, for Case III, "patient A" and "patient B" will be used to distinguish any two patients involved. In applying the procedure, either patient could be "patient A." Before individuals provide pretest or posttest HIV counseling, they must receive training which includes components of the counseling process and essential points which must be covered when providing HIV counseling.

- (i) If a facility patient (patient A) is exposed to the blood or potentially infectious body fluids of another patient (patient B) within the facility a physician or other qualified health care provider shall review the incident to determine whether HIV transmission could have occurred.

- (ii) If the physician or other qualified health care provider who reviews the incident determines that HIV transmission could have occurred a representative of the facility shall discuss with each patient involved, the importance of voluntary baseline and serial HIV testing to determine the patient's current HIV status and to monitor the patient to determine whether the patient seroconverts (i.e., changes from HIV negative to HIV positive).
- (iii) The possibility of testing patient B so that test results could be released to patient A will not be discussed unless patient A raises the issue. The emphasis of the discussion with patient A should be on testing patient A, not on testing patient B. If patient A does request testing of patient B, patient A should be told that testing patient B does not provide any certainty about whether there has been an HIV transmission, since a negative HIV test result on patient B does not ensure that patient B was HIV negative at the time of the incident and a positive HIV test result on patient B does not guarantee that patient A will become infected with HIV as a result of the incident. Test results will only be released to the person tested or their authorized decision-maker and not to the other patient or the other patient's authorized decision-maker.
- (iv) If patient A or the person authorized to make health care decisions for patient A wishes to ask patient B to voluntarily agree to an HIV test and if patient B is willing to talk with patient A or his/her authorized decision-maker, then patient A or his/her authorized decision-maker may talk with patient B. A representative of the facility shall be present during the discussion to ensure that patient B is not coerced by patient A or his/her authorized decision-maker.
- (v) If either patient A or patient B (or authorized decision-maker of either of the patients) agrees to consider an HIV test, the patient (or authorized decision-maker) shall be provided with pretest counseling by a qualified employee of the facility and shall sign the HIV consent form, as required by COMAR 10.52.08 <insert URL for 10.52.08> before an HIV test can be ordered. As part of the pretest counseling, the counselor must inform the patient that, if the test result is positive, the laboratory will report the patient's UI and not the patient's name to the local health department and that the disclosure and use of a portion of the patient's social security number in the unique identifier is voluntary. On the HIV Consent Form, there are check-off boxes so that the patient can indicate whether or not permission is given for use of part of the Social Security number in the UI. If, following pretest counseling, the patient or the patient's authorized decision maker then decides to decline testing, an HIV test may not be ordered.

- (vi) Maryland regulations require that the health care provider ordering an HIV test include on the test order form the unique patient identifying number (UI) of the individual being tested. The UI is a fourteen-digit number developed according to the instructions provided in (Attachment J). The health care provider must keep a log that would enable him/her to match the patient's medical record to the UI, for follow-up purposes.
- (vii) The order for an HIV test and the test result for any test done in this case shall be kept in the primary medical record of the patient tested.
- (viii) If the patient agrees to an HIV test, a qualified employee of the facility shall provide posttest counseling according to COMAR 10.52.08. The posttest counseling for a patient shall include a recommendation about whether or not serial HIV testing is advised and, if so, at what intervals.

2. OFF-SITE

a. When arrangements can be made to transport a patient for both pretest counseling and testing, and posttest counseling, off-site HIV testing shall be made available to:

- (i) Patients who request HIV testing on a voluntary basis (i.e., test has not been recommended based on clinical indications, and client was not the source of a significant exposure to another individual); or
- (ii) Patients who's authorized decision maker requests that the patient be tested at an off-site location.
- (iii) Test results from off-site HIV testing shall not become part of the patient's medical record at the DHMH facility in order to preserve confidentiality of test results from facilities personnel.

b. Patients who express an interest in HIV testing on a voluntary basis (i.e., test has not been recommended due to clinical indications, and patient was not the source of a significant exposure of an employee) shall be informed of the following:

- (i) If the HIV test is done at the facility, test results will become part of the patient's medical record at the facility.
- (ii) Free, confidential or anonymous testing is available through the local health department. If a patient is tested at a local health department or other off-site location, test results will not be included in the patient's medical record at the DHMH facility.

- (iii) The facility will attempt to accommodate the patient's request for off-site testing.

c. If a patient, who has been informed about the availability of off-site HIV testing wishes to be tested off-site, the facility shall make reasonable effort to accommodate the request. Approval shall be contingent upon:

- (i) Reasonableness of request (e.g., request for test to be repeated weekly would be unreasonable);
- (ii) Consistency with the patient's treatment plan and with leave of absence policies for off-site visits;
- (iii) Availability of staff member, family member, friend, or volunteer to accompany the patient to the test site once for pretest counseling and HIV testing and once for post-test counseling.

(Note: In most cases, the person accompanying the patient would not be present during pre and posttest counseling sessions. Exceptions would include cases where the patient's guardian accompanies him/her or where the patient requests that the person be present.)

d. If a patient is taken to an off-site location for HIV testing and a staff member subsequently learns from the patient or other source about the test result, this information shall be kept confidential and shall not be put in the patient's medical record at the facility nor be discussed with staff.

F. Partner Notification Policy

1. Known sexual or needle-sharing partners of patients who test positive for HIV should be notified of their possible exposure to HIV and counseled about HIV antibody testing, without identifying the patient.

2. A patient who tests HIV positive shall be instructed that he/she should inform all sexual and needle-sharing partners of his/her positive HIV status or make arrangements for them to be informed by a third party.

3. The patient shall be offered assistance in notifying his/her partners. If the patient requests assistance, the counselor may offer his/her own services for notifying or may forward requests to the Partner Notification staff at the local health department.

4. If the patient is informed about his/her positive test result and his/her responsibility to inform his/her sexual and needle-sharing partners and refuses to do so, the counselor shall notify the physician responsible for ordering the HIV test about the patient's refusal to notify his/her sexual and needle-sharing partners.

5. The physician shall personally discuss the test results, and the patient's responsibility to notify his/her partners, with the patient. If the patient still refuses to notify his/her partners, the physician may:
 - a. Inform the patient's known sexual or needle-sharing partners that they may have been exposed to HIV and/or other bloodborne infections without identifying the source patient. The local health department may be requested for assistance in notifying partners.
 - b. Inform the local health officer of the patient's identity, positive HIV status, and refusal to inform known sexual and needle-sharing partners.
6. If the patient is not competent to give informed consent and substitute consent for testing was obtained pursuant to the Annotated Code of Maryland, Health General §5-605 [<insert URL for 5-605>](#) positive test results and the need to notify partners shall be discussed with the person giving consent.
7. If substitute consent has been given and HIV test results are positive, the physician who ordered the test shall be responsible for deciding to notify known sexual and needle-sharing partners or for notifying the local health officer (or designee) that a positive test result has been obtained for a patient who cannot inform his/her partners.

G. Management of Known HIV Positive Patients Policy

1. Management of all patients is based on assessment of behaviors that put them at risk for transmission of HIV, regardless of known HIV status. It is the policy of Department of Health and Mental Hygiene Facilities to provide an adequate and safe environment for all patients and workers. Environmental arrangements for HIV positive patients shall be provided that:
 - a. are appropriate to those patients;
 - b. protect others from exposure;
 - c. protect patients' privacy and confidentiality to the fullest extent possible.
2. Individuals who meet admission requirements shall be admitted to and provided with care and treatment at Department of Health and Mental Hygiene operated facilities without discrimination on the basis of HIV infection.
3. Placement decisions for all patients must be consistent with principles of universal precautions. Therefore, in making placement decisions, it must be assumed that any patient could be HIV positive. **The placement must be based on the patient's behavioral and medical needs and the impact of those needs on the care of other patients.**
 - a. Behavioral Needs
 - (i) **Patients, regardless of HIV status, who are responsible**

and in control of their behavior may be assigned to shared rooms.

- (ii) Non-compliant or uncooperative patients, regardless of HIV status, may need special placement arrangements. When there is a high incidence of unpredictable behavior, private room assignment provides a greater assurance of safety. Patients who are uncooperative or unreliable in complying with procedures for control of HIV infection regardless of HIV status should be assessed for appropriate placement in either a private room, if possible, or in a unit with sufficient staff to provide close observation. The level of necessary supervision is decided as part of the individualized care plan for each patient.

b. Medical Needs

- (i) HIV-infected patients should be assigned to treatment areas depending on the type and level of care required.
- (ii) Department of Health and Mental Hygiene employees are expected to provide services of the quality and quantity required to meet each patient's individual needs.
- (iii) Universal precautions shall be consistently used for all patients in the Department of Health and Mental Hygiene Facilities.
- (iv) Physician Reporting of diagnosed Cases of AIDS is done according to Health General Article, 18-201.1, Annotated Code of Maryland <Insert URL for 18-201.1>
- (v) A sample of HIV treatment protocols are provided in Reference Section V of this document. There are many other texts that you may wish to consult.

H. Prevention And Management of High Risk Behavior Policy

1. Since sexual and needle sharing contacts are the major methods of HIV transmission, DHMH facilities may seek to reduce the risk of HIV infection by:
 - a. Providing education concerning HIV transmission through sexual and needle sharing contact;
 - b. Providing a safe, protective environment for all patients within the facility;
 - c. Facilitating access to condoms when appropriate.
2. To decrease spread of HIV infection:

- a. HIV-prevention education for patients will be provided.
- b. DHMH facilities support the use of condoms as a method for decreasing the spread of HIV infection through sexual contact. Each facility shall develop and implement a condom distribution plan. The plan shall include:
 - (i) Logistics for distribution
 - (ii) Content of accompanying education to include:
 - how condoms protect patients from HIV transmission
 - proper condom use
 - limitations of condom use
 - proper disposal of condoms
 -
 - (iii) Availability of condoms to patients in one or more locations so that condoms are accessible to all patients.
- c. Any patient, regardless of HIV status, who is known to engage in high risk behavior while at a DHMH facility shall:
 - (i) Be provided with extensive risk reduction counseling or behavioral treatment;
 - (ii) Be provided behavioral management programs to limit or stop high risk behaviors.

I. Staff Education Policy

1. All employees at DHMH facilities will be provided with HIV education that will include transmission, prevention, and universal precautions for infection control. HIV education will be inclusive of ~~MOSH~~ Bloodborne Pathogen Rule requirements with appropriate documentation of all HIV training ~~<Insert URL for MOSH>~~ ~~BBPR~~. Employees with direct patient contact will be educated regarding care of HIV-infected patients and counseling of at-risk patients about HIV prevention.

2. Since there is currently no known cure for HIV infection, the only effective intervention is to prevent transmission of the virus. Such prevention is based on education and subsequent behavioral change.

Education is essential to assure implementation of universal precautions for infection control, appropriate care of HIV infected patients in DHMH facilities, and adequate prevention education for patients.

3. Education of staff will be accomplished by:

- a. The head of each DHMH facility shall designate an HIV/AIDS resource person(s) to whom questions and concerns are referred.
- b. HIV/AIDS trainers shall be designated within each DHMH facility.

- c. HIV/AIDS education is mandatory for all DHMH facility personnel, and shall be incorporated into the initial orientation and annual in-service education for every employee.
- d. The educational curriculum shall include an overview of HIV and AIDS: transmission, risk behaviors, HIV prevention, confidentiality, partner notification, universal precautions for infection control, and management of potential HIV exposures. Education will be tailored to the distinct needs of various classifications of staff in accordance with MOSH regulations.
- e. Content of infection control education will be consistent with MOSH regulations. All employees will be trained prior to performing tasks which put them at risk for exposure.

J. Patient Education Policy

- 1. All Patients within DHMH facilities will receive HIV prevention education within seven working days of admission, at least annually thereafter, or more frequently as necessary. As appropriate, patients will be offered a supply of condoms on discharge from the facility. Patients who are assessed for education, and found unable to benefit from it due to their mental or physical condition, may be exempted from this policy. Results from this assessment shall be documented in the patient record.
- 2. To decrease the spread of HIV infection:
 - a. Personnel will be designated and trained to provide prevention education for patient.
 - b. All patients within DHMH institutions (except those who are exempted from this policy) will be provided with education regarding the routes of HIV transmission and methods of prevention. The education will be provided within seven working days of admission and at least annually. This does not preclude additional education being offered. Prior to discharge from facilities, patients will receive HIV prevention education and will be offered a supply of condoms.
 - c. Persons who are impaired mentally but still retain the potential to be sexually active should receive HIV education using modified training techniques appropriate to their ability to learn.
 - d. Notation should be made in the medical record if a patient is unable to benefit from the education because of physical or mental conditions. Reassessments should be done periodically to determine if there is a change in a person's ability to benefit from HIV education.
 - e. Content of education will include:
 - (i) Information on how the virus is transmitted.

- (a) Contact with blood and other potentially infectious materials;
- (b) Sharing of needles,
- (c) Sexual exposure via vaginal intercourse, anal (rectal) intercourse or oral sex;
- (d) From mother to unborn child or newborn.
- (ii) Information on how the virus is not spread (e.g., causal contact or mosquitoes).
- (iii) Prevention:
 - (a) Information on abstinence and treatment will be presented related to risk associated with substance use and abuse.
 - (b) Information on abstinence, risk reduction and treatment will be presented related to risk associated with injected-drug use.
 - (c) Information will be presented related to risk through sexual transmission which would include abstinence, mutually monogamous relationships with uninfected partner and the use of appropriate barrier protection, i.e. condom dental dams.
 - (d) Women of child bearing age should be provided information on the benefits of HIV testing, early diagnosis and the role of antiviral drugs in HIV positive, pregnant women to reduce perinatal transmission.
 - (e) General information about universal precautions.
 - (f) Education will be provided in a manner that involves the patient in the education, provides a safe environment asking questions, and involves demonstration of techniques of condom and dental dam usage.

IV. REFERENCES (FOR TREATMENT PROTOCOLS)

- Medical Management of HIV Infection, Johns Hopkins University, Department of Infectious Diseases, Baltimore, MD and Gallant, Joel E. M.D., John G. Bartlett, M.D., Illinois, 2000-2001.

- U.S. Public Health Service/Infectious Diseases Society of America, Guidelines for the Prevention of Opportunistic Infections in Persons with HIV-MMWR 1999; 48: [R-10].

V. APPENDIX

- Doc-A Glossary of Terms
- Doc-B Memorandum, State of Maryland, Department of Personnel, "Personnel Policies of Employability and AIDS" 1987.
- Doc-C Universal Precautions and Standard Precautions, AJIC, 1996, Vol. 24:25
- Doc-D CDC Personnel Health Guideline-Epidemiology and Control of Selected Infections Transmitted Among Health Care Personnel and Patients, AJIC, 1998, Vol. 26, No. 3
- Doc-E. DHMH 4468 – We Take Precautions for You
- Doc-F Post-Exposure Prophylaxis Algorithm
- Doc-G DHMH AIDS FORM 98-2 Informed Consent and Agreement to HIV Testing
- Doc-H Directory of Applicable Federal and State Laws and Regulation

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Georges C. Benjamin, M.D., Secretary