



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

**REFERENCES:
505 KAR 1:120
4-JDF-4C-36, 37
3-JCRF-1C-14; 4C-21, 22,
36, 37
1-JDTP-3B-06
1-JBC-4C-36, 37
NCCHC Y-B-01**

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
438.250;
KRS 15A.065**

SUBJECT: HIV/AIDS/STI

POLICY NUMBER: DJJ 416

TOTAL PAGES: 2

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell

, COMMISSIONER

I. POLICY

The Department of Juvenile Justice (DJJ) shall not discriminate against youth with Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, or Sexually Transmitted Infection (HIV/AIDS/STIs). The Department shall maintain the safety and wellbeing of youth and staff.

II. APPLICABILITY

This policy shall apply to all DJJ and shall govern the policy of contract programs.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

A. Staff in community offices shall receive information concerning HIV/AIDS/STIs and exposure control plans, implement universal precautions and comply with confidentiality requirements in accordance with this policy. On suspicion of a problem, staff in community offices shall contact parents or guardians and assist in referrals to appropriate community resources.

B. Staff in day treatment programs shall receive information concerning HIV/AIDS/STIs and exposure control plans, implement universal precautions and comply with confidentiality requirements in accordance with this policy. Youth in day treatment programs shall be screened for a history of STIs, previous high-risk behaviors, and current symptoms of STIs. Age-appropriate education for the prevention of STI and bloodborne diseases shall be provided to youth and specialized counseling shall be provided to those youth exhibiting a

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- need. On suspicion of a problem, staff in day treatment programs shall contact parents or guardians and assist in referrals to appropriate community resources. A medical, psychological, and social support plan for the care, treatment, and referral of youth testing positive for STI and bloodborne diseases shall be written by the youth's counselor who shall make referrals for the implementation.
- C. Staff in DJJ operated or contracted detention centers, youth development centers, and group homes shall make available HIV/AIDS/STIs education, counseling, diagnosis, and treatment to all youth.
1. All staff shall receive information concerning HIV/AIDS/STIs and exposure control plans.
 2. Testing and detection of STIs shall be available for all youth. All youth shall be screened for a history of STIs, previous high-risk behaviors, and current symptoms of STIs. This information shall be recorded on the youth's Medical History and Physical Examination Form. All youth shall have a physical examination within seven (7) days of admission. Youth may receive HIV testing with pre and post counseling from the local health department.
 3. A medical, psychological and social support plan for the care, treatment, and referral of youth testing positive for HIV/AIDS/STIs shall be written and carried out by the facility Registered nurse or designee.
- D. Staff shall adhere to the principle of confidentiality in matters relating to the disclosure of HIV/AIDS/STIs information involving a youth. . The results of the testing shall be made available to the youth and to the staff member(s) involved per KRS 438.250.
- E. If a youth has been diagnosed with the HIV/AIDS/STIs, the following factors may assist in determining whether to continue placement in a facility: the ability of the youth to manage aggressive or sexual behaviors; the maturity and ability of other youth in the facility to protect themselves from infection, and the availability medical treatment as needed. These factors shall not in themselves preclude the youth's continuation in the program, but shall be considered in relationship to the program's structure and supervision capabilities.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Medical Director or designee, the health care provider, and the Nurse Shift Program Supervisor. The Quality Assurance Branch shall monitor this activity annually.