

City of St. Louis Department of Public Safety/Division of Corrections
POLICY & PROCEDURES

CHAPTER:	4	Facility Services	4.2.12
SECTION:	2	Health Services	EFFECTIVE DATE: 7 / 21 / 2020
SUBJECT:	12	HIV INFECTIONS	
STANDARDS: ACA – 4 – ALDF: 4C-17			
APPROVED:			REVIEW DATE: 7 / 21 / 20
Dale Glass COMMISSIONER OF CORRECTIONS			REVISION DATE: 7 / 30 / 20
Rescinds: 4.2.12 dated 10/21/04 Cancel:			

I. POLICY

The medical management of HIV-positive inmates will, to the extent possible, parallel that offered to individuals in the non-correctional community. Health care staff will routinely monitor the health of the inmates identified as HIV positive. Counseling, treatment, and periodic monitoring of health status will be provided on an ongoing basis.

II. RESPONSIBILITIES

The facility Executive staff, healthcare providers, and staff having daily contact with the inmate population are responsible for ensuring that the provision of this policy is adhered to.

III. DEFINITIONS

None

IV. PROCEDURES

A. General Information

1. All inmates 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. HIV testing is voluntary unless required by law or court order.
2. Inmates who request to be tested will sign the Informed Consent and Agreement

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to HIV Testing, before testing. This consent will be filed in the inmate health care record. Pre- and post-test counseling is essential in HIV counseling. Testing will also be offered when there is reasonable suspicion that the inmate may be infected. Counseling and testing is arranged by the medical department through the St. Louis Department of Health.

3. An inmate with clinical indications of the disease and those with a history of high-risk behavior should be encouraged to test for HIV. 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 will encourage all pregnant inmates to be tested.
4. Contact notification and contact follow-up will be offered for all inmates testing HIV positive, utilizing the St. Louis City Health Department resources and following their protocols

B. HIV Screening

1. Health care staff will complete a health screening of all newly admitted inmates. 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. 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.
3. If an HIV positive inmate is sexually active, assaultive, shows a disposition to injury exploit others, or has open draining lesions, the inmate must be placed in Administrative Segregation or admitted to the infirmary or a hospital as indicated.
4. An inmate who is HIV positive and whose tuberculosis (TB) status is unknown must be placed in Administrative Segregation until the inmate's TB status is clarified. TB is more likely to activate in people with HIV and in recognition of that, the Division must remain vigilant for the protection of those inmates.

C. 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. Inmates 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 inmates will be examined by a health care practitioner as the inmate'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 inmates 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 inmates must be administered in such a manner so as to maximize the inmate's confidentiality. HIV-positive inmates may not be denied access to job programs, furlough, parole, or work assignments unless their behavior or clinical condition places them or others at risk of physical harm or infection.

D. Special Precautions

All staff should 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.

E. Parenteral and Mucous Membrane Exposure

1. If an inmate 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 or is court ordered.
2. All employees will have access to the Division's control exposure plan as required by the federal Office of Safety and Health Administration (OSHA).
3. In accordance with OSHA regulations, training in universal precautions and infection control will be offered to all employees and will be provided to every employee with potential occupational exposure.

F. Confidentiality

1. Strict confidentiality must be maintained for inmates receiving HIV testing. Inmates' 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 health record, Social Security Number, birth date, or any number by which the inmate may be readily identified. The inmate's name will be matched to the inmate's unique number

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and kept in a secure area in the on-site medical office. When the laboratory results are obtained, they must be attached or entered into the inmate's health care record.

2. Positive test results must be conveyed to the Superintendent by the Health Services Administrator 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 inmate's HIV status will maintain absolute confidentiality.
3. At no time may an inmate's HIV status be placed on the outside of the Medical Record or any place where others can see the results.

G. Medical Advances

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