

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE: February 1, 1993

DATE ISSUED: January 25, 1993

SUBJECT: HIV Policy

I. **PURPOSE**

The purpose of this Order is to provide guidelines to all components of the Department of Human Services (DHS) for the prevention and management of client and employee HIV exposure and infection incidents and issues of confidentiality.

II. **SCOPE**

This policy has Department-wide applicability.

III. **AUTHORITY**

New Jersey Law Against Discrimination - N.J.S.A. 10:5-1 et seq.

Acquired Immune Deficiency Syndrome - N.J.S.A. 26:5C-5 et seq.

Reporting HIV Infection - N.J.A.C. 8:57-2.2.

Vocational Rehabilitation Act of 1973 - 29 U.S.C. 791 et seq.

Americans With Disabilities Act 42 U.S.C. 12.101 et seq.

Occupational Exposure to Bloodborne Pathogens - 29 CFR Part 1910 Subpart Z, 1910.1030

IV. **DEFINITIONS:**

The following terms, when used in this Order, have the meanings stated:

AIDS (acquired immunodeficiency syndrome) means a group of symptoms and disorders in the advanced stages of human immunodeficiency virus (HIV) infection which impairs the body's ability to fight infection and leaves a person vulnerable to opportunistic infections, i.e., infections that take advantage of the body's inability to resist disease.

Accidental Exposure means an incident where an open wound, skin lesion, or the mucous membrane of an individual accidentally comes in contact with blood or other body discharges from another person, or where the individual is stuck by a needle or other sharp instrument previously used on another person.

Asymptomatic Carrier means a person infected with HIV and therefore capable of transmitting the disease but who has no symptoms.

Casual Contact means close, but nonsexual interaction, such as handshakes, hugging, or kissing; sharing towels, eating or drinking utensils; and, exposure to sneezing or coughing.

Client means any individual who receives services from the Department of Human Services (DHS).

DHS Facility means an institution, community residence or other building or group of buildings staffed by employees of the Department and used for the purpose of delivering services to Department clients.

HIV (human immunodeficiency virus) means a virus, transmitted through blood, semen, vaginal secretions, or breast milk of infected persons, that destroys the cells which make up the body's immune system causing the body to be unable to defend itself from "opportunistic" infections.

HIV Related Information means any information that is likely to identify, directly or indirectly, someone as having been tested for or actually having HIV infection, antibodies to HIV, AIDS, or related infections or illness, or someone suspected of having HIV as a result of high risk activities.

V. POLICIES AND PROCEDURES

- A. The Department of Human Services recognizes the seriousness of the disease caused by the human immunodeficiency virus (HIV) and its impact on health and social services provided by the Department.
- B. The Department of Human Services and its employees shall serve any and all citizens of New Jersey who, by statute or regulation, are eligible for services provided by the Department and its Divisions, including those with a suspected or confirmed diagnosis of HIV infection with or without AIDS symptoms.
- C. The Department shall not discriminate in any manner in hiring and job assignment practices against known HIV exposed or HIV infected employees.
- D. Any Division may develop Division-specific policies and procedures within the purview of this Administrative Order. All separate Division-specific policies and procedures must be reviewed and approved by the HIV Review Committee (see Section V.E.2.d.).

E. HIV Review Committee

1. Membership

An HIV Review Committee comprised of representatives from the Commissioner's staff, the Assistant Commissioner of Human Resources' staff, the Office of Legal and Regulatory Liaison, and each Division, and chaired by an individual designated by the Deputy Commissioner for Institutions and Support, shall be convened as needed. In addition, a physician and an Infection Control Coordinator shall be asked to attend meetings when medical issues are to be discussed and decided.

2. Responsibilities

- a. Coordinate the development and dissemination of Department-wide HIV-related policies as well as the distribution of current professional and technical information.
- b. Develop a clearinghouse within the Department to identify in-house and other HIV expertise and apprise involved agencies of their availability.
- c. Work with the Office of Human Resource Planning (OHRP) to coordinate HIV Department-wide training as new clinical information becomes known.
- d. Convene ad-hoc committee meetings to address and resolve HIV-related questions, issues and problems and to review policies and procedures submitted by any Division that has additional Division-specific issues or needs; and,
- e. Select a designee of the committee who shall serve as a liaison to the Division of AIDS Prevention and Control in the Department of Health and work with staff of other Departments involved in HIV issues.

F. HIV Management Policies/Procedures - Clients - Testing for HIV

1. Admission to a Department of Human Services operated or funded program or facility shall not comprise cause for testing for the presence of HIV.
2. When clinically or socially indicated, or at the request of the client, the Department will offer voluntary testing, agreed to in writing by the client or guardian (see Section F.4.d.), for the presence of HIV with concurrent and appropriate counseling, educational and follow-up services.

3. HIV testing of clients, and all results, shall be kept in strictest confidence and shall not be made available to any party without written consent as provided for in this policy.
4. Conditions of Testing Adults
 - a. All admissions to DHS facilities will be screened by admission personnel within 30 calendar days to ascertain whether they fall into a high-risk category or have engaged in high-risk behaviors. These high-risk factors include:
 - (1) IV drug users and sexual partners of IV drug users;
 - (2) persons having multiple sexual partners;
 - (3) homosexual or bisexual men or their sexual partners;
 - (4) prostitutes or those having sexual contact with prostitutes;
 - (5) hemophiliacs; and,
 - (6) individuals who have received blood or blood product transfusions, particularly between 1978 and 1985.
 - b. A physician's or dentist's decision to recommend HIV testing must be based on the medical and social history of the client, the physical examination, the presenting symptomatology, the client's lifestyle, and the overt current behavior of the client. If the client reveals through express information or discernible behaviors that he/she is in a high-risk category as defined in Section F.4.a., and gives informed written consent, HIV counseling and testing may be ordered.
 - c. Counseling and education by appropriately trained staff should be made available to all clients following admission to encourage disclosure of high-risk activity, encourage written consent for HIV testing, and prevent future exposure to HIV.
 - d. Before a test for HIV is performed, written informed consent for the test shall be obtained from a competent client, or from his/her guardian if the client is declared legally incompetent. If the client appears incompetent to give consent, but has not been legally declared incompetent, the proper guardianship procedures must be instituted before the test can be given.

5. Conditions of Testing Children and Adolescents

The Divisions of Youth and Family Services, Developmental Disabilities and Mental Health and Hospitals shall develop and promulgate separate Division-specific policies and procedures regarding the management of HIV exposure and infection in children and adolescents.

G. Confidentiality

Department of Human Services' employees have a duty to maintain the confidentiality of HIV-related information. The duty to maintain confidentiality derives from an individual's right to privacy which is established by the U.S. Constitution; the New Jersey State Constitution; the New Jersey Law Against Discrimination; other New Jersey State statutes and regulations; and, common law doctrine.

Clients, their families and their partners have a right to privacy concerning disclosure of information related to HIV infections. The right to decide to whom information may be disclosed rests with the individual about whom the information pertains, and not with DHS employees.

Unauthorized disclosure of HIV-related information by DHS staff could lead to individual liability as well as lawsuits against the Department, hospital, developmental center or agency.

Disclosure of HIV-related information could result in the client suffering loss of privacy, harassment and discrimination.

1. Information Covered by Confidentiality Policy

- a. All HIV-related information is confidential. HIV-related information means any information that is likely to identify, directly or indirectly, someone as having HIV infection, antibodies to HIV, AIDS or related infections or illness, or someone suspected of having HIV as a result of high-risk activities. Access to, or disclosure of, this information is governed by this policy.
- b. This policy covers HIV-related information pertaining to a specific individual that has applied for, receives, or formerly received treatment, services, or benefits. The policy also covers an individual's family and partner.
- c. HIV-related information is confidential regardless of the source including whether the information is obtained intentionally; from the client, his family or partner, or from another source; or through oral, or observed written or electronic communication.

2. **Individuals Subject to the Confidentiality Policy and Penalties for Unauthorized Disclosures**
 - a. All individuals who work for or provide services to the Department are bound by the confidentiality provisions of this policy, including, but not limited to: full and part-time staff, independent contractors, consultants, licensees, hourly employees, interns, volunteers, and board members.
 - b. All individuals as declared in Section G.2.a., are required to review this policy, understand its requirements and agree to follow its procedures.
 - c. Under federal and State law, the agency and any individuals covered by Section G.2.a., are subject to civil and/or criminal liability, including fines or imprisonment, for breaches of confidentiality of HIV-related information.
 - d. Violations of any of the procedures required by this policy subject employees to corrective/disciplinary action in accordance with Administrative Order 4:08, Supplement 1, and possible prohibition from further access to HIV-related information.
 - e. Any individuals who are likely to work with HIV-related information will receive training in the meaning of and procedures required by the policy.

3. **Competency and Informed Consent for Disclosure of HIV-Related Information**
 - a. A client, or in appropriate circumstances his or her legal guardian, must give specific, written informed consent for disclosure of HIV-related information. The only exceptions to this rule are identified in Sections G.4. and 5.
 - b. If the HIV-related information concerns a family member or partner, then the family member or partner must give specific, written informed consent to any disclosure.
 - c. Written consent shall include:
 - (1) the purpose of the disclosure;
 - (2) precisely what information the agency is authorized to disclose;
 - (3) the individual or agency to receive the HIV-related information;

- (4) the time period during which the consent is effective; and,
 - (5) the client's or guardian's right to revoke consent.
- d. Adults with developmental disabilities or mental illness are presumed to be legally competent to give or deny consent to disclosure of HIV-related information unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed to make such health care decisions, specific, written informed consent must be obtained from that individual.
- e. Consent shall be obtained from the parent, guardian or other individual authorized under State law to act in a minor's behalf when consent is required for disclosure of the record of a minor who has or is suspected of having HIV infection. If a minor is 12 years of age or older, understands the diagnosis, and a parent or guardian is unavailable, the minor can consent to the release of this information (N.J.S.A. 26:5C-13).
- f. When a client, either an adult or minor who is legally competent to consent, has not been adjudicated incompetent but there are clear indications that the client lacks the mental capacity to understand and appreciate the information being presented and thus make an informed decision about consent, the presumption of competency may be overcome. In this situation, if a medical emergency exists that requires disclosure of HIV-related information in order to protect the client's health from imminent harm, then consent is not required. (See Sections G.4.b. and G.5.a.)
- (1) In the case of an adult, if there is no medical emergency, the Department will follow standard procedures mandated in the applicable guardianship or conservatorship laws, or will seek judicial appointment of a substitute decision maker.
 - (2) In the case of a minor, if there is no medical emergency, unless the minor's consent rights derive from a judicial order of emancipation, the parent, legal guardian, or agency that has been given legal custody may consent to disclosure. Where seeking parental consent would be inadvisable, as when the parent cannot be found or has demonstrated disinterest in the child's well-being, or the child has been emancipated by judicial decree, the agency may

petition the court for authority to consent to disclosure.

- g. When the client, either a minor or an adult, is legally incompetent to give consent to disclosure of HIV-related information, staff should still explain to the client, to the extent that he/she can understand, the purpose of the proposed disclosure and ascertain the client's preference.
- h. Since an individual's capacity to provide informed written consent may change over time, there may be periodic need to reassess legal competency.
- i. Clients have the right to disclose HIV-related information about themselves to anyone they choose, including other clients, however, because of emotional or cognitive impairments, or age, they may not understand or appreciate the potential consequences of disclosure. Therefore, staff members should counsel clients about the potential risks of disclosure and the risks of non-disclosure.

4. Intra-Agency Access to and Disclosure of HIV-Related Information

- a. Except as noted in Section G.4.b., all individuals covered by this policy cannot gain access to HIV-related information, nor disclose this information to anyone else within the agency, unless the client (or his/her legal guardian) has authorized access/disclosure through specific written consent. Similarly, access to or disclosure of HIV-related information about a client's family member or partner is prohibited unless consent is received.
- b. Per N.J.S.A. 26:5c - 1 et seq, specific written consent is not required, but is encouraged, in four situations if the individual with whom information is to be shared needs to know this information in order to:
 - (1) plan or provide HIV diagnosis and treatment (including HIV related counseling and mental health care), and HIV-related services to the client;
 - (2) provide referral for HIV-related diagnosis, treatment, or services to the client;
 - (3) carry out essential administrative or reimbursement functions relating to the provision of HIV-related diagnosis, treatment, or services to the client; and,

- (4) provide emergency medical treatment necessary to protect the client's health from imminent harm, the client is not capable of providing consent, and the urgency of providing treatment precludes getting consent from a substitute decision maker.
- c. Clients, or their legal guardian, will be asked to give specific, written consent for access to or written disclosure of HIV-related information in accordance with Section G.4.a., when they apply for or receive treatment, services or benefits. To the extent feasible, the agency will identify for the client the staff members who will have access to the client's HIV-related information under Section G.4.a.
- d. All individuals who gain access to client's written or computer records through one of the exceptions listed in Section G.4.b., must note in the client's record their name, the date, and the reason for needing to review the client's records. Periodically, the client's records will be reviewed to ensure compliance with these policies.
- e. A client's specific, written consent is not required in order to conduct internal agency-approved research or evaluations, so long as release of HIV information is authorized and is consistent with applicable federal and State laws, and the information to be disclosed does not identify, directly or indirectly, a specific client.
- f. Access to or disclosure of HIV-related information without a client's consent is not permissible based on a perceived need to protect staff members, clients, or anyone else from possible exposure to HIV through casual contact.
- g. If an employee or client is accidentally or deliberately exposed, the Medical Director, or other medical practitioner, will assess whether a significant risk of HIV transmission exists. If it does, the medical person will counsel the individual about HIV transmission and the advisability of having an HIV antibody test. The source individual's test results shall be made available to the exposed employee (29 CFR Part 1910, Subpart Z 1910.1030)
- h. HIV-related information cannot be released to other clients, their legal guardians, family members or partner.
- i. To avoid accidental disclosures, HIV-related information must not be discussed in breakrooms, common areas, such as hallways and elevators, or in the presence of other clients or families, and records or computer screens with HIV-related information must never be left unattended.

- j. Written records or computer files that are generally available to agency staff must not be labeled or segregated in a manner that could lead to its identification as containing HIV-related information.

5. Extra-Agency Disclosure of HIV-Related Information

- a. Disclosure of HIV-related information to outside agencies or individuals requires the client's specific, written consent. Exceptions are: if the client lacks the capacity to give informed consent; disclosure of HIV-related information is necessary to protect the client's health from imminent harm; and, the urgency of providing treatment precludes getting consent from the guardian.
- b. A staff member who receives a request for or is considering disclosure of HIV-related information must refer the matter to the Chief Executive Officer (CEO) or designee, who has sole authority to release HIV-related information to outside agencies or individuals. The only exception to this rule is a medical emergency as discussed in Section G.5.a.
 - (1) The CEO or designee will determine if disclosure requires that the client be identified, directly or indirectly.
 - (2) If the request does not seek identifying information, and other laws do not prohibit disclosure, the CEO or designee may release the information.
 - (3) If the request seeks identifying information, the CEO or designee must determine if nonidentifying information can be substituted. If a substitution is possible, the nonidentifying information can be released.
 - (4) If a substitution is not possible, the CEO or designee must ask the client or guardian for specific, written consent to release information.
 - (5) If the client or guardian gives consent, the designated staff member can release the information.
 - (6) If the client or guardian denies consent, and State law permits but does not require that HIV-related information be released, the CEO or designee will inform the agency or individual that the information sought is confidential and may not be disclosed.

- (7) If the client or guardian denies consent and State law requires that HIV-related information be released, the information will be disclosed.
 - (8) If the CEO or designee has any questions about the applicability of mandatory disclosure provisions, he/she will seek consultation with the Office of Legal and Regulatory Liaison.
- c. All written disclosures of HIV-related information will be accompanied by a written statement prohibiting the agency or person from redisclosing this information to anyone else without the client's consent. All oral disclosures of HIV-related information will be accompanied by an oral warning against redisclosure, and a written notice against redisclosure should be sent within 24 hours.
 - d. All disclosures will be noted in the client's records and include the following information:
 - (1) the date of disclosure;
 - (2) contents of the disclosure;
 - (3) recipient of the disclosure;
 - (4) type of authorization (i.e., whether the client gave specific, written consent or the disclosure was statutorily mandated); and,
 - (5) an indication that notification against redisclosure was made. A client's signed consent form authorizing disclosure must be included in his/her records.
 - e. Clients shall be informed of all disclosures made pursuant to a medical or mandatory disclosure provision.

H. Reporting Requirements

1. Any person, employee or client, identified as infected with HIV shall be reported to the State Department of Health in accordance with the requirements of N.J.A.C. 8:57-2.2 (a and b) and 2.3 (a and b) (Appendix A).
2. Cases of HIV infection or AIDS diagnosed by a facility of the Department shall be reported without identifiers and for statistical purposes to:
 - a. The Division Director or a designee;

b. The Commissioner of Human Services or a designee.

I. Client Clinical Procedures

All components of the Department of Human Services will follow the New Jersey Department of Health and the Centers for Disease Control recommendations on the practice of universal precautions in situations involving handling blood and body fluids.

All components of the Department of Human Services will follow the requirements of the Occupational Exposure to Bloodborne Pathogens Standard (29 CFR Part 1910).

J. HIV Management Policies/Procedures - Employees

The New Jersey Law Against Discrimination (LAD) prohibits employment discrimination based on physical or mental handicap or a perception of handicap. Any person infected with HIV is considered "handicapped" under the LAD. Employees with identified HIV-related medical conditions which impair their health and ability to perform safely and effectively should be handled in a manner consistent with other serious or life-threatening illnesses and the Department of Personnel policies.

Scientific and epidemiological evidence reports that the kind of person-to-person contact that generally occurs among workers and clients or consumers in the work place poses minimal risk of transmission of HIV. All employees who are HIV infected should be allowed to retain their employment and benefits. All employees are encouraged to know their HIV status.

1. Employee Exposure to HIV and Post Exposure Follow-up

a. Following a report of accidental exposure, the employee shall immediately be offered a confidential medical evaluation and follow-up, including at least:

- (1) Documentation of the route(s) of exposure, and the circumstances under which the exposure occurred,
- (2) Identification of the source individual unless the employer can establish that identification is not feasible or prohibited by law.

b. HIV Testing of Source Individuals

- (1) The source individual's blood, if the source has not already been identified as infected with HIV, shall be tested as soon as feasible and after consent is obtained

in order to determine HIV infectivity. If consent is not obtained it shall be established that legally required consent cannot be obtained.

- (2) Results of the testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

c. **HIV Testing and Counseling for Exposed Employees**

- (1) The exposed employee shall be referred to an established center for testing and counseling. Department of Health Confidential Counseling and Testing Sites are recommended. (Appendix B - N.J. HIV Counseling and Testing Sites).
- (2) The exposed employee shall be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

2. **Employee's Ability to Work**

- a. All HIV infected employees should, if they choose, continue to work to the fullest degree possible as long as they are physically and mentally able to perform their job. The relevant standard is job performance, which should be applied fairly and consistently to all employees.
- b. If it becomes necessary to modify job assignments because of increasing disability, reasonable accommodations should be undertaken. These accommodations might include more flexible hours, reduction in workload, or other adjustments that do not require a fundamental restructuring of the work place or excessive costs.

3. **Privacy and Confidentiality**

- a. Employers have a duty to protect the confidentiality of employee's medical information. Any medical documentation relating to an employee's HIV status will be considered to be confidential.
- b. Medical records may not be disclosed without the consent of the subject employee, by order of a court, or where disclosure is mandated by law.
- c. Supervisors, managers and other employees involved in making and implementing personnel management

decisions involving employees who reveal medical information about themselves or who have HIV related conditions which are observed during a physical examination, must strictly observe applicable privacy and confidentiality requirements.

4. Leave Administration

Requests for leave shall be handled in a manner consistent with any request for leave which arises from any medical disability.

5. Employee Conduct

- a. In situations where employees express reluctance or refusal to work with HIV infected clients or employees, management shall deal with these problems through appropriate counseling and education.
- b. If an agency is unable to deal effectively with such situations through education/counseling and/or the employee's behavior threatens the safety, order or direction of the work of the facility the employee is subject to corrective/disciplinary action in accordance with Supplement 1 of Administrative Order 4:08.

K. Personnel Training And Education

The Department, recognizing that education is one of the most effective means of preventing the spread of HIV and of dispelling fears associated with the disease, shall make available to its employees current, accurate and objective information concerning HIV.

1. Training and Education

- a. Department employees shall attend "HIV Awareness" training, in accordance with the provisions of Executive Order No. 199. New employees shall receive "HIV Awareness" training during new employee orientation, or within 30 calendar days after being hired.
- b. More comprehensive, advanced and/or specialized training and education in such areas as infection control shall be provided for those employees whose job responsibilities may warrant such training or who may be determined to be at increased risk of exposure.
- c. Retraining or additional training shall be provided if a change in job responsibilities or work assignment is determined to increase an employee's risk of exposure or

when a change in the state of knowledge of HIV necessitates such training.

2. Responsibilities

a. The Office of Human Resource Planning, with the guidance and direction of the Department HIV Review Committee, and with input from Division Directors and CEO's shall be responsible for:

- (1) determining the appropriate training curricula and content of training provided to employees;
- (2) arranging for the delivery of training required for Department employees through the Human Resource Development Institute (HRDI) or other organizations providing education and training services;
- (3) monitoring and evaluating training delivered to Department employees; and,
- (4) ensuring that appropriate employee training records are maintained by HRDI and made available to the Department and its components as required.

b. Division Directors and CEOs shall be responsible for:

- (1) determining the training in which employees should participate;
- (2) scheduling employees for needed training; and,
- (3) notifying the HIV Review Committee of additional or specialized training which may be required.



William Waldman
Acting Commissioner

8:57-2.2

R.1978 d.293, eff. October 1, 1978.
See: 10 N.J.R. 246(a), 10 N.J.R. 358(b).

**SUBCHAPTER 2. REPORTING OF ACQUIRED
IMMUNODEFICIENCY SYNDROME AND
INFECTION WITH HUMAN
IMMUNODEFICIENCY VIRUS**

Subchapter Historical Note

Subchapter 2, Isolation of Persons Ill or Infected with a Communicable Disease, was repealed by R.1990 d.243, effective June 4, 1990, and replaced by Reporting of Acquired Immunodeficiency Syndrome and Infection with Human Immunodeficiency Virus by R.1990 d.244, effective May 21, 1990 and operative June 4, 1990. See: 21 N.J.R. 3905(a), 22 N.J.R. 1592(a).

8:57-2.1 Applicability; definition of AIDS, HIV infection and CD4 count

(a) The provisions of this subchapter are applicable to cases of Acquired Immunodeficiency Syndrome (AIDS) and infection with human immunodeficiency virus (HIV). The provisions of N.J.A.C. 8:57-1 shall not apply to any case of AIDS or infection with HIV.

(b) Laboratory results indicative of infection with HIV shall mean laboratory results showing the presence of HIV or components of HIV, or of laboratory results showing the presence of antibodies to HIV. The State Commissioner of Health shall determine the laboratory test results which indicate infection with HIV for the purpose of these rules.

(c) Acquired immunodeficiency syndrome (AIDS) means a condition affecting a person who has a reliably diagnosed disease that meets the criteria for AIDS specified by the Centers for Disease Control of the United States Public Health Services.

(d) A CD4 count means a count of lymphocytes containing the CD4 epitope as determined by the results of lymphocyte phenotyping. An absolute CD4 count means the number of lymphocytes containing the CD4 epitope per cubic millimeter. A relative CD4 count means the number of such cells expressed as a percentage of total lymphocytes.

Amended by R.1992 d.215, effective May 18, 1992.
See: 23 N.J.R. 3735(a), 24 N.J.R. 1891(b).

AIDS definition based on CD4 count designated by CDC.

8:57-2.2 Reporting HIV infection

(a) Every physician attending a person found to be infected with HIV shall, within 24 hours of receipt of a laboratory report indicating such a

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condition, report in writing such condition directly to the State Department of Health on forms supplied by the State Department of Health. The report shall include the name and address of the reporting physician, the name, address, gender, race and birth date of the person found to be infected with HIV, the date the specimen tested for HIV was obtained, and such other information as may be required by the State Department of Health. A physician shall not report a person infected with HIV if the physician is aware that the person having control or supervision of an institution named in (b) below is reporting that person as being infected with HIV, or if the physician is aware that the person has previously been reported to the State Department of Health as being infected with HIV.

(b) The person having control or supervision over any institution, such as a hospital, sanitarium, nursing home, penal institution, clinic, blood bank, or facility for HIV counseling and testing in which any person is determined to be infected with HIV shall, within 24 hours of receipt of a laboratory report indicating such a condition, report in writing such condition directly to the State Department of Health on forms supplied by the State Department of Health. The report shall state the name, address, gender, race, and birth date of the person found to be infected with HIV, the date the specimen tested for HIV was obtained, the name of the attending physician, the name and address of the institution, and such other information as may be required by the State Department of Health. The person having control or supervision of the institution shall not report a person infected with HIV if it is known that a physician is reporting the person or that the person has previously been reported to the State Department of Health as being infected with HIV. The person having control or supervision of the institution may delegate this reporting activity to a member of the staff, but this delegation does not relieve the controlling or supervising person of the ultimate report responsibility.

(c) Every clinical laboratory shall, within five working days of completion of a laboratory test which has results indicative of infection with HIV, report in writing such results to the State Department of Health. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, any identifying information the laboratory may have on the person from whom the laboratory specimen was obtained, including the unique code if a code is the only information identifying the person from whom the laboratory specimen was obtained, and other epidemiological information as may be required by the State Department of Health on a general or a case-by-case basis. Only specimens sent to the laboratory from physicians' offices in New Jersey or from institutions in New Jersey should be reported.

8:57-2.3

Amended by R.1991 d.516, effective October 21, 1991.

See: 23 N.J.R. 2089(a), 23 N.J.R. 3138(b).

Reporting of HIV results with identifiers required.

Amended by R.1992 d.215, effective May 18, 1992.

See: 23 N.J.R. 3735(a), 24 N.J.R. 1891(b).

Clinical labs to report results indicative of HIV within five working days.

8:57-2.3 Reporting AIDS

(a) Every physician attending any person ill with AIDS shall, within 24 hours of the time AIDS is diagnosed, report in writing such condition directly to the State Department of Health on forms supplied by the State Department of Health. The report shall include the name and address of the reporting physician, the name, address, gender, race, and birth date of the person ill with AIDS, the date of onset of the illness meeting the criteria for the diagnosis of AIDS, and such other information as may be required by the State Department of Health. Such report should be made whether or not the patient previously had been reported as having HIV infection. The report of AIDS will be deemed to also be a report of HIV infection.

(b) The person having control or supervision over any institution, such as a hospital, sanitarium, nursing home, penal institution, or clinic, in which a person is ill with AIDS shall, within 24 hours of the time AIDS is diagnosed, report such condition in writing directly to the State Department of Health on forms provided by the State Department of Health. The report shall state the name, address, gender, race and birth date of the person ill with AIDS, the date of onset of the illness meeting the criteria for the diagnosis of AIDS, the name of the attending physician, the name and address of the institution, and such other information as may be required by the State Department of Health. Such report should be made whether or not the patient previously had been reported as having HIV infection. The report of AIDS will be deemed to also be a report of HIV infection. The person having control or supervision of the institution may delegate this reporting responsibility to a member of the staff, but this delegation does not relieve the controlling or supervising person of the ultimate reporting responsibility.

(c) Every clinical laboratory shall, within five working days of completion of a CD4 count which has absolute or relative results below a level specified by the Centers for Disease Control as criteria for defining AIDS, report in writing such results to the State Department of Health. The report shall include the name and address of the clinical laboratory, the name and address of the submitter of the laboratory specimen, identifying information the laboratory may have on the person from whom the laboratory specimen was obtained, including the unique code if a code is the only

NEW JERSEY STATE DEPARTMENT OF HEALTH SPONSORED HIV COUNSELING & TESTING SITES

The Department of Health provides confidential or anonymous (by request) testing for anyone who is concerned about his/her exposure to the virus and the service is FREE. The blood test is a simple procedure which takes about 20 minutes. The results are available 1-3 weeks after test. Hotline number 800-624-2377. The following is a list of Department of Health sponsored Counseling & Testing sites:

Atlantic City area Atlantic City Health Department Call 609-347-6456	Hudson County area Hudson County Health Department Call 908-806-4893	Ocean County area Bd of Health, HIV C&T Site, Toms River Call 908-341-9700
Bergen County area Dept. of Health, C&T Site, Hackensack Call 201-487-3243	Jersey City area Jersey City Medical Center Call 201-451-2607	Paterson area St. Joseph's Hospital & Medical Center Call 201-977-2010
Burlington County area Burlington County Health Department Call 1-800-232-0165	Monmouth County area Monmouth Regional Screening Center Call 908-774-0151	Plainfield area Hyacinth Foundation Call 908-755-0021
Camden County area East Camden Health Center Call 609-365-AIDS	Morristown area Morristown Memorial Hospital Call 201-993-8910	Salem County area Salem County Health Department Call 609-935-7510
Cape May County area Cape May County Health Department Call 609-465-1194 or Burdene Tomlin Hospital Call 609-463-2255	Newark area St. Michael's Medical Center Call 201-877-5525 or Newark Community Health Center Call 201-483-1300	Trenton area Henry J. Austin Health Center Call 609-989-3335
Essex County area East Orange Health Department Call 201-266-5454	New Brunswick area Robert Wood Johnson University Hospital Call 908-418-8061	Union County area Elizabeth C & T Center Call 908-352-8282
Gloucester County area Gloucester County Health Department Call 609-853-3429		Vineland area Newcomb Medical Center Vineland Health Department Call 609-794-4273

TREATMENT ASSESSMENT PROGRAMS

Funded by grants from the NJ Dept. of Health, these centers provide medical management of HIV infected individuals and include prophylaxis and other life threatening opportunistic illnesses, monitoring of T helper cells (CD4+) and regularly scheduled medical assessments. Case management and health education are also offered.

St. Michael's Medical Center 306 Martin Luther King Boulevard Newark, NJ 07102	Appointments: Phone 201-877-5649
St. Joseph's Hospital & Medical Center 703 Main Street Paterson, NJ 07503	Appointments: Phone 201-977-2219 Clinic Hours: Monday 1 - 5 P. M.; Wednesday 8:30 A. M. - 12 NOON Barnert Hospital - Appointments: Phone 201-977-6600 x 2860 Clinic Hours: Wednesday 3 - 7 P. M. and Saturday 10 A. M. - 2 P. M.
Jersey City Medical Center 50 Baldwin Avenue Jersey City, NJ 07304	Appointments: Phone 201-915-2260 Clinic Hours: Wednesday 8:30 A. M. - 12 NOON; Thursday 8:30 A. M. - 2 P. M. and 3 - 6 P. M.; Friday 8:30 A. M. - 12 NOON
Raritan Bay Medical Center 500 Convery Boulevard Perth Amboy, NJ 0886	Appointments: Phone 908-324-5022 Clinic Hours: Tuesday 12 NOON - 5 P. M.
University of Medicine & Dentistry of NJ JFK Stratford—School of Osteopathic Medicine 301 South Central Plaza, Suite 3100 Stratford, NJ 08084 Appts: Phone 609-346-7100, Hours: Mon. 1 - 4 PM	Robert Wood Johnson Medical School at Cooper Hospital 3 Cooper Plaza, Suite 215 Camden, NJ 08103 Appts: 609-963-3715, Hours: Wednesday 1 - 3 P. M.; Thursday 9 A. M. - 12 NOON

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EXECUTIVE ORDER 199

EXECUTIVE ORDER No. 199

WHEREAS, The presence of Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV) presents a serious public health concern for the State of New Jersey; and

WHEREAS, New Jersey presently ranks fifth in the nation with regard to the number of its citizens infected with AIDS and the number of AIDS cases has been steadily increasing; and

WHEREAS, Education and training are the best methods for avoiding the risks of HIV transmission and preventing unlawful discrimination against persons with AIDS or HIV infection; and

WHEREAS, The State of New Jersey, as an employer, has the responsibility to ensure that State employees are trained and educated on issues related to AIDS and HIV; and

WHEREAS, The State of New Jersey, at present, has not established any uniform education and training program for its employees regarding AIDS and HIV;

Now, THEREFORE, I, Thomas H. Kean, Governor of the State of New Jersey, by virtue of the authority vested in me by the Constitution and statutes of this State, do hereby ORDER and DIRECT:

1. The Commissioner of Health and the Commissioner of Personnel shall be responsible for providing information and education to all State departments and their employees on issues relating to AIDS and HIV.
2. An education and training program on AIDS and HIV shall be developed and provided to all State employees. The Commissioner of Health shall, in cooperation the Commissioner of Personnel, develop the curriculum and course content. The Department of Personnel shall administer the program to State employees.
3. Each department, office, division or agency of the State is authorized and directed to cooperate with the Commissioner of Health and the Commissioner of Personnel and to furnish them with such data, information, personnel and support services as the commissioners deem necessary to accomplish the purposes of this Order.
4. This Order shall take effect immediately.

Issued November 16, 1988.