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## **CONTENTS**

1. Introduction.....	3
2. Purpose.....	3
3. Definitions.....	3
4. Duties.....	3
5. Sexual Health and Blood Bourne Virus Policy guidance	
5.1 Sexual Health Provision.....	4
5.2 Sexual Health and Blood Bourne Virus tiered service provision .....	5
5.3 BBV Pathway .....	6
5.4 Sexual Health and Blood Bourne Virus protocol.....	7
5.5 Opt Out BBV's Testing .....	7
5.6 Sexual Health Pathways for Symptomatic Patients or patients with Positive Test Results .....	8
5.7 BBV pathway including Opt out Hepatitis C test .....	9
5.8 Anal/ Penile warts treatment pathway.....	10
5.9 Epididymo Orchitis Treatment Pathway.....	11
5.10 Molluscum Treatment Pathway .....	11
5.11 Syphilis Treatment Pathway .....	12
5.12 Gonorrhoea Treatment Pathway .....	13
5.13 Chlamydia Treatment Pathway .....	14
5.14 Non Specific Urethritis Treatment Pathway .....	15
5.15 Genital Herpes Treatment Pathway.....	16
5.16 BBV Pathways for patients with a Positive Test Result .....	18
5.17 HIV Treatment Pathway... ..	19
6.0 Follow up after Testing .....	20
6.1 Partner Notification .....	20
7.0 Dissemination and Implementation.....	20
8.0 Consultation.....	21
9.0 Monitoring Compliance .....	21
10.0 References .....	22
11.0 Associated Documents .....	23
12.0 Appendices	
Appendix A – Condom Protocol .....	24
Appendix B – Patient Advice on the Safe Use of Condoms .....	26
Appendix C – Dental Dams for Safer Oral Sex .....	27
Appendix D – Staff Information Leaflet on Treatment of Hepatitis In HMP/YOI Stoke Heath .....	28
Appendix E – Registered Medical Practitioner Notification form Templates.....	30
Appendix F – Sexually Transmitted Infections, Blood Borne Virus tests And Hepatitis B Vaccine Clinic .....	31

## **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  
SCHAT – 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 Insititute

## 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 Borne 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

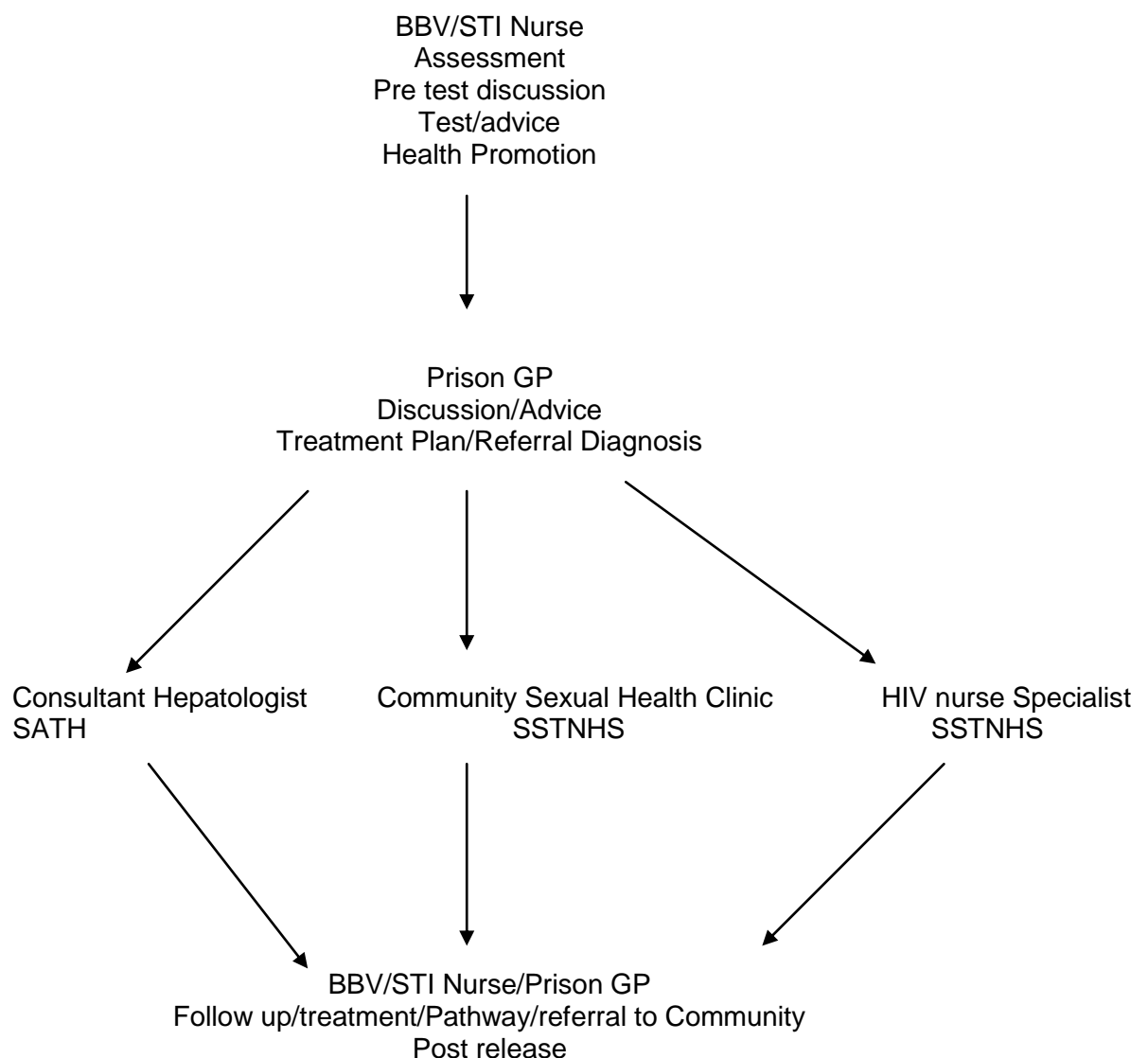
Men with dysuria and/or genital discharge Referral to Level 3 service (external service) as required

**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 Borne Virus tiered service provision**



### **5.3 Blood Borne 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 Borne 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](http://www.bhiva.org) ) and/ or *Hepatitis C Strategy for England*. Department of Health 2002 Improving testing rates for blood-borne viruses in prisons and other secure settings.

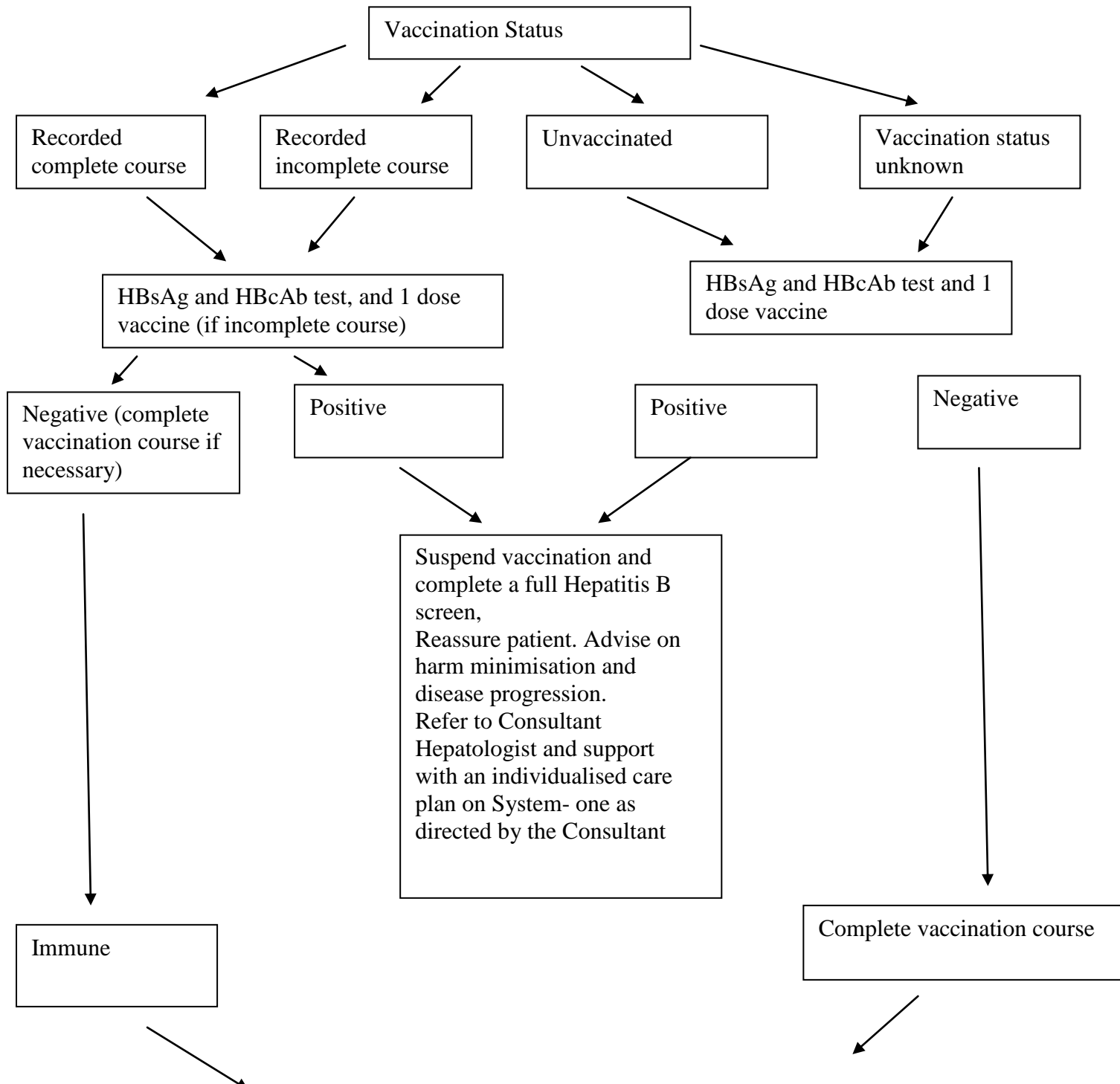
From Public Health England, published 1<sup>st</sup> May 2014.

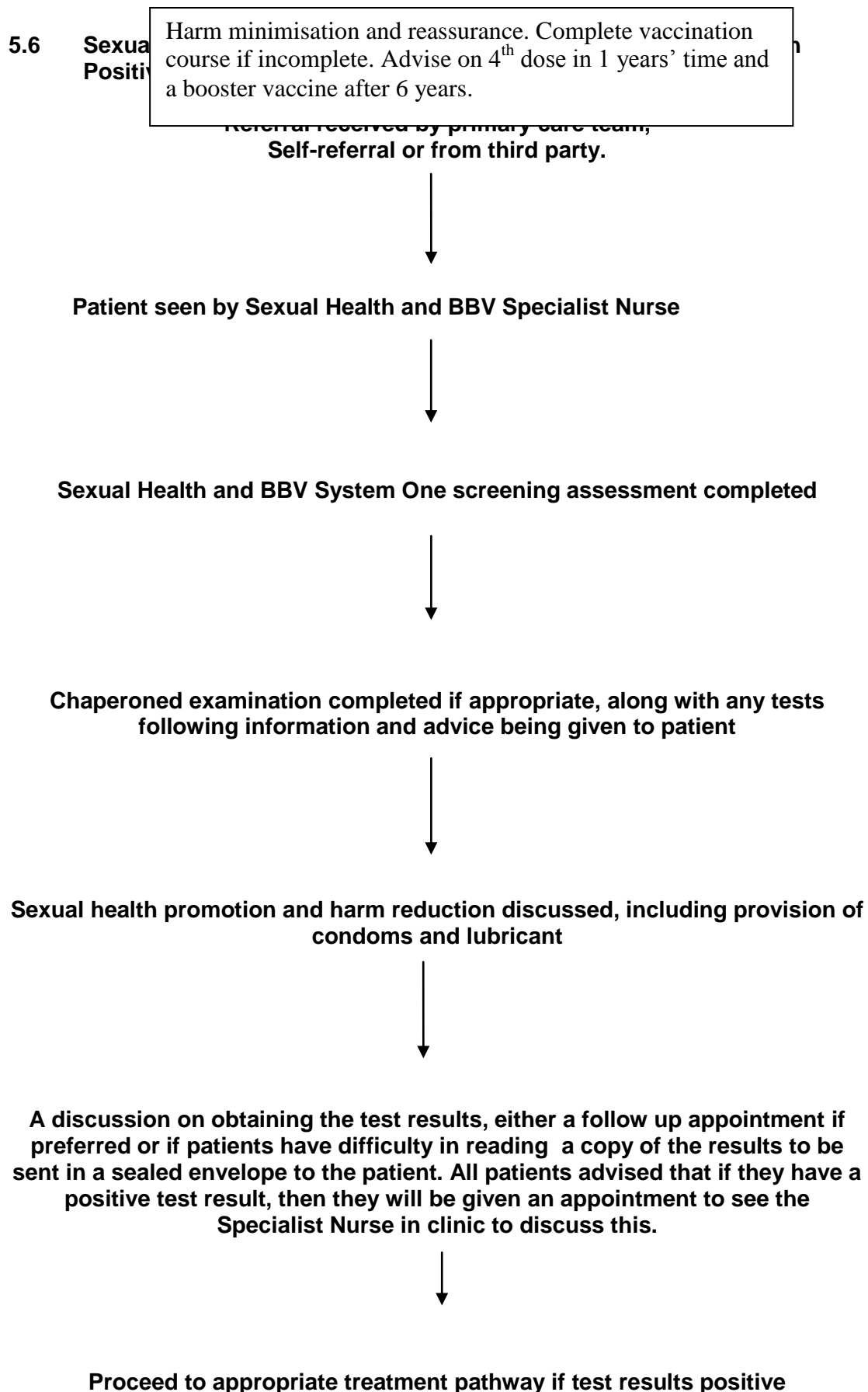
Health promotion education and information regarding reducing risk will be given in the format most appropriate to the patient's needs.

Appropriate tests will be arranged if the patient still wishes this.

### 5.5 Opt-out BBVs Testing and Hepatitis B vaccination Algorithm

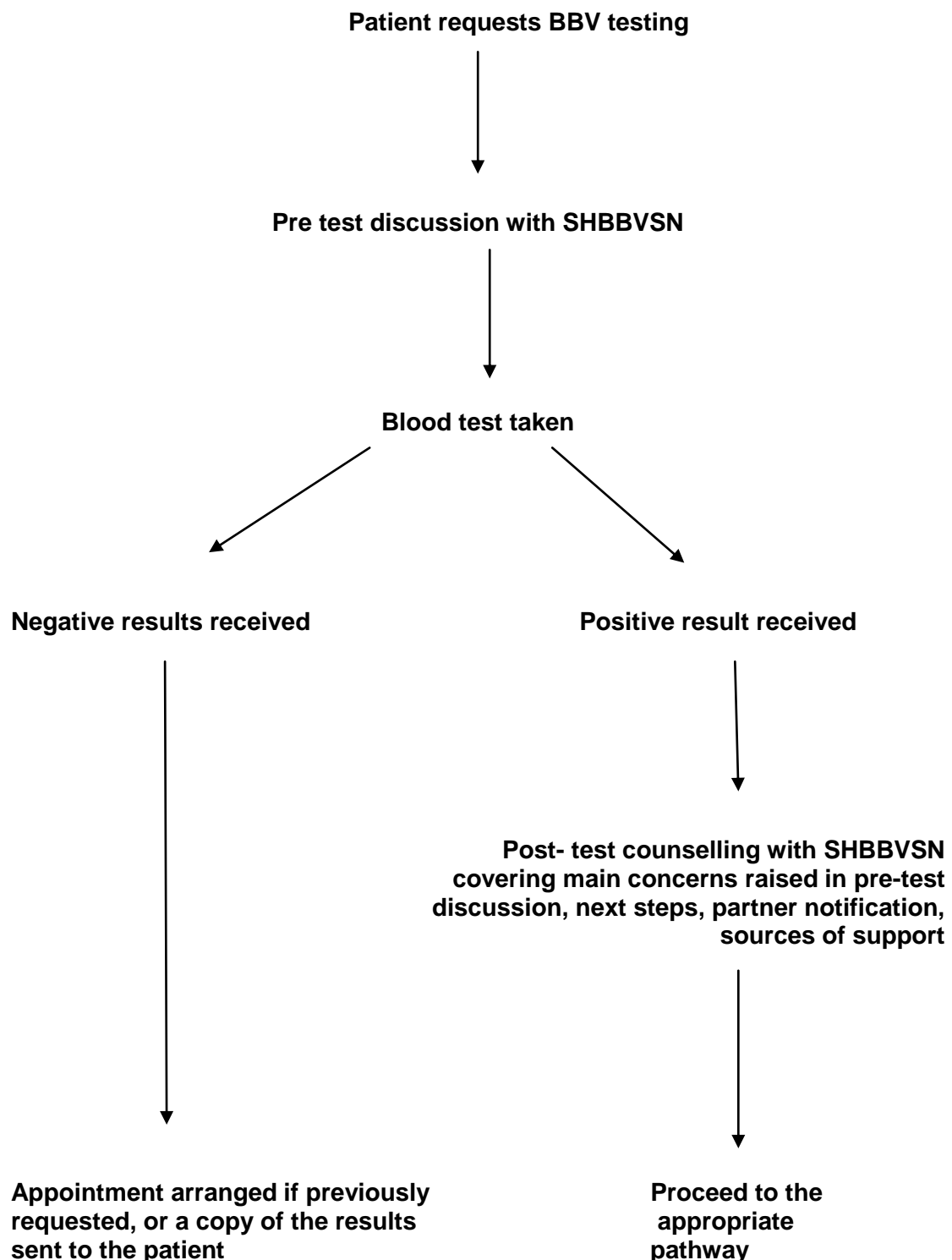
BBV testing should be recommended to all prisoners including those already in prison.





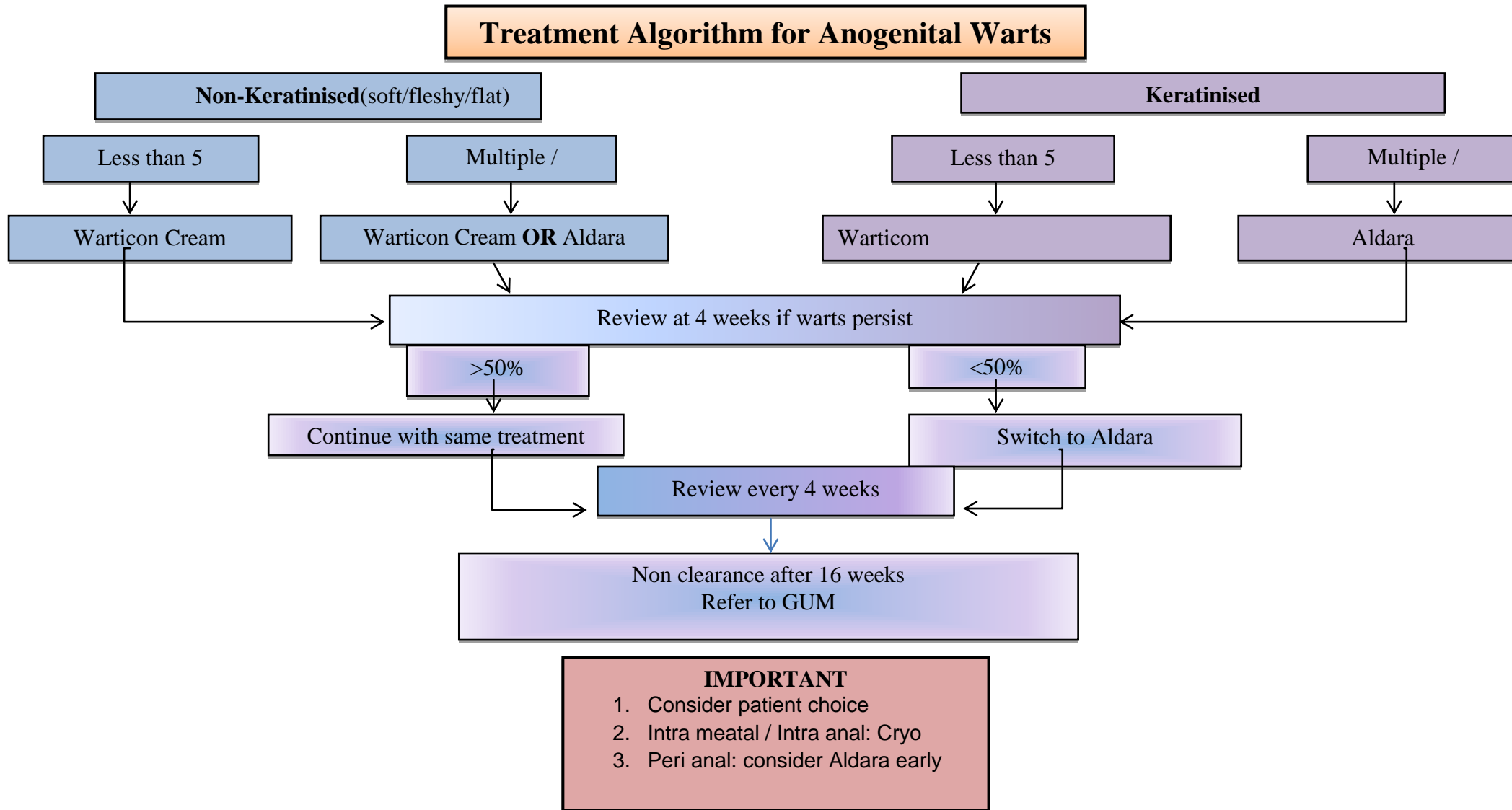
## 5.7 BBV pathway including Opt out Hepatitis C test.

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.





## 5.8 Anal/ Penile warts treatment pathway for patients with anal/ penile warts on examination



## 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**



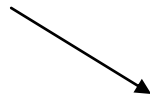
**Facial lesions present**



**Offer HIV test after pre-test counselling**



**Positive test result, proceed to HIV pathway.**



**No facial lesions present**



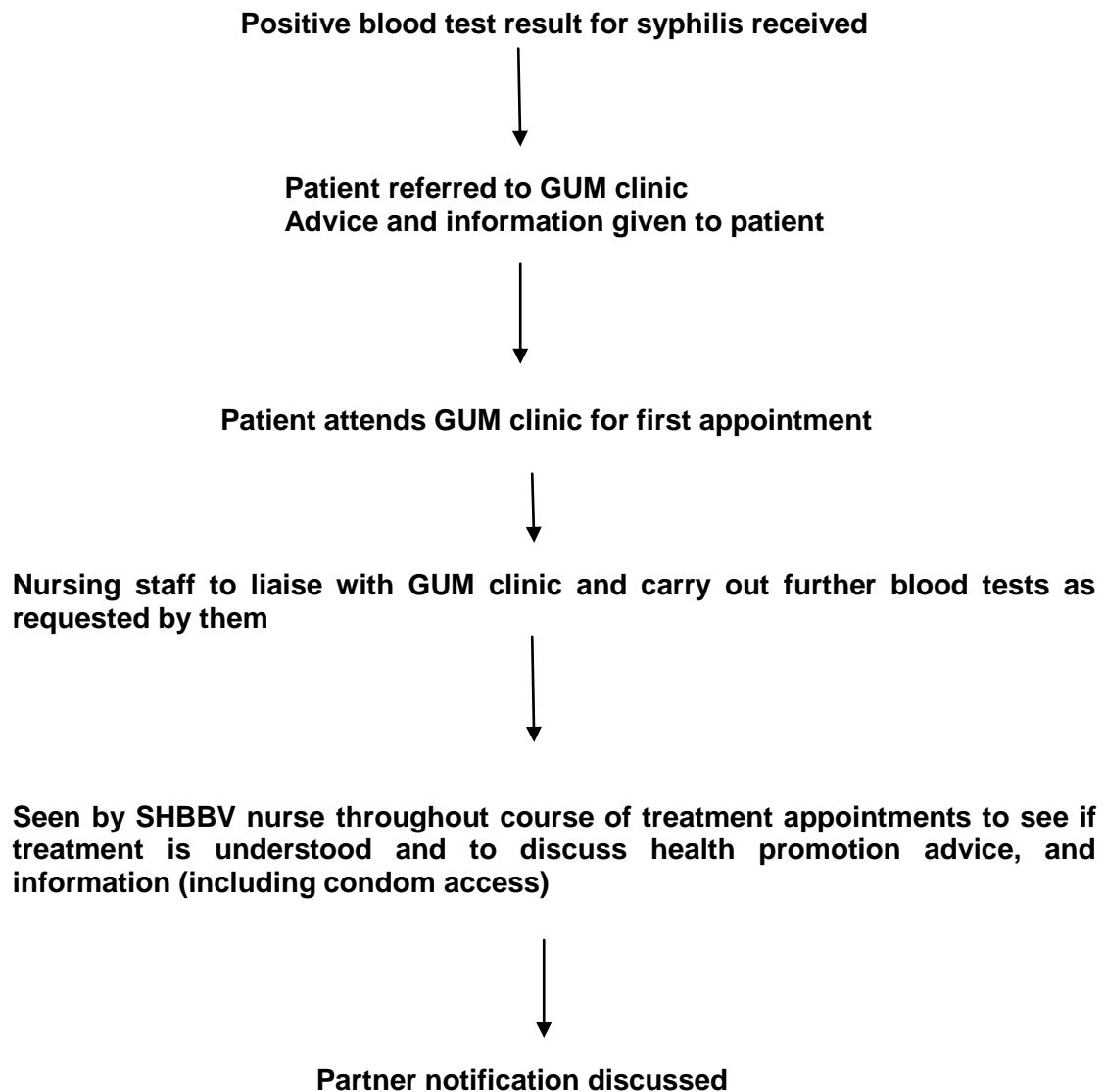
**Inform patient  
Reassure**



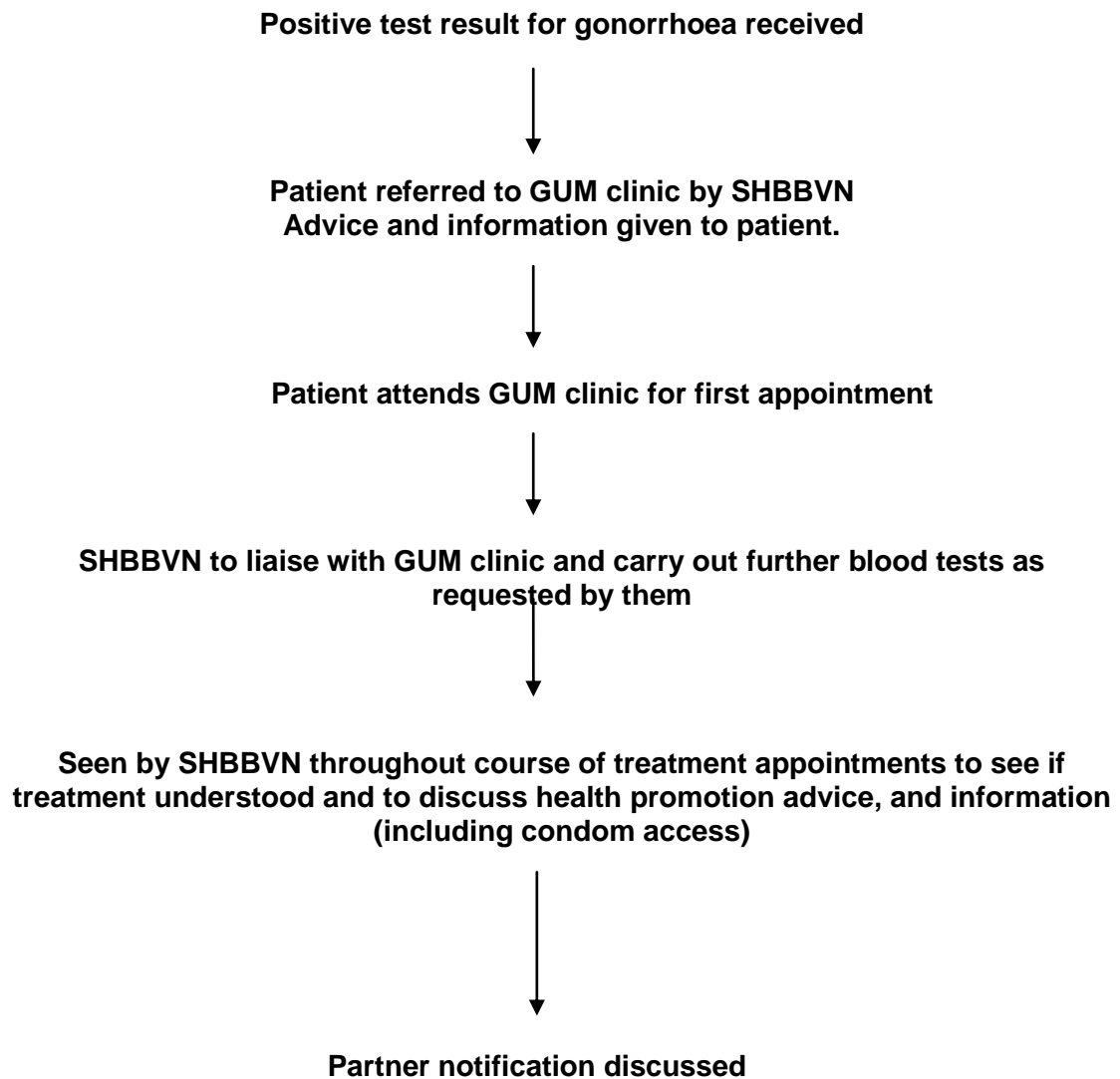
**Negative test result**

**Refer to GP at patient request**

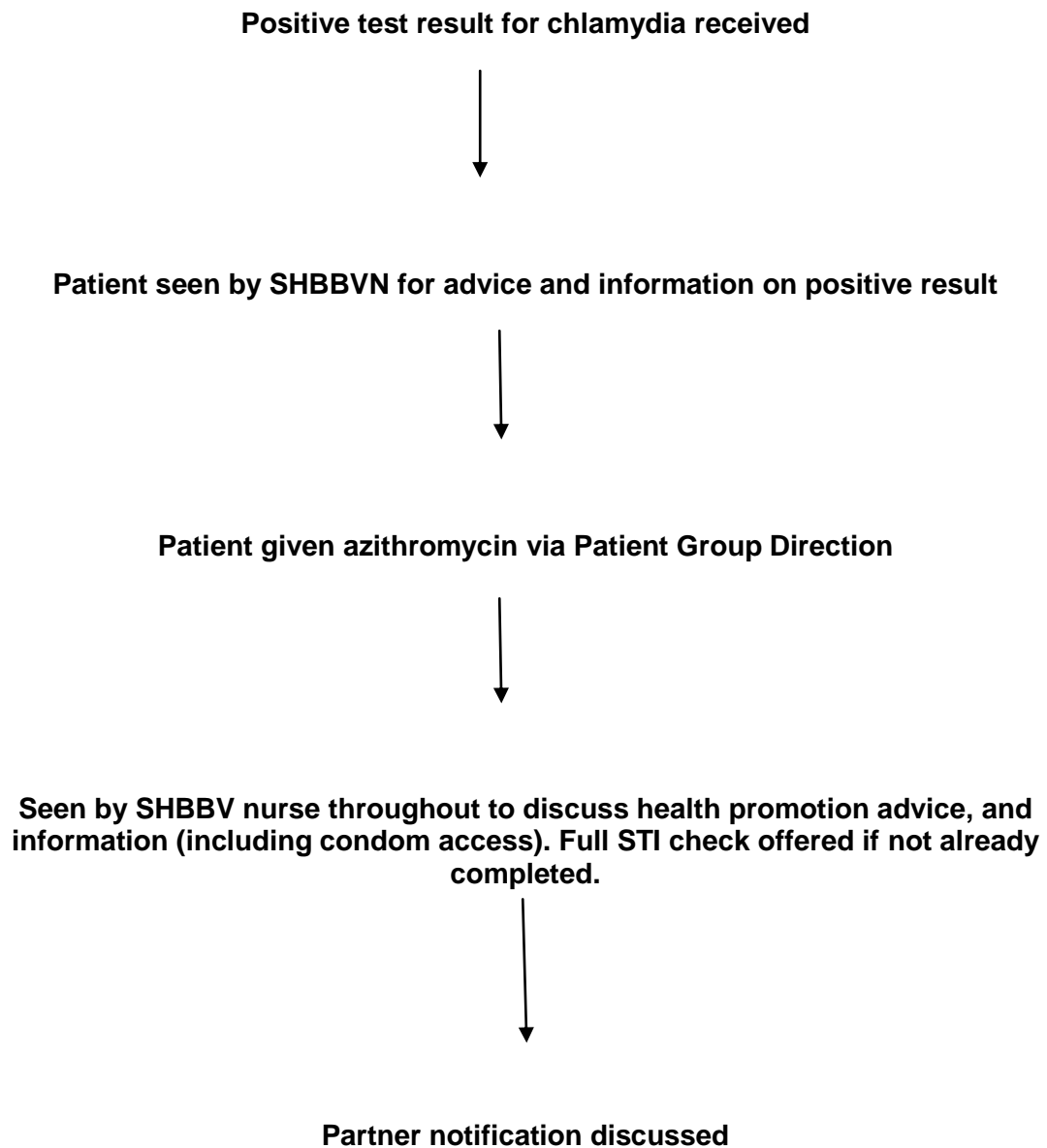
### **5.11 Syphilis treatment pathway**



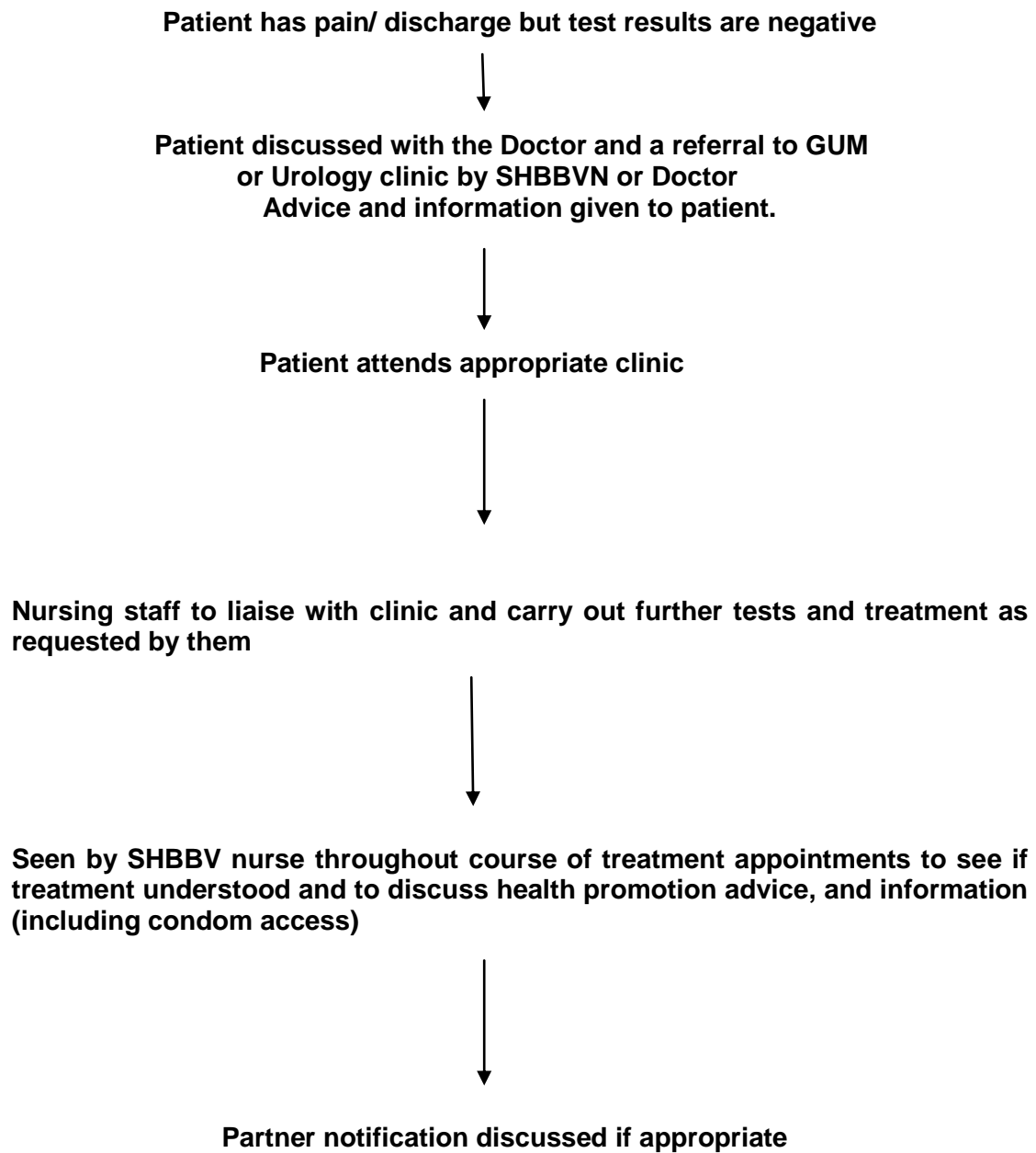
## **5.12 Gonorrhoea treatment pathway**



### **5.13 Chlamydia treatment pathway**



#### **5.14 Non- Specific Urethritis treatment pathway**



### 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**



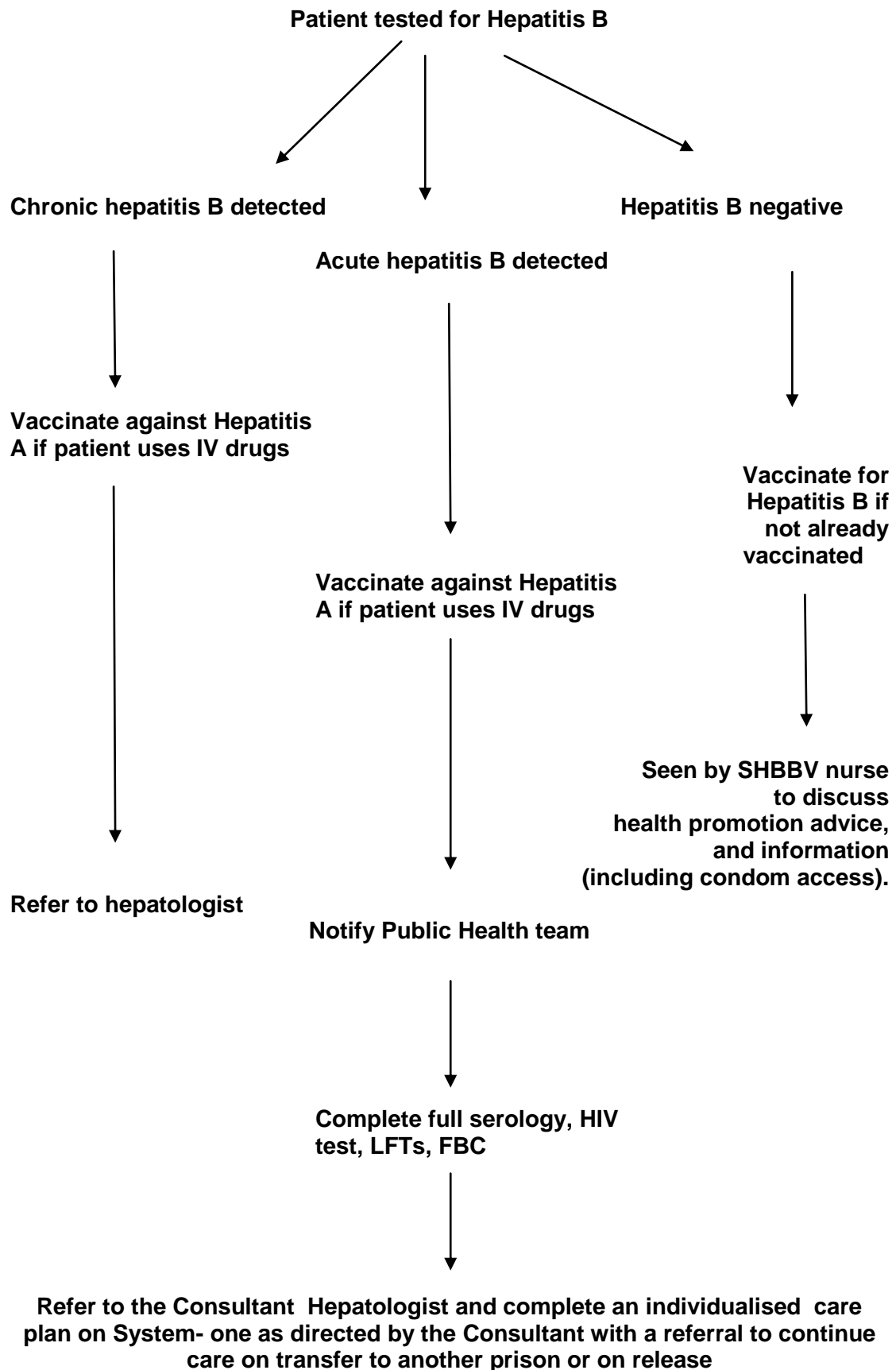
**Seen by SHBBV nurse throughout course of treatment appointments to see if treatment understood and to discuss health promotion advice, and information (including condom access)**



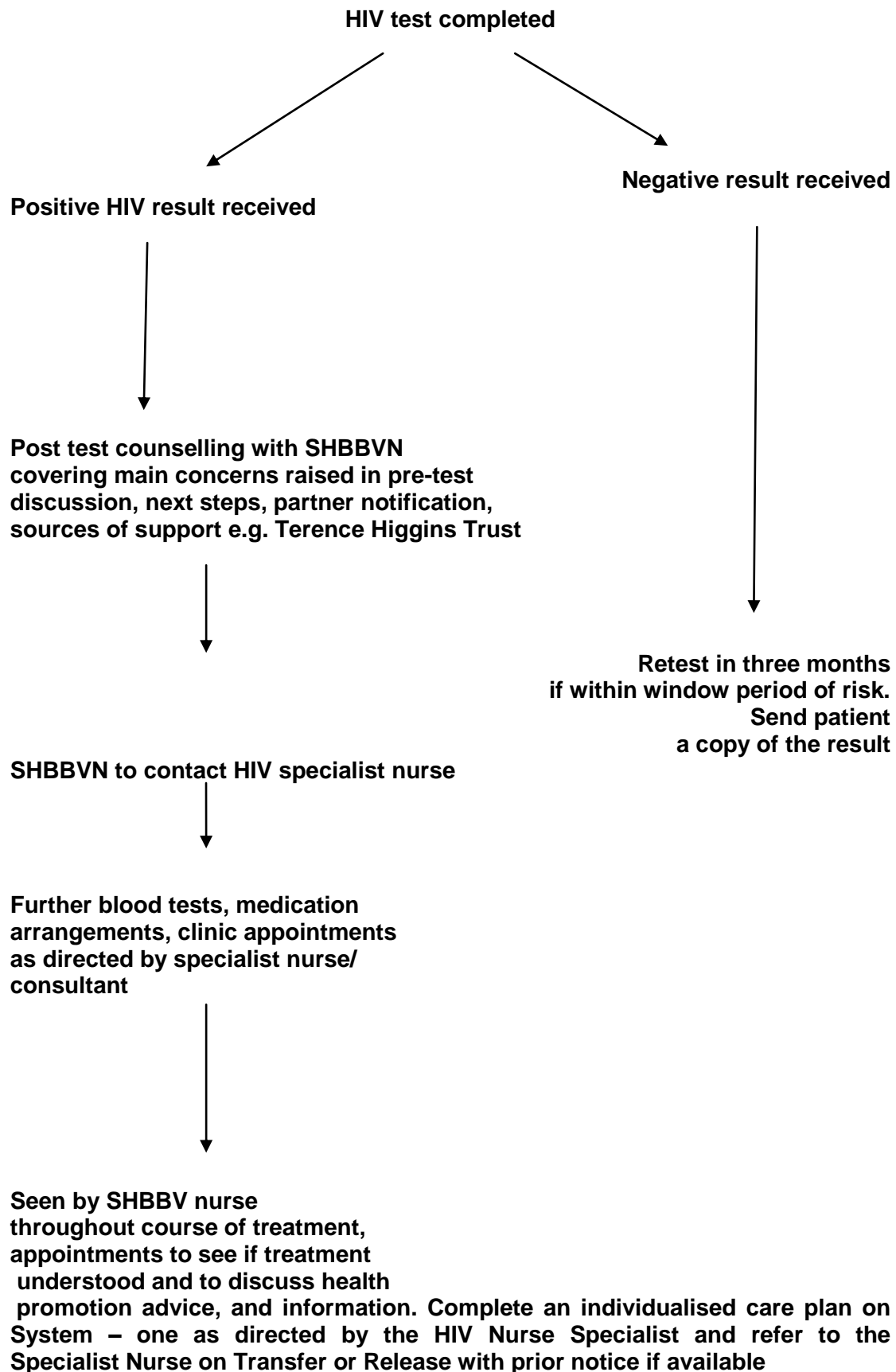
**Partner notification discussed if not done at GUM clinic**

## 5.16 BBV Pathways for Patients with Positive Test Results

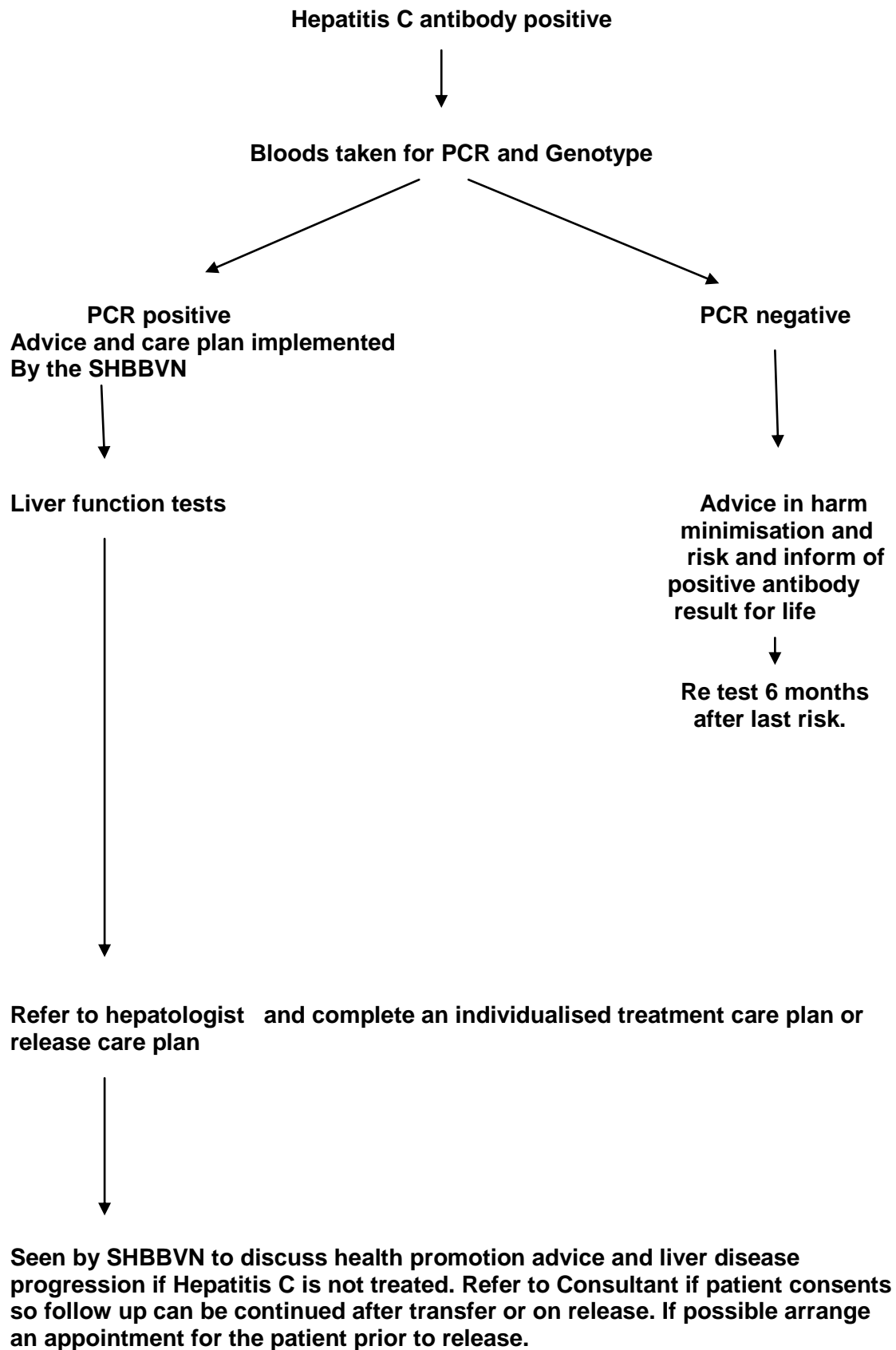
### *Hepatitis B treatment pathway*



## 5.17 HIV treatment pathway



## 5.18 Hepatitis C treatment pathway



## **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.

Amanda Edwards –Shrewsbury and Telford, Sexual Health Clinical Lead, 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,
- NHS England.
- 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

Prisons and Health (2014) World Health Organisation. Europe.( available at [www.euro.who.int/pubrequest](http://www.euro.who.int/pubrequest))

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

British Association for sexual health and HIV 2006. *Sexually Transmitted Infections:*

*UK National Screening and Testing Guidelines*(Available at [www.bashh.org.uk](http://www.bashh.org.uk)

)Reports and Publications – Prison Infection Prevention Team :

<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/ReferenceLibrary/1203582654228>

Educational materials on hepatitis infection produced by British Liver Trust

<http://www.britishlivertrust.org.uk/home/order-publications/blood-borne-virus-awareness-series.aspx>

Map of medicine current pathways- HIV, Hepatitis B, Hepatitis C

<http://eng.mapofmedicine.com/evidence/map/.html>

Shooting Up - Infections among injecting drug users in the United Kingdom 2008, An update: October2009 (HPA2009)

[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1254510657318](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

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_093847.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093847.pdf)

National Chlamydia Screening Programme (2008) *The National Chlamydia Screening Programme in England. Core requirements. Appendix 8: Current legal framework for the supply and administration of medicines used by the NCSP.*

(Available at [www.chlamydia-screening.nhs.uk/ps/core/docs.html](http://www.chlamydia-screening.nhs.uk/ps/core/docs.html) )

National Chlamydia Screening Programme guidance. (Available at

[www.chlamydia-screening.nhs.uk](http://www.chlamydia-screening.nhs.uk))

National Institute for Health and Clinical Excellence ( 2014) Hepatitis B.NICE quality standard 65. NICE.( available at [guidance.nice.org.uk/qs65](http://guidance.nice.org.uk/qs65))

## **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.

**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.**