



**Department of Juvenile Justice
Health Services Operating Procedure**

HSOP VOL IV – 4.3 – 5.13	Statutory Authority: Title 66 of the <u>Code of Virginia</u> ; § 32.1-37.2
Subject: HIV Testing and Follow-Up Care	Regulations: None.
	Board Policy: None.
	ACA # 4-JCF-4C-16; 4-JCF-4C-22; 4-JCF-4C-25; 4-JCF-4C-31 NCCHC # Y-E-12; Y-E-13; Y-G-01; Y-G-02

5.13-1.0 PURPOSE

To effectively manage human immunodeficiency virus (HIV) infection in residents within the Juvenile Correctional Centers.

5.13-2.0 SCOPE

These procedures apply to all Juvenile Correctional Center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

5.13-3.0 DEFINITIONS

None.

5.13-4.0 PROCEDURES

1. All residents shall be offered an HIV test at intake. Residents may request a follow up test at any point during their commitment. Follow-up tests shall be provided at reasonable intervals as ordered by the Chief Physician.
2. Prior to performing any test to determine infection with HIV, the health services staff shall inform the resident that the test is planned, provide information about the test, and advise the resident that he/she has the right to decline the test.
 - a. The resident shall sign the HIV Consent form acknowledging informed consent prior to the testing.
 - b. If a resident declines the test, the resident sign the HIV Consent form acknowledging refusal. The nurse shall also note the refusal in the resident’s medical record.
3. HIV results shall be kept confidential except where disclosure is required by law or necessary for treatment purposes.
 - a. Results shall be shared with outside treating facilities, when required for care.

- b. The Local Behavioral Services Unit (BSU) Treatment Director and assigned BSU therapist shall be made aware of positive results for mental health treatment purposes.
 - c. The local health department and any persons known to be exposed to bodily fluids from the resident shall be informed.
4. Every resident who has a confirmed positive test result for HIV shall be informed in an individual counseling session with health services staff. Counseling shall include, but not be limited to, the following:
 - a. The meaning of the test results;
 - b. The need for additional testing;
 - c. The etiology;
 - d. Prevention and effects of acquired immunodeficiency syndrome;
 - e. The availability of appropriate health care, mental health care and social services; and
 - f. The need to notify any person who may have been exposed to the virus and the availability of assistance through the Department of Health in notifying such individuals.
 5. Residents who are HIV positive shall be referred to an outside Infectious Disease clinic for medical management
 - a. An individual health-care treatment plan shall be implemented.
 - b. Residents shall receive treatment according to protocols developed by an Infectious Disease (ID) specialist with approval of the Chief Physician.
 - c. Residents with HIV shall, if indicated, receive additional immunizations outside of the standard immunization protocol to maintain health.
 6. Removal from the general population shall only occur by provider order for medical reasons. Reasons for removal from general population include but are not limited to the following:
 - a. Low T-cell counts indicating increased susceptibility to infection.
 - b. Medical complications to disease process or treatment that impair the resident's ability to complete activities of daily living within the general population setting.
 7. Residents exposed to HIV shall be offered prophylactic treatment, as indicated.
 8. The Local Health Authority shall ensure that residents with HIV are returned to the community in a manner that maximizes their ability to continue effective treatment.
 - a. Residents shall be provided with a 30-day supply of medication upon release.
 - b. Residents shall have an appointment made with a provider, local health department, or community agency administering HIV care assistance.

5.13-5.0 RESPONSIBILITY

The Local Health Authority shall be responsible for implementing this procedure.

5.13-6.0 INTERPRETATION



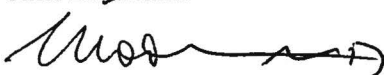
The Health Services Administrator shall be responsible for the interpretation and the exception approval to this procedure.

5.13-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

5.13-8.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: 	Date: 11/2/15
Approved by Health Services Administrator: 	Date: 11/6/15
Approved by Chief Physician: 	Date: 11/6/15
Effective Date: 1-19-2016	Office of Primary Responsibility: Health Services
Supersedes: October 1, 2013	Forms: None.