

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: January 10, 2000

MENTAL HEALTH POLICY NO.: MH 00-01

SUBJECT: Human Immunodeficiency Virus (HIV) Infected Populations

AUTHORITY: California H&S Code Secs. 199.21 and 199.24
San Mateo County Ordinance Code Secs. 3950-60, Part IV,
Division III
Divisional; Bloodborne Pathogens Exposure Control Plan

SUPERSEDES: Mental Health Policy 92-5 and Addenda

PURPOSE

To provide comprehensive policies and related procedures to address the mental health needs of HIV infected people.

To provide, within available resources and in cooperation with other public and private health providers and community-based organizations, mental health-related services that are relevant, culturally sensitive, and accessible across all age groups.

I. NONDISCRIMINATION ON THE BASIS OF HIV INFECTION

Discrimination against county employees, prospective employees, and recipients of public accommodation, facilities and services based on having AIDS or associated conditions is prohibited. This includes the following areas:

- * Employment actions (e.g., hiring, firing, promotions)
- * Housing (e.g., placing individuals in residential care)
- * Use of public and county accommodations, facilities, and services (e.g., county health services, public libraries, public parks)

Clients

Individuals at risk of HIV infection or who are known to have such infection shall receive mental health services at all levels of care according to established mental health service delivery criteria. Programs shall not discriminate in mental health service delivery on the basis of a person's HIV status or on the basis of behaviors, which would be tolerated in an individual who is not at risk for HIV infection.

Employees

The Mental Health Services Division shall not discriminate against, deny or terminate employment or other benefits to any individual who is otherwise deemed appropriate for hiring, continued employment or promotion, based on the person's having AIDS or associated conditions. The Division shall ensure that all employee rights are fully protected and are not compromised or waived as a result of a person's HIV status.

II. SERVICE PRIORITIES

- A. To provide outpatient therapy, case management, and collateral services to AIDS patients with serious mental illnesses.
- B. To provide crisis intervention, assessment, and referral to people with AIDS and with HIV adjustment disorders.
- C. To provide consultation and support services to caregivers.

III. DIRECT SERVICES

- A. A chart must be opened in a manner consistent with usual division standards for all clients receiving medications, therapy, psychological testing, and case management.
- B. Intake assessments/evaluations for all clients need to address, sexual, medical and needle-use histories in order to explore a client's risk factors for HIV infection. The Sexual History and HIV Risk Assessment Form (attached) should be completed and filed with the Intake Assessment/Evaluation Form within two months of the case opening. The clinician should consider whether responses to these questions are such that the form should prudently be filed in the special restricted section of the chart.
- C. People who do not meet San Mateo County's diagnostic criteria for mental health services are to be referred to a Mental Health/AIDS Program provider agency.
- D. For clients with HIV infection who meet criteria for services within the

Mental Health Services Division:

1. The clinician should consider fee adjustments when appropriate.
2. The clinician should consider the clinical appropriateness of accepting a client who lives out of the region. Geographic exceptions must be agreed upon by the Unit Chiefs of the clinics involved.
3. In opening a chart on a client with AIDS, the same identifying information that is required for all clients should be used. Be cautious in recording the client's condition or diagnosis (no specific reference needs to be made to the AIDS diagnosis or related condition). Consider the use of the "restricted" chart section, if this seems appropriate.
4. In developing a treatment plan, home or hospital visits may be appropriate.

IV. DISCLOSURE AND CONFIDENTIALITY

- A. The definition of HIV test now includes any clinical test, laboratory, or otherwise, used to identify HIV, a component of HIV, antibodies or antigens to HIV. Accordingly, any unauthorized disclosure of any of the above to any third party (other than to those individuals providing direct patient care to the client), is prohibited.
- B. Within the division, medical and mental health records of clients with HIV disease will at all times:
 - * maintain the privacy of the client; and
 - * facilitate continuity of care.
- C. Disclosure
 1. An individual's HIV status is confidential.
 2. Within the division, staff involved in direct care may be informed of a client's HIV status.
 3. All customary legal responsibilities found in the Client/Conservator/ Therapist relationship prevail.
 4. A Consent Form to exchange information, signed by the client or his/her legal guardian, conservator or parent (if minor), is

necessary for each instance of verbal or written communication with external human service personnel.

5. Providers of direct medical care may be given information about a client's HIV status without authorization, if necessary, for the provision of care. For example, HIV-positive status might need to be shared under circumstances such as pre-symptomatic AZT treatment possibly affecting psychotropic medication treatment. Client consent to such release of information is always appropriate and should be considered prior to any sharing of protected information, even within legal statutes.
6. The concept of "need to know" should govern release of information even with signed consent or within the Mental Health Services Division.
7. Release of HIV status to contract agencies:

For agencies that are licensed providers of health care (e.g., Cordilleras), a signed consent is strongly encouraged but not required.

For agencies that are not licensed providers of health care (W&I Code 560) (e.g., community mental health agencies, board and care operators), **a signed consent must be obtained and directed to the facility director or appropriate designee.**
8. When acting as broker or advocate, do not say the client has AIDS without first checking with the doctor and client to ascertain the diagnosis used for insurance or SSI purposes. If the person is diagnosed as having AIDS and the client consents, then one can refer to the diagnosis as the need arises.

V. DOCUMENTATION

- A. All HIV-related information needs to be charted or filed in a special section (left side) in the client's chart. This information includes HIV test results, pertinent consents, any clinical documentation directly addressing HIV status, and any HIV-related diagnosis based in part on an HIV test. Information in this section is restricted and cannot be released without a specific and separate signed release. Other protected material such as medical records from other facilities should be placed in this special section. This confidential section is not to be referenced in the rest of the chart.
- B. The special section will have a cover sheet stating "Restricted

Information.” When requests for restricted information are received from outside sources, even with signed client consent, therapist/case manager must select the appropriate material and document approval before clerical staff releases information.

- C. The therapist/case manager should discuss with the client, at the onset of treatment/service, issues related to confidentiality of chart material, and should document in the progress notes that such discussion occurred.
- D. When a therapist/case manager has urged a patient to get the HIV test, a discrete note such as the following can be charted in the regular progress notes, “Discussed serious health concerns and recommended that client get appropriate medical follow-up. Client was given referral numbers.”
- E. It is appropriate to document symptomatology in the regular progress notes, but without mention of HIV infection. For example, “Client complains of extreme fatigue, lack of interest in usual activities,” etc.
- F. Suggested wording for other typical discussions might be “Client expressed concern about life threatening illness”; “Client discussed her serious medical condition”; “. . . discussed beginning experimental medical treatment.” This material may be charted in regular progress notes.
- G. Do not place or write information on documents, note pads, etc., that are accessible to others.

VI. REFERRAL TO OTHER AGENCIES

Care must be taken to safeguard infected clients and maintain their rights in such a manner that appropriate medical and mental health care will continue to be provided to them. Concurrently, the health and safety of other clients and staff should be promoted through adherence to appropriate medical guidelines, including universal precautions. Care should be taken not to provoke undue concern.

VII. AVOIDING EXPOSURE TO BLOOD BORNE DISEASES

There is no sure way to prevent illness after one is exposed to blood or other human fluids, which are infected with disease producing viruses. The Rule of Universal Precautions should be followed by all Division staff and contractors.

A. Universal Precautions

The Rule of Universal Precautions states that blood, semen, vaginal secretions, and cerebrospinal fluid (CSF) of all individuals must be

assumed to carry HIV or other life-threatening pathogens.

Every situation involving blood or other human fluids must be treated as if a pathogenic virus is truly present. One can never assume that any given individual at any given time is virus free.

B. Injections

Use of the following equipment is mandated by Mental Health and Health Agency policies:

- * Gloves
- * Protected syringes
- * Red disposal canisters for syringes and contaminated waste

Suggestions

- * Never over-fill red canisters
- * Inspect the area where injections are given to be sure you have:
 - ⇒ adequate lighting;
 - ⇒ sufficient room to give injection and dispose of contaminated material carefully; adequate counter/table space - keep bulky charts away from work area;
 - ⇒ familiar surroundings so that you are accustomed to space available and the body mechanics required for safe administration of the injected medicine;
 - ⇒ no third person in the space who might inadvertently push or crowd you; and
 - ⇒ take time to work carefully.

C. Spills

Remember the Rule of Universal Precautions. When cleaning accidental spills of blood or other human fluids, always wear gloves (should be available to all personnel, outside of locked medication area). Carefully dispose of material used to wipe up spills. Use red canisters where possible and appropriate. Never use a wastebasket for potentially

contaminated material. Wiping countertops or floors where blood has spilled with a 10% or greater bleach solution is an additional protective technique that should be considered.

D. First Aid

Remember the Rule of Universal Precautions. It is instinctive to the health professional to use immediate pressure to stop bleeding when a person comes to you for help. Have gloves readily available (in your desk, in the clinic kitchen, in first aid kits, in the business office, in your cars, etc.) so that you can protect yourself and still administer first aid without delay.

E. Client Education

Teach the Rule of Universal Precautions to clients and non-medical staff so that they understand your own precautions and are themselves careful in first aid and spill situations.

VIII. JOB-RELATED EXPOSURE TO SUSPECTED HIV INFECTION

A. An exposure to blood or bodily fluids can occur in three manners:
Puncture of the skin by contaminated object (needle, scalpel, glass, etc.)

- * Mucus membranes (eyes, mouth, nose) contact with blood or body fluids
- * Blood or body fluid contact with non-intact skin (rash, cuts, etc.)

B. Employees are to report any suspected blood and/or bodily fluid exposure as soon as possible to their supervisor. The Unit Chief or Supervisor will direct the staff member to the appropriate resources.

C. If an exposure has occurred, the Supervisor will obtain Workers' Compensation materials and forms for the employee and will contact Risk Management. In addition:

- * a Critical Incident Form should be completed by the Supervisor and sent to Mental Health Administration following usual procedures; and
- * an exposure to Blood/OPIM* Worksheet Report Form should be filled out and sent to Quality Improvement (Attachment to Bloodborne Pathogens Exposure Control Plan).

*OPIM – Other Potentially Infectious Material

- D. Exposed employees are to go to the Workforce Medical Center in Redwood City (650) 556-9420, or the Mills-Peninsula Hospital ER in Burlingame (650) 696-4500. Once at Mills-Peninsula or Workforce Medical Center, inform the intake clerk that this is an occupational exposure.
- E. Instructions will be provided by staff at either of the above locations. They will review the incident, reestablish the risk involved, offer an initial HIV test, offer drug therapy, and a testing schedule.

IX. CONTRACT AGENCIES

All contract agencies have been expected to have in place an AIDS Policy and Procedures document, as of 1/1/90. That document should be reviewed for compliance with this Mental Health document. Contract agencies must confirm periodic AIDS awareness training for staff and clients.

X. TRAINING AND RISK CONTROL

Mental Health Services providers and contract residential facilities need to assure ongoing sex education for clients; make condoms available; implement universal infection control precautions; and provide training for staff on HIV issues. The Mental Health Services Division will provide consultation and technical assistance in implementing these measures.

Approved: _____
Beverly Abbott, Director
Mental Health Services Division

Resource List
Sexual History and HIV Risk Assessment Form
CDC-AIDS Definition
Mental Health Bloodborne Pathogens Exposure Control Plan