

SUBJECT: DC POLICY ON HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE, SEXUALLY TRANSMITTED DISEASE (STD), AND INFECTION (STI), AND CONTINUITY OF CARE

EFFECTIVE DATE: 01/21/2022

I. PURPOSE:

The purpose of this health services bulletin is to provide information and guidelines for testing, diagnosis, and treatment of Human Immunodeficiency Virus for inmates at all correctional facilities and to provide for continuity of care for inmate patients with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome. This HSB also provides guidelines for screening and referral of inmates with sexually transmitted diseases (STD) in accordance with the Florida Department of Health 340B STD Program agreement.

These standards and responsibilities apply to both Departmental staff and Comprehensive Health Care Contractor (CHCC) staff.

II. TESTING:

- A. Confidential testing for Human Immunodeficiency Virus is to be encouraged to all inmates on a voluntary basis upon intake or during incarceration. Mandatory testing for Human Immunodeficiency Virus is a component of end-of-sentence requirements. No co-payment is to be charged for Human Immunodeficiency Virus testing. The identity of any person upon whom a test has been performed and test results are confidential and exempt from the provisions of Sections [119.07\(1\)](#) and [945.10](#), F.S. No person who has obtained or has knowledge of a test result may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of such a test in a manner which permits identification of the subject of the test. For exceptions, refer to Section [381.004\(2\)\(e\)\(1-15\)](#), F.S. and [Procedure 401.013](#) "Testing Inmates Post Communicable Disease Exposure" per Section [945.35](#), F.S.
- B. Human Immunodeficiency Virus tests can be requested by any inmate. Each institution will be responsible for testing its own permanent-party inmates and those of the community facilities for which the institution is responsible. See Appendix #1 Notice to Inmates (English/Spanish) for bulletin board notifications.

Human Immunodeficiency Virus testing does not require informed consent. While informed consent is not required, the inmate must be notified either verbally or in writing that he or she will be tested for HIV unless the test is declined. Notification may consist of signage in an exam room notifying patients that HIV testing may be conducted as a routine part of medical care and that they have the right to refuse. The refusal will be documented on the [DC4-711A form](#). The inmate shall be informed of the right to confidential treatment concerning the inmate's identity and test results. If the test result is positive, the inmate will be advised of the availability of mental health

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- counseling at the facility and partner notification services by the Department of Health Sexually Transmitted Disease staff.
- D. All Human Immunodeficiency Virus test results must be reviewed by a physician or clinical associate.
- E. No Human Immunodeficiency Virus test result shall be determined as positive or revealed to any person as positive without confirmatory testing.
- F. Inmates who are negative upon testing will be notified of the negative results and provided education on preventing the transmission of HIV. They may request another Human Immunodeficiency Virus test be performed in six (6) months. Subsequent testing will be based on clinical judgment and justification by the clinician.
- G. All Human Immunodeficiency Virus positive results will be entered on the [DC4-730, Problem List](#).
- H. All inmates with a positive Human Immunodeficiency Virus result will be referred to the physician/clinical associate for further workup and enrolled into the Immunity Clinic.
- I. All admissions to reception centers must have documentation of Human Immunodeficiency testing recommendation. This can be accomplished through documentation on Inmate *Reception Orientation*.
- J. When an inmate reports the history of a positive Human Immunodeficiency Virus test, an attempt will be made to obtain a copy of the test result from a previous departmental chart or the previous medical care provider. The inmate must sign a [DC4-711B, Consent for Authorization for Use and Disclosure Inspection and Release of Confidential Information](#), before the department makes contact with an outside provider. If unable to obtain a copy of a previous positive test result, either a Western Blot or HIV-1 Multispot test must be run, and the positive results placed in the inmate's active medical record.
- K. All inmates involved in a situation where there has been a significant exchange of body fluids will be tested in accordance with Procedure [401.013](#), "*Testing Inmates Post Communicable Disease Exposure*," except for those who are known to be Human Immunodeficiency Virus positive. Human Immunodeficiency Virus screening will be repeated at six (6) weeks, three (3) months, and six (6) months if the affected inmate

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remains negative. Inmates who are exposed shall be offered a preventive treatment based on a medical evaluation of the exposure.

- L. Mandatory Human Immunodeficiency Virus testing is to be performed within one (1) year of end-of-sentence pursuant to Section [945.355, F.S.](#)
1. The senior health services administrator is responsible for taking reasonable steps to ensure that Human Immunodeficiency Virus testing is completed on every inmate within one (1) year of end-of-sentence, and not less than sixty (60) days before the inmate's tentative release date.
 2. Inmates refusing the mandatory end-of-sentence test will be counseled by a trained nurse on duty at the time of the refusal and will be required to sign the [DC4-711A](#) form.
 3. Inmates with positive confirmatory test results are to be reported to the Department of Health as described in Section IV Reporting.

III. CARE PLAN:

- A. All Human Immunodeficiency Virus positive inmates will be followed in the Immunity Clinic for assessment, clinical evaluation, and monitoring. Periodic examinations, laboratory testing, tuberculosis screening, x-rays, and vaccinations will be provided as outlined in health services bulletin "Chronic Illness Monitoring and Clinic Establishment Guidelines," [15.03.05](#). Clinicians are expected to utilize specialty consultation when needed.
- B. Prophylaxis against opportunistic infections and antiretroviral therapy will be considered for Human Immunodeficiency Virus positive inmate patients as clinically indicated per CDC Guidelines:
<https://www.cdc.gov/hiv/guidelines/preventing.html>
- C. Patients considered for antiretroviral therapy must commit to medication adherence. All antiretroviral medication is to be single-dose administration with the exception of inmate patients in work release centers or those participating in discharge preparations. Inmate patients who are non-adherent will be reviewed by the clinician and antiretroviral therapy medication may be discontinued.
- D. Special diets are only indicated with clinical justification.

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IV. REPORTING:

- A. All newly identified Human Immunodeficiency Virus infected inmates and all new cases of Acquired Immunodeficiency Syndrome diagnosed in accordance with CDC standards must be reported to the Department of Health using the "Acquired Immunodeficiency Syndrome Adult Confidential Case Report" form ([CDC 50.42A](#)) A copy of the report form should be filed in the medical record behind [DC4-710](#), *Communicable Diseases Record* (pink chart divider). Additionally, all newly identified Human Immunodeficiency Virus-infected inmates must be reported to the Department of Corrections Human Immunodeficiency Virus Prerelease Planner for the appropriate Region.
- B. The Department shall also notify the County Health Department where the inmate plans to reside regarding an inmate who is known to be HIV positive or has received an HIV positive test result prior to the inmate's release.
- C. Reporting by a local hospital does not replace DC reporting.
- D. The Department of Health has identified Chlamydia, Gonorrhea, and Syphilis as reportable STDs/STIs per 64D-3.029 F.A.C. As such, all new cases will be reported to the Department of Health (including County Health Departments) within 72 hours using the FL Department of Health Practitioner Disease Report Form via Electronic case reporting (eCR) or via fax.

V. WORK RELEASE:

Inmates who are Human Immunodeficiency Virus infected and on medications may be placed in work release settings.

- A. When the decision is made to transfer a Human Immunodeficiency Virus infected inmate to a work release center, plans will be made to provide Human Immunodeficiency Virus-related medications.
- B. Medication related to Human Immunodeficiency Virus disease will be provided on a monthly basis by the major institution that is responsible for the work release center.

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- C. The inmate will continue to be followed at the major institution for Immunity Clinic.

VI. DISCHARGE PLANNING:

Discharge planning must be done for Human Immunodeficiency Virus infected inmate patients.

- A. In order to prepare and better educate inmates who have controlled Human Immunodeficiency Virus Infections/ Acquired Immunodeficiency Syndrome to prepare for their own care after release (end-of-sentence), six (6) months prior to end of sentence inmate patients on medications who have demonstrated adherence will be offered the opportunity to keep medications on-person. The clinician should schedule reevaluation in one month after this change to assess adherence.
- B. Within six (6) months of end-of-sentence, the assigned Human Immunodeficiency Virus prerelease planner will coordinate continuity of care with a community care provider, and/or county health department. The assigned Human Immunodeficiency Virus prerelease planner communicates verbally with the assigned classification officer and provides requested documentation.
- C. Refer to health services bulletin [15.03.29](#), *Prerelease Planning Continuity of Health Care*, for guidelines on planning for continuity of care.
- D. Pre-release planning will coordinate follow-up care for inmates who receive any medication(s) approved by the Department of Health Acquired Immunodeficiency Syndrome Drug Assistance Program.
- E. A thirty (30) day supply of currently prescribed medications (sufficient to provide the exiting inmate with treatment until treatment is received from a non-department of corrections provider) will accompany the inmate, along with a referral to an appropriate medical facility per [Section 945.355 \(5\)\(a\)-\(c\), F.S.](#)
- F. The pre-release planner will establish an appointment for the inmate at the county health department and / or community provider as soon as the end-of-sentence date is known.
- G. The following information shall be copied from the medical chart and such information shall be transmitted to the appropriate county health department, and/or community care provider where the inmate will receive health care after release:

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1. Human Immunodeficiency Virus test result showing a confirmation of a positive result using testing protocols outlined in [Chapter 64D-2](#), Florida Administrative Code (ie... western blot or HIV1 multi-spot test).
2. The latest Cluster of Differentiation (CD₄) count.
3. The latest Viral Load test result.
4. Any information that documents an Acquired Immunodeficiency Syndrome related opportunistic infection (see [Infection Control Program Manual](#) for a list).
5. Chart forms or an accurate listing of medication history.
6. A list of current medications related to treatment of Human Immunodeficiency Virus infection.

VII. EDUCATION:

- A. Florida statutes mandate education on Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome for Department of Corrections staff and inmates. Education will be provided to inmates at reception, transfer to a permanent institution, and prior to release. Periodic updates will be offered as needed. This education must be provided and documented (see Appendix #3 Inmate Reception Orientation: Human Immunodeficiency Virus Infection Education Lesson Plan and Curriculum).
- B. The peer education program: The goal of the peer educator training is to create a pool of inmate peer educators to conduct HIV prevention programs in prison.
 1. Trains Inmate Peer Educators (IPE) at the Central Florida Reception Center (CFRC) for males in Orlando and Florida Women's Reception Center (FWRC) for women in Lowell.
 2. A Peer Educator Trainer (PET) hosts "train-the-trainer" sessions using the Reach One Teach One (ROTO) curriculum, a prison peer health education training program.
 3. Peer educators also provide HIV prevention and risk education to fellow inmates in their dorms or in other permitted settings.
 4. Upon completion of orientation, inmate will sign [DC4-783B Acknowledgment of Receipt of Orientation from Peer Educator](#), along with the PET.
 5. When a new inmate has completed the Peer Educator phase of orientation,

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he/she will be able to request an HIV and Hepatitis test through the peer education program utilizing form DC4-783B.

VIII. DOH/340B STD Screening Program:

- A. In accordance with the Florida Department of Health 340B STD Program agreement, FDC will screen all inmates aged 27 and under for HIV, Syphilis, Gonorrhea and Chlamydia within 30 days of arrival to a 340B facility.
- B. All pregnant inmates will be tested within 30 days of arrival to a 340B facility regardless of age.
- C. This screening will be completed at 340B facilities and documented on the DC4-710D, *STD Screening 340B form*.
- D. Inmates will be tested for the above mentioned STDs within 30 days of arrival at a 340B facility whether or not they have been previously tested during their current incarceration.
- E. Lab test results will be reviewed by the site medical director or designee and an order written to refer all positive and/or reactive tests to the Department of Health provider who conducts the 340B clinic at that location.
- F. Inmates may refuse any one or all the above-mentioned tests by signing the DC4-711A, Affidavit of Refusal form.
- G. The 340B provider will evaluate and treat the referred inmates in accordance with the FDC/DOH agreement.
- H. Inmates who have been previously tested and/or treated and present with recurrent symptoms, regardless of age, will be assessed by site medical director or designee for referral to 340B provider for evaluation and/or treatment as needed.

VIII. RELEVANT FORMS AND DOCUMENTS:

- A. [DC4-710, Communicable Disease Record](#)
- B. DC4-710D, *STD Screening 340B form*
- C. [DC4-711A](#), Refusal of Health Care Services
- D. [DC4-711B, Consent for Authorization for Use and Disclosure Inspection and Release of Confidential Information](#)
- E. [DC4-730, Problem List](#)
- F. [DC4-783B, Acknowledgement of Receipt of Orientation from Peer Educator](#)
- G. [Health Services Bulletin 15.03.05](#), Chronic Illness Monitoring and Clinic Establishments Guidelines
- H. [Health Services Bulletin 15.03.29](#), Prerelease Planning Continuity of Health Care

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- I. [Procedure 401.013](#), Testing Inmates Post Communicable Disease Exposure Per Section 945.35, F.S.
- J. [CDC 50.42A](#) Department of Health Acquired Immunodeficiency Syndrome Adult Confidential Case Report
- K. [Infection Control Manual](#)
- L. [HSB 15.03.08 Appendix I Notice to Inmates \(English and Spanish\) Appendix "1"](#)
- M. [HSB 15.03.08 Appendix 3 Inmate Reception Orientation: Human Immunodeficiency Virus Infection Education Lesson Plan and Curriculum - Appendix "3"](#)

Health Services Director

Date

This Health Services Bulletin Supersedes:

HSOI 87-05 dated: 3/27/87
Interoffice Memorandum dated: August 7, 1990
Re: DC Policy on Human Immunodeficiency Virus Disease

HSAM 97-4 dated: 9/12/97 and 5/21/98

HSB 15.03.08 dated: 4/1/88, 5/2/88, 12/5/88, 5/26/89, 1/29/92, 11/8/93,
3/31/94, 5/20/96, 3/5/97, 9/11/01, 06/08/04, 04/01/08,
06/30/14, 12/29/17, 08/31/2018, 12/15/2019,
AND 09/01/2020
