

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 7	Number 3.03Y
HEALTH CARE SERVICES DIRECTIVE-YOUTH SERVICES Manual of Policies and Procedures				

Title HUMAN IMMUNODEFICIENCY VIRUS
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Legal References (includes but is not limited to) IC 11-8-2-5	Related Policies/Procedures (includes but is not limited to) 01-02-101	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

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

II. GENERAL INFORMATION:

HIV is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or AIDS. There is currently no cure 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.

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

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

HEALTH CARE SERVICES DIRECTIVE-YOUTH			
Indiana Department of Correction			
Manual of Policies and Procedures			
Number 3.03Y	Effective Date 4/1/2022	Page 2	Total Pages 6
Title HUMAN IMMUNODEFICIENCY VIRUS			

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

III. UNIVERSAL PRECAUTIONS:

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

Universal precautions 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. Universal precautions are well described in the Department's Blood borne Pathogen Control Plan and will not be further described here; all Department employees and youth who have occupational risk of exposure to blood or other potentially infectious materials must receive training in this area.

The Blood borne Pathogen Control Plan includes information regarding post-exposure prophylaxis against HIV and against Hepatitis B and Hepatitis C.

IV. HIV TESTING:

- A. All youth entering the Department are tested for the presence of HIV antibody in accordance with legislative mandate.
- B. Pre-test counseling will not be offered as part of this mandatory testing.
- C. Pre-test counseling will be offered when voluntary testing is carried out and should address:
 1. General educational issues regarding the nature of HIV;
 2. The manner in which HIV is transmitted;
 3. The meaning of positive and negative HIV antibody test results;
 4. The nature of confidentiality;
 5. The necessity of informing possible contacts should the results be positive;
 6. The concept of Universal Precautions;
 7. The potential for being placed in a long-term administrative Making a Change (MAC) unit should participation in activities capable of spreading HIV infection be carried out; and,
 8. All areas described below under general HIV education and testing.

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.

HEALTH CARE SERVICES DIRECTIVE-YOUTH			
Indiana Department of Correction			
Manual of Policies and Procedures			
Number 3.03Y	Effective Date 4/1/2022	Page 3	Total Pages 6
Title HUMAN IMMUNODEFICIENCY VIRUS			

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

D. Post-test counseling for antibody positive youth shall include information regarding treatment and counseling services available for a person living with HIV (PLWH) and should include at a minimum:

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

The PLWH should be informed that housing placement will not be affected by HIV positivity per se. Long term administrative MAC unit may be implemented to protect others if they participate in any of these 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.

V. CLASSIFICATION AND PLACEMENT:

PLWH shall be housed in accordance with general classification procedures, outlined in HCSD 2.04Y, "Medical Status Classification Assignments for Youth," and individual medical or mental health status codes. PLWH will not be segregated in relation to their status except in extreme cases as explained above.

VI. COUNSELING AND SUPPORT:

All PLWH shall receive disease specific education at each chronic care clinic encounter

PLWH shall be offered supportive counseling services by the contracted medical vendors behavioral health team at the youth's 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.

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

All education, counseling and supportive interventions provided are to be documented in the EMR.

HEALTH CARE SERVICES DIRECTIVE-YOUTH			
Indiana Department of Correction			
Manual of Policies and Procedures			
Number 3.03Y	Effective Date 4/1/2022	Page 4	Total Pages 6
Title HUMAN IMMUNODEFICIENCY VIRUS			

VII. EDUCATION AND TRAINING:

Intake facilities must provide education regarding HIV to all incoming youth. At a minimum, this educational process must describe:

- A. The nature of HIV;
- B. Definitions of common HIV-related terms;
- C. How HIV affects the immune system;
- D. The spectrum of HIV infection;
- E. High risk behaviors through which HIV is spread and other common routes of HIV transmission;
- F. Universal Precautions and other risk reduction strategies; and,
- G. The Department's approach to both provision of healthcare 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 youth interested in HIV education or living with HIV. Materials should be appropriate for the educational range and major ethnic and language groups found in the youth population.

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

All staff involved in managing youth must be knowledgeable regarding HIV infection and universal precautions. In addition to training regarding universal precautions, all staff 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 staff members must be documented in training records and, in the case of blood borne pathogen related training, in the personnel records as required by the Department's Blood borne Pathogen Control Plan.

VIII. 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 youth. 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 CARE SERVICES DIRECTIVE-YOUTH			
Indiana Department of Correction			
Manual of Policies and Procedures			
Number 3.03Y	Effective Date 4/1/2022	Page 5	Total Pages 6
Title HUMAN IMMUNODEFICIENCY VIRUS			

Health information including HIV related information may be released in accordance with Indiana law in reports submitted to the Indiana Department of Health (IDOH), to local public health officials, and to health care workers who have direct contact with youth and have a need to know this information in order to manage them in accordance with HIPPA laws and regulations.

Health of epidemiological information may be released for statistical purposes.

IX. DISCHARGE PLANNING AND PUBLIC HEALTH REPORTING:

No earlier than 180 days and no later than forty-five days from the youth's release, the Transitional Healthcare Facilitator shall offer post release community care coordination through the IDOH's Division of HIV/STD/Viral hepatitis.

The Transitional Healthcare Facilitator shall ensure that the youth signs the HIV Non-Medical Case Management and Release of Information and forward it on to the IDOH designee within five business days of signature. The Transitional Healthcare Facilitator shall be responsible for the facilitation of any pre-release communication between youth/family and community care coordinator.

If the youth refuses post release community care coordination, the refusal shall be documented in OCMS and EMR following HIPPA guidelines. A youth 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 Services Administrator (HSA) and the Warden. The HSA or designee shall ensure that appropriate reports and forms are forwarded to the IDOH.

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

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

X. MISCELLANEOUS:

Personal hygiene tools (razor, toothbrush, etc.) that may be contaminated with small amounts of blood must not be shared. In no case will the Department require a youth to use a razor or toothbrush that has been used by another person. Depending upon the facility, a youth 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.

HEALTH CARE SERVICES DIRECTIVE-YOUTH Indiana Department of Correction Manual of Policies and Procedures			
Number 3.03Y	Effective Date 4/1/2022	Page 6	Total Pages 6
Title HUMAN IMMUNODEFICIENCY VIRUS			

XI. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date