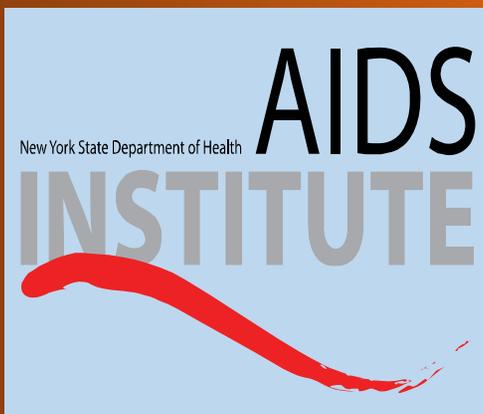




Positive Pathways

Training for Correction Officers

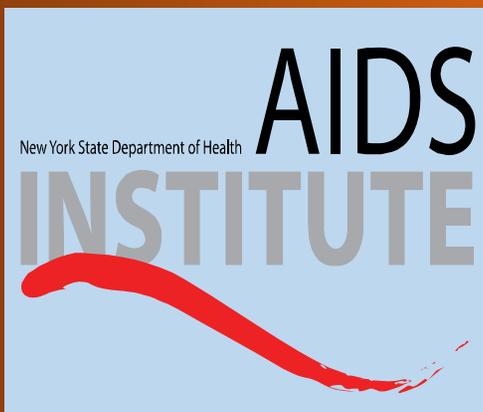


**Module 1:
Positive Pathways
and HIV Update**

Meet Your Trainers



- Include your name
- Title
- Experience



**Module 1:
Positive Pathways
and HIV Update**

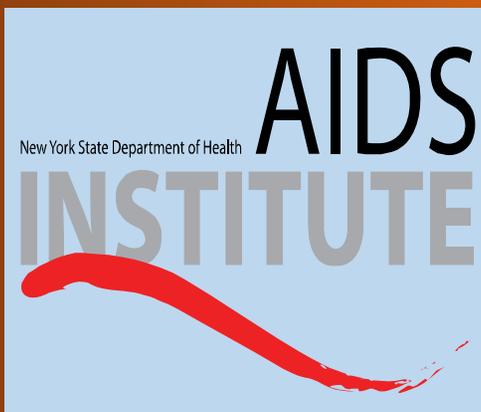
Module 1: Positive Pathways Project and HIV Update

By the end of this module, you will be able to:

- State the purpose and rationale of the Positive Pathways Project
- Identify common concerns about HIV/AIDS in the correctional setting
- Recall updated factual information about HIV/AIDS

**Module 1:
Positive Pathways
and HIV Update**

Ground Rules



- Active participation
- “Agree to disagree” - Respect differing opinions
- Respect confidentiality and privacy
 - Share your experiences, but avoid using the names of others
- **Others you would like to add?**

**Module 1:
Positive Pathways
and HIV Update**

HIV: Then and Now

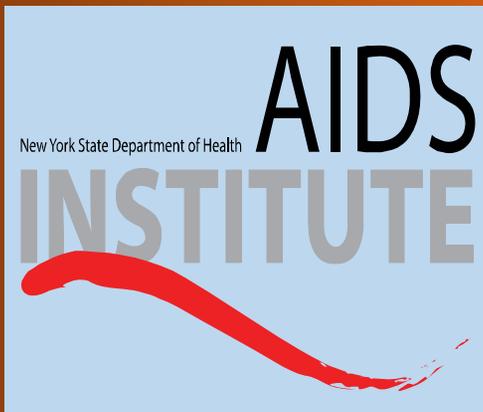
- How have you seen HIV/AIDS change over the last 30 years?
- What are your concerns about HIV in your work today?
- How would you rate your level of concern on a scale of 1-10?



Not at all (1)

Very Concerned (10)

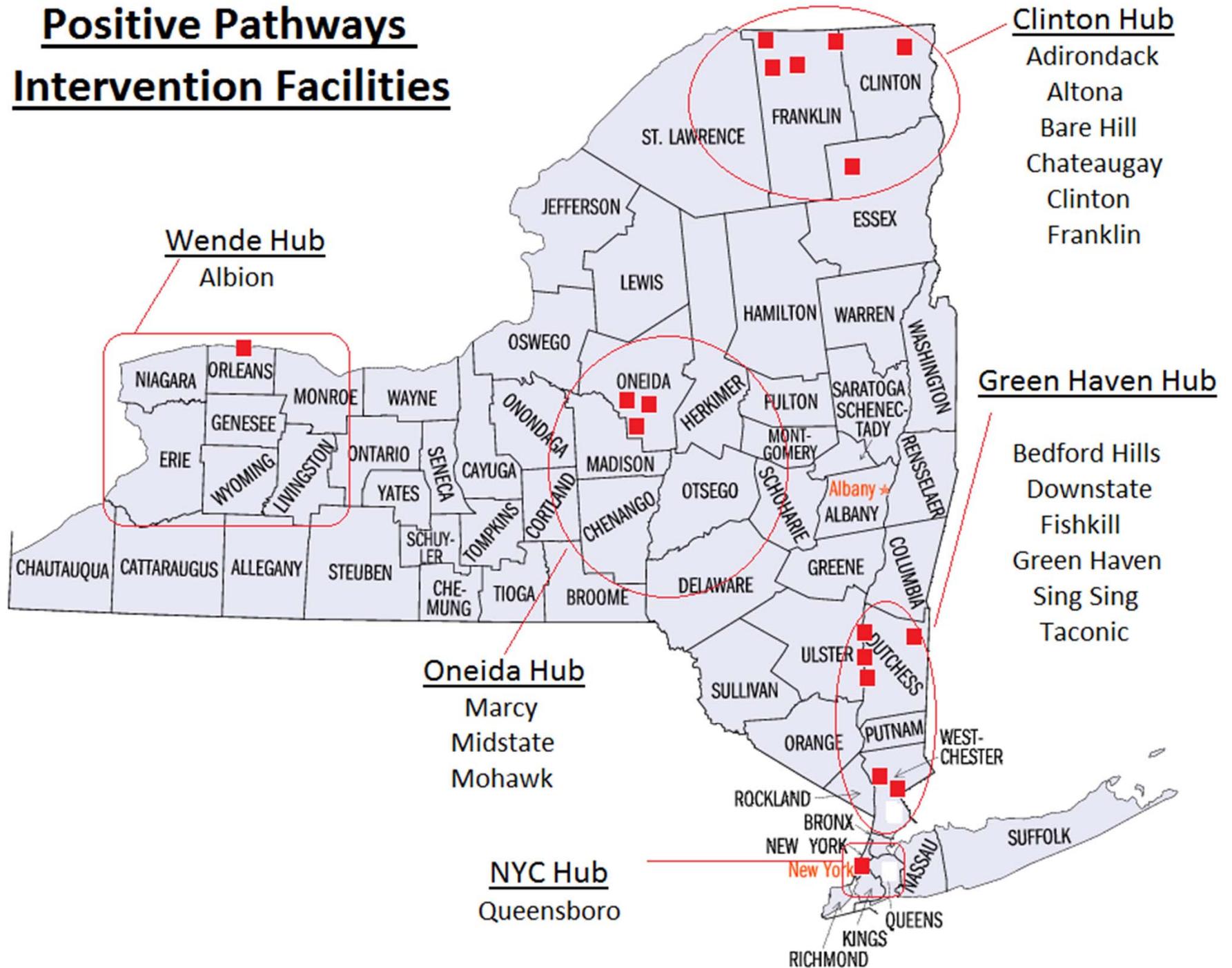
Lesson 1: What is Positive Pathways?

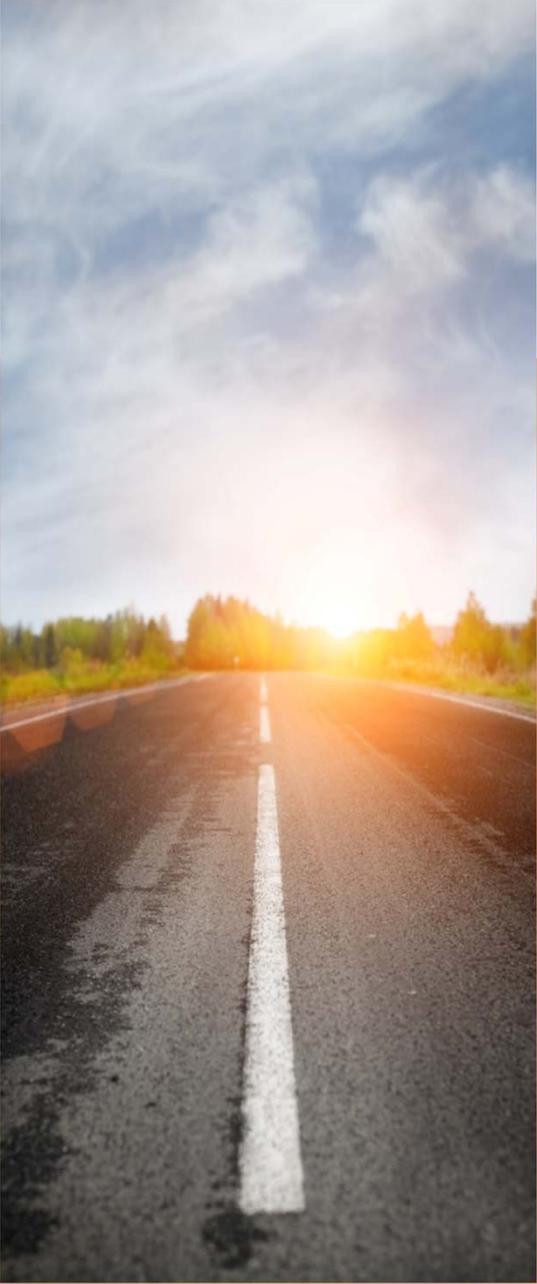


- Positive Pathways is a 3 year demonstration program funded by the Centers for Disease Control and Prevention.
- Has the full support of DOCCS
- Joint effort of DOCCS and NYS DOH

**Module 1:
Positive Pathways
and HIV Update**

Positive Pathways Intervention Facilities





Goals of Positive Pathways

- Reduce stigma associated with being HIV positive in correctional settings
- Identify new and existing cases of HIV in DOCCS
- Promote access to HIV testing and treatment
- Initiate HIV care and treatment
- Link patients to HIV care in the community following release

What is the Positive Pathways Project?

2 hour Training
for Health
Services

2 hour Training
for Correction
Staff

Educational Video
for Inmates

Positive Pathways
Advocates:
Targeted In-reach

Offer of HIV Test
to Inmates

Positive Pathways
Advocates:
Linkage to Care

**Module 1:
Positive Pathways
and HIV Update**



Why is this project important?

- Treatment for HIV is now very effective
- It is important for people with HIV to take advantage of treatment
- Treatment saves lives & reduces health care costs
- Providing health care is an integral part of DOCCS' mission of care, custody and control



Why is this project important?

- Treatment is linked with a decreased chance of transmitting the virus to others
- Promoting access to treatment will help reduce the spread of HIV
- Promoting treatment will help make this facility a safer place to work



Why is this project important?

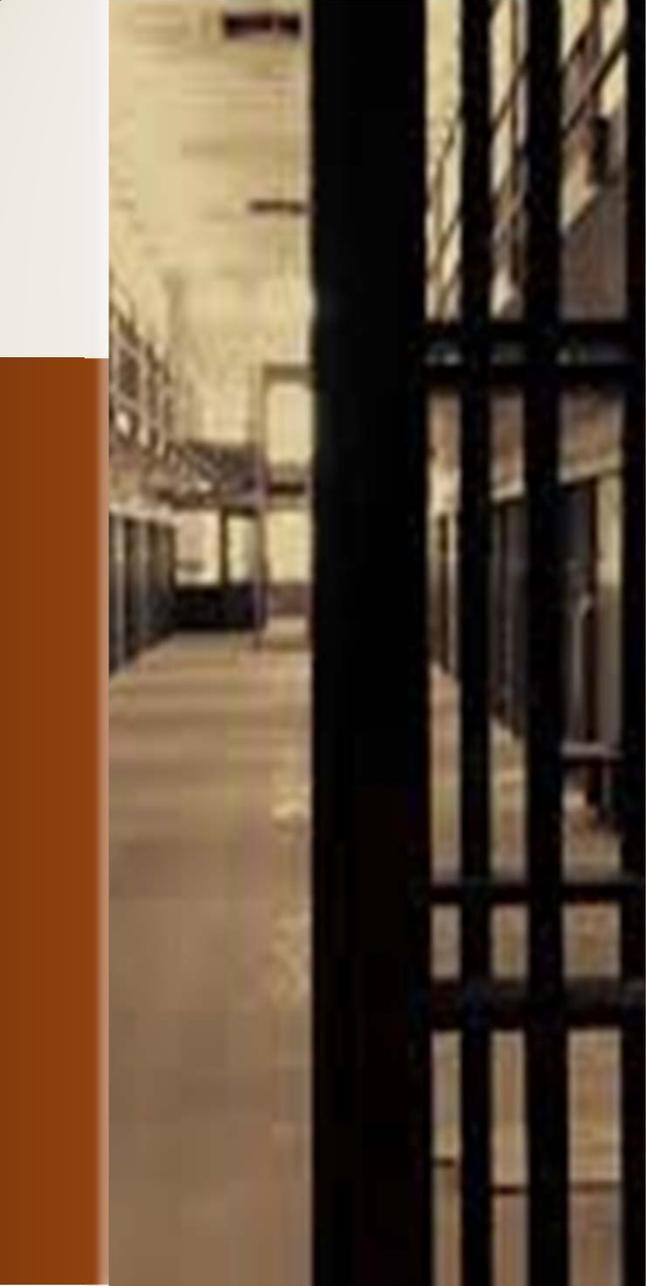
- Stigma around HIV prevents inmates who are living with HIV from coming forward for treatment
- Positive Pathways will address stigma and encourage inmates with HIV to come forward for HIV testing and treatment



Why is this project important?

Stigma around HIV can lead to:

- conflicts between inmates
- increased tension between inmates and staff



Why is this project important?

- Reducing HIV stigma and observing strict confidentiality practices around health information will help to prevent conflicts in the correctional setting
- Reducing stigma and protecting confidentiality will enhance your ability to maintain Care, Custody and Control



Why this training?

- HIV affects 3-5% of inmates
- Project needs support from all professionals working in the facility
- COs can play an important role in creating a stigma-free environment
- COs have a stake in making the facility a secure, safe and respectful place.

Lesson 2: Protecting Yourself from HIV Transmission

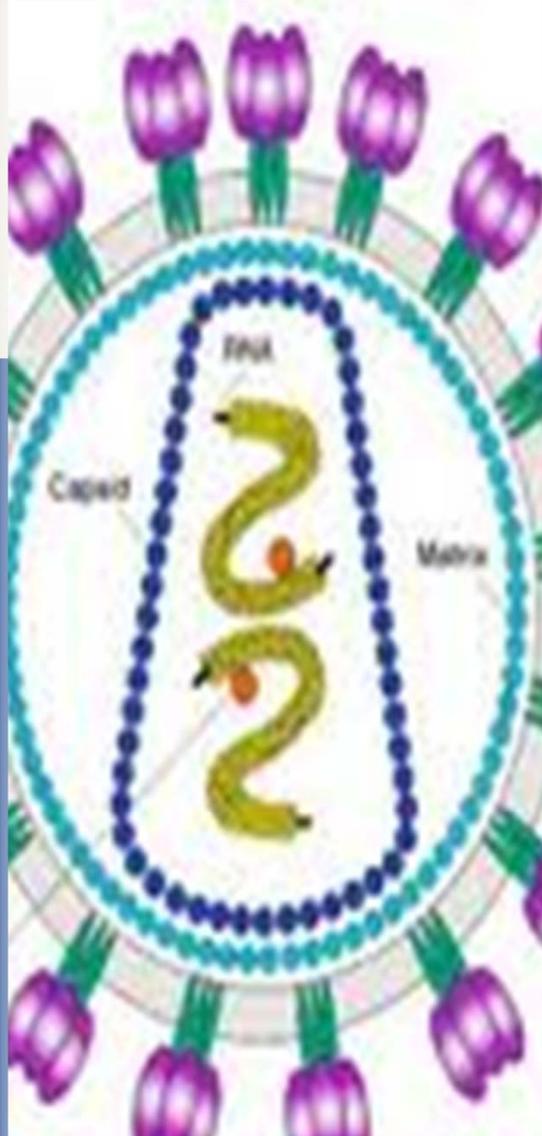
By the end of this lesson, you will be able to:

- Identify how HIV is and is not transmitted
- Determine the level of risk for HIV in different scenarios
- Recall DOCCS occupational exposure data
- State the importance of post-exposure prophylaxis (PEP) in cases of blood to blood or blood to mucus membrane contact

HIV is a bloodborne pathogen

US Department of Labor Definition of Bloodborne Pathogen:

- Infectious microorganisms in human blood that can cause disease in humans.
- Includes hepatitis B (HBV), hepatitis C (HCV) and **human immunodeficiency virus (HIV)**.



The HIV Virus

HIV Transmission: The Facts

Thirty years into the HIV epidemic, medical and public health experts have reliable information about how HIV is and is not spread.

Thomas Frieden, MD, MPH, Director
Centers for Disease Control and Prevention

**Module 1:
Positive Pathways
and HIV Update**

HIV Transmission

```
graph TD; A[HIV Transmission] --> B[Unprotected oral, anal or vaginal sex]; A --> C[Mother to baby]; A --> D[Sharing needles or drug injection equipment]; A --> E[Occupational Exposure to Blood];
```

Unprotected
oral, anal or
vaginal sex

Mother to
baby

Sharing
needles or
drug injection
equipment

Occupational
Exposure to
Blood

Fluids that can transmit HIV:

- Blood
- Semen
- Vaginal secretions
- Breast milk

A Significant Occupational Exposure for HIV Requires:

1

- Presence of HIV virus

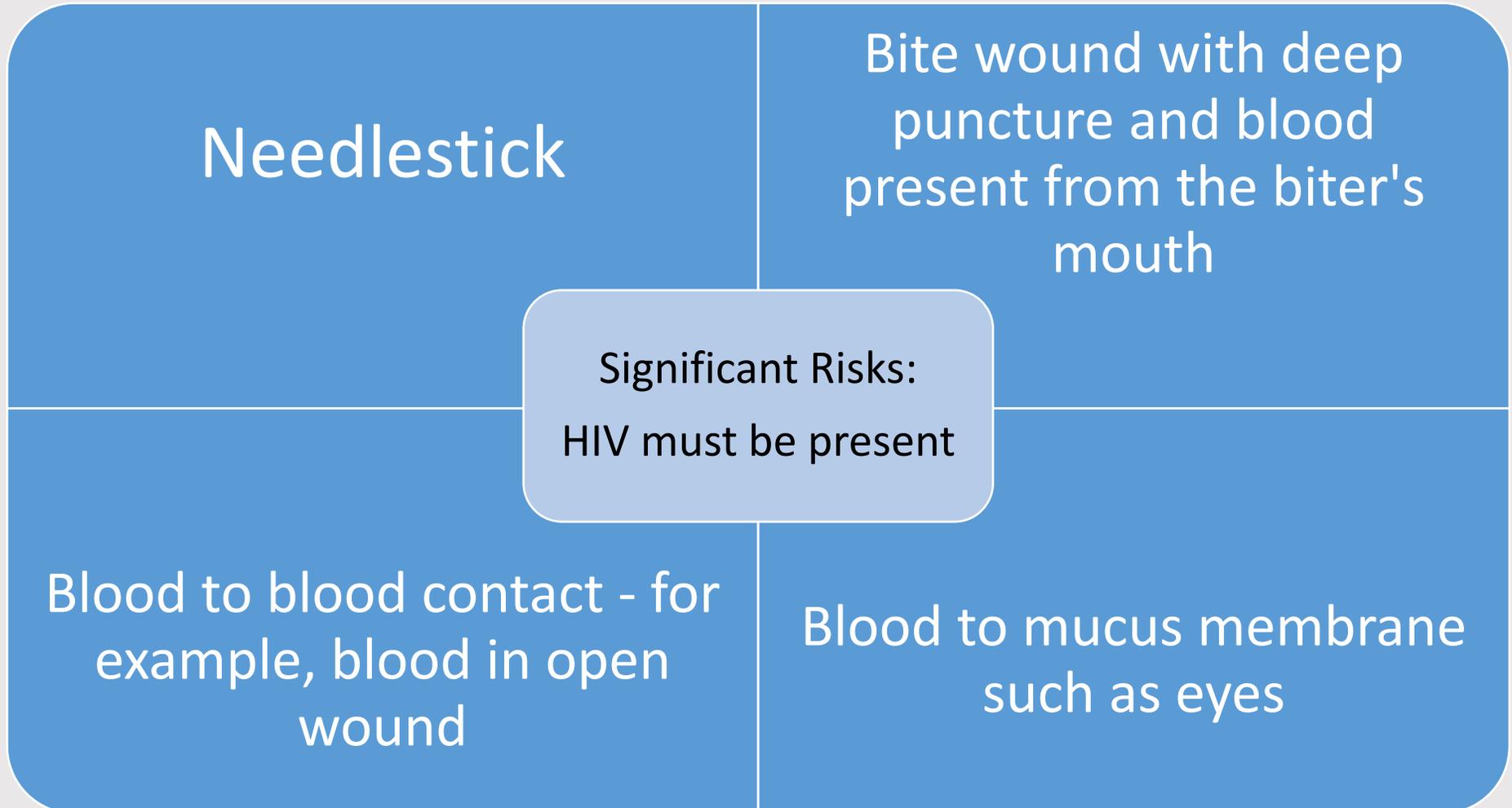
2

- Contact with infected blood

3

- Portal of entry - way to enter the bloodstream of the uninfected person

Examples of a Significant Exposure





Policies and Procedures to Reduce Risk

- Bloodborne pathogen training for all uniformed staff
- Presence of Bloodborne Exposure Response Team (BERT)
- Appropriate use of personal protection equipment



Policies and Procedures to Reduce Risk

- Use of effective cleaning products to clean up spills
- Reporting of cases of possible exposure
- Post-exposure prophylaxis in cases of significant risk



HIV Testing of Source Person in an Occupational Exposure

- Public health regulations allow for disclosure of any HIV test result in an inmate's medical record to DOCCS medical or the exposed person's health care provider
- If a test result is not documented in the inmate's record, DOCCS medical staff will request the inmate's consent to a rapid HIV test
- In cases of suspicion of risk in the last 6 weeks, viral load testing is also performed for the source person to allow for early diagnosis

A glass of water and several red capsules are visible in the background of the slide.

HIV Post Exposure Prophylaxis (PEP)

- PEP is a combination of medications that are given for 28 days to a person who has been exposed
- The goal of PEP is to suppress HIV before it attacks the body
- If recommended, PEP is voluntary, should be started within 1-2 hours and is provided at no cost

A glass of water and several red capsules are visible in the background of the slide.

If an occupational exposure to HIV occurs:

- Wash the infected area with soap & water
- Report the incident
- DOCCS will supply 3 days of medications
- Follow-up with a community doctor
- Avoid unprotected sex

HIV Transmission: The Facts

- In NYS DOCCS facilities, there are approximately 34-55 significant exposures per year related to occupational exposure to HIV.
- However, there has not been a single occupational exposure that ever led to transmission of HIV in DOCCS.



Important Point

With the availability of PEP, in the entire US, in all occupational settings, there has never been a single exposure that has led to infection since 1999.

What does this fact mean to you?



HIV is not spread by:

- Touching or hugging a person
- Sharing food or eating utensils
- Clothes, Coughing, Telephones
- Using the same toilet seat
- Doorknobs
- Mosquitoes

Fluids that do not transmit HIV

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





Scenarios facing Correction Officers

Scenario 1:

During rounds, an inmate throws a cocktail of urine and feces at a correction officer. The waste material splattered across the officer's hand and uniform. The skin on the officer's hand is intact (did not have cuts or scratches).

A close-up photograph of a person's hand, showing a significant amount of blood smeared across the palm and fingers. The background is blurred, suggesting an indoor setting.

Scenarios facing Correction Officers

Scenario 2:

After breaking up a bloody and violent fight between two inmates, you notice a significant amount of blood on your hands and clothes. Your skin is intact. You tell your wife about what happened and she becomes very afraid for you, herself and your children.

Scenarios facing Correction Officers

Scenario 3:

While frisking an inmate an officer is stuck by a concealed used “home-made” syringe. The crude sharp needle went through the protective gloves and the area where the puncture occurred is now bleeding.





Lesson 2: Summary

- After years of research and experience facts about how HIV is transmitted are clear
- There has never been a case of transmission as a result of an occupational exposure in a DOCCS facility.
- PEP is effective



Lesson 3: HIV is a manageable illness

- With lifelong, continuous treatment, people with HIV live normal lives and have the same life expectancy as the rest of the population
- HIV testing is the first step to accessing treatment

Understanding HIV: Viral Load and CD4 Cells

HIV Viral Load:

The amount of HIV in a milliliter of blood

CD4 cell:

Type of white blood cell - part of the immune system

The target cell for HIV
HIV destroys CD4 cells

A photograph showing several colorful pills (yellow, white, pink, green, black) scattered on a white surface. In the foreground, red wooden blocks are arranged to spell out 'HIV' in white letters. The background is a plain white surface.

Goal of HIV Treatment

- Known as Anti-Retroviral Therapy, ART, ARV, Combination therapy, or “the cocktail”
- Combination of medications (sometimes in one pill)
- Decreases the amount of virus in the body, often to undetectable
- Allows the immune system to recover



HIV Treatment Facts

- **VERY EFFECTIVE**
- In 1995, almost 10,000 people died of HIV/AIDS in NYS
- In 2010, number decreased to 1,710
- In all of DOCCS facilities in 2010, only 2 inmates died of HIV-related causes

A photograph of a woman with dark hair, wearing a white lace top, holding a newborn baby in her arms. She is looking down at the baby with a gentle expression. The background is slightly blurred, showing what appears to be a hospital bed or a similar setting.

Preventing Mother to Child Transmission of HIV

- HIV testing is a clinically recommended for all pregnant women
- HIV treatment taken during pregnancy, labor and delivery can prevent infection of the infant
- Mothers living with HIV should avoid breast-feeding their infants

HIV Treatment Adherence is Very Important

- If a person misses more than an occasional dose, the result can be:
 - An increase in viral load
 - Damage to the immune system
 - Decrease in effectiveness

Treatment Adherence:

Taking the:

- correct medications
- on time
- along with certain foods



Support is required for HIV Treatment Adherence

- Food requirements
- Managing side effects
- Medication storage and access
- Medication lines
- Confidentiality
- Other medical conditions



HIV Treatment: Community Benefits

- Lowering viral load decreases the chance of transmission
- Most inmates with normal life expectancies will return to the community
- Treatment in prison and linkage to care in the community will help reduce transmission in the general community



HIV Treatment: Correctional Facility

- Recall: There has never been an occupational exposure in DOCCS that led to infection
- And... lowering viral load even further decreases the chance of transmission if a significant exposure occurs
- **HIV treatment can help make the facility a safer place**



Lesson 3 Reflection

- Why might an inmate want to hide the fact that he or she is taking medication?



Module 2: Stigma and HIV Confidentiality

By the end of this module, you will be able to:

- Define the term stigma
- Define “HIV-related information”
- Recall regulations that require COs to maintain confidentiality of health information
- Describe potential negative consequences of stigma and inappropriate disclosure of an inmate’s HIV status

Lesson 1: Module Rationale

HIV is now a treatable, long term chronic illness.



When a person is on HIV treatment, it reduces the HIV viral load in the body, improves health and reduces the chance of transmission.



The goal of Positive Pathways is to promote access to HIV care and treatment.



Stigma around HIV may make some inmates unwilling to come forward for HIV care and treatment.



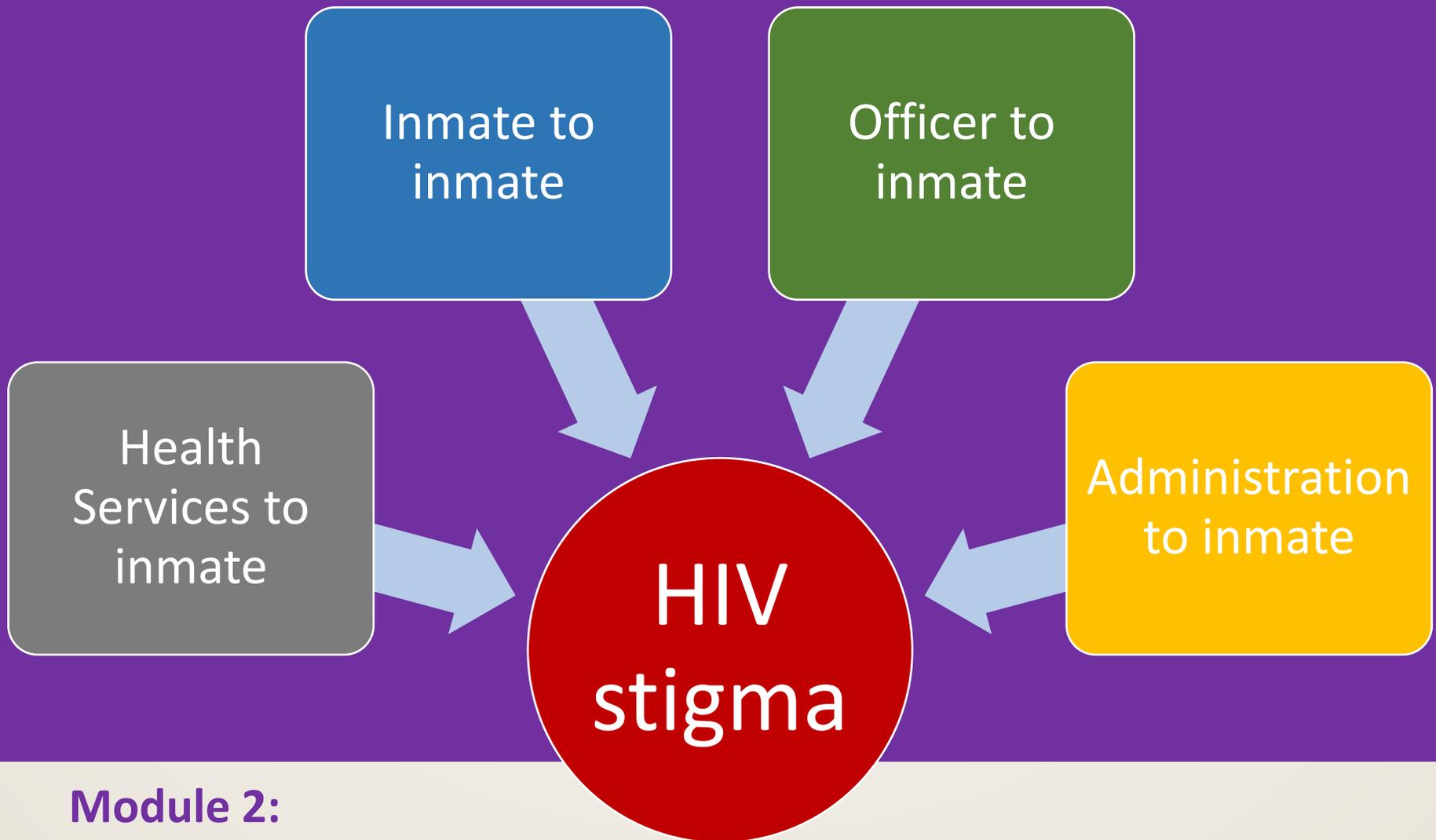
Addressing stigma will create an environment where inmates will be willing to come forward for HIV care and treatment.



Defining HIV Stigma

- Stigma is defined as “a mark of infamy or disgrace”
- Negative attitudes or beliefs held against a specific group as “bad”
- Used to rationalize unjustly treating these individuals differently.

HIV Stigma in Corrections



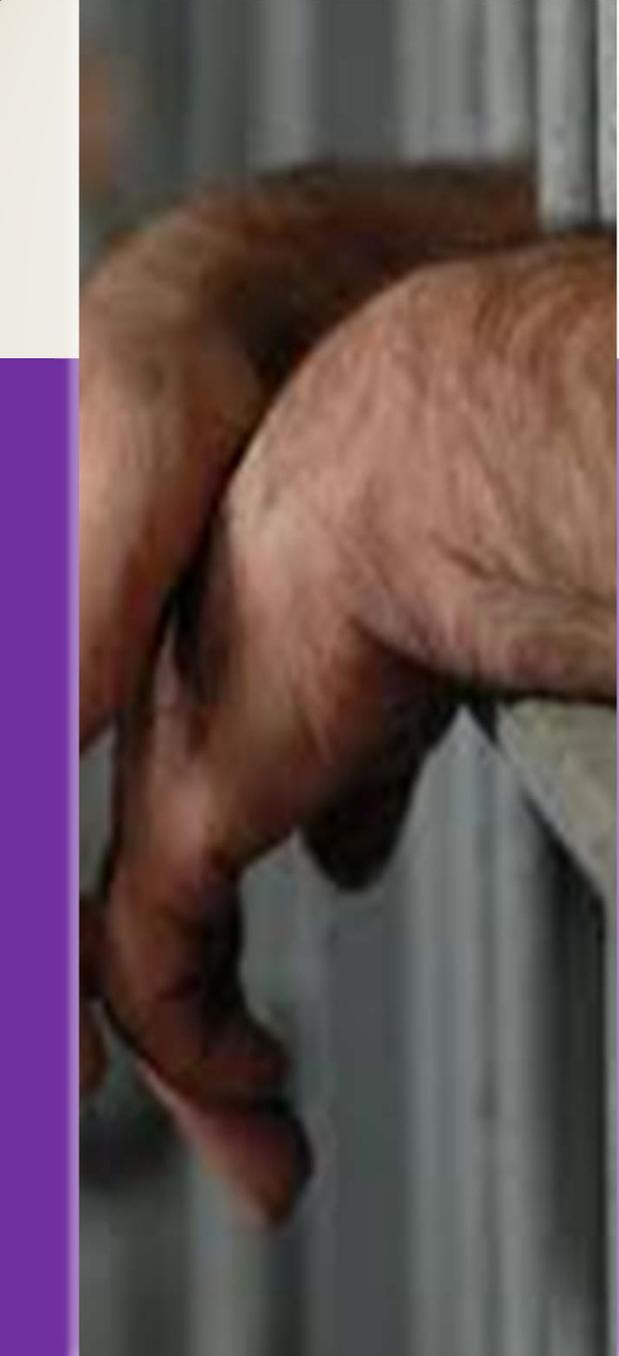
HIV Stigma can be:

Overt

- Physical or verbal abuse
- Mistreatment
- Discrimination
- Isolation

Subtle

- Avoidance
- Fear
- Making assumptions
- Judgmental statement
- Loss of privilege



Stigma: External and Internal

EXTERNAL

- The experience of being treated unjustly

INTERNAL

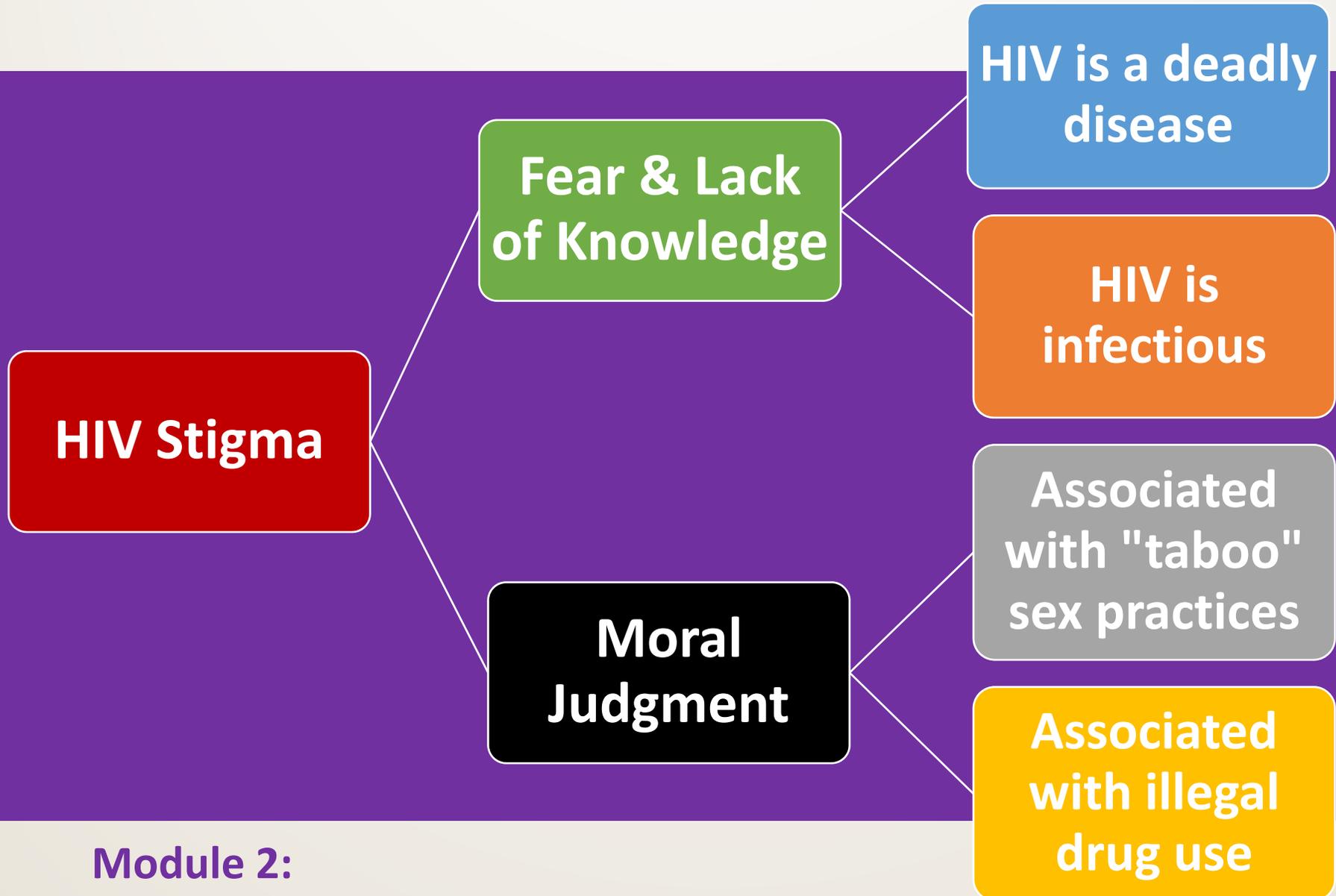
- Self-imposed
- May hold negative attitudes about self
- Anticipates or fears discrimination
- Can be present without external stigma

A photograph showing several colorful pills (yellow, pink, green) and red letter blocks spelling out 'HIV' in white letters. The blocks are arranged in a grid pattern, with 'H' in the top row, 'I' in the middle row, and 'V' in the bottom row. The background is a light-colored surface.

Understanding HIV-related Stigma

- What do people fear about someone who is infected with HIV?
- What do people say about them?
- How do people treat them?

Roots of HIV-related Stigma





Forms of Stigma

- Avoidance, isolation and rejection
- Judge, shame and blame
- Discrimination and abuse
- Stigma by association
- Self-stigma

Examples of HIV-related Stigma

- Warning another staff member to “be careful” handling an inmate
- Adjusting the use of gloves or other personal protection based on someone’s known or assumed HIV status
- Making statements that a certain inmate ‘must have HIV’ because he or she is gay/lesbian, is doing time for sex work or is an injection drug user

Case Study

An inmate named Andre is looking weak and has been to medical several times this week. Andre is a male who is known as gay throughout the cell block. One officer says quietly to another: “With his so-called ‘lifestyle’, he deserves to die from AIDS”. Another inmate overheard the statement. This inmate tells another and soon everyone in the block believes that Andre has AIDS. An inmate who had sex with Andre began to fear he could have gotten HIV from Andre. This inmate beats up Andre in the yard. A few days later in retaliation, Andre throws a mixture of his blood, urine and feces at the first officer to walk through the cell block.



Case Study

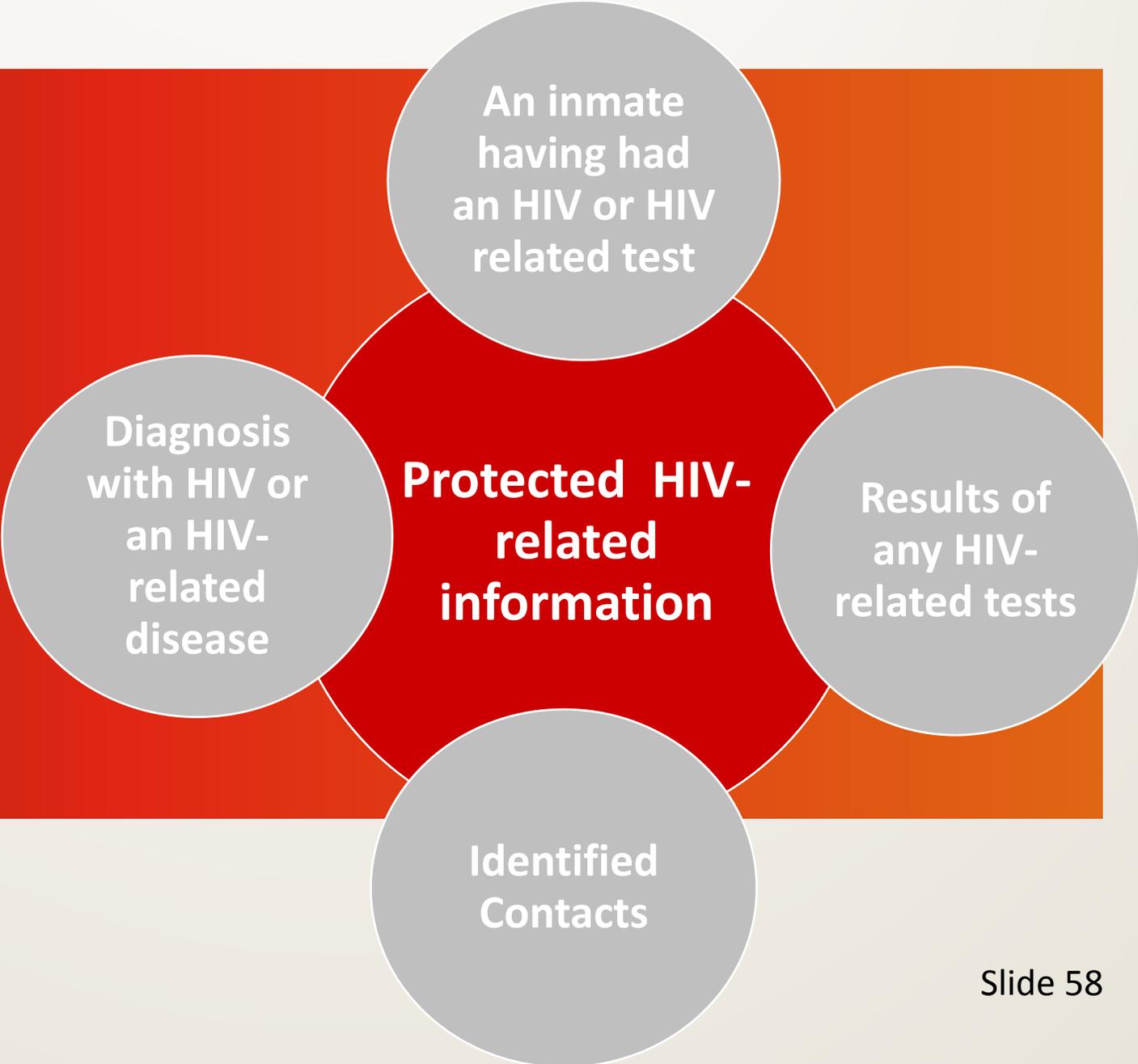
- What happened?
- What were the consequences?
- How might this affect other inmates?

Lesson 2: Professional Obligation to Confidentiality

Obligations clearly spelled out in
the law:

- New York Codes and Regulations: Title 7, Chapter 1, Part 7
- New York State Public Health Law: Article 27-F

Confidentiality and protected HIV-related information





Need to Know Circle

Most Correction Staff are not part of the “Need to Know Circle” because:

- ✓ To perform their essential work functions, access to health information is not needed
- ✓ Staff’s treatment of an inmate should not differ based on health condition

How can disclosure happen?



Examples of Inappropriate Disclosure

- Speaking loudly about an inmate's medicine or medical appointment
- Telling other correction staff HIV-related information that you overheard when you were providing security at the door of a health services exam room
- Assuming that because an inmate told you his or her HIV status that you can tell others

Once Disclosure is Made, You Can Not Take It Back.

Inadvertent disclosure occurs

```
graph TD; A[Inadvertent disclosure occurs] --> B[Inmate overhears]; B --> C[Inmate discloses to others]; C --> D[HIV information is wide-spread and cannot be retracted];
```

Inmate overhears

Inmate discloses to others

HIV information is wide-spread and cannot be retracted

Case Study

During a cell search, Officer Jones finds a stash of pills and recognizes them to be HIV medications. Later, as a different officer prepares to escort this inmate to medical, Jones says “Be careful with that one.” Another inmate overhears this and comes to the conclusion that the inmate must have HIV. He spreads the information around the cell block. During lunch, a fight breaks out in the mess hall when someone cuts ahead in line and yells “I don’t want to eat after no monster.” During the fight, several inmates were bleeding. The officer who broke up the fight was exposed to the blood.



Case Study

- What happened?
- What were the consequences?
- How might this affect other inmates?



What did we learn from these case studies?

- Stigma around HIV can:
 - Lead to conflict between inmates
 - Lead to increased tension between inmates and staff
 - Prevent inmates from coming forward for HIV testing and treatment



What did we learn from these case studies?

- Reducing HIV stigma and observing strict confidentiality practices around health information will help to prevent conflicts in the correctional setting
- Reducing stigma and protecting confidentiality will enhance your ability to maintain Care, Custody and Control



What if an inmate voluntarily discloses his or her HIV status to an officer?

- The officer is not allowed to disclose the information to other staff or inmates.
- The officer should encourage the inmate to speak to DOCCS Health Services Staff
- The officer can encourage the inmate to speak to the Positive Pathways Advocate.
- Using a signed Referral Authorization Agreement, the officer can enable a Positive Pathways Advocate to contact a specific inmate

Form to refer inmate to Pathways Advocate

NEW YORK STATE DEPARTMENT OF HEALTH POSITIVE PATHWAYS PROJECT

REFERRAL AUTHORIZATION AGREEMENT

To: Department of Corrections and Community Supervision (DOCCS)

I, (print name) _____, authorize the following Department of Corrections and Community Supervision staff (Fill in DOCCS staff name/service area) _____ to release the information specified below to the Positive Pathways Advocate, (Fill in Positive Pathways Advocate name) _____.

PURPOSE OF THIS REQUEST:

- I. I am interested in learning more about the Positive Pathways Project and the services available to me; and,
- II. I would like to schedule a meeting with the Positive Pathways Advocate.

SPECIFIC INFORMATION AUTHORIZED FOR RELEASE:

- I. Name: (print name) _____
- II. Detainee Identification Number (DIN): _____
- III. Dorm Location: _____

I understand that:

- I do not have to sign this form and that my refusal to sign will not affect the service I get or my ability to get treatment or get Positive Pathways Project services in the future;
- I may cancel this authorization at any time, in writing or by telling the Positive Pathways Advocate;
- Signing this form will result in a call out to schedule a meeting with the Positive Pathways Advocate;
- The information authorized for release will be given to the Positive Pathways Advocate as often as necessary to fulfill the purpose identified in this document; and,
- My signature or mark is confirmation that this form has been fully explained to me and that I understand its contents.

Potential Positive Pathways Participant

Signature: _____

Date: _____

Training Summary: Key Points

- Know the facts about HIV and HIV transmission
- Respect and do not deviate from standard precautions
- Maintain a professional code of conduct and refrain from stigmatizing behaviors

Training Summary: Key Points

- Treat all health related information obtained in the course of duty as confidential and never share it with other correction staff or with inmates
- Be attentive to inadvertent disclosures and pay attention to **where** potentially revealing information is discussed and **who** might overhear

Training Summary: Key Points

- Treat inmates living with HIV no differently than other inmates.
- Support the efforts of Positive Pathways to make the facility and community safer

Contact Your Positive Pathways Advocate

Correctional Facility		Community-Based Organization
Marcy Mohawk	Midstate	Center for Community Alternatives  CENTER FOR COMMUNITY ALTERNATIVES INNOVATIVE SOLUTIONS FOR JUSTICE
Adirondack Altona Barehill	Chateaugay Clinton Franklin	AIDS Council of Northeastern New York 
Bedford Taconic		Women's Prison Association 
Downstate Fishkill Green Haven	Sing Sing Queensboro	The Osborne Association 
Albion		PathStone 

Posters Inside Correctional Facilities

(Also in Spanish)

