

## 10. Placement of a child with HIV/AIDS

Although rare, there are occasions when a child with HIV/AIDS comes into the care and custody of DHS. Due to the sensitive nature of information in the case and the special confidentiality requirements of the medical information, caseworkers overseeing the care of a child with HIV/AIDS should consult frequently with the supervisor. In addition, HIV/AIDS can be a highly emotionally charged medical condition. Pay particular attention to thoughtfully and sensitively working with the child, the family, the child's substitute caregivers and other community partners who may be providing services. For procedures regarding HIV testing, see Section 10.K., Dealing with Human Immunodeficiency Virus (HIV).

As with every child in child welfare's custody, it is the responsibility of the caseworker to engage in appropriate placement matching, seeking a substitute care resource that is the least restrictive, is in a child's best interest and can meet the child's identified needs. For detailed information on placement matching, refer to Section 2 in this chapter.



### Procedure

- When a child in the department's care or custody is diagnosed with HIV or has AIDS, schedule and facilitate a meeting prior to placement comprised of the following team members:
  1. Caseworker;
  2. Caseworker's supervisor;
  3. District manager or designee;
  4. Prospective substitute caregiver;
  5. Casework certifier (if certified by child welfare);
  6. Certification supervisor (if certified by child welfare); and
  7. The child's physician.
- In addition, whenever appropriate, invite the child, the child's parents, therapist, counselor, CASA, attorney or other supportive individuals to the staffing.
- At the meeting determine the roles and responsibilities of each member of the team, review the services and supports to be provided to maintain the child safely with the substitute caregiver, and determine the activities in which the child participates. These services and activities may include:
  1. Counseling;
  2. Special medical care and treatment;

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3. Special personal care services;
  4. Day care;
  5. School, outings, social activities and play activities;
  6. Visitation;
  7. Training;
  8. Relief care resources; and
  9. Special equipment or necessary durable goods (e.g., gloves and hazardous waste red bags)
- Consider counseling for the HIV-positive child as well as the family and substitute caregiver as part of the service needs of the case plan. Depending on the age of the child and the needs of the family members and the substitute caregiver, different counseling options may be available. The child's primary health care provider should have input on the need for counseling. Counseling options may include individual or group counseling, support groups or HIV/AIDS education services. If the child is sexually active, counseling regarding sexual practice and safeguards is appropriate. If the child is a hemophiliac or IV drug user, additional specialized counseling may be required.
  - Ensure that no more than one child diagnosed with HIV or AIDS is in the same substitute care placement without approval of the district manager or designee. The approval may be granted after a case staffing with the supervisor, the district manager or designee, substitute caregiver, certifier and certification supervisor, and the child's physician. When approval is granted, document the approval in FACIS case notes, the FACIS provider notes tab (noting special approval of the placement of a specific child), and notify the substitute caregiver's certifier.
  - Consult with the HIV program in the DHS Public Health Division prior to enrolling a child in a day care setting.
  - Ensure that the substitute caregiver is familiar with the confidentiality safeguards prohibiting the sharing of information regarding the child's HIV infection with others.
  - Provide the child's substitute caregiver with the information contained in DHS publication 9014 regarding hygiene procedures.
  - If necessary, obtain additional information regarding HIV/AIDS from the local health department or the HIV program in the Public Health Division. Encourage the substitute caregiver to contact the local health department for information and support in the care of the child. The local health department also may be able to provide information about local support or counseling services available in the community.
  - Secure all medical and social information regarding the child or the child's family, including the personal care assessment that pertains to the HIV status of the child, in a separate, locked file.
  - Keep all written case notes addressing the HIV status of the child or family member maintained in the separate, locked file.
  - Sensitize and secure the case record.

## **S** The Supervisor's Role

- Consult with the caseworker regarding appropriate steps in the child's placement.
- Participate in meetings and staffings with the caseworker.
- Ensure appropriate documentation and security precautions are taken for all confidential information.

## Forms and references

### Legal references

- I-B.5. Placement Procedure for AIDS and HIV Infected Clients  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b5.htm](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b5.htm)
- I-B.5.1. HIV Testing of Children in Department Custody and HIV Confidentiality  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b5.htm](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b5.htm)

