



UK Health
Security
Agency

Infection Prevention and Control Guidelines for adult prisons

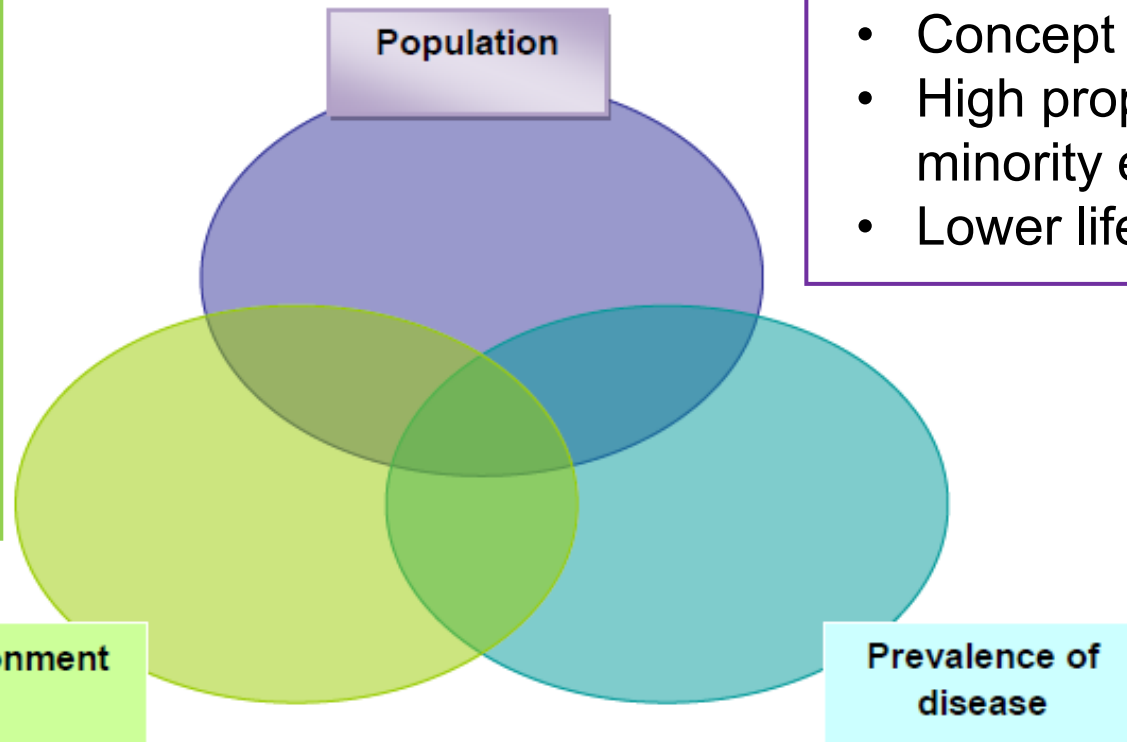
Esther Taborn, Consultant Nurse, Infection Prevention and Control, UKHSA

Communal settings



Health Protection / Infection Issues in the PPDs

- Overcrowded
- Inconsistent sanitation
- Shared facilities
- Contact with large staffing pool
- High resident churn
- Not designed for extreme weather



- Poorer baseline health
- High prevalence co-morbidities
- Concept of accelerated aging
- High proportion of Black and minority ethnic groups
- Lower life expectancy

- Higher rate of tuberculosis than people in the community
- Higher prevalence of blood borne viruses and risk of reinfection
- Poor vaccine coverage

Overall poorer health of people in prison

Prevalence of ACEs^{1,2}

Low Socioeconomic status

Low literacy ~health literacy

Prevalence of mental health issues
e.g personality disorder, depression,
PTSD

High risk behaviours/lifestyles
e.g Sex workers, drugs users

Prevalence of physical health issues
e.g infectious disease, chronic
health issues

Poorer physical and mental health



Physical/social prison environment

Overcrowding, Violence, Solitude
Lack of privacy, Isolation, Insecurity,
Lack of meaningful activities

Problems accessing healthcare

Concept of accelerated aging

Slide with thanks to Ian
Palmer, Public Health
Manager, UKHSA

1. Baglivio et al. The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders (2014). OJJDP (3)2
2. Stensrud et al. The Childhood to prison pipeline@ Early childhood trauma as reported by a prison population (2018) Rehabilitation Counseling Bulletin (62)4 pg 195-208



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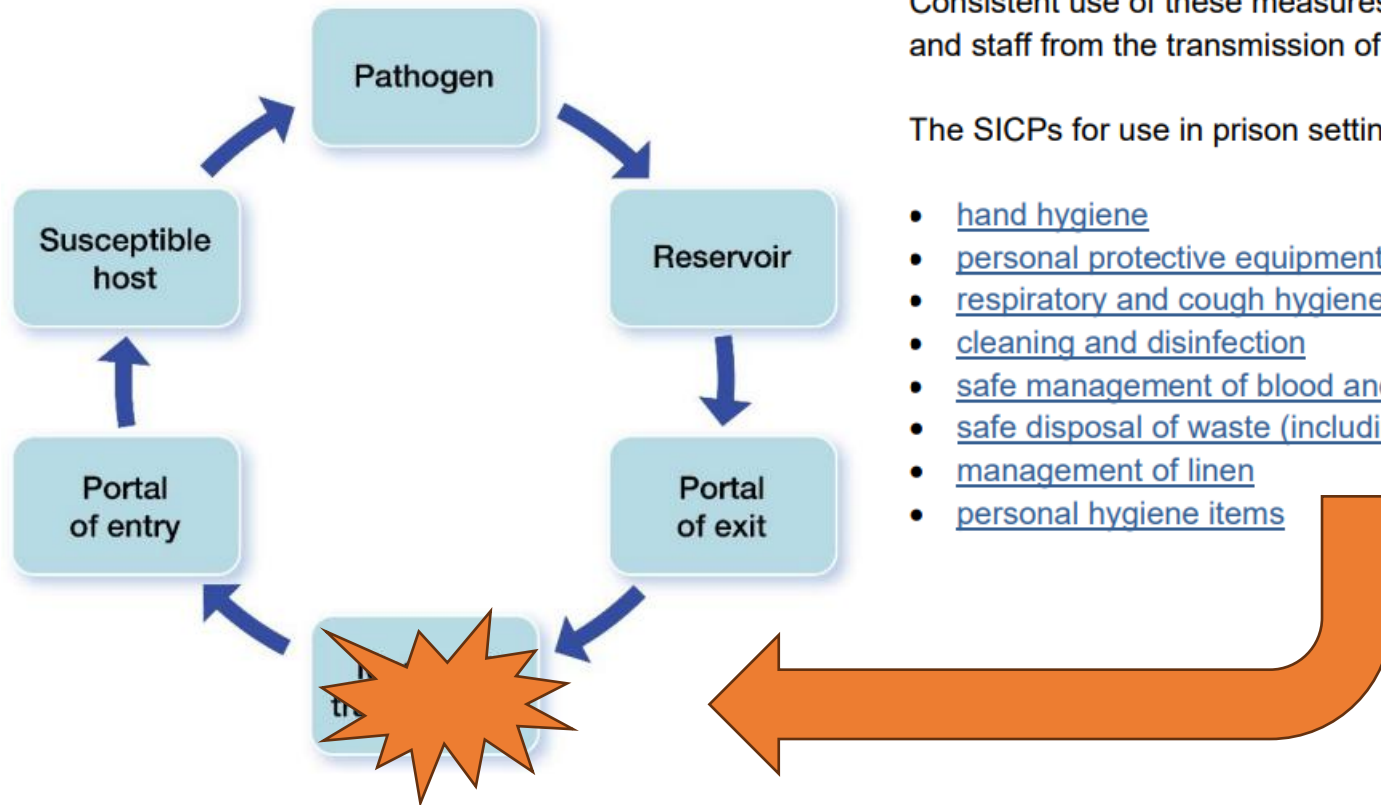
[Infection prevention and control guidelines for adult prisons -
GOV.UK](#)

Standard Infection Prevention Precautions (SICPs)

Consistent use of these measures in the prison environment will help to protect people in prison and staff from the transmission of infectious agents in these settings.

The SICPs for use in prison settings are:

- [hand hygiene](#)
- [personal protective equipment \(PPE\)](#)
- [respiratory and cough hygiene](#)
- [cleaning and disinfection](#)
- [safe management of blood and body fluid spillages](#)
- [safe disposal of waste \(including sharps\)](#)
- [management of linen](#)
- [personal hygiene items](#)



Hand hygiene – for all



Best Practice: How to hand wash step by step images

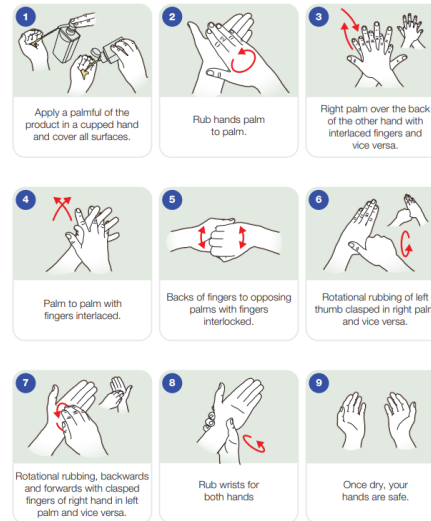
Steps 3-9 should take at least 15 seconds.



Adapted from the World Health Organization/Health Protection Scotland
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Best Practice: How to handrub step by step images



Adapted from the World Health Organization/Health Protection Scotland
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Antimicrobial hand wipes Instructions for use

Do all actions with both hands



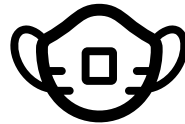
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- Access to hand washing sinks – liquid soaps. Avoiding
- Alcohol hand rubs
- Wipes if no running water
- GLOVES are no substitute

Personal protective equipment (PPE) – the last line of defence.



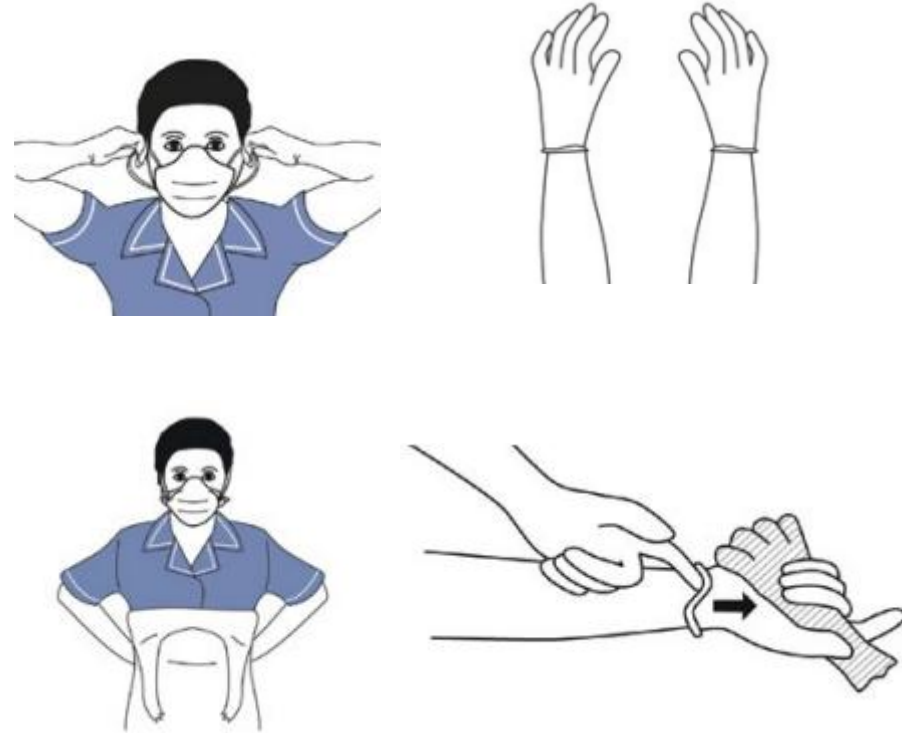
Gloves needed for contact with blood or body fluids. You might need aprons, eye protection (goggles or a visor) or a surgical facemask if there is a risk of splashing.



FFP 3 masks that are fit tested and fit checked – needed for specific known or suspected infections e.g. measles or TB

Put on - apron, mask, goggles or a visor, gloves

Take off - gloves, hand hygiene, apron, goggles or a visor, hand hygiene, then mask then hand hygiene again



Cleaning and wing-based kitchenette areas

- Balance of risks between food hygiene and the need for normal independent living
- Risks of communal living still exist
- Areas of concern, include fridges, cooking in kettles, waste disposal in terms of pests, poor hygiene and poor food hygiene.
- One kitchen found that also had a washing machine in it
- One person in prison seen cooking for 10 people – chicken
- Raw and fresh food mixed in the fridges
- Over full fridges
- Poor cleaning in some areas and clutter

Management of linen and laundry areas

- **Equipment – prisoner personal laundry**
- Visible dirt and dust on surfaces with no evidence of cleaning schedules in some areas
- Domestic machines in use that are in a poor state of repair
- In some areas where old non-domestic machines have been left but are not used for prison laundry there is no evidence of maintenance as per manufactures guidelines
- No washing protocols in place e.g. temperatures or cycle length
- No arrangements or contracts in place for prisons own linen contaminated with blood, body fluids or from a prisoner with a known infection. Limited use of alginate bags
- No clean to dirty flow with the same tabletops used for both dirty and clean laundry sorting

Think about:

- Cleaning schedules, training and induction for those that work in these areas
- Consider involving your prison laundry provider to support if viable
- Review the machines used and the state of repair
- Risk assess level of items contaminated that are washed
- Think about workflow dirty – clean in the areas round the machines

Personal hygiene – keeping well and induction

- Vaccination and health assessment
- Cough and respiratory hygiene
- Induction – ensuring people know what to clean with and when, keeping cells clean, provided with the right instructions and materials
- Supporting and encouraging personal hygiene



CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Throw away your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

NEXT STEPS

Download your copy here – think about how you are going to implement [Infection prevention and control guidelines for adult prisons - GOV.UK](#)

With thanks to the governor, staff and people in prison at:

- HMP The Verne
- HMP Featherstone
 - HMP Leicester
 - HMP Leyhill
- HMP Eastwood Park
 - HMP Maidstone
 - HMP Swale
- HMP Wandsworth
- HMP Guys Marsh