

**NEVADA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REGULATION  
610**

**HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED  
IMMUNE DEFICIENCY SYNDROME (AIDS)**

**Supersedes:** AR 610 (03/19/13); and AR 610 (Temporary, 01/14/15)

**Effective date:** 05/19/15

**AUTHORITY:** NRS 209.131; NRS 209.385; NRS 209.511; NRS 441A; NAC 446.211

**RESPONSIBILITY**

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

**610.01 HIV STATUS AND AIDS INFORMATION**

1. The Department should deliver treatment, programs, and services to inmates with HIV antibodies.
2. Mandatory screening for HIV should be conducted during the intake process on all inmates housed in the Department.
3. All inmates who test positive in the initial screening test will be retested for confirmation.
  - A. A positive confirmatory test is necessary to identify a person infected by the HIV virus.
  - B. Positive results from the confirmatory test do not necessarily indicate that the inmate has AIDS, but that the inmate is presumed to be infected with HIV.
4. 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. Inmates that tested positive for HIV should be offered voluntary counseling during incarceration and prior to release from prison.

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

1. The name of the offender(s) who test positive for HIV antibodies 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 Outdated lists should be shredded or deleted.

3. If an employee of the Department comes into contact with the blood or bodily fluids of an inmate the shift supervisor 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. Disclosure of the names of persons infected with HIV virus is prohibited except as provided for in NRS 441A.220.

B. 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.

C. 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. Any inmate who is HIV positive may be classified to assignments in the canteen, culinary, food services, infirmary, or allied health services area, so long as they meet the classification criteria normally associated with those assignments and are subject to the same health and safety requirements applicable to any inmate assigned to those areas.
3. Inmates with HIV antibodies are subject to the following housing guidelines:
  - A. May be housed in a single occupancy cell;
  - B. May not be housed in double occupancy cells with non-HIV inmates;
  - C. 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 Associate Warden/designee.
5. The decision to house an inmate with AIDS in the infirmary should be based on a clinical decision made by the treating practitioner (Physician, Physician Assistant, Advanced Practitioner of Nursing).
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 may be classified and moved to the appropriate housing.
  - A. When the disciplinary sanction, if any, expires, the inmate should be segregated under the conditions of Administrative Segregation.
  - B. The Offender Management Administrator (OMA) must approve any classification decision.
7. Staff will use Standard (Universal) Precautions.

**610.04 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 standard 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

**610.05 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 proven to be effective.

B. Inmates may be entered into approved medication trials after signing informed consent and with the approval of the Medical Director/Designee.

**610.06 EXIT TESTING AND DISSEMINATION OF INFORMATION TO STATE HEALTH DIVISION**

1. Correctional Case Records Manager/designee will provide the Medical Division a printout that lists inmate discharges.

A. The Medical Division will contact each inmate on the list to have the required exit labs drawn.

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 a practitioner for all inmates who have confirmed positive results. Appropriate reports will be sent to the State Health Division by the Disease Control Specialist III.

A. If the inmate is released before receiving confirmed test results, the Disease Control Specialist III will notify the inmate (if forwarding address known) and the State Health Division in writing of confirmed positive tests and to advise that post-test counseling and contact tracing are required.

**APPLICABILITY**

1. This regulation requires a Medical Directive for HIV treatment, management and precautions for NDOC institutions and facilities.

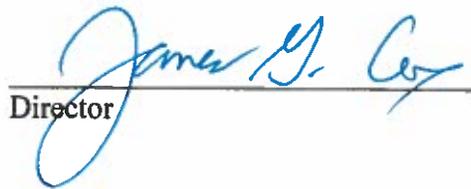
2. This regulation requires an audit.

**REFERENCES:**

National Commission on Correctional Health Care Standards, 2014 Revision, P-B-01.

  
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Medical Director

JUN 15 2015  
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Date

  
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Director

6/15/15  
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