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<tr><td rowspan="2"> </td><td>State of Connecticut
Department of Correction</td><td>Directive Number
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<tr><td>ADMINISTRATIVE DIRECTIVE</td><td colspan="3">Supersedes
Human Immunodeficiency Virus Infection, dated 9/6/2000</td></tr>
<tr><td colspan="2">Approved By
Theresa C. Lantz</td><td colspan="3">Title
Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome</td></tr>
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1. Policy. The Department of Correction (DOC) shall provide humane and medically appropriate diagnosis and treatment to persons with a human immunodeficiency virus (HIV) infection or acquired immune deficiency syndrome (AIDS). The Department shall offer education and training programs to staff and inmates concerning the prevention of HIV infection and the management of inmates with HIV or AIDS.

2. Authority and Reference.

   A. Connecticut General Statutes, Sections 18-81, 19a-581 through 19a-585, 19a-590, 54-131c and 54-131e.
   B. Doe v. Meachum, Civil Action No. H-88-562 (PCD), November 2, 1990.
   C. Smith v. Meachum, Civil Action No. H-87-221 (JAC), August 8, 1989.
   D. Code of Federal Regulations, 29 CFR 1910.1030, Occupational Safety and Health Administration (OSHA), Occupational Exposure to Bloodborne Pathogens.
   E. Centers for Disease Control, Morbidity and Mortality Weekly Report Recommendations and Reports, September 30, 2005/54(RR09); 1-17.
   F. United States Department of Labor, Occupational Safety and Health Administration, Federal Register Volume 56: No. 235, pages 63861-64186, December 6, 1996.
   G. State of Connecticut, Department of Health and Human Services, Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, April 2007.
   H. Hospital Infections Program, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, June 24, 1988 (24; 377-388).
   I. AIDS in Connecticut: Recommendations for a State Policy Response, Governor's Human Services Cabinet, May 1989.
   J. Administrative Directives 1.7, Research; 2.12, Employee Health and Safety; 6.6, Reporting of Incidents; 4.4, Access to Inmate Information; and 10.4, Volunteer and Recreation Services.
   K. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
   L. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4354 and 4-4356 through 4-4358.
   M. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-4C-14 and 4-ALDF-4C-16 through 4-ALDF-4C-18.

3. Definitions. For the purposes stated herein, the following definitions apply:

   A. Acquired Immune Deficiency Syndrome (AIDS). A collection of symptoms and infections resulting from the specific damage to the immune system caused by the human immunodeficiency virus (HIV). The late stage of the condition leaves individuals prone to

opportunistic infections and tumors. AIDS is the final stage of HIV infection, however a person can be infected with HIV without developing AIDS.

B. Bloodborne Pathogens. Microorganisms present in human blood and certain other potentially infectious body fluids which can cause disease in humans.

C. Chemoprophylaxis. The administration of a medication for the purpose of preventing disease or infection consisting of a regimen of medications used to reduce the risk of HIV infection after a significant bloodborne pathogen exposure incident.

D. Health Services Staff. An individual employed by DOC, or the Department's contracted health services provider, on a part time, contractual, or full time basis who has responsibilities for providing health services to inmates remanded to the custody of the Commissioner of Correction. Any student intern or volunteer under the supervision and direction of health services staff shall also be considered health services staff.

E. Human Immunodeficiency Virus (HIV). The specific retrovirus that causes acquired immune deficiency syndrome (AIDS). HIV attacks the immune system, destroying certain cells that the body needs to fight disease.

F. Potentially Infectious Body Fluids. Body fluids including blood, semen, vaginal secretions, breast milk or other body fluids contaminated with visible blood.

G. Significant Bloodborne Pathogen Exposure. A percutaneous (through the skin) injury from a needlestick or other sharp object contaminated with blood or other potentially infectious body fluids; contact of mucous membrane or non-intact skin (e.g., when the exposed skin is chapped, abraded or afflicted with dermatitis); or contact with intact skin when the duration of contact is prolonged (e.g., several minutes or more) or involves an extensive area, with blood, tissue, or other potentially infectious body fluids.

H. Risk Factors for HIV Transmission. Risk factors for HIV transmission include the following:

1. Injecting drugs or steroids, during which equipment (such as needles, syringes, cotton, water, etc.) and blood were shared with others;
2. Having unprotected vaginal, anal, or oral sex (that is, sex without using condoms), having multiple sexual partners, or anonymous partners;
3. Exchanging sex for drugs or money;
4. Being given a diagnosis of, or having been treated for, hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD) such as syphilis;
5. Receiving a blood transfusion or clotting factor during 1978 through 1985; and/or,
6. Having unprotected sex with someone who has any of the risk factors listed above.

I. Source Individual. The individual or individuals who may have been the source of the blood or other potentially infectious body fluid that was involved in the occupational exposure incident.

J. Staff. Any employee of the Department of Correction or the Department's contracted health services provider.

K. Universal Precautions. A set of precautions designed to prevent the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all people are considered potentially infectious for HIV, HBV and other bloodborne pathogens.

4. Staff Training. The Director of Programs and Treatment (Division) or designee shall approve all employee training relating to bloodborne pathogens. All new direct contact employees shall receive mandatory HIV/AIDS information during the pre-service training at the Center for Training and Staff Development. All other employees shall receive mandatory HIV/AIDS training annually. Training shall include efforts designed to enhance the understanding of HIV infection and reduce fear, prejudice, and discrimination against HIV positive individuals. Training shall cover confidentiality and disclosure laws regarding HIV and AIDS related information. All training shall be documented in the employee's training record. HIV/AIDS educational materials and updates shall be made available to staff.

5. Precautionary Procedures and Protective Equipment. All staff shall use Universal Precautions to avoid potential exposure to blood or body fluids.

A. Staff shall assume that all persons may be carriers of bloodborne pathogens.
B. Personal protective equipment shall be available at all DOC facilities.
C. Personal protective equipment shall include, but is not limited to, masks, disposable moisture proof gowns, hair covers, shoe covers, protective gloves, masks and mouth barriers for cardio-pulmonary resuscitation (CPR).
D. Personal protective equipment shall meet the established OSHA standards regarding bloodborne pathogens.
E. Kits with personal protective equipment shall be placed in strategic places in each facility, as well as in all state vehicles used to transport inmates. At a minimum, the kits shall include protective gloves, moisture proof gowns, surgical masks, eye goggles, a non-feedback resuscitator, large plastic bags, paper towels, and moist towelettes. The inventory of the kits and a review of the appropriateness of the contents shall be conducted on a predetermined facility schedule. Use of any item shall require prompt replacement.
F. The contracted health services provider shall ensure that adequate supplies of appropriate chemoprophylaxis medications are available in each facility.

6. Staff Responsibility. An employee shall report any situation where there is a risk of transmission of the HIV virus, and where procedures including Universal Precautions may not be sufficient to adequately address this risk. Staff shall address their concerns to the Unit Administrator, who shall conduct a review and forward employee concerns with recommendations to the Health and Safety Advisory Committee. The committee shall recommend appropriate action to the Unit Administrator to ensure compliance with the law and protection of staff and inmates in accordance with Administrative Directive 2.12, Employee Health and Safety.

7. Inmate Education.

A. Each inmate upon entry into a correctional facility shall be offered written information concerning HIV infection counseling and testing protocols within the Department. Each inmate shall be required to sign a receipt for such information and the receipt shall be filed in the inmate's health record.
B. As part of the routine orientation process, each inmate shall be given the opportunity to receive information concerning HIV/AIDS and to ask related questions.
C. Health orientation sessions, including HIV/AIDS related information, shall be offered as frequently as necessary, but no less than three times a week at intake facilities and once a week at all other facilities.
D. Voluntary inmate attendance at weekly education sessions may be authorized upon request by an inmate and based upon the facility schedule.
E. Materials and curricula for health education shall be approved by the Director of Health and Addiction Services or designee prior to use.
F. Reasonable accommodations and provisions shall be made for each inmate regardless of literacy, language barrier, or disability.
G. Inmate health education shall include efforts designed to enhance understanding of HIV/AIDS in order to reduce fear, prejudice and discrimination against HIV infected individuals.
H. HIV discharge packets, which includes AIDS related information and available community resources, shall be made available to each inmate reentering the community, participating in a furlough, and/or participating in a family visiting program in accordance with Section 19 of this Directive.

8. Test Consent, Counseling and Referral.

A. Consent. Unless otherwise stated in accordance with Section 9 of this Directive, HIV testing shall be performed with the informed consent of the inmate tested. Informed consent shall be obtained without undue inducement, compulsion, fraud, deceit, duress, or other forms of constraint or coercion. HIV testing shall consist of an explanation of the test, an acknowledgment that consent to an HIV test is not precondition to receiving healthcare, implications for medical treatment, the medical impact of refusing the test, an explanation of procedures to be followed, and the confidentiality of test results including an acknowledgment that known partners of the inmate tested may be warned of their potential risk of infection without identifying the protected individual and that the law permits the recording of HIV and AIDS related information in medical charts and records. Written consent for HIV testing shall be obtained by completing Attachment A, Informed Consent HIV Antibody Test, which must be signed by both the inmate and the HIV Counselor providing the counseling, and filed in the inmate's health record. After informed consent is obtained, antibody testing shall be conducted using a buccal swab rapid results testing method in a location where confidentiality shall be guaranteed.
B. Counseling. HIV testing shall be accompanied by pre- and post-test counseling. Designated health services staff members shall administer pre- and post-test counseling consistent with the

standards approved by the Connecticut Department of Public Health, AIDS Division. Negative HIV tests results shall be provided to the inmate before the end of the initial counseling session. If the inmate tests "preliminary positive" during this counseling session, the inmate shall be informed immediately and referred to a phlebotomist, who shall draw blood to confirm the rapid test result. The confirmatory test result shall be provided to the inmate during a second counseling session to be held within five (5) working days of the blood draw. Each inmate testing positive for HIV shall be offered an additional post test counseling session within one week of the initial post test counseling session.

C. Referral. At the time of intake health screening, physical examination or whenever health services staff identify risk factors for HIV transmission, qualified health services staff shall recommend HIV testing to each inmate exhibiting a history of such behaviors. Any inmate may request HIV testing without a referral from health services staff.

9. Testing Without Informed Consent. Each involuntary HIV test shall require pre-test approval of the DOC Director of Clinical Services and the Director of Health and Addiction Services, in consultation with the Director of Programs and Treatment (Division). Involuntary HIV testing shall only be conducted after a reasonable effort has been made to secure voluntary consent.

A. Testing without informed consent may be conducted when:

1. an inmate is unable to consent and no other person is available to authorize testing and the results are needed to provide urgent medical care, treatment of co-infections or to prevent further progression of the disease; and,
2. the DOC Director of Clinical Services determines that the inmate poses a significant risk of transmission to others or has been the cause of significant exposure to another and no reasonable alternative exists. In the case of an inmate who falls under Section 9(A)(1) above, counseling shall be provided as soon as practical.
3. the DOC Director of Clinical Services determines that testing is needed for diagnostic purposes, to determine the need for treatment or medical care specific to an HIV related illness, provided no reasonable alternative exists that will achieve the same goal.

B. Testing without voluntary informed consent shall be accompanied by pre- and post-test counseling, appropriate referrals, and if needed, medical/mental health follow-up.

C. Testing of an inmate without consent of the inmate may also be ordered when an employee, in the performance of the employee's duties, experiences a significant bloodborne pathogen exposure incident provided the following criteria are met:

1. the employee is able to document significant exposure during performance of the employee's duties;
2. the employee verbally reports the incident immediately and completes an incident report within 48 hours of the

exposure identifying the participants in the exposure, witnesses, time, place, and nature of the event;

3. the employee submits to a base line HIV test within 72 hours of the exposure incident and the test is negative;
4. the facility physician has approached the inmate and sought voluntary consent and the inmate has refused to consent to testing;
5. the employee has a significant pathogen exposure incident to the blood or other potentially contaminated body fluid of an inmate, and the inmate, or the inmate's legal guardian, refuses to grant informed consent for an HIV test; and,
6. the employee is able to take meaningful immediate action, if results are known, which could not otherwise be taken.

D. Testing pursuant to a court order may be issued if the court finds a clear and imminent danger to the public health or the health of a person and that person has demonstrated a compelling need for the HIV related test result that cannot be accommodated by other means.

10. Occupational Exposure Incident Protocol. The exposed employee shall immediately report the potential occupational exposure incident to the supervisor. Attachment B, Occupational Exposure Incident Protocol, shall serve as the response guide.

11. Reporting of Occupational Exposure Incidents. The DOC Director of Clinical Services shall approve written guidelines that conform to OSHA recommendations for reporting of potential bloodborne pathogen exposure incidents. The occupational exposure incident protocol shall be reviewed annually by the DOC Director of Clinical Services or designee.

    A. The DOC Director of Clinical Services or designee for the Department of Correction and the contract provider’s Director of Occupational Medicine or designee shall be notified of all reported occupational exposure incidents at the time of the incident.
    B. The exposed employee may speak directly to the DOC Director of Clinical Services or designee or the contract provider's Director of Occupational Medicine or designee to confirm that protocols are being followed.
    C. With the appropriate release of information, the DOC Director of Clinical Services or designee shall be available to speak with the employee’s personal physician, community clinic, or significant other, as appropriate, and shall outline the exposure incident review procedure.

12. Test of Source Individual(s).

    A. The employee reporting the significant bloodborne pathogen exposure incident shall not approach the source individual(s) for HIV testing or any other disease testing.
    B. When the significant bloodborne pathogen exposure incident has been reported to the DOC Director of Clinical Services or designee and the contract provider's Director of Occupational Medicine or designee, the facility physician shall approach the

source individual(s) to obtain consent for voluntary HIV testing in accordance with Sections 8 and 9 of this Directive.

C. If the employee wishes to know the outcome of the source individual(s) testing, the employee shall notify the Unit Administrator promptly in writing.

D. Test results and/or other medical information on the source individual(s) shall be released to the employee only by the post-exposure treating physician.

13. Facility Health and Safety Advisory Committee. The facility Health and Safety Advisory Committee shall review existing documentation to evaluate adherence to protocols and identify opportunities to reduce the incidence and severity of bloodborne pathogen exposure incidents.

A. Meetings. The Unit Administrator shall keep a record of attendance and minutes of the meetings utilizing the format mandated by the Department of Administrative Services. Copies of the minutes shall be forwarded to the DOC Workers' Compensation Unit and posted at each facility/unit in accordance with Administrative Directive 2.12, Employee Health and Safety.

B. Confidentiality. Information relating to bloodborne pathogen exposure incidents shall not be discussed outside the meeting. All documents relating to the significant bloodborne pathogen exposure incident shall be accessible to the Health and Safety Advisory Committee with the employee and source individual(s) identifiers removed.

14. Post-Significant Bloodborne Pathogen Exposure Incident Employee Referral Process.

A. The exposed employee shall be advised that post-exposure evaluations and procedures shall be performed by or under the supervision of a licensed physician and all laboratory tests shall be conducted by an accredited laboratory per workers' compensation protocol. Blood tests shall not be drawn on an employee in a Department workplace.

B. The exposed employee shall be referred by a DOC supervisor to a community health care provider for follow-up medical treatment and/or blood testing.

C. The employee shall be given a list of community health care provider participants of the State of Connecticut Workers' Compensation Program, or shall be referred to a specific community health care provider. The employee shall not be prevented from seeking consultation from a personal physician.

D. The employee must complete the baseline HIV test within 72 hours of the exposure.

E. If the employee elects to use a personal physician as a resource, the 72-hour time frame remains the same.

F. The name of the community resource or private physician shall be documented on Attachment C, DAS First Report of Injury (WC-207).

G. Recommendations for employee follow-up are the responsibility of the workers' compensation health care provider participant and the post-exposure treating physician.

15. Disclosure of Inmate HIV Status. An inmate's HIV status shall remain confidential as part of the inmate health record and shall only be disclosed on a case-by-case basis to persons with a substantial need to know. Written permission shall be obtained from the inmate for each individual disclosure of HIV information Authorization to Obtain and/or Disclose Protected Health Information. In addition to any penalties provided for by law, a DOC employee shall be subject to progressive discipline, including suspension or dismissal for unauthorized disclosures of HIV related patient information.

    Employees with access to health records shall receive training on confidentiality and disclosure issues. Training shall be documented in the employee's training record.

    An inmate's HIV status may be disclosed as follows:

    A. To the inmate or the inmate's legal guardian.
    B. To an individual who obtains a signed CN 4401, Authorization to Obtain and/or Disclose Protected Health Information, if the release of information is specific for HIV information.
    C. To health services staff responsible for providing care or treatment to the inmate.
    D. To the Unit Administrator in an effort to provide necessary health services when the behavior of one (1) or more inmate(s) poses a significant risk of transmission to another inmate, or if significant exposure has occurred. Such disclosure shall be made only if the disclosure shall enable the inmate to receive appropriate services or is likely to prevent or reduce the risk of transmission of HIV infection, and no reasonable alternative exists that shall achieve the same goal and maintain confidentiality of the HIV information.
    E. To an employee, in cases where such employee, in the course of occupational duties has had a significant exposure to HIV infection, and has satisfied the criteria of Section 9(C) of this Directive.
    F. Pursuant to a court order, if the court finds a clear and imminent danger to the public health of a person and that person has demonstrated a compelling need for the test results.

16. Medical-Mental Health Care.

    A. Each HIV infected inmate shall have access to health care, as provided by the Department. Appropriate infirmary level care shall be available to each HIV infected inmate having chronic disease or acute illness requiring continuous medical observation.
    B. Current therapies and/or other treatments that become available in the future shall be available to all inmates in accordance with community standards if clinically indicated by the physician.
    C. The Department shall attempt to provide each inmate known to be HIV infected with appropriate arrangements to meet the inmate's needs upon sentence discharge or release to the community.

17. HIV Non-Discrimination.

    A. Staff. No testing of prospective employees for HIV serostatus shall be conducted to determine suitability for employment. HIV serostatus shall not be considered as an exclusionary criterion for employment. Restrictions shall not be placed on an employee's status based on a diagnosis of HIV seropositivity or related conditions if the employee's health enables the employee to perform required duties. The Department may modify an employee's duties based on medical recommendations or managerial prerogatives.

    B. Inmates.

        1. An inmate shall not be segregated solely due to being HIV seropositive or due to the stage of the inmate’s HIV infection.
        2. No housing unit shall be designated specifically and exclusively for the housing of HIV infected inmates.
        3. An inmate shall not be excluded from a job assignment solely on the basis of being HIV seropositive.
        4. Each HIV infected inmate shall be eligible for consideration to participate in any Department of Correction inmate program without regard to HIV status. An inmate shall be ineligible for the Extended Family Visiting Program if the inmate has tested positive and refuses to sign a release authorizing the disclosure of the existence of HIV infection to the inmate’s significant other.

18. Records Maintenance.

    A. Each Unit Administrator shall have access to all available health records in accordance with the law.
    B. Each system established to identify and monitor an inmate’s HIV status shall ensure confidentiality.
    C. No external markings, lists, housing card or other visible identifiers shall be used to designate or identify an HIV seropositive inmate.

19. Records of Inmates with HIV Infection. Prior to the release of an inmate with HIV infection from a facility to the community, health services staff shall prepare a discharge packet. The information which is provided in the discharge packet shall include all current diagnoses, current problems, treatments which have been provided, the inmate’s response to treatment, complications noted, allergies, description of condition on discharge, and any follow-up instructions. A copy of the discharge packet shall be placed in the inmate’s health record as well as being forwarded to the community health care provider. The inmate shall be offered a copy of the discharge packet.

    When an inmate with HIV infection is transferred to community release or discharged from the Department, HIV health information shall be forwarded to the contracted health services provider’s Infection Control Unit.

20. Administrative Responsibility. The DOC Director of Clinical Services or designee shall approve operational procedures consistent with the United States Department of Labor Occupational Safety and Health regulations and guidelines as they relate to HIV disease and the Department's Bloodborne Pathogen Exposure Control Plan.

21. Community Involvement.

    A. Department staff, community resources, health service providers, including trained volunteers, shall be used to assist inmates, staff and families with HIV/AIDS related assistance such as education, counseling, discharge planning and emotional support.
    B. Volunteers shall be subject to the same standards of security clearance, training and supervision, applicable to DOC staff and contractors in accordance with Administrative Directive 10.4, Volunteer and Recreation Services, and other participating agencies.
    C. The Department and the Department's contracted health services provider shall attempt to assist inmates with HIV/AIDS who are anticipating discharge or early medical release with obtaining adequate housing, medical care, and services as required for patients with similar health needs.

22. Research.

    A. Each request for HIV/AIDS related research from local, state and federal agencies shall be subject to review in accordance with Administrative Directives 1.7, Research, and 4.4, Access to Inmate Information.
    B. HIV Seroprevalence surveys shall be conducted with the pre-approval of the Commissioner. Information about an individual inmate shall not be released without the written consent of the inmate. Information without identifiers or in aggregate form may be released.
    C. No research data shall be released without the permission of the Director of Health and Addiction Services and/or the Commissioner.

23. Forms and Attachments. The following attachments are applicable to this Administrative Directive and shall be utilized for the intended function:

    A. Attachment A, Informed Consent HIV Antibody Test;
    B. Attachment B, Occupational Exposure Incident Protocol; and,
    C. Attachment C, DAS First Report of Injury (WC-207).

24. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.