

	State of Alaska Department of Corrections Policies and Procedures	Index #: 807.18	Page 1 of 4
		Effective: 10/30/02	Reviewed:
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	Chapter: Medical and Health Care Services		
Subject: HIV Infection			

Authority

In accordance with 22 AAC 05.155, the Department will maintain a manual composed comprised of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.

References

Alaska Statutes

AS 18.15.300 – .320

AS 33.30.011

Alaska Administrative Code

22 AAC 05.120 – .121

Standards for Adult Correctional Institutions, 3rd Edition 1990

3-4365, 4366

Standards for Adult Local Detention Facilities, 3rd Edition 1991

3-ALDF-4E-35, 4E-36

Purpose

To establish guidelines for the prevention, testing, and treatment of prisoners for the Human Immunodeficiency Virus (HIV).

Application

To all staff and prisoners.

Definitions

A. Acquired Immunodeficiency Syndrome (AIDS)

The consequence of infection with the human immunodeficiency virus resulting in a broad suppression of the body's immune system response. This results in an increased incidence of infection by a variety of opportunistic bacterial, fungal, protozoan, and viral pathogens, as well as malignancies such as Kaposi's sarcoma and lymphomas.

B. Health Care Practitioner

Health care practitioners are physicians, dentists, physician's assistants (PA), and advance nurse practitioners (ANP) employed by the Department who are qualified and prepared by the virtue of their education, credentials, and experience to practice in professional health care fields. These individuals have an expanded role in the delivery of health care that is advanced and specialized within their scope of practice.

C. Human Immunodeficiency Virus (HIV)

The virus that can infect humans, eventually causing an immunodeficiency that at present is irreversible. Infection with HIV causes mild to severe illness, including AIDS.

D. Investigative New Drug

A drug that has not yet been released for general use and has not been cleared for sale in interstate commerce by the federal Food and Drug Administration. The drug is not necessarily a new chemical substance, but may be an existing or approved drug proposed for a new use, a new combination of two or more existing drugs, a combination of existing

drugs in new proportions, a new dosage form or method of administration, or it may be a new drug because it contains a new component such as an excipient or a coating.

E. Medical Grievance Review Committee

A Committee composed at a minimum of the Health Care Administrator, a physician other than the Medical Director, the Quality Assurance and Utilization Review nurse, and a representative of the Division of Institutions designated by the Director of Institutions.

F. Universal Precautions

A term that refers to the assumption that the blood and certain body fluids of any and all persons may be contaminated with an infectious agent and, therefore, appropriate barrier precautions should be used to attempt to minimize contact with the fluids. Appropriate barrier precautions may include latex gloves, facemasks with eye shields, and protective clothing depending on the procedure being performed or the nature of the contact. Proper disposal of syringes, needles, other sharp instruments, and contaminated waste must be routinely practiced. Body fluids to which universal precautions apply include blood and other body fluids containing visible blood; semen; vaginal secretions; cerebrospinal fluid; synovial fluid; pleural fluid; peritoneal fluid; pericardial fluid; and amniotic fluid. (Please refer to Department Policy 202.03, Blood borne Pathogens and related Nursing Protocols.)

G. Window Period

The time interval (window) from when an individual is first infected by the HIV virus until antibodies are produced in sufficient number to be detected by standard tests for HIV antibodies. In HIV infection, with current tests, most infected individuals will convert to antibody positive within three months. For a small percentage, this window period may be up to six months.

Policy

- A. The medical management of HIV-positive inmates shall, to the extent possible, parallel that offered to individuals in the non-correctional community.
- B. Policy 807.09, Medical Experimentation Prohibited, prohibits the use of prisoners for bio-medical experiments. This policy does not preclude individual treatment of a prisoner, based on the prisoner's need for a specific medication or medical procedure not generally available. Prisoners may have access to drugs or treatments designated by the Food and Drug Administration as a treatment Investigative New Drug on an individual basis as determined by the Medical Director and Health Care Administrator considering advice from attending specialists.
- C. Health care staff shall routinely monitor the health of the prisoners identified as HIV positive. Counseling, treatment, and periodic monitoring of health status shall be provided on an ongoing basis.
- D. All prisoners will be offered the initial HIV antibody testing and counseling as part of the preliminary screening before the initial physical examination. This will be accomplished by the 14th day of incarceration.
1. HIV testing is voluntary unless required by law or court order.
 2. Prisoners will sign the Consent to Test for Human Immunodeficiency Virus (HIV) Form 807.18A, before testing. This consent will be filed in the prisoner health care record.
 3. Pre- and post-test counseling is essential. Institutional health care staff must be properly trained in HIV counseling.
 4. A prisoner with clinical indications of the disease and those with a history of high-risk behavior should be encouraged to test for HIV.
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5. Research indicates that pregnant women who are infected with HIV are less likely to transmit the virus to their newborn if they are treated with anti-retroviral therapy during pregnancy. Therefore, health care staff shall encourage all pregnant prisoners to be tested.
- E. Contact notification and contact follow-up will be offered for all prisoners testing HIV positive, utilizing the Alaska Division of Public Health resources and following their protocols.

Procedures

A. HIV Screening

1. Health care staff shall complete a health screening of all prisoners in accordance with Policy 807.14, Health Examinations. One of the purposes of the screening is to identify individuals at risk for infection with blood borne pathogens. Privacy and confidentiality will be maintained during this screening process.
2. When an individual indicates high risk behavior or requests testing, appropriately trained health care staff will initiate counseling. Testing for HIV must be offered. Retesting may also be recommended if the prisoner is within the window period of the last possible infection date.
3. During the physical examination, to be accomplished by the 14th day of incarceration, attention will be paid to the various signs and symptoms indicative of AIDS.
4. If an HIV positive prisoner is sexually active, assaultive, shows a disposition to injure or exploit others, or has open draining lesions, the prisoner must be placed in administrative segregation or admitted to a prison infirmary or a hospital as indicated.
5. A prisoner who is HIV positive and whose tuberculosis (TB) status is unknown must be placed in Administrative Segregation until the prisoner's TB status is clarified. TB is more likely to activate in people with HIV and in recognition of that, the Department must remain vigilant for the protection of those prisoners.

B. Management of HIV Disease

1. HIV-positive inmates who have no symptoms of the disease will not be segregated from general population. However, people with AIDS may require medical isolation for their well being as determined by the attending health care practitioner. Prisoners testing HIV positive who have not previously been evaluated for HIV infection will be seen by a health care practitioner for initial diagnostic tests, physical examination and immunizations, as appropriate.
 2. Asymptomatic HIV positive prisoners will be examined by a health care practitioner as the prisoner's clinical condition requires, but no less often than every three months.
 3. A health care practitioner will, on a monthly basis, treat and monitor symptomatic HIV positive prisoners or those who have a confirmed diagnosis of AIDS.
 4. Specialty medical consultation will be as appropriate and as approved by the Medical Director or designee.
 5. Medication and treatment for HIV positive prisoners must be administered in such a manner so as to maximize the prisoner's confidentiality. HIV-positive prisoners may not be denied access to prison facilities, job programs, furlough, parole, or work assignments unless their behavior or clinical condition places them or others at risk of physical harm or infection.
 6. The Department will adhere to the Centers for Disease Control's recommended clinical guidelines for the management of prisoners with HIV.
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C. Special Precautions

All staff should adhere to universal precautions, including the appropriate use of handwashing, protective barriers and care in the use and disposal of needles and other sharp instruments.

D. Parenteral and Mucous Membrane Exposure

1. If a prisoner or staff member experiences a parenteral (e.g., needle stick, cut, or skin abrasion) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids to which universal precautions apply, the health status of the source person may be assessed to determine the likelihood of blood borne infections if the source person agrees.
2. OSHA guidelines and Department Policy 202.03, Blood borne Pathogens, are to be followed.

E. Confidentiality

1. Strict confidentiality must be maintained for prisoners receiving HIV testing. Prisoners' names may not be written on laboratory requests that accompany specimens for HIV antibody tests. An assigned number will be used which is unrelated to OTIS, health record, Social Security Number, birth date, or any number by which the prisoner may be readily identified. The prisoner's name shall be matched to the prisoner's unique number and kept in a secure area in the on-site Inmate Health Office. When the laboratory results are obtained, they must be attached or entered into the prisoner's health care record in accordance with Policy 807.06, Health Care Record.
2. Positive test results must be conveyed to the Superintendent by the on-site Inmate Health Supervisor or health care practitioner. Additional dissemination may only be made when deemed necessary by the on-site health practitioner or the Superintendent. All staff aware of a prisoner's HIV status shall maintain absolute confidentiality.
3. At no time may a prisoner's HIV status be placed on the outside of the Medical Record or any place where others can see the results. HIV status will be annotated on the Health Care Problem list (Form 807.06B).

F. Medical Advances

As the state of medical knowledge regarding the HIV condition advances, the Medical Director and Health Care Administrator will regularly update facility staff on new information and recommended procedures to ensure staff and inmate safety and medical treatment that is commensurate with community health care standards for HIV-positive individuals.

Implementation

This policy and procedure is effective 14 days following the date signed by the Commissioner. Each Manager shall incorporate the directions outlined in this document into local policy and procedure. All local policies and procedures must conform to these directions; any deviation must be approved in writing by the Division Director.

October 30, 2002
Date

Margaret M. Pugh
Margaret M. Pugh, Commissioner
Department of Corrections

Applicable forms:

807.06B
807.18A

