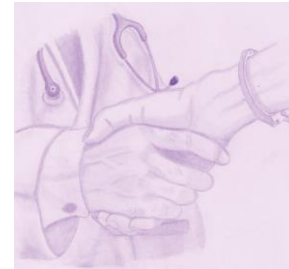


COVID-19: Managing entry and release from prison

2 June 2020



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Bedford, Northamptonshire Healthcare
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Clinical Champion Healthcare in Secure
Environments

COVID-19: Managing entry into prison

MEDICATION

- Continuity vs safety: unsupervised consumption, reduced medication review frequency
- Medicines reconciliation; information from GP surgeries; SCRA
- Prescribing: up to 28 day IP; 28 day x3 scripts OST once stable
- IP reviews post-ACCT closure: multi-disciplinary decision; individual risk assessment

COVID-19: Managing entry into prison

PATIENT INFORMATION

- FAQ and BBW

<https://elearning.rcgp.org.uk/mod/page/view.php?id=10539>

 **What can I do to help keep myself safe from coronavirus while I'm in prison? A patient guide**

Some of the answers to these questions were originally written for Inside Time, the national newspaper for prisoners and detainees.

Keeping safe in prison

Q: I'd like to go out on the exercise yard?

A: As far as possible in the community, always use for exercise, you need to be careful to keep 'social distancing' rules, staying at least 2 metres away from anyone else. This is particularly important for people at higher risk of severe illness with coronavirus due to underlying medical conditions.



Q: I'd like for an officer to come into my cell?

A: It is important to respond to police requirements – both visitors and staff – to follow the public health guidance on social distancing, self-isolation and shielding. Sometimes it will be necessary for officers to go into your cell to carry this out. Depending on whether you have symptoms or are shielding and depending on the task they have to do, personal protective equipment (PPE) may be worn. Depending on staff they wear a surgical mask, gloves and an apron. At other times, depending on the situation, they may wear goggles or a visor and a different type of mask.

Q: Can rubbish the bins been found on how things brought from the outside?


A: COVID-19 transmission occurs mainly through droplets (coughing, sneezing) and contact (contaminated surfaces) spread. The risk of the virus being spread through the air is increased during certain medical and dental procedures. This is why dental services have been very restricted and who special PPE is needed. For example, someone has a cardiac arrest and they need assistance to help get their heart pumping effectively. COVID-19 can be found on surfaces and other body fluids, including urine and feces. The more regular handwashing the at least 20 seconds, avoiding touching your face, and cleaning of any surfaces that are touched is very important.



Understanding COVID-19 in Prison

By Sheila Hollins, Caroline Watson and Michael Emmett
illustrated by Beth Webb



COVID-19: Managing entry into prison

RISK STRATIFICATION

- clinically vulnerable and extremely vulnerable
- TPP risk classification, Read codes
- Long term condition management

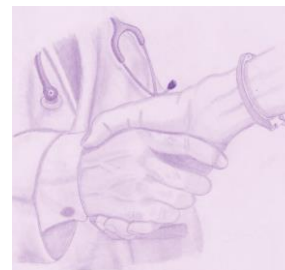
COHORT GROUPS

- RCU
- Shielding
- PIU

The image shows a document titled "H&H COVID-19 Risk Stratification High Risk List". The logo for "H&H Healthcare Secure Health" is at the top. The document lists various criteria for high-risk individuals, categorized into several groups:

- People with Other Severe Respiratory Conditions:**
 - History of conditions involving the feet, buttocks and/or buttocks area of the feet
 - History of emphysema
 - Cystic Fibrosis
 - Bronchiectasis
 - Interstitial Lung Disease
- People with Severe Immunological/Defence:**
 - Abused steroids (corticosteroids)
 - Abused Immunosuppressants
 - Abused Neutropenic Drugs
 - Any immunological condition that affects respiratory/defence function
- People with any disease and/or use of medication that significantly increase the risk of infection:**
 - Sickle cell disease (SCT trait)
 - Severe Crohn's disease/colitis/ulcerative colitis
 - Diabetes (on risk of non-compliance or those with a long-standing condition or comorbidity age 65+)
 - Those with untreated infections e.g. For many, these infections or congenital immunodeficiency, pneumonia, who have had a splenectomy and are at high risk of infection
 - Immobility (on risk of falls or pneumonia)
 - Patients on long-term antibiotics
 - "Current/future" or previous as per guidance"
- People on immunosuppression (therapy sufficient to significantly increase the risk of infection):**
 - See guidance from local clinical specialists
- People who are pregnant with significant congenital heart disease:**
 - With associated haemorrhaging of malignancy
 - With associated Post-natal or maternal pneumonia or meningitis
 - All other as per guidance
- Subcategory Patients:**
 - With associated haemorrhaging of malignancy
 - With associated Post-natal or maternal pneumonia or meningitis
 - All other as per guidance
- People with High Risk Diabetes:**
 - HbA1c > 8
 - Recent admission in last 12 months with DKA
- People with High Risk Heart Failure (not just those requiring admission due to risk in the last 12 months):**
 - NYct
 - Recent admission in last 12 months with DKA
- At risk of GP:**
 - Severe Renal/renal
 - Severe Fracture with multiple long term need of analgesia


PRISON
QUALITY NETWORK FOR PRISON
MENTAL HEALTH SERVICES



Dr Stephen Attard
Consultant Forensic Psychiatrist,
HMP Woodhill, Central and North West
London NHS Foundation Trust

COLLEGE CENTRE FOR
QUALITY IMPROVEMENT

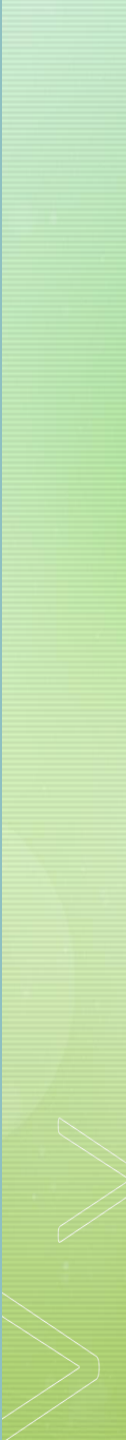




Mental Health: Entry into prison

Screening & initial assessments on RCUs

Obtaining collateral information from pressured services

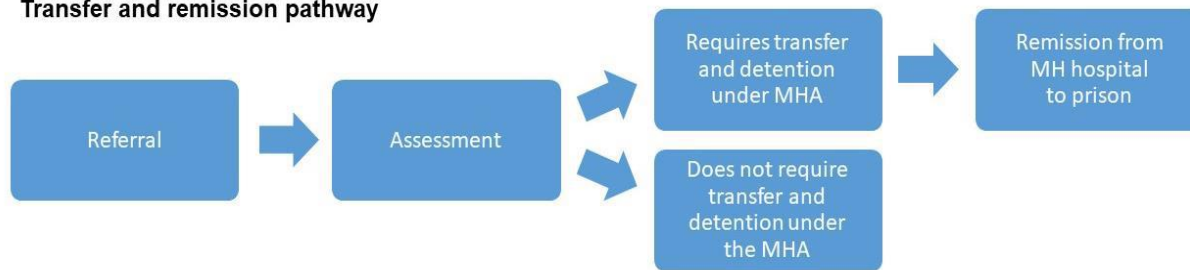


Mental Health: Management in prison

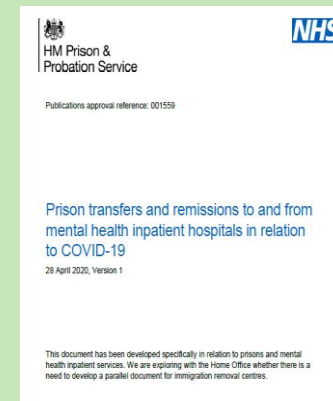
- Reduced access to patients
 - Group sessions/clinics stopped
 - Telephone/video reviews
 - IP medication
- Impact of pandemic on mental health
 - Restricted regimes
 - Impact on self-harm/self-inflicted death
 - Exacerbation of existing conditions
- Crisis management

Mental Health: Transfer and remission

Transfer and remission pathway



- 1000 transfers & 300 remission per year
- Current guidance:
 - Continue normal process but delays expected
 - Use digital tech where possible



Mental Health: Transfer & Remission

■ Referral

- Adequate MH staffing within prison
- Contingency plans shared with hospitals

■ Assessment

- Digital tech

■ Transfer

- Emergency Coronavirus Act 2020
- Distance between the referring prison and appropriate bed.
- Permission for movement must be received from HMPPS COVID-19 Gold command.

■ Remission

Annex A

Ministry of Justice | HM Prison & Probation Service

Additional COVID-19 Prison Transfers Form – S47 & S48 Transfers

Do you have 2 medical recommendations? Yes No

Do you have 1 medical recommendation? Yes No

Reason for 1 medical recommendation on the basis of Coronavirus Act 2020 emergency bill provisions – *note - only relevant where/if these powers have been switched on (Click on the Box):*

Impractical to get 2 recommendations

or

involve undue delay to get 2 recommendations

Is that medical recommendation by a S12 approved Clinician?

Yes No

Any additional relevant evidence in support of reason for 1 medical recommendation (complete if available, not required)

Is a bed offered? Yes No

If Yes set out the hospital details here (send MHCS any related emails):

If No what are you doing to source a bed?

Once completed send form with H1003/4 and other prison transfers paperwork to Prison.transfers@justice.gov.uk

Mental Health: Release



Communication
with community
services



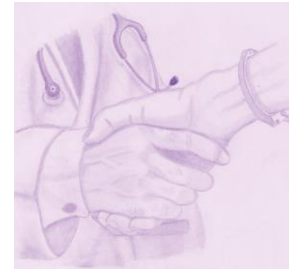
Using digital tech
for assessment/
meetings



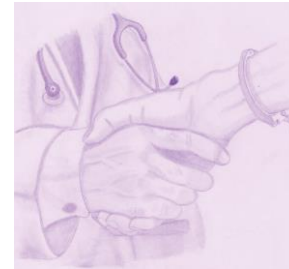
Additional pressure
on community
services



Risk assess up to
28 day TTOs



Dr Jake Hard
Chair RCGP Secure Environments
Group, Clinical Lead for HJIS and
Medical Director for Prisons for CRG
Medical Services



Dr Anna Hiley

GPwSi Substance Misuse and Offender
Health CEO Inclusion Healthcare and
SMMGP Representative

CV19- Community Primary Care and Substance Misuse Services

- Services are “Closed but Open” - Reduced contact with patients
The challenge:
 - Reliance on telephone or video consulting
 - Aim to deliver “urgent and essential services only”
 - Q is “What is essential?” 1:1’s? Group work? Assessments?
- Diagnosing Covid – essentially by phone, until now no testing available in community.
The Challenge:
 - Not missing other critical diagnosis
 - Over presenting – secondary gain of unsupervised medication
 - Under presenting – sms service users not recognising symptoms
 - Delivering the “social distancing & self isolating” messages
The challenge:
 - Homeless populations “Everyone in” = multi-occupancy hotels & hostels
 - Achieving / encouraging social distancing in this “ hypermobile” population

Cv19 Pre-release Planning for Substance Misuse

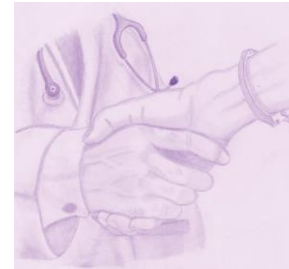
- Aim for stability and ensure access to ongoing Opiate Substitute Treatment (OST)
- Confirm address + telephone contact details AND pass these onto community teams
- OD advice and Naloxone is more important than ever –multi-occupancy communities, poor quality heroin & street methadone is readily available.
- Advice re CV19 infection transmissions in substance use context and recognising Covid infection symptoms.
- Advice on Social Distancing and when to isolate – remember they may not have been in the community since “lockdown” started” and may need help to catch up on what’s expected.

CV19 - On release

- Pre-release GP Registration is vital - with surgery buildings mostly “closed” it has been very hard for new patients to get registered.
- Communication remains the biggest challenge:
 - Communication with community teams – prior to release.
 - What’s changed – doses, medication rationalised?
 - New key diagnosis?
 - What TTO’s were given 7-28 days?

How?

- Discharge letters - emailed ahead of time to practices, phone calls for complex patients
(Paper copies sent with the patient rarely arrive and posted ones are too late!)
- Letter to GP at “Meds Rec” or other critical changes – don’t wait for a discharge letter.
- Attach RCGP Fact sheets to support prescribing decisions.
<https://sld.spectrumhealth.org.uk/factsheets/>



To join our distribution list for information of upcoming webinars & other initiatives:

Email PrisonNetwork@rcpsych.ac.uk

To view previous webinars, visit:

<https://www.rcpsych.ac.uk/improving-care/ccqi/resources/ccqi-webinars>

Knowledge Hub discussion platform:

<https://www.khub.net/group/quality-network-for-prison-mental-health-services-discussion-forum>