



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
DETENTION SERVICES  
FACILITY MEDICAL POLICIES**

<b>Superintendent</b>  _____ Signature <b>Designated Health Authority</b>  _____ Signature	<b>Effective Date:</b> November 1, 2016	<b>Revised Date:</b> July 5, 2018	<b>Procedure Number:</b> <b>8018</b> <b>Medical Services</b>
<b>Subject:</b> HIV COUNSELING AND TESTING		<b>Reference:</b> 63M-2.052 Quality Improvement Standard 4.19	
<b>Purpose:</b>	The purpose of this policy is to outline the procedures for HIV counseling and testing.		

**PROCEDURE:**

- A. All youth at risk for HIV infection will be offered counseling, testing and referrals for medical treatment.
- B. Pursuant to CDC regulation, the facility will routinely offer a youth at risk for HIV infection, counseling, testing and referral for medical treatment as indicated.
  - a. Youth to be considered at risk are those who report:
    - i. Multiple sexual partners
    - ii. IV drug use
    - iii. Tattoos and body piercing
    - iv. Pregnancy
    - v. Sexually transmitted diseases
    - vi. Hemophilia
    - vii. Active Tuberculosis
- C. The facility will collaborate with the local County Health Department or other community providers to provide the following services:
  - a. Counseling and Testing
    - i. The facility will offer each youth HIV counseling and subsequent testing when indicated or requested by youth. A certified HIV counselor must conduct HIV counseling.
    - ii. Pursuant to Chapter 381.004(3) F.S. any test for the detection of HIV cannot be ordered without an informed consent from the individual being tested. Consent may be obtained from the individual’s legal guardian or other person authorized by law if the individual is not competent, incapacitated and unable to make informed judgment, or is a minor (unless being examined or treated for sexually transmissible diseases as provided in section 384.30).
    - iii. The process of obtaining consent includes an explanation of the individual’s right to confidentiality of test results to the extent provided by law, informing the individual that a positive test result will be reported to the county health

- department and other specified individuals (See Section C), and informing the individual on the availability of anonymous testing.
- iv. The mechanism established for HIV testing must ensure appropriate counseling, confirmation of positive test results when indicated, and medical follow-up. The youth should be informed as part of the counseling that their test results, if positive, are reportable to specified individuals (although results will still be confidential).
  - v. Parental notification of a youth's HIV testing, results or treatment without the youth's permission is prohibited by statute.
  - vi. Laboratory/results should be marked confidential and filed in the Individual Health Care Record, until provided to the youth at the time of discharge. If HIV testing is performed off-site, the procedures related to consent should be ensured by that provider. This person may choose to retain the original consent form in which case a copy of the consent should be provided to the facility for the IHCR. When HIV testing is performed on-site, a signed consent form specific to HIV testing must be obtained.
  - vii. Documentation of pre/post-test counseling will be documented on the Individual Health Education Record or in the progress notes (not the test results).
  - viii. Youth who request HIV testing shall be placed on a list and receive pre and post counseling with routine testing completed by an on-site or sub-contracted provider who is certified by the DOH. If unable to complete testing prior to discharge, youth shall receive instruction on how to obtain testing in the community or through the local DOH. This shall be documented in the IHCR.
  - ix. In the case of a youth in a detention center, who requests an HIV test, but may not remain in detention long enough for the test results to become available, the certified HIV counselor who conducted the pre-testing should inform the youth as to how his/her results can be obtained. This should also be documented in the IHCR chronological progress notes when completed.
  - x. Factors to consider when arranging for HIV testing for youth include the following:
    1. The presence or availability in the community for qualified counselors
    2. The likelihood that the youth will remain in the facility long enough to obtain the test results and receive appropriate counseling and follow-up.
    3. The availability of anonymous testing sites for youth
  - xi. HIV testing will be a routine part of pre-natal care by the OB/GYN practitioner. All Pregnant youth will have an HIV test unless, after counseling by the Physician or ARNP as to the risks of transmission of HIV to the fetus, she refuses testing. When this occurs, she must sign a waiver (refusal) to decline the test. This will be filed in the IHCR.

#### D. Reporting and Disclosure Requirements

- a. Pursuant to Chapter 381, F.S. HIV test results can be disclosed only to the youth and the following entities:
  - i. The youth's legally authorized representative
  - ii. Health care providers during the course of consultation, diagnosis or treatment of the individual
  - iii. The Department of Health for purposes of reporting and control of spread of disease
  - iv. Health facility staff committees on a need to know basis as outlined in 381 F.S.

- v. Medical personnel who have been subject to a significant exposure as ordered by the practitioner.
- vi. Health care facility personnel or agents for the health care provider who have a need to know in the course of patient care activities or administrative operations.

#### E. Management of Youth with HIV Infection

- a. All youth who are admitted or transferred to the facility known to be HIV positive, or to have AIDS or is identified after admission to be HIV positive, will require a comprehensive medical plan of care. In particular, timely initiation of recommended medication regimens is required by those who specialize in the management of infectious diseases in adolescents and children.
- b. The decision as to when to initiate treatment and when to change medication due to increasing viral load results should be done in consultation with or under the direction of an HIV Specialist. The Florida Department of Health and Children's Medical Services has developed statewide networks of pediatric HIV referral centers. It is recommended that these referral centers be used to obtain the initial medical evaluation in order that an appropriate medical treatment plan can be developed. It should be noted that access to these referral centers does not mean that the youth's medications are obtained or paid for through or by the referral center.