

HIV/AIDS/ HEPATITIS C & OTHER INFECTIOUS DISEASE POLICY AND PROCEDURES

Introduction:

Much of the following specifically addresses HIV/AIDS. However, the same principles, policy and practices directly apply to Hepatitis C and many other infectious diseases. In almost all ways, the effective prevention of *any* infectious disease and other health issues, especially of concern in group living arrangements, such as lice and scabies require the same best practices of good hygiene. The goal is to prevent the spread of infectious disease and to provide respectful support for those living with these diseases while dealing with the violence they have survived.

Excerpt from Sexual Assault Crisis Team of Vermont Shelter & Persons Living with HIV

HIV is not easily transmissible. It is spread by direct contact with infected body fluids: blood, semen, vaginal secretions and breast milk. This means that HIV contained in one of these fluids must get into the bloodstream by direct entry into a vein or a break in the skin or mucous linings (the eyes, mouth, nose, vagina, rectum or penis). HIV is not contained in body fluids like urine, saliva, sweat and vomit, unless blood is present. It cannot be transmitted through air, water, food or casual contact such as handshaking. Nor can it be transmitted through sneezing, coughing, eating or drinking from common utensils, sitting on a toilet seat, or merely being around a person with HIV.

People get HIV from unprotected sex and from needles. Sex and needle sharing is prohibited in shelters. Each may occur from time to time despite the rules, but neither poses a greater threat inside a shelter than exists anywhere else.

What the law requires

Shelters are subject to the requirements of the federal Americans with Disabilities Act (ADA), which forbids discrimination against all people with disabilities in any public accommodation. People with HIV are protected against discrimination under this law, and shelters are public accommodations.

The ADA imposes two requirements on shelters. First, they may not discriminate against people with HIV. They must afford all people with HIV the opportunity to use all the services of the shelter on an equal basis - i.e. the same as everyone else. They may not forbid people with HIV from being a part of any of the regular services or programs of the shelter. As part of that equal treatment, shelters must make services available in an integrated way - in other words, shelters may not segregate people with HIV. They may not house them in a different section of the shelter (or at some location outside the shelter), require that people with HIV eat at a separate table or use a separate bathroom, or ask them not to use the same cups and dishes as the rest of the population. Shelters may not single out someone whom they suspect may have HIV and require them to be tested in order to stay in the shelter.

Non-discrimination also means that shelters cannot tolerate harassment of people with HIV. If shelter staff treats somebody worse because they have HIV, or if staff turns a blind eye to residents mistreating people with HIV, the shelter could be liable for discrimination.

The other requirement that the ADA imposes on shelters is a requirement of "reasonable accommodation" for people with HIV. "Reasonable accommodation" means that where it is necessary for a shelter to modify its program or practices to allow people with HIV to participate equally, they must make that modification. For example, if a shelter allows clients to store and take medication, then it must do what is necessary to make sure clients with HIV can store and take their medication also. If clients with HIV need to refrigerate their medication, then refrigeration must be provided. If clients with HIV need to take their medication with food, then access to food must be provided. Finally, if it is believed that the ADA has been violated, the victim of discrimination can sue or, in some cases, complain to the U.S. Department of Justice (DOJ).

Policy: (adapted from the “ HIV and Homeless Shelter Policies” created by the American Civil Liberties Union’s AIDS Project)

AIDS, HIV and Hepatitis C education will be a regular and integral part of our training for staff, volunteers and those we serve, in order to allay fears, misconceptions or prejudice about HIV/AIDS and Hepatitis C and to encourage personal behavior that helps prevent transmission of HIV/AIDS and Hepatitis C. This education will ensure that proper and current information is available. We understand that some may raise objections related to their fears of contact with a person who has HIV/AIDS and/or Hepatitis C. Sensitivity will be shown and education will be provided to deal with these concerns, since one of the main goals of the education program is to combat these types of baseless fears. Prejudicial or discriminatory behavior, isolation, ridicule or inappropriate actions or comments based on lack of education or fear, directed at anyone with AIDS, HIV or Hepatitis C, will not be tolerated and appropriate disciplinary action will be taken.

Guidelines:

- 1) Staff members, residents or others who know they are infected with HIV, AIDS or Hepatitis C are encouraged to seek medical testing and treatment. The administration will make every reasonable effort to provide assistance.
- 2) Routine screening of staff, residents or others to determine HIV, AIDS or Hepatitis status will not occur. It is illegal.
- 3) All staff members, volunteers, resident and others will be treated the same, regardless of their sexual orientation or HIV, AIDS, Hepatitis C status.
- 4) Kitchen procedures: Food handlers, staff, resident, volunteer cooks and anyone who prepares food in the program’s kitchen must abide by the following:
 - Food handlers who have HIV, Aids or Hepatitis C shall not be restricted from using the kitchen, equipment or utensils unless they have a medically verified illness for which restrictions would be warranted based on health concerns (e.g. active tuberculosis)
 - All food handlers should follow the recommended standards and practices of personal hygiene and food sanitation. Frequent training will be given regarding these standards.
 - All food handlers should attempt to avoid personal injuries during food handling. Foods tainted with blood or other bodily fluids must be discarded, irrespective of whether or not the handler has HIV, AIDS or Hep C.
 - A disinfectant solution (1:10 household bleach and water; *hot water destroys bleach*) should be available for treating any equipment contaminated by blood or any bodily fluid, irrespective of whether or not the food handler has HIV, AIDS or Hepatitis C.
- 5) **Universal Precautions:** The practice known as *Universal Precautions* will be adhered to strictly. In any incidents of possible exposure of an individual or equipment to blood, vomit, or other bodily fluids latex gloves will be used and waste will be disposed of properly. Disinfecting any exposed surfaces with a 1:10 bleach solution as well as hand washing with warm water and soap will be necessary. Latex gloves will be made readily available in the kitchen, common area and offices of the program.
- 6) **Confidentiality:** The right of an individual to confidentiality with regard to his/her HIV, AIDS or Hepatitis C status will be respected by the administration and staff of the program. We will comply with all state and federal laws, including but not limited to the Americans with Disabilities Act.
 - Information that is shared with a staff member or volunteer regarding an individual’s antibody status must be held in the strictest confidence and shared only with the Executive Director if necessary for purposes of supervision and then only after obtaining the written consent of the individual in question. No mention of an individual’s HIV, AIDS or Hepatitis C status will be made in the files or other written records, except that any individual’s written consent to waive of his or her right to confidentiality will be kept on file.
 - The sharing of information about an individual’s HIV, AIDS, or Hepatitis C status with others is the exclusive right of the individual with HIV, AIDS or Hepatitis.

- Personnel may share information about an individual's status antibody status only with the specific written consent of the individual with HIV, AIDS or Hepatitis C or his/her legal guardian. The only legitimate context for such disclosures will be that of providing comprehensive services to the infected individual.
- Disciplinary action will be taken against any employee who inappropriately discloses medical information about any personnel or resident or others the program works with.
- These guidelines shall be reviewed periodically and revised as necessary to reflect new medical information regarding HIV, AIDS and Hepatitis C and to be consistent with legal requirements.

Blood/Bodily Fluids Clean-Up Protocol: (excerpts: *Recommended Shelter Health and Safety Best Practice Guidelines* Appendix C - Sample Policy: Blood/Bodily Fluids Clean-Up Protocol Developed by Health Care for the Homeless, Public Health – Seattle & King County)

When you provide First Aid or when you clean an area or handle any items soiled with blood or bodily fluids (urine, vomit, blood, feces, semen) please take precautions to protect yourself and others from infection. Always follow these simple steps when you clean up after blood/body fluids spills:

Equipment:

Latex/rubber gloves, paper towels, plastic garbage bags, kitty litter (for big spills), disinfectant (bleach 1:10 dilution), mop & mop bucket, spray bottle, plastic goggles, gowns/protective aprons

Procedures:

Spill clean-up materials are located along with a copy of this document.

Protective apparel:

Latex gloves, eye/face protection (plastic goggles), protective gowns or aprons.

- 1) Put on **protective gear**. If it is possible that blood or bodily fluids may spray or splatter, wear **protective eye covering (plastic goggles)**. Put on **latex gloves**. If there is a possibility that your clothing may become soiled, put on a **protective gown** (as when handling laundry or soiled clothing). Keep the scene clear of people.
- 2) Get a **bucket or spray bottle, bleach, and paper towels or a mop** to clean the floor and other areas. If the area is large, put 1/4 cup **bleach** in a gallon of **cool water (hot water destroys the bleach)**. Spray the area with this solution. If the area to be cleaned is small, you can make a solution of bleach and cool water in a **quart spray bottle**. Use 1 teaspoon of bleach per quart. This bleach solution must be discarded after 24 hours. It is recommended that a fresh solution be mixed up every time it is needed.
- 3) Blot up as much of the spill and the bleach solution as possible with **paper towels**. If there is a large volume spills or vomit, use **kitty litter** to absorb. Dispose of these materials in a **plastic garbage bag**.
- 4) If you used a **mop**, rinse the mop in **bleach solution** and allow to dry. Dump the leftover solution down the drain or toilet. **DO NOT** use a sink that is normally used for food preparation.
- 5) Pick up any soiled debris (clothing, bedding, towels, or bandages) and place in a **garbage bag**. If you are finished cleaning, remove your protective gear and gloves and put them in the garbage bag. Tie off the garbage bag and place it in the regular trash. Only very large spills need to be placed in special biohazard bags and disposed of by an approved facility.
- 6) Wash your hands thoroughly. Re-stock the **clean-up kit**. If you have had significant exposure to bodily fluid (needle stick or contact with mucous membrane or non-intact skin) contact a supervisor **immediately** and follow the sample policy for "**blood/bodily fluid exposure**".

Laundry Hygiene Protocol: (Adapted from: Appendix D - Sample Policy: Laundry Hygiene in the Shelter Setting; Developed by Health Care for the Homeless, Public Health – Seattle & King County, WA)

General Practices:

- Gloves should be worn when in contact with any used or worn laundry items, whether obvious contamination is visible or not.
- Gowns or aprons should be worn whenever it is likely that a person's clothing could come in contact with

laundry.

- Gloves, gowns and/or aprons and bleach solutions shall be made available to residents for their use.
- Inform residents that it is best to use a hot wash cycle (at least 105-110 F for 10 minutes) followed by thorough drying in a hot dryer (160 F). This process is sufficient to decontaminate laundry. No other additives such as bleach are necessary to sanitize laundry, unless stain removal is desired.
- Any kitchen laundry or other items used (towels, aprons, etc.) should be washed and dried in the above manner.
- If linens are heavily soiled with feces, large amounts of solid material should be disposed of in a toilet. Handling of feces should be avoided whenever possible. If rinsing is required, staff should take care to minimize handling and avoid splashing.
- If possible residents should be asked to rinse their own linens when they are soiled.
- Wet linens should be stored in a **plastic bag** while awaiting final wash to avoid any leaking and reduce odor.
- Dispose of linens if soiling is severe.

Supporting Someone Living with HIV/AIDS or Hepatitis

(Excerpt from: *Serving Survivors Of DV Who Have A Disability* - The Equal Rights Center)

- Remember the individual's confidentiality is extremely important. Jeopardizing this confidentiality, either through a prerequisite questionnaire, mandatory HIV testing, or failing to conceal client's medication, will deter people from using your services.
- Allow use of refrigerators in order to keep medications cool.
- If individuals are experiencing fatigue: allow a rest area, give frequent breaks during activities, and give flexibility to their schedule.
- If individuals are experiencing diarrhea: allow for frequent breaks during programs give access near a bathroom.
- If they are experiencing light sensitivity: put in lower watt bulbs or install blinds.
- A person with HIV is susceptible to infections and illness. Be conscious of protecting his or her health when other clients or staff are sick.

For more specific information contact your State Department of Health and/or your area Tribal Chairmen's Health Board.