

**NEVADA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REGULATION  
610**

**HIV STATUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME**

**Supersedes:** AR 610 (08/25/03)

**Effective date:** 02/13/09

**AUTHORITY:** NRS 209.131; NRS 209.385; NRS 209.511; NRS 411A

**RESPONSIBILITY**

All Medical Division staff and all Medical Officers are responsible for compliance with this regulation.

**610.01 HIV STATUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME**

1. The Department should deliver treatment, programs, and services to inmates with HIV antibodies in a manner which takes into consideration:
  - A. The special needs of these inmates;
  - B. The concerns and welfare of the Department's personnel;
  - C. The welfare of the general public, and;
  - D. Other inmates in the custody of the Department, while maintaining standard levels of custody and control.
2. The Department segregates inmates who test positive for HIV antibodies if they engage in high risk behavior which tends to promote the spread of this disease, as defined in NRS 209.385(4)(b).
  - A. This is for the welfare of the general inmate population, for the welfare of staff, and to reduce the opportunities for the disease to spread.
  - B. The Medical Director and the Offender Management Administrator (OMA) must approve any classification that recommends release from segregation.
3. Mandatory screening for common infectious disease, including HIV, should be conducted during the intake process on all inmates housed in the Department.
4. Highly specific supplemental testing will be conducted on all inmates testing positive by the E.L.I.S.A. method.

- A. A positive Western Blot is necessary to identify a person infected by the HIV virus.
  - B. Positive results from the supplemental test do not necessarily indicate that the inmate has AIDS, but that the inmate is presumed to be infected with HIV and is infectious and capable of transmitting it.
5. All inmates should be given AIDS information handouts coupled with an educational and pre-test counseling component explicitly emphasizing modes of transmission and specific risk reduction behaviors during the intake orientation process.
- A. Those inmates noted to be positive for HIV should be offered voluntary counseling during incarceration and prior to release from prison.

**610.02 CLASSIFICATION REQUIREMENTS FOR INMATES WHO TEST POSITIVE**

1. The name of the offender(s) who test positive on E.L.I.S.A. and Western Blot will be disclosed to the following parties via a confidential weekly list prepared and distributed by Medical Administration:
- A. Offender Management Administrator;
  - B. The Manager or Warden of the institution/facility at which the offender is confined;
  - C. The Warden/Manager of the institution/facility at which the offender is confined will provide the shift supervisor with one (1) copy of the confidential listing that will be placed in a secure area;
2. Outdated/supplanted lists should be shredded.
3. If an employee of the Department comes into contact with the blood or bodily fluids of an inmate the shift commander should inform the employee if the inmate is HIV positive.
4. All information of a personal nature about any person that concerns a real or suspected case of a communicable disease is confidential medical information.
- A. The provisions of NRS 441A.220 control with respect to the disclosure of the names of persons infected with the HIV virus.
  - B. It is unlawful to disclose the name of any infected person except as authorized by law.
  - C. No Department employee who has knowledge of an infected inmate based on his legal right to know may disclose this information to anyone except as described in paragraphs 1 and 3 above.
  - D. Unauthorized disclosure of confidential information may result in disciplinary action.

### **610.03 PRECAUTIONARY MEASURES - INMATES WHO TEST POSITIVE FOR HIV ANTIBODIES**

1. Inmates who test positive for HIV may be classified to a work or housing assignment/activity that is outside the main security area on a case by case basis.
  - A. This includes, but is not limited to, restitution centers, work release, and outside government work.
  - B. Institutional minimum custody is not considered a community assignment as long as the inmate is within tower supervision range.
  - C. Inmates who test positive may be assigned to residential confinement.
2. The inmate will not be classified to any assignment in the canteen, culinary, food services, infirmary, or allied health services area.
3. Inmates with HIV antibodies should not be double bunked except with another person with HIV antibodies.
  - A. Inmates may live in a dormitory type setting with non-HIV positive inmates.
4. Weekly audits of the institution's housing plan should ensure compliance by the AWP/designee.
5. The decision to house an inmate with AIDS in the infirmary should be based on a clinical decision made by the treating Health Care Professional Level Practitioner.
6. In all cases of inmate disciplinary action where there is some evidence that the offender engaged in behavior that increases the risk of transmitting the virus, such as battery, sexual activity, illegal intravenous injection of a controlled substance or a dangerous drug, or receiving or giving of tattoos, the inmate should be classified and moved to a segregation unit and housed in a single occupancy cell.
  - A. When the disciplinary sanction, if any, expires, the inmate should be segregated under the conditions of Administrative Segregation.
  - B. The Medical Director and the Offender Management Administrator (OMA) must approve any classification decision that recommends release from segregation.

### **610.04 DEPARTMENT'S RESPONSIBILITY TO EMPLOYEES: USE OF UNIVERSAL PRECAUTIONS**

1. Inmates may seroconvert to positive from four (4) to six (6) months after exposure via high risk behavior.

A. The Center for Disease Control (CDC) has emphasized Universal Precautions as a way of decreasing risk of exposure.

B. Information regarding Universal Precautions is available to all staff via the Medical Division.

**610.05 CLASSIFICATION OF WORK ACTIVITY**

<u>Category</u>	<u>Nature of Task/Activity</u>	<u>Protective Equipment</u>	
		<u>Available</u>	<u>Worn</u>
I	Direct contact with blood or other body fluids to which universal precautions apply	Yes	Yes
II	Activity performed without blood exposure but exposure may occur in an emergency	Yes	No
III	Task/activity does not entail predictable or unpredictable exposure to blood	No	No

1. Standard operating procedures for staff duties and tasks should be maintained and updated at least annually by the Medical Director.
2. The Medical Division of the Department, in collaboration with the State Health Division, should provide an educational program regarding the virus and universal precautions to staff upon employment and yearly thereafter.
3. Individuals providing this instruction must be certified by the State Health Division.

**610.06 DEPARTMENT'S RESPONSIBILITY TO INMATES**

1. All inmates should be provided with an educational program during the inmate orientation process and annually thereafter to provide information about HIV infection, means of virus transmission, and measures to prevent transmission.
  - A. HIV positive inmates and those with AIDS will receive adequate mental health and medical care, including the availability of standard diagnostic tests and medications approved by the Food and Drug Administration.
  - B. Inmates may be entered into FDA approved medication trials after signing informed consent and with the approval of the Medical Director.

## **610.07 MEDICAL REQUIREMENT**

1. All patients diagnosed as being persons with HIV antibodies will receive initial counseling following diagnosis, pre-release counseling, and ongoing programs upon request.
2. Inmates identified as persons with HIV antibodies will be seen by a Health Care Professional or Mid-Level Practitioner as determined Health Care Institutional Procedure #125, HIV Treatment.

## **610.08 EXIT TESTING AND DISSEMINATION OF INFORMATION TO STATE HEALTH DIVISION**

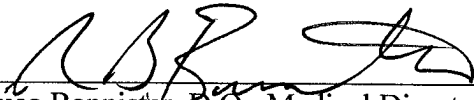
1. At intervals designed to provide between 60 and 90 days notice, the Correctional Case Records Manager/designee will provide the Medical Division a printout that lists inmate discharges.
  - A. This list will be provided to the Disease Control Specialist III who will then provide it to the person at all Department locations who are responsible for HIV Exit Testing.
2. All inmates paroling or discharging will be HIV tested prior to leaving.
3. The Medical Division staff at each institution will ensure that counseling is conducted by staff or by the State Health Department for all inmates who have confirmed positive results.
  - A. When the release occurred without sufficient notice to receive confirmed test results, the Disease Control Specialist III will utilize a form letter to advise the inmate and the State Health Division of confirmed positive tests and to advise that post-test counseling and contact tracing are required.
  - B. If the inmate tested positive without sufficient notice to receive the test results, the Disease Control Specialist III is only required to send a form letter to the State Health Division advising them of the confirmed positive test results.
  - C. In all instances, notification to the State Health Division will be made, in writing, on a weekly basis of all inmates released who tested HIV positive by the Disease Control Specialist III.

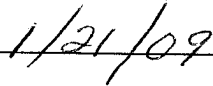
## **APPLICABILITY**

1. This regulation requires an Operational Procedure for the Infirmary or Regional Medical Facility, and each Medical Officer and a Camp or Transition Center and for Release Coordinators.
2. This regulation requires an audit.

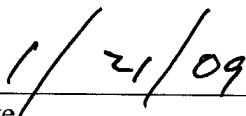
**REFERENCES:**

ACA Standards 4-4354; 4-4396; 4-4446

  
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R. Bruce Bannister, D.O., Medical Director

  
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Date

  
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Howard Skolnik, Director

  
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Date