

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-B-01.6

SUBJECT: HIV and Viral Hepatitis: Counseling, Testing and Referral (CTR) Program

POLICY: Inmate/patients while incarcerated in the Oregon Department of Corrections will be afforded the opportunity to receive counseling, testing and referral (CTR) services. This procedure will identify the steps in providing blood borne pathogen (specifically HIV and Viral Hepatitis) counseling, testing and referral (CTR) services.

REFERENCE: NCCHC Standard P-B-01 Infection Prevention and Control Program
DOC Policy 20.6.7 Blood Borne Pathogens (BBP)
ORS 433
OAR 333, Divisions 12, 17, 18, 19
OAR 437, Division 2/OSHA 1910.1030
OAR 291-124-0065
CDC HIV Testing Implementation Guidance for Correctional Settings (2009)

DEFINITIONS: Referenced material providing definitions can be found in Appendix A of this policy.

PROCEDURE:

A. Service Eligibility

1. Inmates of DOC facilities will be eligible for HIV/Viral Hepatitis CTR Services upon meeting the following criteria.
 - a. The inmate voluntarily applies for blood borne pathogen education, or CTR.
 - b. The inmate has been referred for such services by a DOC provider within a facility where blood borne pathogen CTR is conducted.
 - c. The inmate is under Court Order for HIV testing.
 - d. The inmate has recently tested HIV or Viral Hepatitis positive or is diagnosed with AIDS.
 - e. The inmate is accessible for service: e.g. within the general inmate population of a facility serviced by the HIV/Viral Hepatitis CTR contractor.
 - f. The inmate is easily accessible for CTR services when housed

in segregation.

- g. There is reasonable probability the inmate will remain in the DOC facility long enough to complete pre and post Viral Hepatitis and HIV antibody or confirmatory test CTR (specifically one [1] month).

2. Bilingual and culturally relevant services are provided, primarily to Spanish-speaking inmates. Wherever possible, Spanish speaking persons and people of color are assigned to a like Service Provider. Female inmates are served by female Providers when feasible and all direct service to inmate clients of BHS are provided by personal services contract with trained, experienced and **certified** HIV CTR Service Providers. Certified persons will provide the 6-steps of HIV CTR as per the client-focused counseling evidence-based protocols from the Centers for Disease Control and Prevention (CDC).

B. HIV/Viral Hepatitis Pre-/Post -Test Counseling

1. HIV and Viral Hepatitis CTR will be conducted by a certified HIV CTR Service Provider in response to inmate requests, court orders and DOC Health Services staff requests. The HIV and/or Viral Hepatitis antibody and confirmatory tests will be ordered as recommended following pre-test CTR and acquisition of an informed consent form for HIV testing.
2. HIV and Viral Hepatitis pre-test CTR follows the CDC Guide for client-focused-counseling, ODOC Policy P-B-01, and Oregon State Law (i.e. ORS 433) and includes but is not limited to:
 - a. Acquisition of the reason for requesting the test, confidential risk assessment for infection, and/or compliance with a court order.
 - b. Review of inmate BBP knowledge base, HIV and viral hepatitis test history and determination if testing is appropriate.
 - c. Clarification of the approximate date of the most recent probable exposure (greater than three preceding months for most accurate test results/seroconversion identification).
 - d. Clarification of test procedures, meaning of results, and provision of positive test results, by the laboratory, to the local health department for statistical purposes and notifications required with court ordered testing.
 - e. Discuss potential impact of results on future engagement in risk behaviors.
 - f. Develop ideas for coping skills while awaiting results.
 - g. Identify client-centered prevention and risk reduction plan.
 - h. Encourage notification of all partners and referral to a health care provider for assessment when results warrant.
 - i. Explain DOC HIV Informed Consent Agreement, and obtain

- signature on same.
- j. Write **request** for appropriate testing in Physician's Order pages in health record and sign, date, and print institution name request as indicated in medical record. Licensed medical providers will approve/not approve testing via their signature or initials identify the medical request as a medical order which nurses will follow according to protocol.
 - k. Record date, time, CTR and "HIV-Hepatitis pre-test CTR and consent" with signature on Progress Notes in health record.
3. Post-test CTR is promptly scheduled upon receipt of lab result at ordering institution. Test results will be given to the inmate, when feasible, by the ordering HIV/Viral Hepatitis CTR Provider (within 1 month *at maximum* of result acquisition at facility; ideally within two weeks of blood draw). The CTR protocols per CDC and ODOC guidance are delineated in Appendix C of this document. These protocols include, but are not limited to:
- a. Delivery of test results and meaning.
 - b. Clarification of antibody and viral confirmatory (RNA/DNA) test results.
 - c. Identification or reinforcement of client-centered risk reduction methods.
 - d. Evaluation of coping skills and referral to BHS provider as appropriate.
 - e. Plan for notification of partners.
 - f. (If positive): Reaffirmation that the inmate's name and test results have been reported to the Local Health Division, in accordance with the previously signed HIV Informed Consent Agreement and Oregon State Law.
 - g. Provision of written educational material.
 - h. Referral to request medical provider for "special needs clinic" medical follow-up per institutional procedures.
 - i. Record date, time, CTR and "HIV-Hepatitis pre-test CTR and consent" with signature on Progress Notes in health record
 - j. If patient requests HIV results provide patient with Medical Release of Information (ROI) and instruct them on how and when to complete ROI. ROI should be sent to medical 2-weeks prior to release date so medical records specialists or other staff can copy HIV result and send in a sealed envelope to R/D for release with inmates belongings. NO unsealed envelopes containing results should be sent to R/D and no loose results (without envelope) should be sent to R/D. All HIPAA, Federal and State laws apply to HIV results as per ORS 433.045.
 - k. If a patient requests Viral Hepatitis results such requests must be made through the kyte system and will be handled by medical staff and/or medical records specialist as per

institution practice.

C. HIV/Viral Hepatitis Antibody and Confirmatory Testing Procedures by Medical Services, BHS, and Contracted Laboratory

1. HIV/Viral Hepatitis CTR Providers may recommend, per a doctor's order approval, testing of an inmate for the presence of the HIV, HBV or HCV antibody (and commensurate confirmatory tests).
2. Communicable disease testing may be ordered when:
 - a. All previous pre-test CTR requirements are met.
 - b. Provider-signed Physician's Orders for testing blood-draw are recorded in the medical record.
 - c. The Interpath *Serology Test Acquisition* form is completed for HIV and viral hepatitis testing only.
 - d. Authorized medical staff draw blood for testing **without** adding any additional tests to patient HIV-Viral Hepatitis acquisition form in accordance with the Interpath "*New Specimen Requirements for Hepatitis and HIV Testing*" January 3, 2011; Appendix B of this document.
Blood draws may occur with other requested lab work on the same patient to ensure minimally invasive procedures are used (i.e. least number of draws).
If additional labs are requested by medical providers such must be recorded and submitted on a separate Interpath acquisition form than that used for HIV communicable disease test submission.
 - e. Upon receipt of the specimen and test acquisition forms by Interpath, antibody testing will be completed within (two) 2 working days and results delivered to ordering institution in a timely fashion.
3. Upon receipt of the HIV or viral hepatitis test results to ordering institution:
 - a. Medical staff will schedule lab results or chart review for all incoming communicable disease results as per protocol for all incoming laboratory results.
 - b. BHS or medical services staff will schedule post-test counseling when feasible, with the ordering HIV/Viral Hepatitis CTR Provider.

Definitions

Acute infection. Infections that may come on rapidly and last less than 6 months.

AIDS. Acquired Immune Deficiency Syndrome. A clinical diagnosis that is the result of acquiring Human Immunodeficiency Virus (HIV). This diagnosis indicates the immune system cannot adequately fight off otherwise defendable infections.

Antibody. An immune system substance that typically fights disease agents (antigens) that enter the human body. Antigens such as bacteria, fungi, parasites and viruses are “attacked” by antibodies that are specific to each different pathogens genetic make-up.

Antibody-negative test result. In this context means a communicable disease test result that indicates a person has not developed antibodies to a specific antigen (disease causing agent).

Antibody positive test result. In this context means a communicable disease test result that indicates a person has developed antibodies to a specific antigen (disease causing agent). This must be followed up by an appropriate confirmatory (antigen identification) test to confirm diagnosis.

Antiviral drugs. Drugs that slow the process of the HBV or HCV infection by suppressing the ability of HBV or HCV to replicate.

Antiretroviral drugs. Drugs that slow the process of the HIV infection by suppressing the ability of HIV to replicate.

Blood borne pathogen (BBP). An infectious agent carried in the bloodstream such as HIV, HBV or HCV.

Chronic infection. Infections that may come on rapidly and last more than 6 months, recur and remit, or last a lifetime.

Communicable disease. A disease that is caused by the transmission of germs from one person to another.

EIA. Enzyme Immuno Assay detects the presence of viral antibodies in blood. There are different EIA tests for each of the viruses of interest.

ELISA. Enzyme Immunoflorescence Assay that detects presence of HIV antibodies.

HIV. Human Immunodeficiency Virus significantly reduces the effectiveness and quantity of human immune system cells, specifically CD4 (or T-cells) and this can cause AIDS.

Parasite. An organism that relies on another organism for survival.

Positive test result. In this context used to describe a test result in which indicators (most likely antibodies) for HIV or Viral Hepatitis are detected. Such may also be indicative of detection of presence of antigen on confirmatory tests.

Polymerase chain reaction (PCR) test. A test that detects virus and viral load for HIV, HBV and HCV, also considered a confirmatory test.

Viral Hepatitis. Viruses that are transmitted from one person to another that attack the liver and can be acute or chronic dependent upon the individual and viral factors.

Western blot. A blood test that detects presence of antibodies and is used to confirm HIV antibody tests (ELISA).

American Red Cross (2003).



******* NOTICE *******

**NEW SPECIMEN REQUIREMENTS FOR:
HEPATITIS AND HIV TESTING**

Effective: Monday, January 3, 2011
Hepatitis A, B, C and Hepatitis B, C Panels

Hepatitis C Quant (HCV RNA Quant by PCR)

Hepatitis C Genotype

HIV Quant (HIV-1 RNA Quant by PCR)

HIV Genotype:

- Draw 2 SSTs • Allow to Clot • Centrifuge
- Send in Refrigerated • Stability: 1 Week
(This does allow enough specimen for the reflex to the HCV Quant if positive.)
- Draw 1 SST • Allow to Clot • Centrifuge
- Send in Refrigerated • Stability: 3 Days
- Draw 1 SST • Allow to Clot • Centrifuge
- Send in Refrigerated • Stability: 1 Week
- Draw 2 White (Pearl) • Centrifuge Immediately
- Send in Refrigerated • Stability: 6 Days
(DO NOT FREEZE white top tube after centrifugation.)
- Draw 2 White (Pearl) • Centrifuge Immediately
- Send in Frozen • Stability: 4 Months

1100 Southgate, Suite 13
P.O. Box 1208
Pendleton, OR 97801

Phone: 541.278.4740
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STATE OF OREGON
DEPARTMENT OF CORRECTIONS (ODOC)
INFORMED CONSENT FOR INFECTIOUS DISEASE TESTING

I understand:

- My HIV, HCV or HBV antibody (and confirmatory test) results will become a part of my permanent **confidential** ODOC Medical Record;
- I must sign a special **Release of Information** in order to deliver my HIV results to any other agency or entity (except in the case of court-ordered testing);
- That in the condition of fully executed court-orders for BBP testing lab results will be delivered to the court-appointed victim advocate;
- If any of my results are positive the laboratory contracted by ODOC will notify the Oregon Health Authority for data collection purposes only;
- Necessary precautions securing the confidentiality of my infectious disease test results will be maintained per Federal and State laws;
- That I cannot have a paper copy of my HIV results while incarcerated; and
- That my questions or concerns regarding these tests have been addressed by the Counseling, Testing, and Referral (CTR) counselor.

I have read the above information. My signature indicates that I am in agreement with these statements.

Inmate Signature

Inmate Name and SID (**please print**)

Date Signed

Signature of person obtaining consent

**ESTADO DE OREGON DEPARTAMENTO DE CORRECCIONES (ODOC)
CONSENTIMIENTO INFORMADO PARA PRUEBAS DE ENFERMEDADES
INFECCIOSAS**

Yo entiendo:

Que mis resultados de anticuerpos de VIH, HCV o HBV (y pruebas de confirmacion) se convertiran parte permanente del record medico **confidencial** del ODOC o Departamento de Correcciones del Estado de Oregon;

Yo debo firmar una **Autorización de Divulgar Informacion** especial en orden de entregar los resultados de mi VIH a alguna otra agencia o entidad (excepto en el caso de que la corte ordene la prueba);

Que en la condicion de la orden de la corte totalmente ejecutada para pruebas de laboratorio de Patogenos Transmitidos Por Sangre seran entregados al defensor de la victima nombrado por la corte;

Si alguno de mis resultados son positivos el laboratorio contratado por el Departamento de Correcciones del Estado de Oregon notificara a la Autoridad de Salud de Oregon solamente con el proposito de recopilacion de datos;

Precauciones necesarias para la confidencialidad de mi enfermedad infecciosa seran mantenidas por leyes Federales y Estales;

Que yo no puedo tener una copia en papel de los resultados de mi VIH durante mi encarcelamiento; y

Que mis preguntas y preocupaciones sobre estas pruebas han sido tratadas por medio del consejero de Asesoramiento, Pruebas, y Referencias (CTR).

Yo he leído la informacion arriba mencionada. Mi firma indica que yo estoy de acuerdo con estas declaraciones.

Firma del Preso
imprima)

Nombre del Preso y Numero (**por favor**

Fecha Firmada

Firma de la persona que obtuvo el consentimiento

Consentimiento Informado De Prueba de VIH-Revisado Agosto 2012

CD 1670B

HIV/Viral Hepatitis Screening Process

1. Request for testing is received at medical (through inmate Kyte, provider's orders or Court Order).
2. A photocopy of the request is made and:
 - a. A copy is placed in the BHS Office Specialist (OS) box for pre-test CTR contractor scheduling;
 - b. The inmate is sent the original of the Kyte indicating scheduling has occurred.
3. The inmate will be scheduled with the CTR contractor for "Pre-test Counseling". The following criteria must be met and discerned in DOC400:
 - a. The inmate must have been incarcerated within a DOC institution for a minimum of 3 months. If this is not the case, staff will schedule the inmate out 3 months in DOC400 on a medical call out per normal procedure for CTR.
 - b. If the inmate has been incarcerated for longer than three months staff can schedule for the first available time in the CTR contractor's schedule. Scheduling is on a first-come-first-serve basis with priority given to communicable disease result delivery.
4. The CTR contractor will screen the inmate face-to-face performing the required CDC- 6-steps of client-focused-counseling rooted in the evidence base for reducing blood-borne pathogen risk among high-risk individuals.
5. The CTR contractor will, based upon the pre-test outcome, either approve or disapprove lab testing. **Note:** an inmate may have more than 1 HIV or Hepatitis test during incarceration if behavioral risks exist.
 - a. If approved, the CTR contractor will:
 - i. Verbally provide the salient points of the consent form and obtain the appropriate consent signature from the inmate and place with lab form across from the "face sheet" page in the medical record.
 - ii. On the physician's orders page place a testing sticking provided by ODOC. Mark the boxes associated with the BBP test that the inmate has requested. Ensure the page contains complete information regarding patient name, SID, allergies, date, time and institution. Sign your name to the request for testing. Fold the physician order page upward to the right to indicate requested order.
 - iii. Write the date and time as well as "HIV/Hep pre (or post) test CTR and consent [if pre-test]" [or something similar, according to institutional protocol] and counselor signature on the "progress notes" section of the inmate medical record. **Do not write Inmate risk behaviors in the medical record.**

- b. If the inmate refuses testing, the CTR counselor will have the inmate complete a denial of service form (available from medical staff) and file under the “consent” section of the inmate medical record. Court-ordered inmates may refuse testing and sign the consent form. In this instance appropriate protocol will be followed to ascertain forensic evidence through non-ODOC medical resources per protocol.
 - c. Counselors can disapprove testing if no risks exist, and the inmate has previous test results that are considered still valid. Counselors will keep in mind that not all inmates will reveal high–risk behaviors and professional judgment is required if disapproval is rendered. Specific reasons for disapproval should be written in the medical “progress notes” section of the inmate medical record.
- 6. The CTR contractor will complete the Interpath laboratory request forms per protocol for the appropriate test(s) and place in the corresponding inmate’s medical record across from the “Face Sheet”.
 - a. CTR contractors will *only* order the following lab tests for inmates when counseling warrants such:
 - i. 2304 Hep C Ab
 - ii. 2625 HIV 1 / 2*
 - iii. 1884 Hepatitis B C panel
 - b. CTR contractors will complete the following information for the patient at the top of the Interpath requisition form:
 - i. Name
 - ii. DOB
 - iii. Sex
 - iv. Physician name (print your name)
 - v. Medical Record / ID# (this is the SID #)
- 7. Medical staff will schedule the contractor-ordered laboratory tests based upon the institution scheduling template then draw and process the blood samples.
 - a. Nursing staff will also schedule a chart review for the appropriate Medical Provider to sign-off on the Contractor’s *request* for testing. Contractors are not medical professionals and their ‘requests’ are not the same as ‘orders’. **ALL** requests in all institutions **must** be approved and signed or initialed by a licensed medical provider.
 - b. HIV and Viral Hepatitis tests will be submitted on a solitary Interpath laboratory requisition form. Medical provider-requested tests for the same inmate should be drawn at same time as HIV/Viral Hepatitis tests, but submitted under different Interpath requisition forms so that results will be delivered back to the institution on separate lab result reports [per Interpath 1/10/11].
- 8. Communicable disease lab results are sent via fax to Medical at the ordering institution and in some cases also to the BHS OS who schedules the CTR Contractor:
 - a. Medical staff will receive a copy of the Contractor-ordered HIV/Viral Hepatitis test results via fax from Interpath. Often the *CTR Contractor*

name will appear as the requesting provider. Labs should be reviewed by a medical provider per protocol.

- b. No CTR Contractor-initiated results should be given to the inmate unless designated by a provider. The CTR Contractor will be scheduled to deliver post-test counseling in a timely fashion per the CDC's evidence-based protocol. No further action from medical staff is required.
 - c. The BHS OS who schedules the Contractor will receive HIV/Hep test results via fax directly from Interpath or from medical at the ordering institution per institutional protocol. BHS OS will schedule post-test counseling for the contractor on a priority basis per inmates leaving the institution and above requests for tests; **results are priority and should be delivered first.**
9. Post-test counseling and result explanation are delivered as scheduled by the CTR contractor following these steps:
- a. Confirmation of correct patient-test result delivery is obtained (i.e inmate name, and SID # in the medical record will be reviewed for correctness).
 - b. Result and meaning are delivered to patient.
 - c. Referral to request medical "special needs clinic" as appropriate will be requested in both Physician's orders and written in the progress notes of medical record.
 - d. Inmate will initial the test results indicating that they have received said results.
 - e. Contractors will write "results to patient mo/day/yr" and initial test results.
 - f. Contractors will write, in colorful pen and large font, **DO NOT COPY** on the HIV test result, so as to decrease the likelihood that results will accidentally be provided to patients within the facility along with other labs if requested.
 - g. Results will be placed under the Labs section of the medical record.
 - h. Charts will be returned to medical for further scheduling or re-filing as appropriate.

Communicable Disease Medical Follow-Up

1. For persons that are HIV or Viral Hepatitis negative.
 - a. Provide lab results and meaning directly, no small talk;
 - b. Provide the person time to consider results;
 - c. Answer questions;
 - d. Identify discussion points with inmates regarding persons with whom they may chose to disclose status;
 - e. Develop client-centered risk reduction plan to remain negative in future;
 - f. Refer as appropriate;
 - g. Discuss Hepatitis A and B (Twinrix) Vaccine with inmate; and
 - h. Close session.
2. For persons that are HIV or Viral Hepatitis positive.
 - a. Provide lab results and meaning directly, no small talk;
 - b. Provide the person time to consider results;

- c. Answer questions;
 - d. Identify discussion points with inmates regarding persons with whom they may chose to disclose status;
 - e. Develop client-centered risk reduction plan to decrease transmission others;
 - f. Request "special needs clinic" to medical provider for follow-up testing (see below);
 - g. Discuss Hepatitis A and B (Twinrix) Vaccine with inmate; and
 - h. Close session.
3. If court ordered testing copy result page and return such with court materials in medical record to staff per institutional procedure.
 4. Medical next-steps to discuss with persons testing positive with HIV or Viral Hepatitis:
 - a. Supportive counseling is provided to newly identified HIV, HBV, or HCV positive, and AIDS diagnosed inmates, with appropriate referrals for ongoing clinical intervention and BHS services as needed.
 - b. Inmates who are positive for blood borne pathogens will be referred to medical for follow-up blood work to assist with diagnosis. **Contractors are not to discuss prognosis with patients.** Contractors may share educational materials and statistics with patients.
 - c. Appropriate public health disease investigations forms will be completed and placed in the medical record for medical staff review and dissemination as per ORS 409.050 and 433.004.
 - d. Inmates who are positive for either HIV or Viral Hepatitis will be provided the opportunity to meet with a medical provider to discuss *potential* treatment of their chronic condition per DOC chronic disease policies and procedures.
 - e. Providers will refer to HIV or Viral Hepatitis specialist per medical discretion.
 - f. Patients will be offered Twinrix vaccine per institutional protocol.

Effective Date: _____

Review date: August 2014

Supersedes P&P dated: April 2014