



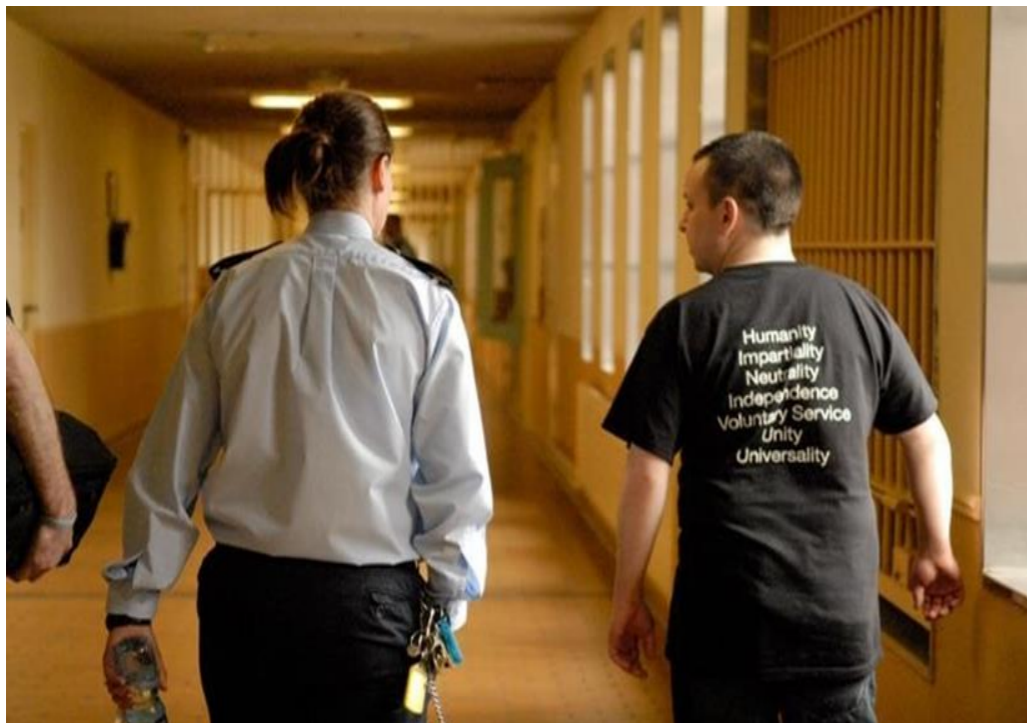
Irish Prison Service: Model of Infection Control Empowerment & Prevention

Creating a culture of Infection control compliance in prisons through awareness and peer education amongst prisoners & staff

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Introduction



Prisons by their nature are synonymous with the transmission of infectious pathogens. Problems such as poor ventilation, overcrowding, sharing of facilities and poor literacy levels, all contribute to the challenge of infection prevention and control within the prison environment. The need for an education programme for both prisoners and staff was identified. This initiative adopted a multi-disciplinary approach as advocated by the World Health Organizations' 'Whole-Prison Approach to healthcare in prisons' (2007). A bespoke prison infection control module was designed for both prisoners and staff. Both were taught about the basic principles of infection control.

The Irish Red Cross community-based health and first aid programme (CBHFA) was introduced in prisons in 2009 to empower prisoners to adopt a more proactive and preventative approach in addressing their health needs. These volunteers are trained and supported to become peer educators and promote healthy lifestyles at community level.

The Advent of COVID-19

In 2017, work had commenced on rolling out a bespoke infection control education package to staff and prisoners in all prisons. This included information on the basics of communicable diseases, transmission routes, methods of disease prevention and an understanding of the application of Infection Controls and the role of staff and prisoners within their community to prevent the transmission of pathogens.



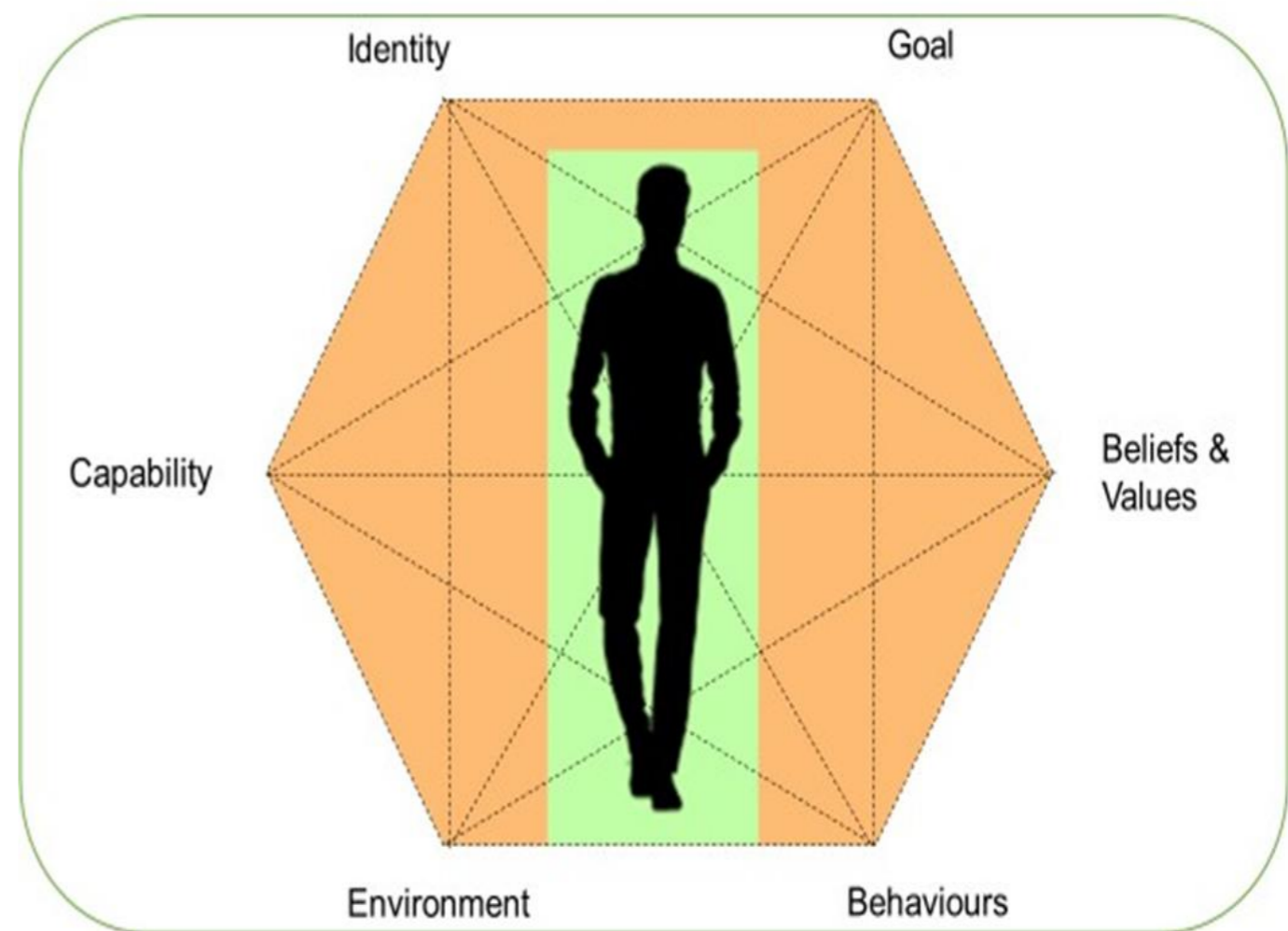
With the arrival of COVID-19 to Ireland, it was inevitable that the virus would enter prisons and the potential was there for rapid transmission among the vulnerable within the community. However, as the Infection Control education package had already become imbedded within the prisons, it provided a platform on which to build an effective response to the pandemic.



Impact

Prisoners at the Centre of Change

WHO (2007) Whole Prison Approach to Health in Prisons



A systems model of change derived from Dilts (1991) Neurological levels

The IPS had remarkable success in dealing with Covid 19. This was due in no small part to the model of empowerment that was adapted by the IPS prior to the pandemic.

The IRC programme operates the Dilts' logical levels model which places prisoners at the center of change. With this model at the heart of Infection control information dissemination, it creates greater impact within a prison setting and greater buy in from prisoners and staff living and working in these complex, often hard to reach communities.

Empowerment & Other Infection Control Projects

Latent TB Screening: A "seek and treat" model was adapted to identify prisoners with latent TB and offer them treatment which in turn reduced the risk of transmission of TB in prisons.

109 Prisoners who presented for screening on the day.

10 Prisoners diagnosed with latent TB & offered treatment.

LATENT TB

Latent TB is "asleep" in your body and does not do any harm. Over time it may turn into Active TB which can be dangerous to you, your friends and family – This is why it is important to get screened!

Clear Latent TB Active TB

DON'T WAIT 'TIL IT WAKES

Know Your Status: This initiative was piloted in Mountjoy Prison and resulted in 78% of the prison population being tested for Hepatitis C. A collaborative whole prison, prisoner centered approach was used to carry out the project. As a result of the success of it's success, the model is currently being replicated in other prisons in Ireland.

569 Prisoners screened for HCV (almost 80% of the pilot prison population)

20 20 new chronic cases were identified, fibro-scanned and referred to in-reach hepatology services.

