

# **HIV and Universal Precautions within Detainee Operations**

010032

# Terminal Learning Objective

## Action

Discuss the impact of the HIV / Hepatitis virus and identify universal precautions and preventive measures in a detainee environment.

## Conditions

In a classroom environment, given a conference presentation.

## Standards

Recognize the potential impacts of HIV and other blood born diseases within a detainee camp.

010033

# Enabling Learning Objective A

## Action

Discuss the symptoms and signs of HIV and Hepatitis.

## Conditions

In a classroom environment.

## Standards

Identify the signs, symptoms of HIV and Hepatitis viruses.

# Symptoms and Signs of AIDS

- Early Stages
- Symptoms

# Symptoms and Signs

- Extreme Fatigue
- Continued Fever or Night Sweats
- Rapid Weight Loss for No Common Reason
- Swollen Glands in Neck, Armpits, or Groin

# Symptoms and Signs

- Diarrhea and Diminished Appetite
- Persistent Cough
- Blue-Violet or Brownish Spots/Growths on Skin or Mucus Membranes

# Symptoms and Signs of Hepatitis

- Headache
- Nausea
- Vomiting
- Abdominal Pain
- Jaundice (the skin turns yellow)
- Weakness and Fatigue
- Bowel Movements Gray in Color
- Urine Dark

# AIDS is NOT Spread By...

- Casual Contact
- Toilet Seats or Bath Tubs
- Utensils, Dishes, or Linens
- Food Prepared by an Infected Person
- Being in Close Proximity of an Infected Person



**AIDS/HIV-III Test  
Results  
Are Handled on a  
Need-to-know Basis**

# HIV/Hepatitis Positive Detainees

- General Population
- Active/Aggressive Homosexuals

# Treatment of AIDS/Hepatitis

No Known Cure

High Mortality Rate

No Victim Regained Lost Immunity

Treatment for the Different Infections

# Treatment

- **Hepatitis A**
  - Most Are "Acute."
  - Sometimes Dr's Prescribe Rx
  - Most Patients Recover at Home
  - Vaccine for Prevention is Available

# Treatment

- **Hepatitis B**
  - Most Adults Fight off Hep B
  - About 10% its Chronic
  - Cirrhosis, Liver Cancer, or Liver Failure
  - Interferon Is a Natural Protein
  - Treatment Taking Injection 4 Months
  - Not All Patients Respond
  - There Is a Vaccine Available

# Treatment

- **Hepatitis C**
  - Most Serious Form of Hepatitis
  - Chronic Form in About 85% of Patients
  - Untreated Patients at High Risk of Cirrhosis, Liver Failure, or Liver Cancer
  - No Cure

# Preventive Steps

- **Detect / Report Homosexual Activity**
- **Detainees Intravenous Drug Abuse**
- **DO NOT Have Sex With Detainees**
- **Know About AIDS and Know Symptoms**
- **Physical Contact Wear Rubber Gloves**

# Enabling Learning Objective B

## Action

Discuss the Testing and Management of HIV Positive and Other Blood-borne Disease Infected Detainees.

## Conditions

Given a Conference Presentation.

## Standards

Identify the Testing and Management Procedures of HIV Positive and Other Blood-borne Disease Infected Detainees.



# Detainees Who Test HIV Positive

- **Managed IAW Guidance by the Theater Commander and Specified by Local SOP**

# Management of HIV Positive Detainees

- Administrative Segregation (A/S)
- Special Quarters

# Destructive Behavior

- Observe HIV Positive Detainees in A/S
- Detainee Remains in Segregation If Signs of Aggressive Behavior Persist
- Negative Behavior Ceases, Detainee May Be Released From Segregation

# HIV and Detainees in GP

- Will Not Be Treated Differently
- Except When Deemed Necessary

## Medical Visits

- Every Four to Six Weeks
- IAW local SOP All HIV Positive & Other Infected Detainees
  - Re-examined and Re-evaluated Every Six Months

## Handling of HIV Positive Detainees

- Special Team to Transport
- MOPP Gear

## **Blood-Borne Disease Protective Kit**

- **Protective Polypropylene Gown**
- **One Pair of Shoe Covers**
- **Eye Shield and Mask**
- **Red Biohazard Bag**
- **Vinyl Gloves**
- **3/4 oz Absorbent Pouch**

## **Blood-Borne Disease Protective Kit**

- **Scoop Shovel**
- **Sani-Cloth Surface Disinfectant**
- **Two Anti-Microbial Hand Wipes**
- **Paper Towels**
- **Bleach**
- **Hand Soap**



## Blood-Borne Disease Protective Kit

- Impermeable, Disposable Gloves
- Adult and Pediatric “One-way, Air-way”  
or Rescue Breather Devices

# Protective Measures

- Cover Personal Sores or Wounds
- Assume All Detainees Carry Diseases
- CPR Mask should be Required
- Forced Cell Moves Team Take Precautions

# Cleaning Blood Spills

- Disposable Gloves and Surgical Face Mask
- Household Bleach (1:10 Ratio)
- Contaminated Materials Red Biohazard Bag
- Decontaminate All Equipment
- Biohazard Bags to Medics for Disposal

# Suspected Exposure

- Wash Exposed Areas
- Rinse Eyes, Nose, & Mouth 10 Min
- Report Incident to TOC and Seek Medical Attention

# **HIV and Universal Precautions within Detainee Operations Summary**

010060

**HIV and Universal Precautions within Detainee Operations**  
**CD 216 / Version 2004**  
**11 Jun 2004**

**SECTION I. ADMINISTRATIVE DATA**

<b>All Courses Including This Lesson</b>	<u>Course Number</u> 31E-POI	<u>Version</u> 2004	<u>Course Title</u> Detainee Operations
--	---------------------------------	------------------------	--

<b>Task(s) Taught(*) or Supported</b>	<u>Task Number</u>	<u>Task Title</u>
---------------------------------------	--------------------	-------------------

<b>Reinforced Task(s)</b>	<u>Task Number</u>	<u>Task Title</u>
---------------------------	--------------------	-------------------

**Academic Hours**      The academic hours required to teach this lesson are as follows:

	<u>Mobilization Hours/Methods</u>	
	1 hr	/ Conference / Discussion
Test	0 hrs	
Test Review	0 hrs	
<b>Total Hours:</b>		1 hr

<b>Test Lesson Number</b>	<u>Hours</u>	<u>Lesson No.</u>
	Testing (to include test review)	N/A

<b>Prerequisite Lesson(s)</b>	<u>Lesson Number</u> CD 208	<u>Lesson Title</u> Stress Management within Detainee Operations
-------------------------------	--------------------------------	---

**Clearance Access**      Security Level: Unclassified  
 Requirements: Unclassified

**Foreign Disclosure Restrictions**      FD7. This product/publication has been reviewed by the product developers in coordination with the Fort Leonard, Missouri 65473 foreign disclosure authority. This product is NOT releasable to students from foreign countries.

**References**

<u>Number</u>	<u>Title</u>	<u>Date</u>	<u>Additional Information</u>
AR 600-110	Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV).	01 Jun 1996	

**Student Study Assignments**      None.

**Instructor Requirements**      One primary instructor.

**Additional Support Personnel Requirements**

---

<u>Name</u>	<u>Stu Ratio</u>	<u>Qty</u>	<u>Man Hours</u>
None			

---

**Equipment Required for Instruction**

---

<u>Id Name</u>	<u>Stu Ratio</u>	<u>Instr Ratio</u>	<u>Spt</u>	<u>Qty</u>	<u>Exp</u>
None					

---

\* Before Id indicates a TADSS

**Materials Required**

**Instructor Materials:**  
**NOTE:** Based on available qualified instructors, facilities and equipment, the instructor may use computer-assisted powerpoints with projection screen or VGTs (Vu-graphs) with overhead projector.

**Student Materials:**  
None.

**Classroom, Training Area, and Range Requirements**

**Ammunition Requirements**

---

<u>Id</u>	<u>Name</u>	<u>Exp</u>	<u>Stu Ratio</u>	<u>Instr Ratio</u>	<u>Spt Qty</u>
None					

---

**Instructional Guidance**

**NOTE:** Before presenting this lesson, instructors must thoroughly prepare by studying this lesson and identified reference material.

**Proponent Lesson Plan Approvals**

---

<u>Name</u>	<u>Rank</u>	<u>Position</u>	<u>Date</u>
	MSG	SR Corrections Technical Advisor	11 Jun 2004

---

bb-2

SECTION II. INTRODUCTION

Method of Instruction: Conference / Discussion  
Instructor to Student Ratio is: \_\_\_\_\_  
Time of Instruction: 5 mins  
Media: -None-

Motivator

**NOTE:** Show Slide #1 (HIV and Universal Precautions in a Detainee Camp).

Acquired Immune Deficiency Syndrome (AIDS) has rapidly become one of the most difficult and complex public health issues facing the world. Since its first identification in 1981, over 100,000 deaths were reported in the United States by the end of 1990, due to the HIV disease. You can imagine the increase in numbers if we were to tally cases all around the world today.

Within a detainee camp, we interact with detainees who have blood born diseases such as HIV, AIDS or Hepatitis virus.

**NOTE:** Show Slide #2 (TLO).

**NOTE:** Instructors are required to incorporate Contemporary Operating Environment (COE) issues and reinforce VALUES in this lesson to include scenarios and practical exercises. There are key variables that can be expected in virtually every conflict that serve as building blocks for the operational environment (OE). They are interrelated and sometimes overlap, and serve collectively as the foundation for understanding COE. Information can come from CALL (Center for Lessons Learned) <http://call.army.mil> or any media source including newspaper/magazine articles, television/radio information, law enforcement/field training circulars, etc. and should be current and relevant to the training. Do not violate any copyright or reproduction laws.

The eleven variables are:

1. Physical environment
2. Nature and stability of the state
3. Military capabilities
4. Technology
5. Information
6. External organizations
7. Social demographics
8. Regional Relationships
9. National will
10. Time
11. Economics

Terminal Learning Objective

**NOTE:** Inform the students of the following Terminal Learning Objective requirements.  
At the completion of this lesson, you [the student] will:

<b>Action:</b>	Discuss the impact of the HIV / Hepatitis virus and identify universal
----------------	--



	precautions and preventive measures in a detainee environment.
<b>Conditions:</b>	In a classroom environment, given a conference presentation.
<b>Standards:</b>	Recognize the potential impacts of HIV and other blood born diseases within a detainee camp.

**Safety Requirements**

Safety briefings will be conducted prior to training with emphasis on weather conditions, existing and predicted; munitions, including the handling and transporting of blank ammunition and pyrotechnics; and safety while working around and with machinery, vehicles, and tools. Other topics include hot and cold weather injury prevention and treatment, animal and insect bites, poisonous plants, and fire prevention. All injuries/incidents will be reported to the instructor on site and processed IAW course policies and procedures.

Comply with:

- a. AR 385-10, The Army Safety Program, 29 February 2000.
- b. AR 385-55, Prevention of Motor Vehicle Accidents, 12 March 1987.
- c. TRADOC Regulation 385-2, 27 January 2000.
- d. FM 100-14, Risk Management, 23 April 1998.
- e. FM 101-5, Staff Organization and Operations, 31 May 1997.

**NOTE: This is an example of a safety briefing. Safety briefings are dependent on the location of training/training event and this is not to be considered an all-inclusive safety briefing.**

1. **Electrical storms:** (when appropriate) To take precautions against anyone being hit by lightning, we have a dispersal area that is located on this range at (give location) (instructors will complete this at their specific outside location). When directed to disperse, you will move directly to the dispersal area, ground your rifle and Kevlar and place your poncho over yourself after lying flat on the ground. In addition, be sure to avoid flagpoles, wires, Kevlar, and meters that contain electrical charges.
2. **Snakebites:** (when appropriate) As you know, the areas in which snakes are generally found during hot weather are cool, damp places such as rotten logs, creek banks, and under roots. In training areas they may be found in fighting supported positions and bunkers. Always observe an area very closely prior to training. In the event that a snake of any type bites you, report it to range personnel, the instructor, or your drill sergeant. Under no circumstances should anyone try to handle a snake.
3. **Heat casualties:** (when appropriate). When you are active the body becomes overheated and the perspiration, which is created, cannot evaporate and cool the body because of the high humidity. You become a possible casualty from the heat as the body temperature rises above the normal temperature. The symptoms that this can create are: cool, moist or hot, dry skin; profuse sweating; headaches; dizziness; weakness; rapid pulse; or severe cramps in the abdomen or legs. Instructors, range personnel, drill sergeants, and company cadre are familiar with first aid treatments and casualty evacuation procedures for further medical attention. During hot weather, drink water at a rate of not more than 1.5 quarts per hour and not more than 12 quarts per day. Use the buddy system and watch your buddies for signs of heat illness.
4. **Cold weather injuries:** (when appropriate) Range OIC will ensure that

---

warm-ups are properly utilized. Ten-minute breaks will be scheduled for each 50-minute block of instruction. During conference sessions, individuals should be allowed to move their feet, hands, etc., in order to maintain circulation. Supervisors at every level will ensure that their subordinates are adequately protected during cold weather. Range OIC will coordinate with company personnel to rotate Soldiers into warm-up tents when inclement weather conditions dictate the need for this to preserve troop health.

5. **Weapons Handling:** Do not fire blank ammunition at individuals within a distance of 25 meters. Ensure blank adapters are installed on weapons before ammunition is issued. Blank adapters will be installed on weapons at all times. When utilizing MILES equipment, never look directly into the laser engagement transmitter.
6. **Classroom Instruction:** Inform students of the procedures and exits in the classroom in the event of an emergency and/or fire.
7. If in need of a MEDEVAC helicopter, immediately contact the MEDEVAC Operations Center telephonically, either by calling through the Range Control Switchboard or by radio. If emergency care is needed, all medical support for units training outside the cantonment area should contact the local 911 for emergency care.
8. Be responsible for security of weapons.
9. Ensure proper use of pyrotechnics and blank ammunition.

**NOTE: Ensure all students have been given the safety brief. Have those arriving late due to appointments and sick call read the briefing.**

---

**Risk  
Assessment  
Level**

Low

---

**Environmental  
Considerations**

**NOTE:** It is the responsibility of all soldiers and DA civilians to protect the environment from damage.

Caring for the environment begins with the Army's vision of environmental responsibility. The following vision statement describes what the Army expects of all Soldiers and leaders:

**Vision Statement:** *"The Army will integrate environmental values into its mission in order to sustain readiness, improve the Soldier's quality of life, strengthen community relationships, and provide sound stewardship of resources."*

Taking care of the environment protects health, safety, and natural resources. For example, when fuel spills on the ground, it soaks into the soil, poisons plants, and eventually enters streams and lakes that supply drinking water. (See FM 3-100.4 for more information.)

Caring for the environment also supports the Army mission. Costly environmental cleanups detract from Army readiness. During war, many wise tactical, medical, or operations-security (OPSEC) practices are also good environmental practices. Handling fuels safely, maintaining vehicles, disposing of solid waste/hazardous waste (HW), and managing and turning in ammunition properly are sound environmental and tactical considerations that carry over from training into combat operations.

Many practices that damage the environment waste time and do not lead to success in combat. One example occurred during the Gulf War when Iraqi Soldiers

---

---

set fire to Kuwaiti oil fields and poured millions of gallons of crude oil into the Persian Gulf. The Iraqi Army deliberately damaged environmental resources and wasted valuable time and effort on activities that did not stop the allies' advance. Remember, environmental stewardship does not prevent the Army from fighting and winning wars—it supports the Army mission.

Training will be conducted in the proper designated areas only. This ensures natural and environmental resources are maintained properly for continued training realism. All spills of hazardous property and POL products will be reported to the appropriate environmental office. The activity responsible for the spill will contain the spill to reduce further environmental and training area degradation. Equipment will be operated to conform to environmental operating permits. Live foliage will not be used as camouflage material. Improper disposal of trash and refuse, inadequate cleanup of training areas pollutes ground water resources, and may result in a potential health or safety hazard.

References: Field Manual 3-100.4/MCRP 4-11B, Environmental Considerations in Military Operations, dated 15 June 2000; w/change #1 dated 11 May 2001.

Training Circular 3-34.489, The Soldier and the Environment, dated 8 May 2000; with change number 1, dated 26 October 2001.

---

**Evaluation**

None.

---

**Instructional  
Lead-In**

In the military, it is necessary to be aware of all facets of diseases, so that the proper precautions can be taken with detainees who display AIDS Related Complexes (ARC) or other blood borne diseases. Regardless of duty or position held within a detainee camp, these individuals should have to be interacted with on a daily basis. Special care should be taken when working in the in-processing section, hospital ward, close confinement, special housing units (SHU), the eating area, and certain work details. As soldiers, we should interact with detainees who may be aggressive and assaultive. It is essential to know beforehand all of the precautionary measures required when managing these types of detainees.

**NOTE:** Show Slide #3 (ELO A).

---

**SECTION III. PRESENTATION**

---

**NOTE:** Inform the students of the Enabling Learning Objective requirements.

**A. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Discuss the symptoms and signs of HIV and Hepatitis.
<b>CONDITIONS:</b>	In a classroom environment.
<b>STANDARDS:</b>	Identify the signs, symptoms of HIV and Hepatitis viruses.

1. Learning Step / Activity 1. AIDS

Method of Instruction: Conference / Discussion  
Time of Instruction: 15 mins  
Media: -None-

**NOTE:** Show Slide #4 (Symptoms and Signs of Aids).

1. Symptoms and signs of AIDS.

a. In its early stages, there may be no telltale signs that suggest a person has AIDS or is infected with the HIV virus.

b. Symptoms that develop are often related to other diseases, which attack because of the body's inability to fight infections.

**NOTE:** Show Slide #5 & #6 (Signs and Symptoms).

c. Symptoms and signs include:

- (1) Extreme fatigue.
- (2) Continued fever or night sweats.
- (3) Rapid weight loss for no common reason.
- (4) Swollen glands in neck, armpits, or groin.
- (5) Diarrhea and diminished appetite.
- (6) Persistent cough.
- (7) Blue-violet or brownish spots/growths on skin or mucus membranes.

2. Symptom and Signs of Hepatitis

**NOTE:** Show Slide #7 (Symptoms and Signs of Hepatitis)

- 1. Headache

2. Nausea
3. Vomiting
4. Abdominal pain
5. Jaundice (the skin turns yellow)
6. Weakness and fatigue
7. Bowel movements may be gray in color
8. The urine may be dark and look like tea

Comments: Sometimes, though, hepatitis is a mild illness. It may not cause symptoms or may only cause symptoms similar to the stomach flu.

3. How are airborne diseases transmitted?

COMMENT: THE VIRUS IS TRANSMITTED THROUGH SEXUAL CONTACT, CONTAMINATED BLOOD, AND BLOOD BY-PRODUCTS (SUCH AS PLASMA).

**NOTE:** Show Slide #8 (Blood borne diseases generally are not spread by...).

a. There is no evidence that blood borne diseases are spread by:

- (1) Casual contact.
- (2) Toilet seats, bathtubs.
- (3) Utensils, dishes, linens.
- (4) Food prepared or served by an infected person.
- (5) Being in close proximity of an infected person.

**NOTE:** Show Slide #9 (Test Results).

b. Test results handled on a need to know basis.

**NOTE:** Show Slide #10 ( HIV/ Hepatitis Positive Detainees).

c. Detainees who are HIV/Hepatitis positive on tests, but show no illness or symptoms should normally be placed in the general population, except in the case of active or aggressive homosexuals. Medical authorities, Army Regulation and Local SOP should dictate housing procedures.

**NOTE:** Conduct a check on learning and summarize the learning activity.

2. Learning Step / Activity 2. Treatment

Method of Instruction: Conference / Discussion

Time of Instruction: 5 mins

Media: -None-

3. Treatment of AIDS.

**NOTE:** Show Slide #11 (Treatment of AIDS/Hepatitis).

- a. No known cure.
- b. High mortality rate.
- c. No known AIDS victim has regained his lost immunity.

d. Treatment can be given for the different infections and diseases that attack AIDS victims.

COMMENT: There are drugs on the market that prolong the life of aids patients. The FDA has not approved some of the drugs on the market. These drugs do have side effects, but considering the alternative, you have nothing to lose. These drugs are very expensive. An experimental drug called AZT costs about \$800 every month for one aids patient. With the help of government assistance, he can afford it.

5. Treatment of Hepatitis

**NOTE:** Show Slide # 12 thru 14 (Treatment).

**a. Treatment for Hepatitis A**

1. Most hepatitis A infections are "acute." This means that the infection lasts for less than 6 months and your body is strong enough to rid your system of the virus without the help of medical treatment. Sometimes doctors prescribe medicine to treat the symptoms you may have, such as headache and nausea, and provide intravenous fluids to prevent dehydration. Most patients recover at home.

2. A vaccine is available for the prevention of hepatitis A. It is recommended for people who come into contact with an infected person and for those traveling to a location with a high incidence of hepatitis A or unsanitary conditions that make its presence possible or likely.

**b. Treatment for Hepatitis B**

1. Fortunately, most adults can fight off a hepatitis B infection without treatment. However, in about 10% of cases, the disease develops into its chronic form. In the chronic form, hepatitis B can lead to cirrhosis, liver cancer, or liver failure. Interferon is a protein made naturally by your body to boost your immune system and to regulate other cell functions.

2. A manufactured form of interferon is used to treat hepatitis B. This treatment involves taking interferon by injection for about 4 months. Not all patients respond to interferon, and sometimes re-treatment is necessary. In clinical

studies, 45% of patients who are treated for hepatitis B with INTRON® A (Interferon alfa-2b, recombinant) for Injection should have no evidence of the hepatitis B virus in their blood over time.

3. There is a vaccine available that protects against hepatitis B.

**c. Treatment for Hepatitis C**

1. Hepatitis C is the most serious form of hepatitis. It develops into a chronic form in about 85% of infected patients. If left untreated, patients are placed at high risk of developing cirrhosis, liver failure, or liver cancer. There is no cure.

**NOTE:** Show Slide #15 (Preventive Steps).

4. Preventive steps to help against blood borne diseases:

- a. Detect and report homosexual activity.
- b. Ensure detainees refrain from intravenous drug abuse.
- c. DO NOT have sex with detainees.
- d. Know about AIDS so that you can recognize possible symptoms.
- e. When in physical contact with detainees ensure that you wear rubber gloves.

**NOTE:** Show Slide #16 (ELO B).

**NOTE:** Conduct a check on learning and summarize the learning activity.

**CHECK ON LEARNING:** Conduct a check on learning and summarize the ELO.

**B. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Discuss the testing and management of HIV positive and other blood born disease infected detainees.
<b>CONDITIONS:</b>	Given a conference presentation.
<b>STANDARDS:</b>	Identify the testing and management procedures of HIV positive and other blood born disease infected detainees.

1. Learning Step / Activity 1.

Method of Instruction: Conference / Discussion  
 Time of Instruction: 20 mins  
 Media: -None-

**COMMENT:** WITHIN 24 HOURS AFTER A DETAINEE ENTERS INTO A DETAINEE CAMP HE SHOULD BE TESTED FOR HIV AMONG OTHER DISEASES. ALL DETAINEES WHO ARE DETERMINED TO BE HIV NEGATIVE, SHOULD BE RETESTED AT LEAST ANNUALLY AS PART OF A PROGRAM TO MONITOR AND DETECT ANY SPREAD OF HIV OR OTHER BLOOD BORN DISEASES IN THE DETAINEE CAMP.

**NOTE:** Show Slide #17 (Detainees Who Test HIV Positive).

5. Detainees testing positive should be:

a. Should be managed IAW the guidance dictated by the Theater commander as specified by local SOP.

**NOTE:** Show Slide #18 (Management of HIV Detainees).

b. HIV detainees whom medical authorities deem in need of special medical attention may be transferred to medicals facility or may be maintained in administratively segregated, special quarters.

**NOTE:** Show Slide #19 (Destructive Behavior).

c. While in the SHU, administrative segregation or special quarters, he should be observed to see how he is dealing with his condition.

d. If he shows signs of aggressiveness, is suicidal, or assault behavior, he may remain in segregation.

e. If not showing negative, aggressive behavior, he may be released from segregation and housed with general population.

**NOTE:** Show Slide #20 (HIV and Detainees in the General Population).

6. HIV or other blood born disease infected detainees in the general population should not be treated any differently than anyone else, except certain cases deemed necessary by medical authorities.

**NOTE:** Show Slide #21 (Medical Visits).

a. Frequency of medical visits should be every 4 to 6 weeks, or as deemed appropriate by medical authorities.

b. All HIV positive or other blood born disease infected detainees should be reexamined and reevaluated at a medical facility every 6 months, or as deemed otherwise appropriate by medical authorities.

**NOTE:** Show Slide #22 (Handling of HIV infected Detainees).

c. Special escort teams should transport HIV or other blood born disease infected detainees as well as aggressive HIV detainees.



**COMMENT:** ALL TEAM MEMBERS SHOULD BE INFORMED BEFOREHAND THAT THE DETAINEE IS HIV POSITIVE OR INFECTED BY OTHER BLOOD BORN DISEASES.

d. The Escort teams protective suit is the MOPP gear with helmet and face shield, including protective gloves.

**COMMENT:** IN CASE THE DETAINEE CAMP HASN'T INCORPORATED ANY PROTECTIVE MEASURES, YOU SHOULD TAKE THE INITIATIVE ON YOUR OWN.

**NOTE:** Show Slides #23 and #24 (Blood Borne Disease protective Items Kit).

- a. Protective polypropylene gown
- b. One pair of shoe covers
- c. Eye shield and mask
- d. Red Biohazard bag
- e. Vinyl gloves
- f. ¾ oz absorbent pouch
- g. Scoop shovel
- h. Sani cloth surface disinfectant
- i. Two Anti-Microbial hand wipes
- j. Paper towels
- k. Bleach
- l. Hand Soap

**NOTE:** Show Slide #25 (Blood Borne Disease Protective Items Kit).

7. All staff members should carry:

- a. Impermeable disposable gloves.
- b. Adult and pediatric one-way airway devices.

**NOTE:** Show Slides #26 (Protective Measures).

8. All staff members should:

- a. Cover any personal sores or wounds.
- b. Assume that all detainees carry diseases.
- c. CPR mask is required to protect against blood born diseases.

d. All personnel involved with forced cell moves should take necessary precautions.

**NOTE:** Show Slides #27 (Cleaning Blood Spills).

9. Clean contaminated equipment and supplies in the following manner:

- a. Wear disposable gloves and surgical face mask.
- b. Use household bleach to clean body fluid spills (1:10 ratio).
- c. Contaminated materials should be placed into red Biohazard bags.
- d. Decontaminate all equipment.
- e. Take all Biohazard bags to medical unit for disposal.

**NOTE:** Show Slide #28 (Suspected Exposure).

10. Personnel with suspected exposure should:

- a. Wash exposed areas with warm, soapy water.
- b. Rinse eyes, nose, and mouth for ten minutes with warm water.
- c. Report incident to the Tactical Operations Center (TOC) and seek medical attention.

**NOTE:** Conduct a check on learning and summarize the learning activity.

**CHECK ON LEARNING:** Conduct a check on learning and summarize the ELO.

**SECTION IV. SUMMARY**

Method of Instruction: <u>Conference / Discussion</u>
Instructor to Student Ratio is: _____
Time of Instruction: <u>5 mins</u>
Media: <u>-None-</u>

**Check on Learning**

---

Determine if students have learned the material presented by:

- a. Soliciting student questions and explanations.
- b. Asking questions and getting answers from the students.
- c. Providing immediate feedback in context to the material presented and correcting student misunderstandings.

**Review / Summarize Lesson**

---

**NOTE:** Show Slide #29 (Review and Summary).

(Review and Summary).

1. **RETAIN ATTENTION:** Blood borne diseases has rapidly become one of the most difficult and complex public health issues facing the world. In the detainee camps, we may be dealing with some detainees who have HIV or other blood born disease. We all need to take preventive steps when dealing with all detainees.

2. **SUMMARY:** During this block of instruction, we have covered symptoms and signs of blood borne diseases, contracting blood borne diseases, treatment of blood borne diseases and preventive measures.

3. **CLOSING STATEMENT:**

a. AIDS and other blood borne diseases may be around for a while. AIDS is quickly becoming the nation's most dangerous health problem. We, in the military community, and especially those of assigned to work in detainee camps, can no longer say it is not our problem.

b. Only through education and training should the proper information concerning this disease and how it is transmitted be disseminated so people can take sensible steps to prevent this disease.

---

**SECTION V. STUDENT EVALUATION**

---

**Testing Requirements**

None

None.

---

**Feedback Requirements**

**NOTE:** Feedback is essential to effective learning. Schedule and provide feedback on the evaluation and any information to help answer students' questions. Provide remedial training as needed.

- a. Schedule and provide immediate feedback in context to the material presented; correct student misunderstandings.
  - b. Provide remedial training as needed.
-

**Appendix A - Viewgraph Masters (N/A)**

**Appendix B - Test(s) and Test Solution(s) (N/A)**

**Appendix C - Practical Exercises and Solutions (N/A)**

**Appendix D - Student Handouts (N/A)**