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**DIVISION OF MENTAL HEALTH SERVICES**  
**ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM**

April 7, 2000

**SUBJECT: Administrative Bulletin 3:20**  
**Patient Testing for Blood-borne and Sexually**  
**Transmitted Diseases**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

A handwritten signature in black ink, appearing to read "Alan G. Kaufman".

Alan G. Kaufman  
Director

AGK:pjt  
Attachment

# DIVISION OF MENTAL HEALTH SERVICES

## Administrative Bulletin 3:20

DATE: April 7, 2000

**SUBJECT: Patient Testing for Blood-borne and Sexually Transmitted Diseases**

### I. Scope

The policy shall apply to Ancora Psychiatric Hospital, Greystone Park Psychiatric Hospital, Trenton Psychiatric Hospital, Ann Klein Forensic Center, Senator Garrett W. Hagedorn Psychiatric Hospital, and the Arthur Brisbane Child Treatment Center.

### II. Authority:

**N.J.S.A. 30:4-7.9**

### III. Purpose

The bulletin describes the DMHS protocols for the testing and treatment of state psychiatric hospital patients for blood-borne and sexually transmitted diseases (STDs). It also describes the risk assessment that is required to determine whether they may be infected and need testing, as well as the counseling and education that shall be provided in order to reduce high risk behaviors.

### IV. Policy

In accordance with Statutes (P.L. 1997 c. 361). DMHS shall establish protocols mandating that patients must submit to blood tests for hepatitis B, hepatitis C and STDs, when indicated. However, statutes do not permit testing for HIV without patient/guardian consent. The Division, in consultation with public health experts, shall establish and periodically update the protocols that describe the indications for conducting tests for these diseases and shall monitor testing in the hospitals. It shall also insure that hospital staff practice standard precautions to prevent accidental exposure to blood and body fluids.

### V. Procedures

#### A. Risk Assessment and Laboratory Screening

1. DMHS shall issue screening protocols that describe the specific indications for the testing of patients for hepatitis B, hepatitis C, HIV and other STDs which shall be periodically updated by the Medical Director, DMHS. These shall be developed in cooperation with the Department of Health and Senior Services, incorporating recommendations of the Centers for Disease Control and the U.S. Public Health Service.

2. The State psychiatric hospitals shall develop processes and procedures that are based on the DMHS protocols, which shall require that they assess patients at risk for these infectious diseases and have them undergo testing within two weeks of their admission as well as annually and whenever clinically indicated. The assessment shall require taking a detailed history on all newly admitted patients to identify those at risk because of their sexual behaviors, IV drug use, and past history of or exposure to blood-borne pathogens and STDs.

3. Asymptomatic patients who by their history are assessed to be at risk for STDs should be tested for "silent" infections, (e.g., chlamydia, syphilis and gonococcal infections). Patients at risk for STDs or testing positive should also be considered for HIV testing and for having a hepatitis panel.

4. The assent of the patient or written consent from his/her legal guardian shall be obtained before testing, whenever possible. If a patient or his/her parent/guardian does not provide consent for blood testing for hepatitis B, hepatitis C or syphilis, the treating physician shall then make a determination of whether he/she will be mandated to undergo non-consensual blood testing because this is necessary to protect patients' health and safety. However, patients shall not be tested for HIV without the written consent of the patient/legal guardian.

5. If blood testing is conducted nonconsensually physicians must indicate in progress notes that the consent was not available or was denied, and they must also document the clinical rationale for testing. If patients do not consent to HIV testing, their refusal should be documented in their record, as should further attempts to gain consent at a later time.

## **B. Education and Counseling**

1. Patients admitted to the State psychiatric hospitals shall be routinely provided with written information and have an opportunity to attend educational programs concerning the prevention of these diseases. Those patients with high risk behaviors or with positive tests for these diseases shall also be given counseling. The hospitals shall assign nursing or other staff to educate patients on the risks of acquiring and means of preventing these diseases.

2. Counseling on HIV/STD shall be directed especially at reducing high risk behaviors, such as substance abuse and unsafe sex. When clinically appropriate, patients shall be educated about high risk sexual behaviors by being taught social/assertiveness skills and safe sex practices, and they should be given access to barrier preventives (condoms) in accordance with DMHS policy.


3. The hospitals shall also develop and enforce policies that address blood-borne and sexual transmission as a result of patient's high risk behaviors, and all direct care staff shall receive inservice training on these policies. These shall include a mechanism to notify patients' treatment team of any high risk behaviors that are observed by staff so that they may address it with patient counseling and other appropriate measures.

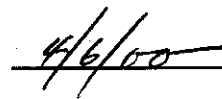
4. The hospitals shall require that all staff have regular training and demonstrate competency in use of Standard precautions (formerly called Universal Precautions) and in procedures following accidental occupational exposure to infectious agents.

**C. Monitoring of Hospital Practices**

1. The Managing Physicians of the State psychiatric hospitals shall provide the DMHS Medical Director with policies on testing and any related infectious disease prevention protocols within ninety (90) days of the issuance of this Bulletin.

2. The Infection Control Committee of each facility shall routinely review testing and other hospital activities in order to assess efforts to control the spread of infectious diseases. On an annual basis, the hospital's Medical/Clinical Director and the Infection Control Coordinator shall submit data on the testing/findings for hepatitis B, hepatitis C, HIV, and other STDs to the DMHS Medical Director in order to monitor these procedures in the hospital.

  
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Alan G. Kaufman, Director

  
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Date

## **DMHS Guidelines/Resource Materials**

### **Patient Testing and Risk Reduction for Bloodborne Diseases and Sexually Transmitted Diseases**

These guidelines/resource materials are provided in accordance with the requirements of A.B.3:20, which notes that DMHS should issue screening protocols for lab testing and for risk reduction. The A.B. was drafted to meet the mandates of P.L. 1997, c.361, and to address the health needs of patients in state psychiatric hospitals who are at risk for acquiring bloodborne diseases and STDs. The focus of these guidelines will be to provide a protocol for testing patients for STDs, HIV and the hepatitises after risk factors have been demonstrated by history-taking and/or a medical evaluation, whether identified on the patient's admission or in an annual physical examination. These guidelines are supplemented by articles and other materials that should be a useful resource for information about the epidemiology of bloodborne diseases and STDs, and about counseling and other interventions that can reduce the risk of patients' becoming infected or of infecting others.

These DMHS Guidelines/Resource Materials are labeled by topic, and include the following:

- STD/Bloodborne Diseases Screening Protocol
- Prevalence of HIV and STDs
- History-taking and Screening for STDs
- State Laboratory Information
- CDC Recommendations for Testing, Prevention and Treatment
- Drugs and Treatment Guidelines for STD's and HIV
- Risk Reduction for HIV
- DMHS/DHS Policies/Miscellaneous

In order to assess the risk of patients being infected, each facility should be aware of the incidence of these diseases in their local communities from which patients are being admitted. Some general epidemiological information is included in the manual, but hospitals may want to contact the Department of Health for more detailed information about prevalence rates in their catchment areas. Hospital Infection Control Coordinators or their hospital committees should insure that physicians, nurses and other staff are made aware of it. Patients living in a community with a high prevalence of these diseases are at increased risk for infection and this fact should alert staff to the need for their careful assessment.

The A.B. requires that each hospital conduct an assessment on admission to determine if specific testing is needed because patients are at risk of having been infected as a result of engaging in high risk sexual or drug use behaviors. This manual describes some protocols for questions that can be used in the assessment to determine if a patient is at risk. (See the section entitled History -Taking and Screening.)

The DMHS testing guidelines in Section A were based on the recommendations of the CDC (Section E). As such, these represent the current state of knowledge regarding these diseases and will need to be periodically updated. As you know, there is the opportunity to have tests referred to the state laboratory, in order to reduce costs, and these guidelines also contain information about this (Section G). For HIV, the state laboratory will have the rapid oral test available as the screening test, which will eliminate the need for an initial blood test (confirmatory blood testing of patients who screen positive on saliva testing will be necessary however).

In drafting the Bulletin, some of the concerns expressed by hospital staff about the testing guidelines was about consent issues; although these are not addressed in these guidelines, questions concerning the issue can be referred to Mary Maloney, Esq., Legal Liaison at (609) 252-3552. There were also concerns about whether all of the facilities had enough staff who were adequately trained or otherwise qualified to provide counseling to patients on STDS and HIV. As the attached materials illustrate, however, these qualifications for doing HIV counseling in a state hospital can be locally established, e.g., set by the facility, although it is recommended that this be a trained health care professional. In this regard please refer to the HIV Counseling, Testing and Referral Standards and guidelines (CDC, May 1994) in this section.

## Section A: STDs/BLOODBORNE DISEASES SCREENING PROTOCOLS

1. Persons who are sexually active, especially if age 25 or younger, and/or who have other high-risk indications should be screened for **chlamydia** and **gonorrhea** on admission and annually. High-risk indications include those who are substance abusers, persons with a history of STDs or those who lived in urban areas with a high incidence of STDs.
2. Persons who are at high risk for **syphilis** and who should have serologic testing include those who have:
  - multiple sexual partners
  - have exchanged sex for money or drugs
  - used illicit drugs
  - resided in areas with a high incidence of syphilis.
3. Persons should be screened for **HIV** if they were:
  - sexually active with multiple partners and did not practice "safe sex" (e.g., used condoms), especially if they had used alcohol or cocaine.
  - Injection drug users, especially if they had shared needles
  - Sexually active with persons having STDs or with an HIV positive person, or with someone who had STDs (especially genital lesions).
  - Have a prior HIV test that was positive.
  - HIV infected persons who might be infected with **STDs** should be screened for gonorrhea, chlamydial infections, genital herpes, syphilis and, among women, trichomoniasis.
4. Persons shall be tested for **Hepatitis B virus (HBV)** based on their risk for infection, including those who were:
  - injection drug users
  - sexually active with multiple sexual partners
  - long-term hemodialysis patients
  - immigrants from disease-endemic areas.
5. Persons should be screened for **hepatitis C virus (HCV)** based on their risk for infections including those who were:
  - injection drug users (includes those who injected once or a few times many years ago)
  - on long-term dialysis users
  - recipients of clotting factor (before 1987) or of blood transfusion/blood products or donated organs (before 1992)
  - those with persistently abnormal liver function tests (ASTs)