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Applicability: DDSN Regional Centers, DSN Boards, Contracted Service Providers

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). HIV can be transmitted by intimate sexual contact via vaginal or rectal intercourse or possibly oral sex, parenteral spread (by needle stick or needle-sharing, as occurs among injecting drug abusers), by administration of infected blood or blood products, before or during birth from an infected mother to her newborn and by breast-feeding. HIV is transmitted primarily through blood, semen and vaginal secretions.

I. Persons Served by DDSN Regional Centers or Contracted Service Providers (Service Recipients)

A. Screening

HIV pre and post-test counseling (consistent with the tested person's level of understanding) and other testing services may be provided to service recipients in the following categories:

1. Experiencing Clinical Symptoms

Service recipients with symptoms suggestive of HIV infection/AIDS will be screened with the HIV antibody test.

2. Not Experiencing Clinical Symptoms but at High Risk for HIV/AIDS

Service recipients who fall into one or more of the following categories should be considered at high risk for HIV/AIDS and may be HIV tested and re-tested as necessary:

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

- (a) Males known to have had sex with another male one (1) or more times since 1978.
- (b) Past or current drug abuse.
- (c) Diagnosed with hemophilia and received clotting factor concentrates or individuals received a blood or blood product transfusion from 1978 through July 1985.
- (d) Engaged in sexual intercourse with multiple partners or with persons specified in “a, b, c.”
- (e) Engaged in sexual intercourse for drugs or money.
- (f) Deemed by the attending physician.

3. Testing Requested

HIV testing and counseling will be performed at the request of the service recipients or his/her legal guardians.

B. Consent for Testing

1. HIV testing must be preceded by specific informed consent and pretest counseling (with documentation by the physician in the medical record) of the service recipient being tested or his/her specifically identified legal guardian.
2. A clear and urgent medical reason as determined by the attending physician that is documented in the service recipient’s medical record creates an exception to obtaining informed consent.
3. After test results are obtained, post-testing counseling will be provided and documented in the medical record.

C. Provision of Services to Those with HIV/AIDS Infection

1. There will be no discrimination regarding admission or provision of services to eligible service recipients with regard to their HIV status.
2. Service recipients with HIV/AIDS shall be medically evaluated, monitored and appropriately counseled as to their health status. Consultations with Department of Health and Environmental Control (DHEC) infectious disease consultants and/or private infectious disease consultants will be done as necessary.
3. Service recipients with HIV/AIDS shall be provided services in the least restrictive setting. Each service recipient’s plan shall reflect the level of supervision and other interventions necessary to ensure his/her needs are met and others are protected from exposure to the virus.
4. Service recipients with HIV/AIDS shall receive counseling and education on an ongoing basis to assure, to the extent possible, they understand:

4. Service recipients with HIV/AIDS shall receive counseling and education on an ongoing basis to assure, to the extent possible, they understand:
 - (a) The nature of their HIV/AIDS infection;
 - (b) Methods of transmission of the disease;
 - (c) Recommendations regarding abstinence, monogamy or “safer” sex practices in order to reduce the risk of transmission of HIV and other sexually transmitted diseases (STDs);
 - (d) Sound health-care principles; and
 - (e) The importance of avoiding drug use.
5. Service recipients with HIV/AIDS who have imminent (within three (3) months) transfer and/or discharge plans shall receive the counseling and education as listed in #4 above immediately prior to discharge and should have appropriate social and medical referrals to subsequent health-care providers.

D. Confidentiality

1. The results of HIV tests are confidential.
2. Confidential medical information including HIV test results may be shared only with those who have a need to know such information in order to provide safe care.
3. When a service recipient is transferred to other facilities or providers, their medical records, including HIV status and other related information, must be transferred in a sealed envelope marked “Confidential.”
4. Any breach of confidentiality will be subject to disciplinary action in accordance with each board/provider’s policy.

E. Reporting

1. Facilities and providers shall comply with the South Carolina Department of Health and Environmental Control’s (DHEC) requirements for reporting all cases of AIDS and HIV infection.

II. Employees

- A. HIV screening will not be required for employment.
- B. Occupational exposure to blood/potentially infectious materials will be managed according to DDSN Directive 603-05-DD: Policy for Management of Exposure to Potential Bloodborne Pathogens, at Regional Centers and similar policies with boards/providers.

D. Employees who have HIV/AIDS

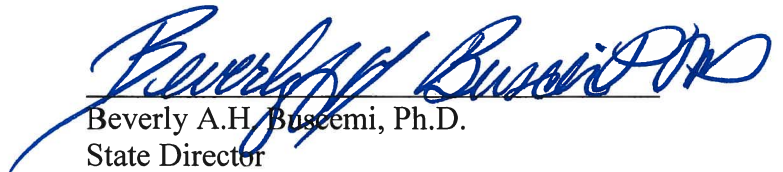
1. There shall be no unlawful job discrimination or breach of confidentiality for job applicants or employees who disclose their HIV status.
2. Diagnostic or therapeutic medical/dental intervention is not provided to any employee. They will be advised to contact their own physician for treatment.
3. Employees with HIV infection (or Hepatitis B infection) routinely require no job modification or restriction unless they perform “exposure-prone invasive procedures” as defined by the Centers for Disease Control and Prevention (CDC) (MMWR of July 12, 1991/40 (RR08)) and implemented by federal and state law and upon consultation with appropriate DHEC officials.
4. Employees with HIV infection who perform “exposure-prone invasive procedures” must undergo a confidential review by an appropriately constituted and DHEC-approved “expert review panel” (ERP) as specified by the CDC (op. cit.). ERP recommendations must be considered legally binding requirements upon the affected health-care worker.
5. Employees with HIV/AIDS who work in areas where service recipients who display aggressive behavior reside may be re-assigned administratively to other areas with less aggressive service recipients.

III. Education

All employees and volunteers working greater than ten (10) hours per week will receive pre-service training and refresher training as needed in HIV related issues.



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