
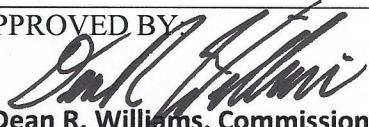


STATE OF ALASKA DEPARTMENT OF CORRECTIONS  POLICIES & PROCEDURES	SECTION: Health And Rehabilitation Services		PAGE: Page 1 of 5
	CHAPTER: 807	NUMBER: 807.18	P&P TYPE: Public
	TITLE: HIV Management		
APPROVED BY:  Dean R. Williams, Commissioner		DATE: 12/22/16	
ATTACHMENTS / FORMS: (None.)	AUTHORITY / REFERENCES: 7 AAC 27.007 AS 33.16.180 22 AAC 05.120 – 121 AS 33.30.011 22 AAC 05.155 AS 33.30.021 AS 18.15.300 – 320 AS 44.28.030 AS 33.05.010 DOC P&P 202.03 DOC P&P 807.02 DOC P&P 807.06 DOC P&P 807.09 DOC P&P 807.14 DOC P&P 807.25 DOC P&P 808.03 2003 Prison Rape Elimination Act. (PL 108-79) 2014 NCCHC Standards For Health Services In Prisons, [P-B-05, P-G-01]. 2014 NCCHC Standards For Health Services In Jails, [J-B-05, J-G-01].		

POLICY:

- I. It is the policy of the Department of Corrections (DOC) to have in place guidelines for the testing of prisoners for the Human Immunodeficiency Virus (HIV). It is also the policy of the Department to have in place guidelines for the treatment of prisoners with the virus.
- II. The medical management of HIV-positive prisoners shall, to the extent possible, parallel that offered to individuals in the non-correctional community.
- III. DOC P&P 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 Chief Medical Officer and Health Care Administrator considering advice from attending specialists.
- IV. HIV testing of prisoners is voluntary unless required by law or court order.
- V. Health care staff shall routinely monitor the health of the prisoners identified as HIV positive and coordinate each prisoner's plan of care with infectious disease specialists, as well as state or municipal organizations that specialize in the treatment of HIV.
- VI. Newly identified cases of HIV and / or Acquired Immune Deficiency Syndrome (AIDS) will be reported

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be offered for all prisoners testing HIV positive, utilizing the Alaska Division of Public Health resources and following their protocols.

- VII. All staff will adhere to universal precautions, including the appropriate use of hand washing, protective barriers and care in the use and disposal of needles and other sharp instruments.

APPLICATION:

This policy and procedure will apply to all Department employees and prisoners.

DEFINITIONS:

As used in this policy, the following definitions shall apply:

Acquired Immune Deficiency Syndrome (AIDS):

The consequence of infection with the Human Immunodeficiency Virus (HIV) 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.

Health Care Staff:

Health care staff includes licensed physicians, psychiatrists, psychologists, emergency medical technicians, physician assistants, advanced practice registered nurse, registered or practical nurses, dentists, dental assistants, dental hygienists, optometrists, pharmacists, mental health clinicians, clinical social workers, psychological associates, dispensing opticians, physical therapists, and occupational therapist that provide preventive, curative, promotional or rehabilitative health care services.

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.

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 proportion, 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.

Medical Advisory Committee (MAC):

- The MAC is comprised of health care personnel to include, at a minimum, the HCA, Chief Medical Officer, Chief Nursing Officer, Chief Mental Health Officer, Health Practitioner II(s), Medical Social Worker, and selected collaborating and consulting physicians.

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- The MAC shall authorize all non-emergency hospitalizations and surgeries, specialty referrals, complex cases, special studies or treatments, and prisoner health care grievance appeals. (Per DOC P&P 808.03, Prisoner Grievances.)
- The MAC shall review Departmental decisions that deny a prisoner treatment recommended by a consulting physician. (Per DOC P&P 807.02, Access to Health Care Services.)
- The MAC shall review health care policies and procedures, clinical guidelines, medical operating procedures and protocols.

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 DOC P&P 202.03, Blood Borne Pathogens and DOC P&P 807.25, Nursing Protocols.)

Window Period:

The time interval 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.

PROCEDURES:

I. HIV Screening And Testing:

- A. Information on HIV will be provided to all prisoners during the admission process. Thereafter, education and HIV testing will be offered upon request. Requests for testing shall be referred to the institutional health care provider. Authorized state or municipal HIV / AIDS personnel will be notified when a prisoner requests HIV education or case coordination.
- B. Health care staff shall complete a health screening of all newly admitted prisoners within 14 days in accordance with DOC P&P 807.14, Health Examinations. Prisoners will be assessed for HIV risk and will be provided information regarding risk reduction.
- C. A prisoner shall sign a waiver of recommended treatment if testing has been recommended by DOC medical staff but refused by the prisoner. Refusal shall be documented in the prisoner's medical record.
- D. Prisoners who have requested or are receiving treatment for a sexually transmitted disease, have viral hepatitis, a positive tuberculosis test, are pregnant or have other risk factors will be counseled and encouraged to voluntarily test for HIV. Retesting may also be recommended if the prisoner is within

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the window period of the last possible infection date. These prisoners will be provided information regarding risk reduction.

- E. A prisoner may request testing at any time during incarceration. Unless clinically indicated, testing will be done no more than every six (6) months.
- F. A co-pay for the test shall not be required.

II. Management Of HIV Disease:

- A. The Department will adhere to the Centers for Disease Controls' recommended clinical guidelines for the management of prisoners with HIV.
- B. 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 (3) months.
- C. 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.
- D. 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.
- E. Specialty medical consultation will be as appropriate and as approved by the Medical Advisory Committee.

III. Confidentiality:

- A. Medication and treatment for HIV positive prisoners must be administered in such a manner so as to maximize the prisoner's confidentiality.
- B. Strict confidentiality must be maintained for prisoners receiving HIV testing. When the laboratory results are obtained, they must be attached or entered into the prisoner's health care record in accordance with DOC P&P 807.06, Health Care Record.
- C. 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 (see DOC P&P 807.06, Health Care Record).
- D. At no time may a prisoner's HIV status be noted in the DOC offender management system.

IV. Parenteral And Mucous Membrane Exposure:

- A. If a prisoner or staff member experiences a parenteral (e.g., needle stick, cut, or skin abrasion) or

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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.

B. Occupational Safety And Health Administration (OSHA) guidelines and DOC P&P 202.03, Blood Borne Pathogens, are to be followed.

V. Housing And Programs:

- A. HIV-positive prisoners 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 medical or mental health staff.
- B. HIV positive prisoners may not be denied access to prison facilities, jobs, programs, furloughs, parole or work assignments unless their behavior or clinical condition places them or others at risk of physical harm or infection.

VI. Reporting Requirements:

- A. If a prisoner seeking counseling, testing, or treatment for a sexually transmitted disease indicates to a health care provider that he / she has been a victim of sexual misconduct, the health care provider will report the information consistent with the Prison Rape Elimination Act.
- B. All prisoners diagnosed with HIV infection shall be reported to the Department of Health and Social Services, Section of Epidemiology.
 1. The report must be made within five (5) working days of the diagnosis.
 2. The report must be filed even if the testing is completed by the State laboratory.

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