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<tr>
<td><strong>Owner</strong></td>
<td>Sister Jeannie Williams</td>
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1. Introduction

Prisoners have a higher incidence of sexual health problems and Blood Borne Virus (BBV) and may have difficulty accessing services in the community. Hence to ensure that all prisoners in HMP/YOI Stoke Heath have access to confidential sexual health and blood borne virus (BBV) services, including screening, testing and treatment where indicated by the Sexual Health and Blood Borne Virus Nurse (SHBBVN)

2. Purpose

To ensure that all prisoners in Her Majesty’s Prison/Young Offenders Institute Stoke Heath have access to confidential sexual health and blood borne virus (BBV) services, including screening, testing and treatment where indicated.

To provide a holistic sexual health service to empower the residents of HMP/YOI Stoke Heath to enjoy positive sexual health by the provision of advice on risk reduction strategies in the prevention of acquiring sexually transmitted infections (STIs) and BBV infections.

To provide in service, clinical and non clinical sexual health services.

To provide a service that will significantly contribute towards a reduction in rates of STIs and BBVs within the prison service population, the wider population through positive partner notification pathways and prevention of any subsequent sequelae.

3. Definitions/Abbreviations

BASHH – British Association for Sexual Health and HIV
BBV – blood borne virus
CARATS – Conselling, Assessment, Referral, Advice and Throughcare
CCG – Clinical Commissioning Group
DoH – Department of Health
GUM – Genito Urinary Medicine
HIV – Human Immunodeficiency Virus
HMP – Her Majesty’s Prison
IPC – International Patient Classification
NACRO – National Association for the Care and Resettlement of Offenders
OHCS – Oxford Handbook Clinical Specialists
PCR – Polymerase Chain Reaction
PGD – Patient Group Directive
PHE – Public Health England
RCA – Route Cause Analysis
SaTH – Shrewsbury and Telford Hospital
SCHT – Shropshire Community Health NHS Trust
SHBBVN – Sexual Health and Blood Borne Virus Nurse
SSTNHS – Staffordshire and Stoke-On-Trent Partnership National Health Service
STIF – Sexually Transmitted Infection Foundation Course
STI – Sexually transmitted infection
YOI – Young Offenders Institute
4. Duties

Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their Infection Prevention and Control mandatory training requirements in accordance with the Trust Training Needs Analysis. This compliance will include risk assessment related to treatment and testing.

Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy.

5.0 Sexual Health and Blood Bourne Virus Policy guidance

5.1 Sexual Health provision

All men will be able to access reproductive and sexual health advice and testing on site, which is sensitive to their needs, and receive appropriate, high quality care, including:

- Provision of sexual health advice/health promotion,
- Provision of condoms and lubricant,
- Provision of BBV, screening, testing and treatment, according to local and national guidelines and protocols.
- Provision of STI screening, testing and treatment, according to local and national guidelines and protocols.

The service will be delivered in an integrated, tiered manner using the three levels of contraception and sexual health services working with partners in sexual health services, community and primary care.

**Level 1 - BBV/ STI Nurse**
Available on selected days as required
Asymptomatic screening
Sexual history-taking and risk assessment

Services available are:
Opportunistic screening for genital chlamydia in asymptomatic males
Asymptomatic STI screening/testing for gonorrhoea, chlamydia, herpes virus, Candida, syphilis, and HIV and Hepatitis B and C,
Partner notification of STIs or onward referral for partner notification,
Appropriate pre-test discussion and giving of results.
Appropriate vaccination for Hepatitis A and B or Hepatitis B
Provision of verbal and written sexual health promotion information
Provision of condoms/lubrication for safer sexual practices
Act as a point of referral to sexual assault referral services
Referral into level 2 and 3 services as required
**Level 2 - BBV/STI Nurse and Prison GP**

Incorporates Level 1 plus:
- Symptomatic but uncomplicated infections in men
- Assessment and referral for psychosexual problems
- STI testing and treatment of asymptomatic and symptomatic but uncomplicated infections in men
- Genital ulceration, genital herpes
- Symptoms at extra-genital sites, e.g. rectal or pharyngeal
- Men with dysuria and/or genital discharge

Referral to Level 3 service (external service) as required

**Level 3 – Community Sexual Health Services**

All level 3 specialist sexual health care will be referred to GUM, Staffordshire and Stoke On Trent Partnership NHS Trust.

Level 3 Genito-urinary Medicine provision is excluded, however referrals to this service are integral to the approach of the model.

5.2 Sexual Health and Blood Bourne Virus tiered service provision
5.3 Blood Bourne Virus (BBV) pathway

The service aims to ensure that patients are making an informed decision prior to testing, to promote sexual health awareness and to promote harm reduction/minimisation behaviour. The service also aims to reduce risk and will ensure treatment, if appropriate, for any condition detected, and ensure ongoing through-care as appropriate.

All prisoners entering prison of any age or background will be strongly advised to complete the super-accelerated course of Hepatitis B vaccination unless it is verified that this has been completed previously. All Hepatitis B vaccinations completed must be notified through timely returns of quarterly monitoring data using the standard electronic data entry by the SHBBVN. Reporting of all information relating to BBV vaccinations, previous immunisation status and comparison with new transfer reception details are submitted monthly via the Health and Justice Indicators of Performance.

Relevant networks and screening programmes;
Shropshire prison sexual health services are an integral part of the National Chlamydia Screening programme.

Liaison with other agencies;
Liaison with other agencies may be necessary when appropriate and with specific patient consent.
These agencies might include:
- Shropshire Local Authority,
- Public Health,
- Commissioners/ CCGs
- SATH, (Shrewsbury and Telford Hospitals)
- Third sector agencies,
- HM Prison Service,
- Commissioned health services in prisons.
- Counselling, assessment, referral, advice and through-care (CARATS)
- Primary Mental Health Services
- Secondary Mental Health Services
- Community GP
- Community Substance Misuse Worker
- National Association of Care and Resettlement of Offenders (NACRO)

All patients with acute infectious hepatitis must be registered by a medical practitioner via a notification form to the Public Health England as a notifiable disease.

5.4 Sexual Health and Blood Bourne Virus protocol

Initial Assessment Protocol
Patients referred to or requesting screening will be seen by an appropriately trained nurse.
The nurse will obtain a full history of any risk factors and a full medical history. Pre-test discussion will include lifestyle risks, test information and test implications and will follow the guidelines laid out in British HIV Association 2008 UK National Guidelines for HIV Testing (Available at www.bhiva.org) and/ or Hepatitis C Strategy
From Public Health England, published 1st May 2014. Health promotion education and information regarding reducing risk will be given in the format most appropriate to the patient’s needs. Appropriate tests will be arranged if the patient still wishes this.

5.5 **Opt–out BBVs Testing and Hepatitis B vaccination Algorithm**

BBV testing should be recommended to all prisoners including those already in prison.

- **Vaccination Status**
  - Recorded complete course
  - Recorded incomplete course
  - Unvaccinated
  - Vaccination status unknown

- **HBsAg and HBcAb test, and 1 dose vaccine (if incomplete course)**
  - Negative (complete vaccination course if necessary)
  - Positive

- **Positive**
  - Suspend vaccination and complete a full Hepatitis B screen.
  - Reassure patient. Advise on harm minimisation and disease progression.
  - Refer to Consultant Hepatologist and support with an individualised care plan on System- one as directed by the Consultant

- **Negative**
  - Complete vaccination course

- **Immune**

Harm minimisation and reassurance. Complete vaccination course if incomplete. Advise on 4th dose in 1 years’ time and a booster vaccine after 6 years.
5.6 Sexual Health Pathways for Symptomatic Patients or Patients with Positive Test Results

Referral received by primary care team, Self-referral or from third party.

Patient seen by Sexual Health and BBV Specialist Nurse

Sexual Health and BBV System One screening assessment completed

Chaperoned examination completed if appropriate, along with any tests following information and advice being given to patient

Sexual health promotion and harm reduction discussed, including provision of condoms and lubricant

A discussion on obtaining the test results, either a follow up appointment if preferred or if patients have difficulty in reading a copy of the results to be sent in a sealed envelope to the patient. All patients advised that if they have a positive test result, then they will be given an appointment to see the Specialist Nurse in clinic to discuss this.

Proceed to appropriate treatment pathway if test results positive
5.7 BBV pathway including Opt out Hepatitis C test.

During the initial reception screen everyone will be asked if they would like a Hepatitis C test. The answer will then be recorded on System one and in the reception book. Monthly statistics will be collected recording the outcome of declining testing, already tested or requesting a test. If not opting out of testing then patient added to the STI/BBV waiting list.

**Patient requests BBV testing**

**Pre test discussion with SHBBVSN**

**Blood test taken**

- **Negative results received**
- **Positive result received**

**Post-test counselling with SHBBVSN covering main concerns raised in pre-test discussion, next steps, partner notification, sources of support**

- **Appointment arranged if previously requested, or a copy of the results sent to the patient**
- **Proceed to the appropriate pathway**
5.8 Anal/ Penile warts treatment pathway for patients with anal/ penile warts on examination

**Treatment Algorithm for Anogenital Warts**

### Non-Keratinised (soft/fleshy/flat)
- Less than 5
  - Warticon Cream
- Multiple / Extensive
  - Warticon Cream OR Aldara

### Keratinised (hard/dry/rough/mixed morphology)
- Less than 5
  - Warticom
- Multiple /
  - Aldara

**Review at 4 weeks if warts persist**

- **>50%**
  - Continue with same treatment

- **<50%**
  - Switch to Aldara

**Review every 4 weeks**

**Non clearance after 16 weeks**
- Refer to GUM

**IMPORTANT**

1. Consider patient choice
2. Intra meatal / Intra anal: Cryo
3. Peri anal: consider Aldara early
5.9 Epididymo-orchitis treatment pathway

Patient presents with acute unilateral scrotal pain

Refer to GP or A&E to exclude torsion

Advise and offer full screening

5.10 Molluscum treatment pathway

Patient seen with symptoms on examination

Exclude differential diagnosis of warts

Facial lesions present

Offer HIV test after pre-test counselling

Negative test result

Positive test result, proceed to HIV pathway.

No facial lesions present

Inform patient

Reassure

Refer to GP at patient request
5.11 Syphilis treatment pathway

Positive blood test result for syphilis received

Patient referred to GUM clinic
Advice and information given to patient

Patient attends GUM clinic for first appointment

Nursing staff to liaise with GUM clinic and carry out further blood tests as requested by them

Seen by SHBBV nurse throughout course of treatment appointments to see if treatment is understood and to discuss health promotion advice, and information (including condom access)

Partner notification discussed
5.12 Gonorrhoea treatment pathway

Positive test result for gonorrhoea received

Patient referred to GUM clinic by SHBBVN
Advice and information given to patient.

Patient attends GUM clinic for first appointment

SHBBVN to liaise with GUM clinic and carry out further blood tests as requested by them

Seen by SHBBVN throughout course of treatment appointments to see if treatment understood and to discuss health promotion advice, and information (including condom access)

Partner notification discussed
5.13 Chlamydia treatment pathway

Positive test result for chlamydia received

↓

Patient seen by SHBBVN for advice and information on positive result

↓

Patient given azithromycin via Patient Group Direction

↓

Seen by SHBBV nurse throughout to discuss health promotion advice, and information (including condom access). Full STI check offered if not already completed.

↓

Partner notification discussed
5.14 Non-Specific Urethritis treatment pathway

Patient has pain/discharge but test results are negative

↓

Patient discussed with the Doctor and a referral to GUM or Urology clinic by SHBBVN or Doctor
Advice and information given to patient.

↓

Patient attends appropriate clinic

↓

Nursing staff to liaise with clinic and carry out further tests and treatment as requested by them

↓

Seen by SHBBV nurse throughout course of treatment appointments to see if treatment understood and to discuss health promotion advice, and information (including condom access)

↓

Partner notification discussed if appropriate
5.15 Genital herpes treatment pathway

Genital herpes suspected due to presentation/examination, for review by Prison GP or SHBBVN. Swab to be taken and sent to microbiology for assessment. Men should be seen at next available appointment, if medication is prescribed to be ordered urgently if not in stock and administered, either seen to take or in possession, via PGD if appropriate by the SHBBVN

Patient reviewed by GP or SHBBVN after 5 days. advice and information given to patient.

If no improvement GP to review and continue with antibiotics as advised by BASHH / BNF guidelines.

For review again by SHBBVN if recurrent symptoms then refer to GU for prophylactic assessment

Seen by SHBBV nurse throughout course of treatment appointments to see if treatment understood and to discuss health promotion advice, and information (including condom access)

Partner notification discussed if not done at GUM clinic
5.16 BBV Pathways for Patients with Positive Test Results

**Hepatitis B treatment pathway**

- Patient tested for Hepatitis B
  - Chronic hepatitis B detected
    - Vaccinate against Hepatitis A if patient uses IV drugs
    - Refer to hepatologist
  - Hepatitis B negative
    - Acute hepatitis B detected
      - Vaccinate against Hepatitis A if patient uses IV drugs
      - Vaccinate for Hepatitis B if not already vaccinated
      - Seen by SHBBV nurse to discuss health promotion advice, and information (including condom access).
    - Notify Public Health team
      - Complete full serology, HIV test, LFTs, FBC
      - Refer to the Consultant Hepatologist and complete an individualised care plan on System-one as directed by the Consultant with a referral to continue care on transfer to another prison or on release.
5.17 HIV treatment pathway

HIV test completed

Positive HIV result received

Post test counselling with SHBBVN
covering main concerns raised in pre-test
discussion, next steps, partner notification,
sources of support e.g. Terence Higgins Trust

Retest in three months
if within window period of risk.
Send patient
a copy of the result

Negative result received

SHBBVN to contact HIV specialist nurse

Further blood tests, medication
arrangements, clinic appointments
as directed by specialist nurse/
consultant

Seen by SHBBV nurse
throughout course of treatment,
appointments to see if treatment
understood and to discuss health
promotion advice, and information. Complete an individualised care plan on
System – one as directed by the HIV Nurse Specialist and refer to the
Specialist Nurse on Transfer or Release with prior notice if available
5.18 Hepatitis C treatment pathway

Hepatitis C antibody positive

Bloods taken for PCR and Genotype

PCR positive
- Advice and care plan implemented
  - By the SHBBVN

  Liver function tests

PCR negative
- Advice in harm minimisation and risk and inform of positive antibody result for life

  Re test 6 months after last risk.

Refer to hepatologist and complete an individualised treatment care plan or release care plan

Seen by SHBBVN to discuss health promotion advice and liver disease progression if Hepatitis C is not treated. Refer to Consultant if patient consents so follow up can be continued after transfer or on release. If possible arrange an appointment for the patient prior to release.
6.0 Follow up after testing

Patients are asked how they would like to receive their negative test results either in clinic or a copy of the results sent to them in a sealed envelope. This will ensure any men who have difficulty reading will have the opportunity for a result to be verbally given. All men are advised that if any of the test results are positive then they will be seen in healthcare at the next available appointment and implications of the results will be discussed.

If required, further tests will be arranged. The nurse will also arrange for further monitoring and/or referral to specialist GUM service as appropriate.

Notification of Hepatitis B vaccination and Hepatitis C testing

All prisoners of any age or background will be strongly advised to complete the super-accelerated course of Hepatitis B vaccination unless it is verified that this has been completed previously. All Hepatitis B vaccinations completed must be monitored electronically. Data for number of patients already completing vaccination, and number of patients refusing, along with total of new receptions will be obtained.

6.1 Partner Notification

All prisoners/trainees with positive STI/BBV tests should be offered partner notification subject to appropriate victim safeguards. Advice should be sought from a senior manager if security information implies that there is a victim issue. Information should only be shared with other professionals according to OHCS/DoH “Guidelines for Information Management - Information Sharing Pathway” document as available in all prison primary care departments.

Clear documentation should be completed with regards to partner notification and the outcome of it.

The prison GP must notify Public Health England (West Midlands Health Protection Team) where he/she has reasonable grounds for suspecting that a person has a notifiable disease (which includes acute infectious hepatitis) or is otherwise infected or contaminated in a way that may cause significant harm to others.

7.0 Dissemination and Implementation

Basic training in sexual health promotion will form part of staff induction and be the responsibility of the SHBBVSN at HMP Stoke Heath.

Training will be provided to ensure Primary Care Nurses and GPs are aware of possible side effects relating to treatment, and are updated on new treatments as required.

Specialist advice from community services such as the hospital, GUM clinic, Hepatitis C specialist nurse and the HIV specialist nurse can also be sought as required.

All practitioners undertaking sexual health and HIV assessments, and symptomatic STI screening, will undergo relevant training as per the British Association for Sexual Health and HIV (BASHH) competency framework and this will be evidenced in their portfolio. STIF Foundation Module training for appropriate staff (Sexually Transmitted
Infections Foundation course) will also be accessed according to need identified in the individuals e-KSF/Personal Development Plan.

Maintenance of competence will be addressed for staff carrying out a sexual health role via the appraisal process undertaken by their line manager. Clinical supervision will form part of ongoing Continuous Professional Development (CPD) and support of practice.

All staff should be made aware of established Health and Safety procedures and how to follow them.

Training will enable staff to protect themselves and reduce discrimination. It is important to make clear the need to treat prisoners with BBVs without stigma or discrimination.

8.0 Consultation

The following were consulted during the formulation of this policy: (the policy has been circulated via email)

Dr Khan, Prison General Practitioner. HMPYOI Stoke Heath.
Dr Andrea Ng, Consultant in GU Medicine. Staffordshire and Stoke on Trent Partnership NHS Trust.
Dr Kara Rye – Consultant Hepatologist, Shrewsbury and Telford Hospital.
Jaine Weaver – HIV Nurse Specialist, Staffordshire and Stoke on Trent Partnership NHS Trust.
Alex Critchell, Service Manager, Staffordshire and Stoke on Trent Partnership NHS Trust.
Jeannie Williams- Sexual Health and Blood-Borne Virus Specialist Nurse, HMP/YOI Stoke Heath, Hepatitis C CNS Shrewsbury and Telford Hospital.
Wendy Sweeney, Interim Clinical Services Manager, HMP/YOI Stoke Heath.
Infection, Prevention and Control Team, Shropshire Community Health NHS Trust.

9.0 Monitoring Compliance

Compliance of this policy will be monitored by the specialist blood borne virus senior nurse and Interim Clinical Service Manager.

Knowledge gained from incident reviews, Root cause analysis (RCAs) will be shared with the relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

Through implementation of the policy it is hoped to support Public Health England’s outcomes of:
Reduction in new HIV transmissions and in late-diagnosed HIV
Reductions in the proportion of people with HIV remaining undiagnosed
Reduction in new Hepatitis B and C transmissions and in late-diagnosed Hepatitis B and C
Reduction in the rates of new STI diagnoses
Increased chlamydia testing and reduced chlamydia prevalence
Improved sexual health and well-being
Advice from GUM clinic, referral and a future appointment arranged as condition / diagnosis / complaint assessed as requiring tier 3 GUM intervention
Increased rates of partner notification and treatment of STIs including Chlamydia
Hepatitis B vaccination programmes are monitored and collated through:

- The Health and Justice indicators of Performance,
- Prison Drug Strategy Committees
- Prison Clinical Governance Committees
- Prison Health Partnership Board

Reporting of Hepatitis B vaccination and Hepatitis C testing
Opt – out BBVs / STIs testing, in line with National Guidance
To be recommended to all prisoners, with prisoners opting out of testing if they do not wish to be tested, during the reception screen when initially seen in reception

10.0 References


Public Health England 2014 Frequently asked Questions ( FAQs) to support the opt–out BBV testing policy. PHE publications gateway number 20140412014041


Reports and Publications – Prison Infection Prevention Team :
http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/ReferenceLibrary/1203582654

Educational materials on hepatitis infection produced by British Liver Trust

Map of medicine current pathways- HIV, Hepatitis B, Hepatitis C
http://eng.mapofmedicine.com/evidence/map/.html

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1254510657318

Getting Ahead of the Curve: a strategy for combating infectious diseases (including other aspects of health protection). Department of Health 2002
Infection Inside: The prison Infectious diseases quarterly:
http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582653471

DH (2009) Hepatitis C Quick Reference Guide for Primary Care

National Chlamydia Screening Programme guidance. (Available at www.chlamydiascreening.nhs.uk)
11.0 Associated Documents

Mental Capacity Act
http://www.shropscommunityhealth.nhs.uk/content/doclib/10479.pdf

Consent Policy http://www.shropscommunityhealth.nhs.uk/content/doclib/10305.pdf

Prevention and Management of Needlestick Injuries: including Inoculation Incidents and Exposures to Blood Borne Viruses (BBV) Policy
http://www.shropscommunityhealth.nhs.uk/content/doclib/10506.pdf

Patient Group Direction, Chlamydia
http://www.shropscommunityhealth.nhs.uk/content/doclib/11846.pdf.

Patient Group Direction, Hepatitis A and B Vaccination
http://www.shropscommunityhealth.nhs.uk/content/doclib/10391.pdf

Patient Group Direction, Hepatitis B Vaccination
http://www.shropscommunityhealth.nhs.uk/content/doclib/10112.pdf

12.0 List of appendices

Appendix A – HMP/YOI Stoke Heath Condom Policy

Appendix B – Patient advice on the safe use of condoms

Appendix C – Dental Dams for safer oral sex

Appendix D – Treatment pathway for Hepatitis C

Appendix E - Registered Medical Practitioner Notification form Template

Appendix F - Sexually Transmitted Infections, Blood Borne Virus Tests and Hepatitis B Vaccine Clinic, patient advice sheet.
APPENDIX A

HMP/YOI STOKE HEATH CONDOM PROTOCOL

Any penetrative sexual activity without a condom is unsafe. Oral sexual contact can also be unsafe. As such, condoms, dental dams and lubricant will be available to any prisoner. If there are any concerns in relation to Vulnerable Adults and informed consent then advice must be sought from the Health Care Manager.

Before issuing a prisoner with a condom, lubricant or dental dam, the healthcare worker must provide appropriate information and guidance on sexual health education.

Protocol

Prisoners requesting condoms should be advised as to how the condoms work, its effectiveness and its benefits. Verbal information should be supported by written information.

Where appropriate, condom application should be demonstrated using a condom demonstrator. If required the prisoner should be offered the chance to practice with the demonstrator to ensure safe use of the condom.

Prisoners requesting dental dams should be advised as to how the dental dam works, its effectiveness and its benefits. Verbal information should be supported by written information.

The healthcare worker should offer relevant health promotion advice using a non judgemental approach.

Where appropriate, the confidentiality policy should be discussed.

Disposal of used condoms and dental dams:

- Prisoners issued with condoms and/or dental dams must be given clear instructions on their disposal. These instructions must be given at the time of issue.

- Used condoms and dental dams must not be placed/flushed in the toilet.

- Used condoms and dental dams must be placed in the clinical waste bin at healthcare at HMYOI Stoke Heath.

-Used condoms and dental dams will be disposed of by the same method as clinical waste within the existing clinical waste contract.

- The healthcare worker will document in the prisoners medical record the information given to the patient.

- Relevant health promotion advice to consider
- Effectiveness of condoms, including use of safe lubricants when preparing to use a condom.

- The recommended use of condoms for male homosexual relationships.

- Disposal of used condoms and dental dams.
APPENDIX B

PATIENT ADVICE ON THE SAFE USE OF CONDOMS

Condoms should be stored in a cool dry place.

Packaging should be checked for damage, the expiry date and the kite mark.

Care should be taken with jewellery, and hands free of any oil-based lubricant.

When opening a condom the condom should be pushed over to one side of the packet and the packet opened by tearing down the opposite side of the packet. Do not open the packet with your teeth.

The condom should be put on an erect penis before any intimate sexual contact.

The teat of the condom should be squeezed between the thumb and first finger to exclude air.

The condom should be rolled down the full length of the penis, ensuring it is not inside out.

After ejaculation the penis should be withdrawn and the condom removed before the penis becomes flaccid. During withdrawal the base of the condom should be held to avoid leakage of semen.

The condom should be checked for splits.

The condom should be wrapped in tissue and disposed of in the clinical waste bin in healthcare at HMYOI Stoke Heath.

Used condoms should never be reused.
APPENDIX C

Dental Dams for Safer Oral Sex

A dental dam is a latex barrier (a silky thin sheet of natural latex, approximately 10 x 6 inch).

When used properly dental dams may help reduce the risk of catching or spreading sexually transmitted infections. However, they do not eliminate the risk.

During intimate contact such as oral-anal (rimming) or oral sex, lesions and various body fluids can be transmit sexually transmitted infections (STI's). A dental dam should be used each time when such contact occurs.

How to use a Dam

Carefully remove the dam from the packaging making sure that you do not damage the dam with sharp fingernails or jewellery as you squeeze the dam out.

Wet the anal area with water-based lubricant.

Place the dam over the anal area before having oral sex. Advise only ever lick one side of the dam.

Hold the dam in place during oral sex.

Do not lick the side of the dam which has been in contact with the anal area (STI's can be present without any symptoms. Anyone who has ever had oral or rectal sexual contact may have unknowingly been exposed to STI's).

Wrap the used dam in tissue and place in the clinical waste bin in healthcare in HMYOI Stoke Heath. **Please note:**

Do not share dams.

Never use a dam more than once.

Always check the expiry date before use.

Do not use oil-based lubricants such as baby oil, petroleum jelly, body lotions, massage oils, butter etc as they can damage latex dams.

Although dams offer protection against STI's, no method can guarantee 100% effectiveness.
APPENDIX D

STAFF INFORMATION LEAFLET

TREATMENT OF HEPATITIS C IN HMP/YOI STOKE HEATH

Patients in prison are entitled to the same treatment as the general public.

To enable this to happen, staff in the Primary Care Centre will monitor patients on treatment in conjunction with the specialist nurse who will attend the prison and hold clinics each week.

Hep C Specialist Nurse Tel no: 01743 261445 (office)

Medical hold will be required to prevent patients being transferred whilst on treatment. If patients are not able to complete a course of treatment due to a limited time frame or would prefer to have treatment after release then a referral will be sent to their local treatment centre, and if possible an appointment date will be arranged and the patient informed prior to release.

Prior to starting treatment patients will be seen and assessed by the specialist nurse any only those patients who will be in prison for the full duration of the treatment will be treated. All patients will be referred to Shrewsbury and Telford Hospital to the Consultant Hepatologist.

If there are concerns regarding mental health or the patient has a psychiatric history then a mental health assessment will be completed by the appropriate mental health service i.e. primary or secondary mental health. The assessment must be completed prior to treatment commencing, and reviewed regularly throughout the duration of the treatment.

There will be a multi-disciplinary approach on an individual patient basis to ensure all necessary support for the patient is in place. Other agencies/disciplines will be involved when relevant and with the patients consent. These might include:

- CARATS
- Primary Mental Health
- Secondary Mental Health

Weight will be recorded.

All Hep C patients will be seen weekly by the SHBBV nurse for supervised medication and for assessment and support.

Ordering of medication will be the responsibility of the SH BBV nurse.

Follow up blood test results will be recorded on the Hepatitis C Treatment Monitoring Form.
Post treatment

Prisoner released – the SH BBV nurse will complete a referral letter to the prisoner’s local Hep C specialist nurse, send a copy of all blood test results and obtain an appointment so that the prisoner has this information prior to release.

Prisoners who remain in prison – will be reviewed on a regular basis.
## APPENDIX E

Registered Medical Practitioner Notification form Template

| Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority. |
| Registered Medical Practitioner reporting the disease |
| Name |
| Address |
| Post code |
| Contact number |
| Date of notification |
| Notifiable disease |
| Disease, infection or Contamination |
| Date of onset of symptoms |
| Date of diagnosis |
| Date of death (if patient died) |
| Index case details |
| First name |
| Surname |
| Gender (M/F) |
| DOB |
| Ethnicity |
| NHS number |
| Home address |
| Post code |
| Current residence if not home address |
| Post code |
| Contact number |
| Occupation (if relevant) |
| Work/education address (if relevant) |
| Post code |
| Contact number |
| Overseas travel, if relevant (Destinations & dates) |
Sexually Transmitted Infections, Blood Borne Virus Tests and Hepatitis B Vaccine Clinic

- Have you had unprotected sex?
- Have you ever had a tattoo or piercing that was done at home, prison or abroad?
- Have you ever injected drugs (including steroids)?
- Have you ever shared injecting drug equipment?
- Have you ever shared snorting equipment?
- Have you ever shared a toothbrush, razor, hair clippers or nail clippers?
- Have you ever had medical treatment abroad?

Tests available

Chlamydia
Transmission – unprotected sex
Signs and symptoms – none
Can cause infertility
Test – with a urine test
Treated in prison with one single dose of antibiotics

Gonorrhoea
Transmission – unprotected sex
Signs and symptoms – can include yellow/green/white painful discharge, swollen testicles.
If untreated can lead to serious health problems such as narrowing of the urethra or abscesses
Test with a swab test or urine test
Treated with antibiotics

Syphilis
Transmission – unprotected sex. If untreated can lead to serious health issues
Signs and Symptoms – damage to heart, joints and possibly the nervous system – first symptoms are sores to the penis/rectum/mouth/lips.
Secondary symptoms include non irritating rash over the whole body and on the soles of the feet and palms of the hand, flu like symptoms, patchy hair loss, white patches in the mouth.
Blood is taken from a vein or a finger prick test
Treated with antibiotic injections.

Hepatitis B
Transmission – blood semen, vaginal fluid, breast milk.
Symptoms are not always present, highly infectious, 90% of infections are acute (short term), 10% if infections are chronic (long term).
If untreated can cause liver damage.
Blood is taken from a vein or a finger prick test
Treatment – antiviral drugs.

Vaccine available: you will have 3 doses over 4 weeks by injection and a booster vaccine a year after – this can provide up to 95% protection against the virus.

**Hepatitis C**
Transmission – blood sharing injecting equipment, tattoos, clippers, razors, mother to baby
Symptoms not always present. Infectious, 20% of infections are acute (short term) 80% of infections are chronic (long term) – if untreated can lead to serious liver disease.
Blood is taken from a vein or a finger prick test
Treatment available 6 to 12 months with a chance of clearing the virus.

**HIV**
Transmission – unprotected sex, blood, body fluid
No immediate symptoms, if infectious can destroy the immune system and lead to AIDS
Blood is taken from a vein or a finger prick test
Treatment – no cure but close monitoring and medication to help the infection from progressing.

All the above tests are offered and a copy of all negative results will be sent to you. If you have a positive result then you will need to attend healthcare to discuss treatment options.

The sooner you get tested and if you have an infection the sooner you know your diagnosis the more you can do to stay well.
- Have treatment
- Inform partners or contacts so they can get treated
- Prevent the spread of infection
- Prevent infertility
- Prevent any infection to unborn children
Condoms/lube are available from healthcare. Please ask via a healthcare application form.

If you would like to be tested please fill in the healthcare application form.