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. Advanced-Stage HIV infection (AIDS): A disease marked by opportunistic infections and/or a CD4 T-cell count less than 200/uL.

B. 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.

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. Human Immunodeficiency Virus (HIV): A retrovirus that causes AIDS by infecting helper T cells of the immune system.

E. Human Immunodeficiency Virus (HIV) Screening Test: A laboratory test used to determine the presence of antibodies to HIV in the blood or oral fluids. Positive (or "reactive") screening results must be confirmed with the Western Blot validation test.

F. Immune System: The body's defense mechanism against infections, including the lymph system.

G. Infection: The invasion by and multiplication of microscopic organisms (bacteria, fungi, viruses, parasites, etc.) in the body, which cause disease.

H. Lymphocyte: An infection-fighting white blood cell that helps the immune system clear infections from the body.

I. 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.

J. Opportunistic Infections: Any number of potential infections, including Pneumocystis jiroveci pneumonia (PJP) 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. Opt-Out HIV Testing: HIV test conducted after an inmate is notified that testing will be performed unless he/she declines (or "opts-out").

L. Provider: For purposes of this policy, a licensed health professional, health practitioner or healthcare provider who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families, or communities. A health professional may operate within all branches of health care, including medicine, surgery, dentistry, midwifery, pharmacy, psychology, nursing, or allied health professions. A health professional may also be a public/community health expert working for the common good.

M. Sexually Transmitted Diseases (STD): Infections spread by the transfer of organisms from person to person during sexual contact.

N. Tennessee Department of Health (TDH): The State's agency **is** 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: A small infectious agent that replicates only inside the living cells of other organisms.

P. Western Blot: A laboratory test that detects HIV-specific antibodies in blood or oral fluids. In the United States, Western Blot is the validation test used most often to confirm positive (or "reactive") HIV screening results.

V. POLICY: The TDOC shall provide a comprehensive HIV/AIDS education program for inmates and employees that encourage 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: All inmates less than 21 years of age at the time of initial admission/intake into the system shall be HIV tested unless the inmate has previously been tested pursuant to TCA 39-13-521 and the results are available and verifiable.

2. Intake HIV Screening: All inmates age 21 and older shall be provided with routine opt-out HIV testing upon initial admission/intake. (See Policy #113.20)

3. Post-classification HIV Testing: HIV testing shall also be conducted 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.

4. 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 sex with prostitutes or multiple partners

   f. Recent or previous sexual assault victim or a sexual offender

   g. The source of recent exposure or having been recently exposed to blood or body fluids as defined in the Blood-borne Pathogen Exposure Plan

   h. 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.

5. 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)

B. Procedure for Opt-Out HIV Screening/Testing: Consistent with CDC guidelines, HIV screening is done for inmates in all health care settings unless the inmate declines (opt-out screening). Separate written informed consent shall not be required with HIV diagnostic testing or as part of HIV screening programs. HIV screening/testing shall be performed by a licensed health care provider.

C. Notification of Test Results: Regardless of the test results, HIV screening results should be delivered to the patient in a confidential manner by a licensed health care provider or a trained HIV tester and counselor. The test result information shall be given in a manner and at a level that is understandable to the inmate with the time allowed for any questions the inmate may have.

1. If the HIV screening result is negative (or "non-reactive"), the inmate shall be informed that a negative result means that it is highly unlikely that he/she was infected with HIV more than 90 days prior to the test. If the inmate indicates that he/she has been potentially exposed to HIV within 90 days prior to the HIV test, the patient shall be encouraged to undergo repeat HIV testing one and three months after initial screening.

2. If the HIV screening results are positive (or "reactive"), the inmate shall be informed that a preliminary positive result indicates that it is likely that he/she is infected with HIV, but that an additional sample must be collected to confirm the preliminary results. The inmate shall be informed that if HIV positive, he/she could pass the virus to any sexual or drug use partners and shall be encouraged to abstain from any activity that could result in HIV transmission. It is important to remember that inmates receiving preliminary or confirmed HIV-positive test results may need time to accept that they have been infected by the virus.

3. HIV test results shall be documented in the patient's health record on the Problem-Oriented Progress Record, CR-1884, and on the Human Immunodeficiency (HIV) Opt-Out Screening, CR-3771.

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 1200-14-01.02 of the TDH's regulations governing communicable diseases in Tennessee.

2. All AIDS cases and HIV confirmatory laboratory positive results 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 the offender management system (OMS) 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.

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-healthcare 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, 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).

F. <u>HIV/AIDS Education and Prevention</u>

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. In accordance with Policy #113.13, employees at risk for potential occupational exposure shall participate in Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens training.

    a. Documentation shall be completed in accordance with Policy #110.04. 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 diagnostic centers and during their prison term at least annually. This education shall be documented on the Teaching/Counseling Plan, CR-2742, and filed in the health record in accordance with Policy #113.50. 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 health administrator for three fiscal years.

    e. Documentation in the inmate's health record shall reflect ongoing 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, 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 Debra K. Johnson Rehabilitation Center.

2. Policy #113.34 shall be followed for inmates requiring extended health 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 health 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 30-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. APPLICABLE FORMS: CR-1884 (Rev. 08-2019), CR-2742 (Rev. 11-19), CR-3013 (Rev. 6-00), CR-3771 (Rev. 05-22).

VIII. ACA STANDARDS: 5-ACI-6A-05, 5-ACI-6A-07, 5-ACI-6A-12, 5-ACI-6A-14, 5-ACI-6A-20, 5-ACI-6C-03, and 5-ACI-6C-04.

IX. EXPIRATION DATE: October 15, 2025