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Medical
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CHESAPEAKE CITY JAIL
AIDS POLICY AND PROCEDURES

TITLE: MANAGEMENT OF INMATES WITH AIDS AND ARC

SECTION I: DEFINITIONS

AIDS-SURVEILLANCE DEFINITION OF THE CENTERS FOR DISEASE CONTROL

The occurrence of a disease that is at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease. These diseases include:

- Kaposi's sarcoma (in patients less than 60 years of age)
- Primary lymphoma of the central nervous system
- Pneumocystis carinii pneumonia
- Unusually extensive mucocutaneous herpes simplex of greater than 5 weeks' duration
- Cryptosporidium enterocolitis of greater than 4 weeks' duration
- Esophagitis due to Candida albicans, cytomegalovirus, or herpes simplex virus
- Progressive multifocal leukoencephalopathy
- Pneumonia, meningitis, or encephalitis due to one or more of the following:

- Aspergillus, C. albicans, Cryptococcus neoformans, cytomegalovirus, Nocardia, Strongyloides, Toxoplasma gondii, Zygomycosis, or atypical Mycobacterium species (excluding tuberculosis and lepra)

SECTION I, CONT.

AIDS-RELATED COMPLEX (ARC)

Any two clinical Features

Fever $> 100^{\circ}$ \geq 3 months
Weight loss $> 10\%$ or \geq 15 pounds
Lymphadenopathy \geq 3 months
Diarrhea
Fatigue
Night sweats

PLUS:

Any two laboratory abnormalities

Helper T cells $< 400/\text{mm}^3$
Helper: suppressor ratio < 1.0
Leuko-thrombocytopenia, anemia
Elevated serum globulins
Depressed blastogenesis (phytohemagglutinin)
Allergy to skin tests

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SECTION II: EDUCATION AND TRAINING

POLICY:

Education regarding AIDS and ARC is critical to preventing transmission of the disease as well as to alleviating anxiety and misinformation. The current facts about AIDS, including how it is contracted, must be communicated to all staff and inmates.

STAFF TRAINING:

-Every new staff member will receive training on AIDS as a regular and required part of orientation.

-Current staff will receive training on AIDS in in-service sessions.

-Staff training will include:

- A. Introduction to AIDS
 - 1. Definition
 - 2. Affects on human body
 - 3. Contraction
 - 4. Prevention
 - 5. Review of materials
- B. Specific Procedures
 - 1. Correctional activities
 - 2. Medical activities
- C. Questions and Answers
 - 1. Medical Authority
 - 2. Security precautions

-Regular updates and new information regarding AIDS will be a part of on-going in-service training.

SECTION II, cont.

INMATE EDUCATION:

-Inmate education will include a discussion of risky sexual and needlesharing practices and the responsibilities of all inmates regarding all types of sexual activity and potentially dangerous behavior.

-Inmate training will stress practical precautionary steps regarding behavior that might increase risk of transmitting or acquiring AIDS virus.

-AIDS information will be a part of basic inmate orientation sessions.

-Health staff will counsel inmates who have further questions about AIDS in confidential settings.

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SECTION III: SCREENING

POLICY

General screening for AIDS will not be done among the inmate population. The National Centers for Disease Control have determined that routine screening for AIDS is not medically productive or desirable.

REQUESTED SCREENING:

- Inmates who desire screening will request this of the jail health care staff.
- Medical staff will interview such inmates and determine if screening should be done.

EVALUATION OF ASYMPTOMATIC PATIENT WITH POSITIVE ANTIBODY TEST TO HTLV-III

1. A repeat serology for HTLV-III antibody (with Western blot) should be performed. In addition, this blood will be stored for future reference.
2. A physical and history examination which would include an examination for symptoms or signs of AIDS/ARC.

Patient History (Review of possible exposure to HTLV-III.)

To evaluate if the patient has had an increased risk of exposure to HTLV-III, a history of the following should be ascertained:

1. Whether or not male patients have had sex with other males or have had sex with prostitutes.
2. Whether or not the patient has injected illicit drugs (parenteral substance abusers) since 1978.
3. Has the patient been treated for hemophilia.

4. Has the patient received a blood transfusion since 1978.
5. Has the patient, since 1978, immigrated from or resided in countries with a high incidence rate of AIDS (i.e. Central Africa or the Caribbean).
6. Has the patient had symptoms consistent with AIDS or AIDS-related complex (ARC) such as persistent diarrhea, weight loss or lymphadenopathy (see below).
7. Is the patient a sex partner of individuals in any of the above groups or sex partner of a person with a positive HTLV-III antibody test, including AIDS or ARC patients.

Physical Examination

This examination should include a review of symptoms such as unexplained and persistent fever, night sweats, lymphadenopathy, persistent marked fatigue, unexpected weight loss, persistent herpes simplex infection, and oral candidiasis. A history of sexually transmitted diseases including viral hepatitis should be ascertained.

The physical examination should include the routine features of a normal exam, including an oropharyngeal and rectal exam, skin lesions and lymphadenopathy should be noted.

If the patient is found to be symptomatic, a more extensive clinical evaluation is necessary.

Laboratory Testing (for asymptomatic patients)

Laboratory testing should be limited to the following:

1. Complete blood count with differential
2. Skin tests for allergy and for TB

Counseling

Asymptomatic patients should probably be reevaluated at six-month intervals.

SECTION III, cont.

EVALUATION OF SYMPTOMATIC PATIENT WITH A POSITIVE
ANTIBODY TEST TO HTLV-III

Patients with AIDS-related complex or AIDS should receive the same evaluation as those who are asymptomatic with the addition of a more extensive medical evaluation of symptoms. This evaluations may be provided in an off-site health care setting.

These patients all should receive extensive counseling regarding sexual activity, drug abuse and emotional support.

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SECTION IV: HOUSING

POLICY:

Based on guidelines from the Centers for Disease Control, no special housing arrangements are required except under certain medical circumstances.

- A private room or cell will be assigned only when the PA or staff feels its in the best interest of the institution and the inmate.

- Housing decisions regarding AIDS and ARC inmates will be made on a case-by-case basis, strictly on the basis of medical advice.

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SECTION V: PRECAUTIONS

POLICY:

Clinical and laboratory staff who care for AIDS patients and who may come into contact with the blood or bodily fluids of AIDS patients will follow the guidelines recommended by the Centers for Disease Control. They will take care to avoid direct contact of skin or mucous membranes with blood, blood products, excretions, secretions, and tissues of persons judged likely to have AIDS.

- Avoid needlesticks and other sharp instrument injuries
- Wear gloves and gowns when there is potential for contact with blood and bodily fluid
- Wash hands after removing gloves and gowns and after leaving patient's room; wash thoroughly after any contact with blood or body fluids
- Container and label precautions for blood and other specimens
- Disinfect and decontaminate according to general procedures
- Clean blood/body fluid spills quickly
- Discard needles in puncture-resistant container
- Use disposable needles and syringes

-Recommended disinfectant is one cup of Clorox or Purex bleach per gallon of water, prepared daily and kept in a covered container.

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SECTION VI: WORK AND PROGRAM ASSIGNMENTS

POLICY:

Inmates with AIDS will be allowed to participate in normal work and program activities to the fullest extent allowed by their health status, to be determined by the medical staff.

-Work assignments will be consistent with an inmate's overall health status, and in line with other security conditions.

-Exercise, educational and counselling programs will be open to AIDS patients if determined appropriate by clinical staff.

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SECTION VII: CONFIDENTIALITY

POLICY:

The diagnosis of AIDS is a confidential medical procedure. Clinical staff will instruct correctional staff in any care or restrictions required for an inmate without revealing the nature of the ailment.

-Person known to have AIDS or ARC may suffer ostracism, threats and violent intimidation, as well as discrimination from staff and other inmates.

OPTIONAL, OPPOSING POLICY:

The jail has a responsibility to protect staff, other inmates, and the public from AIDS infection. Correctional staff will be notified of inmates having a confirmed diagnosis, and are expected to react in a professional manner to this inmate.

-Further dissemination of the diagnosis will not be tolerated.

MYTH VS. FACT

The following facts are based on information released by the Centers for Disease Control in Atlanta.

1. MYTH: It is unsafe to work in the same office with an AIDS victim, use the same telephone, eat food that has been handled by an AIDS victim or shake hands with someone who has AIDS.

FACT: There is no evidence that AIDS can be transmitted through casual contact: shaking hands, being in the same room as a patient, breathing the same air, working together or eating together, according to the Centers for Disease Control.

As more and more evidence accumulates, it all shows that AIDS is essentially a venereal disease which is transmitted primarily through sex and less frequently through contaminated needles. Large quantities of infected materials (blood or semen) seem to be needed in order to spread the disease. The evidence comes from two sources.

A. Experience with the AIDS virus

Many studies have now been done on people who have worked or lived with AIDS patients in order to determine the actual experience with transmission of the AIDS virus. These "epidemiological" studies have shown virtually no chance of getting AIDS except through sex.

Health Care Workers: No health care worker who has cared for an AIDS patient has gotten AIDS (except for those who are already part of one of the main risk groups), although a few have been infected with the virus through needle sticks.

Several hundred health care workers who have been stuck by contaminated or directly exposed on other ways are also being followed. The only confirmed case of transmission of the virus to a hospital worker because of a needle stick occurred in England where the worker accidentally injected a large amount of contaminated

blood into herself. Three and one-half weeks after the needle stick, no antibody was found in her blood, but 7 weeks later, the anti-body was found in her blood.

Two workers who do not belong to one of the risks groups who may have become infected with the AIDS virus after being stuck by a needle from an AIDS victim or cut themselves with a sharp instrument contaminated with the blood of an AIDS patient. These cases are possible, but not confirmed occupational transmissions, however, because no blood test was done at the time the workers suffered the wounds. There is, therefore, no proof that the workers did not have AIDS before the cuts or sticks.

Family Members: Apart from sexual partners of AIDS victims or infants born to infected mothers, not one family member of the almost 14,000 AIDS victims in the U.S. has ever gotten AIDS or become infected with the virus.

Several studies have now been done on family members of AIDS victims. Many of these family members lived with and cared for these individuals before AIDS was even identified. Many of the family members shared toothbrushes, razors, unwashed dishes and glasses, beds, toilets, bathrooms and kitchens. They assisted the AIDS victims with bathing, dressing and eating, and hugged and kissed them on the cheeks and lips. Many of the family members were young children who shared toys that had been licked and not cleaned. Yet not one of these family members has ever gotten AIDS or even been shown to have been infected with the virus.

B. The Nature of the AIDS Virus

In order for a disease to be easily transmittable, it must be present in a certain fluid in high concentrations and must be durable enough to survive disinfection procedures. All evidence shows that the AIDS virus is neither very numerous nor is it very durable.

*The AIDS virus, which is transmitted in the same way as the Hepatitis B virus, is 100,000 times less concentrated in the blood than the Hepatitis B virus.

*The AIDS virus is much easier to kill with a disinfectant than the Hepatitis B virus. A simple solution of 1 part 5.75 Sodium Hypochlorite (household bleach) to 9 parts water is many times more powerful than is needed to kill the AIDS virus.

*Although there have been a few cases where the AIDS virus has been located in saliva, it was present in extremely low concentrations. Again, considering how unlikely it is that a worker will get AIDS even from being stuck by a contaminated needle or that family members will get AIDS from an infected individual, it is extremely unlikely, if not almost impossible, for the disease to be transmitted through saliva.

2. MYTH: If you are infected with the AIDS virus, you have a 100% chance of dying within five years.

FACT: Over five years of experience has shown that only about 10% of people who have been infected by the AIDS virus actually get AIDS. Another 25% get what is called "AIDS Related Complex" (ARC) and of these, 5-20% will get AIDS. The rest will have no symptoms for at least five years. Although it is still unclear whether some or most of these people will get AIDS or whether they will live perfectly normal lives, the fact remains that, as far as we know, many more people who have actually been infected with the AIDS virus will live perfectly healthy lives than will die of the disease.

3. MYTH: All of the above epidemiological evidence is irrelevant because the incubation period for AIDS is five years.

FACT: Although it may take up to five years between exposure to the virus and actually getting AIDS, the average is only two years. But more important, it is only a matter of weeks or months between exposure to the virus and the time that the anti-body can be detected in the blood. All of the above epidemiological studies were based on looking for the antibody in the blood, not on whether the person actually has AIDS.

4. MYTH: Extreme precautions must be taken in health care institutions where AIDS victims are cared for.

FACT: The only precautions that need to be taken are those which already should be taken to prevent Hepatitis B and other blood or fluid borne diseases. These include strict needle control procedures and the use of gloves and gowns when handling blood or other body fluids. Good hygiene, such as hand washing should also be regularly practiced.

5. MYTH: If you get bitten by an AIDS victim, you are doomed.

FACT: If you are bitten by someone with AIDS and the skin is broken and there are also large amounts of blood in the attacker's mouth, you would have approximately the same or less chance of contracting AIDS as a hospital worker who is stuck by a contaminated needle. As we have seen, there is almost no chance you would get AIDS or even be infected with the virus.

6. MYTH: Everyone should be tested for AIDS, or at least all homosexuals and food processors.

FACT: There is no actual blood test for AIDS. The so-called AIDS test, (known as ELISA -- Enzyme linked immunosorbent assay), only tests for the anti-bodies of AIDS that develop if a person has been exposed. This screening is not necessary or recommended because it does not tell you:

*If the person has AIDS,

*If the person will actually get AIDS,

*If the person is still contagious.

It only tells you if the person has been exposed to AIDS and was at one time infected with the virus.

Even if a hospital patient, for example, is found to be contaminated, the procedures that should be taken are no different than those blood and body fluid precautions that should already be in force. And there is no evidence that AIDS can be transmitted through food handling.

NOTE: Although AFSCME is consulting with CDC about the advisability of screening of inmates or residents in correctional institutions or mental health facilities where violence or unsanitary conditions are common, AFSCME strongly opposes screening of any other groups of persons.

7. MYTH: All AIDS patients should be quarantined.

FACT: This would be unnecessary, ineffective, impossible and a serious violation of civil rights.

*It would be unnecessary because AIDS cannot be transmitted through casual contact.

*It would be ineffective because, even if AIDS could be transmitted through casual contact, for every actual AIDS victim, there are 50 to 100 other people -- possibly as many as 1.5 million people in the U.S. -- who may now have been infected and may be contagious.

*It would be impossible because the whole country would have to be tested and many people would not do so voluntarily knowing that they might be confined for the rest of their lives.

*It would be a violation of civil rights because it would inevitably lead to witch hunts against people who are suspected of being gay or members of other risk groups.

NOTE: Due to the high potential for violence and the difficulty in implementing proper infectious disease control procedures in the general prison population, AFSCME generally recommends the isolation of prisoners in correctional institutions so that proper disease control procedures can be more easily implemented.

8. MYTH: AIDS is spreading rapidly into the heterosexual community and pretty soon we'll all have it.

FACT: AIDS is spreading into the heterosexual community, but the percentage of heterosexual AIDS victims has remained the same (2%) for 5 years. Most of the heterosexual AIDS victims are female I.V. drug users. Others have had sexual intercourse with infected individuals. Prostitution may become an important method of heterosexual transmission. Five out of 92 prostitutes tested in Seattle, and one out of 25 in Miami were found to be carrying the AIDS virus.

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AIDS INFORMATION ON FREQUENTLY ASKED QUESTIONS
ACQUISITIONS1. WHAT IS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND HOW IS IT CAUSED?

Acquired Immune Deficiency Syndrome (AIDS) is a disease that is caused by a virus. AIDS damages the body's immune system, resulting in infections and cancers that would not usually be a threat to healthy people. These illnesses are referred to as "opportunistic" infections and malignancies.

2. HOW IS AIDS TRANSMITTED?

The AIDS virus is transmitted sexually or by direct contact with blood or body secretions (e.g. semen, feces). AIDS IS NOT TRANSMITTED BY CASUAL CONTACT. It has been described as a disease which is not "easy to come by."

3. HOW IS AIDS DIAGNOSED?

There is currently no single test that can determine if a person has AIDS. The diagnosis of AIDS is based on the person's overall medical history, the findings on a physical examination, and the presence of certain tumors or opportunistic infections when no other known cause for an immune deficiency can be found. Certain tests of immune functions may also give evidence suggesting immune deficiency.

4. WHY SHOULD I BE CONCERNED ABOUT AIDS?

AIDS usually occurs in previously healthy people in the prime of life. It has a very high fatality rate; almost all person die within three years from the time of diagnosis. However, few persons have survived for three or more years. Researchers do not know of any person with AIDS who has regained lost immunity. Thus, AIDS survivors continue to face a high risk of developing opportunistic infections and cancers.

Very large direct health care costs are required for the treatment of AIDS. The average AIDS patient spends two months of the remainder of his or her life in the hospital, at a total cost of

over \$100,000. Aside from the direct medical costs associated with AIDS, the other costs -- economic, psychological, and personal -- are inestimable.

5. WHO IS AT RISK OF GETTING AIDS?

In the United States, about 73 percent of these affected are sexually active homosexual and bisexual men, and about 18 percent are persons who abuse drugs by needle infection. About 1 percent of the reported cases have occurred in persons who have received a blood transfusion; about 1 percent are persons with the blood disorder called hemophilia; and another 1 percent have occurred in heterosexual women who were intimate contacts of persons infected with the AIDS virus.

The risk of developing AIDS appears to be extremely low for people who do not have intimate sexual contact with persons infected with the AIDS virus. Even health professionals who care for persons with AIDS are at low risk when reasonable infection control precautions are taken.

6. HOW IS AIDS CONTRACTED?

Aids is transmitted only by direct intimate contact with infected blood or body secretions; it is not acquired by casual contact. The ways that AIDS may be acquired are:

- a. By sexual contact with body secretions of a person who is infected with the AIDS virus. This person may look and feel well.
- b. By sharing unsterile hypodermic needles used with illegal drugs such as heroin, thereby receiving small amounts of blood from a person who may be a carrier of the AIDS virus.
- c. AIDS has been acquired through transfusions of infected blood or blood products. Now, however, this is rare, since current blood bank testing procedures are effective in preventing contaminated blood from being used for transfusion. In this regard, it should be noted that the transfusion of blood or blood products is important in the treatment of

many serious or life threatening conditions, and the extremely small risk of contracting AIDS should not prevent anyone from consenting to blood transfusion when it is necessary. Also, it should be pointed out that there is no risk whatsoever, insofar as AIDS is concerned, in donating blood to a hospital or blood bank.

7. WHAT IS THE AIDS VIRUS ANTIBODY TEST?

Blood tests to detect antibodies to the AIDS virus indicate whether a person has been exposed to the virus. The tests currently in use do not indicate whether the person does or does not have AIDS or whether it will be contracted in the future. A positive test result means only that the individual has been exposed to the AIDS virus and that the body has developed antibodies in response to that exposure. In fact, even with those who have a positive test result, most will not contract AIDS, based on what we know now.

A number of health departments are offering the blood test to persons who wish to have it, and will treat all test results with strict confidentiality. Some may restrict testing to those whose histories suggest they are in a high risk category. Persons who consider themselves to be in a high risk category and who wish to be tested, should contact their local health department or a physician.

A negative blood test means that the blood does not contain antibodies to the AIDS virus at this time. This probably means that exposure to the virus has not yet occurred; however, in some cases of actual viral infection, antibodies are not produced or do not remain in the blood. A negative result also does not mean that infection could not occur in the future. Therefore, even those individuals who have a negative blood test should be aware of precautions which should be taken by any prudent person.

Again, a positive blood test result means only that, at some point in time, the individual has been exposed to the AIDS virus, and that the body produced antibodies in response to that exposure. It does not necessarily mean that AIDS will

develop. Only a small percentage of people with antibodies will develop AIDS. The tests cannot determine when the exposure to the virus took place. However, most persons with positive blood test are carrying the AIDS virus and are capable of transmitting it to others by intimate contact with infected blood or body secretions. Therefore, individuals with positive blood test results must be aware of the steps they can take to prevent the likelihood of spreading the virus. Despite a positive test result, day to day contact with other people at work and in the community can continue as usual. Relations with family and friends can be normal; hugging and kissing on the cheek do not spread the virus.

8. CAN AIDS BE PREVENTED?

Since AIDS is a communicable disease that is sexually transmitted, common sense, as well as results of scientific studies, support the following recommendations:

- a. The most certain way to avoid exposure to AIDS virus is to abstain from sexual activity that permits contact with blood or body secretions (including semen, saliva, urine, and feces) of any person at high risk of AIDS. A current mutually monogamous homosexual relationship introduces no new risk factors provided that neither partner has other sexual partners. There is a great deal of risk in having casual sexual relationships with men who have ever been homosexually active with many partners; this places an individual in an especially high risk category.
- b. If an individual decides to continue casual encounters or nonmonogamous relationships, limiting sexual practices to those that do not permit direct contact with secretions probably reduces the likelihood of transmitting the virus. Condoms do not guarantee safety, but they may reduce the degree or risk associated with vaginal and rectal intercourse as well as oral-genital contact, and they should be used for any sexual contact that is expected to result in ejaculation. Since the AIDS virus has been

found in saliva of some persons who have AIDS, open-mouthed ("French") kissing also may carry some risk.

- c. Drug abuse by the use of unsterile or shared needles must be avoided. Tattooing may cause similar contagion.

9. IS AIDS KILLED BY USING SOAP AND WATER?

The AIDS virus dies quickly outside the body and is easily killed by soap and by common cleansers and disinfectants. Also, infection may require exposure to large amounts of the virus or repeated exposure. AIDS is not spread by casual contact, such as shaking hands, hugging, touching objects handled by a person with AIDS, or by spending time in the same house, business or public place. People need not worry about "catching AIDS" from mere casual contact. Also it is not appropriate to assume that someone has AIDS just because they may be homosexual or a drug user, or even if they appear to have symptoms linked with AIDS. But, if this is someone with whom a close physical relationship exists, the preventive measures described above should be heeded:

10. WHAT IS KNOWN ABOUT THE OPPORTUNISTIC INFECTIONS AND CANCERS SEEN WITH AIDS?

The opportunistic infections and cancers seen with AIDS are not new. Kaposi's sarcoma (KS), a type of cancer, was described over 100 years ago. Prior to 1980, KS primarily affected elderly men and was seldom fatal, even 5 to 10 years after diagnosis. It is also seen among children and young adults in some parts of equatorial Africa and a few other locations. Pneumocystis carinii is a small protozoan (one-celled) parasite that is common in the environment. However, it causes pneumonia only in patients with AIDS or with other severe underlying illness (such as leukemia) or in patients receiving intensive therapy with drugs that suppress the immune system (such as those used with kidney transplant patients).

11. IS THERE A RELATIONSHIP BETWEEN LIFESTYLE AND AIDS?

Except for what we have already discussed -- homosexuality, casual sex with many partners, IV drug use, tattooing, etc. it is not known whether specific lifestyle habits contribute to AIDS. However, physical and emotional stress may hamper the body's ability to fight infections. The drugs that people use, and one's general physical and mental health, all have a significant impact on the body's ability to heal itself. A good diet, getting enough rest, and taking good care of yourself, can help your body stay in good condition. This is important, even though it may not necessarily protect one from contracting any illness. Also, it is not a substitute for the preventive measures which have been discussed. The age-old recommendations of "moderation in all things" and "healthy mind in a healthy body" probably still hold. In summary, be caring of yourself and others.

12. WHAT ARE THE SYMPTOMS OF AIDS?

The symptoms of AIDS are similar to those associated with other less serious diseases. However, the presence of these symptoms does not necessarily mean that a person has AIDS. However, it would be wise for persons, especially those in high-risk groups, to consult with a doctor when one or more of the following symptoms seem to be persistent:

- a. A fever without a known cause which has persisted for 2 weeks or more. Also, fever with breathing difficulty can be symptomatic of AIDS.
- b. Night sweats, that is, being awakened by sudden onset of severe sweating that soaks the bedsheets when the room is not hot and heavy covers are not being used.
- c. A persistent dry cough, not due to smoking, that has lasted too long (more than two weeks) to be due to a cold or the flu, or any cough accompanied by shortness of breath.

- d. Loss of appetite severe enough to cause unintentional weight loss of 10 or more pounds.
- e. Unexplained diarrhea that persists for more than two weeks.
- f. Swollen lymph nodes or glands. Abnormal swollen glands are usually not painful and may occur in more than two areas of the body. They appear as lumps that can be felt under the skin, most commonly in the neck, the armpits, or the groin.
- g. Unexplained skin lesions, especially when there are newly-appearing painless pink, brown, or purple spots or bumps. The lesions may appear anywhere on the skin, or on the inside of the mouth, nose, eyelids, rectum or feet. They often look like a bruise, but instead of getting better and going away, they gradually get larger. They may feel harder than the skin around them but are not usually painful and do not itch.
- h. Yeast (fungus) infections that keep recurring or that persist for several weeks. Yeast infections appear as white patches, usually in the mouth or throat, or cause itching, soreness and sometimes cracking of the skin, especially around the anus or the corners of the mouth.

13. WHAT ARE THE PRECAUTIONS TO BE TAKEN WHEN GIVING FIRST AID OR CPR?

The following special precautions are not related solely to AIDS. Rather, they should be observed when working with any offender or member of the general public in order to reduce the chance of catching any one of several communicable diseases.

a. CPR

Cardiopulmonary resuscitation must be given to people in need of this life saving procedure. While there is always some risk of being exposed to a communicable disease when giving CPR, the risk is considered to be small.

To minimize the risk of contamination, the Department should ensure that "pocket masks" are strategically located and readily available to all staff when emergency resuscitation must be initiated. However, if a mask is not immediately available, mouth-to-mouth must be initiated when necessary to save a life.

b. FIRST AID

It is always wise to be cautious and aware of infection control measures when assisting trauma victims. If contact with human blood, urine, feces, or other body secretions occur, thorough washing with soap and water is important, and soiled clothing should be changed as soon as practical. We know, for example, that the AIDS virus is readily killed by soap and water and by common disinfectants. You should avoid touching your mouth or eyes with your hands or any items contaminated by blood, feces, or other body secretions. Personnel with wounds or abrasions on exposed body surfaces, such as the hands or face, should try to protect those areas from contact with blood or secretions when emergency treatment is being given. It is good practice to wear disposable gloves while handling items contaminated by blood, feces, or body secretions; this is especially important for personnel with wounds or abrasions on the hands. Your department should ensure that these are readily available also.

14. WHAT PRECAUTIONS SHOULD BE TAKEN WHEN DEALING WITH BELLIGERENT INDIVIDUALS?

When confronted with an uncooperative person, it is prudent to avoid contact of saliva or blood with the eyes or mouth, and to avoid being bitten. If an altercation results in contact of your hand or other body parts with blood, saliva or feces, the same precautions previously described should be observed.

If the mouth, eyes, or an unprotected cut are directly exposed to blood, saliva, urine or feces, then the worker should thoroughly wash the

area(s), inform their supervisor, and consult with a physician. In some cases, it may be important to learn about the health status of the person who was the source of the blood or secretions in order to determine if any protective measures should be taken.

15. WHEN DEALING WITH AIDS, ARE THERE SPECIAL CONSIDERATIONS RELATED TO CONFIDENTIALITY?

The answer to this question is "yes and no." No, in the sense that Departments require confidentiality in all medical matters except on a "need to know" basis. Yes, in the sense that violating confidentiality concerning AIDS can have far greater consequences and cause a threat to the security and the welfare of offenders and staff. Violating an offenders right to confidentiality is in violation of law and makes the person who violates that confidentiality personally liable for the consequences.