

**FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES**

INMATE RECEPTION ORIENTATION: HIV Infection Education
Lesson Plan and Curriculum

A. PURPOSE

To provide accurate and current information about HIV infection to the new commitment inmates at the designated reception center.

B. RESPONSIBILITY

Designated Registered Nurse (RN) or Licensed Practical Nurse (LPN)

C. AUTHORITY

Health Services Bulletin (HSB) 15.03.08

D. DEFINITIONS

1. AIDS—Acquired Immune Deficiency Syndrome is a disease resulting from a breakdown of the body's immune system.
2. Anonymous testing—a procedure for testing people for antibody to HIV without using the individual's name. The test subject is given a number that links the results to the individual tested. This type of testing is not available in DC.
3. Antibody—a substance developed in the body in response to infection with bacteria or viruses.
4. Antiretroviral—medications utilized to act on different sites of the viral replication cycle in HIV infection and other viral infections.
5. Confidential testing—a procedure for testing people for antibody to HIV without disclosing a name to anyone without the need to know. Test results are kept in a private file.
6. HIV Human Immunodeficiency Virus—the virus involved with AIDS disease.
7. Immune system—the body system that develops ways to protect you from disease.

9. Immunodeficiency—a decrease or weakness in the body’s ability to fight off germs, infections, and illnesses.
10. Opportunistic Infections—infections which occur in persons whose immune system is not working very well.
11. PLWA—person living with AIDS.
12. T cells—a group of white blood cells that enhance the immune system to fight disease. T-cells are the most important immune cells as they direct and regulate immune system responses.
13. Viral load testing—a lab test procedure which measures the amount of virus found in the blood stream.
14. Virus—a very small living organism which can cause disease (examples of diseases caused by viruses include AIDS, measles, and chicken pox).
15. Western Blot—the follow-up, confirmatory test done to detect antibody to HIV.

E. PROCEDURE

1. An HIV Infection Education class will be held for all inmates received at a correctional institution during the orientation period.
 - a. A question and answer session will be included in each class.
 - b. If a new commitment inmate is housed in confinement, HIV infection education will be given on an individual basis at the time of preconfinement.
2. The following information will be covered during the HIV Infection Education class (see section F below for HIV Disease Education Lesson Curriculum):
 - a. What is HIV infection?
 - b. How is HIV infection transmitted?
 - c. What tests are used to diagnose HIV infection and what procedure is used for accessing testing in DC?
 - d. What treatments are available for HIV infection?
 - e. How is HIV infection prevented?
3. HIV infection education will be entered in OBIS and on DC4-773, *Inmate Health Education* in inmate’s medical record.

4. Death row inmates will receive HIV infection disease education upon arrival at their maximum security institution.

F. HIV INFECTION EDUCATION CURRICULUM

1. What is HIV Infection?
 - a. Infection with the human immunodeficiency virus (HIV) can lead to the disease commonly known as AIDS.
 - b. HIV invades and destroys important cells of the immune system, mainly white blood cells.
 - c. Acquired Immune Deficiency Syndrome (AIDS) is a disease resulting from a breakdown of the body's immune system.
 - d. Other germs can take advantage of a weakened immune system to infect the body and cause disease. These infections are called opportunistic infections.

Remember:

HIV is the **virus** that causes the infection.

AIDS is the **disease** that occurs after HIV kills a large number of T-cells.

2. Transmission:

How is HIV disease transmitted?

- a. HIV is present in body fluids. These fluids include blood, semen, and vaginal fluids, breast milk, and certain internal body fluids.
- b. HIV is most commonly transmitted from one person to another when blood, semen, or vaginal fluids from an infected person get into the body and then the bloodstream of another person.
- c. High-risk behaviors which can transmit HIV include:
 - (1) Unprotected sex (sex without a barrier such as a latex condom)
 - (2) From mother to infant during pregnancy, at the time of birth, or through breast feeding
 - (3) Contact with infected blood or other infectious body fluids through damaged skin such as cuts, sores, open wounds etc., mucous membranes such as: nose, mouth, eyes, injection under the skin including tattooing, sharing used needles and any other punctures
- d. HIV disease does not spread easily. Remember, you cannot become infected from:

- (1) Using the same shower or toilet
 - (2) Living in the same cell or dormitory
 - (3) Mosquito or insect bites
 - (4) Sharing the same telephone
 - (5) Eating food prepared by someone with HIV/AIDS
 - (6) Sharing food, dishes, silverware, or drinking glasses
3. The following points need to be covered about HIV (antibody) testing.
 - a. HIV testing is available and encouraged to all new inmates upon entering the reception centers.
 - b. Confidential testing for HIV will be offered to all inmates on a voluntary basis at your permanent facility assignment.
 - c. All information related to HIV is strictly confidential. The results of HIV (antibody) testing will become part of your DC medical record that is privileged and confidential by Florida law and DC rule.
4. Do I need to be tested?
 - a. Have you ever shared needles or syringes to inject drugs, steroids, or hormones?
 - b. Have you ever been given money or drugs for sex or paid money or drugs for sex?
 - c. Are you a man who has had unprotected sex with other males?
 - d. Have you ever had sex without a condom with someone who you know or suspect was HIV infected?
 - e. Have you had many different sexual partners?
 - f. Have you ever had a sexually transmitted disease?
 - g. Have you received blood or blood products between 1978 and 1985?
 - h. Have you had a history of Tuberculosis?
 - i. Have you had a history of Hepatitis B or C?
 - j. Have you ever had sex without condom with someone who would answer yes to any of the above questions?
5. Additional points to cover on testing, documentation, and counseling include (for information of individual presenting this topic):
 - a. If there has been some type of incident among inmates where an exchange of body fluids has occurred (such as a needle stick or other injury), those individuals will be tested, except for those who are known to be HIV positive. (It may be important to note that other testing may be done for Hepatitis B and C in the situation where the source inmate is known positive for HIV and unknown status for these other blood borne infections. The inmate will need to know that there are other blood borne diseases that are considered in that situation.)

- b. All inmates identified to be a high risk for HIV disease must have documentation of HIV testing recommendation on DC4-701. Any refusal of such recommendations must be documented per departmental procedure 401.002, *Refusal of Health Care Services by Inmates*. If the inmate chooses to reject testing, such shall be documented on DC4-711B, *Refusal of Health Care Services Form*. All inmates scheduled for testing shall be notified that they are being tested for HIV, that they have the right to refuse and that a positive test result will be reported to the Department of Health. If test is positive, the inmate will be notified of the results and advised of the availability of mental health counseling.

6. Testing Procedures

- a. What tests are used to diagnose HIV disease?

To find out if a person is infected, we do a blood test that looks for antibody to HIV. The test is actually a series of tests:

- (1) Screening with ELISA
- (2) Confirmation with Western Blot (done only if ELISA is positive)

- b. Viral Load Measurement

- (1) Used for predicting how fast HIV disease may be progressing in your body and to monitor how well an infected individual is doing on drug treatment.
- (2) Measurement of circulating virus in the blood is an indication of virus production.
- (3) Viral load studies are done as a baseline for each HIV positive patient and the viral load levels is rechecked every four months as clinically indicated.

7. What treatments are available for HIV Disease (for information of individual presenting this topic)?

Treatment will follow HSB 15.03.08, *DC Policy on Human Immunodeficiency Virus (HIV) Disease and Continuity of Care*, which is based on national guidelines and Florida policy. Many medications are available. Treatment will be individualized in accordance with your physician's recommendations. Treatment for HIV disease may include:

- a. Medications called antiretrovirals, protease inhibitors and others that affect the rate at which HIV multiplies in the body.
- b. Specific procedures and drugs to deal with preventing infections that might occur or treating infections that may occur (opportunistic

- infections).
- c. Recommendations for maintenance of general health status.
8. Adherence to drug therapies is essential for viral suppression
- a. Single-dose administration of all HIV antiretroviral medications is required. This includes medications for opportunistic infection.
 - b. As there is an incredibly rapid development of resistance and a high potential for a lethal outcome, it is essential that there be absolute adherence to the medication schedule.
 - c. Viral resistance may develop with extended treatment, but patients will need continued treatment. This may require a change in therapy and use of a new combination of drugs may be indicated.
 - d. Your past history with regards to complying with taking medications and your absolute understanding that you cannot miss any doses will be documented.
9. How is HIV Disease Prevented?
- a. Avoid contact with body fluids.
 - b. Avoid activities that could result in another person's blood, semen, or vaginal fluids entering your body
 - c. This includes vaginal, anal, and oral sex.
 - d. Do not ever use used needles or share needles to inject drugs.

Notes to instructor:

Remember to:

- Allow for inmate questions and responses by presenter,
- Review definitions with inmates and clarify terms as needed, and
- Assure documentation of education is input into inmate's medical record.

Statistics regarding HIV infection within Florida Department of Corrections are available through the central office Clinical Contract Monitor- Public Health.