SECTION 1.13
HIV / AIDS EDUCATION / RISK REDUCTION

A. GENERAL STANDARDS

1. The Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS), is transmitted by blood and body fluids.
2. It is imperative that the clinic staff be educated about HIV/AIDS prior to instituting any counseling, education, or referral. This is to avoid any misinformation, as well as to insure sensitivity and confidentiality.
3. The HIV Antibody (Ab) test is a test for presence of HIV Ab, not a test for AIDS.
   a. The body will produce Ab three weeks to six months after infection with HIV.
   b. Due to this time frame it is important to consider the client's risk when interpreting HIV Ab test results.
   c. The type of exposure, the length of time since last exposure and previous test history are all important factors.
4. HIV infection leads to immune dysfunction and deficiency. It may be 10 years or longer between HIV infection and the development of symptoms that compose an AIDS diagnosis.
5. The family planning and prenatal settings provide a climate conducive to HIV risk reduction counseling and HIV/AIDS prevention messages. Prevention through education and client-centered behavior change counseling remains the most effective HIV/AIDS prevention strategy.

B. ROLE OF THE PROVIDER

1. Take a complete sexual and drug use history in order to assess risk.
2. Assess client's knowledge level regarding HIV transmission and prevention. See “H” below for education section for requirements and recommendations.
3. Handle all sharp instruments appropriately. See “C” below for guidance.
4. Follow Hepatitis B and C precautions to protect against Hepatitis B and C and HIV contamination. (Hepatitis B vaccine is recommended for direct care providers at risk for exposure to body fluids. There is no vaccine available for Hepatitis C prevention.)
5 Provide appropriate (internal or external) referral for further counseling and testing to at risk clients or upon request.
6. Follow strict confidentiality measures.
7. If your agency chooses to follow the updated CDC guidelines regarding routine screening of all 13 – 64 year old clients, please contact the Administrative Consultant (303-692-2493) for more information.

C. INFECTION CONTROL MEASURES

1. Universal precautions should be used with all clients, regardless of knowledge of HIV status; staff is best protected from possible exposure by assuming all clients could be HIV infected.
2. Use gloves when handling blood specimens, soiled equipment, speculums, semen samples, soaked linens, etc. Always use gloves while performing any examinations involving body fluids, including pelvic exams, rectal exams, and venipuncture.
3. Hand washing is critical before and after client contact, and during the examination, if

warranted.

4. Gowns are necessary only if the risk of soiling is evident.
5. Mask/goggles are advisable with potential blood or secretion contact (e.g., bloody gynecological procedures,).
6. Sharp items (needles, scalpel blades, and other sharp instruments) should be handled with extraordinary care to prevent accidental injuries.
7. Disposable sharp items should be placed into puncture-resistant containers located in the area of use. To prevent needle stick injuries, needles should not be recapped, purposefully bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
8. Instruments and supplies should be cleaned well with anti-infective agents. HIV is very environmentally sensitive. A 1:10 dilution of bleach, which contains sodium hypochlorite, should adequately disinfect any hard surface or instrument. It is recommended that agencies follow Hepatitis B and C precautions; Hepatitis B and C are far more infectious then HIV.

D. MANAGEMENT OF EXPOSURE

1. The following procedure should be followed if a worker has a puncture wound from a sharp object, (e.g. needle stick or cut) or exposure of an open wound or mucus membrane to blood/body fluids:
   a. Workers who experience a possible exposure should have a baseline HIV Ab test to document current status. This should be done at a private medical doctor or through the employer, using the worker's legal name, so that the records can be accessed if necessary. Assess immune status for Hepatitis B infection.
   b. Obtain informed consent of the source client for HIV, Hepatitis B, and **Hepatitis C** testing. If the client refuses, the agency should consult with legal counsel regarding the implications of the applicable statute.
   c. If the source client is positive for HIV, Hepatitis B, or **Hepatitis C**, the worker should be advised and tested immediately and at six weeks, 3 months and six months post exposure. If the worker's results remain negative six months post exposure then no further follow up is required. If the worker refuses testing, complete a release form and have the worker sign it.
   d. The source client should be offered appropriate client-centered HIV pre - and post test counseling, including results if desired, by an experienced HIV test counselor.
   e Workers performing exposure prone procedures should discuss **antiretroviral** prophylaxis with their care provider in advance and decide if **antiretroviral prophylaxis** would be desired in the event of a possible exposure.
   f. HIV and Hepatitis B post exposure prophylaxis (PEP) and expert consultation in the management of health-care personnel who have occupational exposure to blood and other body fluids that might contain HIV/Hepatitis B should be provided within 2 hours of the exposure.
2. An incident report should be completed each time a worker has a potential exposure and full documentation of the event and the follow-up should be included.
3. **See the following links for more information:**

   http://www.cdc.gov/hiv/topics/treatment/post-exposure-prophylaxis.htm

   http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

http://www.nccc.ucsf.edu/home/

E. ASSESSING CLIENT RISK

1. All clients should be assessed for risk of exposure to HIV.
2. This includes asking questions, in a non-judgmental manner, about the following behaviors:

Client History	Sexual Exposure With a(n):
Injection drug use	Person with HIV infection/AIDS
Receiving blood transfusion or products before 1986	Man who has sex with men **or bisexual male**
Sexual abuse or assault	Injection drug user
Receiving money or drugs in exchange for sex	Person who receives money or drugs in exchange for sex
Occupational exposure to body fluids (as a health worker)	Person with hemophilia
Syphilis, Gonorrhea, Herpes, Chlamydia, or Hepatitis B or C	
Recipient of artificial insemination, bone or tissue transplant	
Multiple sexual partners	

Responses to these questions should be explored with the client. Any information the client can provide about the context of the potential exposure should be used to help the client determine her/his level of risk. A risk reduction plan tailored to the client's skills and motivation should be documented, if appropriate, and followed-up on subsequent visits.

3. The following procedure should be used with clients who are pregnant or considering pregnancy and are assessed to be at high risk for HIV infection:
   a. Encourage HIV counseling and testing prior to pregnancy or as soon as possible if already pregnant.
   b. If the client is HIV infected and currently pregnant, refer for counseling by a trained professional aware of pregnancy/HIV implications and inform client of benefits of antiretroviral therapy in pregnancy. (See H.4 of this section.)
   c. If HIV infected and considering pregnancy, refer for appropriate counseling. Encourage pregnancy delay until counseling and provide birth control information.

F. RECOMMENDATIONS FOR TESTING

1. If the client or the provider is concerned about the client's HIV risk, appropriate pretest counseling is indicated.
2. Referral should be made to **an HIV testing site or medical provider**, with staff **experienced in HIV testing**.

a. Refer client to one of the Colorado Department of Public Health and Environment (CDPHE) supported Counseling and Testing sites. These sites offer free or low cost testing for high risk clients, specialized counseling, protected confidentiality and quality lab services from the CDPHE Laboratory.

b. Information on HIV Ab Screening Tests used by the CDPHE lab

1) ELISA - highly sensitive screening test; false positive results are possible.

2) Western Blot - a confirmatory test used on reactive ELISA specimens to confirm presence of HIV Ab. Specificity is very high.

3. Consideration can also be given to Point of Care (POC) testing using FDA approved rapid HIV tests. For more information, please contact the Administrative Consultant (303-692-2493).

G. CONFIDENTIALITY

1. All pertinent medical information, including test results, is to be included in the medical record.
2. The confidential nature of the medical record is to be maintained in order to safeguard the client from disclosure.
3. It is the responsibility of the agency to assure that inappropriate disclosure does not result in denial of needed care. Clients desiring more protected test results than their medical record offers should be referred to a Counseling and Testing site.
4. Client should sign medical release for records at the time of the request.
   a. Clinics are discouraged from obtaining a blanket release of information from a client. Staff should explain to the client the implications of the signed release.
   b. If a request for records is received from an outside agency with a signed release, this release should include client's original signature, not a copy.

H. EDUCATION

Education of health care personnel regarding all facets of AIDS and HIV antibody testing, including the legal, ethical, and psychological ramifications is critical.

1. Each new and annual family planning client should be evaluated for HIV risk and offered education/referral information. This educational component is mandatory.
2. All family planning clients should receive an educational handout on HIV risk.
3. Documentation in the client's chart of the HIV/AIDS Educational component will indicate that this protocol was used to evaluate client risk, and that the client was educated about her/his risk, and was referred if appropriate.
4. Women who are HIV-infected should be informed about the risk for perinatal transmission.
   a. Current evidence indicates that **15%-25%** of infants born to HIV-infected mothers **will become infected with HIV. An additional 12%-14% of infants born to infected mothers who breastfeed into the 2nd year of life will become infected.**
   b. The risk for perinatal HIV transmission can be reduced to <2% if antiretroviral regimens and obstetrical interventions (elective Cesarean section at 38 weeks gestation) are used, and by avoiding breastfeeding. (See Sexually Transmitted Diseases Treatment Guidelines, 2010 and American College of Obstetrics and Gynecology [ACOG] Committee Opinion Number 418, September 2008)

1) HIV-infected pregnant women should be given information about the substantial potential benefits and unknown long-term risks of antiretroviral therapy during pregnancy.

2) The Institute of Medicine (1998) recommended that HIV testing become a part of the standard battery of routine prenatal lab work for all pregnant women. **(Also see MMWR Recommendations and Reports, September 22, 2006/55 (RR14); 1-17)** The American College of Obstetrics and Gynecology, the American Academy of Pediatrics, and the CDC recommend the opt-out approach, meaning that women should be informed that an HIV test will be conducted as a routine part of prenatal care unless they opt to refuse it.

I. DOCUMENTATION

Documentation in the client's chart is mandatory but should be discreet and promote strict confidentiality.

1. HIV risk factors identified on the history form should be in the assessment and the plan as appropriate, e.g., multiple partners in the last year. Staff should be sensitive to client concerns regarding documentation of other risk factors.
2. HIV laboratory results may be kept in the client's chart as the chart must be stored in a locked cabinet, with access limited to appropriate staff. Alternatively, lab results may be stored separately in a locked cabinet.