



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.45

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Effective Date: July 1, 2009

Distribution: A

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Approved by: George M. Little

Subject: AIDS: EDUCATION, PREVENTION, AND CASE MANAGEMENT

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 37-1-403, TCA 68-10-101; TCA 68-10-113 (6) (A), TCA 68-29-107, TCA 39-13-521, TCA 41-21-107, and TCA 41-21-108.
- II. PURPOSE: To provide general guidelines for the prevention and clinical management of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) related illnesses within the Tennessee Department of Correction (TDOC).
- III. APPLICATION: To all TDOC personnel, inmates, medical contract staff, medical contractors, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Acute: Sudden and severe (primary disease).
 - B. Advanced-Stage HIV infection (AIDS): A disease marked by opportunistic infections and/or a CD4 T-cell counts less than 200/uL.
 - C. Centers for Disease Control and Prevention (CDC): A Federal agency in the Department of Health and Human Services that investigates and leads the nation in the control and prevention of disease.
 - D. CD4 Cells: Also called T helper cells or lymphocyte cells. These cells work for the immune system by directing other cells to rid the body of infections. T cells are the primary target of HIV.
 - E. ELISA (Enzyme-Linked Immunosorbent Assay): A highly sensitive laboratory test used to determine the presence of antibodies to HIV in the blood or oral fluids. Repeatedly reactive (i.e., two or more) ELISA test results should be validated with the Western Blot validation test.
 - F. Human Immunodeficiency Virus (HIV): A retrovirus that causes AIDS by infecting helper T cells of the immune system.
 - G. Immune System: The body's defense mechanism against infections, including the lymph system.
 - H. Infection: The invasion by and multiplication of microscopic organisms (bacteria, fungi, viruses, parasites, etc.) in the body, which cause disease.
 - I. Lymphocyte: An infection-fighting white blood cell that helps the immune system clear infections from the body.

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- J. Opportunistic Infections: Any number of potential infections, including PCP (Pneumocystis carinii pneumonia) and thrush (Candida), that cause disease when a weakened immune system provides the opportunity. These infections most often occur during advanced-stage HIV disease.
- K. Occupational Safety and Health Administration (OSHA): A Federal agency within the U.S. Department of Labor that is responsible for setting workplace standards to promote, enforce, and maintain employee health and safety.
- L. Ribonucleic Acid (RNA): Genetic material within cells and organisms such as HIV; necessary for transmission of genetic information for replication and function.
- M. Sexually Transmitted Diseases (STD): Infections spread by the transfer of organisms from person to person during sexual contact. There are more than 20 organisms and syndromes now recognized as belonging in this category.
- N. Tennessee Department of Health (TDH): The State's agency responsible for leading the promotion, prevention, and improvement of the health of persons living in, working in, or visiting the State of Tennessee.
- O. Virus: Microscopic organism that must infect another cell to survive and reproduce.
- P. Western Blot: A laboratory test for specific antibodies to confirm repeatedly reactive results on the HIV ELISA or EIA tests. In the United States, Western Blot is the validation test used most often for confirmation of these other tests.
- V. POLICY: The TDOC shall provide a comprehensive HIV/AIDS education program for inmates and employees that encourages the prevention of HIV/AIDS transmission.

VI. PROCEDURES:

Treatment modalities will be provided to preserve an inmate's immune system and to delay the onset of any symptoms, opportunistic infections, and disease. Supportive counseling will be provided to those inmates diagnosed with HIV infection and will include emotional and spiritual supportive care to terminally ill inmates, enabling them to make informed decisions about their care.

A. HIV Screening/Testing

1. Mandatory HIV Screening/Testing: All inmates less than 21 years of age at the time of initial admission/intake into the system shall be HIV tested, with or without consent, unless the inmate has previously been tested pursuant to TCA 39-13-521 and the results are available and verifiable.
2. Intake HIV Screening/Testing: All inmates age 21 and older shall be voluntarily tested on an individual basis upon initial admission/intake. (See Policy 113.20)
3. Post-classification HIV Testing: An inmate shall be HIV tested, with consent, whenever the institutional attending physician determines that the inmate is a suspect for HIV infection based on HIV risk status and/or presenting clinical indications, or if an inmate reports HIV risk behavior(s) and requests to be tested.

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4. Voluntary testing shall be performed only following pre-test counseling and the execution of a document indicating informed consent. Human Immunodeficiency Virus (HIV) Test Informed Consent, CR-3247, shall be signed by the consenting inmate, and witnessed by the health care provider.
 5. Risk Indications for HIV Testing:
 - a. History of blood transfusion between 1978 and 1985
 - b. IV drug use
 - c. Men who have, or have had, sex with men
 - d. History of, or diagnosed Sexually Transmitted Diseases (STDs), including Hepatitis B
 - e. History of unprotected sex with multiple partners or prostitutes
 - f. Recent or previous sexual assault victim or a sexual offender
 - g. Positive Tuberculin skin test, current or previous
 - h. The source of recent exposure or having been recently exposed to blood or body fluids as defined in the Blood-borne Pathogen Exposure Plan
 - i. Physical signs such as anal trauma, needle marks, and recent scabbing tattoos are also considered HIV infection indicators. The health care provider should be observant during physical examination or periodic appraisals.
 6. In addition to the above HIV infection testing indicators, pregnant inmates shall be HIV tested due to the potential of prenatal transmission to the infant. Pregnant, HIV infected inmates often require additional health support services due to the medical and psycho-social problems associated with HIV infection in pregnant women. (See Policy #113.90)
 7. The HIV testing methodology shall include ELISA and a confirmatory Western Blot when ELISA results are positive.
 8. If an HIV test given based on risk status or clinical indications is negative, testing with consent should be repeated at one and three months, with additional testing if ordered by the physician.
- B. Pre-Test Counseling: Prior to receiving HIV testing, all TDOC inmates shall have individual, confidential pre-test counseling/education provided by a licensed health care provider knowledgeable about HIV/AIDS. Current information from the CDC or TDH may be used by the counselor to answer any questions or correct any misconceptions the inmate may have. The counselor should determine the reason for the test as well as the inmate's level of understanding about HIV, assure confidentiality, advise that the results will only be given in person (possibly by a different health staff person) and document the counseling by completing the HIV Test Informed Consent, CR-3247.

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- C. Post-Test Counseling: Regardless of the test results, post-test counseling by a licensed health care provider shall be confidentially given to the patient. The test result information shall be given in a manner and at a level that is understandable to the patient with time allowed for any questions the patient may have. It is important to remember that HIV positive patients need time to accept that they have been infected by the virus. For those with indeterminate results, counseling should include the need for follow-up testing and provide information on how to remain HIV negative. Post-test counseling for HIV a negative test shall be documented in the patient's health record on the Problem Oriented Progress Record, CR-1884.
- D. HIV/AIDS Confidential Case Reporting
1. All AIDS cases and HIV confirmatory laboratory positive test results shall be reported to the TDH as required by amendment of Rule 1200-41-1.41 of the TDH's regulations governing communicable diseases in Tennessee.
 2. All AIDS cases and HIV confirmatory laboratory positive result shall be reported to the TDH HIV/AIDS Surveillance Representative in the institution's regional area by means of the current Public Health Adult HIV/AIDS Confidential Case Report, PH-3273.
 - a. The institutional primary care physician is responsible for completion of the Public Health Adult HIV/AIDS Confidential Case Report, PH-3273, for all HIV confirmed positive test results, and all confirmed AIDS cases.
 - b. The Institutional Infection Control Coordinator or registered nurse/designee shall be responsible for forwarding all reports completed by the physician to the regional TDH surveillance representative. Reports will be completed within seven calendar days of receipt of a positive report.
 - c. The HIV/AIDS surveillance representatives may be contacted for forms and/or other information such as, current HIV patient education material. Institutional procedure shall list TDH HIV/AIDS program/surveillance contact person(s) with telephone numbers and addresses.
 - d. All HIV testing and results, including negative and positive results, shall be entered confidentially by the Institutional Infection Control Coordinator, or designee, into TOMIS conversation LOEL, using the confidential codes. Information to be entered includes the inmate number, test date, test results, and reason for the test. If the diagnostic status changes from HIV positive to AIDS (conversion), the conversion date should be entered. Questions regarding the method of reporting HIV test results or the confidential codes should be directed to the Central Office Health Services Division.
- E. Confidentiality of Health Information
1. All information relative to HIV/AIDS testing, counseling, infection or illness shall be maintained confidentially, and documented in the inmate health record as specified by Policy #113.50, Health Records.

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2. Access to any inmate information relative to HIV/AIDS testing, counseling, infection, or illness shall be controlled by the health authority appointed at each facility to preserve the confidentiality of the information contained in the inmate health record as directed by Policy #113.52, Confidentiality/Release of Health Information.
3. HIV/AIDS testing, infection, or illness information regarding an inmate may only be released to a qualified professional or agency representing the inmate after written authorization by the inmate as defined by Policy #113.52, Confidentiality/Release of Health Information.
4. Information regarding an inmate's HIV status shall not be made available or accessible to non-health care staff either in written correspondence, computer transmission, or otherwise, with the following exceptions:
 - a. TCA 39-13-521 requires mandatory testing of sex offenders. If a court order is received pursuant to TCA 39-13-521 by an institution, the health staff shall first determine if the inmate's HIV status is known and report it confidentially to the party named in the court order. If the inmate's HIV status is unknown, the staff shall immediately test the inmate for HIV (with or without consent) and report the information to the party named.
 - b. TCA 41-51-102 requires that if an employee, contract employee, or visitor has an exposure incident with an inmate, the employee, contract employee, or visitor shall be informed of the HIV status of that inmate. If the HIV status is unknown, that inmate shall be immediately tested with or without consent, and the exposed party shall be confidentially informed of the inmate's HIV status. (See Policy # 113.51) Privately managed facilities shall develop procedures to notify exposed employees.
5. Any document ordering production or release of HIV or sexually transmitted disease information must meet the following criteria in order to be valid:
 - a. The document must be from an appropriate court. The provisions of TCA 68-10-113 (6)(A) only allow certain courts to order the production or release of STD records. These courts are circuit, chancery, law and equity, juvenile and criminal courts. They do not include appellate, city, municipal, general sessions, or trial justice courts.
 - b. The document must be titled "court order" and not "subpoena."
 - c. The document must be signed by the judge of the appropriate court. Due to the confidentiality requirements of the new STD law, the TDOC Legal Services Division shall always be contacted when a subpoena, release, or court order has been received that involves any STD records. The legal staff will determine whether the court order meets the requirements of TCA 68-10-113(6)(A).

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F. HIV/AIDS Education and Prevention

1. The institutional Health Services Administrator, in coordination with the Warden, shall develop and implement an HIV/AIDS education and prevention program for the employees and inmates. Information for the program shall be derived from the CDC, OSHA, TDH National Institute of Justice, World Health Organization, or other federal/state sponsored educational or treatment agencies.
2. Employees: All institutional TDOC employees shall participate in one hour of initial orientation training and one hour of update training every other year thereafter. Employees are subject to more frequent training requirements as deemed appropriate by the individual having program responsibility.
 - a. Documentation shall be completed in accordance with Policy #110.04, Training Plans, Records, and Reports. It should include the course title, name(s) of the instructor, date, and time the class was conducted, and any training aids used.
 - b. Privately managed institutions shall provide documentation in accordance with corporate policy.
3. Inmates: All inmates shall receive HIV/AIDS education on entry at the classification centers, during their prison term at least annually, and in pre-release programs. Information shall be made available in a language and form the inmates can understand with written material appropriate for the educational level of the inmate population.
 - a. All inmate educational presentations shall be documented to include the course title, name(s) of instructor(s), date and time the class was conducted, and any training aids used (name of video, handouts, etc.).
 - b. Documentation of group education shall include the inmate participants' names and TDOC numbers on the Health Education Roster, CR-3013. (See Policy #113.40) Closed circuit TV presentations are exempt from the requirement.
 - c. HIV/AIDS literature shall be available during routine sick call.
 - d. All announcements/notices scheduled for HIV/AIDS education and Health Education Rosters shall be maintained by the institutional health administrator for three fiscal years.
 - e. Documentation in the inmate's health record shall reflect on-going counseling/teaching as well as HIV/AIDS treatment.

G. Housing

1. Inmates who are known to be diagnosed as having HIV/AIDS shall be housed in the institutional general population, based on the individual's health needs and the available placement resources. For male inmates, infirmary care or DeBerry Special Needs Facility (DSNF) placement will occur only if deemed medically necessary by the DSNF Medical Director. Female inmates requiring infirmary placement or higher levels of care shall be housed at the Tennessee Prison for Women.

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2. Policy #113.34 shall be followed for inmates requiring extended patient services.

H. HIV/AIDS Management

1. Information and recommendations for diagnosing, treating, and monitoring HIV/AIDS can be obtained from the CDC, TDH, other federal/state sponsored treatment agencies, and/or appropriately credentialed infectious disease specialists.
2. The primary care physician is responsible for developing the inmate's treatment plan and monitoring uncomplicated cases. The primary care physician shall refer all newly diagnosed cases, complicated cases, and treatment resistance cases to the infectious disease specialist.
3. Documentation in the inmate's health record must reflect the counseling/teaching, clinical monitoring, diagnostic reports, medication adherence, and progress (or lack of) toward treatment goals as identified on the Treatment Plan, with changes made as indicated.
4. Efforts should be made to work with the inmate's daily schedule to assist the inmate with adherence to his/her treatment regimen.

I. Pre-Release Discharge Planning

1. The institutional Health Services Administrator shall be responsible for ensuring that discharge planning is completed for all HIV/AIDS inmates prior to their release to the community.
2. Release of medical information shall be voluntarily obtained from the inmate (or conservator) prior to initiating community agency referrals or contacts regarding an individual inmate. (See Policy #113.52)
3. The national telephone number of HEARTLINE, 1-800-845-4266, can be called twenty-four hours a day for statewide HIV/AIDS referral sources.
4. Inmates currently on medication regimens shall be provided at least a 14 day supply, or their current supply of prescribed medication, whichever is greater. (See Policy #113.70) Verbal and written medication instructions shall be provided for each medication.
5. All elements of the discharge planning, including education, medication teaching, and any appointment dates, shall be documented in the inmate's health record.

VII. ACA STANDARDS: 4-4348, 4-4350, 4-4354, 4-4355, 4-4361, 4-4396, and 4-4397.

VIII. EXPIRATION DATE: July 1, 2012.



TENNESSEE DEPARTMENT OF CORRECTION

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST
INFORMED CONSENT

INSTITUTION

DATE

NAME: _____ NUMBER _____ DOB _____
Last First Middle

I read the patient HIV education materials provided by: _____
Name/Professional Title of Health Care Provider

regarding the Human Immunodeficiency Virus (HIV) test; HIV test information has been fully explained to me and my questions have been answered to my satisfaction; and, I also understand counseling is available to assist me in reducing my risk of acquiring HIV.

I also understand that my health record and my test results are confidential and will not be released without my written consent except with a court order; however, the absolute confidentiality of the HIV test results cannot be fully guaranteed.

I also understand that if I am found to be infected, this test does not predict if I will become ill with AIDS.

I hereby, authorize and consent to be tested for the presence of the Human Immunodeficiency Virus. I am fully informed that I am free and able to revoke this consent at any time prior to testing,

Patient Signature

Date

Parent or Legal Guardian Signature (As Applicable)

Date

Witness Signature

Date

I fully explained and discussed with the patient education materials regarding Human Immunodeficiency Virus (HIV) with _____ and I have reviewed the possible implications of the HIV
Patient Name (as applicable, Parent or Legal Guardian)

test results as it pertains to: health care; confidentiality other, specify _____

Legal Signature/Professional Title of Health Care Provider

Date

VI. STATE/LOCAL USE ONLY

Physician's Name: _____ Phone No.: () _____ Medical Record No.: _____
 (Last, First, M.I.)
 Hospital/Facility: _____ Person Completing Form: _____ Phone No.: () _____
- Patient identifier information is not transmitted to CDC! -

VIII. CLINICAL STATUS

CLINICAL RECORD REVIEWED: Yes <input type="checkbox"/> No <input type="checkbox"/>	ENTER DATE PATIENT WAS DIAGNOSED AS: Asymptomatic (Including acute retroviral syndrome and persistent generalized lymphadenopathy): Mo. Yr. Symptomatic (not AIDS): Mo. Yr.																																																								
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Cryptosporidiosis, chronic intestinal (>1 mo. Duration) <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Cytomegalovirus disease (other than liver, spleen, or nodes) <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Cytomegalovirus retinitis (with loss of vision) <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
HIV encephalopathy <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Herpes simplex chronic ulcer(s) (>1 mo. duration); or bronchitis, pneumonitis or esophagitis <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Histoplasmosis, disseminated or extrapulmonary <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Isosporiasis, chronic intestinal (>1 mo. duration) <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Kaposi's sarcoma <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
INITIAL DIAGNOSIS Def. Pres.	INITIAL DATE Mo. Yr.																																																								
Lymphoma, Burkitt's (or equivalent term) <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Lymphoma, immunoblastic (or equivalent term) <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Lymphoma, primary in brain <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
<i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
<i>M. Tuberculosis</i> , pulmonary* <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
<i>M. Tuberculosis</i> , disseminated or extrapulmonary* <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
<i>Mycobacterium</i> , of other species or unidentified species, disseminated for extrapulmonary <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
<i>Pneumocystis carinii</i> pneumonia <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Pneumonia, recurrent, in 12 mo. period <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Progressive multifocal leukoencephalopathy <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Salmonella septicemia, recurrent <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Toxoplasmosis of brain <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Wasting syndrome due to HIV <input type="checkbox"/> 1 NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								
Def. = definitive diagnosis Pres. = presumptive diagnosis	* RVCT CASE NO.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																								

● If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? 1 Yes 0 No 9 Unknown

IX. TREATMENT/SERVICES REFERRALS

Has this patient been informed of his/her HIV infection? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unk.	This patient is receiving or has been referred for:
This patient's partners will be notified about their HIV exposure and counseled by: <input type="checkbox"/> 1 Health department <input type="checkbox"/> 2 Physician/provider <input type="checkbox"/> 3 Patient <input type="checkbox"/> 9 Unknown	● HIV related medical services <input type="checkbox"/> 1 <input type="checkbox"/> 0 - <input type="checkbox"/> 9 ● Substance abuse treatment services <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 9
This patient received or is receiving: ● Anti-retroviral therapy for HIV treatment Yes No Unk. <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9 ● PCP prophylaxis Yes No Unk. <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9	This patient has been enrolled at: Clinical Trial Clinic <input type="checkbox"/> 1 NIH-sponsored <input type="checkbox"/> 1 NRSA-sponsored <input type="checkbox"/> 2 Other <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 None <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Unknown <input type="checkbox"/> 4 Unknown
	This patient's medical treatment is primarily reimbursed by: <input type="checkbox"/> 1 Medicaid <input type="checkbox"/> 2 Private insurance/HMO <input type="checkbox"/> 3 No coverage <input type="checkbox"/> 4 Other Public Funding <input type="checkbox"/> 7 Clinical trial/government program <input type="checkbox"/> 9 Unknown
FOR WOMEN:	● This patient is receiving or has been referred for gynecological or obstetrical services <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unknown ● Is this patient currently pregnant? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unknown ● Has this patient delivered live-born infants? <input type="checkbox"/> 1 Yes (if delivered after 1977, provide birth information below for the most recent birth) <input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unknown
CHILD'S DATE OF BIRTH: Mo. Day Yr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hospital of Birth: _____ City: _____ State: _____
Child's Sounding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Child's State Patient No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Would you like the health department to provide (circle Yes or No or A,B,C, and D below)
(A) Post-test counseling: Yes or No (B) Referral for social work/support services: Yes or No
(C) Partner notification: Yes No or (D) Info. about TDH HIV Drug Assistance Program: Yes or No
!!! IMPORTANT NOTICE !!!
IF "YES" TO ANY OF THE ABOVE, PLEASE INFORM YOUR PATIENT THAT HE/SHE WILL BE CONFIDENTIALLY CONTACTED BY A HEALTH DEPARTMENT REPRESENTATIVE

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0009). Do not send the completed form to this address.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

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Approved by: Derrick D. Schofield

Subject: AIDS: EDUCATION, PREVENTION, AND CASE MANAGEMENT

POLICY CHANGE NOTICE 11-17

INSTRUCTIONS:

In Section VI.(F)(3), please revise the introductory paragraph to read as follows:

“Inmates: All inmates shall receive HIV/AIDS education on entry at the classification centers and during their prison term at least annually. Information shall be made available in a language and form the inmates can understand with written material appropriate for the educational level of the inmate population.”