Department of Health

TRANSFORMING THE UK'S RESPONSE TO HIV

NAT

# Tackling Blood-Borne Viruses in Prisons

## A framework for best practice in the UK

Updated May 2011

# Foreword by
# Deborah Jack

I am delighted to introduce this updated version of Tackling Blood-Borne Viruses in Prisons - A framework for best practice in the UK. The original framework was published in 2007 and has had a considerable impact on the way that prisons approach blood-borne virus prevention and testing, as well as care for those living with HIV, hepatitis B or hepatitis C.

Tackling blood-borne viruses is an important public health concern, and investing in appropriate services will ensure long-term cost-effectiveness.

With the significant changes we are seeing to the prison and health landscape, from the transformation of healthcare commissioning in England to the provision of prison healthcare in Scotland moving from the prison service to the NHS, it is more important than ever that the health needs of prisoners are met.

We hope that you find the updated framework useful and that it will assist you in taking a strategic approach to tackling blood-borne viruses and meeting the needs of those in your care.

Deborah Jack
Chief Executive, NAT

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| **Author** | NAT (National AIDS Trust) |
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| **Target audience** | Prison Healthcare Managers, Clinical Leads, Prison Governors, Commissioners, Prison Inspectors, the Care Quality Commission. |
| **Description** | This is a best practice guide for tackling blood-borne viruses (BBVs) in prisons. It is structured around the prisoner pathway, providing details of actions prison healthcare can take to tackle BBVs throughout reception and induction, custody, transfers, and release and resettlement. |
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# Introduction

**In this section:**



## Who this framework is for

This framework is intended to be a practical resource for those who have responsibility for the health and well being of prisoners and prison staff in the UK. In particular this is aimed at Healthcare Managers within the prison service; although it will also be relevant to Prison Governors, voluntary organisations and other providers delivering services in prisons. It will also be a valuable tool for those with responsibility for commissioning BBV services in prisons and provide a clear benchmark for inspection, audit and performance management in prisons.

The aim of this framework is to ensure high quality standards of care and support, and to ensure that prevention and testing are given appropriate attention at different stages of the prisoner pathway. By investing in prevention and testing, you will not only promote public health, but will also ensure a cost-effective approach to health in your prison.

## Why tackling blood-borne viruses is important

BBVs are a serious public health concern. They are viral infections passed between people through contact with infected blood and other bodily fluids. They can cause severe illness and even death, yet they can be prevented or avoided.

Those of greatest concern in the prison context are hepatitis B virus (HBV), hepatitis C virus (HCV) and the human immunodeficiency virus (HIV).

Prisons are not isolated institutions and failing to respond effectively to BBVs puts everyone at risk: prisoners, their families and the wider community. As well as harming individuals, BBV infection also uses up valuable prison healthcare resources. As professionals responsible for the healthcare of prisoners and prison staff, you must accord the issue its proper priority and Government policy makes it clear what is expected. [v] [vi] [vii]

### Box 1: Prisoners and drug use

Between a third and a half of new receptions into prison are estimated to be problem drug users (equivalent to between 45,000 and 65,000 prisoners in England and Wales). [i] 69% of those who enter prison have taken drugs within the previous 12 months. Of these, 40% report injecting drug use within the 28 days preceding imprisonment. [ii]

As the possession of injecting equipment is strictly prohibited in prisons, prisoners who inject are likely to share any such items that they manage to acquire. [iii] A UK study of prisoners and HIV found that 75% of adult male prisoners and 69% of adult female prisoners who had injected drugs inside prison had shared needles or syringes. [iv]

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i UK Drug Policy Commission (2008), *Reducing Drug Use, Reducing Reoffending*. London: UKDPC.

ii Professor Lord Patel of Bradford (2010), *The Patel Report: Reducing Drug-Related Crime and Rehabilitating Offenders*. London: Department of Health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119851

iii Prison Service Instruction 34/2007, *Re-Introduction of Disinfecting Tablets*. http://psi.hmprisonservice.gov.uk/PSI_2007_34_disinfecting_tablets.doc

iv Weild AR et al (2000), 'Prevalence of HIV, Hepatitis B, and Hepatitis C Antibodies in Prisoners in England and Wales: A National Survey'. *Communicable Disease and Public Health*, 2:121-126 (summary) accessed via http://www.aidsmap.com/cms1324135.aspx

v Department of Health (2004), *Choosing Health: Making Healthy Choices Easier*. London: Department of Health. http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

vi Department of Health (2002), *Health Promoting Prisons – A Shared Approach*. London: Department of Health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006230

vii Scottish Prison Service (2002), *The Health Promoting Prison: A Framework for Promoting Health in the Scottish Prison Service*. Edinburgh: Health Education Board for Scotland. http://www.sps.gov.uk/multimediagallery/EC07D0DC-6A27-4ACE-91BC-BE29E1F49191.pdf

# Introduction

Prevalence of HIV and HCV is higher in the prison population than in the general population. [viii] Research from the late 1990s showed that the HIV rate in prison for men is 15 times higher than the rate in the general population, and the HVC rate in prison for men and women was 20 times higher than the rate in the general population. [ix]

Prisoners are some of the most vulnerable people in the UK to BBV infection because:

- A high proportion of prisoners are injecting drug users (IDUs) [x] and the sharing of injecting equipment for drug use poses a very high risk of BBV transmission
- There is some evidence that people who offend are at greater risk of BBV exposure due to heightened sexual risk taking [xi]
- Prisons are an environment where practices which increase the risk of BBV transmission (for example sharing injecting equipment, unprotected sex and tattooing) continue to take place. [xii xiii]

Fortunately, there are prisons all over the country doing good work to get to grips with the problem. Simple measures can often make a big impact. In this guide we aim to give accessible advice about what needs to be done and how services for people in prison around the country can be most effectively designed and implemented.

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viii Prison Reform Trust and NAT (2005), *HIV and Hepatitis in UK Prisons: Addressing Prisoners' Healthcare Needs*. London: Prison Reform Trust and NAT. http://www.nat.org.uk/Media%20Library/Files/PDF%20documents/prisonsreport.pdf

ix Department of Health (1998), *Prevalence of HIV in England and Wales 1997*. London: Department of Health.

x Health Protection Agency (2005), *Shooting Up: Infections Among Injecting Drug Users in the United Kingdom 2004*. London: Health Protection Agency. http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947378477

xi Strang, J., Heuston, J., Gossop, M. et al. (1998), *Research Findings 82: HIV/AIDS Risk Behaviour Among Adult Male Prisoners*. London: Home Office. http://www.homeoffice.gov.uk/rds/pdfs/r82.pdf

xii Centers for Disease Control and Prevention. (2006), 'HIV Transmission Among Male Inmates in a State Prison System – Georgia, 1992-2005'. *MMWR Weekly*. 55(15):421-426. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5515a1.htm?s_cid=mm5515a1_e%0d%0a

xiii Strang, J., Heuston, J., Whiteley, C., et al (2000), 'Is Prison Tattooing a Risk Behaviour for HIV and Other Viruses? Results from a National Survey of Prisoners in England and Wales'. *Criminal Behaviour and Mental Health* 10:60-66.

# The Basics

**In this section:**



## Hepatitis B

Hepatitis B virus (or HBV) is a vaccine-preventable BBV. It is a virus which infects the liver, causing inflammation. This damage will be temporary in most people who are infected, and eventually the liver will recover. However, in a small number of people, infection can persist. About five percent or less of previously healthy people, infected as adults, become chronically infected. [i] The risk is incresed in those whose immunity is impared. Such people are at increased risk of cirrhosis or liver cancer. Acute infection may occasionally lead to severe liver damage which is often fatal.

Most people will recover from HBV without treatment within six months of infection, unless they were infected at birth or in childhood. Even for those who do not recover treatment is not always necessary. Treatment rarely cures the infection but it can keep it under control and prevent liver damage. The most common treatment for those who need it are anti-viral pills that have to be taken daily for years. They have very few side-effects. Sometimes Interferon is used instead in a 48-week course. This can have more side-effects.

### HBV and HCV prevention advice for prisoners

- Be vaccinated against HBV
- Never share injecting drug equipment; this includes syringes, filters, spoons, tourniquets, swabs and water as well as needles
- Never share tattooing or body piercing equipment
- Always use a condom and water-based lubricant during sex
- Never share toothbrushes, razors, scissors, hair clippers or other personal items that may come into contact with blood
- Use disinfecting tablets to clean injecting equipment, razors, and any other items that may have come into contact with blood or body fluids [ii]
- Keep cuts, scratches, bites, new tattoos and open wounds clean and covered with a waterproof plaster.

### Transmission

The virus is present in bodily fluids such as blood, semen, and vaginal fluid and is very infectious. Key transmission routes in prisons are:

- Sharing injecting drug equipment, including spoons and filters
- Sharing equipment for snorting drugs such as straws or rolled notes
- Sharing tattooing or piercing equipment
- Sex without a condom.

Prisoners are identified as being at particular risk of HBV because of the high proportion of prisoners who are current or former injecting drug users (IDUs).

### Vaccination

A vaccine is available and is 95% effective at preventing children and adults from developing HBV if they have not yet been infected. [iii] HBV vaccine is recommended for all sentenced prisoners and all new inmates entering prison in the UK, and all prison staff who are in regular contact with prisoners.

For prisoners it is recommended that the super-accelerated

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i Hyams KC (1995), 'Risks of chronicity following acute hepatitis B virus infection: a review', *Clinical Infectious Disease* 20:992–1000

ii Prison Service Instruction 34/2007, *Re-Introduction of Disinfecting Tablets.* http://psi.hmprisonservice.gov.uk/PSI_2007_34_disinfecting_tablets.doc

iii WHO (2000), *Hepatitis B, Factsheet no 204.* http://www.who.int/mediacentre/factsheets/fs204/en/

# The Basics

vaccination schedule be offered (zero, seven, 21 days), with the first dose administered as part of the reception health check. A dose at month 12 is also recommended. However this is difficult to provide in prisons as most prisoners spend six months or less inside. Therefore the focus is to ensure three doses of vaccine within three weeks. The first dose of vaccine will afford some level of protection; however, it is important to complete all three doses to ensure full protection.

Blood tests before or after vaccination are not recommended in prison settings since prisons are considered a high-risk environment for HBV infection and there should be no delay in vaccination. The HBV vaccine is very safe and there are no contraindications from receiving extra doses.

For prison staff, the vaccination is usually provided by occupational health services or equivalent using a dosing schedule of zero, one and two months or zero, one and six months, depending on circumstances and how rapidly protection is required. A fourth dose at month 12 is recommended and should be documented for occupational health purposes. Prison staff who are also NHS healthcare workers should have a certificate of HBV immunity before commencing their job.

**Post-exposure prophylaxis (PEP)**

If someone has been exposed to HBV, there is treatment available which can stop them from becoming infected. Any event where there is the possibility of transmission of HBV or other BBVs should be reported as soon as possible, for both prisoners and prison staff, to an appropriately qualified healthcare provider (occupational health services for prison staff and prison health services for prisoners). Depending on the vaccine or immune status of the recipient, the HBV status of the donor, and the nature of the exposure event, treatment may require one or more doses of HBV vaccine and possibly HBV immunoglobulin.

Healthcare staff in prisons can receive further advice from their local Health Protection Unit (HPU), details of which can be found at www.hpa.org.uk. Prison staff will be provided with advice from their occupational health service provider.

For both prisoners and staff, it is important that incidents are reported and managed quickly as interventions with vaccine and/or immunoglobulin are more effective if given soon after the incident. Blood will be taken at the time of the incident and the patient will then be tested at three months and six months after the event to check for signs of infection.

For details about PEP for prisoners look at Box 3 on page 8, for information about PEP for prison staff, see 'Meeting the needs of staff' on page 22.

**Testing for HBV and HCV**

HBV is diagnosed by a simple blood test. Liver function tests can also be carried out to measure substances in the bloodstream that may indicate liver damage. HCV is diagnosed through a series of blood tests.

Testing guidelines state that HBV and HCV testing should be offered to those who have the symptoms or signs of infection; and should be routinely offered to those who are identified to be at increased risk of infection such as injecting drug users and men who have sex with men.

For further information about what is recommended for HBV and HCV testing see the British Association of Sexual Health and HIV's document *Sexually Transmitted Infections: UK National Screening and Testing Guidelines* www.bashh.org/documents/59/59.pdf

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## Hepatitis C

Hepatitis C virus (HCV) is another virus which can be transmitted from infected blood or bodily fluids. It can also severely damage the liver, as well as other parts of the body including the immune system and brain. Unlike HBV, persistence of infection is the rule rather than the exception, with more than half of those infected experiencing chronic infection. This is associated with a significant risk of cirrhosis or liver cancer.

There is treatment available. How effective it is depends on both the type of HCV, the amount of damage done and the time that treatment is being considered. Everyone with HCV can be considered for treatment, unless there are contraindications, although not all choose to do it. In some cases patients are simply monitored to see whether damage to the liver is occurring or progressing.

Treatment is currently a combination therapy of two drugs: Interferon and Ribavirin. Interferon is given by injection once a week. Ribavirin is a tablet taken orally twice a day. Treatment for HCV lasts for six to 12 months. Support during the treatment programme is required and is associated with a higher level of treatment completion. Research into new treatments continues and newer drugs may be available soon which will improve treatment outcomes for many people who are infected.

### Transmission

The route of transmission for HCV is mainly via blood. Key transmission routes in prisons are:

- Sharing injecting drug equipment
- Sharing equipment for snorting drugs such as straws or rolled notes
- Sharing tattooing or piercing equipment
- Sex without a condom, especially where blood or trauma are involved.

Again, prisoners are identified as being at particular risk of HCV because of the high proportion of prisoners who are current or former IDUs.

### Vaccine

There is currently no vaccine to prevent HCV infection.

### Post-exposure prophylaxis (PEP)

There is currently no treatment which can be given to prevent someone from being infected after they have been exposed to HCV. However incidents where transmission may be a risk should still be reported quickly. This will allow an assessment of risk to be undertaken by an appropriate healthcare worker (prison healthcare services for prisoners and occupational health for prison staff). This may identify other BBV risks (such as HBV and/or HIV) for which post-exposure prophylaxis is indicated. It will also allow for blood to be taken at the time of the incident and for arrangements for further blood tests at month three and month six to be made to check for signs of infection. Prisoners and staff may also need counselling and advice if they have been put at risk and may require advice about use of condoms and other issues to avoid potential onward transmission.

## Box 1: Different condom policies in the UK

Prisoners need access to condoms, as well as lubricants and dental dams, if they are to practice safer sex and protect themselves from HIV and other STIs. Policies on the provision of condoms vary across the UK.

In England, Scotland and Wales, prisons must provide condoms, lubricant and dental dams if prisoners are thought to be at risk of contracting HIV or another STI. Prisons in Northern Ireland are not currently required to provide condoms, but this position is being reviewed.

## Box 2: Where to go for more information about BBVs

For more information about HBV including symptoms and treatment visit the British Liver Trust website www.britishlivertrust.org.uk

For more information about HCV including symptoms and treatment visit the Hepatitis C Trust website www.hepctrust.org.uk

For more information about HIV including symptoms and treatment visit the NAM website www.aidsmap.com

# The Basics

## Box 3: Making sure prisoners know about PEP

Information about PEP for HBV and HIV should be made available to prisoners during reception and induction, as well as other opportunities such as during healthcare appointments.

It should be explained what situations someone might need to access PEP (for example, having unprotected sex or sharing a needle with someone). It should then be explained how PEP works and that it is critical that someone approaches healthcare as soon as possible after exposure, since there is only a small window in which it is effective.

The process for accessing PEP should be made clear, encouraging prisoners to request an emergency appointment with the healthcare team as soon as they are concerned they might have been exposed to HBV or HIV.

### HIV

The human immunodeficiency virus (HIV) attacks the body's immune system, our body's defence against diseases. Without effective treatment the immune system can become very weak and will no longer be able to fight off illnesses. This change usually takes place over many years so infection may not be obvious for a long time. However, research shows that a significant number of people do get symptoms of HIV sero-conversion when they are first infected. This often results in a 'flu-like' illness; the most common symptoms being fever, rash and sore throat occurring together.

There is now very effective HIV treatment, called antiretroviral therapy (ART), which can keep the virus under control and the immune system healthy. When taking ART it is important the drugs are taken at the right dose, at the right time and in the right way as prescribed by the doctor. If the treatment regime is not followed properly, for example if an unplanned break in treatment occurs, HIV can develop resistance to the drugs and the treatment may fail or may have to be changed. This is why it is important that prisoners on ART medication are known to prison health services so that arrangements can be made to ensure there are no unnecessary interruptions or delays to therapy when entering prison or following transfers.

### Transmission

HIV can be transmitted through infected bodily fluids such as semen, vaginal fluids, blood and breast milk. Key transmission routes in prisons are:

- Sex without a condom
- Sharing needles, syringes and other injecting drug equipment
- Sharing tattooing or piercing equipment.

People are more likely to pass on or acquire HIV if they have another sexually transmitted infection.

Again, prisoners are identified as being at particular risk of HIV because of the high proportion of prisoners who are current or former IDUs.

### Vaccine

There is currently no vaccine available to prevent HIV infection.

### HIV prevention advice for prisoners

- Never share injecting drug equipment; this includes syringes, filters, spoons and water as well as needles
- Always use a condom during sex
- Never share tattooing or body piercing equipment
- Use disinfecting tablets to clean injecting equipment, razors etc.

### Post-exposure prophylaxis (PEP)

If someone has been exposed to HIV, there is treatment available which can stop them from becoming infected. It is a four week course of antiretroviral drugs and should be taken as soon as possible (but no later than 72 hours) after potential exposure to HIV to have a chance of stopping infection occurring. It is important to note that PEP can have significant side effects.

## Box 4: Constant opportunities to tackle BBVs

Tackling BBVs should be an ongoing concern. Success will only be seen if you realise that there are constant opportunities to tackle BBVs and the processes described are seen as part of an ongoing programme. For example, someone may have been screened for BBVs and had negative results, but this does not mean that they are not at risk of contracting a BBV and so do not need educational interventions around safer sex and harm reduction.

# The Basics

For detail about PEP for prisoners look at Box 3 on page 8, for information about PEP for prison staff, see 'Meeting the needs of staff' on page 22.

**Testing for HIV**

HIV can be diagnosed through a blood or saliva test from four weeks after infection occurs. If there is a positive result then a further confirmatory test should be done after three months.

HIV testing is recommended in all of the following settings:

- All sexual health services (including those in prisons);
- Antenatal services;
- Termination of pregnancy services;
- Drug treatment programmes (including those in prisons);
- Healthcare services for those diagnosed with TB, HBV, HCV and lymphoma (including those services provided in prisons).

HIV testing guidelines recommend that HIV testing should be offered to those who have the symptoms or signs of HIV infection; and should be routinely offered to those groups who are at increased risk of infection such as men who have sex with men, those from African communities and IDUs.

For more detailed information about what is recommended for HIV testing see the British HIV Association's *UK National Guidelines for HIV Testing* www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf

## Box 5: A holistic approach to tackling BBVs in HMP Bristol

At HMP Bristol, all new prisoners are counted as being at high risk so they are all offered an HIV and HCV test on reception, in the form of dry blood spot testing. These tests are offered again at the secondary health screen and also by CARATS workers. All prisoners are also offered HBV vaccination on reception, of which there is a very high uptake.

The prison has a dedicated BBV nurse who sees all prisoners when they are new to the prison. This nurse educates prisoners about BBVs and how to prevent them, as well as how to reduce the risk of transmission. Part of this involves distributing appropriate literature. There are also special workshops on BBVs to ensure that prisoners have the correct information in order to make informed decisions regarding behaviour. Prison officers also regularly attend BBV education groups to ensure that it is not just the healthcare staff who are able to inform prisoners about BBVs.

Alongside the BBV nurse, there is also a dedicated hepatitis nurse who runs a weekly clinic, and a sexual health consultant who runs a clinic once a week for patients who are living with HIV.

On release, HMP Bristol offers prisoners a discharge pack which contains condoms, information on safer injecting and details of needle exchange programmes, to ensure that all prisoners leaving the prison are able to avoid risk behaviours on their return to the community.

BBVs are a growing problem within the prison environment, and HMP Bristol regularly change their practice to meet the needs of prisoners and ensure that they are receiving the highest possible quality of care. For example, the healthcare team noticed that unsterilised hair clippers were often being shared amongst a large number of prisoners, potentially exposing them to BBVs. Therefore the team explained the risks to senior management, and it has now been agreed that a hairdresser will come in to cut prisoners' hair to avoid the sharing of hair clippers.

# The Basics

## The four objectives you should commit to

In order to strategically plan the response in your prison to tackling BBVs, it is necessary to be clear about what you are trying to achieve. There will be at least four key aims to set yourself and to monitor progress against. These are:

**Processes to be in place to prevent the onward transmission of BBVs.**

This requires:

- Prisoners and staff to understand what BBVs are, how they are transmitted and how this can be prevented
- Prisoners and staff to have the means to prevent the transmission of BBVs. For example, it is not helpful to instruct prisoners and staff on the value of HBV vaccination without making it available.

**Processes must be in place to enable the early diagnosis of BBVs.**

This requires:

- The availability of free, voluntary and confidential testing services, with pre and post test discussion provided in accordance with good practice guidelines [iv] [v]
- The availability of easy-read information for prisoners and staff about what BBV tests are currently available and what the results mean.

## Box 6: Meeting performance indicators in England and Wales

Prison Health Performance and Quality Indicators (PHPQI) were introduced in 2008 to measure the quality of prison health services. All prisons are evaluated and held to account on the basis of these standards.

Many of the PHPQI have relevance to BBV work, for example Indicators 1.13 Equality and Human Rights and 1.19 Substance Misuse Activities. However, most pertinent are:

**1.33 HBV Vaccination of Prisoners** - HBV quarterly reporting confirms that the prison achieves HBV vaccine coverage of 80% or more for all new prisoners received into the establishment in the three months prior to the reference date.

**1.34 HCV** - The following are all evidenced:

- HCV policy agreed by the Prison Partnership Board including, as a minimum, health promotion criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated
- Access to information on harm minimisation, provided through both healthcare and education programmes
- All those at risk are offered confidential screening for HCV: the numbers of tests performed should be recorded.

**1.36 Sexual Health** - The Sexual Health of Prisoners is supported by all of the following. Prisoners:

- Are aware of means of accessing condoms in prisons
- Access the social and life skills modules on sex and relationship education (SRE) or similar
- Have access to a Genito-Urinary Medicine (GUM) service (either provided externally or in house)
- Have access to a chlamydia screening programme, and
- Have access to barrier protection and lubricants.

Both Quarterly Harm Reduction Indicators are relevant:

**3.1 HBV Vaccination Coverage -**

- Vaccine Coverage: describes the overall level of protection for prisoners passing through the prison system. All Prison Partnerships need to ensure that 80% or more is achieved for 'Green' status
- Numerator: number of prisoners vaccinated (at least one dose) within 31 days of reception plus number of prisoners already vaccinated
- Denominator: number of new receptions into the prison in the index month/quarter.

**3.2 HCV Screening** - Total number of prisoners for whom a HCV test has been offered, the offer accepted and the test carried out.

iv British HIV Association, British Association of Sexual Health and HIV and British Infection Society (2008), *UK National Guidelines for HIV testing*. London: British HIV Association. http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf

v British Association of Sexual Health and HIV (2006), *Sexually Transmitted Infections: UK National Screening and Testing Guidelines*. London: British Association Sexual Health and HIV. http://www.bashh.org/documents/59/59.pdf

# The Basics

## Box 7: Ideas for developing a BBV policy

1. Basic facts about how BBVs are spread, prevented and treated, and why prisons must respond effectively
2. The aims and objectives of the policy, how it will be monitored and updated, and who is responsible for it
3. Measures to be taken to educate and inform prisoners and staff about BBVs
4. Guidance on minimising the risk of BBV exposure for staff and prisoners and responding to exposure incidents
5. Services to enable prisoners to be confidentially vaccinated and/or tested, and have access to treatment for BBVs
6. Appropriate occupational health policies and practice
7. Measures to support and advise prisoners and staff living with BBVs
8. Policy statements on confidentiality, non-discrimination and respectful treatment
9. Measures to support continuity of care into the community
10. Sources of further information and advice.

**High quality treatment and care for those living with BBVs must be available.**

This requires:

- Access to high quality, confidential, primary care services, with expertise in BBVs
- Access to high quality, confidential secondary care, which should include, hepatology services, genito-urinary medicine (GUM) or infectious disease medicine, substance misuse treatment, mental health services and advice and social support
- Signposting and access to information and support services, such as telephone helplines available to inmates.

**The prison environment must be one where prisoners and staff are treated with respect and robust action is taken to prevent and respond to stigmatising or discriminatory treatment of anyone because they have (or are suspected of having) a BBV.**

This requires:

- Educational interventions for prisoners and staff that challenge myths and inaccuracies about BBVs, raise awareness about the harm that discriminatory practice can cause (for example, reluctance to test), correct misunderstandings and unwarranted fears, and stress the importance of confidentiality
- Robust policies that clearly state that discrimination related to BBV infection will not be tolerated, and the measures that will be enacted to prevent and respond to it.

In the following sections, we will be looking in more detail about how these aims can be met in practice.

## Box 8: Setting up the sexual health clinic at HMP Isle of Wight

Originally there was no sexual health service in this prison, which proved a challenge. There were particular issues around the length of time it would take for a prisoner to eventually be referred to sexual health, and concerns about prisoners' confidentiality when they would have to attend external appointments handcuffed to a prison guard. Therefore, the sexual health clinic attached to the hospital decided to set up an in-reach clinic in the prison on Wednesdays, called Prison Healthcare In-Reach Sexual Health Service (PHiSHs).

Prisoners can self-refer using a confidential application form which is only seen by the prisoner and the healthcare staff. They can also be referred by someone from the prison healthcare team or CARATS. The clinic takes place in a busy healthcare wing, and sexual health appointments are at the same time as dental, nurse, community psychiatric, GP and drug use appointments, so prisoners are not aware which service other prisoners are using unless they tell them.

A full range of BBV and sexual health services are provided in the clinic, with appropriate referrals to other services when necessary. The service is incredibly well used, and it is estimated that 10% of all of those who use sexual health services in the Isle of Wight are accessing them in prison. The service has, on average, one HCV positive result a month.

# The Basics

## The importance of leadership

Leadership is essential to prepare the ground for any changes that an effective strategic response to BBVs may entail. This should include five key elements:

### Demonstrating leadership

Professionals providing services for prisoners must strongly communicate that BBV work is a priority by:

- Taking personal responsibility for setting in motion the necessary strategic development processes
- Assembling the right team to take work forward
- Ensuring the team has sufficient seniority to take decisions and implement them
- Giving them, where possible, the resources and authority to do what is necessary
- Taking a personal interest in monitoring results.

### Allocating responsibility

Responsibility for tackling BBVs in prison is shared between the prison service, those responsible for commissioning, local community organisations and prisoners themselves. The following therefore need to be included in determining the response for your prison:

- Custodial staff
- Security staff (for example, medical holds)
- Commissioners
- Primary and secondary healthcare staff
- Substance misuse workers
- External professionals providing health and social care services.

It is good practice to involve prisoners (or their advocates) as appropriate. It is vital to be explicit about accountability; no-one should be in any doubt about what they are expected to contribute to the prison's efforts to tackle BBVs.

### Developing a policy

A written prison policy is necessary to clearly communicate a service's intended aims and actions to tackle BBVs. This need not be a lengthy or complex document. Existing policies can be updated or elements of other policies incorporated, for example, health and safety, drugs, equality or confidentiality policies. National guidance is available and your policy should take account of this. [vi] [vii] (See Box 7 'Ideas for developing a BBV policy' on page 11.)

### Involving staff

It is important to bring all relevant staff groups on board early and proper consultation is essential.

vi HM Prison Service (01/06/1999), PSO 3845 *Blood Borne and Related Communicable Diseases.* http://pso.hmprisonservice.gov.uk/PSO_3845_blood_borne_related_communicable_diseases.doc

vii HM Prison Service (11/10/02), PSI 50/2001 *Hepatitis C: Guidance for Those Working with Drug Users*. http://psi.hmprisonservice.gov.uk/PSI_2001_050_hepatitis_c.doc

# The Prisoner Pathway

**In this section:**



## Introducing the prisoner pathway

A potentially helpful model for planning your response is to map out the prisoner's experience as a pathway through incarceration. Our model maps this out in six key stages; yours might include more detail relating to the unique features of your prison. The objective is to identify specific points in the pathway where there are opportunities to take action.

| **Reception and induction** (custody period = 24 hours to one week) | |
|---|---|
| AIMS | ACTIONS |
| • Identify 'at risk' prisoners for follow up<br>• Get immediate treatment for those who need it<br>• Commence super-accelerated HBV vaccination programme (day zero, seven and 21)<br>• Avoid interruption to BBV treatment<br>• Ensure prisoners know about the range of services available, including sexual health services.<br><br>For detailed information about reception and induction see page 16. | Use reception health screen to:<br>• Identify those 'at risk'<br>• Identify those on BBV treatment<br>• Provide medication to those prescribed it prior to imprisonment on time and without delay.<br><br>During induction provide basic information about:<br>• BBV risks, transmission and treatment<br>• HBV vaccination<br>• HBV/HCV/HIV testing and treatment services<br>• Anti-discrimination policy<br>• Policy on access to condoms and disinfecting tablets<br>• Registering with the NHS and getting an NHS number<br>• Named individual(s) for further information.<br><br>All prisoners:<br>• Offered HBV vaccination on super-accelerated schedule. |

# The Prisoner Pathway

**Phase One** (custody period = one month or less)

| AIMS | ACTIONS |
|---|---|
| • Continue HBV vaccination programme<br>• Initiate follow-up of prisoners at risk<br>• Avoid disruption to treatment and care<br>• Provide access to sexual health services and BBV testing and/or treatment.<br><br>For detailed information about Phase One see page 17. | Continue:<br>• HBV vaccination schedule<br>• Awareness-raising about BBVs and BBV testing.<br><br>All prisoners:<br>• With a BBV are under specialist care where appropriate<br>• Who need it are under clinical substance misuse care and CARATS support<br>• Who need them are given regular access to condoms and/or disinfecting tablets.<br><br>Prisoners with a positive result:<br>• Quickly linked into relevant care and referral to other specialists as appropriate. |

**Phase Two** (custody period = two – five months)

| AIMS | ACTIONS |
|---|---|
| • Enable prisoner to make informed appraisal of risk<br>• Enable prisoner to access voluntary BBV testing<br>• Establish secondary care treatment pathways where required<br>• Enable prisoners to practice ongoing risk reduction<br>• Provide access to sexual health services and BBV testing and/or treatment.<br><br>For detailed information about Phase Two see page 17. | Prisoners provided with:<br>• Opportunity for individual discussion with healthcare professional on personal BBV risk<br>• Offer of voluntary BBV testing<br>• Ongoing access to condoms and disinfecting tablets.<br><br>Prisoners with a positive result:<br>• Quickly linked into relevant care and referral to other specialists as appropriate. |

**Phase Three** (custody period = six months or more)

| AIMS | ACTIONS |
|---|---|
| • Ongoing medical treatment and care for those living with BBVs<br>• Ongoing risk reduction for all<br>• Provide access to sexual health services and BBV testing and/or treatment.<br><br>For detailed information about Phase Three see page 18. | Prisoners with BBVs have:<br>• Stable treatment relationships established with secondary care services<br>• Access to psychological/social support.<br><br>All prisoners have:<br>• Ongoing access to condoms and disinfecting tablets<br>• Ongoing access to information and advice on personal risk reduction (including HBV vaccination for those not previously covered by super-accelerated programme). |

# The Prisoner Pathway

## Transfer

| AIMS | ACTIONS |
|---|---|
| • Continuity of care for those in HBV vaccination programme or with outstanding test results<br>• Continuity of care for those on BBV treatment.<br><br>For more detailed information about Transfer see page 19. | Ensure that:<br>• System One medical records are up to date.<br><br>Flag up to the new prison about any prisoners who:<br>• Need to complete HBV vaccination programme<br>• Have outstanding BBV test results<br>• Are on BBV treatment (this is particularly important for those with HIV where treatment adherence is essential). |

## Resettlement

| AIMS | ACTIONS |
|---|---|
| • Integration of BBV-related issues into resettlement planning.<br><br>For more detailed information about Resettlement see page 19. | For prisoners with BBVs ensure:<br>• Awareness of BBV-related needs into planning for accommodation, employment, training/education, family/ social support<br>• Liaison with secondary care providers in advance where possible<br>• Links made with a GP in the community<br>• Adequate supplies of medication to cover transitional arrangements<br>• Sign-posting to local and national BBV-related support services.<br><br>For all prisoners ensure:<br>• Prisoners are informed about identifying and registering with a GP in the community<br>• CARATS referral to community substance misuse services where necessary. |

# The Prisoner Pathway

## Reception and induction (custody period of 24 hours to one week)

Experienced prison staff know that reception is a time of particularly heightened vulnerability for many prisoners, especially those imprisoned for the first time. Clearly, reception is not the right time to begin complex BBV-related work when there may well be other seemingly more pressing needs. However, there are a number of key actions that can be taken to prepare the ground for more involved activities at a later stage. For remand and short-stay prisoners, this is one of the best opportunities to start work on BBVs.

HBV vaccination for those over 18 can be completed in 21 days using a super-accelerated schedule. This schedule can also be used in those 16-18 years of age where it is important to provide rapid protection and to maximise compliance, for example IDUs and prisoners.

## Reception

Every prisoner must undergo health reception screening. This presents an important opportunity to:

- Identify those already being treated for BBVs - and this is very important in the case of prisoners taking HIV anti-retroviral therapy
- Identify those at significant risk due to injecting drug use or other risk behaviours for follow-up within one month.

### Box 1: Useful resources to distribute to prisoners

Offender Health has worked with other partners including the British Liver Trust and the Health Protection Agency to develop and deliver a range of health information resources aimed at people in prison. Resources include:

- Hepatitis C: Inside and Out - a DVD with accompanying posters
- BBVs are Bad Company, Wise up to BBVs and Get Out of Jail BBV Free - leaflets produced in partnership with the British Liver Trust and Health Protection Agency
- Play Your Cards Right: Get Out of Jail BBV Free - playing cards.

You can also purchase resources such as leaflets and posters about HCV from the Hepatitis C Trust at www.hepctrust.org.uk/the-hepatitis-c-trust/Resources and about HIV from http://shop.nat.org.uk

Reception health screening must urgently prioritise continuity of HIV anti-retroviral treatment (ART) for prisoners who are taking it. Here, nothing less than excellence in practice will do. ART is a drug combination taken to control the replication of HIV in the body and to protect the immune system. It is literally life-saving medication. Getting the drug combination right can be complex and ART can be a demanding treatment regime to follow: drugs have to be taken in the correct sequence, at the right time and according to specific instructions. At least 95% adherence to treatment is required - even one or two missed doses can be very serious. [i]

As well as the health implications, treatment disruption is likely to cause very significant anxiety to any prisoner receiving ART. Every prison must therefore have the following in place:

- A clinical protocol for the management of newly received prisoners taking ART followed by referral to an HIV specialist as soon as is practicable but no later than one month after imprisonment
- Immediate access to supplies of drugs which make up common ART combinations
- Referral to an HIV specialist within one month if there is any change or interruption in treatment. Local HIV specialists should be consulted for advice.

## Induction

Arrangements to induct prisoners into the establishment will vary but it is customary to include information about healthcare services. This can be used as an opportunity to inform prisoners, without unnecessarily alarming them, about the risks of BBV transmission, the steps the prison is taking to control the risk and how prisoners can access HBV vaccination and BBV testing, PEP, treatment and support. This is an opportunity to provide basic facts, which can be followed up with more in-depth education and individual support as necessary. As well as factual information, induction is an opportunity to make clear the prison's ethos and values - that confidentiality of health status is respected, and that

i National AIDS Manual (2006), *Living With HIV*. London: NAM.

# The Prisoner Pathway

## Box 2: Reception and induction ideas

1. Use the full reception healthcare screening process to identify BBV-related risk, offer HBV vaccination and put mechanisms in place for trained staff to confidentially follow this up
2. Ensure that the induction process includes brief information about what BBVs are and how they are prevented and treated. Stress prison-related risks: sharing injecting equipment, tattooing and unprotected sex
3. Inform prisoners about how they can access items to help them to avoid risk while in prison such as condoms and disinfecting tablets
4. Inform prisoners about the BBV-related services available: HBV vaccination, BBV testing, post-exposure prophylaxis, and treatment and how they can access them. Stress that services are voluntary and confidential
5. Give accessible, written information that reinforces verbal information, taking into account the needs of prisoners with young reading ages and learning difficulties
6. Identify a named individual that prisoners can speak to in confidence for information or advice about the services offered
7. Ensure that BBVs are included in instruction about equality and anti-bullying. Prisoners and staff need to understand that bullying, harassment, speculation or gossip related to another's BBV status is unacceptable and could be considered a breach of discipline
8. Encourage prisoners who are not registered with the NHS to do so and receive their unique NHS number to ensure continuity of care during incarceration and afterwards

discriminatory behaviour related to BBV status is unacceptable. The goal is to create a climate where those at risk feel able to access healthcare services and support. Done well, it also imparts the message that the establishment takes prisoner welfare seriously.

## Phase One (custody period of one month or less)

The length of a prisoner's sentence will determine how much work can be done regarding BBVs. Naturally, the aim is to do as much as possible to meet prisoner needs in whatever time is available and to ensure continuity when the prisoner is released or transferred. This can be more of a challenge for those working with remand and short-stay prisoners because of the limited time the prisoners spend in the establishment. Many prisoners will spend a month or less in prison. Therefore, the aim here is to build upon reception and induction activities (see page 16) or to prepare the prisoner for transfer or release (see page 19). During this phase, in addition to reception/induction activities, the following should be completed:

- Every prisoner already receiving BBV treatment should have their treatment immediately maintained and be under the care of a specialist consultant
- Every prisoner requiring it should be under the care of clinical staff and CARATS regarding substance misuse needs. This should include maintenance therapy where clinically indicated and harm minimisation advice that includes information on BBVs [ii]
- HBV vaccinations should be completed (on a super-accelerated schedule). This should include information on how prisoners can complete vaccination and receive a booster in the community if released before completion
- All prisoners requiring them should have begun to obtain condoms, lubricants, dental dams and disinfecting tablets
- Prisoners should be informed about how to access sexual health services in the prison and encouarged to do so for testing if they have put themselves at risk of a BBV, even if they are asymptomatic.

## Phase Two (custody period of two to five months)

Building on Phase One, the emphasis here should be on enabling prisoners to gain more detailed information, to assess their own risk behaviour and to consider the benefit of BBV testing via personalised information and advice. This can be done by prison healthcare staff or visiting professionals. Access to secondary care services for those who need them following testing should be initiated. During this phase:

ii HM Prison Service (20/12/00) PSO 3550 Clinical Services for Substance Misusers. http://pso.hmprisonservice.gov.uk/PSO_3550_clinical_services.doc

# The Prisoner Pathway

- Prisoners involved in injecting drug use should be offered an appointment with a nurse or other advisor that includes an assessment of personal risk of BBV infection and information about currently available tests and treatments. For those undergoing BBV testing, pre and post test discussion is essential
- Where HIV tests are processed off-site, results should be returned within one week or sooner. For an HCV test, enough blood should be taken so that if the initial anti-HCV test is positive, it can be followed immediately by an HCV RNA test and the results given at the same time. Results should be returned within two weeks
- Referral to NHS hepatology or HIV specialists where appropriate, according to locally developed management protocols, must be arranged without delay when a positive diagnosis is received
- Those with positive diagnoses should receive prompt psychological support and should be referred for further support at the same time as medical referral; risk reduction advice should be given to all
- Every prisoner who requires ongoing access to condoms, lubricants, dental dams or disinfecting tablets must be in receipt of them, and know how to get more
- Prisoners should be informed about how to access sexual health services in the prison and encouraged to do so for testing if they have put themselves at risk of a BBV, even if they are asymptomatic.

### Box 3: Implementing an intra-agency approach to BBV screening in West Dorset prisons

Watch a Health Advisor talk about how she and colleagues implemented this approach in West Dorset prisons. She talks about the aims of the project, the actions they took, the eventual outcomes and what they did next.

The video and accompanying slides are available to view on the Gilead website http://ishealth1.1minus1.net/supported-programmes/2009/13-blood-borne-virus-screening-prisons

## Phase Three (custody period of six months or more)

During this phase there are two key priorities – ensuring that uninfected prisoners remain so during imprisonment and providing coordinated, ongoing medical treatment and support to prisoners with BBVs who need it. During this phase:

- There must be continuing access to condoms, lubricant and dental dams

### Box 4: Condom provision in prisons in Scotland: what works

Since 2007, it has been policy in Scotland for prisons to provide condoms and dental dams to prisoners. This followed a successful pilot in 2005. Prisons have provided condoms and dental dams in a variety of ways:

- Via vending machines
- Distribution by healthcare or addiction case worker staff
- By appointment with a doctor
- Via the C Card scheme (where prisoners can get a card with their own individual number on it which they can hand over to obtain condoms without needing to give their name or prison number).

It is clear that uptake of condoms varies significantly depending on the type of provision in place. So far, distributed numbers are:

- Significantly higher where there is open, discreet access to condoms via vending machines
- Lower where prisoners access supply through staff
- Lowest where C Card schemes are in operation.

Prison security staff were initially concerned about condoms being used to smuggle or conceal drugs. There were also concerns about safe disposal of used condoms - initially prison officers did not want prisoners disposing of used condoms in normal waste and they wanted special biohazard bins or similar. So far these concerns have not proved justified and the schemes have worked well. On the whole, prisons now allow prisoners to dispose of condoms in normal waste as they were not accessing the service when special collections or biohazard bags were used for disposal.

From the evidence so far, it is clear that uptake of provision is higher where access to provision and disposal are more anonymous or discreet. Having to approach a staff member or apply for a C Card are immediate barriers to access. Free and open access to condoms and lubricant, either via vending machines or baskets filled and replenished by health staff and located in toilet areas (as happened during the pilot phase) are more likely to be successful.

# The Prisoner Pathway

### Box 5: Different harm reduction policies in the UK

Prisoners who inject drugs need access to harm reduction measures if they are to reduce the risk of contracting BBVs. Harm reduction measures include disinfecting tablets and needle exchange programmes. Harm reduction often complements drug treatment programmes. Policies on the provision of harm reduction measures vary across the UK.

In England, Scotland and Wales, prisons must provide disinfecting tablets to prisoners on request. Prisons in Northern Ireland are not currently required to provide disinfecting tablets.

Nowhere in the UK currently offers needle exchange to prisoners. However, there have been proposals to pilot a needle exchange programme in a Scottish prison but this has been put on hold.

- Disinfecting tablets should be made available to clean drug use equipment for those who continue to use in prison
- Treatment relationships with HIV and/or hepatology specialists should be well underway, as should tailored substance misuse interventions
- Those following medication regimes must be enabled and supported to follow them. Prison pharmacists can assist by developing appropriate drug administration protocols and advising prisoners on adherence. Care must be taken to ensure that medication administration does not inadvertently lead to disclosure of a prisoner's BBV status. Wherever possible, in-possession medication should be encouraged
- Psychological and social support should be offered to enable prisoners with BBVs to come to terms with living with a long-term medical condition and, within the limits of prison life, to make the lifestyle changes necessary to preserve and improve their health. A range of staff can assist, including GUM advisors, substance misuse workers, psychologists, and mental health professionals as well as primary and secondary care staff and custody officers
- Prisoners should be informed about how to access sexual health services in the prison and encouraged to do so for testing if they have put themselves at risk of a BBV, even if they are asymptomatic

### Box 6: Transfer questions to consider

- Is it in the prisoner's interests to suggest a 'medical hold' to preserve continuity of external specialist hepatology/HIV treatment? Ask the prisoner's HIV/hepatitis clinician for their view on the medical advisability/timing of transfer, giving them at least 24 hours notice.
- Is the System One medical record comprehensive and up-to-date regarding BBV-related needs/treatment?
- How will any outstanding BBV test results be communicated following the move? It might be helpful to record HBV vaccinations on a small card, to be retained by prisoners; prisoners could give this to staff following transfer allowing nurses to easily identify those with injections outstanding.
- If the prisoner is taking complex medication, have prior arrangements been made with the new prison to continue this without treatment disruption?

## Transfer

Because the prison population is a highly mobile one, as far as possible, BBV-related needs must be integrated into planning for transfer. Key factors to consider in relation to transfer issues are outlined in our queries list below. Local arrangements in your prison will inform how these issues are addressed but it will be important to reassure prisoners that, as far as possible, steps have been taken to minimise disruption. Remember, what may be routine administrative issues for the establishment can be regarded by prisoners as very serious medical concerns (for example, ensuring the continuity of HIV treatment).

## Resettlement

The resettlement of prisoners is a specialist and complex area of offender management requiring skilled multi-agency intervention. Whilst every prisoner is unique, the general resettlement needs of prisoners are well known. These generally include:

- Secure and appropriate accommodation
- Education and training
- Employment
- Fast and efficient access to benefits
- Continuity of healthcare
- Ongoing substance misuse treatment

# The Prisoner Pathway

## Box 7: Resettlement ideas

- NHS Direct provides information on accessing local NHS services including GPs. It could be useful to organise supervised sessions where prisoners due for release can make free calls to NHS Direct. The telephone could be system 'locked' to dial only NHS Direct numbers. A risk-assessed prisoner could be trained to assist with the administration of the sessions under the supervision of resettlement officers.

  NHS Direct - England, Wales & Northern Ireland: 0845 46 47
  NHS 24 - Scotland: 08454 24 24 24

- The Helplines Association publishes a directory of over 1,000 UK-based helplines responding to issues such as: health, disability, mental health, children and young people, rape and sexual abuse, drugs and alcohol, HIV, HCV, family and parenting and legal and civil rights. Prison education services could work with prisoners to identify and develop a list of local helplines for your area. An attractively designed and appropriately presented list could then be given to prisoners prior to release.

More details about the directory, including cost and how to order it can be found at http://helplines.community.officelive.com

- Ongoing mental health support
- Support in re-establishing and rebuilding relationships with families. [iii]

Effective resettlement benefits prisoners in numerous ways. Done well, it can also address BBV-related needs. For example, it is obvious that secure accommodation, employment and substance misuse treatment are critical in enabling prisoners to move away from chaotic lifestyles where BBV risk behaviour is more likely. However, in addition to meeting general resettlement needs, some prisoners will have specific BBV-related needs; either because they are living with a BBV or remain at considerable risk. Therefore, vulnerable prisoners should be:

- Registered with the NHS and have an NHS number to ensure continuity of care
- Supported and enabled to identify a GP in their intended area of residence via prison resettlement services
- Provided with appropriate appointments with GUM or other clinics arranged before discharge
- Offered HBV vaccination for sexual partners of prisoners via their GPs. This can be offered through an anonymous scheme whereby the partners' details are given to the local Consultant in Communicable Disease Control (CCDC) for contact tracing and action
- Assured of continuity of any BBV-related clinical care initiated in prison via effective liaison between prison and community healthcare services. Ideally, secondary care providers in the community should be notified of planned release in advance wherever possible. Protocols must be developed to facilitate appropriate sharing of prisoners' personal healthcare information in accordance with data protection requirements
- Given adequate supplies of medication to cover the transitional period. While this will be informed by clinical judgement, the amount given should be sufficient to cover circumstances where prisoners experience extended delays in accessing healthcare services in the community
- Assured of continuity of mental and emotional support initiated in prison via effective liaison between prison and community healthcare services
- Effectively referred via CARATS to community drug treatment teams that can offer harm minimisation approaches in the community, including needle exchange
- Those previously involved in chaotic forms of sex work should also be advised of any local support projects
- It is essential that prisoners be signposted, via resettlement services, to local and national telephone helplines and crisis services that can assist. This should include those specifically offering support to those living with BBVs. A simple information resource, designed with prisoners in mind, should be made available to all released prisoners (see Box 7 - 'Resettlement ideas').

It is important to remember that involving prisoners as much as possible in arranging their own healthcare prior to release is a highly desirable resettlement activity in its own right, which can contribute to broader resettlement aims.

iii Home Office (2006) A Five Year Strategy for Protecting the Public and Reducing Re-offending. London: Home Office. http://www.bis.gov.uk/assets/biscore/corporate/migratedd/publications/n/noms_5_year_strategy.pdf

# Other things to consider

**In this section:**



## Involving community partners

It is well established that external agencies have a vital role to play in many elements of prison work. It is estimated that there are over 900 voluntary organisations which are responsible for more than 2,000 projects that provide services to offenders. [i] However, some organisations can still experience a 'glass wall', which makes it more difficult for them to gain access to prisons. Therefore:

- It is important to review the profile of voluntary and community organisations working in your prison and ensure that organisations with specific BBV expertise are included
- If not, identify the barriers to their involvement and use your strategic plan to devise actions to attract and integrate them
- Where there are already such organisations in place, keep relationships under regular review.

CLINKS has an online directory of organisations already working in prisons. [ii] The following issues may require consideration when initiating new partnerships with organisations specialising in BBV-related work:

- Many such agencies utilise harm minimisation approaches in relation to drug misuse and sexual risk. Misunderstanding and differences in organisational culture can lead to tensions if not addressed. This needs to be discussed and resolved before work commences

### Box 1: Leicestershire AIDS Support Services at HMP Leicester

LASS (Leicestershire AIDS Support Services) are working collaboratively with the Healthcare Centre Manager and Head of Diversity at HMP Leicester to raise awareness and understanding about HIV, HBV and HCV with prisoners and staff and to set up services to support any prisoners or staff who are diagnosed with HIV. HMP Leicester is a local remand prison, with a high turnover of prisoners from the diverse communities in Leicester and locally.

Cascading knowledge is the first objective: LASS aim to inform and increase knowledge so that the prisoners have the confidence and understanding to pass this on to others. The programme of sessions for the prisoners started with one of the regular prisoner forums, providing information through an interactive workshop for 12 prisoners, with information and facts about risk, transmission and exposure to HIV, HBV and HCV to dispel myths.

The cascade approach was immediately successful, shown by the fact that 30 people asked to attend the second session. Key messages about risk, how to stay safe and also about the importance of HBV vaccinations were taken on board and are being more actively promoted on the wing. So far, the prisoners are giving good feedback and have demonstrated their enthusiasm for more. The next step is to create 'Sexual Health Champions' within the group of prisoners – providing about three or four sessions for one group so they can be peer educators.

Another important element is ensuring that anyone diagnosed with HIV will be supported by LASS – with on-going support at any prison within Leicester, Leicestershire and Rutland. They will also offer support through mentors and provide training for the prison 'Listeners' about issues and concerns that someone diagnosed with HIV may experience.

This programme provides valuable skills to the prisoners involved as well as raising awareness and knowledge within the prison community. The approach acknowledges that people are sexual beings and have sexual urges without necessarily labelling themselves. LASS use this as the basis of their awareness raising work to ensure that all the prisoners relate to the messages and information they provide and feel empowered to pass it on to their fellow inmates.

i See www.clinks.org

ii See www.workingwithoffenders.org

# Other things to consider

### Box 2: Positively UK and HMP Holloway, HMP Downview and HMP Bronzefield

Positively UK (a national HIV charity) and the Women's Health Clinic at HMP Holloway, HMP Downview, and HMP Bronzefield work collaboratively to provide a highly responsive advice and support service for women prisoners living with HIV. The collaboration builds on the long-term relationship Positively UK has had with HMP Holloway and is currently building with HMP Downview and HMP Bronzefield.

Working in partnership with the Clinic Health Advisors, Positively UK's Prison Workers offer person-centred support to prisoners, focusing on living well and addressing the multifaceted problems that women living with HIV in prison can face. Women are referred via the clinic and can obtain one-to-one advice and support on a range of issues affecting them.

Positively UK's peer support workers are women living with HIV who bring invaluable personal experience to their work; they understand what it is like to receive a positive diagnosis as well as some of the challenges of living with the condition. A significant number of clients are injecting drug users and/or sex workers for whom the issues of HIV are compounded by concerns about substance misuse, immigration, childcare and mental health. Responding to their needs as women living with HIV requires a holistic multi-agency response, which the Drugs and Prison Worker seeks to coordinate.

Providing education around HIV is a fundamental part of Positively UK's work, to dispel myths, deliver key messages around prevention, and harm reduction around further transmission. One-to-one practical advice is offered to the women, ensuring their needs are met within the prison, alongside emotional support if receiving a new diagnosis in prison and those re-engaging with the Women's Health Clinic now they are back in prison.

Women living with HIV in prison can often experience stigma and discrimination from other inmates or prison staff. Anxieties around stigma, even when not directly experienced, affect prisoners' physical and psychological health forcing them into further isolation. Positively UK's peer led intervention provides invaluable emotional support around these issues. Their advocacy support gives voice to women who are unable to speak for themselves; this includes peer workers liaising with Governors and health staff to address issues such as bullying and ineffective pharmacy which leads to poor medication adherence.

Positively UK has also addressed stigma and discrimination in prison by delivering educational programs to prison staff raising awareness and knowledge to facilitate a more structured supportive environment for women living with HIV in UK prisons.

- Given the stigma and discrimination attached to BBVs, especially HIV, organisations working in this field are often highly conscious of issues of disclosure and confidentiality and will expect to work to a high standard in this regard. Explicit negotiation will need to take place to maintain a balance between observing strict confidentiality and the expectations of prisons regarding disclosure of information. Discussions should also consider mutually acceptable operational arrangements for ensuring that prisoners can access in-reach services confidentially
- Due to their historical origins, many such organisations have a user-led ethos and include staff and volunteers with direct experience of the issues they address (for example, former drug users or people living with HIV or HCV). Steps must be taken to ensure that anti-discriminatory policy, practice and procedure offers equal protection from discrimination for external workers in the prison.

## Meeting the needs of staff

This section should be read in conjunction with the appropriate health and safety and occupational health guidance for the prison service as a whole and your establishment. There is a legal obligation to look after the health and safety of all prison staff and this includes reducing the risk from BBVs as far as is reasonably practicable.

### Training

All staff should receive ongoing BBV training to enable them to identify the risks of transmission and how to prevent them. Advanced training can include more information about living with BBVs, from treatment to the stigma and discrimination faced by people living with BBVs, particularly HIV. You may want to consider bringing in people from organisations working with people with BBVs as part of the training.

# Other things to consider

As a more realistic understanding of transmission risks develops, the risk of discriminatory treatment of prisoners with BBVs can be reduced.

### Prevention

The risk of transmission of BBVs from prisoners to prison staff is very small providing proper risk-reduction steps are taken. All staff should be made aware of established health and safety procedures and how to follow them; for example, knowing that if a blood spill occurs, it must be cleaned with a disinfectant appropriate for a BBV hazard and that disposable rubber gloves must be worn if handling anyone else's blood or anything that may be contaminated with blood. [iii]

An immunisation programme must be set up to minimise the likelihood of HBV transmission to those staff at risk as required in England by PSO 8900 and recommended by the Scottish Executive. This programme needs to have an identified administrator who can liaise with either in-house or external occupational health. All staff at risk of exposure should be offered immunisation and must attend an initial appointment. The programme should be monitored, audited and reviewed - so careful record-keeping is also essential. Annexe 9 to Guidance Note 02/2005, 'Setting up an Immunisation Programme for HMP staff', provides very useful and important detailed information.

### Dealing with exposure incidents

Staff must be made aware of what to do when an exposure incident occurs. All exposure incidents should be reported immediately and staff should be immediately referred to a designated healthcare professional. There is PEP treatment available for both HBV and HIV but it must be taken soon after exposure. There is no PEP available for HCV. (See 'The Basics - HCV' on page 7.)

In England PSI (Prison Service Instruction) 05/2007 sets out the Prison Service arrangements for the treatment of staff who may have been at risk of exposure to BBVs, including mandatory instructions in relation to PEP for staff. Staff at risk of exposure need information on risks, the need to be assessed for PEP following possible significant exposure, and

## Box 3: BBV training as part of wider prison nurse training at the University of Worcester

The University of Worcester offers a degree level module in Offender Health which is accessed by Prison Nurses either as a stand-alone module or as part of a degree pathway in Offender Health. The module is made up of 11 study days spread over 4 months. Taught sessions are wide ranging and include law and accountability, the management of alcohol-related problems, substance misuse, conflict management, health promotion and the recognition and management of acute clinical emergencies.

The BBV element of the programme includes a half day interactive workshop which focuses on the prevention and management of BBVs in the prison setting. HBV, HCV, HBV-hepatitis D co-infection and super-infection and HIV are discussed in terms of their aetiology, prevention and clinical management. All of the discussions are cross-referenced to the Prison Health Performance and Quality Indicators. Participants are encouraged to reflect on current practice in relation to BBV prevention and management, such as the availability of condoms or collaborative working, and evaluate whether best practice is being adhered to.

The BBV session is then linked to a leadership workshop which aims to help participants develop their leadership and change management techniques to enhance the quality of care provision in the prison setting.

The BBV workshop is also complemented by an immunisation and vaccination seminar. This includes a specific focus on HBV and the fast track immunisation schedule. This session is also cross referenced to the corresponding Prison Health Performance and Quality Indicators.

## Box 4: Key resources for staff

Health and Safety Guidance Note 02/2005 'Risk Assessment and Immunisation for Communicable Disease'

Annexe 9 to Guidance Note 02/2005 'Setting up an Immunisation Programme for HMP staff'

PSI 05/2007 [on PEP] Amendment to PSO 8900 – Occupational Health

iii For detail see Health and Safety Guidance Note 01/2004 Dirty Protests. pso.hmprisonservice.gov.uk/pso1700/Dirty%20ProtestsH&Sguidance.doc

# Other things to consider

## Box 5: Staff awareness checklist

1. Staff given training on BBVs, including risks of transmission, prevention, PEP and treatment
2. HBV immunisation programme in place, with identified administrator – all staff have initial appointment to discuss immunisation
3. Staff given information and training on stigma and discrimination faced by people living with BBVs, particularly HIV
4. Staff given accessible, written information that reinforces verbal information
5. Full risk assessments taken of staff to identify risks of BBV transmission
6. A named individual identified who staff can speak to in confidence for information or advice about the services offered
7. Staff given a BBV action card to ensure they understand what to do in the event of exposure
8. Log kept of all exposure incidents and action taken
9. Clear procedures in place for following up exposure incidents in order to learn from them.

local arrangements for referral following such exposure.

The PSI includes a draft letter for the member of staff to take with them to the occupational health or casualty department. You should consult with your local units to set up a protocol for referring your staff when required. This should ensure that staff are 'fast-tracked', given the need for timely administration of PEP. In addition to putting PEP arrangements in place with your main healthcare provider, contact your local Accident and Emergency department to discuss arrangements for out-of-hours treatments.

## Promoting health and equality

BBVs are not 'socially neutral' diseases – myths and beliefs can influence the way that people affected or at risk are treated. BBV-related discrimination or abuse is often fuelled by ignorance about how BBVs are transmitted and/or prejudice against the groups most affected (for example, in the UK, HIV disproportionately affects gay men and African communities). Whatever the cause, such discrimination has no place in society, and that includes prisons, and must be effectively dealt with in order to prevent:

- Unprofessional behaviour from prison staff acting on their prejudices rather than prioritising the welfare and rehabilitation of prisoners
- Breaches in confidentiality
- Bullying and intimidation among prisoners, with affected prisoners being excluded and victimised, also leading to discipline problems for staff
- BBV-related discrimination against staff, potentially leading to work-related stress, absenteeism and ultimately disciplinary cases or legal action
- Breaches of prison service policy, the law and prisoners' human rights.

Stigma and discrimination also hinder efforts to tackle BBV transmission and provide good quality healthcare. This is recognised in the practice codes of every major professional body governing healthcare in the UK. Tackling discrimination is so important in relation to BBVs because:

- Effective healthcare is compromised when people at risk are afraid to come forward for BBV testing; missing out on advice about changing behaviour and access to treatment. Treatment not only saves lives but reduces infectiousness to others

## Box 6: Health promoting prisons

As part of the decency agenda, prison service policy requires that all prisons work towards becoming 'health promoting prisons'. This recognises that health is not something that healthcare practitioners alone create but is brought about by reducing health inequalities and attending to the broader social and environmental determinants of health. For further information see:

Health Promoting Prisons: A Shared Approach
http://www.dh.gov.uk/assetRoot/04/03/42/65/04034265.pdf

The Health Promoting Prison
http://www.sps.gov.uk/multimediagallery/EC07D0DC-6A27-4ACE-91BC-BE29E1F49191.pdf

# Other things to consider

- Stigma and discrimination create mistrust between patients and healthcare providers that can threaten therapeutic relationships beyond the provision of BBV-related care
- Stigma and discrimination are contrary to 'the whole-prison' approach to health promotion that every prison should be striving for (see Box 6 - 'Health promoting prisons' on page 24).

It is an oversimplification to suggest that stigma and discrimination are easily tackled but concrete actions can make a difference. Discuss with colleagues whether you need to:

- Review policy – if necessary, update policies on equality and diversity, disability and healthcare to ensure that they include clear prohibitions against discrimination related to BBV or health status
- Publicise the policy – prominently display anti-discriminatory statements using accessible language. Include specific reference to HIV and hepatitis
- Introduce genuine accountability – prisoners and staff need to know what to do if they believe discrimination has occurred. Wherever the complaint originates, investigation must be fair, independent and timely – justice must not only be done but be seen to be done if people are to have faith in the complaints system

## Box 7: BBVs and equality

HIV is defined as a disability in the Equality Act 2010 and Disability Discrimination (Northern Ireland) Order 2006. This means that people living with HIV are protected by law from the point of diagnosis, and discriminating against someone living with HIV is unlawful.

Although HBV and HCV are not covered by law from the point of diagnosis, if these conditions have a substantial and long-term adverse effect on someone's ability to carry out normal day-to-day activities, someone living with HBV or HCV is considered to be disabled and would also be protected from discrimination by the same legislation.

Public bodies in England, Scotland and Wales, including the Prison Service, have to comply with the Equality Duty. This is a legal duty to take active steps to promote equality for disabled people, as well as those with other protected characteristics. For further information about this you can download a summary guide for public sector organisations on the Equality Act from the Government Equalities Office http://www.equalities.gov.uk/staimm6geo/pdf/401727_GEO_EqualityLaw_PublicSector_acc.pdf

Public bodies in Northern Ireland, including the Prison Service, have to meet the Disability Equality Duty. This is a legal duty to promote equality for disabled people. For further information about this you can download a guide for public authorities on the Disability Discrimination Act from the Northern Ireland Equality Commission http://www.equalityni.org/archive/pdf/ECNIDisPlan.pdf

- Educate and inform – stigma can be the result of concerns about becoming infected so education about transmission routes, and correcting myths and misconceptions is important. Therefore, provide quality information for various prison audiences and look for creative approaches. For example, consider integrating education about BBVs into broader prison education, or suggest that staff use online resources rather than relying solely on training sessions. Remember, it is important to create safe opportunities to clarify information and explore attitudes and values.

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# Appendix - Useful policy documents

## England and Wales

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http://pso.hmprisonservice.gov.uk/PSO_3845_blood_borne_related_communicable_diseases.doc

HM Prison Service (11/10/02), PSI 50/2001 *Hepatitis C: Guidance for Those Working with Drug Users*
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# Appendix - Useful policy documents

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- equitable access to treatment, care and support for people living with HIV
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