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| Chapter: Communicable and Infectious Disease Management | Effective Date: 4/15/16 |
| Title: HIV Management | Page: 1 of 4 |
| ACA: 4-JCF-4C-25 | Replaces: HSP.07.04, 11/15/14 |
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(a) **Standard.**

Management of HIV infection in youth includes procedures as identified in the communicable disease and infection control program. In addition, the program for HIV management includes procedures for:

- (1) when and where youth are to be tested for HIV;
- (2) pre- and post-test counseling;
- (3) immunization and other preventative measures, when applicable;
- (4) treatment protocols;
- (5) confidentiality of protected health information;
- (6) when and under what conditions youth are to be separated from the general population;
- (7) follow-up care, including arrangements with appropriate health care authorities for continuity of care when the youth is released; and
- (8) employee notification in the event of an occupational exposure.

(b) **General Provisions.**

- (1) Testing for HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS is part of routine laboratory testing upon admission to the Texas Juvenile Justice Department (TJJD) for all youth.
- (2) Except as provided by law, youth have the right to refuse HIV testing, including routine testing upon admission to TJJD.
- (3) A youth who requests to be tested after admission to TJJD must provide written consent.
- (4) Treatment decisions are based upon recommendations from the most recent edition of the American Academy of Pediatrics' *Red Book*[®].
- (5) Guidelines in the UTMB-CMHC Infection Control Manual, TJJD/UTMB-CMC Formulary, and the TJJD *Bloodborne Pathogens Exposure Control Plan* supplement infection control recommendations in the *Red Book*[®].
- (6) The medical isolation of youth is consistent with guidelines published in the *Red Book*[®] for specific infectious diseases, as applicable, and per review and order by a medical provider.

(c) **Procedures.**

(1) **Testing Upon Admission or Youth Request After Admission.**

- (A) A **nurse** collects blood for HIV testing upon initial admission to TJJD and upon recommitment or revocation unless a youth refuses. The test is performed routinely and written consent is not required. If a youth refuses, he/she must sign the Refusal Form, [HLS-520](#).

- (B) A **nurse** may also collect blood for HIV testing at the request of the youth after admission. If an HIV test is requested by a youth after admission, written consent is required on the Consent Form to Conduct Test for Human Immunodeficiency Virus Antibody, [HLS-755](#).

(2) **Testing Due to an Occupational Exposure Incident.**

(A) **Consent to Testing.**

If an employee, contractor, or volunteer experiences an occupational exposure, he/she may request that the source individual be tested for communicable diseases. Such a request may be made regardless of whether the source individual is an employee, contractor, volunteer, or youth. However, if the source individual is a youth, procedures in (B) below must be followed.

(B) **Youth's Consent to Testing.**

- (i) If the occupational exposure involves a youth as the source of the exposure, an employee may request that the local health services administrator or designee attempt to obtain legal consent from the youth on the HLS-755 to be tested for communicable diseases.
- (ii) If the youth consents, a **health care staff member** scans the HLS-755 into the youth's medical record.
- (iii) If the youth is over age 18, a **health care staff member** ensures the youth signs the Consent Form to Authorize the Release of the Results of HIV Antibodies Test, [HLS-757](#).
- (iv) If the youth is under age 18, the **superintendent** ensures the youth's parent/guardian receives the Authorization for the Use and Disclosure of Protected Health Information (PHI) by TJJJ, [HLS-660](#). This form documents the parent/guardian's written consent for health care staff to release the youth's test results to the employee.
- (v) The **designated TJJJ staff** provides the completed HLS-757 or HLS-660 to the TJJJ Medical Services Division at Central Office.
- (vi) The **TJJJ medical director or TJJJ director of nursing**:
 - (I) collaborates with the local Human Resources Department to contact the employee;
 - (II) verbally provides the results to the employee; and
 - (III) documents the conversation in a confidential file.

Note: Two attempts are made to contact the employee.

(C) **Refusal to Consent to Testing.**

If the source individual is a youth at a secure TJJJ facility and he/she does not consent to be tested for communicable diseases, the youth may be compelled to be tested by:

- (i) a court order following a request made by an employee of the facility, pursuant to Article 18.22 of the Texas Code of Criminal Procedure; or
- (ii) an order following a request by a TJJJ employee, contractor, or volunteer who performs a service in the facility in accordance with Section 81.050 of the Texas Health and Safety Code.

(3) **Pre- and Post-Test Counseling.**

A medical provider or registered nurse:

- (A) provides pre-test counseling regarding HIV/AIDS to the youth for any HIV test conducted after admission to TJJD;
- (B) provides post-test counseling for positive test results, regardless of where the test is conducted, including:
 - (i) prevention of HIV modes of transmission;
 - (ii) explanation of medical care; and
 - (iii) confidentiality and testing issues; and
- (C) documents the pre- and post-test counseling on the Pre and Post-Test Counseling Guide for HIV Testing, [HLS-750](#).

Note: Youth at locations other than secure facilities may receive the required counseling at the approved counseling and testing site.

(4) **Treatment.**

- (A) A **medical provider** evaluates and treats youth who test positive or are known to be HIV positive and monitors youth in the chronic care clinic.
- (B) An **infirmiry nurse or nursing clinical case manager** and the **youth's case manager** coordinate follow-up care for youth with HIV/AIDS with:
 - (i) the youth's parent/guardian if the youth is under age 18; or
 - (ii) the youth's parent/guardian or other authorized person, if the youth is 18 years or older and consent is given by the youth on the [HLS-757](#); and
 - (iii) the youth's parole officer if consent is given by the youth on the HLS-757 or the youth's parent/guardian on the [HLS-660](#).

(d) **Confidentiality and Reporting of Test Results.**

- (1) If a youth requests information regarding HIV testing, test results, or voluntarily discusses his/her HIV/AIDS status with a **non-medical staff member**, that staff member advises the youth to speak only with facility health care staff. Further disclosure by staff is a breach of confidentiality laws.
- (2) HIV test results are reported confidentially by the laboratory to health care staff via electronic transmission directly into the electronic medical record (EMR).
- (3) If a youth consents to HIV or other bloodborne pathogen testing, **an infirmiry staff member** notifies the TJJD medical director or TJJD nursing director of the test results.
- (4) If HIV or other bloodborne pathogen test results are obtained via a court order pursuant to Article 18.22 of the Texas Code of Criminal Procedure, the person performing the test is responsible for notifying the local health authority of the test results. The employee has a right to receive the test results from the local health authority.

(e) **Documentation.**

Except for documentation sent to other facilities or agencies, an **infirmiry staff member** scans all documentation that references HIV/AIDS into the EMR – HIV section, including but not limited to:

- (1) pre- and post-test counseling;
- (2) physician's orders for the test;

- (3) the [HLS-755](#) form;
 - (4) the [HLS-757](#) form;
 - (5) test results; and
 - (6) other test-related materials received from any source.
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