6.6 Notifiable diseases

Under review

This policy and its associated procedures are under review and will be published in 2018. Until then, correctional centres are to manage Notifiable diseases as per the Operations and Procedures Manual (OPM), section 7.11 HIV/AIDS/Hepatitis Issues which has been included below for reference.

Centre management in Rapid Build correctional centres and others under Benchmarked operations must ensure that all responsibilities have been allocated to meet operational needs in Local Operating Procedures (LOPs).

For any enquiries in relation to this policy please contact Custodial Operations on: COPP@justice.nsw.gov.au
SECTION 7.11 HIV/AIDS/HEPATITIS ISSUES

TABLE OF CONTENTS

7.11 HIV/AIDS/HEPATITIS ISSUES 3
7.11.1 SUMMARY PAGE 3
7.11.1 POLICY 4
7.11.2 PROCEDURES 5
7.11.2.1 Disclosure of HIV/AIDS test results 5
7.11.2.2 Placement and management of inmates with HIV/AIDS 6
7.11.2.3 Segregated Custody Direction 6
7.11.2.4 Infection prevention and control 7
7.11.3 PROCEDURES FOR THE PLACEMENT AND MANAGEMENT OF INMATES WITH HIV/AIDS 8
7.11.3.1 General 8
7.11.4 PROCEDURES TO BE ADOPTED IN THE EVENT OF EXPOSURE TO BLOOD OR BODY SUBSTANCES 9
7.11.4.1 Responsibilities of the General Manager 9
7.11.4.2 Responsibilities of the Public Health Response Group 10
7.11.5 MONITORING AND EVALUATION 11
7.11.6 DOCUMENT HISTORY 11
7.11 HIV/AIDS/HEPATITIS ISSUES

7.11.1 SUMMARY PAGE

Summary

| Policy Overview | Information regarding the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) status of inmates is confidential and must not be recorded anywhere except in the relevant health records. This information must not to be disclosed to any person except for the purpose of exercising the functions of his/her office, or without a written, signed and dated consent of the person with HIV/AIDS. Access to inmates’ confidential health records is limited to those named in written permission from the person, to the Justice Health & Forensic Mental Health Network medical staff and to other emergency medical personnel. People living with HIV/AIDS or hepatitis are to have normal placement unless other factors indicate otherwise. |
| Purpose | This policy outlines the responsibility of all staff concerned in the maintenance of the confidentiality of a person’s HIV/AIDS status, should knowledge of such be made known to them in the function of their duties. The procedures outlined in this section define the parameters within which staff may perform their duties in respect of the policy and guidelines. |
| Scope | This policy affects all General Managers and custodial officers within correctional centres and other places of detention who may, in the function of their duties, need to manage inmates with HIV/AIDS or hepatitis. It also affects all non-custodial staff who work with custodial officers and inmates within such centres. |
| Strategic Focus | • State Priorities – NSW Making it Happen • Department of Justice Strategic Plan • Corrective Services NSW Business Plan |
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CSNSW</td>
<td>Corrective Services NSW</td>
</tr>
<tr>
<td>EAP</td>
<td>Employee Assistance Program</td>
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<tr>
<td>GM</td>
<td>General Manager</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>JH&amp;FMHN</td>
<td>Justice Health &amp; Forensic Mental Health Network</td>
</tr>
<tr>
<td>MIN</td>
<td>Master Index Number</td>
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### Definitions

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>Acquired Immune Deficiency Syndrome</td>
<td>Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by the Human Immunodeficiency Virus which destroys the body’s white cells, resulting in reduced immunity, and lowering of the body’s resistance to infection and malignancy.</td>
</tr>
<tr>
<td>Authorised Officer</td>
<td>The officer authorised by the General Manager to perform the functions set out in this part of the Operations Procedures Manual.</td>
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</table>

### 7.11.1 POLICY

Screening for the Human Immunodeficiency Virus (HIV) and hepatitis is conducted by Justice Health & Forensic Mental Health Network (JH&FMHN) nurses as part of the *Early Detection Program: Screening for Blood Borne Viruses and Sexually Transmissible Infections*.

Prior to being tested, an inmate must complete the standard consent form as used by the NSW Department of Health.

A JH&FMHN nurse at the correctional Health Centre will carry out the testing of inmates for HIV/AIDS.

Written records or any identifying notification of an inmate’s HIV/AIDS status will not be maintained anywhere except in the inmate’s confidential medical file. All staff members are advised that the recording of an inmate’s HIV/AIDS status on any Corrective Services NSW (CSNSW) form may attract a maximum penalty of $2,200.

A person who learns of the results of a test of an inmate for exposure to or infection with HIV/AIDS will not disclose the results to any person except for the purpose of exercising the functions of their office.
Inmates infected with HIV/AIDS or hepatitis are to be integrated as much as possible within the mainstream correctional population.

Inmates who exhibit unacceptable behaviour by using their HIV/AIDS status as a threat to the personal safety of any other person, the security of the correctional centre, and/or the good order of the correctional centre may be dealt with in a special management environment e.g. limited association with other inmates.

7.11.2 PROCEDURES

7.11.2.1 Disclosure of HIV/AIDS test results

Each month JH&FMHN will provide a list of inmates who have tested positive for HIV/AIDS to:

- the Office of the Commissioner
- the Assistant Commissioner, Custodial Corrections

This list will include:

- the first two letters of the first name together with the first two letters of the inmates’ surname
- Master Index Number (MIN)
- location
- sentence details.

The Assistant Commissioner, Custodial Corrections is not to disclose the results of an inmate’s HIV/AIDS test to any person except for the purpose of exercising the function of that office. The Assistant Commissioner, Custodial Corrections may disclose the results of such a test to a person who is considered to require the information to provide for the welfare of the inmate concerned, or the good management of the correctional centre in which the inmate is housed.
7.11.2.2 Placement and management of inmates with HIV/AIDS

On receiving advice that an inmate in his/her care has been diagnosed with HIV/AIDS, the General Manager (GM) should develop a management profile to identify whether the inmate could be considered a sexual predator or violent. This may be done by examining the offences for which the inmate has been imprisoned and those they may have committed whilst in custody, and in particular, offences against other persons. Where possible, the GM is to obtain an assessment of the inmate from a CSNSW psychologist and correctional officers involved in the management of the inmate. This is to be done discreetly in order not to alert people who are not entitled to know of the particular inmate’s HIV/AIDS status.

If the profile indicates that the inmate may be a sexual predator or a violent offender, the GM is to interview the inmate, as part of the risk assessment process. The results are to be recorded by the GM and kept with the inmate’s management profile. The profile is then forwarded separately to the GM of any correctional centre to which the inmate is transferred.

A pro-active approach to the management of HIV/AIDS or hepatitis infected inmates is essential to maintaining a safe environment for all staff and inmates and for minimising the necessity for managing these inmates in segregated custody on the basis of threatening behaviour.

7.11.2.3 Segregated Custody Direction

There is provision for an inmate infected with HIV/AIDS or hepatitis to be managed in segregated custody on the basis of the following threatening behaviour:

- deliberately infecting or attempting to infect any person with HIV/AIDS or hepatitis
- substantiated or credible reports of using their HIV/AIDS or hepatitis status to threaten any other person. These reports may originate from either within the correctional system or the community.

When an inmate is received from the police or court charged with infecting or attempting to infect any person with HIV/AIDS or hepatitis, they are to be placed in segregated custody immediately upon reception. During the reception process the inmate is to be managed with the highest degree of caution. The segregated custody direction and its accompanying reports should reflect the reasons for the inmate’s segregated custody but is not to contain any reference to the inmate’s HIV/AIDS status.
Before an inmate is placed in segregated custody, the Commissioner/ GM issuing the direction is to meet the legislative requirements and be satisfied that segregation is necessary for the reasons set out in the *Crimes (Administration of Sentences) Act 1999.*

The segregated custody direction procedures incorporating the responsibilities of the GM may be found in COPP section 3.4 Segregation.

It should be noted that under no circumstances should an inmate be managed under a segregated custody order solely on the basis of his/her HIV/AIDS status.

**7.11.2.4 Infection prevention and control**

In the event of:

- an inmate allegedly infecting a staff member with HIV/AIDS
- a needle-stick or sharps injury to a staff member
- a staff member is exposed to blood or body substances

the staff member must perform immediate first aid – thoroughly wash skin with liquid soap and water, do not encourage or express the needle-stick/sharps site to bleed, dry skin and cover site with an occlusive dressing; spit or blow out fluids from mouth or nose, flush mouth, nose or eyes with water or normal saline (if available).

Following first aid, the GM or an authorised officer will refer the affected staff member to appropriate medical services for testing and to the Employee Assistance Program (EAP) (telephone 1300 361 008) through the Officer In Charge for post exposure discussion. The affected staff member will receive information on the level of risk involved, the precautions available, and the procedures to be followed. The GM should also ensure that the appropriate reports on the incident are completed and submitted.

In the event of an inmate sustaining a needle-stick injury, or a blood-spill exposure, the affected inmate will be referred to JH&FMHN for counselling and testing.

An inmate allegedly deliberately infecting any other person will be dealt with according to sections below *Procedures to be adopted in the event of exposure to blood or body substances, and Responsibilities of the General Manager.* As this is deemed a criminal offence, the GM will need to initiate steps to involve the police.
7.11.3 PROCEDURES FOR THE PLACEMENT AND MANAGEMENT OF INMATES WITH HIV/AIDS

7.11.3.1 General

Upon notification of an inmate's HIV/AIDS status, the GM is to develop a management profile of the inmate, indicating behavioural history during the current and previous sentences. This profile will assist the GM in determining whether the inmate requires or may require special management or placement.

The GM will liaise with the appropriate JH&FMHN staff via telephone to ensure that the inmate receives proper counselling, support and medical treatment.

The GM is to ensure that the inmate is provided with any additional clothing or heating requirements they may need.

The GM is to ensure that the behaviour of the inmate is discreetly monitored for any indication of increased violent behaviour, changed reactions or other signs of distress. Should changes be identified, the inmate should be referred urgently to JH&FMHN Health Centre for assessment by nursing staff who will liaise with specialist Sexual Health/Immunology providers.

The inmate should be referred to the correctional centre psychologist for assessment or counselling if they display any change in patterns of behaviour, or for neuropsychological assessment if they display HIV-associated dementia (NeuroAIDS), which may indicate some form of crisis.

When an inmate with HIV/AIDS is to be transferred to another correctional centre, the transferring GM will verbally inform the receiving GM of the impending move. A record of the conversation is to be made in the receiving GM's journal. To maintain the confidentiality of the inmate's identity, they are to be identified only by their initials. The notation could read as follows –

'Received a phone call from GM Smith, Reception and Induction Centre - inmate JM to be transferred today'.

The GM will determine the area in which the inmate is housed and will inform the Manager Security and the Officer in Charge of the accommodation area of the inmate's HIV/AIDS status. This information is to be transmitted verbally and the GM is to stress to both the Manager Security and Officer In Charge of the accommodation area that no written records of this information are to be maintained and that the information may not be disclosed to any other person.
7.11.4 PROCEDURES TO BE ADOPTED IN THE EVENT OF EXPOSURE TO BLOOD OR BODY SUBSTANCES

The following procedures are to be adopted in the event of exposure to HIV/AIDS or hepatitis via a needle-stick or sharps injury, or any other form of blood or body substance exposure.

An inmate allegedly attempting to infect another person with HIV/AIDS or hepatitis is to be restrained and placed in segregated custody away from other inmates. Standard precautions are to be used when dealing with the inmate (refer to COPP section 6.5 Infectious and communicable diseases for more information on standard precautions). Secure the area where the incident took place and ensure that the crime scene is preserved.

Where an inmate reports a possible exposure to HIV or hepatitis, they must be referred to the JH&FMHN, who will offer the inmate the Early Detection Program: Screening for Blood Borne Viruses and Sexually Transmissible Infections.

Where a wound or potential exposure to infectious body fluids has occurred, administer immediate first aid. If the eyes have been affected, irrigate them with copious amounts of water.

The incident must be reported to the GM immediately.

7.11.4.1 Responsibilities of the General Manager

Ensure that the injured or exposed person is provided with immediate first aid and is referred to an emergency department or General Practitioner.

Provide immediate outside medical attention (if required).

Contact the EAP on telephone number 1300 363 202 and arrange for trauma debriefing for any staff member who has suffered medium/high risk exposure such as:

- a needle-stick or sharps injury
- blood or body substance exposure
- physical threat.

It should be noted that trauma debriefing might still be required in instances when an officer has been threatened but not physically attacked.

Provide on-going support for the officer affected, particularly in the three-month window period between HIV tests.
If the victim is an inmate, refer them to the JH&FMHN public/sexual health nurse for the *Early Detection Program: Screening for Blood Borne Viruses and Sexually Transmissible Infections*.

If a visitor to the correctional centre is involved, offer all necessary and appropriate support and assistance.

In the case of an inmate infecting or attempting to infect a person, initiate segregated custody procedures.

In the case of an inmate infecting or attempting to infect a person, a needle-stick or sharps injury or any other high-risk blood or body fluid exposure, the discovering officer will notify the duty officer as a matter of urgency. The duty officer will be responsible for notifying:

- the Assistant Commissioner, Custodial Corrections
- the Assistant Commissioner, Security & Intelligence
- the State-Wide Manager Services (from Offender Services and Programs).

Forward reports of any such incidents to Justice Legal, for the purposes of obtaining legal advice on any question of liability or other legal issues that may arise.

The Assistant Commissioner Security & Intelligence will notify the CSNSW Investigations Branch who will attend the centre to investigate and determine whether criminal charges should be laid (there is no need for local police to be notified or to attend the correctional centre, as the Investigations Branch will be informed regardless of the time of day).

### 7.11.4.2 Responsibilities of the Public Health Response Group

Where an inmate reports high-risk exposure, the local JH&FMHN Nursing Unit Manager will investigate and determine the risk implications for inmates, staff, and community. The Nursing Unit Manager will consult with the JH&FMHN Population Health Unit and if required and/or determined by JH&FMHN, the Public Health Response Group will be convened comprising the Service Director Population Health JH&FMHN, the Executive Director, Clinical Operations Custodial Health, and the GM of the correctional centre. The Executive Director, Clinical Operations Custodial Health JH&FMHN, or delegate will chair the Public Health Response Group.

This group will determine the appropriate course of action to contain and prevent any potential spread of a communicable disease transmission of blood borne viruses and report directly to the Assistant Commissioner, Custodial Corrections and the Chief Executive JH&FMHN.
The ensuing report will make recommendations for the management of the inmate(s). GMs must take action that is consistent with these recommendations, and with those that are consistent with the serious incident reporting procedures in COPP section 13.1 *Serious incident reporting*.

Normal reporting procedures are to be adhered to, including (where applicable) the reporting of the incident to the Work Cover Authority.

### 7.11.5 MONITORING AND EVALUATION

All staff members are to check that they are familiar with the legislation in relation to confidentiality regarding a person’s HIV/AIDS status.

When the decision has been made to manage an inmate in segregated custody as the result of their behaviour, check that the procedures set out in COPP section 3.4 *Segregation* are followed.

In the event that an inmate or staff member has been exposed to HIV through deliberate action on the part of an inmate, accidental needle-stick or sharps injury, or a blood or body fluid exposure, check that the appropriate support and post exposure discussion is made available.

### 7.11.6 DOCUMENT HISTORY

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<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Reference</th>
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</thead>
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<tr>
<td>1.1</td>
<td>November 2002</td>
<td>Initial Policy</td>
</tr>
<tr>
<td>2.0</td>
<td>November 2015</td>
<td>Review including update of format, legislation and reporting responsibilities</td>
</tr>
</tbody>
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*Reviewed* November 2015  *Next Review* 2018