

**HIV/AIDS TRAINING  
FOR**

**CORRECTION  
OFFICERS WORKING  
IN LOCAL  
CORRECTIONAL  
FACILITIES**

**TRAINER MANUAL**

**HIV EDUCATION AND TRAINING PROGRAMS  
OFFICE OF THE MEDICAL DIRECTOR  
NYS DEPARTMENT OF HEALTH AIDS INSTITUTE  
APRIL 2007**

## **Acknowledgements**

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**ABOUT THE AIDS INSTITUTE  
NEW YORK STATE DEPARTMENT OF HEALTH**

Created by legislative mandate in 1983, the AIDS Institute - a center within the New York State Department of Health - serves as the central agency that coordinates New York State's response to the HIV/AIDS epidemic. The Institute plans, funds, and evaluates HIV prevention and health care programs, educates the public, trains health care providers and counselors, and develops policy.

The Institute administers federal and state funding for HIV/AIDS clinical care, counseling and testing, and public and professional education.

**TRAINING PLAN**

This training curriculum is designed for correction officers. Those holding job title functions in supervisory/command roles that have frequency of contact with HIV and other infectious diseases will be encouraged to train on this topic as well. This training is designed to provide a mix of training experiences including the option to conduct interactive teaching formats such as large and small group discussion and case scenarios.

No curriculum can meet the specific training needs of every participant or trainer. An attempt has been made in the development of this curriculum to provide the trainer and participants with information and references that will address the needs of correction officers and their supervisors on the topic of HIV/AIDS. Your comments and suggestions are appreciated. Please direct them to:

**HIV Education and Training Programs  
New York State Department of Health AIDS Institute  
Corning Tower, Room 244  
Empire State Plaza  
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For additional information about NYS Department of Health AIDS Institute trainings you can view the statewide training calendar on the web:

<http://www.health.state.ny.us/diseases/aids/training/index.htm>

To receive email announcements regarding NYS AIDS Institute special trainings, videoconferences & audio-conferences, please send your email address to:

[hivet@health.state.ny.us](mailto:hivet@health.state.ny.us)

(This email account is not set up to respond to questions or for general correspondence. Questions should be directed to the phone number listed above.)

## **Training Rationale**

HIV/AIDS is a disease that affects a significant number of individuals in custody at state and local correctional facilities. While it is difficult to estimate the specific rate of HIV prevalence in local correctional facilities, anonymous prevalence studies conducted at New York State Department of Correctional Services' Reception Centers indicated a rate of 4.5% among males and 11.4% among females. Experts believe that rates would be similar in local correctional facilities. In 1991 the AIDS Institute funded the New York State Commission of Correction to develop a curriculum for correction officers on HIV/AIDS and other infectious diseases. Given important advances in HIV treatment and new developments in the epidemic, it became necessary to update this curriculum. This updated curriculum entitled, "HIV/AIDS Training for Correction Officers Working in Local Correctional Facilities" includes information for officers on HIV transmission, prevention, occupational exposure, treatment, and continuity of care. The desired outcome of this curriculum is to enable officers to fulfill their responsibilities for the care, custody and control of detained and incarcerated persons who may be living with HIV/AIDS.

## **Training Goal**

To increase awareness of local correction officers' responsibilities in the care, control and custody of inmates living with HIV/AIDS.

## **Training Objectives**

**As a result of this training, participants will be able to:**

1. Identify the body fluids and behaviors associated with HIV transmission;
2. Identify how correction officers can prevent/reduce HIV transmission on the job and in their personal lives;
3. State the importance of HIV treatment, adherence, and continuity of care for people living with HIV;
4. Identify the major protections under New York State HIV Confidentiality Law; and,
5. Define the correction officers' roles under Public Health Law Article 27F, NYS Commission of Correction regulations for local correctional facilities, and the facility's workplace policies and procedures.
6. Determine at least two health requirements inmates might have living with HIV/AIDS in jail; and,
7. List the correction officer's duty in safeguarding inmates' health rights.

**Target Audience:** This training is for correction officers and for staff who supervise correction officers.

## How To Use This Manual

This curriculum designed in three modules with the intent of meeting the needs of correction officers and the local correctional facility's work schedule. It can be trained in as little as 2.5 hours (primarily lecture) or be expanded to a full 3.5 – 4 hours to include additional content and activities. It is strongly recommended that all three modules are trained in their entirety. Including group activities will allow for interactivity and discussion, thus livening the training as well as allow for opportunity for the correction officers to learn practical implications of HIV/AIDS at their correction facility

The first page of each module consists of a module summary which includes a list of learning objectives, outline of the module content, and activities. Trainer manual and participant manual are identical with the exception of shaded 'trainer notes' sections contained only in the trainer manual. These 'trainer notes' consist of additional information such as facilitation instruction(s) to assist the trainer.

<b>Module Title</b>	<b>Time (Lecture only)</b>	<b>Time (with Activities)</b>
Module I: HIV/AIDS... What does It Mean to Me?	60 minutes	90 minutes
Module II: HIV Confidentiality	60 minutes	90 minutes
Module III: Living with HIV/AIDS In Jail	30 minutes	30 minutes
<b>Total Time</b>	<b>2.5 hours- lecture only</b>	<b>3.5 – 4 hours</b> (4 hours includes time for a break)

## Tips for Success

Training on HIV/AIDS can evoke strong emotions from participants. It is up to the trainer to model appropriate professional behavior, which reflects non-judgmental and non-discriminatory values. To encourage participation and respect for each other's point-of-view, review the ground rules before each training session. To develop ground rules, ask participants what behaviors they would like to see displayed from their fellow participants during the training. Record the list on newsprint and post it where it can be seen throughout the training. Ground rules should promote an environment where participants feel comfortable and safe to ask questions. This training will involve discussions about sex, intravenous drug use, and other activities that participants may view as sensitive topics.

Besides the ground rules, be sure to review the objectives of each module before beginning; reviewing the objectives will allow participants to know what to expect for each module and assist with keeping discussion on topic.

Remember! No trainer has all the answers. The sign of a good trainer is person who is willing to admit to his/her limit of knowledge, but has the ability to find the answer.

*Good Luck!*

# Module One

## HIV/AIDS... What Does It Mean To Me?

### Module Objectives

*By the end of this training participants will be able to:*

1. Describe concerns regarding HIV infection including perceptions of work-related risk and personal risk for exposure;
2. State at least three body fluids and three risk behaviors that can transmit HIV infection;
3. Identify how correction officers can prevent/reduce HIV transmission on the job and in their personal lives.

### Materials

Newsprint, Stand, Markers

Participant Manual

Worksheet: *How Can HIV Be Transmitted On the Job* (included in this module)

Case Study I, II, and III: *Transmission* (included in this module)

Worksheet: *Chain of Infection Worksheet* (included in this module)

### Supplemental Materials

NYSDOH Pamphlet: “*AIDS: 100 Questions & Answers*” (#0213 –English) (#0214 –Spanish)

CDC Pamphlet: “*Exposure to Blood: What Healthcare Personnel Need to Know*”

Lecture Time: 90 minutes	Topic Areas	Format/Materials
5 minutes	<b>Section 1: HIV/AIDS and the Correctional System</b>	Interactive Lecture
ACTIVITY 15 minutes	<b>Activity: Myths/Realities</b> <ol style="list-style-type: none"> <li>1. On The Job</li> <li>2. With Me</li> <li>3. With My Family</li> <li>4. In My Community/Public Health</li> </ol>	Small Group Activity: “ <i>What Does it Mean to Me?</i> ”
25 minutes	<b>Section 2: HIV Transmission</b> <ol style="list-style-type: none"> <li>1. Body Fluids That Transmit HIV</li> <li>2. How HIV is NOT Spread</li> <li>3. Chain of Infection</li> <li>4. Risk Behaviors               <ol style="list-style-type: none"> <li>a. Sharing Needles</li> <li>b. Sex</li> </ol> </li> </ol>	Interactive Lecture
ACTIVITY 5 minutes	<b>Activity:</b> Chain of Infection Through Sexual Contact	Activity: Worksheet <i>Chain of Infection</i>
30 minutes	<b>Section 3: Reduce Your Risk: Effective Prevention Strategies For COs</b> <ol style="list-style-type: none"> <li>1. Job Related Risk Scenarios</li> <li>2. HIV Treatment</li> <li>3. Occupational Exposure &amp; Barrier Protection/Standard Precautions</li> <li>4. HIV Post Exposure Prophylaxis</li> </ol>	Large Group Discussion & Worksheet: <i>Job-Related Risk Scenarios</i> & Interactive Lecture
ACTIVITY 10 minutes	<b>Activity: Case Studies I &amp; II &amp; III: Transmission</b>	Case Studies I & II & III: <i>Transmission</i>

# HIV/AIDS... What Does It Mean To Me?

## NOTES:

### Trainer Notes Section I: HIV/AIDS and the Correctional System

**Lecture:** Begin by reviewing the module objectives. By the end of this module participants will:

- 1) Describe concerns regarding HIV infection including perceptions of work-related risk and personal risk for exposure;
- 2) Identify the body fluids and behaviors associated with HIV transmission; &
- 3) Identify how correction officers can prevent/reduce job-related HIV transmission and in their personal lives.

Review the statistics on the next page regarding the prevalence of HIV in the correctional system and how the CO's role is important in the effort to reduce the spread of HIV. Describe the intent of this module and that it serves not only to educate how HIV is transmitted and how to prevent and protect against infection, but most importantly strives to challenge myths/ beliefs about HIV infection.

**Large Group Activity: Myths and Realities:** This activity will assist the trainer to identify COs' concerns regarding HIV, as well as conduct an audience assessment. Depending on the audience's knowledge level of HIV/AIDS, the trainer can determine how detailed the lecture should be about HIV transmission.

**Activity Objectives:** At the end of this activity participants will be able to:

- Identify their concerns regarding HIV infection and perceptions of risk on the job, among themselves, in their families, and in their community.
- Begin to explore how their role may affect HIV/AIDS epidemic.

**Materials:** 4 pieces of newsprint & markers, each with one heading: Job, Me, My Family & My Community

<b>Job</b>	<b>Me</b>	<b>Family &amp; Community</b>

### Activity Set Up:

1. Pose the following question to the group, "Describe your concerns about HIV infection and perceptions of risk on the job, with yourself, your family, and in the community where you live."
2. Record the answers to each of the topics on newsprint.

**Processing Points:** Ask participants to look at the comments and consider the following questions:

1. What types of responses do you see? (i.e., negative, judgmental, discriminatory)
2. What conclusions can you draw from the following discussion?
3. How do you see your role with this disease? (i.e., link to care; minimize stigma, discrimination, violence; secure safety, etc.)

**Summary:** This activity helps to formulate where the perceived risk for HIV lies with the audience and gets them to start thinking about their role to possibly reduce the spread of HIV.

# HIV/AIDS... What Does It Mean To Me?

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## **HIV/AIDS And The Correctional System: Myths and Realities**

There are many ties that connect the community with correctional institutions. Millions of individuals flow in and out of the nation's prisons and jails each year. As of 2000, the occupancy of our nation's correctional institutions at any one time exceeded two million people. This population is not static: in 1998 alone, more than five times that number (11.5 million individuals) were released from prison and jails.<sup>1</sup> In 2003, New York State alone, approximately 200,000 discharges were made from local correctional facilities.<sup>2</sup>

The disproportionately high prevalence of HIV infection among the incarcerated has been well documented for years. HIV rates are 14 times higher in this population than the general US population.<sup>3</sup> And as individuals may cycle in and out of the system more than once, infectious diseases like sexually transmitted diseases and HIV may pose a risk to public health if not cared for during incarceration.

The correction officer's role is important, not only to the safety of inmates living with HIV/AIDS, but also in safeguarding public health. While incarcerated, an inmate may learn his/her HIV status for the first time or may experience health problems related to HIV infection. This can impact the correction officer's job in multiple ways. For example, HIV/AIDS stigma from other inmates may place an HIV-infected inmate at greater risk for physical harm, thus creating an unsafe jail environment. Being knowledgeable about HIV infection and the impact, both physically and emotionally, on an inmate will help officers be successful in meeting the job responsibility for care, custody, and control of inmates. Better health of inmates translates to protecting and safeguarding the public health of the communities we live (and where inmates return to).

### **Trainer Notes Section 2: HIV Transmission**

The trainer can determine how in-depth to cover the following information regarding HIV transmission based on the audience assessment. COs may be familiar and have prior training on this topic; if this is the case, invite officers to share their knowledge to generate discussion and make the section more interactive.

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<sup>1</sup> National Commission on Correctional Health Care, 2003.

<sup>2</sup> NYS Commission of Correction, 2003.

<sup>3</sup> National Commission on Correctional Health Care, 2003.

# HIV/AIDS... What Does It Mean To Me?

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## HIV/AIDS Transmission

HIV stands for **H**uman **I**mmunodeficiency **V**irus - the virus that causes AIDS. You may hear people talk about "HIV infection" or "HIV disease" to describe the health of someone who has the virus but is not yet sick with AIDS. **A**cquired **I**mmune **D**eficiency **S**yndrome (AIDS) is a very serious condition that can result from HIV infection.

## Where In The Body Is HIV Found?

HIV lives only in human body fluids. HIV is found in the greatest amounts in these body fluids:

- blood
- semen ("cum")
- fluid from a woman's vagina and/or cervix
- breast milk
- fluid around parts inside the body - fluid around the brain, joints, lungs, heart, belly, and the "bag of water" (amniotic fluid) around a baby growing in the womb.

People infected with HIV can spread HIV to others through these body fluids.

### Key Words:



#### **Immune System:**

the body's system to fight infections and disease; white cells in the blood play a key role.

**Immunodeficiency:** the immune system is unable to function normally.

**Virus:** one kind of germ, so small it can only be seen with a powerful electron microscope; different viruses cause different infections and diseases. The common cold and HIV infection are both caused by viruses.

# HIV/AIDS... What Does It Mean To Me?

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## How HIV Is Not Spread?

HIV is not spread by contact with/through:

- Doorknobs
- Beds
- Food
- Clothes
- Hugging
- Coughing
- Toilet seats
- Mosquitoes
- Telephones
- Water fountains

### FACT:

HIV is killed by drying out in the air and by plain household bleach

## Fluids That DO NOT Transmit HIV

Some body fluids do not spread HIV to others. The following fluids do not spread HIV:

- saliva (spit, sneezing, coughing, etc.)
- tears
- sweat
- urine
- feces

If a person has HIV, health care workers, correction officers, friends, co-workers, and family members will not get it by touching or coming into contact with these five body fluids.

**Trainer Note:** Although the virus may be present in some of these body fluids, it is found in concentrations too low for transmission.

A person infected with HIV cannot pass on the infection by sneezing or coughing or crying.

If there is blood present in saliva, urine, or feces, a person can be at risk for various blood borne diseases, such as HIV. However, there are no recorded cases of anyone getting HIV from these fluids and the risk of transmission is extremely low.

# HIV/AIDS... What Does It Mean To Me?

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## How Is HIV Spread? The Chain Of Infection

For any virus to spread, certain steps must happen:

### 1. Someone Or Something Must Have The Virus (Source)

A source of the infection is necessary. With HIV, specific human body fluids from a person with HIV infection are the source.

### 2. The Virus Needs A Way To Leave The Body (Exit)

With HIV, infected body fluids can exit the body and be passed to others in these ways:

- During sex (anal, oral, vaginal intercourse)
- Sharing needles and injection drug equipment (“works”)
- From mother to baby in the womb, during birth, or during breastfeeding
- In medical care situations; infected blood or body fluids may infect health workers in accidental needle sticks
- Cuts or open sores

### 3. The Virus Needs A Way To Enter Another Person's Body

Body fluids from a person infected with HIV can enter another's body in the ways listed under #2 above.

There's one more way for HIV to enter the body, which mostly affects health care workers. If a surgeon, for example, is splashed in the face with blood or body fluids from an HIV-infected person, s/he will be exposed to HIV through the mucous membranes in the eyes, nose, and mouth. That's why health care workers protect themselves with gloves, goggles, and masks.

### 4. HIV Needs Someone Able To Get Infected (Susceptible Host)

In the case of HIV, every human is susceptible, but **only** if the person does something to put him or herself at risk.

#### Key Words:



**Works:** equipment used by a person to inject drugs such as needle, syringe, cotton, filter, etc.

**Mucous Membranes:** warm, moist body tissues such as the lining in the eyes, nose, mouth, vagina, rectum; these are places HIV can enter the blood.

**Anal Intercourse:** sexual contact between two people (two men, or a woman and man). A man puts his penis in the anus (the rectum/butt) of the other person.

**Vaginal Intercourse:** sexual contact between a man and a woman when a man puts his penis in the women's vagina.

**Oral Intercourse:** sexual contact where a person puts his/her mouth on the other person's penis, vagina or rectum.

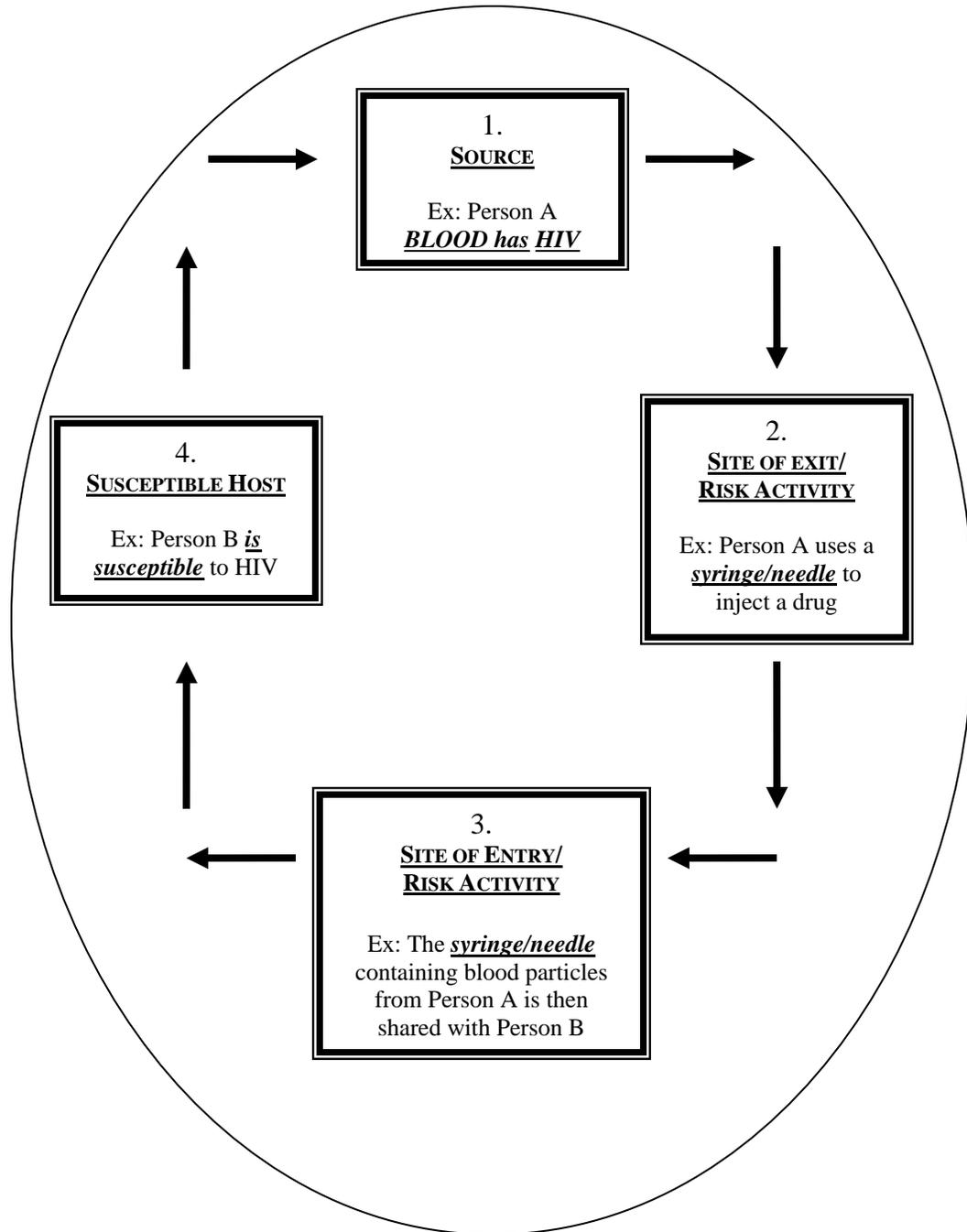
**Susceptible (to disease):** having a high chance or high risk of getting an infection or disease.

**Host:** one who receives a disease/infection.

# HIV/AIDS... What Does It Mean To Me?

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## CHAIN OF INFECTION



# HIV/AIDS... What Does It Mean To Me?

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## How HIV Can Be Spread Through Sharing Needles

Any activity that involves the sharing of needles can place a person at risk for various blood borne diseases such as HIV. Illicit drug use can often involve people sharing needles because people may not want to carry needles for fear of others seeing them. Therefore s/he will often “borrow” or “share” a needle with another person.

Sharing needles occurs not only with drugs like heroin or cocaine but can happen when people inject and share needles with other drugs like steroids or insulin. Tattooing and body piercing also poses a risk if the needles are not sterilized between use.

When people inject or "shoot" drugs, they use the following items (often called "works"):

- Needle
- Syringe (barrel and plunger)
- Cooker (container used to dissolve drugs from solid to liquid; may be a spoon or bottle top)
- Cotton/filter (used to strain the drug)
- Water glass (used to rinse the syringe and/or dilute the drug)

**Trainer Notes:** If a person infected with HIV shoots up and then shares the works with others, infected blood gets on/in the works and will be directly injected into someone else. Here's how it happens:

- When a drug user inserts the needle, s/he checks to see that it's in a vein by drawing back on the plunger. If some blood enters the barrel, the needle is in the right place. Sometimes, drug users draw blood into the syringe on purpose to mix it with the drug they are going to inject. This is called "booting". Either way, HIV infected blood can get into the needle, barrel, and plunger.
- If the needle is shared, the next user draws up more drug from the cooker through the cotton filter. The infected blood gets on the cooker and filter.
- If the needle and syringe are rinsed off in the water glass between users, HIV infected blood can get into the water. If the water is used by others to mix drugs, HIV can get into the drugs.

# HIV/AIDS... What Does It Mean To Me?

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## How To Reduce The Spread Of Disease From Needle Sharing

- ◆ **Abstinence** (no drug use)
- ◆ **No Sharing Needles or “Works”** (including the needle, syringe, cooker, water, water glass)
- ◆ **Cleaning Needles or “Works” Between Use-** The Centers for Disease Control recommends a procedure to disinfect syringes that are shared utilizing bleach and water. Instructions on how to clean needles are available at SEPs and ESAP providers.
- ◆ **Syringe Exchange Programs (SEPs)** - Syringe Exchange Programs offer drug users **new** needles and syringes in exchange for used needles and syringes. Other services such as referrals to drug treatment facilities, support networks, referrals to a wide range of psychological and social services, condoms, bleach, cotton etc. are also provided. A list of NYS Authorized Syringe Exchange Programs is located in the resource section of this module.
- ◆ **Expanded Syringe Access Demonstration Program (ESAP)** - Since 2001 in New York State, the sale or furnishing of hypodermic syringes/needles is permitted by:
  - licensed pharmacies
  - Article 28 health care facilities
  - health care practitioners

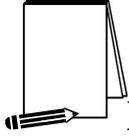
Any one of these entities can provide syringes **without a prescription** to a person 18 years of age or older.

Most ESAP providers are pharmacies where consumers can simply walk in and buy syringes. When syringes are purchased, the recipient also receives a “safety insert”. This document includes information on the risk of blood-borne diseases and the proper use of needles and syringes. It also discusses safe disposal of used needles/syringes, HIV counseling and testing resources, and referrals to drug treatment.

**NOTE:** NYS Public Health law carves out an exemption to the penal code on possession of syringes; therefore, a person can legally possess syringes obtained through SEPs and ESAP programs.

# HIV/AIDS... What Does It Mean To Me?

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## NOTES:

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### **Trainer Notes:** Syringe Exchange and ESAP Participation

All SEP participants (not just those in NYC) are issued an I.D. card at enrollment. Because programs are anonymous and confidential, the code is unique to each participant. Each program is different, but cards contain anywhere from 6 to >12 combination of letters and numbers that are unique identifiers. Numbers/letters may reflect age, DOB, gender, race/ethnicity, mother's maiden name, zip code, etc.

While the law prescribes a way to identify SEP participants, it does not mandate anything for ESAP. Although ESAP providers have to furnish the “safety insert”, consumers are not obligated to keep them as proof of purchase, nor are they required to hold on to cash register receipts (and pharmacies don't track sales). Law enforcement officers are sometimes more positive about syringe exchange programs since participants receive I.D. cards; this is not the case with ESAP. So from a law enforcement perspective, it is more difficult to document the source of the syringes as legal if a person obtains them from a pharmacy.

There are law enforcement documents that speak to the above referenced issue. Some of these documents are:

- NYS Commission of Correction-Chairman's Memorandum #3-2001
- NYS Division of Criminal Justice Services-2000 Legislation Advisory
- State Police Legal Bulletin #9
- Buffalo Police Training Bulletin-7/3/01
- NYPD Operations Orders #23, 23-1 and 75

In November 2002, a Federal Court Judge ruled that if drug users are arrested and are carrying syringes containing drug residue, they should not be charged for possession of drugs IF those syringes were obtained in syringe exchange programs. Right now, the ruling applies only to police departments in New York City (NYPD) and the Town of Chester. However, it creates a precedent for other locales.

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# HIV/AIDS... What Does It Mean To Me?

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## How HIV Can Spread Through Sex

HIV is in, and can be passed to others through semen and vaginal fluid. If the person infected with HIV has unprotected sex with another person, the HIV-infected semen or vaginal fluid can enter the other person through a mucous membrane such as the rectum, vagina, urethra of the penis, or mouth. Therefore, the following sexual activities can transfer HIV from one person to another:

- Anal sex
- Vaginal sex
- Oral sex
- Other sexual activities that involve the exchange of body fluids, such as sharing sex toys

HIV infection can be spread by sex between:

- Man and a woman
- Man and a man
- Woman and a woman



### About Kissing

"Dry kissing" will not spread HIV. "Deep kissing" or open-mouth kissing can pose a slight risk. A person infected with HIV could spread HIV to a partner if they both have bloody sores or cuts inside their mouths. It is the presence of blood, not saliva, that allows the transmission of HIV.



### About Biting

Biting is not a common way of transmitting HIV. There is only one documented case of HIV transmission through biting and although the behavior of biting did reportedly result in HIV transmission, that the body fluid that was present in this instance was blood and not saliva. In this incident there was severe trauma with extensive tissue tearing and damage and presence of blood reported. In fact, there are numerous reports of bites that did not result in HIV infection. Again, blood can transmit HIV, saliva cannot.

# HIV/AIDS... What Does It Mean To Me?

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## About STDs: Interrelationship Of STD & HIV Transmission

Over 65 million people in the United States have a chronic, incurable sexually transmitted disease (STD)<sup>4</sup>. Correctional populations have even higher rates of HIV/AIDS and STDs than the general population.

A sexually transmitted disease is an infection. It is caused by an organism such as bacteria or a virus that a person can transmit and/or acquire through sex (anal, vaginal, and oral). Some STDs that are bacterial, like gonorrhea, can be cured (with antibiotics and/or other medications). Other STDs, mostly viral infections like herpes, can not be cured but treated for their symptoms.

It is now known that having a sexually transmitted disease (STD) increases the risk of transmitting and acquiring HIV. Additional information can be found in the Resources section at the end of this module.

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### Trainer Notes: Interrelationship of STD & HIV Transmission

Although important, due to time constraints this training does not expand on this topic (it's a training in of itself!). Within the scope of HIV transmission, it is important to mention that having an STD can increase a person's risk for transmitting or acquiring HIV and the important role of STD screening, diagnosis and treatment has in reducing the spread of HIV. More on STDs and the interrelationship to HIV can be found in the resources section of this module.

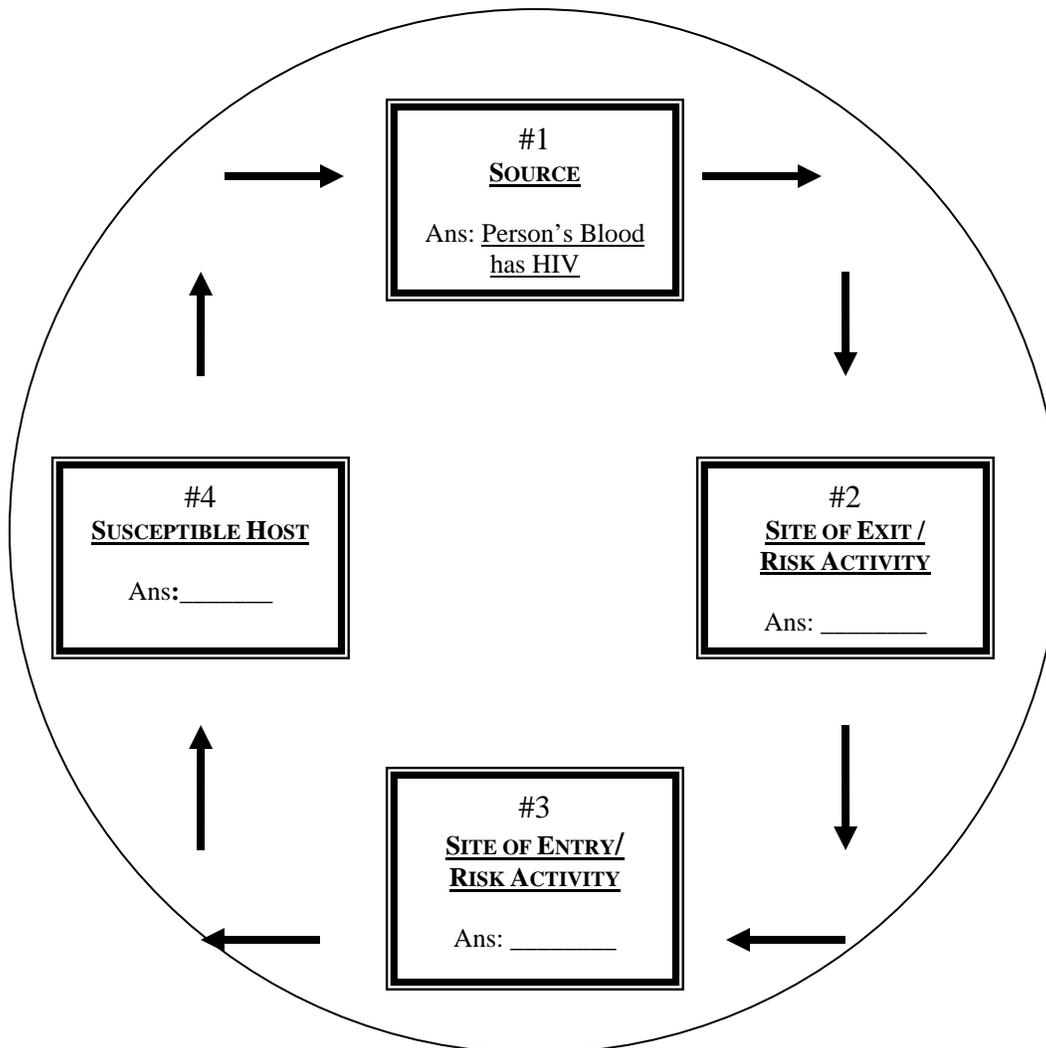
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<sup>4</sup> NYSDOH, 2005.

# HIV/AIDS... What Does It Mean To Me?

## Activity: CHAIN OF INFECTION for Sexual Contact (fill in the chain)



**Trainer Notes:** Spend a couple minutes and have participants fill in the boxes above to complete the chain of infection for sexual activity. Having participants complete the Chain of Infection will help solidify this information as well as allow the trainer to clarify any inaccuracies. One possible answer:

1<sup>st</sup> Box- Person BLOOD has HIV

2<sup>nd</sup> Box- Person #1 engages in unprotected sex (risk activity); Penis or vagina is the site of exit

3<sup>rd</sup> Box- HIV semen (or vaginal fluid) of Person #1 comes in contact with a mucous membrane (such as urethra, vagina or anus) of Person #2 (site of entry); risk activity is still unprotected sex.

4<sup>th</sup> Box- Person #2 is susceptible to HIV.

# HIV/AIDS... What Does It Mean To Me?

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## Blood Products Or Donated Body Parts

There is **no** risk of HIV infection in **giving** (donating) blood. The risk of HIV infection from receiving a blood transfusion is very small. Before 1985, blood used in hospitals and clinics was not tested for HIV and people were infected with the virus in this way. Now, all blood is tested for HIV and all blood donors are screened for HIV risk activities.

When people donate body parts/organs or semen (for sperm banks), they, the donors, are tested for HIV. So, the risk of getting HIV from donated body parts or semen is very small.

## From Mother to Baby

There are 3 ways mothers can pass HIV infection to their babies:

1. In the womb, from the amniotic fluid (“bag of waters”) or through the placenta.
2. During birth, when a baby is directly exposed to its mother's blood and vaginal fluid.
3. With breast-feeding, HIV can pass through breast milk.

## In Review: HIV Transmission

Remember, the general rules of HIV transmission are:

- ◆ HIV only lives in human body fluids, including: blood, semen, vaginal and cervical fluid, breast milk and fluid around parts inside the body.
- ◆ The blood or body fluids of a person infected with HIV must get into the blood of others to infect them.

### Trainer Notes: Blood Products/ Donated Body Parts & Mother to Baby

There is no need to cover this page in detail, but briefly include these two areas as ways HIV can be transmitted. There is more information on this topic in the resource section in the back of this module.

Blood Products: Trainer should acknowledge that due to the ‘window period’ or the time it takes for the HIV antibody test to detect the infection, there is a slight risk of transmission for a person receiving blood. The risk of receiving a pint of blood that is infected with HIV is about 2 in a million.

# HIV/AIDS... What Does It Mean To Me?

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## Worksheet

### How Can HIV Be Transmitted On The Job?

The risk of acquiring HIV infection on the job in a correctional setting is remote; however, certain circumstances can place an officer at risk. List possible scenarios:

- 1.
- 2.
- 3.

---

#### Trainer Notes Section 3: Reduce Your Risk: Effective Prevention Strategies For COs

**Group Discussion** -This section begins with a group discussion on job-related risk.

**Discussion Objectives-** At the end of the discussion participants will be able to:

- Identify possible situations that may place them at risk for HIV infection.
- Identify three ways they can reduce or eliminate HIV transmission on the job.

**Materials:** None

**Set Up:** Ask participants the following question:

1. “What possible circumstances at your job might place you at risk for HIV infection?”

This can be facilitated as a large group discussion or in small groups. The ‘worksheet’ is provided for participants to write their answers.

**Processing Points:** This is an opportunity for the trainer to clarify transmission. Through discussion it should be made clear to the participants how low his/her risk is for HIV through his/her job responsibilities.

The next section may be a review to some participants on how barriers, cleaning procedures and waste disposal procedures can reduce/eliminate the risk of disease transmission. Elicit their knowledge on this topic to make this section more interactive. You can begin by asking:

1. “What ways can you reduce or eliminate possible HIV exposure on the job?”

Refer to risk scenarios just mentioned by participants. Have participants state how or what can be done for each risk scenario to reduce the risk of transmission. Continue risk reduction information with the following treatment information, barrier protection and PEP information.

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# HIV/AIDS... What Does It Mean To Me?

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## NOTES:

### Trainer Notes- Section 3 (continued)

**HIV Treatment-** After completing the previous group discussion on job-related risk, begin reviewing the content on HIV treatment. It is important from a public health perspective that an inmate's medical care and uninterrupted access to HIV medication is started and/or maintained. Quite simply, it can reduce the spread of HIV (both within the jail and to the community where the inmate is released). The correctional facility as a whole plays a major role in protecting public health, and within the correctional facility, COs are part of the system that links inmates to health care. Although COs are not healthcare providers, learning about HIV medications, viral load, adherence and drug resistance is important relative to the COs' duty to protect the public as well as reduce the chance of HIV transmission in instances of occupational exposure.

**Preventing Occupational Exposure:** After treatment content, this section then discusses how to prevent incidents of occupational exposure. Although COs face a small but potential risk of acquiring infectious disease during the performance of their duties, trainer should emphasize that COs face an even greater chance of contracting diseases through his/her own personal risk behavior.

As for job-related risk, hepatitis B virus (HBV) poses a greater risk of transmission than HIV. HIV and HBV are mostly transmitted the same ways, through sexual contact and sharing needles to shoot drugs. However unlike HIV, HBV can also be transmitted through SALIVA. Additionally, HIV dies as soon as the fluid dries in comparison to HBV. HBV can live outside the body in dried fluids up to 7 days. It is therefore recommended that adults who are at "high risk" for HBV get the HBV vaccination.

Staff at the correctional facility should be trained on the internal rules and policies relating to infection control. If the trainer can obtain copies of the policy/procedures on how to handle occupational risks or have a staff contact person to refer participants to this will enhance the lesson on prevention strategies.

**HIV Post Exposure Prophylaxis:** This curriculum does not elaborate on HIV post exposure prophylaxis (PEP). However, New York State PEP guidelines may be obtained by visiting [www.hivguidelines.org](http://www.hivguidelines.org). Additional information is provided in the resource section at the end of the module

# HIV/AIDS... What Does It Mean To Me?

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## HIV Treatment, Standard Precautions And PEP: Reduce the Risk to Correction Officers

### HIV Treatment: Impact On The CO

With improved testing and medications, people with HIV/AIDS can live longer, healthier lives. In addition to improving the quality of life of a person living with HIV/AIDS, access to health care and medications has a benefit on a public health level. By lowering the number of virus in a person's body, the chance of HIV transmission, in the case of an exposure, is reduced. In the jail, an inmate's access to healthcare and HIV medications can reduce the chance of transmission to a correction officer if there is an instance of occupational exposure to the inmate's blood.

### HIV Treatment: The Impact On The Community

Eventually the inmate will be released back to the community (often the same community the correction officer lives). The correctional system plays a role in protecting health of the public by ensuring an inmate's HIV care will continue when they return back to his/her community. Jail staff involved in discharge planning should assist soon-to-be released inmates to connect with health care and support networks in the community. The benefits of this effort include:

- Reducing transmission to others - healthier life practices that were established in the facility continue.
- Better health means less drain financially on the public, for example:
  - ✓ Former inmate is more likely to find work and be productive;
  - ✓ Public funds/programs such as Medicaid/Medicare and visits to the emergency room are reduced-- a direct cost savings to the community; &
  - ✓ Creating stability reduces recidivism.

#### Key Words:



#### **CD4 (also T-cell, Helper**

**cell):** a cell in the body that instructs the immune system to fight infection. HIV infects the CD4 cells in the body.

**Immune System:** A system in the body that helps to fight infections, germs etc.

### Viral Load

Without medication/treatment a person is more likely to have a lot more virus (higher viral load) in his/her body. The higher the viral load, the more infectious a person is when engaging in unprotected sex (anal, vaginal, oral sex) or sharing needles (drugs, piercing, tattoos) or in the case of an occupational exposure.

For instance, when the amount of virus in the bloodstream is very low and the viral load test might not be able to find the virus, this is known as having an "undetectable viral load". Undetectable does not mean that the virus is gone, or that the person is no longer infected with HIV, or that a person is no longer able to transmit the virus to anyone else. It means

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that a person has a viral level that is so low that even the most sensitive tests are unable to detect or identify the amount of virus.

The goal of HIV treatment is to reduce the viral load and prevent further damage to the immune system. Viral load testing can help doctors know how well anti-HIV drugs are working. The results of viral load test as well as other tests (i.e., CD4 test) can help doctors plan future treatment.

## HAART

**H**ighly **A**ctive **A**ntiretroviral **T**herapy is a combination of medications for the treatment of HIV or AIDS. The goal of HAART is to:

- Decrease the amount of virus (viral load) in the body
- Prevent mutation of the virus
- Lessen the damage to the immune system

Inmates with regular health care and uninterrupted access to HAART medications will have a lower viral load; a lower viral load reduces the chance of HIV transmission in instances of occupational exposure.

## Adherence

Sticking or adhering to a medication plan and working with the medical provider are crucial to keeping healthy. HIV medications work best when they are taken on time, at the right dosage, and taken with other classes of HIV medication. To be adherent to a treatment regimen requires a person to take medication exactly as prescribed.

## Challenges Adhering To HAART

To be successful in adhering to a medication regimen you need cooperation and collaboration between the person taking the medication and his/her healthcare provider. Taking HAART, as with any regimen of medications, can be challenging. Many factors may contribute to why a person may have trouble sticking to a medication schedule. Factors such as:

- Frequency of dosing;
- Number of pills;
- Food requirements/restrictions;
- Frequency of severe side effects;
- Complexity of regimen;
- Medication access/storage issues;
- Co-existing psychiatric illness and other chronic illnesses; and,
- Little or no education about the consequences of stopping medication/treatment.

### Key Words:



**Mutate:** An alteration or change of the genes or chromosomes of an organism.

**Side Effects:** an action or effect of a drug other than that desired; with HIV side effects may include gastrointestinal problems, diarrhea, and/or kidney problems thus making medication undesirable or challenging to take.

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## Drug Resistance

Missing doses of HIV medication can allow the virus to easily mutate or change. When the virus mutates, the medication may no longer be effective; this is referred to as a drug resistant virus. As a result, a person will have less treatment options available to him/her and his/her partner(s) if the drug resistant virus is passed to others. Additionally, drug resistance can result in a higher viral load; as mentioned previously the higher the viral load, the increased potential of disease transmission during instances of occupational exposure.

## Prevent Occupational Exposure From Occurring

If an officer is exposed to blood/body fluids on the job, and if the blood contains HIV, then there is a low (less than 1%) but ever-present risk of becoming infected with HIV. The best measure is preventing exposure before it happens. This can be accomplished by the following:

- Minimize exposure to blood by using protective barrier equipment;
- Assume all blood and body fluids are infectious and employ standard precautions at all times;
- If you perform tasks that put you in contact with blood or other body fluids, consider being vaccinated against hepatitis B virus (HBV);
- Guard against accidental exposure, such as splashes to the face.
- Specific to Searches (person, cell, packages, etc.):
  - ✓ NEVER PUT YOUR HANDS WHERE YOUR EYES CAN'T SEE;
  - ✓ Be aware of any open cuts or abrasions on your skin;
  - ✓ Ask inmate/detainee if there are sharp objects, needles, etc. on his/her person;
  - ✓ Use caution when searching an inmate's clothing and bedding;
  - ✓ Never run your hand around a shirt collar, pants waistband or seams; pat search these areas;
  - ✓ Use professional skills and judgment in confiscating contents of detainee/inmate's clothing. For example, ask detainee/inmate to empty pockets and turn them inside out to expose lining;
  - ✓ Wear protective gloves if exposure to blood or body fluids is likely;
  - ✓ Always carry a flashlight and long handled mirror to search hidden areas; and,

### Key Words:



**Occupational Exposure:** when a person has been exposed on the job to blood or visibly bloody fluids or other potentially infectious material.

**Standard Precautions:** Centers for Disease Control (CDC) guidelines to protect health workers, including police, firefighters, rescue squads, etc. and anyone else who may come into contact with blood or body fluids.

**Hepatitis B Virus (HBV):** caused by a virus that is carried in blood, semen, saliva, and other body fluids of an infected person. This virus attacks the liver. Workers can protect themselves by getting the HBV vaccine.

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- ✓ Empty contents of purses, packages, back packs, etc., gently on a table by turning them upside down and visually examining contents before handling.

## Use Protective Barrier Equipment / Standard Precautions

Correction officers should routinely use appropriate barrier precautions (such as gloves) to prevent exposure when contact with blood and other body fluids is anticipated. Whenever blood or body fluids are handled, they should be considered infectious, regardless of the source.



**Gloves** should be carried on your person at all times. The most commonly used gloves are non-sterile disposable examination gloves, made of latex or vinyl. Utility gloves (also known as rubber gloves) are used for clean ups and decontamination procedures.

**NOTE:** Not all types of gloves are suitable for conducting searches. Vinyl or latex rubber gloves provide little protection against sharp instruments, and they are not puncture-proof. There is a direct trade-off between level of protection and ease of manipulation. In other words, the thicker the gloves, the more protection they provide, but the less effective they are in locating objects. Thus there is no single type or thickness of glove appropriate for protection in all situations. Officers should select the type and thickness of gloves that provide the best balance of protection and search efficiency.

**Glove Removal** should be done in a manner that avoids hand or skin contamination. This is best achieved as follows:

- Pull off one glove using the other gloved hand;
- Remove the second glove by slipping a finger of the free hand inside the glove and peeling it off over the hand, only touching the inside;
- Discard gloves in an appropriate container as they are removed; and,
- Wash hands with soap and water.



**Coveralls and Foot Covers** should be made of, or lined with fluid-proof or fluid resistant material. This equipment should be used when the officer expects that blood or other bodily fluids may be splashed on the skin or clothing.

**Protective Eyewear and Masks** should be worn during situations where it is likely that splashes or drops of blood or other bodily fluids may be in contact with the eyes, nose, or mouth.

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**Resuscitation Equipment** such as mouthpieces, resuscitation bags, or other ventilation devices should be used when administering CPR (cardiopulmonary resuscitation) or rescue breathing. The mouthpiece or pocket mask will provide a barrier against saliva that may contain blood.

**Sharps Containers and Proper Sharps Disposal** – Puncture resistant containers (sharps containers) should be located close to the use area.

- Needles should never be broken or recapped by hand;
- Sharps should be handled as little as possible; and,
- Use a transparent sharps container to hold and view sharps as evidence.

**Key Words:**



**Sharps:** needles, lancets, disposable blades, and other sharp items.

## Bites

Remember, the risk of HIV transmission from a bite is very low. The person who did the biting is more at risk for infection due to the potential exposure of the other person's blood; however, for the person who was bitten:

- Wash the area thoroughly with soap and running water;
- Seek medical attention if the skin is broken;
- Document as a possible exposure in the case of hepatitis B; and
- Evaluate for possible HIV exposure if the person who did the biting was bleeding from the mouth at the time of the bite.
- Follow the advice of medical personnel for hepatitis B treatment and prevention of secondary bacterial infection.

For the person who did the biting:

- Seek medical attention if a large quantity of blood was drawn;
- Document as a possible exposure to HIV or HBV and seek medical follow-up.

## Contact with Urine, Feces or Saliva (no visible blood)

Inmates may throw urine or feces or spit on officers or other inmates. In addition to being a felony, these incidents are disruptive. However, these body fluids do NOT pose a significant risk for blood borne disease transmission. Skin that has been soiled with urine, feces or saliva should be washed with soap and water. If soiled clothing is NOT needed for evidence, it should be laundered using standard detergents and water temperature. Dry clean if the fabric cannot be laundered. Soiled surfaces should be cleaned and/or disinfected according to standard operating procedure. It is important for correction officers to know their facility's policy about maintaining evidence related to inmate/CO incidences.

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## **Risk of Transmission through Occupational Exposure of Blood**

The risk for acquiring a disease through a blood exposure at work is very, very low. The risk of getting HIV is even lower than other blood borne diseases such as hepatitis B virus (HBV) or hepatitis C virus (HCV).<sup>5</sup>

### **HBV**

A person who has received hepatitis B vaccine and developed immunity to the virus is at virtually no risk for infection. For a susceptible person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30%. There is a risk for HBV infection from exposures to mucous membranes or non-intact skin, however there is no known risk for HBV infection from exposure to intact skin (a few drops of blood on skin for a short period of time).

The annual number of occupational infections has decreased 95% since hepatitis B vaccine became available in 1982, from >10,000 in 1983 to <400 in 2001.

### **HCV**

The average risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is unknown, but is believed to be very small; however, HCV infection from blood splash to the eye has been reported. There also has been a report of HCV transmission that may have resulted from exposure to non-intact skin, but no known risk from exposure to intact skin.

There are no exact estimates on the number of healthcare personnel occupationally infected with HCV. However, studies have shown that 1% of hospital healthcare personnel have evidence of HCV infection (about 3% of the U.S. population has evidence of infection). The number of these workers who may have been infected through an occupational exposure is unknown.

### **HIV**

The average risk of HIV infection after a needlestick or cut exposure to HIV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.

The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000). The risk after exposure of non-intact skin to HIV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin.

As of December 2001, Centers for Disease Control and Prevention (CDC) had received reports of 57 documented cases and 138 possible cases of occupationally acquired HIV infection among healthcare personnel in the United States since reporting began in 1985.

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<sup>5</sup> CDC, 2003.

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## HIV Post Exposure Prophylaxis (PEP)

HIV post exposure prophylaxis (PEP) is a combination of medications that are given to a person who has been exposed to HIV infection. The goal of PEP is to suppress HIV before it attacks the white blood cells in the body. PEP has been shown to reduce the chance of HIV transmission.

The first thing that a worker should do if they have had an occupational exposure is:

1. Wash the infected area with soap and water and report the incident immediately, to the employee health services and your supervisor. To be effective, PEP needs to be started within hours after exposure.
2. Refer to the Centers for Disease Control (CDC) and/or NYS Department of Health PEP guidelines (see resource section of this module).
3. Know the law. Public health regulations law permits disclosure of HIV-related information in specific situations. For example, in verified occupational exposure instances, the infection control officer can obtain an inmate's existing, documented HIV test result, or request an inmate's consent to test for HIV (see resource section of this module).
4. Be familiar with the "Reportable Incident Guidelines for County Correctional Facilities" (a copy of which is available NYS Commission of Correction- see resource section). It is in the best interest of the correction officer to know the facility's policies and procedures about occupational exposure.



**Key Words:**

**Prophylaxis:** action or treatment taken to prevent infection/illness.

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### Trainer Notes - HIV Post Exposure Prophylaxis (PEP)

As facilities' policies to obtain medication for HIV PEP may vary, trainer should familiarize him/herself about (or identifying a key person in the facility that can speak to) the facility's occupational exposure/hazard polices including PEP for HIV. Acknowledge that funding for PEP may be an issue. It is important for the trainer to validate the COs' concerns about occupational exposure situations. Trainer should emphasize:

1. Minimize exposure and the importance of always using standard precautions including hand washing, knowing where the hazardous waste materials are located, carrying gloves;
2. Vaccination against hepatitis A & B for prevention;
3. Refer COs to internal policies addressing occupational exposures in their facility.

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## What Can A Correction Officer Do?

- ✓ **Know** how HIV/AIDS is and is not transmitted.
- ✓ **Respond** to issues that impact an inmate's treatment for HIV; your efforts will benefit your job, your fellow officers and the community you live in.
- ✓ **Confidentially** refer inmates to health services and to other programs such as peer education, substance abuse and/or mental health programs.
- ✓ **Keep** open communications with facility health staff.
- ✓ **Challenge** coworkers, friends and family members regarding myths and beliefs about HIV/AIDS.
- ✓ **Incorporate** standard precautions and prevention techniques into day-to-day work to reduce/eliminate the spread of HIV/AIDS.

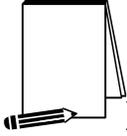
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**Trainer Notes - Summary:** Summarize by acknowledging that everyday, correction officers are placed in compromising, and at times, dangerous situations. However, at this point in the training COs should feel assured that their risk for HIV is low being that there are many factors or "links" in the chain of infection such as the type and severity of exposure, and the health of people involved. As previously mentioned, the risk for HIV transmission through occupational exposure is very low (<1%). Correction officers are reminded that his/her own personal risk behavior may be of more concern than the risk of exposure on the job.

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## NOTES:

### **Trainer Notes –Case Studies (Approx. time: 10 minutes)**

These case studies will aid the trainer in assessing whether the module's objectives have been achieved as well as provide an opportunity to clarify any participants' misinformation/uncertainty with content presented.

**Activity Objectives:** By the end of this activity participants will be able to:

- Identify three ways HIV is transmitted;
- Identify three ways an officer can protect him/herself on the job against HIV infection;
- Identify the importance of using standard precautions.

**Materials:** Case Studies I, II, and III: *Transmission*

**Procedure:** Trainer will group participants into dyads or triads. Each group will be given one case study (three case studies are included in this module; all or some may be used at the discretion of the trainer). Each group will spend a few minutes reading the case study and answering the questions. Have each group pick someone to speak and report-out its answers to the larger group.

### **Case Study I: Transmission**

*During a routine walk through the jail corridor, a correction officer is hit in the face with inmate's urine and feces. The waste material splattered across the officer's uniform and face. There is no visible blood in the waste.*

### **Questions**

1. *What are the immediate concerns of the officer? Ans. Washing exposed area, standard precautions*
2. *Is there risk for HIV transmission? Ans. No visible blood, No risk*
3. *If there is an identified risk, what options for treatment does the officer have? Ans. Follow policy and procedures, seek medical care, report the incident*
4. *How should the officer proceed? Ans. Take PEP if eligible, take meds as prescribed, follow internal jail procedures*

### **Processing Points**

- Q. 1. Group will report-out its concerns. Review each concern by clarifying whether there is a actual risk of disease transmission (this will move into question #2).
- Q. 2. Clarify where, or if, a risk is posed for HIV in each group's list of concerns. (For Case Study I there is no risk for HIV transmission. Urine and feces do not transmit HIV. )
- Q. 3 & 4. This is where knowing the facility's policy or having someone in the training that can review the policy would be helpful, as options would vary at each facility.
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## Case Study I: Transmission

During a routine walk through the jail corridor, a correction officer is hit in the face with inmate's urine and feces. The waste material splattered across the officer's uniform and face. There is no visible blood in the waste.

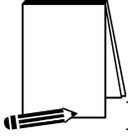
### Questions

1. *What are the immediate concerns of the officer?*
2. *Is there risk for HIV transmission?*
3. *If there is an identified risk, what options for treatment does the officer have?*
4. *How should the officer proceed?*



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## NOTES:

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### Trainer Notes - Case Studies

#### *Case Study II: Transmission*

*While transporting an inmate from the dental clinic where he was treated for gum disease, the inmate becomes violent. During the altercation the inmate bites the correction officer. It is a deep puncture wound that begins to bleed and requires medical attention.*

#### **Questions**

1. *What are the immediate concerns of the officer? **Ans. Minimal exposure***
2. *Is there risk for HIV transmission? **Ans. Possibly; get tested, go to medical***
3. *If there is an identified risk, what options for HIV treatment does the officer have? **Ans. Get medically evaluated***
4. *How should the officer proceed? **Ans. Get a medical evaluation***

#### **Processing Points**

Questions for case studies II & I are the same thus processing is similar:

Q. 1. Group will report-out its concerns. Review each concern by clarifying whether there is a actual risk of disease transmission (this will move into question #2).

Q. 2. Clarify where, or if, a risk is posed for HIV in each group's list of concerns. For Case Study II, there is a small risk as there might be blood in the inmate's mouth after just having a procedure done at the dentist. In addition, the bite broke the skin of the officer thus providing entry for any blood borne pathogen such as HIV. Trainer should clarify, however, that the risk for HIV would come from the blood in the mouth and not the inmate's saliva (although there is a risk for HBV from saliva).

Q. 3 & 4. This is where knowing the facility's policy or having someone in the training that can review the policy would be helpful, as options would vary at each facility.

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## Case Study II: Transmission

While transporting an inmate from the dental clinic where he was treated for gum disease, the inmate becomes violent. During the altercation the inmate bites the correction officer. It is a deep puncture wound that begins to bleed and requires medical attention.

### Questions:

1. *What are the immediate medical concerns of the officer?*
2. *Is there risk for HIV transmission?*
3. *If there is an identified risk, what options for HIV treatment does the officer have?*
4. *How should the officer proceed?*



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## NOTES:

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### Trainer Notes - Case Studies

#### **Case Study III: Transmission**

*An inmate porter refuses to clean a cell containing vomit stating the inmate was one of "them". The correction officer demands that the cell be cleaned.*

#### **Questions**

Q. 1- *How should the officer handle this situation? Ans. Challenge the CO, debunk myths*

Q. 2- *What are some examples of standard precautions that are used in this situation to prevent disease transmission? Ans. Use gloves, wash hands, use disinfectants*

Q. 3- *Who can the officer consult with if s/he has questions? Ans. Consult with jail policy and procedures, supervisor*

#### **Processing Points**

Q. 1- An officer should never confirm nor deny the HIV status of an inmate. The officer should instruct the porter that the use of gloves are standard precautions that are used for all cells, offering protection from all types of diseases.

Q. 2- In addition to wearing gloves, the disinfectant used on the affected cell surface along with washing hands with soap and water are standard precautions used to prevent disease transmission.

Q. 3- Officer should consult with his/her supervisor or health services staff if there are questions about standard precautions or how to handle the inmate porter's concerns.

The facilitator should be prepared for the response-"I'll give the inmate a direct order and lock him up if he refuses to follow the order." It is preferable for the CO to take the inmate aside and counsel him/her regarding any possible problems.

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## Case Study III: Transmission

An inmate porter refuses to clean a cell that is covered with vomit stating the inmate was one of “them”. The correction officer demands that the cell be cleaned.

### Questions:

- 1. How should the officer handle this situation?*
- 2. What are some examples of standard precautions that are used in this situation to prevent disease transmission?*
- 3. Who can the officer consult with if s/he has questions?*



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## References, Resources & Additional Information



### References

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### Resources & Additional Information

Laws of NYS (such as PHL Article 21, Title 3) can be accessed electronically by accessing the NYS Legislature website: <http://public.leginfo.state.ny.us/menuf.cgi>

**Sexually Transmitted Diseases (STDs)** - A sexually transmitted disease is an infection. It is caused by an organism such as bacteria or a virus that a person can transmit and/or acquire through sex (anal, vaginal, and oral). Some STDs that are bacterial, like gonorrhea, can be cured (with antibiotics and/or other medications). Other STDs, mostly viral infections like herpes, can not be cured but treated for their symptoms.

Bacterial STDs: STDs that are *bacterial* and curable with antibiotics include infections such as:

◆ **Syphilis**- is caused by bacteria that enter the body through the mouth, vagina, or the anus from one infected person to another during unprotected sex. Symptoms include sores that may appear 10 to 90 days after infection anywhere on the body including on or around the genitals, the rectum or mouth. This may be followed by a fever, headache, swollen glands or rash especially on the palms of the hands or soles of the feet. In the later stages of infection syphilis causes damage to the brain, heart, eyes, and other body parts. If syphilis is detected early, antibiotics can be prescribed and it is curable. In the later stages of the infection, no medicine can repair damage that this infection has already done.

◆ **Gonorrhea**- is caused by bacteria that enter the body through the mouth, vagina, or the anus from one infected person to another during unprotected sex. In men, the infection may cause burning during urination and discharge (drip) from the penis.

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Women often have no symptoms at all and may not know they are infected unless the infection is found during an examination. Untreated gonorrhea can cause sterility in both men and women. In women it can lead to Pelvic Inflammatory Disease (PID). PID is an infection that causes severe lower abdominal pain and fever, and can result in sterility or miscarriage.

- ◆ **Chlamydia**— is caused by bacteria spread during unprotected sex and produces an infection that is very similar to gonorrhea. Men may experience burning during urination and discharge from the penis; however, up to 50% of men may have no symptoms or the symptoms are so mild they may be ignored. In women, chlamydia causes an inflammation of the cervix. Women often have no symptoms at all and may not know they are infected unless the infection is found during an examination.

Viral STDs: STDs that are *viral*, chronic and are not curable include infections such as:

- ◆ **Herpes** - is caused by a virus that can be spread through unprotected sex. It produces groups of blister-like sores on the genitals about 2 to 14 days after infection. Sometimes a fever is present. The sores will break open and become painful, especially if they come in contact with urine. Even though the sores may disappear, the virus is still present and the sores can return without warning. Most people infected with genital herpes have no symptoms and do not know they have the virus. Herpes can spread even when there are no sores or signs of the disease. In fact, most transmission of herpes happens in this way. Cold sores are also a form of herpes. People with sores on the mouth or lips should not have oral sex because this may cause genital herpes in their sex partners. There is no known cure but new drugs are helpful in treating the symptoms.
- ◆ **Genital Warts**- are caused by a virus called the Human Papillomayirus (HPV) that can be spread through unprotected sex. There are over 70 types of HPV that infect humans including 35 that infect the genitals. Most people with HPV have no obvious signs of infection. Signs of infection may include visible warts on the genitals 1 to 3 months after exposure. They can bleed and become very painful. Anal warts are also caused by the same virus and have been linked to anal cancer. Small warts are treated with medicine applied directly to the warts. Left untreated, the warts can spread or in some people, such as pregnant women or HIV positive persons, they can become so large that surgery is necessary. There are many treatments for genital warts but there is currently no treatment for the virus. Some strains of HPV are now vaccine preventable.
- ◆ **Hepatitis**- Hepatitis literally means inflammation of the liver. Viral hepatitis is caused by one of several distinct viral agents such as hepatitis A (HAV), hepatitis B (HBV) or hepatitis C (HCV) virus. Hepatitis can also result from non-infectious causes such as excessive alcohol use, as a side effect to certain medications or as a symptom of other illnesses. The general symptoms of hepatitis include: jaundice (a yellowing of the skin and eyes), fatigue, stomach pain, poor appetite and intermittent nausea and vomiting.

# HIV/AIDS... What Does It Mean To Me?

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## About STDs: Interrelationship Of STD & HIV Transmission

It is now known that having a sexually transmitted disease (STD) increases the risk of transmitting and acquiring HIV. This is due to several reasons:

### ◆ **STDs And HIV Are Spread The Same Ways**

STDs and HIV are transmitted by unprotected sex (sex without a condom) with a person who is already infected. Sharing drug needles or “works” can also spread some STDs and HIV.

### ◆ **If You Have A STD, It Is Easier To Get HIV**

If a person already has a STD, s/he is MORE likely to get infected with HIV if s/he has unprotected sex (sex without a condom) with a person who has HIV. This is because having a STD changes the cells lining the vagina, penis, rectum or mouth. This makes it easier for HIV to enter your body.

### ◆ **If You Have A STD, It Is Easier To Pass HIV To Others**

People with both HIV and an STD have more HIV in their semen (cum) or vaginal fluid. This makes it easier for a person with an STD or HIV to give the virus to others when having sex without a condom.

## Women, STDs And HIV

As reviewed previously, HIV can enter the body through any mucous/mucosal membrane. Women however, are more likely to be infected sexually than their male counterparts for some of the following reasons:

- The vagina of the woman and the urethra (opening of the penis) of the man are two mucous membranes where HIV/STD can enter during sex. The vagina is a much larger mucosal membrane than the urethra; therefore, the vagina has more surface area thus a greater opportunity for HIV to enter the bloodstream of the woman.
- Semen stays in contact with the mucosal membrane of the vagina for an extended period of time after sex, thus increasing the exposure time for the woman to HIV/STDs.
- If the vaginal mucosal membrane is compromised with, for example, a STD or tearing (due to rough sex, rape, etc.) the chances of HIV infection increases significantly.
- Young women are at an even higher risk for getting HIV and/or STDs because the mucosal membrane in the vagina is more fragile (immature).
- Unlike most men, women often have STDs without any symptoms. This means that unless a woman gets tested, she may have an STD and not know it.

# HIV/AIDS... What Does It Mean To Me?

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## Importance Of STD Testing And Treatment

The role of testing and treatment of STDs is not only to stop the spread of STDs but also to reduce the spread of HIV.

## Don't Wait For Symptoms

- Many people who have a STD have no symptoms. Therefore, you can NOT tell by looking at the person if s/he is infected.
- The longer treatment is postponed, the greater the potential for damage caused by the disease. Without treatment STDs can lead to major health problems such as sterility (for men *and* women), brain damage, heart disease, cancer and even death. Additionally, as discussed in the previous section, the longer treatment is delayed, the risk of acquiring and/or transmitting other sexually transmitted diseases such as HIV increases.
- Sex partners should be tested and treated at the same time to avoid re-infecting each other.

## Importance Of Screening

The cycle of incarceration is a way of life for many inmates who have been in and out of the correctional system. Underlying problems that have led to the cycle of incarceration such as sexual abuse, lack of impulse control, addiction or mental disability, are also associated with increased risk for infectious diseases. In light of this, routine screening for chlamydia, gonorrhea, and syphilis at intake may provide an opportunity to:

- Identify STD infections;
- Prevent complications, and
- Reduce transmission of STDs, as well as possible transmission of HIV;
- Reduce the risk of HIV transmission to the correction officer in the occurrence of an occupational exposure to an inmate's blood.
- Protect others in the jail correctional facility and ultimately in the community.

## How HIV Can Spread From Mother to Baby

There are 3 ways mothers can pass HIV infection to their babies:

1. In the womb, from the amniotic fluid ("bag of waters") or through the placenta.
2. During birth, when a baby is directly exposed to its mother's blood and vaginal fluid.
3. With breast-feeding, HIV can pass through breast milk.

# HIV/AIDS... What Does It Mean To Me?

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## How To Reduce HIV Transmission From Mother To Her Baby

### ◆ HIV Testing

HIV testing before pregnancy allows a woman to be aware of her HIV status so she can make an informed decision. All newborns are tested for HIV antibodies under the New York State's Newborn Screening Program and all mothers are routinely provided the test result.

### ◆ Prenatal Care and HIV Medication

Without HIV medication about 15-25% of babies born to mothers infected with HIV are also infected. With medication, the chances of HIV transmission from mother-to-baby can be reduced, significantly.

### ◆ No Breast-Feeding

In the United States, breast-feeding is not recommended for HIV-infected mothers.

### **Additional Facts About Mother/Baby Transmission**

Due to passive transfer of antibodies during pregnancy, all babies born to women living with HIV will have a positive HIV antibody test. Further tests are needed to determine whether the baby is actually infected with HIV. A PCR (polymerase chain reaction) test is then used to detect HIV in the baby's blood. It is possible to identify most babies who are infected with HIV by about one month of age. If the PCR test does not detect HIV in the baby at one month, he/she will be tested again at four months of age. If the PCR test for the baby does not show HIV infection by four months of age, then the baby is not infected with HIV.

# HIV/AIDS... What Does It Mean To Me?

## Hepatitis A, B, C : Quick Reference Chart

<b>Viral Agent</b>	<b>Hepatitis A (HAV)</b>	<b>Hepatitis B (HBV)</b>	<b>Hepatitis C (HCV)</b>
<b>Initial Symptoms</b>	Jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, diarrhea; in many cases symptoms may be absent or very mild	Symptoms, if present, similar to HAV; severe disease can lead to liver failure and may be fatal	Symptoms similar to HAV and are usually absent or very mild
<b>Chronic Illness</b>	Virtually all patients have complete recovery within three to six months; never chronic; life-long immunity to HAV	90% of those infected will recover fully and have life-long immunity to HBV; 10% do not clear the infection and develop either mild chronic persistent HBV or more aggressive chronic active HBV which can lead to cirrhosis and liver cancer	75-85% of persons infected with HCV become carriers; of these 10-20% will develop significant liver disease which can lead to cirrhosis and liver cancer; disease develops slowly, often without symptoms for 10-30 years; HCV reinfection is possible
<b>Treatment</b>	Initial illness usually managed at home; rest; avoid alcohol; no specific dietary restrictions; no treatment except management of symptoms	Initial illness managed similarly to HAV, although hospitalization may be required; medications are available for chronic illness and have a success rate of 30-40%	Initial illness managed similarly to HAV; medication is available to treat chronic illness and has a success rate of 25-50%; avoidance or reduction of alcohol is especially important; new drugs are under development
<b>Prophylaxis</b>	Vaccine available and recommended for IDUs, MSMs, persons with HCV, and some travelers; Immunoglobulin available for post-exposure prophylaxis for unvaccinated close contacts	Vaccine recommended as part of early childhood immunization, for health care workers, IDUs, household contacts of persons w/ HBV and non-monogamous adults; immunoglobulin and vaccine are recommended after recent known exposure has occurred	No vaccine

## HIV/AIDS... What Does It Mean To Me?

Viral Agent	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
<b>Methods of Transmission</b>	oral contact with feces from an infected person: <ul style="list-style-type: none"> <li>- oral-anal sexual practices</li> <li>- eating food prepared by an infected person who did not clean hands properly</li> <li>- drinking contaminated water</li> <li>- eating contaminated shellfish</li> </ul>	Bloodborne pathogen transmitted through contact with infected person's blood/body fluids through: <ul style="list-style-type: none"> <li>- sharing injection drug equipment</li> <li>- unprotected anal, vaginal or oral intercourse</li> <li>- infected mother to her infant during pregnancy, delivery, birth or breast-feeding</li> <li>- household contact</li> <li>- occupational exposure through needle stick and related incidents</li> </ul>	bloodborne pathogen transmitted through contact with infected person's blood through: <ul style="list-style-type: none"> <li>- sharing injection drug equipment</li> <li>- infected mother to her infant during delivery</li> <li>- occupational exposure through needle stick and related incidents</li> <li>- blood transfusion before 1992</li> </ul> risk of transmission through sex is unclear.
<b>Prevention Messages</b>	1) avoid sexual practices that result in oral-anal and oral-fecal contact or use a latex barrier between the mouth and anus 2) <b>CDC recommends HAV vaccination for active injection drug users (IDUs) and men who have sex with men (MSMs)</b> 3) county health departments provide information about local outbreaks of HAV 4) due to compromised immune systems, people with HIV should be aware of local outbreaks	1) avoid sharing injection drug equipment 2) avoid unprotected oral, vaginal or anal intercourse 3) avoid sharing tattooing equipment, razors, toothbrushes 4) <b>vaccine recommended for all active IDUs, MSMs, non-monogamous adults and health care workers</b> 5) pregnant women screened for HBV & routine vaccination for all exposed infants 6) use standard precautions in occupations which involve possible exposure to blood	1) avoid sharing injection drug equipment 2) avoid sharing tattooing equipment, razors, toothbrushes 3) avoid sharing straws for intra-nasal drug use 4) follow standard precautions in occupations which involve possible exposure to blood
<b>Implications for Prevention Programs and Health Care Providers</b>	* HIV/AIDS service providers should revise their prevention education curricula and activities to include information about HAV * educate active IDUs, MSMs about vaccination * educate and counsel regarding risk reduction or elimination of oral-anal sexual practices	* HIV/AIDS service providers should revise their prevention education curricula and activities to include information about HBV * recommend screening and vaccination for all active IDUs, MSMs and non-monogamous adults * same prevention messages as HIV * routine early childhood vaccination, began in 1991	*HIV/AIDS service providers should revise their prevention education curricula and activities to include HCV *educate about option of screening for those at risk and interested in their HCV status * educate community about possible risks associated with sharing straws for snorting drugs

# HIV/AIDS... What Does It Mean To Me?

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## **HIV Post Exposure Prophylaxis**

The New York State Department of Health AIDS Institute's Clinical Education Initiative (CEI) offers HIV post-exposure prophylaxis (PEP) phone lines 24 hours per day. The evolving nature and practice of HIV PEP requires the guidance of an HIV Specialist within a narrow timeframe to achieve an effective clinical outcome. PEP lines are staffed by HIV Specialists who can provide information on risk exposure and the latest diagnostic and therapeutic advances and how these advances can be integrated into routine care.

PEP phone lines are located throughout all of New York State with each regional CEI center having HIV Specialists that are familiar with the geography and the resources available in their region. HIV Specialists can direct practitioners to the nearest regional tertiary care center and to providers of advanced HIV care.

The following CEI listing is current as of May 2005. An updated list as well as the most up-to-date clinical guidelines for HIV treatment and care can be accessed via the web at: [www.hivguidelines.org](http://www.hivguidelines.org)



## **2005 NYS Programs Providing Clinical Education and PEP Information**

### **Bronx:**

**Bronx-Lebanon Hospital Center**  
HIV AIDS Clinical Education &  
Training Program  
Program Contact: Susan Young, MS  
(718) 901-8538 (8am-5pm)  
(718) 901-8484 (after hours)  
Ask for ID consult on call

### **Brooklyn:**

**SUNY Downstate Medical Center**  
Program Contact: David Odegaard,  
MPH  
*For adults:*  
(718) 270-2121 (all hours)  
Ask for STAR Clinician on call  
*For pediatrics:*  
(800) 921-5617 (beeper—all hours)  
Ask for pediatric ID physician on  
call

### **Queens:**

**NY Hospital Queens**  
Program Contact: Dorothy  
Grandjean, MD  
(718) 670-1231 (all hours)  
Press "0" for an operator and ask for  
ID physician on call

### **Manhattan:**

**St. Vincent's Catholic Medical  
Center**  
**St. Vincent's Manhattan**  
Program Contact: Max Vaval  
*For adults:*  
(212) 604-2980 (9am-5pm)  
(212) 647-1800 (after hours)  
*For pediatrics:*  
(212) 604-1545 Pediatric ER (work  
hours)  
(212) 604-8052 (after hours)

### **Long Island:**

**Nassau University Medical Center**  
AIDS Program  
Program Contact: Kathy vanSteen  
(516) 572-5210 (all hours)

# HIV/AIDS... What Does It Mean To Me?

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## **Albany:**

**Albany Medical College**  
Division of HIV Medicine  
Program Contact: Abigail Gallucci  
*For adults:*  
(518) 262-4043 (M-F, 8am-4pm)  
After hours, ask for the AIDS  
Treatment Center doctor on call  
*For pediatrics:*  
Division of Pediatrics  
Contact: Mary Ellen Adams  
(518) 262-6888 (M-F, 8:30am-  
4:30pm)  
After hours, ask for pediatric ID  
physician on call

## **Glenn Falls & North County:**

**Upper Hudson Primary Care  
Consortium**  
Program Contact: Mary Anne  
Brown, RN  
(518) 748-0162 (beeper—all hours)

## **Mid-Hudson:**

**Westchester Medical Center**  
AIDS Care Center  
Program Contact: Richard Birchard,  
MS  
*For adults:*  
(914) 450-3016 (9am-10pm)  
(914) 493-7000 (all other hours)  
Ask for ID on call  
*For pediatrics:*  
(914) 493-8333 (M-F, 9am-5pm)  
(914) 654-3484 (ER) (after hours)  
Ask for pediatric ID on call

## **Rochester:**

**University of Rochester/Strong  
Memorial Hospital**  
Program Contact: Thomas Della  
Porta, MS  
*For adults:*  
AIDS Center  
(585) 275-8418 ask for ID Team II  
*For pediatrics:*  
Contact: Geoffrey Weinberg, MD  
(585) 275-3290 (8am-4pm)  
(585) 275-2222 (after hours)  
Ask for pediatric ID physician on  
call

## **Syracuse:**

**SUNY Upstate Medical University,  
Syracuse**  
**Department of Medicine**  
Program Contact: Lyn Stevens, NP  
*For adults:*  
(315) 464-5533 (M-F, 8:30am-4pm)  
(315) 464-5540 (after hours)  
Ask for ID physician on call  
*For pediatrics:*  
(315) 464-6331 (M-F, 8:30am-4pm)  
(315) 701-7190 (after hours)  
Ask for pediatric ID physician on  
call

## **Buffalo:**

**Erie County Medical Center**  
AIDS Center  
Program Contact: Mary Goodspeed, RN  
(716) 898-4119, (M-F, 8:30am-4:30pm)  
(716) 898-4167 (ER) (after hours)  
Ask for ID physician on call

## HIV/AIDS... What Does It Mean To Me?

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- ◆ **Copy of Reportable Incident Guidelines for County Correctional Facilities**  
New York State Commission of Correction, Executive Park Tower, Stuyvesant Plaza Albany, NY 12203-3764. (All requests should specify the item sought as “Reportable Incident Guidelines for County Correctional Facilities”.)
  
- ◆ **National Commission on Correctional Health Care.** “HIV Prevention Community Planning Groups and Correctional Institutions: A Collaboration for All” Fact Sheet. 2003. <http://www.healthstrategies.org/pubs/factsheets/phc-cpgs.pdf>  
This fact sheet is part of a series addressing **correctional** health. Other publications in the series include an overview of the key findings from *The Health Status of Soon-to-be-Released Inmates—A Report to Congress*; policy recommendations from the report designed to improve disease **prevention**, screening, and treatment programs in jails and prisons; and other fact sheets that provide recommendations by sector. This series is produced by the Center for **Community**-Based Health Strategies (CCHS) at the Academy for Educational Development, with funding from the Centers for Disease Control and Prevention, under contract #200-97-0605, task order 38. All publications in this series can be downloaded from the CCHS Web site: [www.healthstrategies.org](http://www.healthstrategies.org). For a complete copy of the report, *The Health Status of Soon-to-be Released Inmates*, contact the National Commission on Correctional Health Care on-line at: [www.ncchc.org/pubs\\_stbr.html](http://www.ncchc.org/pubs_stbr.html).

# HIV/AIDS... What Does It Mean To Me?

## NYS-Authorized Syringe Exchange Programs Site Locations & Hours of Operations

as of: August 11, 2005

Program Name	Exchange Sites	DAY(S)	HOURS
<b>After Hours Project</b> Contact: Fernando Soto (718)249-0755	1232 Broadway (Bedford - Stuyvesant)	Mon-Fri	4:00 - 10:00 PM
<b>AIDS Center of Queens County</b> Contact: Philip Glotzer (718)896-2500	179-09 Jamaica Avenue (Jamaica)	Mon	11:00 - 3:00 PM
	42-57 Hunter Street, 2nd Fl. (Long Island City)	Tues & Fri	6:00 - 10:00 PM
	Beach 21st & Beach 22nd (Southside of Parking Lot-Borderd by Cornaga) (Far Rockaway)	Wed	11:00- 3:00 PM
	113-02 Guy Brewer Blvd (Jamaica)	Thurs	11:00 - 3:00 PM
<b>AIDS Rochester, Inc.</b> Contact: Steven Price (585)454-5556	844 North Clinton Avenue	Mon-Fri	1:00 - 4:00 PM
<b>CitiWide</b> Contact: Daliah Heller (718)292-7718   Hotel Residents Only	226 East 144th Street (Storefront) (Bronx)	Mon,Thurs-Fri	9:00AM-9:30PM
		Tues	9:00AM-6:00PM
		Wed	12:00 - 9:30PM
	Riverside Hotel: 312 West 109th Street	Tues	4:00 - 5:00 PM
	Marion Hotel: 2612 Broadway	Tues	5:15 - 6:15 PM
	Malibu Hotel: 2688 Broadway	Tues	6:30 - 7:30 PM
	Broadway Studios: 230 West 101st Street	Tues	7:45 - 8:45 PM
	Royal Park Hotel: 258 West 97th Street	Tues	9:00 - 9:30 PM
	Webster Hotel:1930&1938 Webster Ave( <b>Suspendend</b> )	Thurs	6:00 - 10:00 PM
<b>Family Services Network of New York</b> Contact: Fernando Soto (718)573-3358	1639 Broadway (Buhrswick)	Mon,Tues,Fri	12:00 - 4:00 PM
		Thurs	10:00 - 6:00 PM
	406 Mother Gaston Boulevard (East New York)	Mon,Tue,Thurs,Fri	12:00 - 4:00 PM
		Wed	8:00AM-4:00 PM
<b>FROSTD</b> Contact: Joshua Sippen (212)924-3733	123rd Street and Park Avenue (Manhattan)	Tues	10:00 - 3:30 PM
	West 22nd Street & Surf Avenue (Coney Island)	Mon & Thurs	10:00 - 3:30 PM
	Southern Blvd (Between 175 & 176 Sts) (Bronx)	Fri	10:00 - 2:00 PM
	Classon Ave(Btwn Putnam Ave & Fulton St)(Bed-Stuyvesant)	Tues	1:00 - 3:00 PM
		Thurs	10:00-12:00 PM
	South Fifth Street & Marcy Avenue (Williamsburg) (Brooklyn)	Wed & Thurs	1:00 - 3:00 PM
		Sat	12:00 - 2:00 PM
Corner of Putnam & Knickerbocker Ave (Brooklyn)	Tues	9:30 - 11:30 AM	
	Sat	2:30 - 4:30 PM	

# HIV/AIDS... What Does It Mean To Me?

## NYS-Authorized Syringe Exchange Programs Site Locations & Hours of Operations

as of: August 11, 2005

Program Name	Exchange Sites	DAY(S)	HOURS
<b>Housing Works</b> Contact: Linney C. Smith (347)473-7404	130 Crosby Street (Manhattan)	Mon - Sat	10:00 - 3:00 PM
	320 West 13th Street (Manhattan)	Sun-Tue,Thur-Sat	9:00 - 3:00 PM
	<b>HOUSING WORKS CLIENTS ONLY</b>	Wed	9:00 - 5:00 PM
<b>Kaleida Health/Project Reach</b> Contact: Ray Ganoe (716)845-0172	206 S. Elmwood Avenue (West Buffalo)	Mon - Fri	8:30 - 4:00 PM
		Sat	9:00 - 11:00 AM
<b>Lower East Side Harm Reduction Center</b> Contact: Mark Gerse (212)226-6333	25 Allen Street (Between Hester and Canal Street)	Mon & Wed	11:00 - 1:00 PM
		Mon-Wed, Fri	5:00 - 8:00 PM
		Thurs	1:00 - 8:00 PM
		Sat	11:00 - 2:00 PM
	Roving teams in the general areas of Essex, Delancey, Pike Streets and under the Manhattan Bridge	Mon & Fri	5:00 - 8:00 PM
		Wed	11:00 - 1:00 PM
		Thurs	10:00pm-Midnight
		Sat	11:00 - 2:00 PM
	Washington Sts (Btwn Gansevoort & W.13th Sts)	Fri	6:00 - 9:00 PM
	Streetwork (Satellite Site) 545 Eighth Avenue	Mon-Tues,Th-Fri	12:00 - 5:00 PM
Sat		1:30 - 5:00 PM	
Streetwork (Satellite Site) 33 Essex Street	Tues-Thurs	2:00 - 9:00 PM	
	Fri	11:00 - 3:00 PM	
<b>New York Harm Reduction Educators</b> Contact: Tarrie Ruefli, Ph.D. (718)842-6050	109th Street (Between Lexington & Third Ave)(East Harlem)	Mon & Wed	9:30 - 11:30 AM
		Fri	5:00 - 7:00 PM
	Corner of 110th Street & Park Ave (Manhattan)	Tues	10:00 - 2:00 PM
	Garrison Street (Between Irvine & Hunts Point) (Bronx)	Thurs	3:00 - 9:00 PM
	Jerome Ave & Clinton Place (S.W. corner)(Bronx)	Fri	3:00 - 7:00 PM
	126th Street (Between 2nd Ave & 3rd Ave) (Manhattan)	Sat	9:00 - 1:00 PM
	Corner of Ward & Watson Ave (Soundview) (Bronx)	Wed	1:30 - 4:30 PM
	148th Street (Between Bergen & Brook Ave) (Bronx)	Thurs	10:00 - 2:00 PM

# HIV/AIDS... What Does It Mean To Me?

## NYS-Authorized Syringe Exchange Programs Site Locations & Hours of Operations

as of: August 11, 2005

Program Name	Exchange Sites	DAY(S)	HOURS
<b>Positive Health Project</b> Contact: Jason Farrell (212)465-8304	301 West 37th Street, 2nd Floor	Mon	11:00 - 3:00 PM
		Wed	12:00 - 5:00 PM
		<b>Thurs</b>	<b>6:00 - 8:00 PM</b>
		Fri	1:00 - 7:00 PM
		Sat	1:00 - 5:00 PM
<b>Queens Hospital Center</b> Contact: Lorinda Sherwood (718)883-2760	Charles Drew Center 166-10 Archer Avenue (Jamaica)	Wed & Fri	11:00 - 2:00 PM
<b>St. Ann's Corner of Harm Reduction</b> Contact: Joyce Rivera (718)585-5544	310 Walton Avenue, Suite 201	Mon-Wed, Fri	9:00 - 5:00 PM
		Thurs	9:00 - 6:30 PM
		Sat	9:00 - 3:00 PM
	139th Street and St. Ann's Avenue	Tues	4:00 - 7:00 PM
		Sat	9:30 - 12:00 PM
	148th Street and Bergen	Tues	12:00 - 3:00 PM
		Wed & Fri	12:30 - 3:00 PM 4:00 - 7:00 PM
		Sat	11:00 - 2:00 PM
<b>STAP - Ithaca Office</b> Contact: Shari Wells-Weiss (607)272-4098	501 S. Meadow Street (Ithaca, NY)	Mon - Tues Thurs - Fri	1:00 - 5:00 PM
<b>Urban League of Westchester</b> Contact: Larry Hilton (914)667-1010	10 Fiske Place (Mount Vernon)	Wed-Fri	7:00 - 9:00 PM

For further information, please contact the NYSDOH/AIDS Institute - Harm Reduction Unit (212) 417-4770.

# HIV/AIDS... What Does It Mean To Me?

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**NOTES:**

# Module Two

## HIV Confidentiality

### Module Objectives

By the end of this training participants will be able to:

1. State how stigma associated with HIV/AIDS can negatively affect perceptions and behaviors; and
2. Summarize the correction officer’s duty regarding detainee/inmates’ legal rights to protection, care, and confidentiality.

### Materials

Newsprint, Stand, Markers  
 Participant Manual  
 Case Study: *Confidentiality*

### Supplemental Materials

NYSDOH Pamphlet: “*NYS Confidentiality Law & HIV*” (#9192 –English) (#9193 –Spanish)  
 Correctional Facility’s own HIV Release Form (if applicable)

NYSDOH Forms:

- “*Informed Consent to Perform HIV Testing*” –Part A & B (DOH-2556 & 2556i - English) (DOH-2556ES &2556iES –Spanish) (English version included in Resource Section of this module)
- “*HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV Related Information*” (DOH-2557 English) (DOH-2557ES – Spanish) (English version included in Resource Section of this module)

<b>Total Lecture Time: 90 minutes</b>	<b>Topic Areas</b>	<b>Format/Materials</b>
15 minutes	Section 1: HIV/AIDS Stigma A. Impact of HIV Stigma 1. For COs with Custodial Management a) Transporting Inmates b) Housing/Segregation c) Inmate to Inmate Conflict d) Management/Security Issues for COs	Interactive Lecture & Large or small group discussion
ACTIVITY: 15 minutes	Activity: HIV/AIDS Stigma 1. Impact on the Inmate a) In Jail b) Reintegration in Community	Large Group Brainstorm
15 minutes	Section 2: Overview of NYS HIV Confidentiality Law A. Rationale B. Components of the Law	Interactive Lecture
ACTIVITY: 15 minutes	Activity: Benefits of Maintaining Inmates’ HIV Confidentiality 1. Correction Officer 2. Inmates 3. Community	Activity: Small group brainstorm
30 minutes	Section 3: NYS Confidentiality Law and Local Correctional Facilities A. Who Needs to Know B. Disclosure C. Additional Job-Related Requirements and	Lecture & Case Study: <i>Confidentiality</i>  Form: “ <i>NYS Confidentiality</i> ”

# HIV Confidentiality

	<p>Obligations</p> <ol style="list-style-type: none"> <li>1. Prisoner Protection and Affirmative Duty</li> <li>2. Deliberate Indifference and Eighth Amendment</li> <li>3. Degree of Reasonableness</li> <li>4. Offender Rights and Protections</li> <li>5. Safety and Supervision</li> <li>6. Right to Privacy</li> </ol> <p>D. Breaches in Confidentiality</p>	<p><i>Law &amp; HIV”</i></p> <p>Handout: <i>HIV Medical Release Form(s)</i></p> <p>Form: <i>HIV Informed Consent to Testing</i></p>
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## NOTES:

### Trainer Notes Section 1: HIV/AIDS Stigma

Begin by reviewing the module objectives. By the end of this module participants will be able to:

- 1) State how stigma associated with HIV/AIDS can negatively affect perceptions and behavior;
- 2) State at least 3 benefits of HIV confidentiality protections; and
- 3) Summarize the correction officer’s duty regarding detainee/inmates’ legal rights to protection, care, and confidentiality.

**Module Introduction:** Stigma and the discrimination that results from stigma are the main reasons NYS enacted HIV confidentiality provisions as part of its public health law. For this reason, it is necessary to discuss HIV stigma before proceeding to the HIV confidentiality law.

**Large Group Discussion:** This optional activity allows participants to examine stigma as it is attributed to HIV/AIDS and its impact on the CO’s job.

**Activity Objectives:** By the end of this activity participants will be able to:

- 1) Define “stigma”;
- 2) Identify “slang” terms used to refer to HIV/AIDS;
- 3) Identify how slang contributes to the stigma, discrimination, and fear of people living with HIV/AIDS;

**Materials:** Newsprint & stand

### Set Up:

Begin by asking participants to define the word, “stigma” (Webster’s Dictionary definition- “a mark of shame or discredit”). After allowing participants to help define ‘stigma’, continue eliciting input from participants by prompting them to identify how HIV/AIDS stigma impacts those that are living with the infection. Structure the discussion as follows:

1. Have participants state slang terms s/he has heard for “AIDS” or “people living with AIDS” (i.e. The “monster”; “It”; the “bug”; the “virus” etc.). Record slang terms on newsprint.
2. When all the terms have been listed, continue to process the discussion with the following questions:

### Processing Points:

1. What is the “tone” or implication of the slang terms used to identify HIV/AIDS? (i.e., negative, derogatory, etc.)
2. How would a person with HIV feel when hearing these words to describe him/her?
3. What effects do slang terms have on inmates living with HIV/AIDS (i.e., afraid to disclose HIV status and/or not seek treatment thereby possibly transmitting to others in the facility or when reintegrating back into the community, etc.)?

**Summary:** Referring to HIV infection with a slang term is demoralizing. It can invoke hatred and fear and as well as perpetuate stigma. Using slang can often result in violence. It is a CO’s responsibility to ensure the safety and security of inmates in the facility. COs can help reduce the stigma and discrimination of HIV/AIDS in the facility (and in the community) by acting as role models to coworkers and inmates by not using slang when referring to HIV/AIDS as well as protecting inmates’ confidentiality.

# HIV Confidentiality

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## **Stigma, Discrimination & HIV**

From the first diagnosed cases of HIV and AIDS, social responses of fear, denial, stigma and discrimination have accompanied the epidemic. A person living with HIV/AIDS may be harshly judged or stigmatized by society due to prejudice toward a certain group or individual's behavior. And while the societal rejection of certain groups (e.g. homosexuals, drug users, sex workers, people of color) may pre-date HIV/AIDS, the disease has, in many cases, reinforced this stigma.

Stigma is a powerful tool of social control. Stigma can be used to marginalize, exclude and exercise power over individuals who show certain characteristics. As negative responses to HIV/AIDS widely exist, they often feed upon and reinforce ideas of good and bad with respect to sex, illness, drug use, and proper and improper behaviors. These social impacts of HIV/AIDS can affect the correction officer's job to safeguard and control inmates in the jail.

## **Impact of HIV Stigma**

Stigma creates a situation where people do not respect each other. This is devaluing and can lead to discrimination. Stigma attributed to HIV/AIDS often extends beyond the person who has HIV/AIDS and affects his/her family and community. Factors that contribute to HIV/AIDS-related stigma are:

- HIV/AIDS is a life-threatening disease;
- Fear of transmitting or contracting HIV;
- The disease's association with behaviors (such as sex between men and injecting drug use) that are already stigmatized in our society;
- People living with HIV/AIDS are often thought of as being responsible for becoming infected; and,
- Religious or moral beliefs that lead some people to believe that having HIV/AIDS is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

HIV stigma can result in negative effects such as:

- Lack or loss of family support
- Loss of job
- Lack of intimacy/love from a partner
- Loss of housing
- Rejection
- Violence

# HIV Confidentiality

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## NOTES:

**Trainer Notes:** The following worksheet gives participants the opportunity to examine how HIV/AIDS stigma impacts the CO's job.

**Worksheet Objective:** By the end of this activity, participants will be able to:

- 1) Examine how stigma may impact the CO's day-to-day responsibilities of custodial management.

### **Materials:**

Worksheet to write answers (next page).

### **Set Up:**

This worksheet can be facilitated as a large group discussion or if time permits, can be discussed in small groups by giving each group a different situation to address. (Participants to write their answers.)

### **Some possible answers:**

*Transporting:* Inmate refuses to ride with another inmate

*Housing /Segregation of Inmates:* Inmate does not want to be in the same house as the other person

*Inmate to Inmate Conflict:* Fighting, biting, spitting

*Other Management/Security Situations for Officers:* Officer will not cuff the inmate

**Summary:** Protecting inmates' confidentiality is the CO's responsibility. Furthermore, COs can help reduce the stigma and discrimination of HIV/AIDS in the facility (and in the community) by acting as role models demonstrating respect for an inmate's privacy which includes avoiding slang terms and not tolerating other COs on any less-than-professional behavior.

# HIV Confidentiality

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## Worksheet

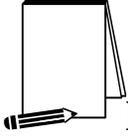
**How might stigma impact the officer's day-to-day responsibilities of custodial management for the following situations?**

- 1. Transporting Inmates*
- 2. Housing/Segregation of Inmates*
- 3. Inmate to Inmate Conflict*
- 4. Other Management/Security Situations for Officers*



# HIV Confidentiality

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## NOTES:

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### **Trainer Notes Section 2: Overview of NYS HIV Confidentiality Law, Article 27-F**

In this section review the rationale for the law, the components of the law and the benefits of the law. Make participants aware that this next section attempts to explain components of the law that concern the CO within the parameters of the job. It is not a comprehensive overview of the law.

**Background Info:** In 1988, the NYS Legislature enacted the HIV Confidentiality Law as part of the New York's Public Health Law (PHL § 2780-2787). The Confidentiality Law is actually contained in different parts (or articles) of the PHL. The original and most important part of the HIV Confidentiality Law is often called **Article 27-F**, because it is contained in Article 27-F of the PHL. The State Department of Health (NYSDOH) is the lead agency responsible for setting statewide standards for and implementing these laws. State agencies that monitor or fund most health and social service providers in New York have also issued regulations to implement the requirements of Article 27-F. For example, NYS Commission of Correction has issued their regulations concerning HIV confidentiality (as well as other "minimum standards for local correctional facilities") which mirror PHL Article 27F. These regulations can be accessed on the NYS Commission of Correction website:

**<http://www.scoc.state.ny.us/manuals.htm>**

The federal courts have determined that federal prisoners have only a "limited privacy interest" in not having their blood tested for HIV. This establishes that mandatory HIV testing of prisoners for "legitimate purposes" is constitutional in federal penitentiaries. This is not the case for NY state nor county correctional facilities. (Mandatory testing is also conducted for federal programs such as job corps, military recruitment, and immigration purposes.)

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# HIV Confidentiality

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## Overview of NYS HIV Confidentiality Law: Article 27-F

Since the early 1980's, the HIV/AIDS epidemic had been associated with certain groups of people fueling societal stigma toward these groups; however, education, technology and scientific research clearly demonstrate that it is the behaviors or the actions of person that spreads HIV to others, and not an affiliation with a certain group. Despite this knowledge, societal stigma still plays a significant role why people do not get tested for HIV, access health care for the disease, or tell/ask others their HIV disease status.

## Rationale for the Law

The intent and spirit of Article 27-F of the NYS Public Health Law was to protect individuals from societal stigma that surrounds HIV/AIDS. This law regulates disclosure of a person's HIV information (i.e., HIV testing and other HIV-related information) to limit the risk of discrimination and harm to an individual's privacy and protect public health.

The New York State legislature gave two main reasons for establishing strong privacy protections for people at risk for and people living with HIV:



### Key Words:

**Article 27-F:** a section of the NYS Public Health Law containing HIV confidentiality protections

## #1 Protect Public Health

New York State legislature recognized the most effective strategy to promote public health is to encourage and allow individuals to make **voluntary**, informed decisions about HIV testing. Therefore the legislature wrote strict, clear and certain rules about disclosing HIV-related information. By encouraging people to voluntarily learn their HIV status it will:

1. Reduce HIV transmission;
2. Promote healthy behavior change;
3. Encourage HIV testing; and,
4. Increase access to HIV treatment.

## #2 Prevent Discrimination And Stigma

The law is intended to keep HIV information within the health and social service systems, use it for appropriate care and treatment of an individual, and keep it away from other areas where the information can be used to discriminate against HIV-infected or HIV at-risk individuals. The law defines how HIV-related information can flow without special authorization or release within health/social service setting(s) who provide care, treatment and services to those who must have access to an individual's service records (e.g. billing clerks) in order to perform their functions. Additionally, the law covers the responsibilities of a facility regarding policy and procedures for storage, disclosure and staff training around HIV-related information.

# HIV Confidentiality

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## Components of the HIV Confidentiality Law

The law protects the confidentiality of “HIV-related information” for “protected individuals” and their “contacts”. Definitions of these terms as defined in the Public Health Law are as follows:

◆ **HIV-Related Information** – Any information, written or oral, that:

1. Reveals that an individual had an HIV test, HIV-related test, and any HIV-related test results;
2. Reveals that an individual has been diagnosed with HIV disease or any HIV-related illness including AIDS;
3. Identifies the “contacts” of an individual who has been diagnosed with HIV disease.

◆ **Protected Individuals** – Under the law protected individuals include people who:

1. Are diagnosed with HIV or have a related illness (e.g. PCP pneumonia);
2. Have undergone any HIV-related test (even if the test result is not yet known, are negative, or are never given to the person tested).

◆ **Contact** – A contact is defined as a:

1. Spouse or sexual partner of a protected individual;
2. Person identified as having shared needles or syringes with a protected individual;
3. Person who may have been occupationally exposed to HIV by a protected individual under circumstances that present a known risk of transmission.

◆ **Who Must Comply With The Law?**

Article 27-F applies to any person or agency that obtains HIV-related information either:

- In the course of providing one or more “health or social services” (as defined below);
- From a written consent form authorizing the release of HIV-related information.

# HIV Confidentiality

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## ◆ Providers Of Health Or Social Services

All agencies (including staff and volunteers) providing health and social services as outlined in this section, must comply with the law. Providers of health and social services covered under this law include public and private individuals and organizations in New York State such as:

1. Any kind of care or treatment, clinical laboratory tests, counselling services or educational services for adults or children, home care, health care services according to the Public Health Law or Social Services Law;
2. Public assistance or care as defined in Article I of the Social Services Law, which includes Medicaid, welfare, institutional care for adults and publicly funded child care;
3. Employment-related services, housing and shelter services, foster care, protective services, day care and preventive services pursuant to Social Services Law;
4. Services for individuals with mental disabilities as defined in Mental Hygiene Law;
5. **Criminal justice services: probation, parole, correctional, detention and rehabilitative services provided under laws dealing with aspects of the state's criminal and juvenile justice systems.** (More information in following section of this module entitled, *NYS Confidentiality Law and County Correctional Facilities.*)

◆ **Need To Know** – In some instances a health care provider and other social service provider may need to know the HIV infection status of a person they are providing services for. Under the law, disclosure of HIV-related information **without** written consent is permitted when knowledge of HIV is **necessary to provide appropriate care or treatment** to the HIV infected individual, his/her child, or a contact of the HIV infected person (see previous page for definition of 'contact').

## Other Federal or State Confidentiality Laws and Rules

Other federal or state confidentiality requirements may also protect HIV information. For example:

- Medical care providers must also comply with state and federal laws and regulations protecting the confidentiality of medical records. For example, 2003 federal privacy rules enacted under the Health Insurance Portability and Accountability Act (HIPAA);
- Drug and alcohol treatment programs must comply with federal confidentiality law and regulations;
- Mental health care providers must comply with New York Mental Hygiene Law;
- **Local correctional facilities must comply with NYS Correction Law and the Commission's "Minimum Standards and Regulations for Management of County Jails and Penitentiaries" contained in 9 NYCRR Part 7000 et seq.**

# HIV Confidentiality

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## NOTES:

**Trainer Notes:** While performing their job, COs may come in contact with sensitive, personal information on detainees/inmates including HIV-related information. It is a requirement of the job that COs maintain this confidential information.

**Optional Small Group Discussion/Brainstorm:** This activity will explore the benefits of maintaining inmates' HIV confidentiality for the COs, inmates themselves, and the community they will return to.

**Optional Activity Objectives:** By the end of this activity participants will be able to:

- 1) Identify the benefits to maintaining inmates' HIV confidentiality for the CO and the community.

**Materials:** Worksheet (following page)

### Set Up:

- 1- Split participants into three groups and assign one question to each group;
- 2- Instruct participants to answer their question on their worksheet;
- 3- Each small group will report its answers to the larger group.

### Processing Points:

*What are the benefits of maintaining an inmate's HIV confidentiality for COs?*

Answers may include:

- 1- CO complies with the law and professional ethics of his/her job.
- 2- CO is role modeling appropriate behavior for other colleagues and inmates.
- 3- Lessens chance of inmate violence and security problems (as discussed previously with impact of stigma).

*Q: What are the benefits of maintaining HIV confidentiality for inmates?* Answers may include:

- 1- Reduce/eliminate discrimination possibly resulting in violence against him/her from other inmates.
- 2- CO will role model appropriate behavior therefore reducing/eliminating 'special' or discriminatory treatment by other COs who may stigmatize inmates perceived to have HIV/AIDS.
- 3- More willing to take care of his/her health such as participate with medical care, adhere to medication regimen, learn to practice safer sex and safer syringe use for drugs/piercing/tattooing thereby reducing the chance of HIV infection and transmission.

*What are the benefits of maintaining an inmate's HIV confidentiality for the community?*

Answers may include:

- 1- Inmate returns to the community healthier.
- 2- Behavior change in jail may carry over to the community; for example, an inmate may be inclined to continue taking care of his/her health. As mentioned previously, this may include participating in medical care, adhering to medications, practicing safer sex and safer syringe/needle use. The benefit to the community is less chance of transmission to others including his/her sexual or needle sharing partner(s).
- 3- Community cost of health care such as visits to the emergency room for primary care is reduced.

**Summary:** Not only does protecting an inmate's confidentiality benefit the inmate him/herself, there are greater public health benefits to maintaining an inmate's confidentiality- benefits that affect the CO as well as the community where the inmate may be released/settle to (and where the CO may live).

# HIV Confidentiality

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## Worksheet

**What are the benefits to maintaining HIV confidentiality?**

*What are the benefits of maintaining an inmate's HIV confidentiality for officers?*

- 1.
- 2.
- 3.
- 4.

*What are the benefits of maintaining HIV confidentiality for inmates?*

- 1.
- 2.
- 3.
- 4.

*What are the benefits of maintaining an inmate's HIV confidentiality for the community?*

- 1.
- 2.
- 3.
- 4.



# HIV Confidentiality

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## NOTES:

### Trainer Notes Section 3: NYS Confidentiality Law and County Correctional Facilities

This section covers who has the legal right to access HIV-related information and by what means s/he is allowed to access the information (i.e. from a release or by a facility's "Need to Know" policy). When covering the "Need to Know" list, the trainer should emphasize that this list is created by each correctional facility based on:

- staff function; and
- how it impacts the quality of health care for an inmate.

Who should be part of this list can pose a challenge and source of controversy for training participants/facility staff, especially staff that may feel s/he should be part of the list.

**Large Group Discussion/Brainstorm:** This activity will assist the trainer to clarify the difference between the legal 'need to know' concept vs. a staff's 'want to know'.

**Activity Objectives:** By the end of this activity participants will be able to:

1. Identify key staff positions in the county jails that would "need to know" an inmate's HIV-related information and why; and
2. Identify that COs may "want to know" an inmate's HIV information but generally do not have the 'need to know'.

**Materials:** Newsprint and Stand

#### Set Up:

After defining the difference between "need to know" vs. "want to know," facilitate a discussion by:

1. Have participants brainstorm a list of job titles that exist in their facility;
2. Trainer will record job titles in the front of the room on newsprint;
3. On a second sheet of newsprint, trainer will create two columns; title the left column "need to know"; title the right column "want to know";
4. Ask the participants to revisit the list of job titles and discuss under which column the job titles might be placed and why.

#### Processing Points:

*Possible list of job functions/titles- "want to know" include-* General facility administration and management, correctional officer, general housing area supervision, special housing area supervision, control room operation, visitation, correspondence, recreation, facility maintenance, library, teachers, commissary, religious services, police, parole officers, prison transportation, any other facility program/service.

*Possible list of job functions/titles- "need to know" include-* medical director, mental health counselors, social workers, chief administrative officer, medical services (nurse, PA, medical records staff).

**Summary:** NYS Confidentiality Law complies with the federal HIPAA (Health Information Portability Accountability Act). Each CO is required to comply with the NYS Corrections Law, practice standard precautions and most likely will not be listed under the "need to know" column. However, COs should be familiar with their facility's "need to know" policy including what job titles are on the "need to know" list. Despite these confidentiality protections staff may still encounter HIV-related information however staff must comply to these regulations by keeping the information confidential.

# HIV Confidentiality

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## NYS Confidentiality Law and County Correctional Facilities

Authorized employees or agents of the State Division of Parole, State Department of Correctional Services, Division of Probation and Correctional Alternatives and NYS Commission of Corrections are permitted to have access to HIV-related information about individuals under their agency's jurisdiction, without those individuals' consent, **in accordance with Article 27-F regulations**. For example, medical/clinical services provided to inmates within the correctional system fall within the purview of NYS HIV Confidentiality Law (Article 27-F); however, correction officers themselves, are not necessarily covered under Article 27-F unless an officer receives HIV information:

1. From an HIV release; or
2. Are listed on the facility's "need to know" policy.

New York State Commission of Correction has issued its own regulations concerning HIV confidentiality (as well as other "minimum standards for local correctional facilities") that mirrors PHL Article 27-F. These regulations are set forth in 9 NYCrr Part 7064. These regulations mirror PHL Article 27-F in most aspects including the sharing of HIV-related information of inmates with facility staff who "need to know".

### Who "Needs To Know" Confidential Medical Information?

HIV information may be shared with non-medical staff of a facility if s/he has "**reasonable need**" for the information to assist with the medical care and treatment of the inmate and is on the facility's "**need-to-know**" list.

Each correctional facility is responsible for generating a list of medical and other appropriate staff who "need to know" an inmate's HIV status in which to carry out his/her duties. For example, the "*Minimum Standards and Regulations for Management of County Jails and Penitentiaries*" (Part 7013.10 c) specifies the facility Medical Director as staff who can disclose an inmate's confidential medical information to the Chief Administrative Officer. This is because this information would impact decisions made on the part of the inmate, which may affect the life, safety and welfare of the inmate (i.e., medical treatment, classification status, special needs of the inmate, etc). Therefore, the Chief Administrative Officer is defined as a person who "needs to know" HIV-related information.

### How To Decide Who "Needs To Know"

Questions to pose when deciding who needs to know HIV-related information:

1. Is the proposed recipient of the information one of the specified, authorized health/social service agencies under the law?
2. Does the health/social service agency or individual need to know the information **to provide appropriate care or treatment** for the individual?

If the answer to both questions is 'yes', the law permits the disclosure to be made without a written release. If the answer to either question is 'no', disclosure is not permitted without a written release.

# HIV Confidentiality

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## NOTES:

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### **Trainer Notes Section 3: NYS Confidentiality Law and County Correctional Facilities**

This next section goes over disclosure, when it is justified and when it is not. It also gives some examples of how improper and illegal disclosure might occur. In addition to the parameters of Article 27-F, the trainer should emphasize the existence of NYS Commission of Correction regulations regarding HIV-related information, along with other job-related duties and obligations of custodial management for the CO.

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# HIV Confidentiality

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## Disclosure of HIV Information

In addition to the jail's 'need to know' list, under the law, disclosure of HIV-related information is permitted with a release of a **written** consent from the HIV infected inmate specific only to his/her HIV information.

## Reasons Why Disclosure Would Not Be Justified

Some situations where disclosure would **not** be justified/covered under the law include:

1. A health/social service provider/facility/individual does not need to know the HIV-related information about the person because the information is not necessary to treat the medical problem being addressed. For example, a staff person helping an inmate to control bleeding from a cut and/or apply a bandage does not need to know the HIV status of the inmate. Standard precautions (such as gloves and washing hands) provide protection and should be used with all inmates.
2. The person wanting to disclose the HIV-related information is doing so for a reason other than for the purpose of treating or caring for the person. The law does not allow disclosures for some other purpose – like trying to protect a health care worker from being exposed to HIV.



## Forms of Disclosure

Correction officers cannot disclose HIV-related information either directly or indirectly.

*Direct Disclosure* – is direct communication, whether verbal or written, revealing HIV-related information about an inmate. Examples of direct disclosure include:

- Writing “AIDS” on an inmate’s paperwork.
- Writing “Inmate Smith told me he had AIDS” in the logbook.
- Telling another officer “Inmate Logan told me he just tested for HIV”.

*Indirect Disclosure* – is revealing HIV-related information about an inmate through words or actions that suggestively give rise to suspicion or question and result in indirect confirmation that the person has been impacted by HIV-related information. For example:

- Hinting to another officer that the inmate that they are about to handle may be infected, “I suggest you use gloves and plenty of antiseptic and that is with a capital A”, or “Be really, really careful with this one’s blood”.
- Highlighting HIV-related information by placing a colored dot on records of inmates with HIV-related information is inappropriate and a form of indirect disclosure.
- Implementing policies that indirectly reveal HIV-related information, such as housing an inmate in a designated unit.

All officers must have a legally sound and justifiable reason based on the inmate’s medical need for appropriate health care before disclosing the inmate’s HIV status or HIV-related

# HIV Confidentiality

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information. All the above examples of disclosure are viewed by the law as unjustifiable and are subject to penalty under the NYS Public Health Confidentiality Law. When in doubt the officer should ask his/her supervisor before acting!

## Penalties for Violations



Individuals or agencies/facilities that “perform, permit or procure the performance of an HIV-related test” or “disclose, or compel another person to disclose or procure the disclosure of confidential HIV-related information” in violation of the law will face:

- Civil fine up to \$5,000 for **each** violation;
- Criminal prosecution for “willful” or deliberate acts of violation; and,
- Job-related sanctions.

## Correctional Facility “To Do” List

NYS Corrections Law 9 NYCRR §7064.3, “*Minimum Standards and Regulations for Management of County Jails and Penitentiaries*” stipulates local correctional facilities’ responsibilities for policy development. These stipulations mirror PHL Article 27-F. In addition to developing a ‘need to know’ list, county correctional facilities must develop:

1. Policy and procedures to safeguard the confidentiality and prohibit any unauthorized disclosure of confidential HIV-related information, inside or outside the facility;
2. Rules specifying when there is a ‘reasonable need’ to get or use confidential HIV-related information for the purpose of supervising, monitoring, administering or investigating the programs and health or social services the facility coordinates with;
3. Provide safeguards to prevent discrimination or abuse of inmates who have been tested for or diagnosed with HIV/AIDS;
4. Have protocols to prevent and deal with occupational exposure incidents where there is a significant risk of HIV transmission.
5. Provide training for staff on confidentiality and the facility’s “need to know” policy and procedures.

# HIV Confidentiality

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## **Additional Job-Related Requirements And Obligations**

In reality an officer may be informed of an inmate's HIV-related information from other 'unofficial' means of communication. For example, an officer may be told in confidence by the HIV-infected inmate him/herself. Additionally, an officer may tell a coworker who may come in physical contact with the HIV infected inmate. (This is unnecessary because staff is taught to practice standard precautions.) Although these situations are not covered under Article 27-F, there are constitutional rights to privacy an inmate has, as well as job-related requirements and professional ethics that pertain to correction officers.

## **Prisoner Protection And Affirmative Duty**

Law enforcement/correction personnel have an affirmative duty or mandatory legal obligation to protect those in their custody or charge, also know as 'Duty to Protect.'" They are expected to do everything which is reasonable and within their power and authority to maintain a safe and humane environment for the inmates. Failure to do so may result in liability or deliberate indifference.

## **Deliberate Indifference**

Deliberate indifference is the court-established test for determining liability. Conscious disregard of an inmate's personal safety constitutes an Eighth Amendment violation of cruel and unusual punishment. Deliberate indifference arises either from intentional acts or when personnel act with "reckless disregard" of an inmate's right to be safe and free from injury and violence.

## **Degree Of Reasonableness**

An officer might be aware of the inmate's HIV status, but have no indication or reason to believe the inmate to be prone to violence against others. For example, if the HIV-infected inmate was to sexually or physically assault another inmate, plaintiffs would have to demonstrate that the officer knew or should have known and disregarded the obvious warnings of the propensity to violence before they could be held liable. Officers are not likely to be held liable for isolated and unpredictable assaults by one inmate against another. Denying an inmate's privilege, or routinely make housing or program determinations based solely on HIV status is discriminatory

## **Offender Rights And Protections: Equal Treatment And Concerns**

Denying an inmate's privilege, or routinely make housing or program determinations based solely on HIV status is discriminatory.

## **Safety And Supervision**

Inmates should be safe and provided for with reasonable and adequate care throughout their confinement. This includes inmates who are HIV infected.

Inmates with HIV/AIDS may be victims of discrimination, physical abuse, and violence if their HIV status is revealed. Therefore, they should be afforded the same rights to privacy and disclosure as anyone with a life-threatening disease, such as cancer.

# HIV Confidentiality

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## NOTES:

### Trainer Notes Section 3: NYS Confidentiality Law and County Correctional Facilities

#### Case Study: Confidentiality

**Activity Objectives:** By the end of this activity, participants will be able to:

- 1- Identify a breach in confidentiality; and
- 2- Discuss how a CO can address breaches in confidentiality.

**Materials:** Case Study: *Confidentiality*

#### Set Up:

- 1- Break participants up into small groups of 3-4 participants. (Activity Option: This can be conducted as a large group discussion however, more answers/discussion may be generated when facilitating with several smaller groups as well as allow opportunity for less assertive participants to participate.)
- 2- Each group will have the same case study and questions to answer. Give each group 10-15 minutes to answer the questions.
- 3- Have each group report out its answers to the questions and discuss as a large group.

*Case Study: You are instructed to lead the inmate from his cell to another part of the facility. While transferring the inmate, your fellow correction officer puts on rubber gloves and loudly states, "This one's a sick one. Be careful how you handle him!"*

#### Processing Points:

1- *Has there been a breach in confidentiality?*

**Answer-**Yes. Although the CO hasn't said the inmate has HIV or AIDS, the CO has breached the confidentiality of the inmate's medical condition, of *any* medical condition, not just HIV/AIDS.

2- *Does this scenario warrant standard precautions such as wearing gloves?*

**Answer-**Unless there are any visible signs of blood, there is no reason warranting the use of standard precautions such as gloves in this situation.

3- *As the accompanying officer, what, if anything, would you do so that you are in compliance with the law and jail policy/procedures?*

**Answer-** At a minimum, you can mention the situation to a supervisor to assure that the offending CO receives the necessary training and understands various forms of disclosure, and/or if possible, at a later time, share with the other CO how a breach occurred, as s/he may be unaware of his/her actions.

4- *What is the supervisor's role in ensuring inmate confidentiality?*

**Answer-** It is the supervisor's responsibility to ensure that the staff that s/he supervise are fully briefed on HIV confidentiality and are aware of reporting requirements for breaches of HIV confidentiality. Supervisors should anticipate problems and manage staff to ensure that the tasks are carried out in accordance with policy and/or procedure.

## CASE STUDY: Confidentiality

You are instructed to lead the inmate from his cell to another part of the facility. While transferring the inmate, your fellow correction officer puts on rubber gloves and loudly states, “This one’s a sick one. Be careful how you handle him!”

### *Questions:*

- 1. Has there been a breach in confidentiality?*
- 2. Does this scenario warrant standard precautions such as wearing gloves?*
- 3. As the accompanying officer what, if anything, would you do so that you are in compliance with the law and jail policy/procedures?*
- 4. What is the supervisor’s role in ensuring inmate confidentiality?*



# HIV Confidentiality

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## Right To Privacy And HIV Antibody Testing Of Inmates

The Fourth Amendment protects all persons, including arrestees and convicted prisoners, against unreasonable searches. For example, blood testing to determine blood alcohol content is a search, and therefore it must comply with the standard of reasonableness required by the Fourth Amendment.

Under the NYS PHL Article 27-F, testing is permitted on a **voluntary** basis with a **written consent, signed** by the person taking the test and applies to detainees/inmates within NYS regulated correctional facilities, just as it does to the community at large.

The NYS Department of Health provides various HIV testing options and services free for inmates at many facilities. See resource section of this module for testing information.

## In Review: HIV Confidentiality Law

The intention of Article 27-F of NYS Public Health Law is to:

- Protect against discrimination;
- Improve the flow of HIV-related information between health and social service providers (i.e. treatment, medical services, billing) without special authorization (release) to ensure quality of medical care; and,
- Assure HIV-related information is stored in a secure location with established procedures for disclosure.

### **REMEMBER!**

It is *impossible* to know who has HIV/AIDS by how s/he looks.

- Do **NOT ASSUME** an inmate's HIV status;
- **ALWAYS PRACTICE** standard precautions.

## What Can A Correction Officer Do?

- ✓ **Know** who is on the “need to know” list, that is which staff can obtain HIV-related information;
- ✓ **Know** the facts about the NYS Confidentiality Law and its impacts on job responsibilities; and,
- ✓ **Avoid** disclosure of HIV-related information to staff that are not on the “need to know” list.

# HIV Confidentiality

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## References, Resources & Additional Information



### References

HIV/AIDS Testing, Confidentiality & Discrimination. (2001). *Legal Action Center of the City of New York*. New York.

Minimum Standards and Regulations for Management of County Jails and Penitentiaries. [Electronic version]. (2001). *New York State Commission of Correction*. Retrieved on Aug 15, 2005 from <http://www.scoc.state.ny.us/manuals.htm>.

### Resources & Additional Information



#### About Confidentiality

**The New York State Human Rights Law** (and, in NYC, the New York City Human Rights Law). People anywhere in New York State can file an administrative complaint of discrimination with the New York State Division of Human Rights, or file a lawsuit, under the State law. In NYC, they can file an administrative complaint (with the NYC Commission on Human Rights) or a lawsuit under the City's law, or can seek remedies under the State law. The Division of Human Rights Office of AIDS Discrimination Issues may be reached at 1-800-523-AIDS

**The Federal Americans with Disabilities Act (ADA)**. People can file an administrative complaint of discrimination with specified federal agencies or file a lawsuit. The New York State Division of Human Rights may also be able to accept an ADA complaint and make sure it goes to the right place. The phone number to get information and assistance for the ADA is 1-800-949-4232 (voice and TDD).

**Legal Action Center** [www.lac.org](http://www.lac.org) or 1-800-223-4044.

**Laws of New York State** can be accessed on-line at: <http://public.leginfo.state.ny.us> Once logged on the website, click on the link "Laws of New York State". From there you will click on the "Public Health Law" link and click on "Article 27-F" for HIV and AIDS related information. Confidentiality is specifically addressed in Section 2782 of Article 27-F.



#### For HIV Information and Testing Sites Throughout NYS

Centers for Disease Control and Prevention (CDC) Hotline 1-800-CDC-INFO

NYS Spanish Hotline 1-800-233-SIDA

## HIV Confidentiality

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The following documents should not be altered in any way without the express approval of the New York State Department of Health to assure compliance with appropriate rules, laws and regulations. Anyone wishing to have a different form(s) approved must send the forms and a request letter to: The Office of the Counsel, New York State Department of Health, Room 2438, Corning Tower, Empire State Plaza, Albany, New York 12237. Requests may also be faxed to: (518) 473-2019. Forms must comply with Article 27-F PHL. Anyone wishing to place the model forms on their letterhead without any additional changes may do so without additional approval.

A pdf version of the form may be downloaded and printed on the Dept. website at:

<http://www.health.state.ny.us/diseases/aids/forms/>

# HIV Confidentiality

## HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV\* Related Information

New York State Department of Health

This form authorizes release of medical information including HIV-related information. You may choose to release just your non-HIV medical information, just your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood, or by special court order. Under State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to \$5,000 and a jail term of up to one year. However, some re-disclosures of medical and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019.

By checking the boxes below and signing this form, medical information and/or HIV-related information can be given to the people listed on page two (or additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your medical information must provide you with a copy of this form.

I consent to disclosure of (please check all that apply):

- My HIV-related information
- Both (non-HIV medical and HIV-related information)
- My non-HIV medical information \*\*

Information in the box below must be completed.

Name and address of facility/person disclosing HIV-related and/or medical information: _____ _____
Name of person whose information will be released: _____
Name and address of person signing this form (if other than above): _____ _____
Relationship to person whose information will be released: _____
Describe information to be released: _____
Reason for release of information: _____
Time Period During Which Release of Information is Authorized From: _____ To: _____
Disclosures cannot be revoked, once made. Additional exceptions to the right to revoke consent, if any: _____ _____
Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment or eligibility for benefits (Note: Federal privacy regulations may restrict some consequences): _____ _____

All facilities/persons listed on pages 1,2 (and 3 if used) of this form may share information among and between themselves for the purpose of providing medical care and services. Please sign below to authorize.
Signature _____ Date _____

\* Human Immunodeficiency Virus that causes AIDS

\*\* If releasing only non HIV medical information, you may use this form or another HIPAA compliant general medical release form.

# HIV Confidentiality

## HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV\* Related Information

Complete information for each facility/person to be given general medical information and/or HIV-related information.  
Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.

Name and address of facility/person to be given general medical and/or HIV-related information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for release, if other than stated on page 1:

\_\_\_\_\_  
\_\_\_\_\_

If information to be disclosed to this facility/person is limited, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Name and address of facility/person to be given general medical and/or HIV-related information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for release, if other than stated on page 1:

\_\_\_\_\_  
\_\_\_\_\_

If information to be disclosed to this facility/person is limited, please specify:

\_\_\_\_\_  
\_\_\_\_\_

The law protects you from HIV related discrimination in housing, employment, health care and other services. For more information call the New York State Division of Human Rights Office of AIDS Discrimination Issues at 1-800-523-2437 or (212) 400-2493 or the New York City Commission on Human Rights at (212) 306-7500. These agencies are responsible for protecting your rights.

My questions about this form have been answered. I know that I do not have to allow release of my medical and/or HIV-related information, and that I can change my mind at any time and revoke my authorization by writing the facility/person obtaining this release. I authorize the facility/person noted on page one to release medical and/or HIV-related information of the person named on page one to the organizations/persons listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Subject of information or legally authorized representative)

If legal representative, indicate relationship to subject: \_\_\_\_\_

Print Name \_\_\_\_\_

Client/Patient Number \_\_\_\_\_

# HIV Confidentiality

## HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV\* Related Information

Complete information for each facility/person to be given general medical information and/or HIV-related information.  
Attach additional sheets as necessary. Blank lines may be crossed out prior to signing.

Name and address of facility/person to be given general medical and/or HIV-related information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for release, if other than stated on page 1:

\_\_\_\_\_  
\_\_\_\_\_

If information to be disclosed to this facility/person is limited, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Name and address of facility/person to be given general medical and/or HIV-related information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for release, if other than stated on page 1:

\_\_\_\_\_  
\_\_\_\_\_

If information to be disclosed to this facility/person is limited, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Name and address of facility/person to be given general medical and/or HIV-related information:

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\_\_\_\_\_  
\_\_\_\_\_

Reason for release, if other than stated on page 1:

\_\_\_\_\_  
\_\_\_\_\_

If information to be disclosed to this facility/person is limited, please specify:

\_\_\_\_\_  
\_\_\_\_\_

If any/all of this page is completed, please sign below:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Client/Patient Number \_\_\_\_\_

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## Important Phone Numbers

### New York State HIV/AIDS Hotlines (toll-free)

Call the Hotlines for information about HIV and AIDS and to find HIV testing sites

- 1-800-541-AIDS (2437) • English
- 1-800-233-SEDA (7432) • Spanish

### New York State TTY/TTD HIV/AIDS Information Line

- 1-212-925-9560

Voice callers use the NY relay:

- 711 or 1-800-421-1220 and ask the operator for: 1-212-925-9560

### New York State HIV/AIDS Counseling Hotline

- 1-800-672-2777

### NYSDOH Anonymous HIV Counseling and Testing Program

For HIV information, referrals, or information on how to get a free, anonymous HIV test, call the Anonymous HIV Counseling and Testing Programs.

- Albany Region 1-800-962-5065
- Buffalo Region 1-800-962-5064
- Nassau Region 1-800-462-6785
- New Rochelle Region 1-800-828-0064
- Queens Region 1-800-462-6785
- Rochester Region 1-800-962-5063
- Suffolk Region 1-800-462-6786
- Syracuse Region 1-800-562-9423

### NYCDOHMH HIV/AIDS Hotline: 1-800-TALK-HIV (1-800-825-5448)

### New York State Partner Assistance Program: 1-800-541-AIDS

### New York City Contact Notification Assistance Program: 1-212-693-1619

### Confidentiality

- New York State Confidentiality Hotline 1-800-962-5065
- Legal Action Center 1-212-243-1313 or 1-800-223-4044

### Human Rights/Discrimination

- New York State Division of Human Rights 1-800-523-2437
- New York City Commission on Human Rights 1-212-306-7500

DOH-2556 (6/05) Page 1 of 4

NEW YORK STATE DEPARTMENT OF HEALTH  
AIDS Institute

## Informed Consent to Perform HIV Testing

HIV testing is voluntary. Consent can be withdrawn at any time by informing your provider. Please read Parts A and B of this form, and sign at the bottom of Part B, if you understand the following information and want HIV testing.

HIV infection is a serious health concern. The New York State Department of Health recommends HIV testing. For pregnant women, the Department recommends HIV testing early in pregnancy and again late in pregnancy.

Part

A

Except for expedited HIV testing on labor units, this form replaces other HIV testing consent forms as of June 1, 2005.

NOTE: this form is intended to be used in conjunction with DOH-2556, Part B.

DOH-2556 (6/05) Page 1 of 4

# HIV Confidentiality

## HIV is the virus that causes AIDS.

- HIV is passed from one person to another during unprotected sex (vaginal, anal or oral sex without a condom) with someone who has HIV.
- HIV is passed through contact with blood as in sharing needles (piercing, tattooing or injecting drugs of any kind) or sharing works with a person who has HIV.

## The only way to know if you have HIV is to be tested.

- HIV tests are safe. They involve collecting one or more specimens (blood, oral fluid, urine).
- Your counselor or doctor will explain your test result as well as any other tests you may need.

## Your HIV test today includes:

- A test to see if you have HIV infection (an antibody test or a test for the virus);
- If you are HIV positive, additional tests may include tests to:
  - help your doctor decide the best treatment for you.
  - help guide the health department with HIV prevention programs.

## Several testing options are available.

- You can choose to have a confidential test where the result becomes part of your medical record and can be given to your health care provider for HIV and other health care services, or
- You can choose to have an anonymous test, which means that you don't give your name and no record is kept of the test result. If your anonymous test is HIV-positive, you can choose to give your name later so you can get medical care more quickly.
- To get more information about options for testing and free or anonymous testing sites, ask your counselor/doctor or call 1-800-541-AIDS

## HIV testing is important for your health.

- If your test result is negative, you can learn how to protect yourself from being infected in the future.
- If your test result is positive:
  - You can take steps to prevent passing the virus to others.
  - You can receive treatment for HIV and learn about other ways to stay healthy. As part of treatment, additional tests will be done to determine the best treatment for you. These tests may include viral load and viral resistance tests.

DOI-255616/09 page 2 of 4

## HIV testing is especially important for pregnant women.

- An infected mother can pass HIV to her child during pregnancy or birth or through breastfeeding.
- It is much better to know your HIV status before or early in pregnancy so you can make important decisions about your own health and the health of your baby.
- If you are pregnant and have HIV, treatment is available for your own health and to prevent passing HIV to your baby. If you have HIV and do not get treatment, the chance of passing HIV to your baby is one in four. If you get treatment, your chance of passing HIV to your baby is much lower.
- If you are not tested during pregnancy, your provider will recommend testing when you are in labor. In all cases, your baby will be tested after birth. A positive test on your baby means that you have HIV and your baby has been exposed to the virus.

## If you test positive:

State law protects the confidentiality of your test results and also protects you from discrimination based on your HIV status.

- In almost all cases, you will be asked to give written approval before your HIV test result can be shared.
- Your HIV information can be released to health providers caring for you or your exposed child to health officials when required by law; to insurers to permit payment; to persons involved in foster care or adoption; to official, correctional, probation and parole staff; to emergency or health care staff who are accidentally exposed to your blood; or by special court order.
- The names of persons with HIV are reported to the State Health Department for tracking the epidemic and for planning services.
- The HIV Confidentiality Hotline at 1-800-952-5065 can answer your questions and help with confidentiality problems.
- The New York State Division of Human Rights at 1-800-523-2437 can help if you think you've been discriminated against based on your HIV status.

Your counselor/doctor will talk with you about notifying your sex or needle-sharing partners of possible exposure to HIV.

- Your partners need to know that they may have been exposed to HIV so they can be tested and get treated if they have HIV.
- If your health care provider knows the name of your spouse or other partner, he or she must report the name to the health department.
- Health department counselors can help notify your partner(s) without ever telling them your name.
- To ensure your safety, your counselor or doctor will ask you questions about the risk of domestic violence for each partner to be notified.
- If there is any risk, the health department will not notify partners right away and will assist you in getting help.

DOI-255616/09 page 3 of 4

# HIV Confidentiality

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NEW YORK STATE DEPARTMENT OF HEALTH  
AIDS Institute

## Informed Consent to Perform HIV Testing

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My health care provider has answered any questions I have regarding HIV testing and has given me written information with the following details about HIV testing:

Part

**B**

- HIV is the virus that causes AIDS.
- The only way to know if you have HIV is to be tested.
- HIV testing is important for your health, especially for pregnant women.
- HIV testing is voluntary. Consent can be withdrawn at any time.
- Several testing options are available, including anonymous and confidential.
- State law protects the confidentiality of test results and also protects test subjects from discrimination based on HIV status.
- My health care provider will talk with me about notifying my sex or needle-sharing partners of possible exposure, if I test positive.

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I agree to testing for the diagnosis of HIV infection. If I am found to have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time.

For pregnant women only:

In addition to the testing described above, I authorize my health care provider to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will provide me with the test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Test subject or legally authorized representative)

If legal representative, indicate relationship to subject: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Except for expedited HIV testing on labor units, this form replaces other HIV testing consent forms as of June 1, 2005.

NOTE: this form is intended to be used in conjunction with DOH-2556i, Part A.

DOH-2556 (5/05)

# Module Three

## Living With HIV/AIDS In Jail

### Module Objectives

*By the end of this training participants will be able to:*

1. Determine at least two health requirements inmates might have living with HIV/AIDS in jail.
2. List the correction officer's duty in safeguarding inmates' health rights.

### Materials

Participant Manual

Case Study: *Robert* (included in this module)

### Supplemental Materials

NYSDOH Pamphlet: "*Reasons to Get an HIV Test*" (#0232 -English) (#0233- Spanish).

<b>Total Time: 30 minutes</b>	<b>Topic Areas</b>	<b>Format/Materials</b>
15 minutes	Section 1: Correctional System: Link to Health Care A. Progression of HIV Disease <ol style="list-style-type: none"> <li>1. Acute Stage</li> <li>2. Asymptomatic Stage</li> <li>3. Symptomatic Stage</li> <li>4. AIDS</li> <li>5. Factors Affecting Disease Progression</li> </ol>	Interactive Lecture
15 minutes	Section 2: Needs of Inmates Living with HIV/AIDS <ol style="list-style-type: none"> <li>1. Access to Medical Care/Treatment</li> <li>2. Psychosocial</li> </ol>	Case Study: <i>Robert</i>

# Living With HIV/AIDS In Jail

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## NOTES:

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### **Trainer Notes Section 1: The Correctional System: A Link to Health Care**

Begin by reviewing the module objectives. By the end of this module participants will be able to:

- 1) *Determine at least two health requirements inmates may have living with HIV/AIDS in jail.*
- 2) *List the correction officer's duty in safeguarding inmates' health rights.*

**Module Introduction:** Begin by reviewing how the correctional system is a link to health care for inmates (see introductory paragraph on next page). Emphasize how the correctional system can help reduce/prevent the spread of HIV infection in the community by providing HIV prevention education and treatment to inmates. As inmates may cycle through the correctional system more than once, the correctional system is a vital link to public health. Having said this, if it were that easy there would be no need for training such as this. As we know, there are many reasons why HIV/AIDS is challenging to address. The correction officer can play a vital role to an inmate diagnosed with HIV, not only physically, but emotionally as well.

This module attempts to get participants to appreciate and respect the impact and complexity of an inmate living with HIV/AIDS. Although this module reviews the physiological progression of the disease, the trainer should also emphasize psychological and social repercussions of HIV disease.

Note: This module builds on the basics of HIV that were presented in another module titled, "HIV/AIDS: What Does It Mean To Me?"

### **Section 2: Progression of HIV Disease**

Review the stages of HIV disease as an interactive lecture. By understanding the progression of HIV disease, COs will gain an understanding how an inmate's medical and emotional needs may vary in relation to his/her disease progression.

# Living With HIV/AIDS In Jail

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## **The Correctional System: A Link To Health Care**

Many inmates enter the correctional system with an illness. The correctional facility may provide a link to health care for those that do not have access or seek out medical care prior to incarceration. Inmates are at greater risk for HIV than the general public; therefore, in addition to HIV testing, the correctional system can safeguard the health of the public by reducing the spread of HIV infection in the jail with HIV health care and treatment to inmates. As inmates may cycle through the correctional system more than once, the correctional system is, therefore, a vital link to public health.

## **Progression of HIV Disease**

HIV/AIDS infection and its progression has changed significantly over the course of the last two decades. Because of improved testing technology and medication, people living with HIV are living longer and healthier lives. With access to care and medication, HIV can be treated as a chronic condition such as diabetes; however, there are still many people who are infected and do not know their HIV status or do not have access to medical care.

This section will review the natural progression of HIV infection to AIDS if there is no medical intervention.

### **◆ Acute Stage**

When people first get HIV, they may or may not have symptoms. If they do, symptoms usually develop 2 - 12 weeks after being infected with HIV. Flu-like symptoms develop including: fever, swollen glands, poor appetite, and feeling tired. Although these symptoms go away, people will continue to have HIV in their blood and can give it to others, even if they don't have any other symptoms for a long time.

### **◆ Asymptomatic Stage**

The asymptomatic stage on average lasts 7-10 years without treatment. Generally during this stage there are no signs or symptoms of the disease. Although there are no symptoms, a person with HIV can still transmit the disease to others. It is impossible to tell by looking at someone whether s/he is living with HIV; only a test can determine if a person has HIV.

If a person were tested for HIV during this stage, the test would still show HIV infection. However, because a person feels fine, s/he may not think to get tested for HIV or see a doctor and thereby spread HIV unknowingly.

# Living With HIV/AIDS In Jail

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## ◆ Symptomatic Stage

At this stage a person may feel quite sick, but they are not considered to have “AIDS”. The duration of this stage varies. Symptoms may include:

- Swollen lymph nodes (painless)
- Oral thrush (white spots on the tongue or in the mouth; can be severe and very painful)
- Shingles (painful skin condition)
- Frequent fevers (over 101°F)
- Diarrhea

### Women With HIV May Also Develop:

- Vaginal yeast infections
- Abnormal pap smears
- HPV (human papillomavirus) infection

### Key Words:



**CD4:** a type of white blood cell that HIV targets.

**CD4 Cell Count:** a way to measure the strength of the immune system. A normal CD4 cell count is 500 or higher.

## ◆ AIDS

The last stage of the disease progression is AIDS (Acquired Immune Deficiency Sndrome). The Centers for Disease Control (CDC) classifies AIDS for the entire United States. According to the CDC, a person with HIV infection has progressed to AIDS when:

- CD4 cell count falls below 200; and/or,
- Develops any of the specific serious conditions (also called AIDS-defining illnesses) linked with HIV infection (see resource section at the end of the module for a list of these conditions).

# Living With HIV/AIDS In Jail

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## Factors Affecting Disease Progression

The length of time for a person to progress through the symptomatic stage and AIDS stage varies considerably. Each of these two stages could last a year or several years without medication. Other health factors affect how a person progresses through the stages of HIV/AIDS. These health factors include:



- Getting other infections (it's harder for the body to fight HIV if it has to fight other infections too);
  - Drug use (using drugs or alcohol may place more stress on the body and make it harder to fight HIV);
  - Age (being very young or very old makes it harder to fight HIV); and,
  - Poor health practices (smoking, eating badly, stress, etc., may weaken the immune system and make it harder to fight HIV).
- New contact with HIV; once a person has HIV, they can still get reinfected with another strain of the virus, which can further weaken the immune system.



## NOTES:

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### Trainer Notes Section 3: Needs of Inmates Living with HIV/AIDS

**Case Study: Robert-** This activity will assist the trainer in generating a discussion about psychosocial issues of living with HIV/AIDS.

**Activity Objectives:** By the end of the case study participants will be able to:

1. Identify at least three concerns inmates living with HIV might be faced with in jail;
2. Identify how different stages of HIV infection can impact an inmate emotionally and his/her social system(s).
3. List how a correction officer can be effective in meeting his/her responsibilities for an inmate living with HIV within the scope of his/her job.

**Materials:** Case study: *Robert*

#### Set Up:

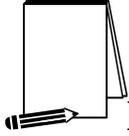
Break participants up into small groups. Each group will have the same case study to review and answer the questions. Although this can be done as a large group discussion, more answers/discussion may be generated when facilitating with several smaller groups (as well as allow opportunity for less assertive participants to participate).

Trainer notes continued on next page...

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# Living With HIV/AIDS In Jail

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## NOTES:

### Processing Points:

1. **Since you, the CO, do not know of the recent diagnosis, what changes might you observe (i.e., behavior) on the part of the inmate. What immediate concerns might this inmate have?**

(Possible Ans: Behaviors such as anger, quiet/withdrawn, behaves out of character, etc.

Possible Immediate Concerns: Feeling overwhelmed, suicidal, denial/disbelief, shame, etc.)

2. **What impact could this scenario have on the CO performing his/her job?**

It is important to note that a person who is newly diagnosed can be in any stage of HIV disease (acute, asymptomatic, symptomatic or AIDS). The stage of the disease may impact an inmate's behavior and health needs thus affecting COs responsibilities of care, control and custody. For example:

- In the acute, symptomatic or AIDS stage an inmate may need to go to the infirmary more often. This makes CO's work more challenging because proper paperwork needs to be filled out and escorts need to be arranged to assure the security of the inmate, etc.
- An inmate that confides in a CO, the CO is not in the role to be a counselor and/or doctor to the inmate thus imparting information, which may be, limited or incorrect, etc.
- As the disease progresses, inmates may not participate in activities as they once did. As a result, an inmate's attitude, behavior and drive may decline possibly leading to frustration, anger, resistance and/or withdrawal from others.
- With a diagnosis of AIDS, an inmate may have a negative reaction such as fear of impending death, may lash out at others, etc. A CO might be faced with a hostile inmate requiring additional manpower/security.

### **Additional processing question: "How might other inmates react to an inmate with HIV infection?"**

Rumors about an inmate who has "It" (HIV) may occur. Other inmates might tell others to "stay away from that person" and/or no longer associate with that person. The inmate may be in more danger, more likely to be victimized. Violence may erupt because other inmates do not have any knowledge about HIV and may feel angry towards HIV infected people. The inmate may be socially isolated due to others' fear of contracting the disease.

**Summary:** Psychosocially, an inmate receiving a diagnosis of HIV while in jail is significant, not only to the inmate him/herself but for the CO as well. A CO's duty to protect the inmate during this time can be a vital support both emotionally and physically. Review "What Can An Officer Do" an inmate who is living with HIV/AIDS. This case study also emphasizes the importance of HIV and medical confidentiality.

## CASE STUDY: Robert

Robert, an inmate, receives a positive HIV test result. After getting his results, he is instructed that he will have an appointment to see the doctor. He is then escorted to his cell.

### *Questions:*

- 1. Since you, the CO, do not know of the recent diagnosis, what changes might you observe (i.e., behavior) on the part of the inmate. What immediate concerns might this inmate have?*
  
- 2. What impact could this scenario have on the officer performing his/her job?*



# Living With HIV/AIDS In Jail

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## Newly Diagnosed Inmates

An inmate learning about his/her HIV status for the first time in jail will have a variety of reactions. Inmates may:

- Not believe they are infected (denial);
- Feel a variety of emotions including shock, anger, embarrassment/shame or depression;
- Fear abandonment of support systems (family, friends, inmates, correction officers);
- Pose a threat to him/herself or others (suicidal/homicidal);
- Mistrust the correctional system and/or health care system.

## What Can A Correction Officer Do?

Officers and public health agencies share a common goal to protect the community they serve. Due to recidivism rates, it is vital they work together to prevent the spread of HIV.

If an inmate discloses that they are HIV positive, officers can protect the inmate in several ways:

- ✓ ***Impart the message*** that people do live healthy and long lives with HIV; routine treatment and medical care is crucial to help maintain optimal health.
- ✓ ***Refer*** the inmate to supportive staff in the correctional system such as: a case manager, counselor, member of the clergy, medical or mental health staff, support systems outside of the facility (i.e., Community Based Organization).
- ✓ ***Know, understand and comply*** with the NYS HIV Confidentiality Law.



## References, Resources & Additional Information



### References

HIV/AIDS. (2005). *New York State Department of Health*. Retrieved from web site:  
<http://www.health.state.ny.us/diseases/aids/index.htm>.

### Resources & Additional Information



#### Antibody Testing

Whether or not a person has signs and symptoms of HIV infection, changes take place in the blood. The blood begins to produce antibodies to fight the infection. It takes time for the blood to produce enough antibodies to show up on a test. A person may have HIV in the blood, but we won't know it until there are enough antibodies to measure on a test. The time between when a person gets HIV and when there are enough antibodies to show up in a test is called the window period. Most people infected with HIV will develop enough antibodies to be detected by one month. Virtually all people infected will develop antibodies by three months.

When people get a blood test for HIV, it's a test for these antibodies. Some people wrongly call it "the AIDS test". It's not a test for AIDS, but a test for HIV antibodies.

*Here's an example of how all this works:*

Mr. B has anal sex with someone infected with HIV without using a condom. About one week later he becomes concerned about HIV infection so he visits his doctor. The doctor suggests an HIV antibody test. Mr. B has the test and the test doesn't detect antibodies. Mr. B thinks he's not infected with HIV, but what has really happened is that he is still in the window period. His blood hasn't produced enough antibodies to HIV for the test to measure yet. When he has another test 3 weeks later, if he is infected the results show antibodies to HIV.

If Mr. B had sex or shared needles with other people during the window period, he could have given them HIV.



#### AIDS Indicator Conditions

Candidiasis of bronchi, trachea, or lungs  
Candidiasis, esophageal  
Cervical cancer, invasive  
Coccidioidomycosis, disseminated or extrapulmonary  
Cryptococcosis, extrapulmonary  
Cryptosporidiosis, chronic intestinal (> month duration)  
Cytomegalovirus disease (other than liver, spleen or nodes)

# Living With HIV/AIDS In Jail

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Cytomegalovirus retinitis (with loss of vision)  
Encephalopathy, HIV-related  
Herpes simplex: chronic ulcer (s) (> 1 month duration)  
Histoplasmosis, disseminated  
Isosporiasis, chronic intestinal (> 1 month duration)  
Kaposi's sarcoma  
Lymphoid interstitial pneumonitis (in children)  
Lymphoma, Burkitt's (or equivalent term)  
Lymphoma, immunoblastic (or equivalent term)  
Lymphoma,, primary, of brain  
Mycobacterium avium complex or M. Kansasii, disseminated or extrapulmonary  
Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary)  
Mycobacterium, others species or unidentified species, disseminated or extrapulmonary  
Pneumocystis carinii pneumonia  
Pneumonia, recurrent  
Progressive multifocal leukoencephalopathy  
Salmonella septicemia, recurrent  
Toxoplasmosis of brain  
Wasting Syndrome due to HIV



## **Informing Partners – PartNer Assistance Program**

New York State has a free program PartNer Assistance Program (PNAP) to help anyone who is HIV positive through the process of letting partners know that they should get tested for HIV. In NYC, this program is called Contact Notification Assistance Program (CNAP).

PNAP/CNAP counselors are trained to help in the following ways:

- Help plan what to say to partners and where and when to say it;
- Be with the “diagnosed person” when they tell the partner;
- Tell the partners for the “diagnosed person.” They will not share the name or any other information about the “diagnosed person”. They will just tell the partners that they may have been exposed to HIV and should get an HIV test.



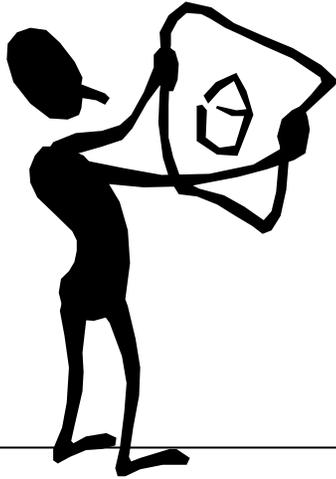
**PNAP/CNAP is free, safe, and private.** For more information call:

New York State Department of Health HIV/AIDS Hotline:

1-800-541-AIDS (2437) – English

1-800-233-SIDA (7432) – Spanish

In New York City, call CNAP at 1-888-792-1711



# **HIV/AIDS TRAINING**

**FOR CORRECTION OFFICERS  
WORKING IN LOCAL  
CORRECTIONAL FACILITIES**

# Training Goal



To increase awareness of local correction officers' responsibilities to the care, control and custody of inmates living with HIV/AIDS disease.

# Training Objectives

*As a result of this training, participants will be able to:*

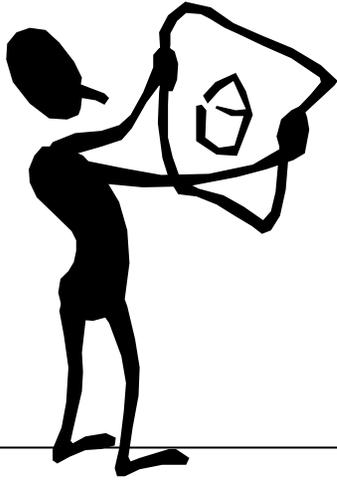
1. Identify the body fluids and behaviors associated with HIV transmission;
2. Identify how COs can prevent/reduce HIV transmission on the job and in their personal lives;
3. State the importance of HIV treatment, adherence, and continuity of care for people living with HIV;

# Training Objectives *Continued*

4. Identify the major protections under NYS HIV Confidentiality Law (PHL Article 27-F);
5. Define the CO's roles under PHL Article 27-F, NYS Commission of Correction regulation for local correction facilities, and the facility's workplace policies and procedures;

# Training Objectives

6. Examine and identify the impact of living with HIV/AIDS in jail; and
7. List the CO's duty in safeguarding inmates health rights.



# **HIV/AIDS...What Does It Mean to Me?**

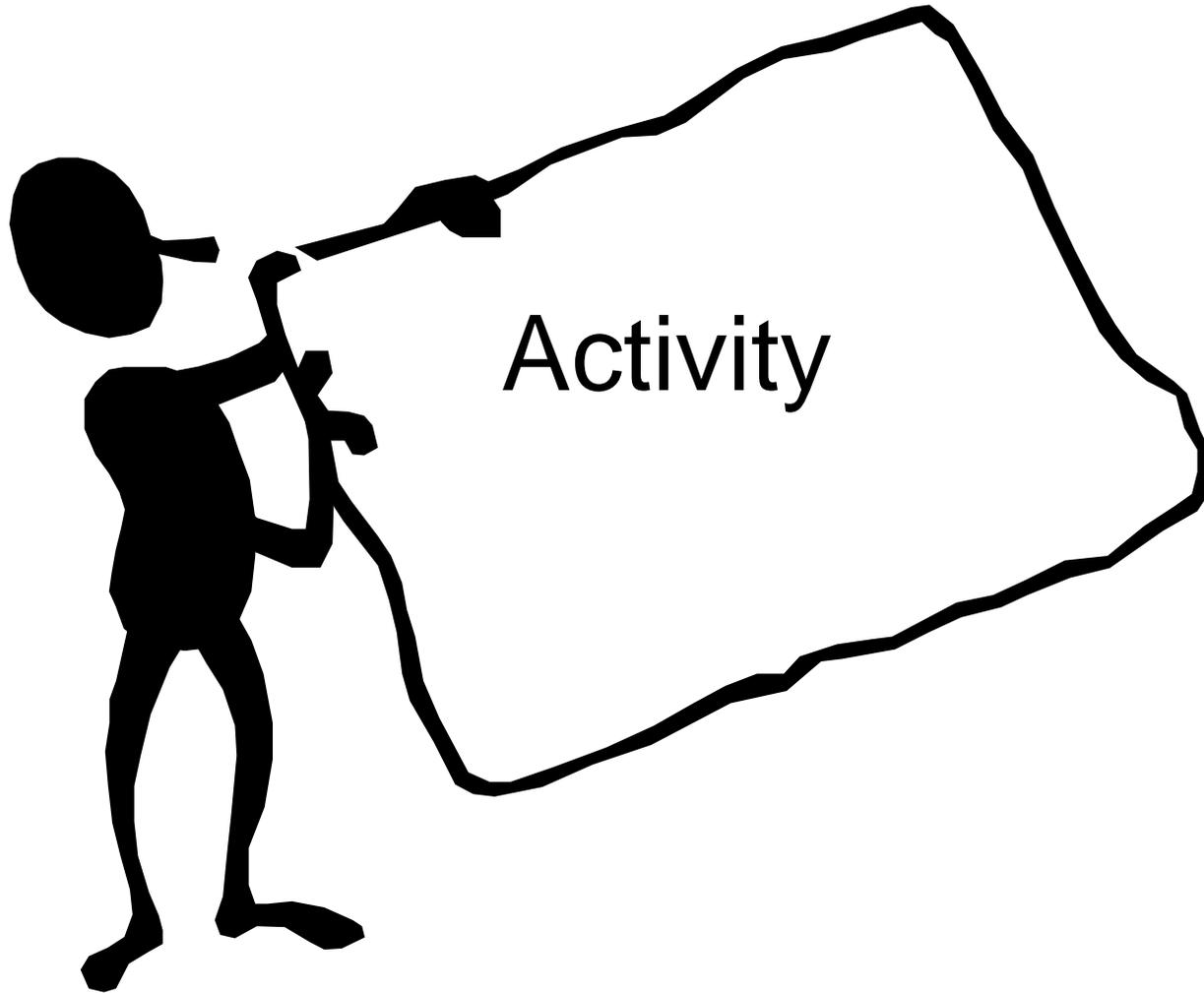
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## **MODULE 1**

# Module One Objectives

1. Describe concerns regarding HIV infection including perceptions of work-related risk and personal risk for exposure;
2. Identify the body fluids and behaviors associated with HIV transmission; and
3. Identify how correction officers can prevent/reduce job-related transmission and in their personal lives.

# Myths and Realities



# Activity Questions

Is there a **risk for HIV:**

At Your Job?

With You?

Your Family & Community?

If so,

What or whom are you concerned about?

Where does the risk exist??

# HIV in NYS Jails

- 4.5% in males
- 11.4% in females
- 14% higher than general population
- 200,000+ discharges each year

## Estimated Number and Proportion of HIV/AIDS Cases among Adults and Adolescents, by Transmission Category 2004—35 Areas

<u>Transmission category</u>	<u>No.</u>	<u>%</u>
Male-to-male sexual contact	18,203	47
Injection drug use (IDU)	5,962	15
Male-to-male sexual contact and IDU	1,372	4
High risk heterosexual contact*	12,683	33
<u>Other/not identified*</u>	<u>335</u>	1
Total	38,553	

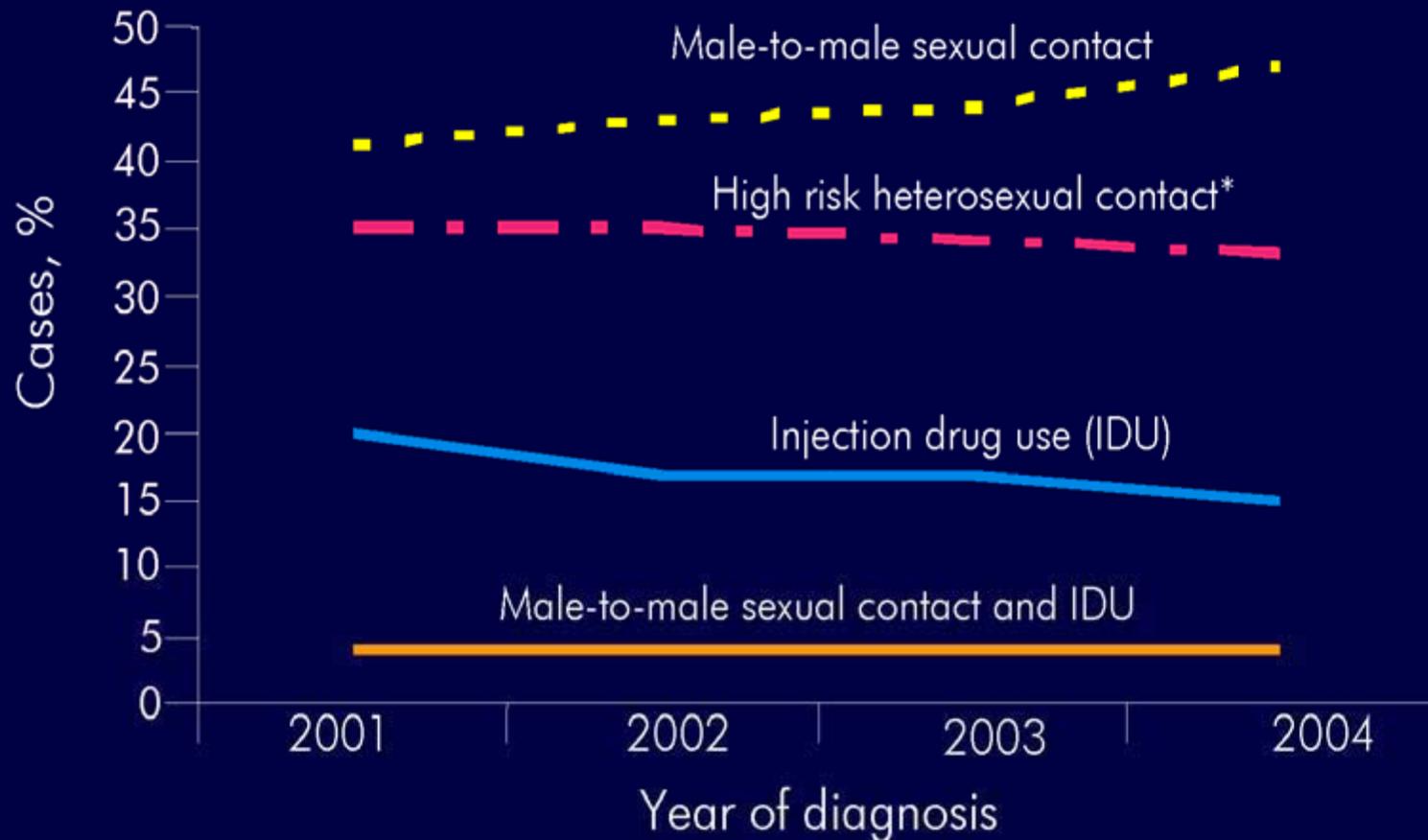
Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 35 areas with confidential name-based HIV infection reporting since at least 2000. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

\* Includes hemophilia, blood transfusion, perinatal, and risk factor not reported or not identified

\* Heterosexual contact with a person known to have or at high risk for HIV infection.



# Proportion of HIV/AIDS Cases among Adults and Adolescents, by Transmission Category 2001–2004—35 Areas



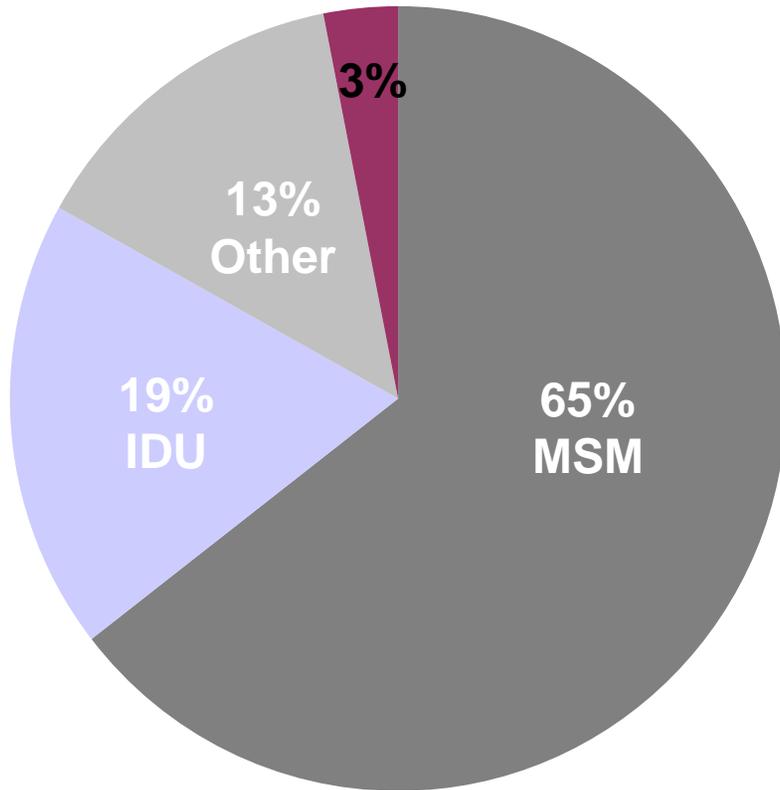
Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 35 areas with confidential name-based HIV infection reporting since at least 2000. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

\* Heterosexual contact with a person known to have or at high risk for HIV infection.

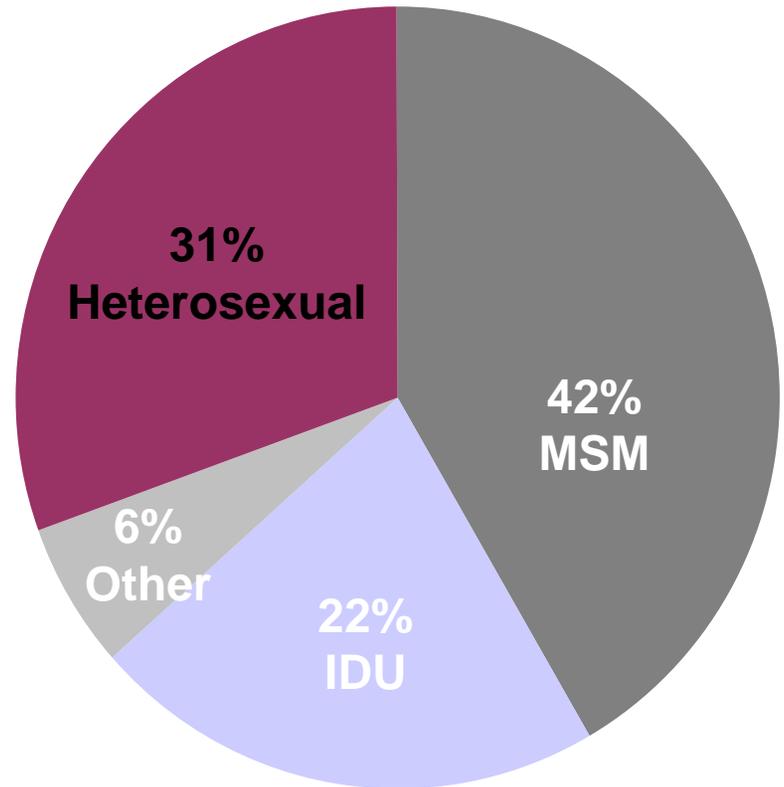


# 1985 vs. 2004

**Heterosexual**



**1985**



**2004**

Notes: Data are estimates. May not total 100% due to rounding.

Sources: CDC, Presentation by Dr. Harold Jaffe, "HIV/AIDS in America Today", National HIV Prevention Conference, 2003; CDC, *HIV/AIDS Surveillance Report*, Vol. 16, 2005.

# HIV

vs.

# AIDS

√ **H**uman

√ **I**mmunodeficiency

√ **V**irus

√ **A**cquired

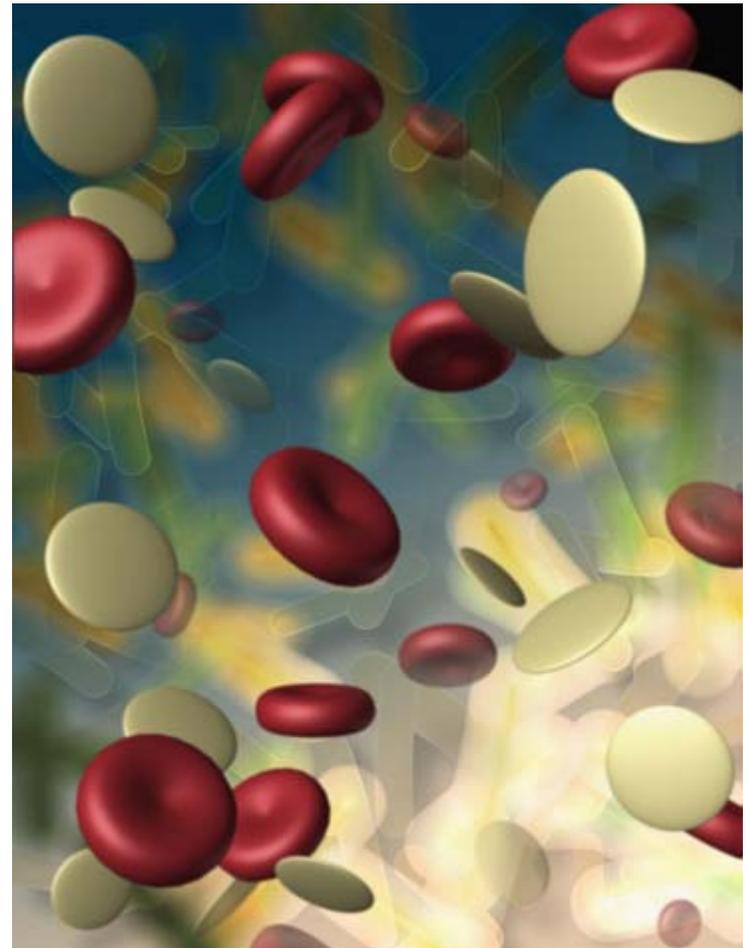
√ **I**mmune

√ **D**eficiency

√ **S**yndrome

# Fluids That Transmit HIV

- ✓ Blood
- ✓ Semen
- ✓ Vaginal Fluid
- ✓ Breast Milk
- ✓ Internal Fluids-  
around the brain,  
lungs, heart, spine,  
joints, etc.



# Fluids That Do **Not** Transmit HIV

- ✓ Sweat
- ✓ Sneezing
- ✓ Feces/Urine
- ✓ Spit/Saliva

# HIV Transmission

How HIV **is** transmitted...

How HIV is **not** transmitted...

- ✓ Anal, vaginal, & oral intercourse
- ✓ Sharing needles or works
- ✓ Mother to infant
- ✓ Occupational exposure

- ✓ Kissing
- ✓ Doorknobs
- ✓ Utensils
- ✓ Hugging
- ✓ Holding hands
- ✓ Donated Body Parts
- ✓ Toilet Seats
- ✓ Mosquitoes
- ✓ Water Fountains
- ✓ Massaging & Hugging

# Bites

- ✓ Risk of HIV transmission from a bite is very low
- ✓ Risk is greater for the person doing the biting due to the potential of exposure to the other person's blood

# However, for the person who was bitten...

- ✓ **Wash** the area with soap and running water
- ✓ **Seek medical** attention if the skin is broken
- ✓ **Document** as a possible exposure in the case of Hepatitis B
- ✓ **Evaluate** for possible HIV exposure if the person who did the biting was bleeding from the mouth
- ✓ **Follow the advice** of medical personnel for Hepatitis B treatment and prevention of secondary bacterial infection

# Urine and Feces

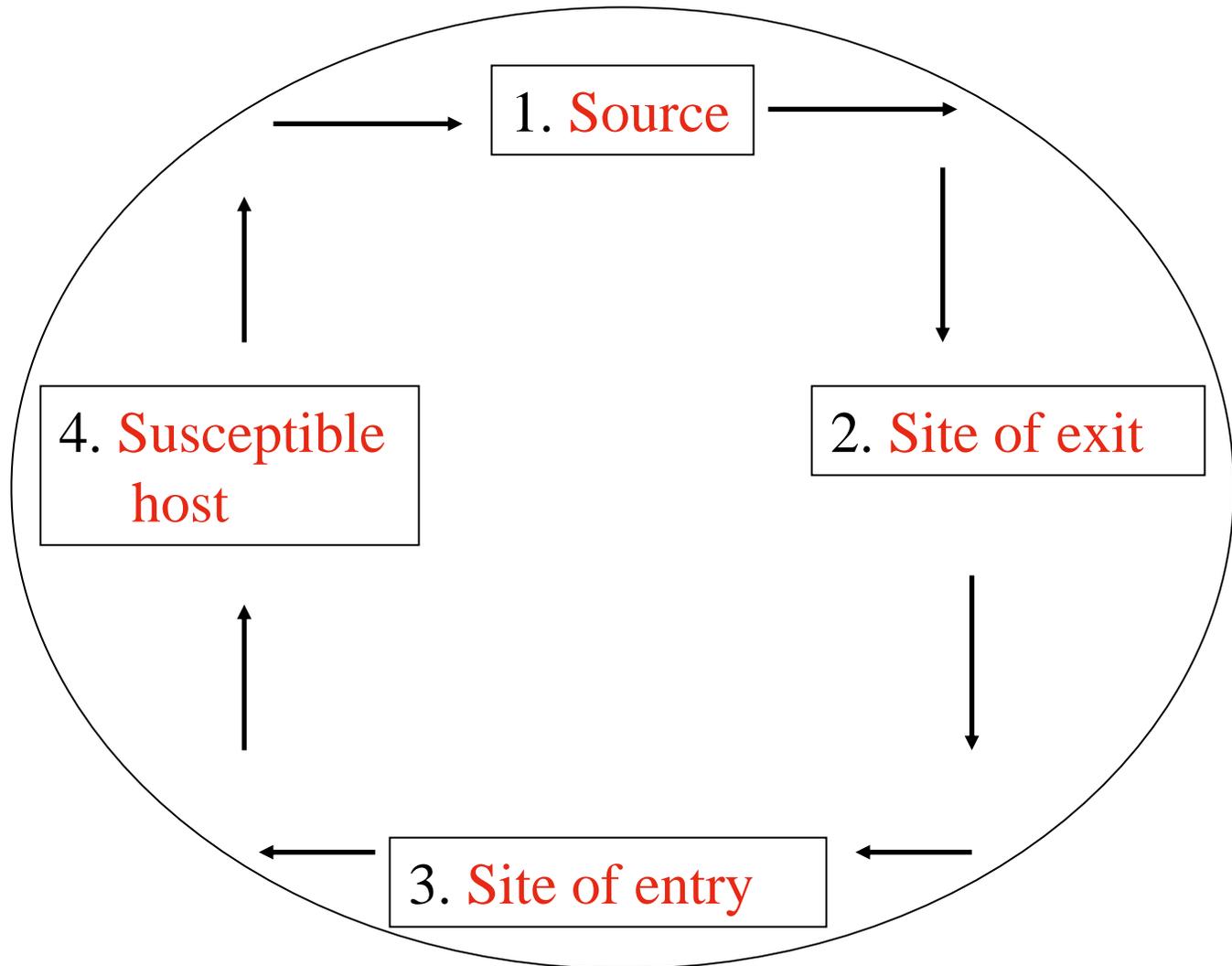
These body fluids DO NOT pose a significant threat for blood borne disease transmission.

# Chain of Infection

1. Source
2. Exit
3. Entry
4. Host (Susceptible)



# Chain of Infection:



# Activity



Complete the  
Chain of Infection  
for Sexual Contact

# Risk Reduction

## Substance Use

- Abstinence
- Cleaning works
- Expanded Syringe Access Demonstration Program (ESAP)
- Syringe Exchange Program (SEP)

## Sexual Contact

- Abstinence
- Know HIV-status & your partners'
- Safer Sex
- HIV Testing



EXPANDED SYRINGE ACCESS DEMONSTRATION PROGRAM

**E S A P**

# Sexually Transmitted Diseases (STD) and HIV

## ✓ Spread the Same Ways

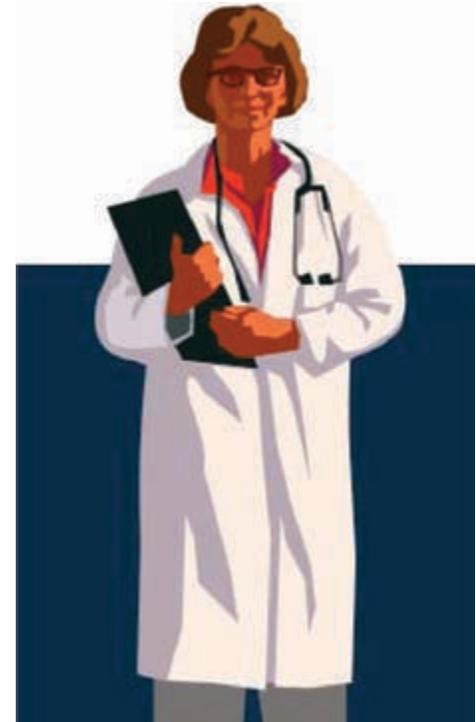
- sex
- shared drug  
(needles)

## ✓ With STDs

- Easier to **Get** HIV
- Easier to **Pass** HIV  
to Others

## ✓ Testing

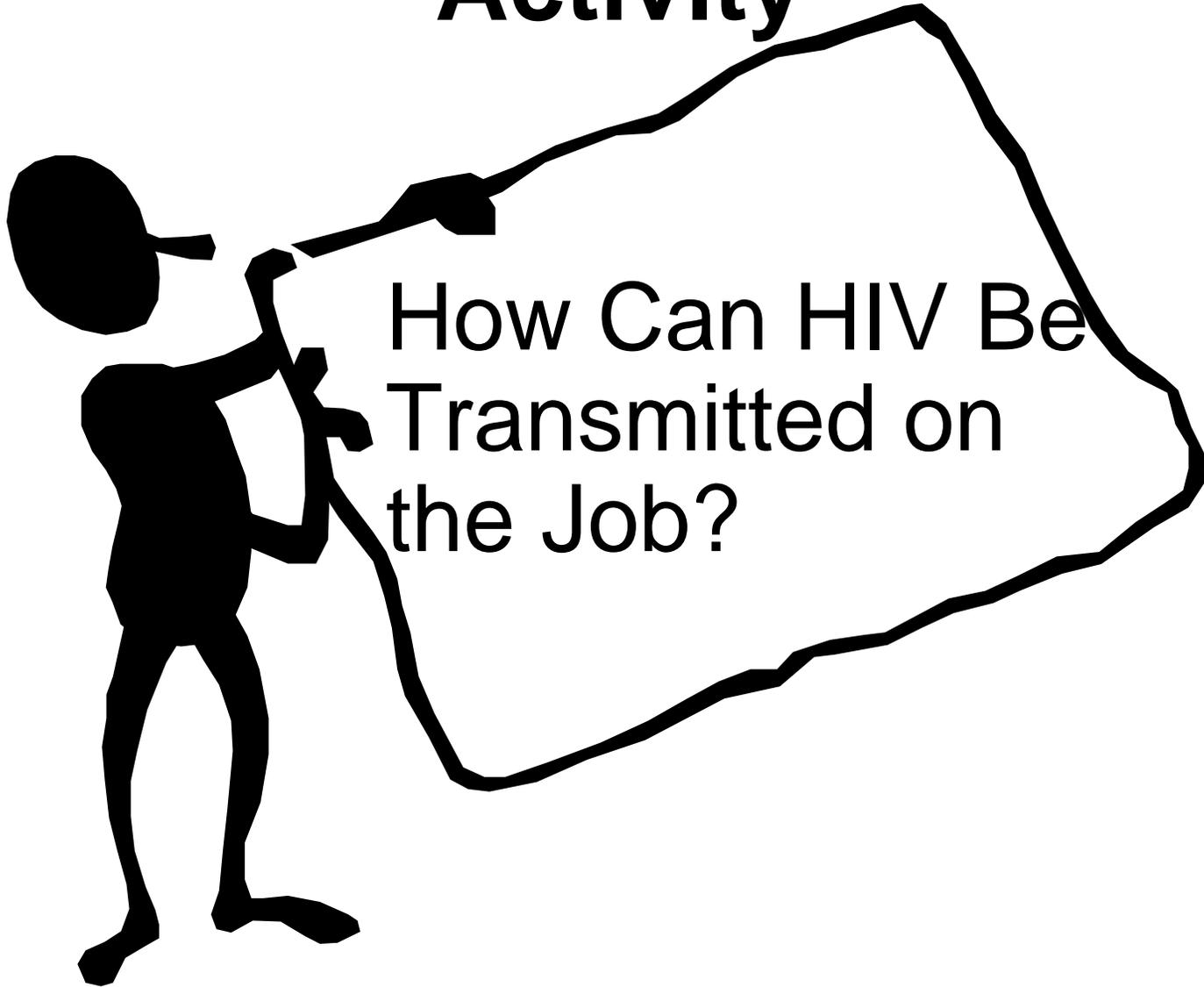
## ✓ Treatment



# Donated Blood and Organs

- ✓ Since 1985 all donated blood is tested for HIV in NYS
- ✓ The risk of getting a pint of blood that is infected with HIV is about 2 in a million

# Activity



How Can HIV Be  
Transmitted on  
the Job?

# How Can HIV Be Transmitted On The Job?



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Identify situations that can place an officer at risk for HIV infection.

How can an officer reduce the risk of HIV on the job?

# Definitions

- ✓ Viral Load
- ✓ HAART
- ✓ Adherence
- ✓ Resistance

# HIV Treatment

**HAART-** Highly Active Antiretroviral Therapy

---

✓ **Goals of HAART:**

- decrease viral load
- prevent mutation of the virus
- prevent damage to the immune system
- **REDUCES OCCUPATIONAL RISK!**



# Missing Doses

- ✓ Can cause the virus to mutate
- ✓ Makes the medication no longer effective
- ✓ As a result, a person will have less treatment options available to them
- ✓ Drug resistance can result in a higher viral load

# Benefits When An Inmate Receives HIV Treatment

- ✓ Reduce Transmission to Others
  - ✓ Adherence to treatment = less virus
- ✓ Less Mutation of Virus
  - ✓ Reduce resistance to medications
- ✓ Better Health
  - ✓ Custody and control easier
  - ✓ Inmate who can work
  - ✓ Less drain on public funds
  - ✓ Releasee returns to (your) community healthier

# Prevention at Work

## ***Standard Precautions***

- ✓ hand washing, etc.
- ✓ latex gloves- barriers



## ***Know Work Policies & Procedures***

- ✓ Post Exposure Prophylaxis (PEP)

# Searches and Prevention

- ✓ **Never** put your hands where the eyes can't see
- ✓ **Be aware** of any open cuts or abrasions
- ✓ **Ask inmate** if they have any sharp objects, needles, etc. on their person
- ✓ **Use caution** when searching an inmates' clothing & bedding
- ✓ **Never run your hands** around an inmates' collar, pants, waistband, or seams. Pat search these areas
- ✓ **Ask the inmate** to empty pockets & turn them inside out to expose the lining

# Searches and Prevention

- ✓ **Wear protective gloves** if exposure to blood or bodily fluids is likely (or per your jail policy)
- ✓ Always **carry a flashlight** and long handled mirror to search hidden areas
- ✓ **Empty** the contents of purses, packages, back packs, etc. gently on a table by turning upside down and visually examine the contents before handling it

# Risk of Disease Transmission Occupational Exposures

- 6-30% HBV\*
- 1.8% HCV\*
- .3% HIV\* (1 in 300)
- .3% needle sticks or cut exposure (1/300)
- .1% for mucous membrane (1/1000)
- < .1% for non-intact skin



\*Source with known infection

# **HIV Post Exposure Prophylaxis (PEP)**

- **What is the goal of PEP?**
  - To suppress HIV before it attacks the white blood cells in the body
- **What is HIV PEP?**
  - A combination of medications given to a person who has been exposed to HIV infection
- **Does PEP work?**
  - Yes, it has been shown to reduce the chance of HIV transmission

# HIV Post Exposure Prophylaxis (PEP)

- ✓ **What does an Officer do if they have been exposed?**
  - ✓ **Report the incident immediately** to health services and your supervisor
  - ✓ **PEP must be started** ideally within 1-2 hours **NO LATER THAN 36 hours**
  - ✓ **Refer** to the Center for Disease Control (CDC) and/ or NYS Department of Health PEP guidelines

# Health Regulations Law (PHL Article 21, Title 3)

Only permits disclosure of HIV-related information in specific situations

- ✓ In verified occupational exposure instances, the infection control officer (the nurse in most facilities), can obtain an inmates existing, documented HIV test result, or request an inmates consent to test for HIV
- ✓ Officers should know their facility's "*Reportable Incident Guidelines for County Correctional Facilities*"

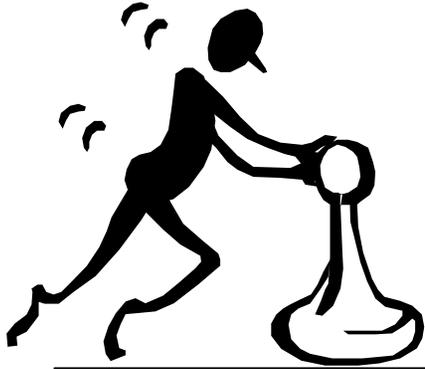


# Case study I: Transmission

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During a routine walk through the jail corridor, a correction officer is hit in the face with inmate's urine and feces. The waste material splattered across the officer's uniform and face. There is no visible blood in the waste.

1. Concerns of the officer?
2. Risk for HIV Transmission?
3. If yes, what are the options for treatment?
4. How should the officer proceed?



# Case study II: Transmission

---

While transporting an inmate from the dental clinic where he was treated for gum disease, the inmate becomes violent. During the altercation the inmate bites the correction officer. It is a deep puncture wound that begins to bleed and requires medical attention.

1. Concerns of the officer?
2. Risk for HIV Transmission?
3. If yes, what are the options for treatment?
4. How should the officer proceed?



# Case study III: Transmission

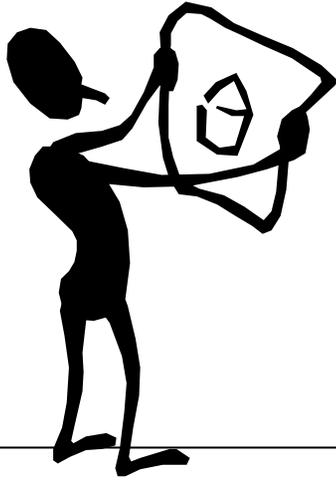
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An inmate porter refuses to clean a cell that is covered with vomit stating the inmate was one of “them.” The correction officer demands that the cell be cleaned.

1. Concerns of the officer?
2. Risk for HIV Transmission?
3. If yes, what are the options for treatment?
4. How should the officer proceed?

# What Can A Correction Officer Do?

- ✓ **Know** how HIV/AIDS is and is not transmitted
- ✓ **Confidentially** refer inmates to health services
- ✓ **Keep** open communications with facility health staff
- ✓ **Challenge** coworkers, regarding myths and beliefs about HIV/AIDS
- ✓ **Incorporate** standard precautions and prevention techniques into day-to-day work to reduce/eliminate the spread of HIV/AIDS.



# **HIV Confidentiality**

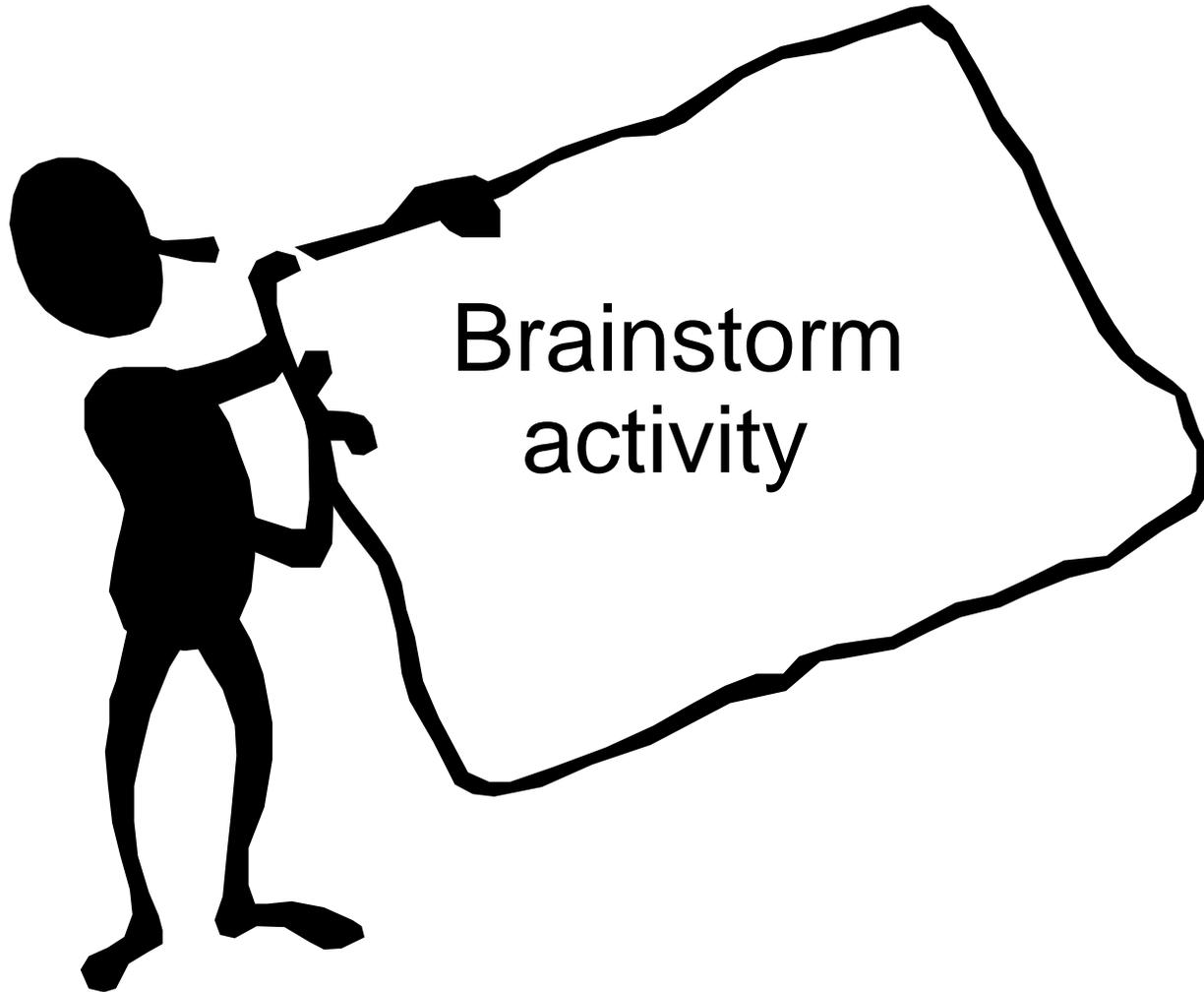
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## **MODULE 2**

# Module Two Objectives

1. State how stigma associated with HIV/AIDS can negatively affect perceptions and behaviors;
2. State three benefits of HIV confidentiality protections; and
3. Summarize the correction officer's duty regarding inmate's legal rights to protection, care, and confidentiality.

# Stigma & HIV



# Webster's Dictionary:

- **Stigma:**

- A mark of shame or discredit

# Slang & HIV

Questions:

- ✓ What is the “Tone” or implication of slang terms used to identify HIV/ AIDS?
- ✓ How would a person with HIV feel when hearing these words to describe them?
- ✓ What effects do slang terms have on inmates living with HIV/ AIDS?

# The Impact of HIV Stigma

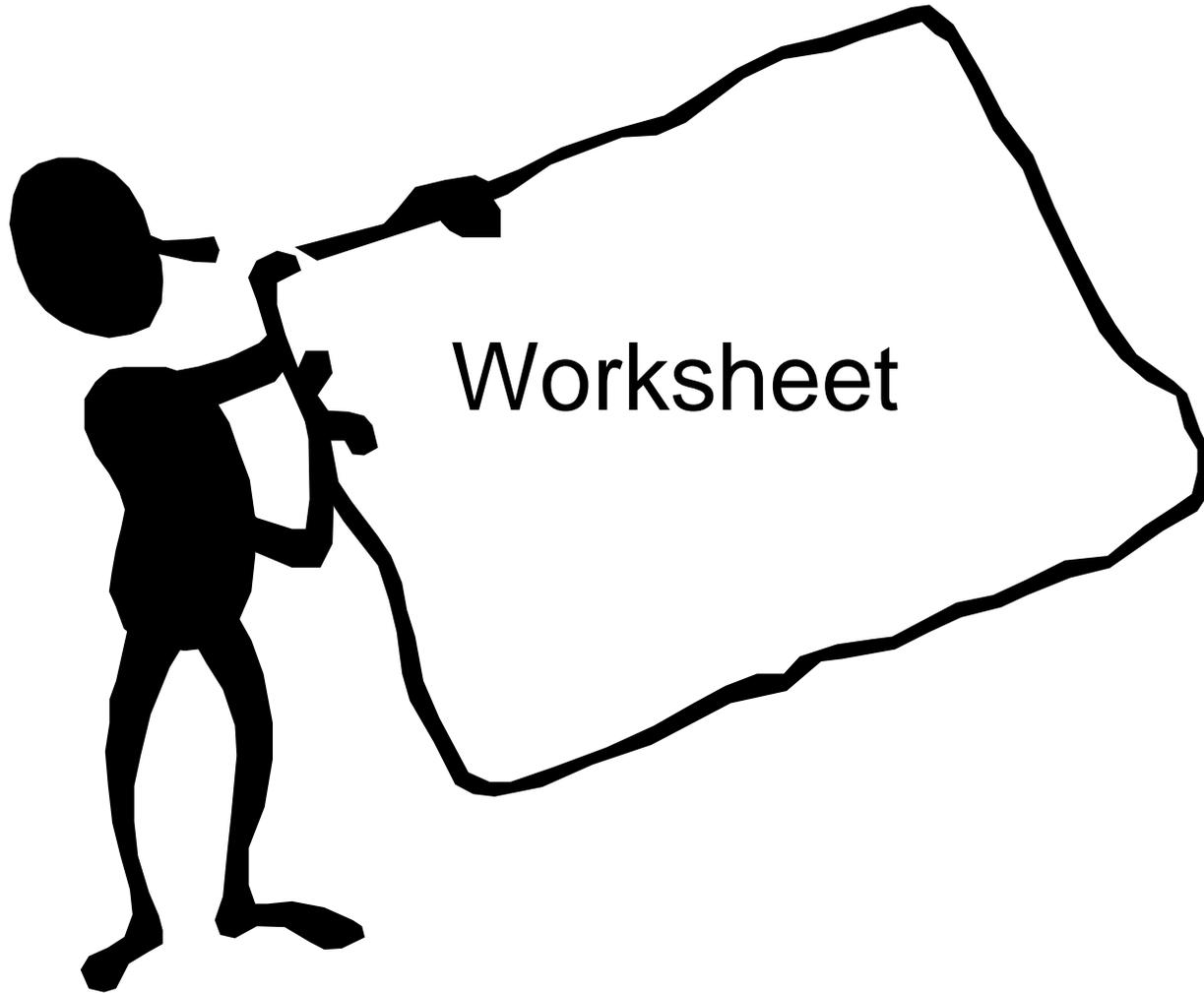
Creates situations where people do not respect each other and are more likely to:

- ✓ **Fear** transmitting or contracting HIV
- ✓ **Fear** behaviors associated with HIV (such as sex between men and injecting drug use) that are already stigmatized in our society
- ✓ **Assume** people living with HIV/ AIDS are responsible for becoming infected
- ✓ **Personal beliefs** in religious or moral ideas lead people to believe that having HIV/ AIDS is the result of moral fault (such as promiscuity or deviant sex) which deserves to be punished

# Negative Effects of HIV Stigma

- ✓ Lack or loss of family support
- ✓ Loss of a job
- ✓ Lack of intimacy or love from a partner
- ✓ Loss of housing
- ✓ Rejection
- ✓ Violence

# Stigma, HIV & Your Job

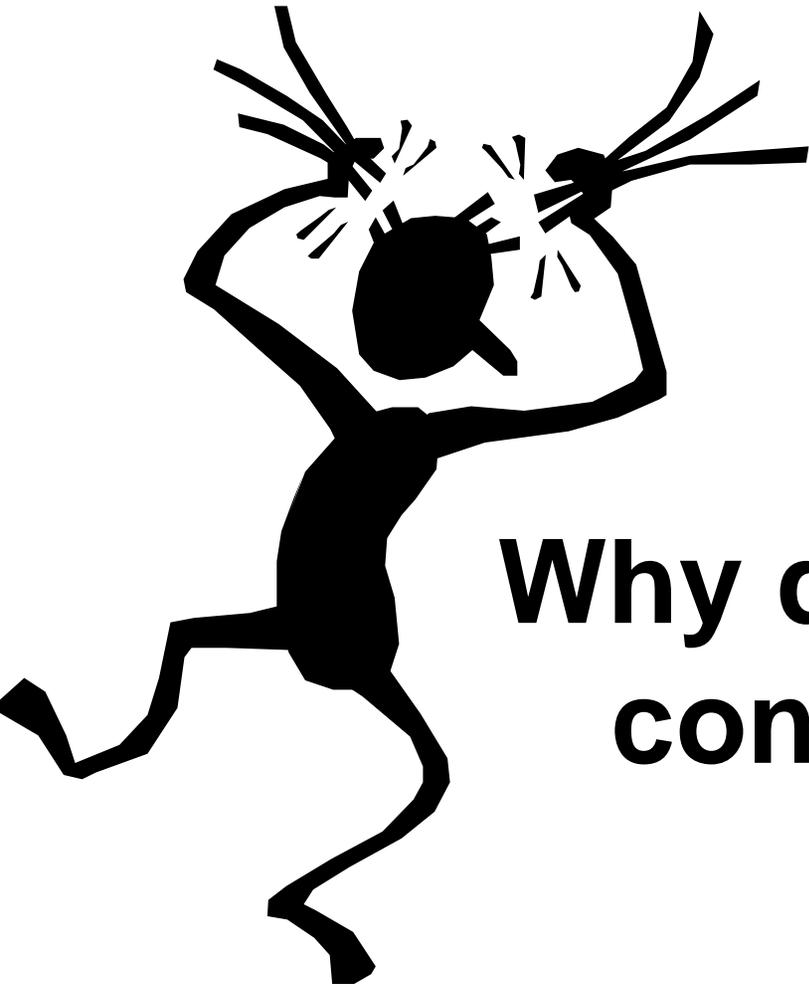




# How Does Stigma Impact The Officer's Day-to-Day Job Responsibilities?

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1. Transporting inmates
2. Housing/segregation of inmates
3. Inmate to inmate conflict
4. Management/security



**Why do we need a HIV  
confidentiality law?**

# **Rationale for the Law**

1. Protect Public Health
2. Prevent Discrimination and Stigma

# HIV Confidentiality Law

Protecting EVERYONE in Public Health with *Voluntary* Testing will:

- ✓ Reduce Transmission
- ✓ Promote Healthy Behavior Change
- ✓ Encourage Testing
- ✓ Increase Access to HIV Treatment

# HIV Confidentiality Law *cont.*

Prevent Discrimination and Stigma with clear rules about:

- ✓ **Disclosure** of HIV-related information
- ✓ **Storage** of HIV information
- ✓ **Training** of staff

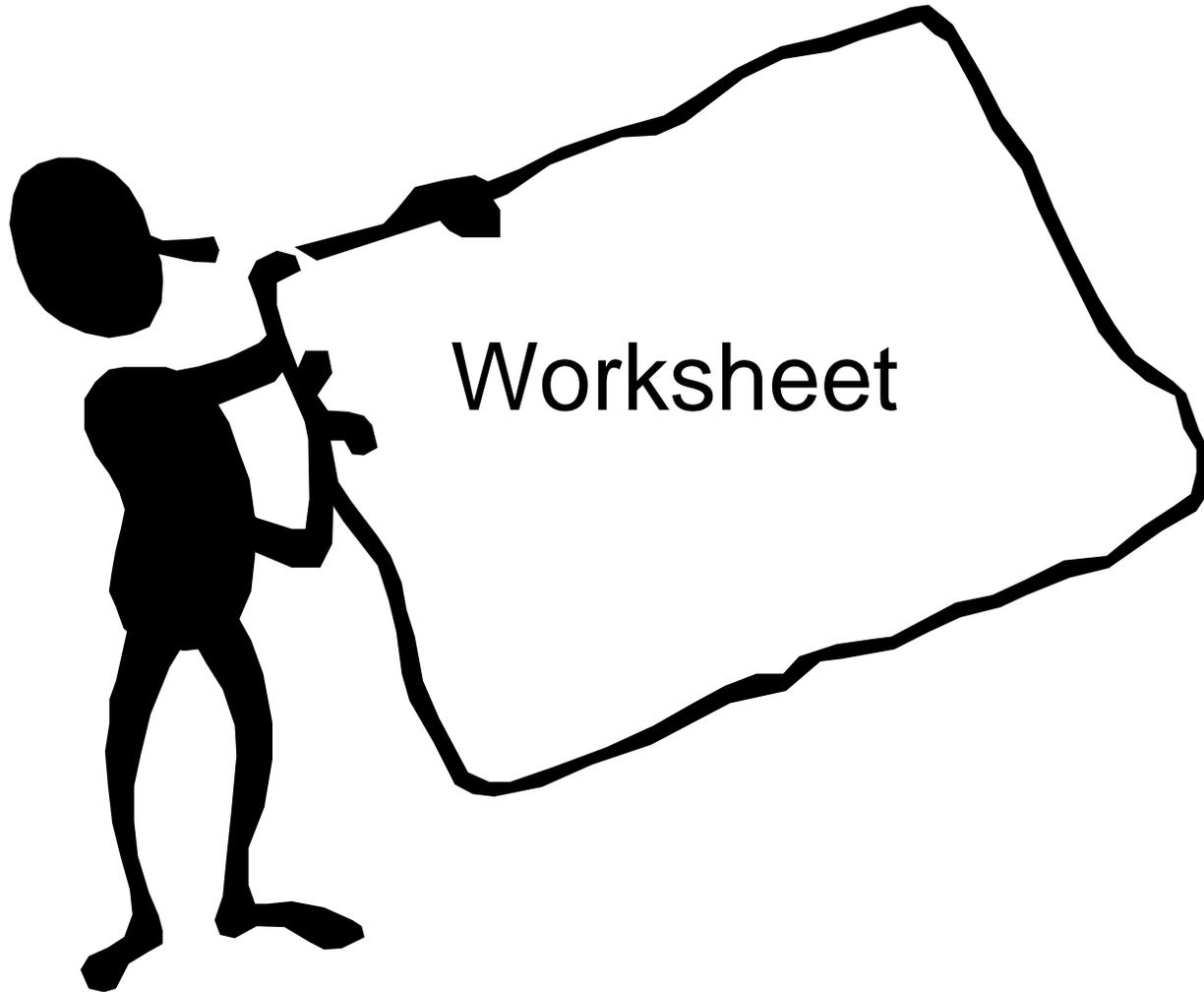
# Who Must Comply?

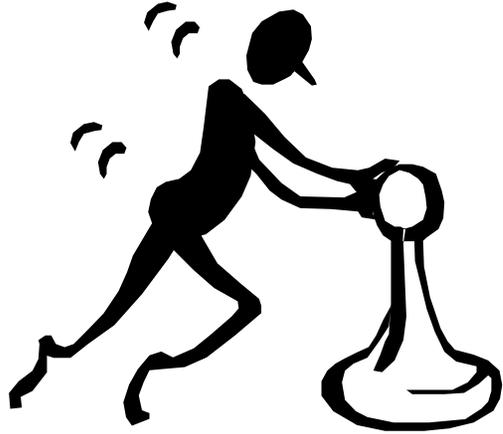
- Providers of Health or Social Services
  - √ Any kind of care, treatment, laboratory tests
  - √ Criminal Justice Services- correctional, probation, parole, detention & rehabilitative
  - √ Public Assistance- Medicaid, welfare, institutional care
  - √ Employment, housing, foster care
  - √ Mental health services

# Other Confidentiality Laws

- ✓ HIPAA
- ✓ Federal Drug and Alcohol Conf. Law
- ✓ Mental Hygiene Law
- ✓ NYS Correction Law & NYS Commission's Minimum Standards and Regulation for Management of County Jails and Penitentiaries

# Benefits to Confidentiality





# What Are The Benefits To Maintaining HIV Confidentiality for...

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- 1- officers
- 2- inmates
- 3- the community

# Terms to Know

- HIV-related information
- Protected individuals
- Contact
- Need to know

# Who Needs to Know?

A facility must create a list of non medical staff who may receive HIV-related information without a release if there is a:

1. Reasonable need to provide appropriate care or treatment

Example??

# Who Needs to Know? *Cont.*

A health / social service provider, facility, or individual does **NOT** need to know the HIV related information about the person when the information is not necessary to treat the medical problem being addressed

**For example:** A staff member helping an inmate to control bleeding does not need to know the HIV status of the inmate. Standard precautions such as gloves and hand washing provide protection and should be used with all inmates.

# Disclosure of HIV Information

Disclosure is permitted to persons on your facilities “Need to Know” List, additionally disclosure is permitted with a:

- ✓ **Release of a written consent** from the HIV infected inmate, specific only to their HIV information

# Disclosure

Corrections Officers can **NOT** disclose the HIV related information either directly or indirectly.

# Direct Disclosure

Direct communication either **verbal or written**

**For Example:**

- Writing AIDS on an inmate's paperwork
- Writing "Inmate Smith told me he has AIDS" in the logbook
- Telling an officer "Inmate Logan told me, he just tested for HIV."

# Indirect Disclosure

Revealing HIV related information by

- **Words or actions** that suggest HIV-related information
  - “He’s got the Monster!”
  - Housing an inmate in a designated unit/area
- **Raise suspicion** that a person is linked to HIV-related information
  - Inmate exits an HIV counseling/group session
  - Highlighting records such as placing a colored dot on inmate’s file)
  - Hanging a sign-up sheet for HIV testing

# Penalty for Disclosure!

You can be penalized under NYS Public Health Confidentiality Law for disclosing HIV related information including:

- ✓ Civil **fine up to \$5,000** for each violation
- ✓ **Criminal prosecution** for willful or deliberate acts of violation
- ✓ **Job-related sanctions** can be imposed

# Additional Job Related Requirements & Obligations

- ✓ Prisoner Protection and Affirmative Duty
- ✓ Deliberate Indifference
- ✓ Degree of Reasonableness
- ✓ Safety and Supervision

# Right to Privacy & HIV Testing of Inmates

- The 4th Amendment protects all persons, including arrestees and convicted prisoners, against unreasonable searches
- Under the NYS PHL Article 27-F, testing is **voluntary with a written consent**, signed by the person taking the test and applies to inmates within NYS regulated correctional facilities

# **Review: Intent of NYS PHL Article 27-F**

- Protect against discrimination
- Improve the flow of HIV related information between health and social service providers without special authorization, to ensure quality medical care
- Assure HIV related information is stored in a secure location with established procedures for disclosure

# Correctional Facility

## “To Do List”

### Policy and Procedures

- ✓ **to safeguard the confidentiality** and prohibit any unauthorized disclosure of confidential HIV related information, inside or outside the facility
- ✓ **specifying when there is a “reasonable need”** to get or use confidential HIV related information (for the purpose of supervising, monitoring, administering, or investigating the programs and health or social services the facility coordinates with)

# Correctional Facility

## “To Do List” *cont.*

### Policy and Procedures

- ✓ **Provide safeguards to prevent discrimination or abuse** of inmates who have been tested for or diagnosed with HIV / AIDS
- ✓ **Prevent and deal with occupational exposure** where there is a significant risk of HIV transmission
- ✓ **Provide training for staff** on confidentiality and the facility’s “need to know” policy



# Case Study: Confidentiality

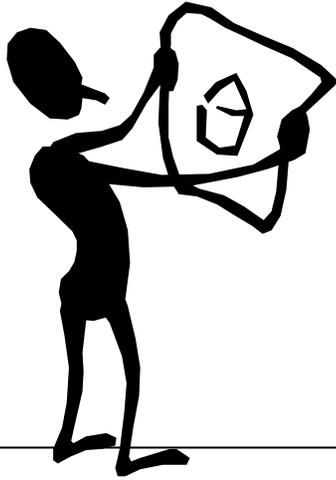
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You are instructed to lead the inmate from his cell to another part of the facility. While transferring the inmate, your fellow correction officer puts on rubber gloves and loudly states, “This one’s a sick one. Be careful how you handle him!”

1. Has there been a breach in confidentiality?
2. Standard precautions needed?
3. Accompanying officer would do...?
4. Supervisor’s role is....?

# What Can A Correction Officer Do?

- **Know** who is on the “need to know” list
- **Know** the facts about the NYS Confidentiality Law and its impact on the job
- **Avoid** disclosure of HIV-related information to others



# Living with HIV/AIDS in Jail

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## MODULE 3

# Module Three Objectives

1. Determine at least 2 health requirements inmates might have living with HIV/AIDS in jail; and
2. List the CO's duty in safe guarding an inmate's health rights.

# Correctional System: Link to Public Health?

**ABSOLUTELY!**

Safeguard the health of the public by reducing the spread of HIV through

- ✓ Access to testing
- ✓ Treatment and care to those who do not have access prior to incarceration

# Progression of HIV Disease

## Acute Stage-

- ✓ Flu-like symptoms for 2-12 weeks

## Asymptomatic Stage-

- ✓ No symptoms for 7-10 years

## Symptomatic Stage-

- ✓ Sick with symptoms
- ✓ Break down of the immune system

## AIDS

# Definition of AIDS

**AIDS** is a clinical stage/diagnosis requires:

- ✓ positive HIV antibody test
  - ✓ T-cell (white blood cells) count of 200/mm<sup>3</sup> or less;
- and / or
- ✓ Having one or more “AIDS Indicator Conditions”

# AIDS Indicator Conditions

- ✓ Wasting syndrome
- ✓ Dementia
- ✓ Certain types of cancers
- ✓ Certain types of infections which may be caused by:
  - Parasites (PCP)
  - Viruses (CMV)
  - Fungi (Candida)
  - Bacteria (TB)

# Factors Affecting Disease Progression

- ✓ Getting other infections
- ✓ Drug use
- ✓ Age
- ✓ Poor health practices
- ✓ New contact with HIV



# Case Study: Robert

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Robert, an inmate, receives a positive HIV test result. After getting his results, he is instructed that he will have an appointment to see the doctor. He is then escorted to his cell.

- 1- What changes might you observe (i.e., behavior) on the part of the inmate?
- 2- What immediate concerns might this inmate have?
- 3- Impact on your job?

# Possible Reactions

- ✓ Not believe the diagnosis (denial)
- ✓ Shock, anger, shame, embarrassment or depression
- ✓ Fear of abandonment (from family, friends, inmates, COs)
- ✓ Withdraw from day-to-day activities
- ✓ Threaten self, others, become violent

# What Can A Correction Officer Do?

- ✓ **Impart the message** that people do live healthy and long lives with HIV; routine treatment and medical care is crucial to maintain optimal health
- ✓ **Refer** to supportive staff; mental health, medical, clergy, etc.
- ✓ **Know, understand, and comply** with NYS Confidentiality Law

## Pre-Training Questionnaire

Training Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Please use the following formula to construct a unique ID which can be used to link answers before and after each module:**

List month of birth (ie, March = 03) \_\_\_\_\_

List first two letters of Mother's first name (if unknown, enter 'd k' ) \_\_\_\_\_

**Directions:** Read the following statements and circle the answer.

*The following body fluid contains a high enough concentration of HIV for transmission to occur:*

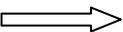
- |                           |   |   |            |
|---------------------------|---|---|------------|
| 1. Urine / Pee            | T | F | Don't know |
| 2. Feces / Poop           | T | F | Don't know |
| 3. Saliva / Spit          | T | F | Don't know |
| 4. Semen or Vaginal Fluid | T | F | Don't know |
| 5. Blood                  | T | F | Don't know |
| 6. Coughing or Sneezing   | T | F | Don't know |

*The following behaviors can result in HIV infection:*

- |   |   |   |            |
|---|---|---|------------|
| 7. Transporting an inmate with HIV                              | T | F | Don't know |
| 8. Throwing feces and urine                                     | T | F | Don't know |
| 9. Cleaning a surface containing vomit                          | T | F | Don't know |
| 10. Sharing needles such as for tattooing, piercing or drug use | T | F | Don't know |

*Answer the following:*

- |   |   |   |            |
|---|---|---|------------|
| 11. When an inmate takes HIV medications consistently it can reduce the chance of transmitting HIV to others.             | T | F | Don't know |
| 12. If a person living with HIV misses his medication, the virus can mutate and the treatment may no longer be effective. | T | F | Don't know |
| 13. Writing an inmate took his AZT/ZDV medication in the log book is permissible.   | T | F | Don't know |

Continued 

## Pre-Training Questionnaire

**Directions:** Read the following statements and check the box.

	<b>Disagree Strongly</b>	<b>Disagree Somewhat</b>	<b>Agree Somewhat</b>	<b>Agree Strongly</b>	<b>Don't Know</b>
14. My job duties significantly increase my chances of getting infected with HIV.					
15. In spite of all I know about AIDS, I prefer not to touch or handle person who is infected with HIV/AIDS.					
16. An inmate's access to HIV care and treatment is important.					
17. Correction officers have a "need to know" an inmate's HIV status.					
18. Correction officers have a responsibility to tell other COs if an inmate is suspected to have HIV.					
19. Standard (universal) precautions such as gloves and hand washing are effective methods to eliminate exposure to HIV infected fluids.					
20. If an inmate has HIV it has no impact on my job.					

## Post-Training Questionnaire

Training Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Please use the following formula to construct a unique ID which can be used to link answers before and after each module:**

List month of birth (ie, March = 03) \_\_\_\_\_

List first two letters of Mother's first name (if unknown, enter 'd k' ) \_\_\_\_\_

**Directions:** Read the following statements and circle the answer.

*The following body fluid contains a high enough concentration of HIV for transmission to occur:*

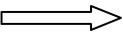
- |                           |   |   |            |
|---------------------------|---|---|------------|
| 1. Urine / Pee            | T | F | Don't know |
| 2. Feces / Poop           | T | F | Don't know |
| 3. Saliva / Spit          | T | F | Don't know |
| 4. Semen or Vaginal Fluid | T | F | Don't know |
| 5. Blood                  | T | F | Don't know |
| 6. Coughing or Sneezing   | T | F | Don't know |

*The following behaviors can result in HIV infection:*

- |   |   |   |            |
|---|---|---|------------|
| 7. Transporting an inmate with HIV                              | T | F | Don't know |
| 8. Throwing feces and urine                                     | T | F | Don't know |
| 9. Cleaning a surface containing vomit                          | T | F | Don't know |
| 10. Sharing needles such as for tattooing, piercing or drug use | T | F | Don't know |

*Answer the following:*

- |   |   |   |            |
|---|---|---|------------|
| 11. When an inmate takes HIV medications consistently it can reduce the chance of transmitting HIV to others.             | T | F | Don't know |
| 12. If a person living with HIV misses his medication, the virus can mutate and the treatment may no longer be effective. | T | F | Don't know |
| 13. Writing an inmate took his AZT/ZDV medication in the log book is permissible.   | T | F | Don't know |

Continued 

## Post-Training Questionnaire

**Directions:** Read the following statements and check the box.

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	Don't Know
14. My job duties significantly increase my chances of getting infected with HIV.					
15. In spite of all I know about AIDS, I prefer not to touch or handle person who is infected with HIV/AIDS.					
16. An inmate's access to HIV care and treatment is important.					
17. Correction officers have a "need to know" an inmate's HIV status.					
18. Correction officers have a responsibility to tell other COs if an inmate is suspected to have HIV.					
19. Standard (universal) precautions such as gloves and hand washing are effective methods to eliminate exposure to HIV infected fluids.					
20. If an inmate has HIV it has no impact on my job.					

**Please comment!** All comments are appreciated to improve this training.

What was **most** relevant?

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What was **least** relevant?

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Additional Comments:

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*Thank You!!*

**Mail completed surveys to : NYSDOH AIDS Institute, ESP Corning Tower, RM 244,  
Albany NY 12237**

## Training Questionnaire Answer Key

*The following body fluid contains a high enough concentration of HIV for transmission to occur:*

- |                           |          |          |            |
|---------------------------|----------|----------|------------|
| 1. Urine / Pee            | T        | <u>F</u> | Don't know |
| 2. Feces / Poop           | T        | <u>F</u> | Don't know |
| 3. Saliva / Spit          | T        | <u>F</u> | Don't know |
| 4. Semen or Vaginal Fluid | <u>T</u> | F        | Don't know |
| 5. Blood                  | <u>T</u> | F        | Don't know |
| 6. Coughing or Sneezing   | T        | <u>F</u> | Don't know |

*The following behaviors can result in HIV infection:*

- |   |          |          |            |
|---|----------|----------|------------|
| 7. Transporting an inmate with HIV                              | T        | <u>F</u> | Don't know |
| 8. Throwing feces and urine                                     | T        | <u>F</u> | Don't know |
| 9. Cleaning a surface containing vomit                          | T        | <u>F</u> | Don't know |
| 10. Sharing needles such as for tattooing, piercing or drug use | <u>T</u> | F        | Don't know |

*Answer the following:*

- |   |          |          |            |
|---|----------|----------|------------|
| 11. When an inmate takes HIV medications consistently it can reduce the chance of transmitting HIV to others.             | <u>T</u> | F        | Don't know |
| 12. If a person living with HIV misses his medication, the virus can mutate and the treatment may no longer be effective. | <u>T</u> | F        | Don't know |
| 13. Writing an inmate took his AZT/ZDV medication in the log book is permissible.   | T        | <u>F</u> | Don't know |