JAIL BULLETIN

NUMBER 45

September, 1988

The Jail Bulletin is a monthly feature of the Crime Commission Update. The Bulletin may be used as a <u>supplement</u> to your jail in-service training program if officers study the material and complete the attached "open book" quiz. The Bulletin and quiz may be reproduced for use by your staff. We welcome any jail training materials you would like to contribute to the Bulletin.

Preventing the Spread of AIDS

- 73. What is being done to prevent the spread of AIDS?
 - a. <u>Education</u>: Educational campaigns are directed to the general public and those in risk groups for AIDS, encouraging them to discontinue any practices which have been linked with the possible spread of AIDS.
 - o <u>All sexually active males and females</u> are being advised to refrain from anonymous sexual contact with persons whose past history and current status is unknown, and to avoid sexual practices which can result in blood-to-blood or semen-to-blood exchange.
 - Male homosexuals and bisexuals who have had sexual contact with a number of partners are being advised to assume they have been exposed to the HIV virus and to refrain from any sexual contact involving the exchange of bodily fluids.
 - O <u>Drug abusers</u> are being urged not to share needles or other drug injection equipment and to enter drug treatment programs to become drug free.
 - Migh-risk women who are engaging in IV drug abuse or are sexual partners of IV drug abusers are being advised that if they are infected and become pregnant they can pass the virus to their child. The federal Centers for Disease Control has recommended that all high risk women of child bearing age obtain voluntary, confidential HIV antibody testing to determine their health status prior to becoming pregnant.
 - b. <u>Safety Protocols</u>: Occupational groups that may come into contact with AIDS patients are being instructed in safety precautions to prevent direct contact with blood and body fluids. Safety guidelines have been developed for: health care workers, dentists, laboratory personnel, ambulance personnel, funeral directors, prison personnel and others.

- c. Screening of blood: All blood collected in the U.S. is now being tested for antibodies to HIV. Blood which tests positive is eliminated from the transfusion pool. Persons in high risk groups are being advised to refrain from donating blood. Sperm banks and organ banks have been advised by the Centers for Disease Control to test potential donors for HIV antibody and to not accept sperm or organ donations from individuals who are antibody positive.
- d. <u>Voluntary free HIV testing</u> is provided for persons who wish to determine if they have been exposed to the virus linked with AIDS. Such testing is not recommended for members of the general public, but may be advisable for individuals in high risk groups so that they may modify their behavior to reduce further exposure to the virus and potential transmission to others.

74. How successful have educational efforts been in encouraging high risk persons to alter behaviors which can spread AIDS?

There has been a change in sexual practices among male homosexuals, which is verified through a significant reduction in the incidence of rectal gonorrhea. Recent surveys of 500 homosexual and bisexual men conducted in San Francisco show that 81% of those polled were now in monogamous relationships or were remaining celibate. MOreover, only 36% of those surveyed reported that they had had recent sexual contact with more than one partner.

We have had less success in encouraging IV drug abusers to stop sharing needles, although surveys indicate that a significant proportion of drug abusers are aware of the risk of AIDS. Efforts are continuing to develop educational materials and approaches targeted toward this group.

75. What safety protocols have been developed for occupational groups? And how effective are they?

All occupational groups that may come into contact with blood or semen in the course of their work are advised to take special precautions to guard against AIDS, Hepatitis B and other infectious agents. These include:

- wash hands following any contact with patient secretions;
- take special care in handling and disposing of used needles;
- guard against needle sticks, cuts and other injuries;
- notify supervisors of any direct exposure to blood, semen or other body fluids;
- wear protective clothing (gloves, gowns, goggles) if there is any danger of splashing of body fluids.

76. How is the risk of spreading AIDS through blood transfusions being minimized?

All blood donated in the United States has been tested for antibodies to the HIV virus since May 15, 1985. Blood that tests positive is removed from the transfusion pool. The process involves use of an ELISA (enzyme-linked immunosorbent assay) screening test, with confirmation of positive results through a more specific antibody test known as the Western Blot.

- 77. How effective is the new blood screening test?
- All studies indicate that the HIV antibody test is highly effective in eliminating blood from the donor pool that may be infected with HIV. In fact, the test errs on the side of "false-positive" readings, since only about 10 percent of blood that tests positive on the initial ELISA test is confirmed positive through a more specific test known as Western Blot. All blood that tests positive by the initial screening test is removed from the transfusion pool.
- 78. Are sperm banks and organ banks screening for AIDS?

 The Centers for Disease Control has recommended that sperm and organ banks screen all donations for antibodies to HIV virus.
- 79. Are states offering HIV antibody testing?
- Yes. Some states have established regional testing sites to provide testing for the HIV antibody and counseling for individuals who wish to know if they have been exposed to the virus. Testing at these sites is usually free, and anonymity is maintained through the use of a code system. State health departments will have further information regarding location and services within their respective jurisdictions.
- 80. How many people have been infected with the HIV virus linked with AIDS?

 Based on initial testing it is estimated that about 1 in every 3,500
 persons may have been exposed to the HIV virus. Among high risk groups
 (sexually active homosexual and bisexual males and IV drug abusers) the rate
 of exposure to the virus may be as high as 1 in 3. This does not mean that all
 of these people are necessarily carriers of the virus or that they will
 eventually develop AIDS.
- 81. Why don't states mandate testing of all persons for antibodies to HIV?

 The presence of antibodies in the blood means only that a person has been exposed to the virus at some time. It does not necessarily mean that the individual is carrying the virus, or that he/she will ever develop ARC or AIDS.
- 82. Do AIDS infected persons need to be isolated in hospitals?
 Individuals with severe symptoms of AIDS are usually provided a private room in most health care facilities. This is to protect the infected person from opportunistic infections which may be fatal to him/her and to observe standard procedures for infection control. AIDS patients do not pose a risk to other patients or to health care workers who follow safety guidelines.
- 83. What is the Federal Government doing to get accurate information to the public about AIDS?

The national AIDS hotline 1-800-342-AIDS is a resource for information regarding the disease. In addition, various agencies within the Federal Government are funding educational informational projects to provide information about AIDS to professional groups and the public at large. One such program is the National Sheriffs' Association AIDS in Corrections Project which provides information to sheriffs departments and the criminal justice system regarding various aspects of the disease.

Human Rights Issues

84. What rights do AIDS patients have?

They have the same rights as those accorded to any other ill member of our society. Unfortunately, discriminatory action has been taken against some AIDS patients by employers, landlords, neighbors, co-workers and others who are apparently acting out of unwarranted fears based on misinformation.

- 85. <u>Is it right to keep an AIDS patient's identity a secret?</u>
 Since AIDS does not pose a risk to the general public there is no need for neighbors, shopkeepers, co-workers or others who may have casual contact with a person with AIDS to know. Discriminatory action has been taken against persons with AIDS by those who are uninformed about the disease.
- 86. Can you be fired because you have AIDS?

 The advice from the U.S. Public Health Service is that there is no reason to exclude AIDS patients from employment as long as they feel well enough to work. Some states have human rights laws that protect ill persons, including those with AIDS, from discrimination by employers.
- 87. Should insurance companies be allowed to require HIV antibody screening, and then deny coverage based on results?

 Since the medical significance of antibodies to HIV virus in the blood of a healthy person is not known, the Public Health Service does recommend mandatory screening of any individuals or groups. There is a potential that discriminatory action may be taken based on positive test results. There is no direct evidence that an individual with antibodies to the virus will necessarily develop AIDS.
- 88. Should people who have AIDS be banned from working in banks.

 restaurants, barber shops and other people-contact jobs?

 There have been no cases of AIDS that are suspected of having been transmitted through casual contact or through the air, food or water. If a person with AIDS is well enough to work, he/she should be allowed to do so.
- 89. Why are many states regulating sexual practices in bathhouses, bars, and sex clubs?

In an effort to curb the transmission of AIDS, some states have adopted regulations prohibiting sexual activity linked with the transmission of AIDS in commercial establishments. The regulations usually apply to all businesses or clubs which make facilities available for sexual contact.

90. <u>Can a hospital worker or ambulance personnel refuse to care for an AIDS patient?</u>

Hospitals and ambulance services have a responsibility to care for the sick, and to assemble a staff capable of carrying out that mission. There is a need for greater educational efforts to ensure that all health care workers

understand the potential routes for transmission of AIDS and follow recommended safety precautions.

Correctional/Law Enforcement Issues

- 91. As a correctional officer, what do I do if blood, semen, spit, feces, vomit, or urine is thrown in my face, on my body, or on my clothing? Viruses do not penetrate intact skin. Wash your body with soap and water as soon as possible. If your uniform is visibly soiled with blood or other body fluid, change your uniform, place the soiled uniform in a plastic bag and have it laundered separately using hot water and detergent. If you have significant exposure (splashing of body fluid in the eye, mouth or open skin lesion) consult with your medical staff regarding potential follow up recommendations.
- 92. <u>Is there a danger that I can take the AIDS virus home to my family on my body or on my uniform?</u>

 There is no danger to your family if you wash your hands and change your clothing after exposure to contaminated blood or body fluids.
- 93. We deal with many violent and disruptive prisoners. What do we do if we get scratched or bitten by an AIDS-infected inmate?

 Avoid being bitten. If it happens, wash the wound thoroughly with soap and water as soon as possible; report the incident to your supervisor and seek medical care for treatment of the bite wound. There are no cases of AIDS reportedly transmitted through bites and scratches.
- 94. Do we need special equipment to do CPR?

 No transmission of the AIDS virus (or even of the more easily transmitted Hepatitis B virus) during mouth-to-mouth resuscitation (CPR) has ever been documented. If you have access to a plastic shield for mouth-to-mouth resuscitation, it is recommended that you use it; but not having a device at hand definitely should not prevent you from giving CPR. The chance that you can help someone outweighs any chance of contracting the virus.
- 95. <u>Is there a danger in picking up mattresses, clothing, bedding, and food trays of AIDS-infected inmates?</u>
 Food trays carry no risk. Clothes and linens visibly contaminated with body fluids should be placed in a plastic bag and laundered separately. Persons handling contaminated clothing or linens should wear gloves, especially if they have open wounds on the hands.
- 96. We often find hypodermic needles during cell searches. What if we accidentally get stuck with a contaminated needle?

 Report any needle sticks to your supervisor and consult with your medical staff regarding potential follow up recommendations. Your chances of

becoming infected with the AIDS virus from a contaminated needle stick is extremely small. Only one of 1,000 health care workers who have experienced wounds from contaminated instruments has become infected with HIV after a needle stick injury. Contaminated blood was accidentally injected deep into this worker's muscle with a large bore needle.

- 97. What precautions should responding/arresting officers take in approaching high-risk group members or known AIDS-infected persons? No special precautions are necessary when approaching high-risk group members not known to be infected with a transmissible disease. When arresting someone known to be infected, gloves should be worn if there is a high likelihood of contact with blood and body fluids, particularly if the arresting officer has open skin wounds on the hands.
- 98. <u>During intake procedures, (screening, body searches, fingerprinting, and photographing), what precautions should the officer take in cases of arrestees suspected or diagnosed with AIDS?</u>

 No special precautions are needed for screening, fingerprinting and

No special precautions are needed for screening, fingerprinting and photographing. Body searches that may result in contact with blood or other body fluids should be conducted with gloved hands, particularly if the officer has broken skin on the hands.

- 99. What precautions should the officer in the correctional facility take during cell searches of persons diagnosed with AIDS?

 No special precautions are indicated for cell searches except for the general awareness of the possible presence of concealed sharp objects. Gloves should be worn when conducting body searches, particularly if an officer has broken skin on the hands.
- 100. What precautions should the correctional officer take in transporting the AIDS-infected arrestee or inmate to jail following arrest or to court for ensuing proceedings?

No special transport precautions are necessary for an AIDS-infected inmate or arreestee unless the person is also infected with a communicable disease such as Tuberculosis which can be airborne. Consult medical authorities for any special precautions that may be appropriate for a specific inmate based on his/her medical status.

Note: The above article is taken from the booklet <u>100 Questions and Answers About AIDS</u>, published by the National Sheriffs' Association under a National Institute of Corrections grant.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in-service training each year. The Jail Bulletin may be used to supplement in-service training if an officer studies the Bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspection.

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NUMB	ER:	45		DATE
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	A. B. C. D.	1 5 10 25		
2.	Is th	nere a danger in		ays of AIDS-infected inmates?
3.	AIDS	is not known to		ough bites or saliva.
4.	AIDS secre	is not known to tions, or tears	be transmitted thro	ough perspiration, urine, nasal
		TRUE	FALSE	
5.	AIDS perso	cannot be transm	nitted by riding in ng, handcuffing, or	the same car with an infected routine pat down searches.
		TRUE	FALSE	

CREDIT: 1/2 HOUR CREDIT FOR JAIL IN-SERVICE TRAINING REQUIREMENT.

ANSWER SHEET SHOULD BE RETAINED BY JAIL ADMINISTRATOR.

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