



**OFFICE OF THE DIRECTOR
THE UNIVERSITY OF TEXAS SYSTEM POLICE
POLICIES AND PROCEDURES MANUAL**



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| Title: HANDLING CARE AND TREATMENT OF HIV/AIDS INFECTED PERSONS IN THE CUSTODY OF UNIVERSITY OF TEXAS SYSTEM POLICE OFFICERS | | |
| Policy Number: C-7 | Effective Date: 09/01/04 | Rescinds / Amends: II-91-19...8/1/91 |
| Related Laws: Texas Health and Safety Code Chapter 81.50 and Chapter 85 Subchapters E, G, and I | Related Standard(s) / Rule(s): U.T. System Policy on AIDS, HIV, and Hepatitis B Virus | |

I. PURPOSE:

To provide guidelines, as required by Chapter 85, Subchapters E, G, and I, Texas Health and Safety Code, for the handling, care and treatment of HIV/AIDS infected persons in the custody of University of Texas System Police.

II. EDUCATION, SUPPLIES, AND EQUIPMENT:

A. Each institutional police department will provide a periodic HIV/AIDS education program for its employees.

1. Participation of each employee must be documented and the program must be based on current, accurate scientific information provided by the following:
 - a. United States Department of Health and Human Services;
 - b. U.S. Public Health Service;
 - c. Centers for Disease Control;
 - d. U.S. Surgeon General;
 - e. Texas Department of Health; or
 - f. Other recognized authorities on public health.

Unless otherwise specified by this policy, the education program also must be consistent with THE UNIVERSITY OF TEXAS SYSTEM ADMINISTRATION POLICY AND GUIDELINES ON AIDS, HIV and Hepatitis B Virus (copy attached). Police officers must comply with both policies.

2. Information about HIV/AIDS infection must include the following:
 - a. Modes of HIV transmission;
 - b. Methods of prevention of HIV transmission;
 - c. Behaviors that are a potential risk for HIV infection;
 - d. Potential HIV transmission behaviors that are in violation of Texas criminal laws;
 - e. Standard occupational precautions, based on universal infection control protocols, and other scientifically accurate information; and
 - f. Information concerning the location of current infection control policies and procedures.

- B. Each institutional police department will provide proper infection control supplies and equipment, which will, at a minimum, include the following:
 1. First Aid Kit (contained in clear, resealable bag) consisting of:
 - a. Blood/body substance barriers, such as disposable latex or vinyl gloves (for use during direct body or body fluid contact);
 - b. Packaged alcohol or germicide wipes;
 - c. CPR barrier equipment (to be used only by personnel trained in its use);
 - d. Goggles;
 - e. Paper towels (15-20); and
 - f. One (1) page instruction sheet explaining use of contents of kit.

 2. Clean-Up Kit (contained in clear, resealable bag) consisting of:
 - a. Two (2) pairs of disposable or reusable vinyl gloves, rubber gloves, or any other appropriate barrier (for use during direct contact with body fluid spills, especially those containing visible blood);
 - b. Appropriate disposal containers, including one (1) disposable bag and one (1) red disposable bag marked "contaminated" (the red bag is for disposal of blood, semen, or vaginal secretions, and/or material contaminated with same; i.e., clothing, cleaning materials, etc.);
 - c. Liquid "hospital disinfectant" which is tuberculocidal;

- d. Paper towels (15-20); and
 - e. One (1) page instruction sheet explaining use of contents of kit.
3. The First Aid Kit and Clean Up Kit must be readily accessible by being:
 - a. Clearly identified for intended use;
 - b. Placed in areas of potential need, including patrol cars and holding areas;
 - c. Placed in locations within easy reach of personnel; and
 - d. Stored in containers that are easily opened.
- C. The following documentation must be maintained:
1. The training of each employee in the proper use and location of infection control supplies/equipment; and
 2. Periodic assessment of supplies and equipment to determine replacement needs based on use, expiration date, or other factors.
- D. Equal access to appropriate services must be provided for all persons in custody including those persons infected with HIV or who have AIDS. Access to appropriate services includes the following:
1. Prompt and accurate dispensing of prescription medications;
 2. Prompt administration of proper first aid techniques to control a condition until referral/transport can be achieved using the following guidelines:
 - a. If a University police officer begins to administer first aid, he/she may not stop unless:
 - (1) Administration of the treatment is complete and the recipient is no longer in an acute emergency
 - (2) Medically trained personnel arrive at the scene and provide the care; or
 - (3) The police officer becomes physically exhausted rendering it impossible for him/her to continue care.
 - b. University police officers will not administer CPR using CPR barrier equipment unless they have been trained in proper use of that equipment.

3. Prompt transport to medical or health care facility; and
4. Prompt access to testing/evaluation services if significant medical conditions or assaults are claimed:
 - a. A person who is/was detained by an institutional police department may ask a physician designated by the University (designated physician) to request another detainee who may have exposed him/her to a reportable disease, including HIV infection, to submit to testing. The request may be made only if:
 - (1) The detainee/former detainee experienced the exposure while in custody of U.T. police;
 - (2) The detainee/former detainee believes the exposure placed him/her at risk of contracting a reportable disease, including HIV infection; and
 - (3) The incident, the detainee/former detainee presents to the designated physician a sworn affidavit delineating the reasons for the request.
 - b. Based on criteria established by the Texas Department of Health or the Centers for Disease Control, the designated physician must determine that the exposure occurred in a manner the United States Public Health Service has determined capable of transmitting a reportable disease, including HIV infection. If probable exposure is determined, the designated physician will give the potential source of exposure prompt and confidential written notice of the request to test him/her for HIV infection, as well as the following:
 - (1) The factual basis for ordering the test;
 - (2) A list of appropriate health care facilities which test for reportable diseases, including HIV infection; and
 - (3) Notice of the right to refuse to be tested.

All testing conducted by a University of Texas component is to include counseling before and after the test [see THE UNIVERSITY OF TEXAS SYSTEM POLICY AND GUIDELINES ON AIDS, HIV, and Hepatitis B Virus SECTION 3.07(b)].

If the potential source consents to testing, the detainee/former detainee and potential source will be informed of the test results and possible need for medical follow-up and counseling.

- c. If a detainee/former detainee claims that while in U.T. police custody he/she was exposed to a reportable disease, including HIV infection, in a manner the United States Public Health Service has determined capable of transmitting a reportable disease including HIV infection, the University will offer to pay for diagnostic testing to be performed within ten (10) days of exposure. A detainee/former detainee who may have been exposed to a reportable disease may not be required to be tested.

A knowledgeable U.T. representative will explain to the detainee/former detainee the rationale for testing within ten (10) days of the possible exposure (i.e., to establish the absence of the reportable disease prior to the possible exposure), and the University will offer to pay for this test. The U. T. representative will write a report documenting this explanation, and this report will become a permanent part of the detainee's/former detainee's file.

- (1) If the detainee/former detainee refuses to be tested, he/she will be asked to sign a statement acknowledging he/she was advised to take the test at University expense, but refused. This statement will become a permanent part of the detainee's/former detainee's file.
- (2) If the detainee/former detainee refuses to sign the statement described above, the University representative will write a report that the detainee/former detainee refused the test. The report will be signed by the University representative offering the detainee/former detainee the test and at least one witness present at the time the diagnostic test was explained and refused. This report will become a permanent part of the detainee's/former detainee's file.

E. Each police department employee must be informed about the following policies regarding confidentiality of medical information related to persons who are in custody:

1. All medical information, including information about HIV/AIDS infection, must be treated as confidential, as provided by law;
2. HIV status will not be released to non-medical personnel unless written consent specifying certain individuals or certain classes of persons to whom such information may be released is obtained from a person in custody, or someone legally authorized to consent on his/her behalf;
3. Non-medical personnel receiving such information will keep the information confidential; and
4. Failure to adhere to the confidentiality policy may result in both civil and criminal liabilities.

Each institutional police department should document that personnel have been informed of the above confidentiality policies.

III. OCCUPATIONAL EXPOSURE: MANDATORY TESTING OF PERSONS SUSPECTED OF EXPOSING OTHERS TO HIV INFECTION:

- A. An employee of a police department may request the Texas Department of Health to order the testing of another person who may have exposed him/her to a reportable disease, including HIV infection. The request may be made only if:
1. The employee experienced the exposure in the course of employment;
 2. The employee believes the exposure placed him/her at risk of contracting a reportable disease, including HIV infection; and
 3. The employee presents to the Texas Department of Health, or its designee a sworn affidavit delineating the reasons for the request.
- B. Based on criteria established by the Board of Health, the Texas Department of Health or its designee must determine that the exposure occurred in a manner the United States Public Health Service has determined capable of transmitting a reportable disease, including HIV infection. If probable exposure is determined, the Department of Health or its designee will follow these guidelines:
1. Give the potential source of exposure prompt and confidential written notice of the order to test him/her for HIV infection, as well as the following:
 - a. The factual basis for ordering the test;
 - b. A list of appropriate health care facilities, which test for reportable diseases, including HIV infection; and
 - c. Notice of the right to refuse to be tested, although refusal may result in a court determination of the necessity for testing.
 2. If the potential source refuses to be tested, a court may order testing.
 3. The potential source has a right to an attorney (court appointed if he/she cannot afford legal representation) which may not be waived unless the potential source has consulted an attorney.
 4. If the court determines there was not reasonable cause for the claimant to request the test, the court may assess court costs against the claimant.

5. If the court determines that possible exposure has occurred and testing is appropriate, the court will issue an order requiring counseling and testing of the potential source.
 6. The claimant and potential source will be informed of the test results and possible need for medical follow-up and counseling.
- C. When claiming occupational exposure to a reportable disease, including HIV infection, the claimant may request testing and counseling. Payment will be from funds appropriated for Workers' Compensation benefits and is to be based on rules established by the Attorney General's Office.
- D. To qualify for Workers' Compensation, the police department employee claiming occupational exposure to a reportable disease, including HIV infection, must comply with the following rules:
1. Provide the University a sworn affidavit of the date and circumstances of the exposure of the incident; and
 2. Document that within ten (10) days after the exposure, the employee had a test result that indicated an absence of the reportable disease, including HIV infection.
- E. A police department employee who may have been exposed to a reportable disease, including HIV infection, may not be required to be tested.

IV. HIV TESTING AND SEGREGATION:

- A. Persons in the custody of an institutional police department are not required to be tested for HIV infection, except as provided under Section III, above.
1. An institutional police department may not impose mandatory testing on all persons in custody as a standard practice. Mandatory testing is to be based on the judgment of an attending/admitting physician or health authority or court order. The physician or physician's designee must document the medical or behavioral necessity for HIV testing in the person's medical record.
 2. Prior to testing a person in the custody of an institutional police department who requests testing for HIV infection, one of the following conditions must be met:
 - a. There must be a signed consent form indicating the person's willingness to be tested voluntarily; or
 - b. There must be documentation in the medical record that the test has been explained and the detainee's oral consent has been obtained.
 3. Both mandatory and voluntary testing must be based on protocols that include all elements of pre- and post-test counseling, established by the Texas Department of

Health (see Section 3.07(b) of THE UNIVERSITY OF TEXAS SYSTEM POLICY AND GUIDELINES ON AIDS, HIV, and Hepatitis B Virus.

- B. An institutional police department will not segregate/isolate persons in its custody merely because they have tested positive for HIV infection. Decisions involving segregation/isolation of persons in custody should be based on the following observed or reported behaviors or medical conditions:
1. Participation in vaginal, anal, or oral penetration or intercourse, especially without the proper use of a latex condom;
 2. Sharing of intravenous needles, syringes, or other sharps used to penetrate the skin;
 3. Presence of open, unscabbed wounds or weeping dermatitis which cannot be covered; and
 4. Presence of highly contagious medical conditions (e.g., tuberculosis, measles or other air-borne diseases; for further information, please refer to the current edition of Control of Communicable Diseases in Man, an official report of the American Public Health Association).

Assumed conditions such as perceived sexual orientation, perceived drug abuse, or perceived medical conditions are not valid reasons to segregate or isolate. At no time should a determination to segregate or isolate an HIV-infected individual be based on claims of contamination of environmental surfaces. Proper disinfection techniques should be used to clean blood, semen, or vaginal fluids from any environmental surface to eliminate HIV and other pathogens.

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