

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety  
Prison

SECTION: Infection Control

POLICY # IC-7  
PAGE 1 of 9

**SUBJECT: Management of HIV  
Infection/Acquired Immune Deficiency Syndrome  
(AIDS)**

**EFFECTIVE DATE September 2010  
SUPERCEDES DATE: September 2008**

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## References

- Related ACA Standard

4<sup>th</sup> Edition Standards for Adult Correctional  
Institutions 4-4357

## PURPOSE

To provide clinical guidelines for managing HIV and AIDS.

## POLICY

The Division of Adult Correction and Juvenile Justice (DAC/JJ) will ensure that all inmate patients with HIV Disease have access to adequate medical care at all stages of the disease; that decisions regarding HIV/AIDS comply with sound medical and public health principles; that participation in the surveillance, control and prevention of HIV infection is ongoing, and that education of inmates, correctional staff, and medical staff about HIV disease is appropriate and ongoing.

## DEFINITIONS

It is very important to view HIV disease as a spectrum, rather than to focus solely on AIDS, which is only a part of the big picture. The term "AIDS" should only refer to the end stage of the disease. Otherwise, the terms "HIV Infection" or "HIV Disease" should be used.

- A. Acquired Immune Deficiency Syndrome (AIDS) - the final and most serious stage of HIV disease characterized by clinical signs and symptoms of severe immunodeficiency. The CDC surveillance definition of AIDS is widely used.
- B. Exposure - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious body fluids or materials.
- C. Facility Health Authority - (As previously defined in Section 100.3 of this manual)need to correct reference}, the individual at each facility with responsibility for health care services. The final medical judgment rests with a designated physician; but in the absence of that physician, the health authority may be another physician, physician extender, nurse manager or health treatment administrator.
- D. Human Immunodeficiency Virus (HIV)- The virus that causes human immunodeficiency disease, formerly called LAV or HTLV-III. HIV type 1 (HIV-1 or HIV) is the common cause of HIV disease in the United States; HIV type 2 (HIV-2) is prevalent in some parts of Africa and occasionally occurs in the US or Europe.
- E. HIV Infection - The state in which the body is invaded by the HIV virus most commonly determined by the HIV Antibody test.
- F. HIV Antibody Test - (ELISA or Western Blot) - A test used to identify antibodies to HIV, which indicates presence of HIV infection.
  1. ELISA or Enzyme-Linked Immunosorbent Assay - The initial blood test used to determine if a person has been infected with HIV.
  2. Western Blot - A more sensitive confirmatory blood test used to determine if a person has been infected with HIV. This test is used as a confirmatory test after two positive ELISA results.

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- G. HIV Disease - A chronic viral disease characterized by progressive immune system dysfunction that may or may not progress through the following four stages:
1. The acute illness, which occurs soon after infection.
  2. The asymptomatic period, which typically lasts years; very early in this period people develop antibodies to HIV (seroconversion)
  3. The period of early symptomatic disease
  4. The period of advanced symptomatic disease, including AIDS - the terminal, ultimately fatal, end of the spectrum
- H. High Risk Behaviors – Activities which place a participant at high risk of contracting or transmitting HIV include, but are not limited to unprotected sexual activity, injecting drugs, tattooing, body piercing, and exposure to blood products (aggressive behavior like throwing blood or other possibly contaminated body fluids in which blood is visible.) Body fluids include urine, feces, vomitus, sputum sweat, and tears.

## PROCEDURES

### Education

A comprehensive and quality education program is one of the best tools for controlling HIV infection in prison. Education of nursing staff regarding the clinical spectrum of HIV disease is an adjunct to the quality of medical care given the patient.

- A. Staff - Training on HIV infection will be provided during Officer Basic Training as well as training required by the OSHA Bloodborne Pathogen Standard. All employees assigned to prison facilities will receive informational materials explaining the known ways in which HIV infection is transmitted and universal precautions that should be taken to reduce the risk of infection.
- B. Inmates – During processing into DAC/JJ, inmates shall be provided with information about HIV infection/disease so they can minimize their risk of exposure by becoming knowledgeable in risk reduction behaviors that should be practiced both while incarcerated and after release. Those inmates with HIV Disease shall be provided information about the disease process so they can participate responsibly in their health care and minimize the risk of exposing others.
- C. Health Care Staff - Every effort will be made to provide ongoing education to health care staff about the clinical spectrum of HIV disease to so as to increase the quality of medical care given.
- D. Other Staff - Agents of the Division, volunteers, and contractual staff shall be provided information about HIV infection to minimize the risk of exposure.
- E. Infection Control - Personnel working in health care settings will follow the DHHS Communicable Disease Rules 15A NCAC 19A.0206 and SB 402 General Statute 148-19.2 (Mandatory HIV Testing for Inmates Housed within the Division of Adult Correction.)

### Testing

The DAC/JJ will provide testing that complies with established medical and public health protocols. Data generated from testing will be used to address important medical management issues.

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- A. **Mandatory Testing** – This testing will be completed in compliance with SB 402 General Statute 148-19.2 (Mandatory HIV Testing for Inmates Housed within the Division of Adult Correction.) This bill requires that each person sentenced to the custody of DAC/Prisons shall be tested for HIV:
- o Upon admission to prison
  - o Every four (4) years from date of previous negative test
  - o Prior to release, unless tested within one year of release date

Upon admission to prison, the inmate will receive an educational handout, DC-576(S), entitled “What Every Inmate Should Know About HIV/AIDS.

- B. **Self-Requested Testing** - The Division will provide inmate self-requested testing, subject to approval by the facility provider when there is no documentation of a prior positive HIV test. Nurses must complete the nursing interventions outlined in the Nurse Protocol entitled, “Inmate Self Request for HIV Antibody Test”.
- C. **Testing of Pregnant inmates** – All pregnant inmates shall be offered HIV testing by their attending physician at their first prenatal visit and in the third trimester.
- D. **Post-Exposure Testing** - Inmates who have a blood borne pathogen exposure will be tested according to the DAC/Prisons Blood Borne Pathogen Policy and in accordance with State of North Carolina Public Health Law/Communicable Disease Control Rules (15A NCAC19A.0202 – Control Measures for HIV.) Staff who have a blood borne pathogen exposures are to refer to the DOC Blood Borne Pathogen Safety Policy E-2 and the HCPM policy “Injuries to Staff” P II- 2.
- E. **Validation of Tests** - An inmate shall not be considered seropositive until all tests have been confirmed using methods approved by the Center for Disease Control (CDC), the Director of the State Public Laboratory and/or the reference lab conducting the initial and confirmatory tests.
- F. **Eliminated**

### **Clinical Care**

Adequate medical care shall be made available to all HIV infected inmates in accordance with CDC and State Public Health guidelines. Medical providers will follow the “Chronic Disease Guidelines for HIV/AIDS” made available by the Chief of Health Services. Care will include access to specialists when the clinical condition indicates a need.

### **Release of Information**

All information and records which identify an inmate as having HIV infection shall be strictly confidential. The inmate’s HIV status shall not be released to anyone, except as authorized by provisions in the N.C. Department of Public Safety, Division of Adult Correction and Juvenile Justice, Policies and Procedures Manual Subchapter 2D, Section .0601; Sections 410, 504.3, and 504.4 and GS 130 – 143. These sections govern the handling of these confidential medical records. Based on provisions in these documents, release of HIV information may occur under the following circumstances:

Note that “Department” refers to Department of Health and Human Services (DHHS) and “Commission” refers to the Public Health Commission.

- A. Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified;

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- B. Release is made of all or part of the medical record with the written consent of the person or persons identified or their legal guardian;
  - C. Release is made to health care personnel providing medical care to the person;
  - D. Release is necessary to protect the public health and is made as provided by the Commission in its rules regarding control measures for communicable diseases and conditions;
  - E. Release is made pursuant to other provisions of this Article;
  - F. Release is made pursuant to subpoena or court order;
  - G. Release is made by the Department or a local health department to a court or a law enforcement officer for the purpose of enforcing the provisions of this Article pursuant to Article 1, Part 2 of this Chapter;
  - H. Release is made by the Department or a local health department to another state or local public health agency for the purpose of preventing or controlling the spread of a communicable condition;
  - I. Release is made by the Department for bona fide research purposes. The Commission shall adopt rules providing for the use of the information for research purposes;
  - J. Release is made pursuant to G.S. 130A-144(b), or
  - K. Release is made pursuant to any other provisions of law that specifically authorize or require the release of information or records related to AIDS.

In addition the Division of Adult Correction/Prisons will make available confidential HIV records to:

- A. An inmate who is paroled or at the end of his/her sentence so as to facilitate continuity of care in the community
- B. A facility administrator/designee if he/she determines that an inmate is participating in high risk behavior. The administrator/designee shall confer with the facility health care authority (as the Chief of Health Services' designee) on such a matter.

## Counseling

- A. Pre-test counseling
  - 1. Not required before testing done
- B. Post-test counseling
  - 1. Required for persons infected with HIV
  - 2. Must be individualized
  - 3. Must include referrals to medical and psychological services
  - 4. Must give clear explanation of control measures in accordance with North Carolina Communicable Disease Control Rules 15A NCAC 19A .0202.
- C. HIV control measures
  - 1. Infected persons shall:
    - a. refrain from sexual intercourse unless condoms are used: exercise caution when using condoms due to possible condom failure; (As sexual acts are prohibited by the rules governing inmate behavior, inmates will not be provided condoms and will be counseled to refrain from sexual acts while in the custody of the Department of Corrections, Division of Prisons );
    - b. not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use;
    - c. not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;
    - d. have a skin test for tuberculosis;
    - e. notify future sexual partners of the infection; if the time of initial infection is known, notify partners with whom sexual intercourse and/or needle sharing has occurred since the date of infection; and if the date of initial infection is unknown, notify partners with whom intercourse and/or needle sharing has occurred for the previous year.

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2. The attending physician/designee shall:
    - a. give the control measures in Paragraph (1) of this Rule to infected patients, in accordance with 15A NCAC 19A .0210;
    - b. if the attending physician knows the identity of the spouse of an HIV-infected patient and has not, with the consent of the infected patient, notified and counseled the spouse appropriately, the physician shall list the spouse on a form provided by the Division of Epidemiology and shall mail the form to the Division; the Division of Epidemiology will undertake to counsel the spouse; the attending physician's responsibility to notify exposed and potentially exposed persons is satisfied by fulfilling the requirements of Subparagraph (2) (a) and (b) of this Rule; (Division of Prison medical providers shall notify DIS personnel as outlined below under "Positive Post-Test Counseling")
    - c. advise infected persons concerning proper clean-up of blood and other body fluids;
    - d. instruct infected persons concerning the risk of prenatal transmission and transmission by breast-feeding.
- D. Role of Facility Assigned HIV Nurse Clinicians in Post-Test Counseling
1. When possible will completes counseling for inmates
  2. Completes the DC-476, "Counseling of Inmates with A Positive HIV Antibody Test", which includes giving the mandated HIV control measures.
  3. Provides each inmate with a copy of DC-599, "Information For Persons With A Positive HIV Antibody Test"
  4. Contacts the appropriate DHHS HIV/STD Disease Intervention Specialist to meet with the inmate for partner notification. DHHS Regional offices are listed below:

Region I	Asheville, NC Phone - 828-669-3350
Region II	Charlotte, NC Phone - 704- 566-8990
Region III	Winston-Salem, NC Phone - 336-771-4641
Region IV	Raleigh, NC Phone - 919-715-4283
Region V	Fayetteville, NC Phone - 910-486-1710
Region VI	Greenville, NC Phone - 252-355-9084
Region VII	Wilmington, NC Phone - 910-343-6493

## Reporting Procedures

Reporting of positive HIV antibody test results shall be done according to the North Carolina Communicable Disease Rules and as required by Division of Adult Correction/Prisons Health Services Infection Control Policy. This shall be the responsibility of the HIV Nurse Clinician whenever possible, however nurses at each facility are expected to complete these procedures if HIV Clinician is unavailable. Current reporting procedures and forms are available on the State of North Carolina /Public Health Epidemiology Section website at <http://www.epi.state.nc.us/epi/> . Reporting includes the following:

- A. Confidential Communicable Disease Report - Part 1 DHHS-2124

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1. Obtain the DHHS-2124 from the Epidemiology website or by contacting local health department for instructions.
2. Telephone the local health department
  - a. Within 24 hours of receiving a positive HIV test result
  - b. Within 24 hours when there is an AIDS diagnosis according to the latest CDC AIDS Case Definition.
3. Complete the report card (Part 1):
  - a. Within seven days of the telephone notification listed above (a. and b. ).
4. When completing the inmate county of residence portion:
  - a. Use address of prison where inmate assigned at time of diagnosis
  - b. If the inmate is at a processing center, the residential address should reflect the inmate's assigned prison facility if known
5. Send the reporting card to the Local County Health Department.
6. File a copy in Section II of the outpatient medical record
7. Record appropriate aftercare code on the OPUS screen.
- B. HIV Case Management Intake form DC-848
  1. Complete this form for each HIV+ test result providing as much information as possible.
  2. File in Section II of the outpatient medical record.
- C. Adult HIV/AIDS Confidential Case Report CDC 50.24A (considered to be Part 2 of the Confidential Communicable Disease Report)
  1. Nurses may obtain this form from the local health department, by calling the state Communicable Disease Surveillance Unit in Raleigh: (919) 733-7301, or by downloading the form from the Epidemiology web site listed above.
  2. Complete one for each patient who is diagnosed with HIV/AIDS according to the CDC case definition.
  3. Mail to the local County Health Department with the DHHR 2124 form (Part 1).
  4. File a copy in Section II of the outpatient medical record.

## Staff Protection

All personnel, including emergency responders, correctional staff, and health care staff shall follow standard blood and body fluid precautions with all inmates and adhere to other measures as outlined in the DOC Bloodborne Pathogen Safety Policy E-2.

## Programmatic, Work Assignment, Release From Prison

Based on sound public health practice, inmates diagnosed as HIV positive are eligible for any work assignment/program consideration that their health grade allows. HIV testing shall not be done as an eligibility requirement for any work assignment or program consideration.

### A. RELEASE/DISCHARGE PLANNING FOR HIV INMATES

#### 1. NEEDS ASSESSMENT

**90 - 180 days** prior to the patient's release the HIV Nurse Clinician will:

- Meet with inmate/patient to determine his/her need for medical appointments, case management, and pharmaceutical assistance.
- Complete the DC-436 *Authorization for Release of Confidential Information* (see HCPM #AD VI-3). Outline clinics and/or appointment as needed with community physician, case manager, etc. if needed.
- If the patient needs additional medical services which require post release aftercare planning (i.e., hospice, dialysis, diabetic monitoring, social services, vocational rehabilitation, substance abuse, housing etc.), refer to the facility social worker. The nurse should outline specific patient needs for the social worker.

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- Initiate the DC-917 *Medical Information for Releasing HIV Inmates*.
- 2. SCHEDULING
- 60 - 90 days** prior to release the Outreach Nurse will:
  - Review DC-436 and update signatures if needed (see HCPM #AD VI-3)
  - Arrange appointments with community resources (physician, case manager, etc.). When warranted, arrange with the facility chain of command for community case manager to meet with the inmate at the unit prior to release.
  - Complete/Update the DC-917 *Medical Information for Releasing HIV Inmates*.
- 3. CONFERENCE with patient
- 30 - 60 days** prior to release the HIV Nurse Clinician will:
  - Review DC-436 and update signatures if needed (see HCPM #AD VI-3)
  - Complete DC-917 *Medical Information for Releasing HIV Inmates*.
    - Give inmate a copy and file original in the outpatient medical record.
  - Schedule appointments and forward the following information to community physician and/or case manager
    - a. Copy of labs confirming HIV positive
    - b. Copy of physician orders showing current medications
    - c. Copy of most recent labs (CD4 and Viral Load)
    - d. Copy of TB Skin Test Records (DC-453)
    - e. Copy of most recent chest x-ray
    - f. Copy of signed and dated DC-436 *Authorization for Release of Information* and a blank form (see HCPM #ADVI-3)
    - g. Business card of HIV Nurse Clinician
    - h. Copy of DC-917 *Medical Information for Releasing HIV Inmates*.
  - Prepare release packet for patient with the following:
    - a. Copy of DC-917 *Medical Information for Releasing HIV Inmates*.
    - b. Business card of Outreach Nurse
    - c. Confirm verbally and in writing the names, addresses, and phone numbers of the appointment dates, and times with clinics, physicians, case managers, etc.
  - Remind the inmate that he/she is to pick up medications, prescriptions and release packet prior to release (see HCPM #504.4C)
  - Review NC Control Measures with the inmate using the DC-476 *Counseling of Inmates with a Positive HIV Antibody Test*. The inmate should verbalize understanding of the control measures and sign the form.
  - Review and document medication regimen and necessary information regarding adverse reactions and dosing precautions with inmate. Stress to the inmate the importance of keeping scheduled appointments. Emphasize that take home medications are non-refillable.
- 7 - 14 days** prior to release the unit medical staff will:
  - Notify Pharmacist of pending release date. Pharmacy will evaluate medication needs in order to provide a 30 day supply of medication at the time of discharge. To assure continuity of care, the unit medical provider will write prescriptions for a thirty day supply of medications. Prescriptions will not be given for narcotics and PRN medications. Medications and prescriptions are to be given to inmate prior to release. Document and instruct inmate that upon his release the DOP is no longer responsible for any medical cost incurred.
  - For inmates on the drugs supported by the NC Correctional Support Program complete the appropriate referral forms and obtain prescriptions from unit provider. Forward original referral form and prescriptions to Central Pharmacy in Apex Attn: *HIV Pharmacist*. Fax referral forms and prescriptions for 30 day supply to the assigned unit pharmacists.

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- Since the DOP has no jurisdiction over an inmate who is released, it is the inmate's responsibility to follow the recommended plan of care upon discharge.

### HIV Control Measures for Health Law Violators

In accordance with G.S. 130-25, a person in the community who violates the control measures given them at the time of diagnosis shall be guilty of a misdemeanor and if convicted shall be received at the appropriate processing facility based on the county of conviction. When such a person is admitted to the Division of Adult Correction/Prisons the following procedure shall be followed:

- A. The facility nurse will report the admission of the HIV health law violator to the HIV Nurse Clinician.
- B. HIV Nurse Clinician will confer with the designated HIV/STD Branch of the Department of Health and Human Services (DHHS) to determine the history of the violation. That information will be used in the forming of a plan of care.
- C. The facility nurse/appropriate HIV Nurse Clinician will interview the inmate to determine the following:
  1. The patient understanding of the control measures mandated by law.
  2. The cause of the health law violation such as willful intent, mental retardation, mental illness, poor judgment related to substance abuse, etc.
- D. After the initial inmate interview, the HIV Nurse Clinician will, in conjunction with the facility healthcare authority and mental health staff formulate a recommended plan of care that will reflect the underlying cause of the violation. An appropriate plan of care might include: regular counseling by the HIV Nurse Clinician, referral to mental health, recommendation for substance abuse treatment, or recommendation for housing.
- E. The facility administrator and/or head of the diagnostic center and the DOP Infection Control Coordinator will be notified of the recommended plan of care. Inmate assignment and transfer will be coordinated through the Division transfer office.
- F. Release before the expiration of the 24 month mandatory sentence may occur only after the State Health Director/designee and the Chief of Health Services/designee in consultation with the local health director of the inmate's county of residence and the Infection Control Coordinator, have made recommendations to the Court. The recommendation for early release would depend on a determination that discharge of the person would not create a danger to the public health. This recommendation for early release provides also for inmates who become critically ill and therefore pose no further danger to the public.
- G. Inmates already in the DOP serving sentences for other offenses and found in violation of the HIV control measures will be managed according to the following procedure:
  1. Report the violation to the HIV Nurse Clinician who will consult appropriately with the HIV/STD Branch and the DOP Infection Control Coordinator.
  2. The outreach Nurse Clinician will consult with the facility administrator and the facility nurse manager to determine a plan of care including any disciplinary or housing recommendations to be made.
  3. The HIV Nurse Clinician will make a referral to an HIV/STD Disease Intervention Specialist for appropriate intervention recommendations.
  4. Pending consultation with the Chief of Health Services and Infection Control Coordinator, the inmate violator may be placed in administrative segregation.
  5. The Department of Correction's obligation in reporting health law violators is fulfilled when the reporting is made to the HIV/STD Branch of the DHHS for investigation and follow-up. This provision is not intended to limit the superintendent's authority to report any act to local law enforcement when such act is criminal, whatever the HIV status, e.g. assaults, sexual offenses.
  6. All inmates (regardless of known HIV status) found to have participated in activities that involve the exchange of body fluids (fights, sexual activity) should be referred to the facility nurse/infection control



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nurse for assessment of any needed follow-up (i.e., counseling regarding need for testing for communicable diseases and risky behavior modification).

Referencing Communicable Disease Rules: 10A NCAC 41A.0202



**9/30/13**

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Paula Y. Smith, MD, Director of Health Services

Date

SOR: Infection Control Committee