

**Cuyahoga County Division of Children and Family Services
(CCDCFS)
Policy Statement**

Policy Chapter: Child Health Care
Policy Number: 9.02.06
Policy Name: HIV Testing

Original Effective Date: 02/19/2005
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Approved By: Jacqueline M. Fletcher

PURPOSE: To set forth a policy and protocol for the authorization of HIV testing for children in the custody of the Cuyahoga County Division of Children and Family Services (CCDCFS) for diagnostic and/or therapeutic purposes or due to accidental exposure.

SCOPE: This policy applies to all staff with children on their caseloads in CCDCFS Custody.

POLICY

Medical professionals request HIV testing for children in custody of CCDCFS only when deemed necessary through potential exposure to HIV/AIDS and/or other risk factors, to provide diagnosis and treatment. All HIV testing requires prior written consent through the Health Care Unit and Senior Manager assigned to the child, through use of the “*HIV Testing Request Risk Assessment*” and “*Consent for Non-Routine Health Care/Treatment (ap144b)*” forms.

PROCEDURES

- I. An HIV test may be performed by or on the order of a health care provider who, in the exercise of the provider's professional judgment, determines the test to be necessary for providing diagnosis and treatment to the individual to be tested, if the individual or the individual's parent or guardian has given consent to the provider for medical or other health care treatment.
- II. Prior written consent from CCDCFS is required for HIV testing of children in CCDCFS custody (e.g. diagnostic and/or therapeutic purposes or due to accidental exposure). The “*Consent for Non-Routine Health Care/Treatment (ap144b)*” form provides the required written authorization in the event this testing is required.
- III. When CCDCFS is evaluating a request for consent to HIV testing of a child in CCDCFS custody, the “*HIV Testing Request Risk Assessment*” form is

completed in its entirety by the individual requesting the HIV testing (CCDCFS staff, network provider, or medical provider) as well as the “*Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescription*”.¹

- IV. Staff forwards the completed “*HIV Testing Request Risk Assessment*” and “*Surgical, Invasive, Non-Routine Procedure and Opiate Prescription Form*” to the CCDCFS Health Care Administrator. The CCDCFS Health Care Administrator and Senior Manager, assigned to the case, review the request and render a final decision to authorize or deny testing.
- V. Only the CCDCFS Health Care Administrator or CCDCFS personnel at the Senior Manager level or above grants authorization for HIV testing. Authorization is provided only after receipt and review of both the completed “*HIV Testing Request Risk Assessment*” form (available on the intranet under “Health Care Unit Forms”), and a completed copy of the “*Surgical, Invasive, Non-Routine Procedure and Opiate Prescription Form*” specifically ordering HIV testing for the child.
- VI. In non-permanent custody cases, whenever possible, the child’s biological parent is included in the authorization process, and all efforts to include them are documented in SACWIS. CCDCFS staff seeks the counsel of the Prosecutor’s Office and/or Law Department for questions or concerns regarding medical residual rights.
- VII. When CCDCFS authorizes HIV testing, the CCDCFS Health Care Unit prepares an “*ap144b*” to be signed by the assigned Senior Manager, indicating that consent is being provided for the child to receive HIV testing. A copy of the signed and dated “*ap144b*” is forwarded to the appropriate medical provider, as well as to the CCDCFS worker of record (WOR) for placement/scanning into the child/family case record – medical section.
- VIII. In the event authorization for general HIV testing is provided by the child’s biological parent(s), the WOR, in conjunction with the Health Care Unit, makes arrangements to have the biological parent(s) sign-off directly on any and all consent forms required by the medical provider as well as the completed “*ap144b*”. Copies of all documents are obtained for placement/scanning into the child/family case record – medical section.
- IX. Communication of information about any positive test results to the child, biological parent(s) or the foster parent(s) occurs in a health care setting with appropriate medical information and support available at the time of the meeting.
- X. The WOR arranges appropriate medical treatment for a child that tests positive. Supportive counseling is provided for any older child dealing with HIV issues.

¹ Note that pursuant to Ohio Revised Code 3701.242 a minor may consent to an HIV test without the consent of their parent or guardian.

- XI. If a provider encounters the bodily fluids of a child in the custody of CCDCFS and, subsequently, the provider discloses to CCDCFS that he/she has tested positive for HIV, CCDCFS meets with the child's health care provider to discuss whether the child should be tested for HIV pursuant to Step I, above.
- XII. In HIV testing circumstances, it is recommended that the child receive HIV testing in accordance with the Center for Disease Control Schedule, based on type of test conducted and estimated timelines for exposure to HIV/AIDS.

SEE ALSO:

Cuyahoga County Division of Children and Family Services Policies and Procedures Manual

Policy 9.03.01 - HIV/AIDS Non-Discrimination

FORM

Location: DCFS Intranet

- Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescription Form
- HIV Testing Request Risk Assessment Form

Location: Traverse

*AP144B Form for Consent

* Note: AP144B Form "Requires Senior Supervisor or Deputy Director Approval"