

## COMMUNICABLE DISEASE POLICY AND GUIDELINES

It is the policy of the Macomb County Office of Substance Abuse that contract agencies complete a behavioral risk screen on each admitted client, identify high risk behaviors/events for HIV, Hepatitis, Sexually Transmitted Infections (STIs) and Tuberculosis (TB), promote knowledge of high risk behaviors, facilitate voluntary referrals for health screening where applicable and provide case management and follow-up on referrals. (See attachments for the Communicable Disease Risk Screening Form and Instructions.) Furthermore, it is required by the Department that individuals or organizations sub-contracted by MCOSA to provide substance abuse services, either prevention or treatment, are required to demonstrate the minimum knowledge requirements related to HIV/AIDS and Substance Abuse for Level I and Level II as defined below. If unable to demonstrate the minimum knowledge requirement, they must do so within six months of hire or of agency approval to provide substance abuse treatment within the organization (e.g., via Staff Credentialing or Professional Service Agreements).

### Definition of terms:

**High Risk:** An individual is deemed at high risk for contracting HIV, Hepatitis, STIs (including Chlamydia, Herpes, Gonorrhea or Syphilis) or TB when he/she engages in any series of behaviors or has been exposed to events or environments that increase the probability of contracting the same.

**Risk Reduction:** Any increase in the knowledge base about HIV-related disease, Hepatitis, STIs and TB; or transmission of said diseases, which enhances the decision making process and increases the individual's choices, resulting in behavioral change.

**Health Screening Referral:** A health screening referral is a voluntary referral to a personal physician or Public Health Department for confidential testing for Hepatitis, STIs or TB if an individual requests or is found to be at high risk.

**HIV/HVC/TB/STI Testing Referral:** A voluntary referral to an anonymous or confidential testing site for individuals identified as high risk or for those who request a testing referral.

**LEVEL I Competency:** Level I is related to education regard Communicable Diseases and Substance Abuse for all staff. Per the Michigan Department of Community Health Office of Drug Control Policy, the *minimum* knowledge regarding communicable diseases includes: HIV/AIDS, TB, Hepatitis (especially A, B and C) and STDs (here STIs) as they relate to the agency target populations; modes of transmission (risk factors, myths and facts, etc.), linkages between substance abuse and these communicable diseases, overview of treatment possibilities, local resources available for further information/screening and universal precaution procedures, or basic knowledge of universal precautions for blood/air-borne and body fluid transmission of pathogens. This basic knowledge should be updated every two years.

**Level II Competency:** In addition to the minimum basic Level I knowledge, clinicians serving clients in a substance abuse treatment setting are required to have an expanded level of training on HIV/AIDS, TB, Hepatitis and STI. This expanded Level II competency includes:

1. Expanded basics of HIV/AIDS, TB and Hepatitis C (HVC):
  1. Statistics ( statewide and local geographic area, modes of transmission, how to interpret);
  2. HIV/AIDS, TB and HVC (what they are, cause, definition, types);
  3. Stages/Phases of HIV/AIDS and Hepatitis infection (immune response and viral load, impact on other body organs, co-factors, signs and symptoms of related disease, including those specific to women and children, related infections and cancers);
  4. Factors for assessing risk and willingness and/or ability for client behavior change ( ways to eliminate/reduce risk; infection control).
2. Treatment options/possibilities (antiretrovirals, prophylaxis, anti-infectives, immune-modulators, clinical trials, nutrition, complementary/alternative treatments, impact of substance use on medication/treatment effectiveness).
3. Testing:
  1. HIV Antibody testing (philosophy, goals, legal requirements, benefits/risks, types (i.e., serum, OraSure), laboratory tests used, limitations, overview of testing process);
  2. Hepatitis testing and vaccines;
  3. TB testing and treatment;
  4. Options for STI screening/testing.
4. Overview of psychosocial Issues:
  1. Psychosocial Framework (issues for people with HIV/AIDS);
  2. Overview of Psychological Issues (social isolation, alteration of quality of life, self esteem, intensity of emotion, control, denial, financial and employment issues).
5. Professional Challenges (discussion on what some key issues may be for clinicians in a substance abuse treatment program, conceptions, attitudes/values, etc.).
6. Confidentiality, especially for HIV/AIDS (felony, partner notification, testing, reporting, ADA, HIPAA).
7. Resources (local, state & federal).

A Level II training update is required every two years thereafter.

## **A. DOCUMENTATION GUIDELINES**

GI 1: No individual may be identified as HIV positive in the case record without the written informed consent of the client on a Substance Abuse Release Form which complies with the MDCH Public Health Guidelines and 42 C.F.R.

GI 2: The information about the individual's risk status for these communicable diseases is documented in the case record on a Communicable Disease Risk Screening Form.

GI 3: The agency documents on the Communicable Disease Risk Screening Form that written and/or verbal instructions have been given to the client about the transmission of HIV, STIs, Hepatitis or TB. This documentation also addresses how substance abuse can effect contracting these diseases, and the ways to reduce the client's risk for infection.

GI 4: If the client is deemed to be high risk, the agency includes documentation in the individual's case record that a confidential or anonymous, voluntary testing referral has been made. Page 3 of the Risk Screening Form lists local resources for the screening and treatment of Communicable Diseases, and should be given to the client following the screen with appropriate referral resources indicated for each high risk area. Each general area of referral should be noted on Page 2, which is kept in the clinical record.

GI 5: If the client is deemed to be at risk for Hepatitis, STIs or TB, the agency includes documentation in the individual's case record that a referral was made for a health screen through either the client's personal physician or the Public Health Department.

GI 6: If a referral has been made based on risk for communicable disease, the record must contain information relating to the outcome of that referral.

## **B. RISK SCREENING GUIDELINES**

GI 1: An individual is determined to be at high risk for HIV, STIs or Hepatitis when one or more of the following apply:

- a. The individual engages in unprotected sexual interaction with a partner or partners where the health status is unknown, for example, sex while drunk or high, trading sex for drugs, having multiple sexual partners, solicitation.
- b. The individual engages in unprotected sexual interaction with a partner or partners where the HIV, STIs or Hepatitis status is known to be positive.

- c. The individual has shared injecting needles or "works" with other persons, including spouse or partner, *even once*.
- d. The individual has experienced blood to blood or body fluid contact, i.e., tattoos, piercings blood transfusions, Hemophilia treatments, employment in the medical field, etc. where the individual is concerned about their HIV or HCV status.
- e. The individual is a child whose mother was known to have been an HIV high-risk candidate and in which exposure could have occurred in utero, during delivery or as a product of breast feeding.
- f. An individual determined to be at risk for either HIV or TB or an STI should be automatically considered to be at risk for all three, and should be identified as such and referred to the appropriate agency(ies).

GI 2: An individual is determined to be at high risk for TB when one or more of the following apply:

- a. The individual is currently or has recently lived in a Residential treatment facility, homeless shelter, drug house, jail/prison, a psychiatric hospital or in close quarters with persons of unknown health status.
- b. Has recently had close contact with someone diagnosed as having TB.
- c. The individual has a chronic cough and one or more of the following symptoms: weight loss, fever for three days or longer, night sweats, or coughs up blood.
- d. The individual has been tested as having HIV or diagnosed with AIDS.
- 5. The individual was born in or recently spent time in areas known for high prevalence for TB (e.g., India, Asia, Latin America, Africa).

GI 3: Clinicians completing and/or reviewing the Communicable Disease Risk Screening Form must explore the accuracy of the responses if there is information elsewhere in the case record that would suggest the client is either minimizing or in denial of the seriousness of their high risk behaviors. For example, a crack addicted person engaged in prostitution who indicates she *always* uses safe sex practices may be minimizing or in denial of the actual risk involved in these behaviors. If the clinician is convinced an individual is at risk, regardless of their actual responses, a referral should be offered and documented in the record.

GI 4: Once a referral for high risk behavior is made, the clinician must document follow up regarding the client=s referral for services. The provider does not

need to document the results of the referral, only if and when it was completed and if not, any further steps that are taken to encourage the client to seek appropriate care.

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