AIDS Training Program

Leader’s Guide

Corrective Services Academy
Cnr Terry & Marsden Roads
Eastwood NSW 2122
AIDS Training Program

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Notes to the Leader

Congratulations on being selected as a leader for the AIDS Training Program.

On behalf of the Prisons AIDS Project and the Corrective Services Academy we thank you for accepting the role of trainer and look forward to a close working relationship and ongoing communication.

Both the Leader’s and Participant’s Guides have been designed to meet the needs and concerns of staff of NSW Correctional Centres. This includes both custodial and non-custodial staff. The course content is also useful for addressing personal issues around HIV/AIDS.

The Leader’s Guide has been developed to assist accredited trainers in delivering a useful and effective training course. Your Leader’s Guide is a duplication of the Participant’s Guide with special notes and directions for you. Your Leader’s Guide provides feedback for you to give to activities and also Overheads for use during each session.

Course Structure

Each module is split into two sections. Each section should be equivalent to two (2) hours with a total course time of eight hours.

We understand that time constraints may be on the delivery of the course so the decision was made to make the course as flexible as possible. You may run the course as:

- 8 x 1 hour sessions
- 4 x 2 hour sessions

There may be occasion for you to run the course in one block, if this is the case you will need to allow approximately one and a half days for the course. This will allow for morning tea, lunch breaks, etc. and for some of the End of Module activities to be completed.
• plan the sessions so they can be interlinked and provide for continuity.

Participants:
• how many and of what gender?
• in what area/sections do they work?
• what prior information will they have?
• what social and ethnic backgrounds do they come from?
• what will their literacy skills be like?

Introduce yourself and the course to the participants. Explain how you will be delivering the course, e.g. 4 x 2 hour sessions.

Ask each member of the group to introduce themselves and give a brief description of what they do at the correctional centre.

Optional Ice Breaker
Draw an imaginary line across the room and define the extremes.

<table>
<thead>
<tr>
<th>No knowledge of HIV</th>
<th>Considerable knowledge of HIV</th>
</tr>
</thead>
</table>

Ask participants to place themselves somewhere between the extremes. Discuss with participants why they stood where they stood and what knowledge, skills and attitudes related to HIV are required to undertake their role as Prison Officer in a Correctional Centre.
As a result, a proposal to allow a far more effective and cost efficient model for providing AIDS training for staff in the NSW Department of Corrective Services was developed. This proposal is the AIDS Training Program.

The course has been designed around four modules with the modules being broken down into sections. This allows for the flexibility of running the course for one full day, two half days or presenting it over eight one hour sessions. The design of the course material presentation was decided upon because of the time constraints in some of our Correctional Centres.

The module titles are:

Module 1: An Overview - Background Information

Module 2: Bioethical Aspects of HIV/AIDS

Module 3: Universal Infection Control - Safe Work Practices

Module 4: The Person with HIV Infection

Each module will have an End of Module component which may include reading and/or short activities. Your session leader will advise if and when these End of Module activities apply.

As you glance through the workbook you will notice that symbols have been included in the design. The description of these symbols follow.

A Reading Activity

An Individual Activity - for you to complete

A Group Activity - to be completed with a nominated group
Pre Course Questionnaire

Before going any further complete the following quiz to test yourself about what you already know about HIV/AIDS. If you don’t know the answers to some of these questions just leave the space blank.

1. What do the letters HIV stand for?

2. What do the letters AIDS stand for?

3. What is the immune system?

4. What are antibodies?

5. What is a T-cell?

6. Name two infectious diseases

7. Name two communicable diseases
21. After being infected with HIV it could take three months for it to show up in a blood test.

22. It could take up to 10 years or more for a person with HIV to develop any AIDS defining symptoms.

Now complete the final question....

23. Name three AIDS defining illnesses:
   1) 
   2) 
   3) 

Your Session Leader will provide the answers to the questionnaire when the activity is completed.

Ask the participants to check their answers as you read through the following:

1. Human Immunodeficiency Virus (A person infected with HIV can progress to AIDS).
13. False.

14. True - Like HIV, Hepatitis B virus (HBV) is spread by blood and semen. Unlike HIV, HBV can be spread by saliva because HBV does not require white blood cell hosts and is present in saliva in much higher concentration than is HIV. Even with saliva, direct contact between the infected body fluid and the blood stream is necessary for transmission to occur.

15. False.

16. False.

17. True.

18. Technically yes. However, the only true way to be absolutely sure to avoid HIV infection when using injecting equipment is to use a new fit every time.

19. False.

20. True. However, blood to blood transmission is the most efficient way for HIV to be transmitted.

21. True.

22. True.

23. In group IV (AIDS and related conditions) the following serious illnesses are associated with HIV infection:

- neurological disease (e.g. dementia)
- pneumonia caused by infection with *pneumocystis carinii*
- Kaposi’s sarcoma - a secondary cancer.
• how these viruses get inside your body; and

• Universal Infection Control for protecting yourself and others while doing your job safely.

The course will provide you with the opportunity to discuss the management issues which arise as a result of HIV/AIDS within Correctional Centres and to develop appropriate skills for the management of HIV positive inmates within the system.

It will also provide a forum for the discussion and review of the most up to date and accurate information on HIV/AIDS, other communicable diseases and the prevention of occupational exposure.

This will be achieved through presentation of facts; practical exercises; understanding of Departmental policies and procedural matters; identification of problems and methods of problem solving from both the officers’ perspective and that of the inmates; exploration of knowledge, attitudes and practices of both officers and inmates surrounding the wider issues relating to HIV/AIDS.

It is anticipated that by the end of the course, all officers will have a working understanding of occupational health and safety procedures and an understanding of the general principles and practice of universal precautions in infection control together with the bio-medical aspects of HIV/AIDS including transmission and prevention.

Participation in this course will give you the opportunity to contribute to the creation of a healthier and safer workplace in which the impact of HIV transmission may be minimised through the promotion and conduct of safer practices by both inmates and officers. You will gain a wider perspective of the needs of HIV positive inmates to ensure that they receive the same care as they would receive in the community.

It is generally acknowledged that injecting drug use (IDU) and unprotected anal intercourse are the key risk factors for HIV transmission in Correctional Centres. Other risk factors that require attention include fights, rape, assault and tattooing with dirty equipment together with cell and body searches, first aid and cleaning up blood spills and other body fluids.
Course Expectations

This is an appropriate time to look at the expectations of the course and how you feel about certain aspects of your work. Using the space provided complete your answers to the following.

1. What would you like to gain most from this course?

2. What question about HIV/AIDS would you most like answered?

3. In what area of your work do you think this course will be most helpful?

4. In relation to HIV/AIDS, what aspect of your work do you find most difficult?

Your session leader will discuss your answers upon completion of the activity. We will also review this activity upon completion of the course.
Module 1

An Overview - Background Information
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Module 1

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Module Overview

Workbook Page: 1

Ask the group to read through the Module Overview and Objectives before we commence our first session.

While working through the Introduction to this course you completed a pre-course questionnaire which tested your knowledge of HIV/AIDS and other related fields. In Module 1 we will examine some of this basic knowledge.

During this module we will look at background information to give you an overview of what is happening around the world and in Australia regarding HIV/AIDS. Also we examine what is happening in our Correctional Centres, an important issue for you. We have included activities and readings which support the sessions.

Module Objectives

To enable you to:

- examine the statistics on the spread of HIV/AIDS on a national and international level;

- understand how the correctional centres fit into the National HIV/AIDS Strategy;

- gain a better understanding of the Prisons AIDS Project; and

- recognise the benefits of the Prisons HIV Peer Education Program.
Workbook Pages: 3 to 7

Ask the group to read through the following text up to the next activity.

Epidemiology Overview

According to the Oxford Concise Dictionary, epidemiology is the science of epidemics. In writing in AIDS in Australia, Dr. Nick Crofts explains epidemiology as ‘the study of disease occurrence’. It is also referred to as ‘the study of the distribution of disease within populations and the analysis of factors which influence the distribution’ (AIDS in Australia, 1992, p. 24).

Acquired Immune Deficiency Syndrome (AIDS) was first identified in the United States in 1981. Cases of AIDS and the human immunodeficiency virus (HIV) have now been reported from all parts of the world. However, the epidemic was silently spreading in sub-Saharan Africa long before this. The precise time is unknown. It is highly possible that HIV has been present in parts of Africa for many decades (AIDS in Australia, 1992, p. 10).

Research indicates that in 1980 an estimated 100,000 people worldwide were infected with HIV. In 1993, it is estimated that over 15 million people have been infected since the beginning of the epidemic. Of this number, over 1 million are children. Of the 13 million HIV positive adults, over 7 million are men and over 5 million are women (Mann, J., 1993, p. 1).

Research has shown that the virus has different patterns of spread in different populations. In Australia for example, to date homosexual men have borne the brunt of infection. In Italy and Scotland, HIV has been spread by the sharing of contaminated needles and syringes. The most common means of transmission in Africa, South America and South East Asia has been through heterosexual intercourse.
Section 1 - What is Happening Here and Overseas?

Table 1
Distribution of HIV Infection

The National HIV Database

Number of new diagnoses of HIV infection by sex\(^1\) and State/Territory cumulative to 30 June 1993, and for two previous calendar years.

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>1 Jul 91-30 Jun 92</th>
<th>1 Jul 92-30 Jun 93</th>
<th>Cumulative to 30 Jun 93</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>ACT</td>
<td>11</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>NSW(^3)</td>
<td>716</td>
<td>38</td>
<td>621</td>
</tr>
<tr>
<td>NT</td>
<td>3</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>QLD(^4)</td>
<td>140</td>
<td>14</td>
<td>131</td>
</tr>
<tr>
<td>SA</td>
<td>30</td>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>TAS</td>
<td>7</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>VIC(^5)</td>
<td>253</td>
<td>20</td>
<td>212</td>
</tr>
<tr>
<td>WA</td>
<td>44</td>
<td>4</td>
<td>39</td>
</tr>
<tr>
<td>TOTAL(^6)</td>
<td>1204</td>
<td>80</td>
<td>1071</td>
</tr>
</tbody>
</table>

1. Nineteen people (8 NSW, 3 QLD, 7 VIC and 1 WA) whose sex was reported as transsexual are included in the total columns.
2. Rate per one hundred thousand current population. Population estimates sex, State/Territory and calendar period from Australian Demographic Statistics (Australian Bureau of Statistics).
3. Cumulative total for NSW includes 2028 people whose sex was not reported.
4. Cumulative total for QLD includes 2 people whose sex was not reported.
5. Cumulative total for VIC includes 65 people whose sex was not reported.
6. Cumulative total for Australia includes 2095 people whose sex was not reported.

Table 1 shows the distribution of HIV infection by sex and State/Territory. For a break-down by age group, transmission category including paediatric cases see National Centre in HIV Epidemiology and Clinical Research Surveillance Report in Resource folder.

It is important to note that the number of HIV infections reported to date only represents those people who have been tested. It is estimated by various authorities that there may be as many as 20,000 to 50,000 cases of HIV infection - the vast majority of whom will not see themselves as being at risk.
Lessons from Overseas Experience ...

Patterns of infection in Australia are similar to many other Western countries with the one exception - there has not been an explosion of HIV infection amongst injecting drug users. Evidence from the US, Scotland, Italy and Thailand show a vastly different pattern with IDU being responsible for the large majority of infections. This evidence would suggest that Australia's response in developing widespread needle and syringe exchange programs, peer education and methadone programs has kept IDU transmission to a minimum to date.

Australia has an internationally acclaimed record of leadership in the control of HIV infection and compared with many other developed countries, the incidence of HIV infection is low with the rate of new infections having dropped since 1985.

One reason for Australia's successful management of HIV infection is the early intervention and education adopted by the homosexual community.

Workbook Page: 8

Ask the participants to form into groups of 3 and complete the following activity on Risk Perception.
Discuss each group’s response and compare their responses with the following:

This activity will provide the opportunity to address some of the fears and prejudice surrounding HIV/AIDS. It will also afford you the opportunity to address and correct some of the myths and attitudes people hold. Particularly, the belief that belonging to a ‘high risk’ group (such as the homosexual community or being an injecting drug user) automatically places the individual at risk.

You should point out that while there is no right or wrong answer, that is, that all or none of these people may be at risk at any given point in time, it depends entirely on the behaviour of the individual.

You should add that it is not belonging to a supposed ‘high risk’ group that places people at risk, that it is the actual behaviour. For example, unsafe sex and needle use and poor work practices (not adhering to occupational health and safety guidelines) that places the individual at risk of contracting HIV, Hep B/C or A.

You should then point out to the group that during the course, they will be looking at what constitutes high risk behaviours.

Workbook Page: 9

Ask each member of the group to complete the following activity. While they are completing the activity select a participant to write the responses on the board.
Section 1 - What is Happening Here and Overseas?

Ask your 'scribe' to write down each point that is raised and remember that no point should be duplicated.

Then ask each member of the group in turn to give one point they have listed.

Discuss generally with the group the successes they have raised.
Workbook page: 10 to 12

Ask the participants to read through the following text up to the next activity. This includes Reading 1.

It is generally accepted that IDU represent the major risk for HIV transmission in correctional centres in all countries except Africa.

Prisons AIDS Project

The Prisons AIDS Project has been responsible to date for all preventative education activities within NSW correctional centres. The philosophy of the program is that everyone including staff and inmates can contribute to the prevention of HIV transmission within correctional centres.

Aims of the Prison AIDS Project

- To minimise the transmission of HIV and other communicable diseases in correctional centres.
- To significantly increase the level of awareness and understanding of a range of HIV and AIDS issues among both staff and inmates.

Objectives of the Prison AIDS Project

- To provide a policy platform for the introduction of appropriate HIV/AIDS programs in correctional centres.
- To provide accurate educational and preventative programs for both staff and inmates of all correctional centres.
- To assist in the provision of a minimum level of information and equipment to ensure a safer working environment and reduce unsafe behaviour at all correctional centres.
- To provide assistance and advice on potential HIV transmission incidents or as required.
Using the space provided list what you believe will be the three most positive outcomes from the Prison AIDS Project.

Prior to attending this course, were you aware of the scope of the activities of the Prison AIDS Project? List the activities you were not aware of.

Your Session Leader will discuss your response when the activity is completed.

Ask each of the participants to give their responses to each question.

Instruct your 'scribe' to write the answers down on the whiteboard in point form.

Discuss the responses briefly with the group before proceeding.
The educational messages of the Strategy are aimed at increasing the awareness of HIV in the community thus enabling all individuals to assess and personalise their own risks and responsibilities; that protective behaviour is sustained in the long term; it is understood that infected persons do not pose a risk in everyday situations and that myths, prejudices, discrimination and unnecessary fears are reduced.

In keeping with the National HIV/AIDS Strategy 4.4 Education in the Workplace, employers including governments, employees and unions have a responsibility to institute workplace education programs on HIV which complement the public education programs for various target populations.

Overhead 2
Education in the workplace. This overhead gives the 4 points of the National HIV/AIDS Strategy 4.4 Education in the workplace.

These education programs should:

- emphasise that under ordinary circumstances there is no risk from working with a person with HIV;
- provide information about the medical aspects of HIV;
- advise on procedures for dealing with HIV related situations when they arise in the workplace; and
- stress the importance of confidentiality.

The Prisons HIV Peer Education Program

The aim of the Prisons HIV Peer Education program is to prevent the spread of HIV amongst the inmate population by enabling inmates to obtain the knowledge, skills and attitudes needed to avoid infection.
Discuss with your group how the Prisons HIV Peer Education program, in the long run, will assist in making your work place safer. Also discuss why this type of education program should be encouraged within correctional centres. Use the space provided for your notes.

Your Session Leader will discuss your responses when the activity is completed.

Ask the group to nominate a spokesperson. Using butcher's paper record each group's response. Briefly discuss the advantages with the group.
End of Module Activities
During the module you have been referred to several readings. Your task prior to commencing Module 2 is to complete the readings indicated by your Session Leader.

AIDS in Australia

AIDS in Australian Prisons - Issues & Policy Options

National Centre in HIV Epidemiology and Clinical Research Quarterly Surveillance Reports

Legislative Approaches to Public Health Control of HIV Infection

Corrective Services Policies and Procedures.

HIV Policies and Practices in Prisons by Heilpern and Egger

Prisons HIV Peer Education Program produced by CEIDA.

Use the space provided to list the required readings and any notes you make on the reading(s).
Review

End of Module Activities
End of Module Activity Review

If End of Module activities were applicable to Module 1, feedback to these must be given prior to commencing Module 2.

End of Module Activity 1
The results of this End of Module activity will enable you to gauge the participants’ ability to access information.

You should ask the group if they found it easy to find these organisations and what difficulties they may have encountered. You could reiterate that a contacts directory will certainly make the task of providing information to HIV positive inmates somewhat easier. You could add that they may find that these organisations may be of use to them in accessing general information and updates on a range of HIV/AIDS issues in the course of their duties and that they will come to learn of other organisations as the course continues.

With the use of a scribe ask the group to identify the national organisations representing state based groups providing education, care and support to gay men, sex workers and injecting drug users. For example:

The Australian Federation of AIDS Organisations (AFAO) - gay men
Scarlet Alliance - sex workers
The Australian IV League - injecting drug users.
Module Summary

During this module we have had the opportunity to examine statistics on the spread of HIV/AIDS not only in Australia but also overseas. We have also considered the activities of the Prisons AIDS Project and the Prisons HIV Peer Education Program.

We hope you have gained valuable information and knowledge from this module. We now move to Module 2, which examines the biological aspects of HIV/AIDS, testing and other communicable diseases.
Module 2

Transmission and Prevention
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## Module 2

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</tr>
<tr>
<td><strong>Module Summary</strong></td>
</tr>
</tbody>
</table>
Module Overview

Workbook Page: 1

Ask the participants to read through the Module Overview and Objectives.

In Module 1 we covered the background information relating to HIV/AIDS and what is happening here and overseas.

During the module we will cover how HIV affects the immune system, the categories of HIV infection and disease progression. We will also examine sex practices, HIV testing, pre- and post-test counselling and the important issues of confidentiality and discrimination.

Module Objectives

To enable you to:

- understand how HIV can and cannot be transmitted;
- identify safe and unsafe sexual, drug and social practices;
- be aware of the affects of hepatitis and other communicable diseases;
- understand how HIV affects the body;
- appreciate the meaning of HIV antibody test results; and
- recognise the importance of confidentiality.
How HIV Affects the Immune System

HIV causes illness by attacking the immune system. This is why HIV is so damaging - it attacks the very part of the body that is designed to protect the body from infections. When the immune system is damaged, the body becomes susceptible to illnesses which an intact immune system can ward off.

The part of the immune system that is most damaged by HIV is the T-cells. This is why the number of T-cells a person has starts to decrease after HIV infection - the T-cells are being destroyed by HIV. Doctors often use the T-cell count as an indicator of the state of health of a person with HIV.

A HIV negative person's T-cell count is anything between 800 and 1200.

Categories of HIV Infection and Disease Progression

There are four categories of HIV infection. It is important to note that they have replaced the old ABC system of categories.

Category 1: Acute HIV infection
Category 2: Asymptomatic HIV infection
Category 3: Persistent Generalised Lymphadenopathy
Category 4: Severe HIV infection (AIDS and AIDS Related Conditions).
HIV Transmission Facts and Myths

Workbook Pages: 4

Ask the participants to complete the following activity on Facts and Myths relating to HIV transmission.

Using the space provided under each heading list what you believe the facts and myths to be:

Fact

Myth

Your Session Leader will discuss your lists after the activity has been completed.
Modes of Transmission

BLOOD TO BLOOD
e.g.: by sharing needles and syringes

UNSAFE SEX
e.g.: anal or vaginal sex without a condom

MOTHER TO CHILD
during pregnancy, at birth or through breast feeding

Overhead 6
This overhead covers methods for not contracting AIDS.

Overhead 7
This overhead shows that HIV is not spread by most daily activities.
Inmates are also able to voluntarily undergo HIV, sexually transmitted disease or Hepatitis testing at any time throughout their sentence. These tests are particularly recommended for inmates who have engaged in unsafe behaviour, though anyone may request such tests. These tests are also provided by the Prison Medical Service.

The Prison Medical Service also provides a range of counselling and medical treatment for any testing positive to HIV or other diseases.

Under legislation it is also required that the confidentiality of an inmate testing HIV positive be protected by the disclosure of any information being restricted to only selected persons within the correctional centre system.

It should be noted that the nature of HIV testing and infection will never allow us to know exactly all of the inmates that are HIV positive and all staff are advised to treat the blood or body fluids of any inmate to be potentially positive.

**Pre- and Post-test Counselling**

Class will discuss issues around informed consent and confidentiality and will identify the four ‘key elements’ of HIV antibody testing.

Who should know the test results (either positive or negative) and why?

There are many situations in which you can assist an inmate or co-worker during the testing process:

- providing information and support prior to the test;

- providing support for inmates or co-workers who test HIV positive; and

- offering those with an HIV negative result information about safe drug use and safe sex practices.
Have the groups elect their spokespersons. Go around the groups and ask for their positive/negative responses and list on the whiteboard.

Workbook Page: 9

Ask the group to read through the following text up to the next group activity.

To assist and provide support for HIV positive inmates and colleagues you should:

- recognise your counselling limits if you are not a qualified counsellor;
- have a sound knowledge of referral networks;
- have a sound knowledge of HIV/AIDS facts without prejudice;
- be sensitive to all issues particularly injecting drug use and sexuality/gender issues; and
- be aware of cultural and linguistic differences.
In this session, the group will with your assistance, be able to identify the differences between infectious and communicable diseases. A demonstrated understanding of the difference is essential generally in terms of reducing fears, anxiety and prejudice surrounding transmission of HIV infection. Further and perhaps more importantly in the context of this session, it will reduce the fear and uncertainty about occupational exposure and highlight the fact that HIV cannot be transmitted in the same way as for instance the common cold or even TB and that it takes direct blood to blood contact for infection to occur.

With the assistance of a scribe, under the two headings ‘infectious’ and ‘communicable’ you could ask the group to list firstly, how the two are transmitted. For example, infectious diseases which are transmitted by air and water and communicable diseases generally referred to as ‘blood borne’ diseases are transmitted by blood to blood contact. You should then ask the group to list at least two diseases associated with each.

You could then conclude this session by asking the group if they have any further questions, i.e. ascertain whether any group member is still of the opinion that HIV can be transmitted through normal social contact.

Workbook Pages: 10 to 15

Ask the participants to read through the following text up to the next activity.
Overheads 8A and 8B
Types of Hepatitis. These overheads provide a description of Hepatitis A, B and C.

Overhead 9A and 9B
How Hepatitis is Transmitted. These overheads give ways in which Hepatitis A and B/C might be transmitted in the workplace.

Risk Reduction Hepatitis A

Hepatitis A virus (HAV) is primarily transmitted by person to person contact, generally through faecal contamination and oral ingestion.

Personal behaviour - transmission is facilitated by poor personal hygiene, poor sanitation, and intra-household or sexual contact.

Workplace - workplace awareness is essential. Knowledge of transmission and common sense precautions are the key to not being exposed to HAV.
Treatment after exposure involves Hyperimmune Globulin (HBIG) plus 3 doses of Hepatitis B vaccine.

After treatment for HBV a person becomes either a carrier of HBV or non-infectious. Ninety percent of people exposed to HBV remain non-infectious.

Discuss with the group how Hepatitis B (HBV) infections can be prevented and treated.

- Vaccines prevent HBV infections for over 90% of people vaccinated.
- After exposure, treatment with hyperimmune globulin and/or vaccine can help prevent infection. Treatment with hyperimmune globulin should begin within 48 hours of exposure, but may still have an effect if begun within the first five days following exposure.

Advise the group to follow the same reporting and first aid procedures as they would with HIV. That if they should come into contact with blood or other body fluids they should:

- be vaccinated to prevent HBV infection; and
- report exposures quickly so that treatment can begin immediately.

Refer now to Reading 2, NSW Health Fact Sheets on Hepatitis A, Hepatitis B and Hepatitis C.

Tuberculosis (TB)

TB is spread by inhaled airborne droplets of the sputum of infected persons. These droplets are produced in highest concentrations when an untreated infected person coughs, sneezes, or laughs and sprays of droplets containing TB bacteria are produced near another person.
In referring to control of TB outbreaks in institutional settings, the authors stress that while control is complex, it is critically dependent on the institution’s early detection and proper management of infectious people. They conclude by stating that ‘Institutions must intensify their efforts to reduce the risk of person-to-person transmission of TB, especially drug-resistant TB’ (Villarino, 1992).

The TB and HIV Connection

HIV infection can weaken the body’s immune system and thereby makes it more likely for a person with TB infection to develop active TB. HIV infection is one of the strongest known risk factors associated with the progression from TB infection to active TB. HIV related TB is one of the few clinical manifestations of HIV infection that is ‘communicable, treatable and preventable’. Without treatment, these two can work together to shorten the life expectancy of the person infected with both (Lesson Plan US HIV/AIDS Trainers’ Manual).

Workbook Page: 15

Ask the participants to again form into their groups of 3 for the activity. Ask them to work together to compile a list of precautions which they believe will reduce the spread of Hepatitis B and C.
Ask the group to read through the following text up to the End of Module Activities.

Sexually Transmissible Diseases

Any disease which is passed from one person to another by sexual contact is called a sexually transmitted disease. STDs range from mild genital irritation to diseases which can cause infertility and serious complications if not identified early and treated. HIV is, of course capable of being sexually transmitted. However, unlike other STDs it has no cure, little treatment availability and can be fatal (Sexually Transmitted Diseases and Their Prevention 1991).

Symptoms of an STD

- unusual discharge from the vagina or penis;
- burning pain, stinging or irritation when passing urine;
- a sore, blister(s), ulcer(s), warts or break(s) in the skin, or rash in the genital area;
- a low abdominal pain, pain during intercourse; and
- a rash that isn’t itchy on the palms of the hands or soles of the feet.
End of Module Activities
**Questionnaire - Risk Perception II**

Rate the following behaviours in terms of your perception of their risk in transmitting HIV, Hepatitis B/C or Hepatitis A.

Rate your answers on a scale from 0 - no way of knowing, 1 - very low risk, 5 - very high risk. Circle the number that corresponds to your rating.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>HIV</th>
<th>Hep B/C</th>
<th>Hep A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal intercourse</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Heterosexual anal intercourse</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Heterosexual oral sex</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
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<td>0</td>
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<tr>
<td>Homosexual anal sex</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Injecting heroin</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Injecting cocaine/speed</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Donating blood</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Being bitten by a mosquito</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Receiving blood or blood products</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Being bitten or spat on</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Receiving a tattoo</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Cleaning up blood spills</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Mouth-to-mouth resuscitation</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Vaginal sex with a condom</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Anal sex with a condom</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Oral sex with a condom/dental dam</td>
<td>0</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
</tbody>
</table>
End of Module Review

Before commencing Module 3, go through the End of Module activities (if applicable) with the participants.

End of Module Activity No. 1

This take home activity has been designed to get participants to address issues which have in the past given rise to punitive action, as in the case of injecting drug use or the practice of homosexual sex. Therefore, the concept of harm reduction in the prison setting brings with it some contradictions and participants may need time to reconcile these.

In providing feedback on harm reduction, you may want to identify these contradictions. For example, you can state that while participants may be in favour of harm reduction, they do not have to condone the activity. Faced with the potential for an 'explosion' of HIV infection through the sharing of contaminated injecting equipment and unsafe sex among inmates and beyond, it is far preferable to promote harm reduction now than to see the results of inaction in 5 to 10 years from now.

With the assistance of a scribe, ask the group to define harm reduction in the context of the prison setting. Following this, you could ask the group to note some of the activities that could assist, such as referring inmates to the Prisons HIV Peer Education Program. Another example could be the availability of household bleach or Milton tablets on each wing.
Module Summary

During this module we have examined the transmission of HIV and other diseases such as Hepatitis. The main theme of this module has been prevention and to quote an old phrase - 'prevention is better than the cure.'

We hope that the material will not only reinforce preventative measures on the job, but will also get you to think about your own social activities.

Our next module covers Occupational Health and Safety issues and Correctional Centre procedures.
Module 3

Universal Infection Control
Contents

Module 3

Module Overview
Module Objectives 1

Session 1
Occupational Health and Safety Issues 2

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Correctional Centres Procedures 11

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Review - End Of Module Activities 23

Module Summary 24
Module Overview

Workbook Pages: 1

Ask the participants to read through the Module Overview and Objectives prior to the start of the Section 1.

In Module 2 we looked at the transmission of HIV and other diseases. The main thrust of the module was prevention. In Module 3 we will be examining our current work practices and looking at how we as individuals can improve our approach.

The first section of the module centres around a video titled ‘Just Another Day’. This video was produced specifically for the Department. While all details in the video may not be correct, the message is certainly there regarding procedures and why they should be followed.

The second section relates specifically to procedures regarding cell and body searches, blood spills and violent incidents.

Module Objectives

To enable you to:

• be aware of the general principles of infection control;

• describe appropriate procedures such as cell and body searches, blood spills, and violent incidents;

• recognise appropriate procedures following HIV high risk incidents; and

• understand why trauma counselling is available.
Important Note: Inform the group that bleach should not be used at a crime scene until all investigations have been completed.

9 Use contaminated waste bags for the safe removal and disposal of any articles soiled by blood or body fluids.
10 Use an airway mask with one-way valve or a protective device that is designed to prevent transfer of body fluids while performing mouth-to-mouth resuscitation.
11 Avail yourself of the Hepatitis B vaccination and have a follow-up blood test so as to be aware of your Hepatitis B antibody status.
12 Wash your hands regularly throughout the day.

What Can Happen on the Job?

Prepare video and monitor.

Advise the group they are about to watch a video titled 'Just Another Day' and after the video there will be an activity to be completed. Warn the participants that there are some graphic scenes in the video.

Have one of the participants turn out the lights to the training room.

Start the video.

We are about to watch the video 'Just Another Day'. The duration of the video is 25 minutes, during this time please do not comment on the video so as to disturb other participants. We will have plenty of time to comment on the video.
This activity has been designed to test the participants' knowledge on universal infection control guidelines and practices, particularly in the case of possible occupational exposure. If you require further confirmation on any of these questions, the answers can be found in the various reading materials used in this course.

With the assistance of a scribe you may like to ask the group to give answers to one or two of the questions. Asking the question 'Who is most at risk of catching HIV in correctional centres and why?' may help you identify and perhaps reiterate some of the issues around transmission, i.e. the application of universal infection control procedures.

Procedures for Searches, First Aid, Blood Spills and Assaults

Workbook Pages: 4 to 6

Ask the group to read through the following text up to the next group activity. This will include their required reading.

Inform the group that the following procedures will reduce the risk of infection with HIV/HBV and should be adhered to at all times.

At commencement
• wash hands in Hibicol antiseptic handwash, cover any cuts or breaks in the skin

When searching
• never put hands where you can not see
• use a mirror
• wear disposable gloves
Refer to Reading 4, ‘Trauma Counselling’, a circular supplied by Fischer, McHale and Associates, Trauma Counsellors.

Workbook Page: 6

Ask the participants to organise themselves into groups of 4. They are to complete the following activity on advantages and disadvantages of trauma counselling.

With other members of your group list under the following headings what you believe are the advantages or disadvantages of trauma counselling.

Advantages

Disadvantages

Your Session Leader will discuss your group’s response after the activity has been completed.
benefits for some are that AZT can stabilise the condition of the infected individual for some time and assist in the fight against opportunistic infections.

AZT, for some, has severe side effects. It is in itself a toxic agent. It can attack the bone marrow causing anaemia. This can be overcome by ceasing the use of the drug.

The use of AZT to minimise HIV infection in individuals who have been exposed to HIV infected blood is still in the experimental stages.

However, it is believed that a short course of AZT given as soon as possible following exposure, may be beneficial and is unlikely to be harmful in any serious way.

The most important thing to assess before opting for AZT is to determine whether the exposure fell into a high/medium risk category. The following list gives the types of exposures that are considered high/medium risk.

These could be written on an overhead. List the following on the whiteboard and discuss the procedures involved with each one, i.e. wash the wound, encourage bleeding, etc.

1. Puncture/needlestick by used needle/instrument.
2. Opened wound/abrasion contaminated by blood/blood products.
3. Splashing in the eyes with blood/blood products.
4. Splashing in the mouth with blood/blood products.

The following procedures should be followed if an incident occasioning possible exposure to HIV infection has occurred:

1. Restrain and lock inmate in a cell (if necessary).
2. Administer immediate first aid
   - open wound - wash wound with water
Section 2

Correctional Centre Procedures

Training Aids: Workbook, overheads, AIDS pouch, activities, discussion

Workbook Pages: 9 and 10

Ask the participants to read through the following text up to the first activity. This will also include the required reading.

Reporting Package

The reporting package is aimed at training staff to report in the appropriate manner incidents of 'high risk' contaminations relating to HIV and Hepatitis.

Contaminations that could be defined as 'high risk' include:

- needle stab punctures;
- assault situations where blood to blood is evident;
- heavy blood spills;
- splashes of blood or blood products into eyes and mouth; and
- assault on an officer with a blood contaminated weapon.
Workbook Page: 10

Ask the participants to complete the following activity on the contents of the AIDS Pouch.

Using the space provided list the contents of an AIDS pouch.

Your Session Leader will check your list after the activity is completed.

<table>
<thead>
<tr>
<th>AIDS Pouch contents include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleach</td>
</tr>
<tr>
<td>Resuscitation Mask</td>
</tr>
<tr>
<td>Dressings</td>
</tr>
<tr>
<td>Airstrips</td>
</tr>
<tr>
<td>Mouthwash</td>
</tr>
<tr>
<td>Swabs</td>
</tr>
<tr>
<td>Gloves</td>
</tr>
</tbody>
</table>

Some non-custodial staff may be unfamiliar with the AIDS Pouch, pass the sample pouch around these staff.
Advise the group that they should be familiar with the OH & S cupboard in order to access the equipment without delay in the case of an emergency. They should also be familiar with the reordering process and ensure that the cupboard is properly stocked.

The cabinets should contain the following items:

- A mop and bucket
- Milton tablets or household bleach
- Mirrors (for searching)
- Sharps containers
- Contaminated waste bags
- Disposable protective kits
- Disposable gloves
- Eye stream
- Mouthwash.

Other equipment available to staff (may be located in the OH&S cabinet or separately):

- Hibicol antiseptic handwash
- Airstrip occlusive dressings
- Laerdal masks (for resuscitation)
- Det-Sol 5000 bleach sachets (powder)
- AIDS kits (pouch).

Section 2 - Correctional Centre Procedures

Searching Inmates

When searching inmates the following procedures should be followed in the case of a body search. Inform the group to be particularly careful and as much as possible have the inmate perform the actual taking off/rolling up etc. of clothing. This will minimise the risk of accidental exposure to a ‘sharp’ object such as a needle and syringe.

Go through the procedures - calling for a volunteer to write important points on the whiteboard.
- remove all loose extra outer clothing
- empty all pockets
- turn up collar, trouser cuffs and roll down sleeves
- remove shoes and socks and turn socks inside out
- remove watch
- remove any artificial limb(s).

Inmate (medical or strip) and personal items are searched separately.

Note: A medical search can only be completed by the Prison Medical Services. Officers can not conduct that search.

If the inmate has dressings, bandages etc. these are to be removed by medical staff before searching.

Inform the group that officers are required to:
- wear the gloves supplied
- on completion of the task, dispose of gloves as contaminated garbage
- wash hands using the supplied disinfectant immediately after removing and disposing of gloves.
Blood Spills and Violent Incidents

Workbook Page: 13

Have the participants complete the reading of the following text. Then ask them to form into groups of 3 for the next activity.

The activity relates to what they would do in certain circumstances such as suicide attempts.

Blood spills and violent incidents are also a part of our working lives in correctional centres. The following activities have been included to find out what you would do if you came across one of these incidents.

With the other members of your group discuss and write down what you would do if:

An inmate had tried to commit suicide in his/her cell and blood was present, and you discovered the incident.

You are out in the exercise yard and two inmates started fighting.

Your Session Leader will discuss your responses when the activity is completed.
End of Module Activities
To answer the following questions non-custodial staff may have to research the answers. It is suggested you network with custodial staff on the same course.

1. What regulations permit officers to search inmates?

2. When may an inmate be searched?

3. What are the three types of searches?

4. What is required prior to a medical search?

5. What must you remember when searching?

6. Why do we search?

Your Session Leader will discuss your answers at the commencement of Module 4.
Review

End of Module Activities
Prior to the commencement of Module 4 feedback to the End of Module activities needs to be given to participants.

End of Module Activity No 1

1 Regulations 20, 21 and 22.
2 Any time.
3 Strip, body and medical.
4 Inmate consent.
5 It must be done with due regard to decency.
6 To find non-prescribed property, weapons and tools of escape.

End of Module Activity No 2

This End of Module activity has been designed in order that participants may become familiar with the procedures for re-ordering OH & S Equipment.

Ask a member of the group to list on the whiteboard the procedures involved.
Module 4

The Person with HIV Infection
Contents

Module 4

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Understanding Attitudes and Needs 2

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Course Evaluation
Module Overview

Workbook Page: 1

Ask the participants to read through the Module Overview and Objectives prior to the first session commencing.

In Module 3 we considered some of our current procedures and examined issues relating to Occupational Health and Safety.

During this module we will consider a range of issues including values and attitudes. We will also examine health monitoring and treatments available. Also legal rights and responsibilities will be covered.

Module Objectives

To enable you to:

• recognise the attitudes to high risk behaviour;

• understand the importance of confidentiality;

• be aware of the treatments available and the importance of treating early;

• be aware of the counselling and support needs of the HIV positive person; and

• understand that it is the behaviour/activity that poses the risk not the so-called ‘risk group’.
admit to, social perceptions and moral judgements associated with those most affected such as gay men and injecting drug users.

One very good way of achieving this, is the following exercise on ethical decision making. The participants are invited to pretend that they have the power to make a life and death decision involving the lives of a number of imaginary persons. The description of each of these persons combines good and bad traits, ones that are socially valued and others that are generally considered deviant or simply undesirable. For example, Dave is a heroin user but he is also a medical expert on HIV/AIDS, while Suzie is young with the rest of her life ahead of her, but with the quality of that life perhaps already compromised because she is a paraplegic.

**Hypothetical - A Cure Has Been Found for AIDS**

*Workbook Pages: 3 and 4*

The following group activity has been included to have participants explore their different values and attitudes to the same situations.

There is no actual feedback to this activity. A discussion by the group after the activity should be undertaken and a summary of the activity should be completed using the whiteboard.
Frank, 24, is a writer with no fixed address who has just won the first prize in a national literary competition. He resents authority and rules and has been a difficult and uncooperative patient. He contracted HIV through a blood transfusion.

Dawn, 38, is a professor of history and mother of three year old Sarah whom she is bringing up with her female partner of many years. She is also an activist in the gay and lesbian rights movement. Dawn has been injecting drugs recreationally and she suspects she became infected as a result of sharing needles and syringes ('fits').

Marta, 30, is of Cambodian descent and says she became infected as a result of rape. She is a highly qualified business administrator and also, very religious. She claims to believe that the Lord Jesus can cure her HIV infection and prays long hours every day. Her health, however, is rapidly declining.

Your Session Leader will discuss your decisions after the activity is completed.
Section 1 - Understanding Attitudes and Needs

- Community AIDS Organisations e.g. AIDS Council of NSW
- Correctional Centre peer educators
- Correctional Centre welfare workers and psychologists
- Correctional Centre Drug & Alcohol workers.

The HIV Strategy and Support Team of the AIDS Council of NSW hold regular support groups and facilitator training courses. Team members also visit some prisons within the Long Bay complex. Support groups exist for HIV positive women and contact can be made through the Women and AIDS Project at ACON.

Just as family, partners and friends are important in terms of support, so too can correctional centre staff. However, positive people do not always find it easy to ask for help as experience has shown that people do not always react as hoped. It is important however for correctional centre staff to realise their limitations i.e., they are not trained counsellors and in any event there will always be a limitation on what you can offer. However, correctional centre staff can be a conduit to other forms of support and counselling if they understand and know the networks available.

The End of Module activity in this module will assist officers to become familiar with the available support network.

The absence of usual social supports when incarcerated may increase the newly diagnosed person's level of anxiety, depression and stress. Therefore referral to appropriate and accessible counselling and supports is essential for the psychological and physical well-being of HIV positive inmates both inside and outside of correctional centres.

The role of the counsellor/support person will be discussed more fully in the session on pre- and post-test counselling.

Workbook Page: 7

Ask the participants to individually complete the next activity. From this activity they should compile a reference list of the type of counselling and support available within correctional centres as well as in the community.
Support available while in prison
Supports available in the community

Make two headings of the above and ask the group to identify the supports available. For example, supports in prison may include the Lifestyles Unit, welfare officers, the prison medical team, the Prisons HIV Peer Education Program, other positive inmates.

Supports in the community may include the AIDS Council, NSW Users & AIDS Association, People Living with HIV/AIDS Inc. (NSW), HIV Support Unit ACON, the Albion Street Clinic, St. Vincents Hospital and the STD Centre at Sydney Hospital.
sex should be practiced not only to avoid infecting others but to avoid exposure to sexually transmitted diseases (STDs) or exposure again to HIV. A healthy lifestyle including good nutrition and stress management are recommended.

There is now a large and growing body of information and expertise available in various publications and books and among scientists, medical practitioners, treatments officers, educators, counsellors and naturopaths in relation to factors which have a negative and positive effect on the immune system, health monitoring and treatments.

It is recommended that HIV positive people regularly monitor their health. Health monitoring is a process by which HIV positive people in conjunction with their doctors routinely check their immune systems to see how the virus is behaving. There are a number of blood tests that can be performed, the results of which indicate how HIV is affecting the immune system and assist in the decision as to when and what treatments should be taken (Access, 1990).

The development of AIDS from initial infection, is no longer believed to follow a strict pattern - ie. it may not be an automatic death sentence. The length of time from infection to death is estimated at approximately 12 years. However, this figure is constantly being revised upwards. While the medical and scientific communities continue to search for a cure and a vaccine, people living with HIV or AIDS are looking for ways to improve the quality and perhaps length of their lives. Various interventions exist from general health maintenance to medical treatments.

- **General Health Maintenance** includes a healthy lifestyle with a nutritious diet, regular exercise, relaxation and sound sleep. It also includes stress management, support and counselling.

- **Alternative Therapies** include Chinese medicine and other herbal treatments, organic foods and other strictly prepared foods, naturopathy, homeopathy, vitamin therapy and acupuncture to name but a few.

While there is no scientific proof of the benefits of general health maintenance and alternative therapies, anecdotal reports indicate that many HIV positive people note an improvement in their general well-being.
Psycho-Social Impact

The relationship between the psychological status and immune function of people living with HIV/AIDS has been the subject of various studies. To date, these studies have failed to find a connection. However, anecdotal reports of psychosocial factors relevant to survival have come from ‘long-term survivors’ of HIV infection and/or their carers. People infected between 8-10 years ago and who have not suffered any AIDS defining illness are generally referred to as ‘long-term survivors’.

While knowledge in this area is limited, it is too early in the epidemic to presume that there is no causal relationship between psycho-social factors such as stress, anxiety, isolation, depression, financial insecurity, relationship problems and other adverse life events (such as being incarcerated) and HIV disease progression. Studies are continuing on this subject (AIDS in Australia 1992).

Workbook Page: 11

Ask the participants to form into groups of 4 for the following activity.

They are required to examine adverse effects that may speed up the disease and how they might be rectified. They will also look at possible means of support.
Legal Rights and Responsibilities

Workbook Pages: 12 to 16

Ask the participants to read through the following text up to the activity and advise them of the recommended reading for this session.

Confidentiality

Some of the first questions that come to the mind of a newly diagnosed individual are 'who do I tell - how do I do it - and when should I tell?'

In the booklet Access, a manual for people living with HIV/AIDS, it is suggested that the answer to this most difficult question be based on the individual’s relationships with partners, friends and family. A positive person should weigh up the value of the relationship against the stress it may cause over a longer period of time. The booklet notes that ‘telling someone may be painful and awkward but, as many of us have found, it can also be a very meaningful and rich experience’ (ACCESS, 1990, p. 20).

Under the Public Health Act in NSW, HIV positive individuals are required by law to seek the informed consent of all sexual partners before having sex. That is, they must inform any prospective sexual partner of their HIV status.

The National HIV/AIDS Strategy recognises the epidemiological value of public health legislation in relation to notification of cases of HIV infection and AIDS in respect of the national surveillance system used by the National Centre in HIV Epidemiology and Clinical Research. This system collects only anonymous data and uses codes to minimise duplication. Coded notification data only therefore is required in NSW. This means that the name and other identifying information of HIV positive individuals is explicitly not required or used and remains with the treating doctor/testing site. This information is confidential under law. However, it has been noted that some State and Territory health authorities collect information on an individual’s aboriginality and occupation.
2 A proven history of assault of any person/s.

3 Substantiated or credible reports of an HIV/hepatitis infected inmate using their status to threaten any other person, whether these reports originate from within the prison system or not.

4 Substantiated reports that an HIV/hepatitis infected person is a sexual predator.

In the event that an inmate is deemed to meet any of the above criteria, he/she is to be segregated away from contact with other inmates and is in addition to be dealt with, using the highest degree of caution. (See Guidelines for handling of HIV positive segregated inmates.)

Standard reporting procedures and documentation are to be adhered to when a prisoner is to be segregated for any of the above reasons.

The initial period of segregation is to be reviewed within 72 hours of its imposition to ascertain the most appropriate placement option for each given situation.

This review process is to be undertaken by the Assistant Commissioner, Operations, Regional Commander, representatives of the POVB and COVB, a Prison Medical Services representative (where appropriate), and the Governor of the Correctional Centre at which the inmate is housed. This review will enable a suitable placement and management plan to be determined.

Segregation may continue until such time as the administration determines an inmate’s behaviour and conduct is appropriate for alternative placement, or that medical advice is such that an alternative placement is appropriate.

Relocation is to be determined by the same consultative approach as outlined above.

Notwithstanding all of the above procedures, staff are reminded that the medical condition of an inmate is to be regarded as confidential information and may not be generally disclosed. Disclosure is on a 'need to know' basis only.
Section 2 - Health Monitoring and Treatments

- detriment or loss suffered due to discriminatory behaviour.

The guiding principles of the National HIV/AIDS Strategy recognise that HIV transmission is preventable through behaviour change, that individuals should accept responsibility for prevention and that the law should complement and assist education and public health measures.

The Strategy also states that people living with HIV/AIDS ‘have the right to participate in the community without discrimination, and have the same rights to comprehensive and appropriate health care, income support and community services as other members of the community’ and that ‘public health objectives will be most effectively realised if the co-operation of people with HIV infection and those most at risk is maintained’ (The National HIV/AIDS Strategy, 1989, p. 24).

The Strategy also recognises that law reform is necessary in several areas including public health laws which view HIV infection in the same light as other diseases which are easier to catch and laws which have a negative impact on preventative education programs.

There is widespread discrimination against people living with HIV/AIDS or those presumed to be infected by virtue of their lifestyle. Discrimination can be found in the provision of medical services, welfare benefits, insurance, employment, etc.

People living with HIV or AIDS do have some rights of recourse. Balanced against this, they also have legal obligations. An HIV positive person:

- must not knowingly put others at risk of infection through sexual activity or in the sharing of injecting equipment;

- must not donate blood, semen, ova, or any other body tissue or organs;

- may have to give certain information to an insurance company if they want a policy.
Using the space provided list some of the problems facing people living with HIV/AIDS. Then list some of the obligations correctional centre staff have with regard to inmates.

Your Session Leader will discuss your responses when the activity is completed.

As you will have learnt, there are both legal rights and obligations placed upon PLWH/A. This activity is designed to enable participants to gain an understanding of these.
nothing to do except to think about the effect of the virus on their life'.

Compulsory testing and a policy of integration in NSW correctional centres has meant that the Department has had to deal with greater numbers of HIV positive inmates. This system has brought with it the potential for serious aggression and assaults against HIV positive inmates.

The Lifestyles Program is one strategy developed to counter these problems and was developed to be of benefit to both inmates and officers. The Unit is located at the Long Bay Complex.

During their stay, inmates will be given the opportunity to acquire skills to enable them to cope with their HIV positive status and generally to optimise their health and well-being.

The Lifestyles Unit program has been developed to contribute to the reduction of HIV transmission and generally, to reduce the impact of HIV/AIDS in the prison system.

The Unit is staffed by volunteer custodial officers with appropriate training in HIV/AIDS issues and management.

Objectives

1. To create a safe environment for HIV positive inmates which will also provide:

   (a) Individual assessment and medical care.
   (b) Necessary counselling and emotional support.
   (c) Trained custodial and non-custodial staff to support their well-being.

2. To facilitate the development and learning of HIV positive inmates with the required knowledge, skills and attitudes so that they will be able to:

   (a) Maintain optimum health and well-being.
   (b) Utilise their practical coping skills.
   (c) Resolve family issues.
   (d) Avoid transmission of HIV to others.
The following activity has been included to highlight the positive benefits of the Lifestyles Program for correctional centre staff and HIV positive inmates.

Using the space provided list under the headings what you believe the positive aspects of the Lifestyles Unit to be for:

- HIV positive inmates
- Correctional Centre staff

Your Session Leader will discuss your lists when the activity is completed.

This activity has been designed to promote the existence and positive attributes of the lifestyles Unit in the management of HIV positive inmates.

List some of the positive attributes of the Unit for both positive inmates and Officers on the whiteboard. Ask each participant for their response and work your way around the group.
Post Course Questionnaire

Now that you have completed this AIDS Training Program, retest yourself with questionnaire you filled out at the beginning of the course.

1. What do the letters HIV stand for?

2. What do the letters AIDS stand for?

3. What is the immune system?

4. What are antibodies?

5. What is a T-cell?

6. Name two infectious diseases

7. Name two communicable diseases
21. After being infected with HIV it could take three months for it to show up in a blood test.

22. It could take up to 10 years or more for a person with HIV to develop any AIDS defining symptoms.

Now complete the final question....

23. Name three AIDS defining illnesses:

1)  
2)  
3)  

Your Session Leader will provide the answers to the questionnaire when the activity is completed.
Course Review
You may now have your Trainer's Tranquilliser to slow the heart rate and congratulate yourself on a job well done.
Appendices
7 What are antibodies?

*These are made by B cells to fight off an antigen.*

8 What is an antigen?

*Toxin, virus, bacteria.*

9 Why are antibody tests used to determine whether someone is HIV positive?

*The virus may be hard to find as it can be hidden inside the T4 cells, but the antibodies to the virus can easily be found in the bloodstream.*

10 Do the following body fluids contain enough HIV to cause infection?

**YES**

Blood and blood products  
Pus  
Semen  
Vaginal fluid  
Menstrual blood

**NO**

Saliva  
Urine  
Faeces  
Tears  
Vomit

11 What are the categories of HIV infection?

(i) Acute
(ii) Asymptomatic
(iii) Persistent Generalised Lymphadenopathy (PGL)
(iv) Severe HIV infection including AIDS and ARC.
14 What are the treatment options for someone with HIV/AIDS?

Lifestyle changes, including:
- healthy diet/exercise/stress management
- minimising intake of alcohol, cigarettes & other drugs
- emotional/psychological stability.

Alternative therapies, including:
- acupuncture/homoeopathy/herbalism.

Orthodox medicine, including
- AZT, DDI, Hypericin
- prophylaxis for PCP
- treatments for opportunistic infections.

15 What is happening to the immune system?

- The immune system consists of white blood cells called lymphocytes.
- There are two types of lymphocytes: B cells and T cells.
- B cells produce antibodies which are tailored to fight the invaders (antigens).
- There are two types of T cells: T4 cells (helpers) and T8 cells (suppressors) which keep the immune system balanced.
- T4 cells recognise malignant (cancerous) cells and invaders (like viruses) and stimulate the B cells to produce antibodies.
- T8 cells suppress or 'turn off' the B cells when they think the job has been done.
- In a healthy person there is a balance of 1.5 T4 cells for every 1 T8 cell. The T4 cell count in a healthy person is 800-1200.
- HIV weakens the immune system in two ways:
  - T4 cells are less able to recognise invaders and stimulate the production of antibodies
  - T4 cells are reduced in number and start to become outnumbered by the T8 cells. This suppresses the immune system even further.

16 What should be covered in pre-test education?

- Explore reasons for thinking about having a test
- Assess risk
  - feedback on high risk practices
  - feedback on low/no risk practices
- Discuss the test procedure
- Discuss feelings about confidentiality of test results
- Explore feelings about positive/negative result
- Provide information on safe/safer sex/drugs
- Consider discussing the test with family and friends
- Services available (inside and/or outside).
Appendix 3

Bibliography


Course Evaluation
Readings
Reading 1

Business Plan  
_HIV/AIDS Policy, Procedures and Management Guidelines_  
NSW Department of Corrective Services Prison AIDS Project  
pp. 6-12
OBJECTIVE:

To provide inmate development policies, programs and services across all Regions for both staff and inmates in order to minimise the transmission of HIV and other communicable diseases in correctional centres.

STRATEGIES:

* To provide a policy platform for the introduction of appropriate HIV/AIDS programs into correctional centres.

* To promote and introducing accurate educational and preventative programs for both staff and inmates in all correctional centres.

* To provide all staff and inmates with access to an adequate level of information and equipment to reduce the risk of HIV transmission.

* To significantly raise the level of HIV/AIDS awareness in the Correctional Centre System and outside the Department of Corrective Services.

TARGETS:

* Significantly increase the number of staff and inmates participating in Prison AIDS Project programs.

* Extend inmate program equity and access for special inmate groups, eg., Aboriginals, women, developmentally disabled and non-english speaking background.

* Implement flexible HIV/AIDS policies and programs able to deal with the changing nature and information in this area.
OUTCOMES

A. The development of well researched, innovative and appropriate HIV/AIDS policies and programs for the Department.

B. A raised profile for the Department of Corrective Services on its response to the HIV/AIDS crisis.

C. A well trained and educated Prison AIDS Project staff ensuring the effective implementation of HIV/AIDS policies and programs.
OUTCOMES

A. An increased level of awareness and understanding of HIV/AIDS issues amongst correctional centre staff and a subsequent reduction in the number of conflicts and level of confusion surrounding bloodspills, needlesticks etc. and their reporting.

B. The development of a correctional centre staff structure able to effectively manage HIV positive inmates.

C. The creation of a safe working environment where the risk of exposure to any communicable or infectious disease by staff is reduced.
8. To provide regular updates and information sessions on HIV/AIDS issues. This often includes presentations from outside agencies eg. SWOP, ACON etc.

9. Assisting in the development and implementation of equitable services for those inmates in Periodic Detention Centres and Juvenile Justice Centres.

10. Continuing to strengthen and develop links with the community.

11. To collect, analyse, evaluate and report on the HIV/AIDS programs available for inmates.

OUTCOMES

A. An inmate population that is aware, educated and responsible for a reduction in the rate of transmission of HIV amongst inmates.

B. The increase and maintenance of safe behaviour by inmates both in correctional centres and upon release.

C. The provision of a high level of care and services for HIV positive inmates whilst in custody.
Reading 2

NSW Health Fact Sheets
Hepatitis A
December, 1991
Hepatitis B
May, 1992
Hepatitis C
July, 1992
**HEPATITIS A - FACT SHEET**

**HANDWASHING** is the most important way of preventing infections. Hands should be washed thoroughly in soap and warm, running water for at least 10 seconds then dried thoroughly.

| WHAT IS HEPATITIS | • Hepatitis is inflammation of the liver. Hepatitis can be caused by viruses, alcohol, chemicals and drugs.  
• One major cause of hepatitis is the hepatitis A virus. |
| --- | --- |
| WHAT IS HEPATITIS A? | • Hepatitis A is a viral infection of the liver with symptoms of feeling unwell, aches and pains, fever, nausea, lack of appetite, abdominal discomfort and darkening of urine, followed within a few days by jaundice (yellowing of the eyeballs and skin).  
• The illness usually lasts for 1 to 3 weeks and is followed by complete recovery.  
• Children under the age of 5 years who become infected with the virus usually have no symptoms at all or mild gastrointestinal symptoms.  
• Hepatitis A does not cause long term liver disease. |
| WHAT IS THE INCUBATION PERIOD? | • The period from contact with the virus to the development of symptoms is usually 4 weeks, but can range from 2 to 7 weeks. |
| HOW LONG IS A PERSON INFECTIOUS? | • People are infectious for only a short period of time.  
• Infected people can pass on the virus to others from 2 weeks before the development of symptoms until 1 week after the appearance of jaundice, approximately 3 to 4 weeks.  
• Consult your doctor for further information. |
| WHAT BODY SUBSTANCES CONTAIN THE HEPATITIS A VIRUS? | • Very large amounts of the virus are found in faeces during the infectious period. |
| HOW IS HEPATITIS A SPREAD? | • The virus is usually spread when faeces from an infected person is transferred to another person's mouth. The virus is passed in our community by:  
- food, drink and eating utensils that have been handled by an infected person;  
- hands after touching nappies, linen and towels soiled with faeces;  
- oral/anal sex.  
• Outbreaks of hepatitis A have been reported as a result of:  
- sewage contaminated water (including drinking and bathing water); and  
- sewage contaminated shell fish such as oysters and mussels; but, effective decontamination can eliminate the virus.  
• Hepatitis A continues to be a problem for people travelling overseas, especially those people visiting developing countries. |
What is hepatitis?

"Hepatitis" means inflammation of the liver. This can be caused by a number of things, including alcohol, chemicals, drugs and infection by viruses.

What is hepatitis B?

Hepatitis B is one of the viruses that cause an infection in the liver.

Many people who get hepatitis B either don't become ill or recover completely and the virus disappears from their blood.

However, between 5 and 10 people in every 100 who are infected, keep the virus in their body for many years and can infect other people.

These people are known as hepatitis B carriers.

If you are a carrier it is important to:
• tell your health care worker (including doctor and dentist) that you are a hepatitis B carrier
• carefully follow medical advice
• avoid drinking alcohol.

How do you catch hepatitis B?

Hepatitis B is caught by:
• contact with infected blood
• sharing needles and syringes with infected people
• sexual contact with an infected person
• a new baby (from its mother at birth).

What can you do to stop passing the virus to others?

Don't
• share personal care items, such as toothbrushes or razors, with anyone. The smallest drop of infected blood getting into their skin through a cut, may cause infection.
• share needles and syringes with other people. If you have to do so, reduce the risks by cleaning them carefully first.

Flush the needle and syringe twice with cold water, then twice with household bleach, and twice again with cold water.

Do
• clean the wound, if you cut or hurt yourself in any way that breaks the skin. If possible, cover it until it heals.

But don't let your blood come into contact with another person who has broken skin or an open wound.

Do
• Put any blood-stained items into a plastic bag before placing them in the garbage.
• Clean up spills of blood on floor coverings or furnishings, immediately. Wash blood-stained surfaces with household detergent.
HEPATITIS C

Fact sheet

What is hepatitis?
Hepatitis is inflammation of the liver. Hepatitis can be caused by a number of things including alcohol, chemicals, drugs, and infection by viruses.

What is hepatitis C?
Hepatitis C is a type of hepatitis caused by a virus. Many people have no symptoms. Some people may feel tired, have mild abdominal discomfort, or feel nauseous.

What are the long-term effects of hepatitis C?
People infected with the hepatitis C virus will either:
• remove the virus from their body; or
• develop chronic hepatitis, with or without symptoms.

About 50% of people with hepatitis C will develop chronic hepatitis.
Some people with chronic hepatitis will develop cirrhosis of the liver and/or liver cancer.

How soon after infection can hepatitis C be diagnosed?
Some people may develop symptoms of acute hepatitis a few weeks after becoming infected. Others may not develop symptoms for many years after becoming infected.

It takes an average of 22 weeks from the time of infection with the virus until a blood test can detect evidence of infection. However, it may take as little as 2 weeks or as long as 26 weeks.

How long is a person infectious?
A person is infectious a few weeks before there is evidence of infection from a blood test. Some people will continue to be infectious for an indefinite period.

How is hepatitis C spread?
The hepatitis C virus is usually spread by transfer of blood from person to person during activities such as the sharing of needles/syringes by injecting drug users. There is a slight risk of spread by sexual activity.

Does infection with hepatitis C protect against other forms of hepatitis?
Hepatitis C, hepatitis B and hepatitis A are caused by different types of virus. Infection with the hepatitis C virus does not give any protection against hepatitis B and hepatitis A.

Who is at risk of getting hepatitis C?
People at increased risk of getting hepatitis C include:
• people who have ever injected drugs
• haemodialysis patients
• people who received blood transfusions before February, 1990
• health care workers with occupational exposure to blood.

However, about 40% of people with hepatitis C have no obvious risk factor.
Reading 3

Availability and Distribution of Bleach/Disinfectant Solutions
Corrective Services Bulletin
22 October, 1992
p. 14
3.6 Policy Directives

P.L.Y.92.197/1 AVAILABILITY AND DISTRIBUTION OF BLEACH/ DISINFECTANT SOLUTIONS

In order to promote and maintain a high level of hygiene within correctional centres the following guidelines on the availability and distribution of bleach type disinfectant solutions should be implemented in all correctional centres as soon as possible.

1. That given the difficulties associated with bleach tablets, particularly in relation to urine testing, that they be replaced by liquid solutions of bleach.

2. That the powdered bleach in sachets currently used by correctional staff for Occupational Health and Safety matters continue to be used. This type of bleach is the most convenient and effective for staff, particularly in cases of bloodspills.

3. That any solution being for the purpose of disinfecting or sterilisation have a minimum of one percent (1%) bleach solution. (A list of appropriate solutions, whilst not conclusive, is attached).

4. That all wing offices contain suitable quantities of appropriate bleach solution to ensure the regular cleansing of toilet and shower areas in all cells and wings.

5. That inmates be provided with access to this bleach solution in order to regularly disinfect their cells.

This policy will lead to a significant reduction in the number of blood borne pathogens such as the AIDS and hepatitis A, B and C viruses and bacteria such as salmonella, by promoting regular disinfection of cells.

Such a policy will reduce the number of inmates contracting and thus transmitting any virus or bacterial disease onto other inmates or staff.

The promotion of a safer environment for all staff and inmates of correctional centres is a matter of priority for the Department.

N R Smethurst, Commissioner
File: 92/1357

Brand Name: AJAX
Contact: (02) 648 5222
Product: 5 Litre Container
Cost: $4.55 ($0.91 per litre)

Brand Name: MILTON
Contact: (02) 548 1344
Product: 5 Litre Container
Cost: $8.77 ($1.75 per litre)

Brand Name: EUCALIP
Contact: (03) 417 5022
Product: 5 Litre Container
Cost: $5.15 - $5.75 ($1.10 per litre)

These prices do not include any delivery or freight charges.
Reading 4

Trauma Counselling
Circular - Fischer, McHale & Associates Pty Ltd
Fischer, McHale & Associates (F.M.A.) is a team of psychologists, counsellors and educators who have many years experience in general counselling and more specifically in emergency psychology. We are working closely with a number of large banking institutions, security organisations, government and semi-government departments, rehabilitation services and the retail and food industry assisting their staff following their involvement in a variety of traumatic incidents.

**TRAUMA DEBRIEFING**

Trauma debriefing is a practical form of counselling which assists people who have experienced a highly stressful or life-threatening situation such as assault, hold-up, or accident. It helps them to put the experience into perspective and gives them an understanding of the disturbing physical, emotional and psychological effects of the trauma, as well as teaching them effective and practical ways of containing and controlling often debilitating symptoms.
WHY HAVE TRAUMA COUNSELLING

Benefits to the employee

* counselling takes place in a familiar and supportive environment (i.e. the workplace or home)

* Affected individuals often lack objectivity with regard to their needs following trauma; routine screening as part of the organisation's emergency procedures ensures the delivery of appropriate assistance.

* the availability of an ACCESSIBLE and CONFIDENTIAL counselling service

* provides a proven and immediate method of alleviating often frightening and disturbing effects of trauma

* the early identification and resolution of employee difficulties minimises disruption to work and home life

* a reduced risk of individuals developing more complex long term emotional and physical problems

* a reduced risk of adopting inappropriate coping strategies such as alcohol and drug overuse

* an increased awareness by management, of the special needs of employees

* demonstrates to employees that the organisation is concerned about staff welfare
2. The counsellors from Fischer, McHale & Associates will attend the institution within two hours (in the Metropolitan Area) and maintain telephone contact with staff of Country institutions until a counsellor can attend (within 48 hours).

3. Following any necessary immediate medical intervention (e.g. treatment of physical injuries) and any necessary immediate statements to police and/or Department's security services, the counsellors from Fischer, McHale & Associates will debrief the officers involved in the incident.

4. In the period between the removal of the officers from the incident area and their subsequent debriefing, the Superintendent/Officer of the Watch/O.I.C./Emergency Unit will assign an officer(s) to stay with the officer(s) involved in the incident.

5. The Consultants, Fischer, McHale & Associates will make up to two follow-up contacts with the affected officer(s).

6. The Superintendent/Officer of the Watch/O.I.C./Emergency Unit will ensure that the Consultants are given any assistance necessary to attend the institution/hospital/officer's home in order to conduct the debriefing and follow-up service.

7. The Local Rehabilitation Co-ordinator will co-ordinate any rehabilitation program required for an officer after a traumatic incident in a manner consistent with the Department's Rehabilitation Program and Procedures.
Reading 5

Officer Report Form - Example
NSW Department of Corrective Services
OFFICER REPORT FORM

TO: The Superintendent

FROM: John Broom

RANK: 1st/C Prison Officer

INSTITUTION: Reception Prison Long Bay

DATE: 14.2.91.

SUBJECT: Report on Needle stab injury acquired during a search of cell no 1.
WITNESS STATEMENT

Prison Officer Robert Grey

I, .................................................., WAS PRESENT ON (DAY) Thursday

14.2.91 (DATE) ................. (TIME) ........... AT (PLACE) ............... 7 Wing Reception Prison

WHEN THE FOLLOWING INCIDENT OCCURRED.

I was on the top landing of wing 7 assisting 1/Class Prison Officer J. Brown in searching cell No21 housing inmate 175246 Graeme Tobasco 10years.

Mr Brown was searching among some of the prisoners clothing when he let out a yell and withdrew his hand. Sticking into his left index finger was a needle affixed to a syringe. The syringe contained a white substance with red flecks. I withdrew the needle from officer Brown's finger and placed it into a Sharp Container. The Container was given to the Deputy Superintendant.

SIGNATURE: ........................................

DATE: 14.2.91

THIS STATEMENT IS TO BE ATTACHED TO THE PRISON OFFICER REPORT FORM.
EMERGENCY SITUATIONS
HIGH RISK CONTAMINATIONS
EVENT CHECKLIST

ASSAULT. PRISONER/OFFICER SERIOUS/MINOR

ASSAULT DESCRIPTION

LOCATION.

OFFICER RAISING ALARM

RESPONDING EXECUTIVE OFFICER

NAME OF WITNESS/ES.

MEDICAL EXAMINER

REPORTS SUBMITTED TO.

SUPERINTENDENTS ACTION.
Reading 6

Occupational Health and Safety
(First Aid) Regulations 1989 - First Aid Kits
Corrective Services Bulletin
6 March, 1991
pp. 11-12
of staff selection procedures, staffing performance appraisal and counselling; knowledge of rostering procedures and budgeting.

NOTE:
Appointment will be subject to successful completion of the Unit Management Training Course. An eligibility list may be created to fill any vacancies which may occur in the future.

INQUIRIES:
Superintendent 02-626 7122, Principal 02-804 5444, Unit Management Team 02-804 5444.

91/A24 ASSESSMENT PRISON, LONG BAY
Senior Prison Officer
Vice: M. Vita

SALARY:
Total remuneration package valued up to $255,543 p.a.

ESSENTIAL:
Satisfactory attendance and completion of all Primary Training segments and Recall Weeks where applicable. Merit and efficiency as prescribed in Section 26 of the Public Sector Management Act 1988. Confirmed as a permanent Prison Officer.

Knowledge of Gatekeeper's duties, Night Senior's duties; Bail Act 1978 and Reception Room procedures. Understanding of E.E.O. principles. Ability to exercise sound judgement and responsibility. Ability to promote and maintain OHS in the workplace. Be a Justice of the Peace or become one immediately upon appointment to the position.

DESIRABLE:
Successful completion of a Supervision Certificate or first year of a recognized tertiary course in the field of management, human relations, behavioural science, correctional studies, recreational management or related discipline.

Successful completion of Modular Courses 1, 2 and 3 or Senior Prison Officer Certificate.

DUTIES:
Taking charge of watches on night duty. Supervising Prison Officers in the performance of their duty on night duty; ensuring safe protection of prison keys; ensuring officers are fit in all respects for taking up their posts. Officers performing gate duties are to ensure only authorised personnel are permitted to pass into the prison; keep a daily record of all persons who may pass through the gate; search vehicles before allowing them to enter or leave the prison. Inspect all articles left for inmates. Undertake Reception Room duties.

NOTE:
The successful applicant must be prepared to act in a higher capacity if qualified for progression and perform the duties of all other Senior Prison Officer positions within the institution as required.

INQUIRIES:
Superintendent 02-289 2200.

CASE MANAGEMENT SUPERVISOR, Clerk Grade 6, Parklea Prison
Post No. 91/D/47. Total remuneration package valued up to $41,353.

Essential: Understanding of and commitment to the concepts of Unit Management/Case Management. Knowledge of and demonstrated capacity to implement case management techniques and procedures. Demonstrated ability to contribute to the development/maintenance of a strong Unit program and foster team-work. Commitment and capacity to implement E.E.O. and OHS policies.

Desirable: Relevant tertiary qualifications.

INQUIRIES: Unit Management Team 02-804 5444.

4. Policy Directives

PLY. 91.134/1 OCCUPATIONAL HEALTH & SAFETY (FIRST AID) REGULATION 1989 - FIRST AID KITS

The Occupational Health and Safety (First Aid) Regulation came into effect from 1 January 1990. The purpose of this Regulation is to supplement the Occupational Health & Safety Act 1983 and has been designed to ensure that satisfactory first-aid facilities are available within workplaces in New South Wales.

The benefits of workplace-based first aid are as follows:

- lives can be saved;
- pain and suffering can be prevented;
- the severity of injury and illness may be reduced;
- the critical time between injury and treatment can be reduced;
- it does contribute to a safe workplace;
- the amount of work time lost through injury and illness can be reduced;
- illness and injury costs can be reduced.

Legislative Requirements

There are three sizes of first-aid kits (A, B & C) specified in the Regulation. In any workplace, the total number of workers on site at any given time determines the size of the kit to be provided.

- First Aid Kit A is to be used in factories and construction sites where 25 or more persons work and in
Reading 7

HIV/AIDS/Hepatitis Infected Inmates

*Memorandum - Department of Corrective Services*

5 January, 1993

12.71 - 12.79
HIV/AIDS/HEPATITIS INFECTED INMATES

Government Policy is that HIV/AIDS/HEPATITIS infected inmates are to be integrated as far as practicable within the mainstream prison population, however, there is provision for these inmates to be segregated on the basis of his/her behaviour.

Behaviour considered to be unacceptable includes:

1. Infect or attempt to infect any person with HIV/AIDS/HEPATITIS;
2. A proven history of assault of any person/s;
3. Substantiated or credible reports of an HIV/AIDS/HEPATITIS infected inmate using their status to threaten any other person, whether these reports originate from within the prison system or not;
4. Substantiated reports that a HIV/AIDS/HEPATITIS infected person is a sexual predator.

In the event that an inmate is deemed to meet any of the above criteria, he/she is to be segregated away from contact with other prisoners and is in addition to be dealt with, using the highest degree of caution. (Separate guidelines attached).

Standard reporting procedures and documentation are to be adhered to when a prisoner is to be segregated for any of the above reasons.

The initial period of segregation is to be reviewed within 72 hours of its imposition to ascertain the most appropriate placement option for each given situation.
v) During the evening lock-in, the inmate shall be directed to the rear of his/her yard. The inmate will then be directed to strip off all clothing and the clothing worn during the day will be collected and carefully searched. The inmate will be issued with cell clothing and escorted to his/her cell.

vi) A minimum of three officers will participate in the movement of these inmates and will maintain, as far as practicable, a safe distance from the inmate being moved.

vii) The use of protective clothing and items of restraint may be used for the safety of officers who are responsible for the unlocking/locking of these inmates’ respective yard/cell doors. Use of this equipment must firstly be authorised by the Governor of the institution. The following equipment may be used in these situations:

- rubber gloves
- helmet with face protection
- clear shield
- handcuffs

N.B. In addition to the above, the use of chemical agents and batons will require the special approval of the Governor.

viii) Officers are to ensure that the inmate is standing at the rear of the yard or cell whenever the door is opened.

ix) Whenever the yard door or cell is opened, the protective shield may be used.

x) Association with other inmates is not permitted, unless approved by the Regional Commander after consultation with the Correctional Centre Governor, together with POVB and COVB representatives.

xi) Officers are to exercise extreme caution when searching either the inmate’s clothes or the fixtures in the cell.
A. MANAGEMENT OF NEWLY DIAGNOSED INMATES

Government policy is that HIV/AIDS/Hepatitis infected inmates are to be integrated as far as practicable within the mainstream correctional population. (In accordance with this policy the Department has introduced infection control guidelines and a number of other Occupational Health and Safety measures such as "AIDS pouches".)

A pro-active approach to the management of HIV/AIDS/Hepatitis infected inmates is essential to maintain a safe environment for all staff and inmates, and to minimise the necessity for segregating these inmates on the basis of unacceptable behaviour. The Inmate Peer Support Groups are an invaluable resource in this regard, and should be utilised to provide a comprehensive education program for all inmates.

The following procedures are to be adhered to in the management of inmates diagnosed as HIV positive, or known to be infected with hepatitis:

A.1. It is essential that, in the initial period after diagnosis, the inmate is provided with as much support as possible (whilst complying with confidentiality requirements).

A.2. Upon notification of an inmate’s HIV status, the Governor is to develop a management profile of the inmate, indicating the inmate’s behaviour during the current and previous sentences.

The profile should identify whether or not the inmate could be considered to be a sexual predator or violent offender, particularly as applied to their HIV status i.e., threatening infection of others. This may be done by examining the offences for which the inmate has been imprisoned and which the inmate has committed whilst in custody - has he/she been charged with any crimes against the person, been involved in fights or assaults (including sexual) against other inmates or officers. If considered necessary, the Governor may obtain correctional officers’ assessments of the inmate. (This must be done discreetly in order not to alert people who are not entitled to know that the particular inmate is or may be HIV positive.)

If the profile indicates that the inmate may be a sexual predator or a violent offender the Governor is to interview the inmate, with a view to offering support (from the psychologist or other personnel) and education. This interview will provide the Governor with the opportunity to assess the inmate’s current state of mind. The results of this interview are to be recorded by the Governor, and are to be retained with the management profile of the inmate.

- 12.71 -
current and previous sentences (see Point A.2. above), and by officer reports over the previous six months.

b) Substantiated reports that an HIV/AIDS/HEPATITIS infected Inmate is a sexual predator.

This is also to be substantiated by reference to the inmates' behaviour during the current and previous sentences (see Point A.2. above), and by officer reports and/or inmate statements over the previous six months.

It is essential that Wing Officers maintain accurate journals in which they record activities in the areas under their supervision, particularly activities which suggest that more vulnerable inmates may be unwilling participants in sexual activity.

c) Infecting or attempting to infect any person with HIV/AIDS/HEPATITIS - whether or not the inmate is infected with any of these diseases and whether or not such attempt is made from within the correctional system.

In the event that an inmate is received from Police or court and has been charged with infecting or attempting to affect any person with HIV/AIDS/HEPATITIS or the inmate has attempted to do so whilst in Police custody the inmate must be placed into segregation immediately upon reception into the institution. During the reception process the inmate is to be dealt with using the highest degree of caution.

d) Substantiated or credible reports of an HIV/AIDS/HEPATITIS infected inmate using their status to threaten any other person - whether these reports originate from within the correctional system or not.

It should be noted that under no circumstances should HIV positive inmates be segregated solely on the basis of their HIV status.

In the event that an inmate is deemed to meet any of the above criteria, she/he is to be segregated away from contact with other inmates, and in addition is to be dealt with using the highest degree of caution. (Separate Guidelines attached in Part C)

Standard reporting procedures and documentation are to be adhered to when an inmate is to be segregated for any of the above reasons.

B.1. The initial period of segregation for any inmate alleged to have committed any of the unacceptable behaviours described above is to be up to seventy-two hours.

B.2. During this period the Governor must initiate an investigation into the
behaviour and to facilitate return to normal discipline. It is essential that the inmate be assisted to acquire coping and living skills which they will be able to maintain upon their return to normal discipline.

Fortnightly reports are to be submitted by all appropriate personnel involved in the management of the inmate (for example, psychologist, case manager, welfare officer, drug and alcohol worker, wing officer and so on).

The program should also address the inmate's continued psychological well-being during any period of segregation. This is essential to prevent the inmate from becoming depressed, or suffering anxiety which could lead to a worsening of their medical condition.

During the fortnightly reviews of the inmate's progress, medical advice should also be sought as to the inmate's fitness to remain under the current management regime.

It is anticipated that the above procedures will be undertaken through the case management process, however, in those Correctional Centres where area management has not yet been implemented, a suitable program for the inmate must be developed by the Correctional Centre Health Team, in close consultation with the Governor.

B.7. Regardless of the inmate's placement or management program, the instructions detailing the approved methods for handling inmates segregated as a result of the HIV/AIDS/HEPATITIS policy must be implemented when dealing with these inmates. (See Section C)

This method of handling the inmate will be reviewed on a fortnightly basis by the Governor, and will continue until it is determined by the Governor, in consultation with the Regional Commander and representatives of the POVB and COVB, that the inmate is no longer considered to be a threat to the safety of any other person. (The fortnightly progress reports are to form the basis of this decision.)

B.8. An "outplacement" program must be developed for the inmate prior to any consideration of their return to normal discipline. The inmate must be committed to maintaining the behaviour and skills which have facilitated their return to normal discipline, and must be assured of the support of appropriate staff (psychologist, case management supervisor) to enable him/her to do so.

B.9. Segregation or placement in any of the special management programs may continue until such time as the administration determines that an inmate’s behaviour and conduct is appropriate for alternative placement, or that medical advice is such that an alternative placement is appropriate
carefully searched. The inmate will be issued with cell clothing and escorted to his/her cell.

C.4. A minimum of three officers will participate in the movement of these inmates and will maintain, as far as practicable, a safe distance from the inmate being moved.

C.5. The use of protective clothing and items of restraint may be used for the safety of officers who are responsible for the unlocking/locking of these inmates' respective yard/cell doors. Use of this equipment must firstly be authorised by the Governor of the institution. The following equipment may be used in these situations:

- rubber gloves
- helmet with face protection
- clear shield
- handcuffs

N.B. In addition to the above, the use of chemical agents and batons will require the special approval of the Governor.

C.6. Officers are to ensure that the inmate is standing at the rear of the yard or cell whenever the door is opened.

C.7. Whenever the yard door or cell is opened, the protective shield may be used.

C.8. Association with other inmates is not permitted, unless approved by the Regional Commander after consultation with the Correctional Centre Governor, together with POVB and COVB representatives.

C.9. Officers are to exercise extreme caution when searching either the inmate's clothes or the fixtures in the cell.
psychologist to conduct trauma debriefing of the inmate;

vii) in the event of a visitor to the institution being involved, offer all necessary and appropriate support and assistance (for example, the Trauma Support Service);

viii) initiate normal segregation procedures;

ix) commence the review procedures outlined in Section B above.

D.6. In the case of an inmate attempting to infect or infecting a person, needlestick injury or other high risk exposure the incident must be reported as a matter of urgency to the Duty Officer who will be responsible for notifying

a) Assistant Commissioner Operations;

b) the Director of Security and Investigations.

c) the Prison AIDS Project

D.7. The Director of Security and Investigations will notify the Special Investigation Unit who will attend the Centre to investigate and determine whether criminal charges should be laid. (There is therefore no need for local police to be notified or to attend the Correctional Centre as the S.I.U. will be informed regardless of the time of day or night.)

D.8. Normal reporting procedure is to be adhered to, including the reporting of the incident to the Workcover Authority (see NSW Corrective Services Procedure Manual "Serious Incident Reporting Procedures" page 12.73 and "Assault, Sexual Assault and Fight Reporting Procedures").
Reading 8

Graham, A
Communicable Diseases, Procedures/Management Policies
*Human Resources Division - Department of Corrective Services*
COMMUNICABLE DISEASES

PROCEDURES/ MANAGEMENT POLICIES

a Human Resources Division initiative
HEPATITIS B VACCINATION POLICY FOR STAFF - OCCUPATIONAL HEALTH AND SAFETY

All employees of the Department who come into direct contact with prisoners should apply to their Superintendent/Officer-in-Charge for a course of Hepatitis B vaccinations.

AREAS OF CONCERN IN RELATION TO HIV/AIDS AND HEPATITIS B

1. Handling of items of clothing/bedding that have been contaminated with blood, semen, faeces, urine, pus or vomit.
2. Handling areas, articles or material contaminated by bodily fluids or excreta.
3. Injuries inflicted on staff members, e.g. biting, body blows, needle sticks, splashing with blood, body fluids.
4. Accidents and injuries (e.g. in workshops).
5. Response to crises requiring mouth-to-mouth resuscitation.
6. Handling violent prisoners.
7. Reception of prisoners - handling prisoners' property.
8. Transport of prisoners - escort and removals.

* All of these instances must be reported to the Superintendent or other senior manager as appropriate.

PROCEDURES TO BE FOLLOWED IN THE EVENT OF NEEDLE STICK INJURIES OR EXPOSURE TO BLOOD OR BODY FLUIDS

1. Administer First Aid, encourage bleeding and clean the wound with Milton Solution or hot soapy water. Cover the wound with a sterile dressing.
2. Seek Medical Attention as soon as possible after the incident.

Important Note: It is advisable to have an HIV Antibody Test and is appropriate to have pre-test counselling after such exposures.
OH&S EQUIPMENT AVAILABLE TO STAFF

Cabinets for infection control equipment should be provided in wings and work locations. These cabinets should be secured, but all staff should have access to them.

THE CABINETS SHOULD CONTAIN THE FOLLOWING ITEMS:

(a) a mop and bucket;
(b) bleach solution;
(c) mirrors (for searching);
(d) sharps containers;
(e) contaminated waste bags;
(f) disposable protection kits;
(g) disposable gloves;
(h) face masks (to protect eyes and mouth).

OTHER EQUIPMENT FREELY AVAILABLE TO ALL STAFF:

Hibicol antiseptic handwash;
Airstrip occlusive dressings;
Laerdal masks (for resuscitation);
Det-Sol 5000 bleach sachets;
AIDS pouches.

NOTE: These cabinets should be clearly marked so that all staff are aware of their locations.

IMPORTANT NOTE:

Staff should always follow infection control guidelines.
GENERAL GUIDELINES

HANDLING OR CLEANING AREAS CONTAMINATED BY BODILY FLUIDS OR EXCRETA

Where practicable, avoid bare-handed contact with contaminated articles.

CLEANING

1. Pour full strength disinfectant or bleach onto the waste products, leave for 30 minutes, then clean with disposable paper towelling/Chux (use gloves).

2. On furniture or carpets where bleach cannot be used, use methylated spirits as above. This will kill HIV (the AIDS virus) but not Hepatitis B virus, so the spill must then be carefully cleaned with soapy water.

3. Dispose of the garbage, paper towelling/Chux and gloves as contaminated waste.

4. Wash your hands immediately after discarding gloves and garbage.

RESPONSE TO CRISSES REQUIRING MOUTH-TO-MOUTH RESUSCITATION

Where practicable, a "Laerdal mask" or other airway is to be used. These are available in first-aid cabinets. However, in the absence of these artificial airways, the application of two or three layers of handkerchiefs may be utilised. This also provides protection from the inhalation of vomitus or gastric flatus expelled during resuscitation.

DISPOSAL OF AIDS AND HEPATITIS B CONTAMINATED GARBAGE

1. Avoid bare-handed contact with contaminated items.

2. General Garbage

   Any disposable item (including gloves) contaminated in any way with blood or body secretions must be treated as infectious. Items are to be placed in a plastic waste bag, sealed in a clearly labelled yellow plastic infectious waste bag and incinerated or disposed of in the usual method for contaminated waste.

3. Contaminated Garbage

   Any disposable item, including gloves but excluding sharps, contaminated in any way with blood or body fluids must be treated as infectious. These items
PROCEDURES - INSTITUTIONAL STAFF

In addition to compliance with the general procedures, custodial officers and other institutional staff on duty in institutions will be supplied with AIDS pouches and are required to comply with these procedures which are specific to the prison environment:

RESPONSIBILITY

1. It is the responsibility of the Department to initially provide each officer with gloves, pouch, disinfectant and swabs. It is the duty of each officer to ensure that he/she carries the items at all times, maintains the items and ensures that open wounds are covered with occlusive dressings while on duty.

2. It is the responsibility of the each Superintendent to ensure that the gaol has sufficient supplies of gloves, swabs, disinfectant, Laerdal airways, yellow plastic infectious waste bags and that an adequate disposal system exists and is maintained in the gaol.

3. It is the responsibility of Executive staff to ensure that officers do not commence duty without their AIDS pouches and to monitor the contents thereof.

A. AIDS POUCHES

* All officers will be provided with:
  - durable, disposable plastic gloves;
  - containers of disinfectant (.05% sodium chloride), e.g. Milton;
  - swabs.

* The above items should be placed in a specially designed pouch and be issued to all officers as an attachment to the uniform belt (custodial officers) or carried on the person by other institutional staff.

* Bleach solution should be changed every 2 days (or as prescribed by shelf life for sealed units.

* Officers should keep open wounds, however small, covered when on duty.

* Pouches containing gloves, disinfectant and swabs must be worn at all times while on duty.
A high standard of personal hygiene is to be maintained in food handling areas. (See separate policy for food handlers.)

Kitchens are to be maintained in a clean and hygienic state.

H. TRAUMA SUPPORT SERVICE

The presence of the HIV virus can be a cause of a variety of trauma inducing situations. The Trauma Support Service is to be contacted if any of the following incidents occur:

1. NEEDLE STICK INJURIES
2. BLOOD AND/OR BODY FLUID SPILLS
3. MOUTH-TO-MOUTH RESUSCITATION OF PRISONERS
4. ASSAULTS

The Superintendent/Officer of the Watch must contact the consultants, Fischer McHale and Associates, as soon as possible after the incident. It is expected that the maximum time between the incident and contact with the consultants will be 30 minutes. The consultants are to be given a brief description of the incident and the number of officers involved.
MANAGEMENT POLICY - HIV+ STAFF

The management of HIV+ staff is an onerous duty that the Department willingly accepts. In developing a policy for the management of HIV+ staff, the Department accepts it must respect the rights and privacy of the individual. This Management Plan can only be put into action once an officer comes forward to identify his condition and seek assistance.

POLICY

1. Upon confirmation that an officer is HIV+, the Department guarantees employment as long as the officer's health and circumstances permit.

2. The Department is committed to providing all necessary counselling and employee assistance programmes.

3. HIV+ staff will be allowed all necessary time off work to meet medical needs.

4. The Department will work in conjunction with outside agencies to ensure the best assistance is available to staff.

PROCEDURES

The following procedures are available to HIV+ staff members should they choose to seek assistance from the Department:

* The officer will be referred to the Staff Counsellor who will co-ordinate case management.

* The officer will be referred to the Medical Examination Centre, Department of Health, for assessment.

* The officer may be offered other employment opportunities within the Department, i.e. in cases where institutional stress or personal circumstances are deemed to be detrimental to the health of the officer.

* The officer's case will be reviewed as required by the Medical Examination Centre.

* Once the Medical Examination Centre advises the Department that an officer is unfit to continue, medical retirement will be processed as expeditiously as possible.
ESTIMATED GLOBAL DISTRIBUTION
OF CUMULATIVE ADULT HIV INFECTIONS
Mid-1992

GLOBAL PROGRAMME ON AIDS
July 1992

GLOBAL TOTAL 10-12 MILLION

MALE : FEMALE PROPORTIONS

1 MILLION +
1 MILLION +
7 MILLION +
1 MILLION +
76 000
500 000 +
25 000
30 000 +

ON GLOBAL TOTAL 10-12 MILLION
emphasise that under ordinary circumstances there is no risk from working with a person with HIV;

provide information about the medical aspects of HIV;

advise on procedures for dealing with HIV related situations when they arise in the workplace; and

stress the importance of confidentiality.
HOW THE IMMUNE SYSTEM WORKS

THE WHITE BLOOD CELLS

LYMPHOCYTES

B-cells

T-cells

b-cells

T4’s

T8’s

T-helper cell

Suppressor T-cell

Make Antibodies in response to Antigen

Activate and co-ordinate the immune responses including B-cells

Regulate/suppress the immune response
# CATEGORIES OF HIV

<table>
<thead>
<tr>
<th>CATEGORIES OF INFECTION</th>
<th>SYMPTOMS</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute</td>
<td>Glandular fever symptoms of varying degrees</td>
<td>Occurs 2-6 weeks after infection and lasts for a short time only</td>
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<tr>
<td>2. Asymptomatic</td>
<td>Usually none: feels well but will test HIV Ab positive</td>
<td>Variable, may be indefinite</td>
</tr>
<tr>
<td>3. Persistent Generalised Lymphadenopathy (PGL)</td>
<td>Swollen Lymph Glands for 3 months or longer in the absence of other illness</td>
<td>Variable</td>
</tr>
<tr>
<td>4. Severe HIV infection (including AIDS and AIDS related conditions)</td>
<td>Variable including opportunistic infections (eg. <em>Pneumocystis carinii</em> pneumonia), cancers (Kaposi’s sarcoma), neurological conditions</td>
<td>Variable - Time is getting longer as treatments are improved</td>
</tr>
</tbody>
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LEVELS OF HIV ANTIGEN AND ANTIBODY IN THE BLOOD OVER TIME

- The period between initial contact with the virus and the point at which antibodies can be detected in the blood (the time between infection and detection).

First appearance of antigen: (virus)

Antigen reappears as first symptoms begin

Time

Antigen

Antibody

Infection Test for HIV antibody shows positive Early symptoms AIDS
Methods for not Contracting HIV

SAFER SEX

• Sex that does not involve penetration

• Sex with a condom that is used correctly

SAFER DRUG USE

• Don’t inject drugs

• If you do inject, use a new needle and syringe every time

• If you can’t get a new needle or syringe, then clean the needle and syringe using bleach and the 2×2×2 method

MOTHER TO CHILD

• If contemplating having a baby, discuss options with your local doctor
HIV
Is Not Spread By:

Coughing
Hugging
Kissing
Public Telephones
Swimming Pools
Shaking Hands
Sneezing
Crying
Public Toilets
Donating Blood
Mosquitoes
Doornobs
Sharing Cups, Plates, Books, Pens, Towels
TYPES OF VIRAL HEPATITIS

Hepatitis A:

Common form of Hepatitis
Transmitted orally from contaminated food or water
Hepatitis B:

More serious form of Hepatitis
Transmitted sexually or via blood to blood contact
Not common in the community
May be carried without symptoms

Hepatitis C:

Clinically mild but persistent
No known causative agent
Transmitted via blood
HOW HEPATITIS IS TRANSMITTED

*How Hepatitis Might Be Transmitted In The Workplace:*

**Hepatitis A:**

Also known as INFECTIOUS Hepatitis
Can be readily caught from contaminated food or water if good hygiene is not undertaken when preparing
Universal Infection Control refers to a system of infection control which:

- is the routine application of preventative strategies and barrier techniques in situations where occupational exposure could occur; and

- assumes that blood or other body fluids of all people are infectious.
ALL PEOPLE WITH HIV/AIDS ARE INNOCENT