



Series: 200 Medical & Behavioral Health Care

Policy Name: Children Who Are Immune Deficient

Policy Number: 205

Origination Date: 5/15/03

Revision Date: 07/01/2018

Regulation: FAC 65C-14.027(3)

65 E-9.012(4) (a-d)

Services for Immune Deficient Children

Policy: It is the policy of Communities Connected for Kids (CCKids) to maximize knowledge, skills, and resources to meet the unique and complex needs of children and families who have or are at risk for Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome. CCKids will create an environment that will, to the greatest extent possible, protect a child's undamaged immune system and allow that child every opportunity to experience quality of life.

Medical Evaluation and Treatment:

1. Children found positive by the screening tests should be referred to be medically evaluated to determine status of their immune systems in order to provide appropriate referral and treatment.
2. HIV infected children, and their caregivers shall receive counseling and education to assure that, to the extent possible, they understand:
 - a) the nature of their HIV/AIDS infection;
 - b) methods of transmission of the virus and prevention of transmission;
 - c) sound health care principles including the need for periodic medical evaluation
 - d) infection control guidelines;
 - e) the need to notify sex partners or needle-sharing partners of their exposure to HIV and the availability of notification services through the Department of Children and Families STD program) clinical studies, drug treatment programs.
3. Because time is crucial in early intervention, both for longevity and quality of life, the DCM will actively pursue recommended medical services to support the needs of the child and family.

Placement:

1. Children with HIV infection, including children with AIDS, must be placed in the least restrictive placement available.



2. Children known to have HIV or AIDS will not be placed in a shelter if there is documentation that they are at risk of infection from other children.
3. Prospective foster parents for HIV+ children, with or without symptoms of AIDS, should meet the following:
 - a) family with no child under the age of 10 years, with exceptions made based on experience, and knowledge and capability of the family
 - b) knowledgeable about/with specific training in HIV and AIDS and expressing confidence in handling child
 - c) in good health and free of potentially infectious diseases
 - d) live within reasonable traveling distance from medical providers and facilities.
4. In addition, it is advisable that the child with HIV infection or with AIDS be the only child in the placement if under the age of 10 years. If the child is over the age of 10 years, then ideally no more than two children will be in the home. All final placement decisions take into consideration the skill level of the foster parents.
5. All substitute care parents will be referred also to the Florida Family AIDS Network (FFAN.)

Confidentiality:

1. The identity of any foster child upon whom an HIV test is performed and the HIV test result shall be disclosed only to an employee of the Department of Children and Families or CCKids, or to an employee of a child-placing or child-caring agency who is directly involved in the placement, care or custody of such child and who has a need to know such information.
2. A CCKids employee or DCM has a need to know the identity of a foster child and his/her HIV test results in:
 - a) case specific services such as assessing needs, determining eligibility, arranging care, monitoring care, planning permanency and meeting the legal requirements for the child in foster care;
 - b) case specific supervision or monitoring of cases for eligibility or legal compliance or quality of casework;
 - c) providing case specific clerical and vouchering support necessary for case management and legal activity;
 - d) providing medical care for the child.
3. The identify of any foster child upon whom an HIV test is performed and the test result shall be disclosed only to a foster family licensed pursuant to s. 409.175, F.S., who is directly involved in the care of such child and in addition has a need to know such information. The identity of the child shall be disclosed after the following conditions have been met:
 - a) CCKids has provided all available medical information, including HIV test results, social information and special needs, in a manner that does not permit identification of the child, and;
 - b) The decision to place the child in a specific foster home has been confirmed.
4. The foster family who has accepted an HIV infected child into their home shall be given a statement in writing, dated and signed by the foster parent and team member, which states, "This information has been disclosed to you from confidential records. The confidentiality of



this record is protected by state law which prohibits you from making any further disclosure of such information without specific written consent of the person to whom such information pertains, or as otherwise permitted by state law."

5. The Placement Unit will notify the CCKids Clinical Services Director of any potential placements of a HIV infected child prior to placement. The Clinical Director is responsible for the dated/signed documentation verifying a written statement was given to the foster family.
6. The child's Guardian Ad Litem, if one has been appointed, must be told of the child's test results.
7. The child's medical practitioner and dentist must be told of the child's HIV infection. It is particularly essential that prior to immunizations a physician who is giving the child immunizations be informed that the child is HIV infected with symptoms or HIV infected without any symptoms of disease.
8. Live virus vaccines, in particular oral polio vaccine, are not recommended for children with a suppressed immune system. The oral polio vaccine should not be administered to others in the household of an HIV infected adult or child to avoid exposure to live polio virus shed by the oral polio vaccine recipient. Inject able polio vaccine is available as an alternative.
9. If the child's parents are not available or willing to give consent for testing or treatment and court authorization is required, the court order must specify whether the parent may be told of the child's HIV infection.
10. If the child or youth gives his or her own consent for testing or treatment, the child's parent is not authorized to receive related information without a signed release by the child.
11. The parents of other children in the foster care setting are not among the parties who have a need to know. They shall not be informed of the health status of a child who is HIV infected, except under extraordinary circumstances. In such instances, CCKids shall not use the name of the HIV infected child. An example of when it might be appropriate is when high risk behavior, such as blood or semen exchange has occurred between the HIV infected child and another child.

The policy of obtaining consent or a court order to disclose to parties other than the child's caregiver, the medical practitioner and the Guardian Ad Litem shall be observed as specific in s. 381.004 F.S..

Approved: Carol Deloach

Carol Deloach, CEO

July 1, 2018