

	State of Indiana Indiana Department of Correction	Effective Date  4/1/2022	Page 1 of  8	Number  3.03A
<b>HEALTH CARE SERVICES          DIRECTIVE-ADULT          Manual of Policies and Procedures</b>				

Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>
--

Legal References (includes but is not limited to)  IC 11-8-2-5 IC 34-4-12.6	Related Policies/Procedures (includes but is not limited to)  01-02-101 01-02-106	Other References (includes but is not limited to)  National Correctional Healthcare Standards
--	--	--

I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidelines for addressing Human Immunodeficiency Virus (HIV) issues within the Department. This document does not address clinical management of HIV patients.

II. DEFINITIONS:

- A. **DIRECT CONTACT TRANSMISSION:** Transmission occurs when microorganisms are transferred from one infected person to another person without a contaminated intermediate object or person.
- B. **HUMAN IMMUNODEFICIENCY VIRUS (HIV):** A virus that attacks the body's immune system, making a person more vulnerable to other infections and diseases.
- C. **PATIENTS LIVING WITH HIV (PLWH):** A term to identify incarcerated individuals living with HIV.
- D. **UNIVERSAL PRECAUTIONS:** An approach to infection control in which all human blood and certain body fluids are treated as if they are known to be infectious.
- E. **WINDOW PERIOD:** The time period between when a patient may have been exposed to HIV and when a test can determine if they have the virus.

II. GUIDELINES:

- A. General Information

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b>			
Indiana Department of Correction			
<b>Manual of Policies and Procedures</b>			
Number 3.03A	Effective Date 4/1/2022	Page 2	Total Pages 8
Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>			

HIV is the virus that can lead to acquired immune deficiency syndrome, or AIDS. There is currently no cure, nor vaccine, for HIV infection.

Over a period of years HIV attacks the human immune system and weakens it. HIV damages a person's body by destroying specific blood cells, called CD4+ T cells. A diagnosis of AIDS is established when the CD4 cells fall to a certain level or the HIV infected individual develops certain infections and/or cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. This is because of "highly active" combinations of medications that were introduced in the mid-1990s. The Department shall follow guidelines established by the US Department of Health and Human Services.

HIV is transmitted by direct contact transmission of infectious body fluid from one person into another. Usually this occurs through:

- Direct contact of infectious blood or other body fluid (needle sharing, tattooing, body piercing, accident, etc.),
- Exchange through sexual contact of infectious semen, vaginal/cervical secretions, rectal secretions, or blood,
- Exchange of maternal fluids with an infant during delivery, or
- Ingestion of infectious breast milk.

Infection can be prevented by avoidance of shared body fluids. To this end the Department shall practice Universal Precautions (sometimes referred to as Standard Precautions). Universal Precautions advise all persons to consider all blood or body fluids to be infected with bloodborne viruses.

#### B. Universal Precautions

Universal precautions (UP) represent the cornerstone on which all workplace programs designed to interrupt HIV transmission are based.

UP include the use of barriers and personal protective equipment (PPE) to prevent contact with infectious blood or other substances, the use of engineering controls to decrease the likelihood of inadvertent exposure to infectious substances, and the use of disinfecting and/or sterilizing processes to render innocuous potentially infectious objects or spills. UP detailed in the Department's Bloodborne Pathogen Control Plan and will not be further described here. All Department employees and incarcerated individuals who have occupational risk of exposure to blood or other potentially infectious materials must receive training in this area.

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b>			
Indiana Department of Correction			
<b>Manual of Policies and Procedures</b>			
Number 3.03A	Effective Date 4/1/2022	Page 3	Total Pages 8
Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>			

The Bloodborne Pathogen Control Plan includes information regarding post-exposure prophylaxis against HIV (and against Hepatitis B and Hepatitis C).

#### C. HIV Testing

All patients entering the Department are tested for the presence of HIV antibody in accordance with legislative mandate. In addition to testing at Intake, testing may be suggested by clinical staff caring for patients whose HIV status may be uncertain and who, upon clinical grounds, would benefit from such testing. Also, patients are permitted to request HIV testing once per year. Testing for clinical purposes or upon request should be preceded by pre-test counseling and followed by post-test counseling. With this type of testing, counseling will usually be on an individual basis.

Pre-test counseling will not be offered as part of this mandatory testing.

Pre-test counseling shall be offered and documented in the EMR when voluntary testing is carried out and should address:

- ◆ general educational issues regarding the nature of HIV
- ◆ the manner in which it is transmitted
- ◆ the meaning of positive and negative HIV antibody test results,
- ◆ the nature of confidentiality
- ◆ the necessity of informing possible contacts should the test results be positive
- ◆ the concept of Universal Precautions and
- ◆ all areas described below under general HIV education and training,

Pre-test counseling may be documented in the health record, using State Form 46258, "Information and Consent to be Tested for the Human Immunodeficiency Virus" the form shall be scanned into the EMR with a notation that pre-test counseling was completed.

When HIV test results are received, post-test counseling must be provided individually to all patients who tested positively. Post- test counseling shall include those that are antibody negative and emphasize prevention (individualized risk reduction) and include instructions concerning the "window period concept".

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b>			
Indiana Department of Correction			
<b>Manual of Policies and Procedures</b>			
Number 3.03A	Effective Date 4/1/2022	Page 4	Total Pages 8
Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>			

Post-test counseling for antibody positive patients should include information regarding treatment and counseling services available for PLWH and should include at a minimum:

1. Prevention of further transmission;
2. The need for a healthy diet;
3. Infection control practices;
4. Provision of Information (previously known as “Duty to Warn”); and,
5. The enrollment into Chronic Care Clinic.

Chronic Care clinics for PLWH are every 90 days or less as directed by the clinician.

Post-test counseling shall include discussion about submitting a case report “State Form 51201” to the Indiana Department of Health (IDOH) as this is outlined in Indiana Code. All information submitted to IDOH will be kept confidential.

The PLWH should be informed that housing placement will not be affected solely by HIV positivity. Long term restrictive status housing may be implemented to protect others if the PLWH participates in any of the behaviors that have been epidemiologically demonstrated, as determined by the federal Centers for Disease Control and Prevention, to bear a significant risk of transmitting HIV in the institutional setting. This includes participating in sexual (anal/ vaginal) and/ or needle sharing behaviors.

#### D. Classification and Placement

PLWH shall be housed in accordance with general classification procedures, and individual physical health, disability or behavioral health status codes. PLWH will not be segregated in relation to their status except in extreme cases as explained above.

#### E. Counseling and Support

All PLWH shall receive disease specific education at each chronic care clinic encounter. Each PLWH shall be offered supportive counseling by the behavioral department at the patients’ request.

Outside agencies or individuals that comply with departmental guidelines for volunteers and for HIV counselors may be used. Facilities using volunteers for this purpose must monitor the services provided to make certain that the volunteers comply with the Department’s guidelines.

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b>			
Indiana Department of Correction			
<b>Manual of Policies and Procedures</b>			
Number 3.03A	Effective Date 4/1/2022	Page 5	Total Pages 8
Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>			

Additionally, all PLWH are to receive counseling regarding continuing health needs. Plans for continuing care after release from incarceration shall be completed during this time, and release from incarceration accompanied with planned medical follow up.

All education, counseling, and supportive interventions provided are to be documented in the electronic medical record.

F. Education and Training

Intake facilities shall provide education regarding HIV to all incoming incarcerated individuals. At a minimum, this educational process shall describe:

1. The nature of HIV;
2. Definitions of common HIV related terms;
3. How HIV affects the immune system;
4. The spectrum of HIV infection;
5. High risk behaviors through which HIV is spread and other common routes of HIV transmission;
6. Universal Precautions and other risk reduction strategies; and,
7. The Department's approach both to provision of health services for HIV infection and to the prevention of transmission of HIV infection in the facilities.

Other facilities shall provide HIV related information upon request or when other circumstances develop; no other general educational programs relating to HIV are required.

All facilities must maintain current educational materials for those incarcerated individuals interested in HIV or diagnosed with HIV. Materials shall be appropriate for the educational range and major ethnic and language groups found in the incarcerated population.

All staff involved in pre- and post-test counseling must be knowledgeable regarding HIV infection, transmission, prevention, and management.

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b>			
Indiana Department of Correction			
<b>Manual of Policies and Procedures</b>			
Number 3.03A	Effective Date 4/1/2022	Page 6	Total Pages 8
Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>			

All staff involved in managing incarcerated individuals must be knowledgeable regarding HIV infection and universal precautions. In addition to training regarding universal precautions, all employees must receive training covering HIV infection, at the inception of employment and periodically during employment. This training may be combined with training about other infectious diseases and/or Universal Precautions.

Education and training provided to employees must be documented in training records and, in the case of bloodborne pathogen related training, in the personnel records as required by the Department's Bloodborne Pathogen Control Plan.

#### G. Confidentiality

Information regarding HIV infection (or its absence) must be maintained confidentially. Staff shall not knowingly, recklessly, or intentionally disclose or fail to protect health or epidemiological information including the HIV status of incarcerated individuals. The improper release of or failure to protect this type of information is prohibited by Indiana law and is classified as a Class A misdemeanor. Staff who knowingly, recklessly, or intentionally disclose or fail to protect health and/or epidemiological information regarding HIV may be subject to disciplinary action, up to and including dismissal, and potentially, prosecution.

Health information including HIV related information may be released in accordance with Indiana law in reports submitted to the IDOH, to local public health officials, and to health care workers who have direct contact with patients and have a need to know this information in order to manage them. If protected health information needs to be shared for placement or treatment issues in the community, all HIPAA laws shall be followed.

Health or epidemiological information may be released for statistical purposes only if the data is de-identified of all identifying information. Confidential HIV related information also may be released to the extent necessary to enforce public health laws as indicated in Indiana Code 35-38-1-7 or to protect the health or life of a named party. Generally, this latter type of process will involve communication with and actions by the IDOH and/or local public health agency, or to facilitate appropriate medical responses to exposure incidents.

#### H. Discharge Planning and Public Health Reporting Requirements

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b>			
Indiana Department of Correction			
<b>Manual of Policies and Procedures</b>			
Number 3.03A	Effective Date 4/1/2022	Page 7	Total Pages 8
Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>			

No earlier than 180 days and no later than forty-five days from IDP's release, the Transitional Healthcare Facilitator shall offer post release community care coordination through the IDOH Division of HIV/STD/Viral Hepatitis. If patient agrees to community care coordination, the Transitional Healthcare Facilitator shall ensure patient signs State Form 46729, "Authorization to Release/Request Information," and forward on to IDOH designee within five business days of signature. The Transitional Healthcare Facilitator shall be responsible for the facilitation of any pre-release communication between patient and community care coordinator.

If patient refuses post release community care coordination, the refusal shall be documented in OCMS and EMR following HIPPA guidelines. A patient may rescind their refusal at any time prior to release.

When a diagnosis of HIV infection or acquired immunodeficiency syndrome (AIDS) is made, Health Services staff shall report the particulars to the facility health authority. The facility health authority shall ensure that appropriate reports and forms are forwarded to the IDOH.

A completed State Form 44993, "Notification of Release of HIV/AIDS Offenders," must be forwarded to the IDOH sixty (60) days prior to release from Department incarceration.

Information necessary to accomplish discharge planning or required for reports to the IDOH may be shared without specific written consent from the involved patient.

#### I. Miscellaneous

Personal hygiene tools (razors, toothbrushes, etc.) that may be contaminated with small amounts of blood must not be shared. In no case shall the Department require an incarcerated individual to use a razor or toothbrush that has been used by another person. Depending upon the facility incarcerated individuals may be permitted to purchase disposable safety razors or may be supplied with individual razors.

Therapeutic diets are not required for the treatment of HIV infection. From time to time management of weight loss or of opportunistic infections may require diet modification. All diet modifications shall be identified by qualified healthcare professionals.

Pap smears for PLWH who were assigned female at birth shall be done at Intake or when the patient is first diagnosed. A second pap smear should be done 6 months later. If both tests are negative, yearly screenings shall be

<b>HEALTH CARE SERVICES DIRECTIVE-ADULT</b> Indiana Department of Correction <b>Manual of Policies and Procedures</b>			
Number 3.03A	Effective Date 4/1/2022	Page 8	Total Pages 8
Title <b>HUMAN IMMUNODEFICIENCY VIRUS</b>			

performed. Patients who have had dysplasia should receive a pap smear every 6 months.

III. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to incarcerated adults.

signature on file

\_\_\_\_\_  
Kristen Dauss, MD  
Chief Medical Officer

\_\_\_\_\_  
Date