



# **Standards for Health Protection Units in relation to Health Protection in Prisons**

**Health Protection Services Prison Network**

## DOCUMENT CONTROL AND STATUS

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## Introduction

The prevention and control of communicable disease in prisons is a priority for the Health Protection Agency (HPA).

England and Wales has a large prison population of around 85,000 individuals at any one time. The prison population is at high risk of certain communicable diseases due to personal risk factors prior to imprisonment in particular injecting drug use, prostitution and homelessness. The prison environment is a high risk environment due to overcrowding and to high risk behaviour in prison, such as tattooing, fighting and sharing of personal equipment (razors and possibly injecting equipment).

Given the transient nature of the prison population, effective communicable disease control in prisons has a significant beneficial impact on the wider community.

The healthcare of prisoners is the responsibility of the NHS. Ensuring the delivery of high quality healthcare in prisons is a contribution to reducing health inequalities specifically and also to improving the health of the whole community in general. Prison Health Performance and Quality Indicators (PHPQIs)<sup>1</sup> are available to guide Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs) and prisons in judging their own performance in commissioning and where relevant delivering healthcare services to prisoners. These include a number of health protection indicators where the HPA will support delivery.

A national survey of Health Protection Units (HPUs), undertaken in 2007/08, identified varying levels of engagement of HPUs with prisons in their patches and mapped the services provided by the HPUs to their prisons.

**This document describes the standards that HPUs should meet in supporting the delivery of the PHPQIs alongside delivery of HPA key programmes. The primary responsibilities rest with the NHS as the commissioner of prison healthcare services, with providers of healthcare and with prison governors.**

These standards relate to working with those prisons which are part of the prison estate under the control of HM Prison Service. Fully private prisons have separate performance arrangements but are expected to meet similar levels of healthcare service provision. HPUs with a fully private prison in their area should seek to establish a relationship with the prison and support the delivery of the standards.

From April 2013, the commissioning of prison healthcare will be the responsibility of the NHS Commissioning Board.

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<sup>1</sup>Department of Health. *Guidance notes. Prison Health Performance and Quality Indicators 2012*, [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_133379](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133379)

## **Standard1. HPUs should be able to demonstrate active engagement with prisons, PCTs as commissioners of prison healthcare and organisations delivering prison healthcare.**

**No direct linked HPA function or programme but contribution to the health needs assessment will highlight the health protection priorities in subsequent standards.**

### **Linked PHPQI: 1.13 Health Needs Assessment**

#### *Green Indicator*

A baseline Health Needs Assessment has been completed using a structured assessment tool. There is evidence that the HNA has been reviewed within the last 12 months by the Director of Public Health of the local PCT (or appropriate deputy), as appropriate to the establishment. It ALSO contains agreed annual health priorities, which are published in the local prison health delivery plan and signed off by the prison governor and the chief executive of the local PCT.

The structures for delivering prison healthcare are changing rapidly. PCTs are now focused on the commissioning role with the delivery of prison healthcare having been subject to tendering processes in many regions during 2010/11. From April 2011, general prison healthcare services may be provided by:

- NHS prison health services managed through arrangements in mental health trusts or acute trusts.
- Prison health services delivered by social enterprise or similar organisations.
- Prison health services provided by private providers.

Sexual health services, mental health services and drug treatment services are often commissioned separately and a number of providers may be involved in one prison.

Increasingly, HPUs will need to work with PCTs (or groups of PCTs) at a strategic level to influence prison health needs assessments and commissioning of services as well as continuing to work with prison governors and infection control staff in relation to outbreaks and cases of serious disease such as TB.

#### *HPUs should ensure:*

- Engagement with regional authorities (Strategic Health Authority and Offender Health) possibly via regional prison lead.
- HPU support to prison health services commissioning groups or relevant subgroups on health protection items/issues.

#### *Suggested supporting evidence*

- Health protection included in prison health needs assessments.
- Prison specific projects where HPUs are involved.
- HPA regional lead for prison health protection identified.
- HPU leads for each prison identified.

*Relevant links:*

Offender Health

<http://www.dh.gov.uk/en/Healthcare/Offenderhealth/index.htm>

Offender Health Research Network

<http://www.ohrn.nhs.uk/>

Toolkit for health care needs assessments in prisons (University of Birmingham)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008653](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008653)

## **Standard 2. HPUs should deliver effective public health coordination of the management of outbreaks and health protection incidents in prisons**

### **Leadership and coordination of the management of outbreaks/health protection incidents is a core HPA function**

#### **Linked PHPQI: 1.32 Communicable Disease Control**

##### *Green Indicator*

- The Prison has a comprehensive written policy on communicable disease control, including an outbreak plan, pandemic flu plan and immunisation policy, developed in partnership with the Local Health Protection Unit and signed off by the Prison Governing Governor, Chief Executive of the PCT and the HPA lead/CCDC for prisons in their region.
- The Prison has an Infection Control Link Nurse who has specific responsibility and training in infection control. The prison link nurse attends meetings with the local HPU at least six monthly (see standard 3).
- All prisoners are offered vaccinations appropriate to their age and need (see standard 5).

The impact of a communicable disease incident upon the population of a prison establishment, including the staff, is significant, encompassing not just the health care management of the disease but also affecting the operational effectiveness of the prison and of the wider estate. Prevention of outbreaks is seen as a key priority for prisons and prison healthcare necessitating effective liaison between the prison and the local HPU.

HPUs are required to work with PCTs, prisons and appropriate others, to investigate and manage incidents and outbreaks of communicable diseases in the prison estate. The HPU will provide leadership of the multi-agency response to an outbreak via the outbreak control team (OCT). The OCT will advise the prison governor on appropriate action to control the outbreak.

*A Multi-Agency Contingency Plan for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons in England and Wales* has been developed in partnership with Offender Health (Department of Health), HM Prison Service (HMPS) and the HPA. Additional guidance has also been added for outbreaks of diarrhoea and vomiting.

#### *HPUs should ensure that:*

- The outbreak plan document has been signed off locally by the relevant prison governor, the PCT and HPU and updates are circulated.
- Processes are in place in the HPU to flag prison incidents and inform the relevant HPU lead for that prison.
- Processes are in place for the Consultant in Health Protection/Health Protection Specialist to advise the governor on need to activate the outbreak plan.
- Prison outbreaks and serious incidents are reported in a timely fashion to PIP team and on IRIS.
- Prisons are supported by their HPU in revising their pandemic flu plans. These revisions should incorporate lessons learned from managing pandemic influenza A (H1N1) 2009.

*Suggested supporting evidence:*

- The signed off outbreak plan for each prison.
- IRIS reports.
- Revised pandemic flu plans.

*Relevant links:*

Prison Infection Prevention Team

<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1191942126463/>

Her Majesty's Prison Service

<http://www.hmprisonservice.gov.uk/>

Prison Infection Prevention Team-Guidelines

<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582652988/>

*Multi-Agency Contingency Plan for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons in England and Wales*

[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1240899128096](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1240899128096)

### **Standard 3. HPUs should support effective public health management of individual cases of communicable diseases in prisons**

**Reduction of key infections is a core HPA function. Tuberculosis is a HPA key health protection programme.**

#### **Linked PHPQI: 1.32 Communicable Disease Control**

##### *Green Indicator*

- The Prison has a comprehensive written policy on communicable disease control, including an outbreak plan, pandemic flu plan and immunisation policy, developed in partnership with the Local Health Protection Unit and signed off by the Prison Governing Governor, Chief Executive of the PCT and the HPA lead/CCDC for prisons in their region.
- The Prison has an Infection Control Link Nurse who has specific responsibility and training in infection control. The prison link nurse attends meetings with the local HPU at least six monthly.

Individual cases of communicable diseases occurring in prison may need more rigorous public health management than in the community due to the high vulnerability of prisoners and the high risk environment including the risk of cell sharing. This is demonstrated for example in the specific guidance on the management of single cases of TB in prison *Guidance for Health Protection Units on responding to TB incidents and outbreaks in prisons*.

Prevention of outbreaks is seen as a key priority for prisons and prison healthcare necessitating effective liaison between the prison and the local HPU to ensure effective public health management of cases.

Key to effective management of individual cases and prevention of outbreaks is early reporting to the HPU of suspected diseases that may require public health action. In turn this requires early recognition of those diseases by prison healthcare staff.

##### *HPUs should ensure that:*

- Prison healthcare staff are aware of the list of diseases to be reported to HPUs.
- Prisons are supported to access infection control training/updates.
- Advice is available to prison healthcare staff on the recognition and immediate isolation and/or cohorting (where appropriate) of infectious diseases in the prison setting.
- Prisons are aware of and have access to the guidance 'Communicable disease and infection control in prisons and places of detention - a manual for healthcare workers'.

##### *Suggested supporting evidence:*

- The signed off outbreak plan for each prison.
- IRIS reports.
- Written guidance on recognition and immediate action in relation to infectious diseases in the prison setting.



*Relevant links:*

Guidance for Health Protection Units on responding to TB incidents and outbreaks in prisons

[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1263812654991](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1263812654991)

Guidance on Chickenpox & Shingles Infection Control in Prisons, Places of Detention & Immigration Removal Centres February 2008

[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1204186195209](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1204186195209)

Prison Infection Prevention Team-Guidelines

<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582652988/>

Prevention of infection and communicable disease control in prisons and places of detention – a manual for healthcare workers

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PrisonInfectionPreventionTeam/Guidelines/>

## Standard 4. HPUs should support the delivery of surveillance of infectious diseases occurring in prisons

**Surveillance is a core HPA function**

**No linked PHPQI**

The burden of infectious diseases in the prison population in England and Wales is currently unknown. It is important that current surveillance systems are utilised to capture prisoner related information. Monitoring infectious diseases will help to:

- Alert health professionals to incidents/outbreaks occurring in prison ensuring that support is provided and effective control measures are established reducing the risk of disease transmission and the impact of incidents on the functioning of the criminal justice system.
- Inform the commissioning of health services in prison.
- Assist the targeting of relevant health promotion and disease prevention strategies.
- Determine the effectiveness of policy and programme initiatives to tackle blood borne viruses and other infectious diseases in the prison setting.
- Demonstrate the importance of prisons as a setting that delivers health services to 'hard-to-reach' groups and therefore helps to improve both the health of prisoners and the community.
- Share best practice and learning between prison establishments.

*HPUs should ensure that:*

- Prisons are aware of what diseases to report and how to report to their local HPU.
- Prisons are aware of the HPU lead for their prison.
- HPU reactive teams are aware of the *List of Reportable Diseases to be reported to the PIP Team by Health Protection Units* (appendix 1).
- Relevant information on infectious disease cases is reported in a timely manner to the PIP team.

*Suggested supporting evidence:*

- Audit of infectious disease cases reported by prisons to the HPU.
- Audit of infectious disease cases reported by the HPU to the PIP team.

*Relevant links:*

Prison Infection Prevention Team

<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1191942126463/>

## Standard 5. HPU's should support the effective delivery of vaccination programmes in prisons

### Vaccination is a HPA key health protection programme

#### Linked PHPQI: 1.32 Communicable Disease Control

##### *Green Indicator*

- All prisoners are offered vaccinations appropriate to their age and need.

Prisoners are a diverse population and differ by age, sex, ethnicity, country of origin, and experiences of health and disease. Primary prevention is an important public health principle and immunisation against infectious diseases is a cornerstone of good preventive practice. Many British-born prisoners miss out on routine childhood immunisations and other required vaccines. Foreign-born prisoners may not have been vaccinated in childhood due to being raised in resource-poor countries.

Periods of imprisonment may therefore serve as a health-promoting opportunity and should be used to identify prisoners' need for vaccinations. HPU's should work with prisons, PCTs as commissioners and prison healthcare services to support the effective delivery of vaccination programmes.

##### *HPU's should ensure that:*

- The health need assessment describes the vaccination requirements of the prison population.
- Expert advice and support is available for the development of a vaccination policy which is tailored to the particular needs of each prison's population.

##### *Suggested supporting evidence:*

- Completed health needs assessment that describes the vaccination requirements of the population of the prison.
- A written vaccination policy that reflects the needs identified in the health needs assessment.

##### *Relevant Links:*

Immunisation against infectious disease: *The Green Book* (DH 2006) with electronic updates.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917)

## Standard 6. HPUs should support the effective delivery of hepatitis B vaccination in prisons

### Hepatitis B and C are HPA key health protection programmes

#### Linked PHPQI: 1.28 Hepatitis B Vaccination of Prisoners

##### *Green Indicator*

Hepatitis B quarterly reporting confirms that the prison achieves hepatitis B vaccine coverage of 80% or more for all new prisoners received into the establishment in the three months prior to the reference date.

In 2003 injecting drug use (IDU) was the main risk associated with hepatitis B infection. There is a significant overlap between the prison population and the population of IDUs in the community:

- Around 40,000 problematic drug users in prison at any one time, which is about half of the standing prison population at any one time.
- An average of 55% of new prisoners test positive for Class A drugs on admission (rising to 80% in some instances).
- Most IDUs are incarcerated at least three times during their lifetime, while over 40% have been in prison at least five times.
- By vaccinating high risk individuals in prisons, there will be a health gain to the wider community by preventing cases of acute Hepatitis B among IDUs and their contacts.

##### *HPUs should ensure that:*

- The health need assessment describes the hepatitis B vaccination requirements of the prison population.
- Expert advice and support is available for the development of a vaccination policy which is tailored to the particular needs of each prison's population and which includes hepatitis B.

##### *Suggested supporting evidence:*

- Completed health needs assessment that describes the hepatitis B vaccination requirements of the population of the prison.
- A written vaccination policy which includes hepatitis B and that reflects the needs identified in the health needs assessment.
- Timely data returns on uptake and coverage from each prison.
- Demonstrable progress towards meeting the quarterly 80% coverage target.

##### *Relevant Links:*

Prison Infection Prevention Team-Guidelines

<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582652988/>

## Standard 7. HPU should support the development of Hepatitis C strategies which include the testing and treatment pathway for prisoners

### Hepatitis B and C are HPA key health protection programmes

#### Linked PHPQI: 1.29 Hepatitis C

The following are all evidenced:

- Hepatitis C policy agreed by the PCT/Prison Partnership Board, including as a minimum, health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.
- Access to information on harm minimisation, provided through both healthcare and education programmes.
- All those at risk are offered confidential screening for Hepatitis C: the numbers of tests performed should be recorded.

In England and Wales, Hepatitis C is currently mainly spread by injecting drug users sharing blood-contaminated equipment. All prisoners with a history of ever having injected drugs and those accessing IDTS services should be offered Hepatitis C testing routinely. If antiviral drug therapy is indicated, then this should be offered according to an agreed treatment pathway which incorporates all aspects of diagnosis and management.

*HPUs should ensure that:*

- Expert advice and support is given to the development of a Hepatitis C strategy owned by the relevant PCT(s) and covering prisons within the PCT(s) area. This will incorporate harm minimisation, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.

*Suggested supporting evidence:*

- Hepatitis C strategy in place and care pathway implemented in the prison.
- Data returns completed monthly and submitted quarterly by the prison.

*Relevant Links:*

Prison Infection Prevention Team-Guidelines

<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582652988/>

Shooting Up - Infections among injecting drug users in the United Kingdom 2008, An update: October 2009 (HPA 2009)

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

Reports and Publications – Prison Infection Prevention Team

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

## Standard 8. HPU should support the promotion of sexual health and the reduction in transmission of HIV and sexually transmitted infections (STIs) in prisons

**HIV and sexually transmitted diseases are HPA key health protection programmes**

**Linked PHPQI: 1.31 Sexual health**

*Green Indicator*

The sexual health of prisoners is supported by all of the following. Prisoners:

- Are aware of means of accessing condoms in prisons.
- Access the social and life skills modules on sex and relationship education (SRE) or similar.
- Have access to a Genito Urinary Medicine (GUM) service (either provided externally or in house).
- Have access to a chlamydia screening programme.
- Have access to barrier protection and lubricants.

Addressing the sexual health of prisoners supports the Prison Service's strategies for preventing the spread of communicable diseases in prison. A clear link between sexual ill health, poverty and social exclusion is identified, as is the unequal impact of HIV on gay men and certain ethnic minorities.

In relation to HIV/STI prevention and treatment, prisoners are at higher risk and have particular access requirements.

*HPUs should ensure that:*

- Expert advice and support is given to the development of these services through advice to commissioning and to prison healthcare services.
- When prison GUM services are commissioned, arrangements are made to include data from these services in standard data returns.

*Suggested supporting evidence:*

- Evidence that all the identified services are available to prisoners in the establishment either on site or via referral mechanisms.
- Audit of data returns.

*Relevant links:*

Better prevention, better services, better sexual health - The national strategy for sexual health and HIV (DH 2001).

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003133](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133)

Effective sexual health promotion: a toolkit for Primary Care Trusts and others working in the field of promoting good sexual health and HIV prevention.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005141](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005141)

The National Chlamydia Screening Programme (NCSP). (DH 2007)

<http://www.chlamydia-screening.nhs.uk/ps/index.html>



**List of Reportable Diseases  
to be reported to  
the Prison Infection Prevention (PIP)  
Team by Health Protection Units  
(HPUs)**

# The Importance of the Surveillance of Infectious Diseases in Prisons

*Monitoring infectious diseases will help us to:*

- Alert health professionals to incidents/outbreaks occurring in prison and thus reduce the risk of disease transmission and the impact of incidents on the functioning of the criminal justice system;
- Determine the number of individuals with chronic illness residing in prisons and the number of new diagnoses made in the prison setting;
- Inform the commissioning of health services in prison;
- Target health promotion and disease prevention strategies;
- Determine the effectiveness of policy and programme initiatives to tackle blood borne viruses and other infectious diseases in the prison setting;
- Demonstrate the importance of prisons as a prevention setting that delivers health services to 'hard-to-reach' groups and therefore help to improve health services in prison;
- Share best practice and learning between prison establishments.



# List of Reportable Diseases to be reported to the PIP Team by Health Protection Units

## Outbreaks:

- Acute respiratory infection (viral [including influenza] & bacterial agents)
- Gastro Intestinal (GI) [i.e. diarrhoea and/or vomiting] infection (including
- Norovirus & other viral, bacterial, preformed bacterial toxin & parasitic
- agents and non-biological substances)
- Unexplained skin rashes

**Please note that outbreaks should be reported promptly without waiting for laboratory confirmation**

## Single Infections:

- E. coli of serogroup known to be toxin producing e.g. E. coli 0157
- Hepatitis A (acute)
- Hepatitis B (acute and chronic)
- Hepatitis C\* (acute and chronic)
- Herpes-Zoster
- Invasive Group A Streptococcus disease (i-GAS)
- Legionnaire's Disease (Legionella sp.)
- Listeriosis (Listeria monocytogenes)
- Measles (Measles virus)
- Meningitis (bacterial, viral & other)
- Meningococcal Septicaemia (without meningitis)
- Mumps (Mumps virus)
- Paratyphoid (Salmonella paratyphi)
- Pertussis/ Whooping Cough (Bordetella pertussis)
- Salmonellosis (Salmonella enterica)
- Scarlet Fever
- Seasonal influenza (confirmed cases only)
- Tuberculosis (Mycobacterium tuberculosis complex)
- Typhoid (Salmonella typhi)
- Typhus (Rickettsia prowazekii)
- Varicella (Chickenpox)
- Viral haemorrhagic fevers (Lassa virus, Marburg virus, Ebola virus, Crimean-Congo haemorrhagic fever virus)
- Staphylococcus aureus Panton-Valentine Leukocidin (PVL) producing

All diseases should be reported as soon as possible to the PIP team. Cases of chronic hepatitis B and cases of chronic hepatitis C can be reported cumulatively on a monthly basis using the electronic recording form provided.

**\* Hepatitis C - please specify whether test result is antibody and/or PCR positive when reporting**

## Any other major infectious diseases:

- Acute poliomyelitis
- Acute infectious gastroenteritis/ food poisoning
- Anthrax
- Botulism (Clostridium botulinum)
- Cholera (Vibrio cholerae)
- Diphtheria (Corynebacterium diphtheriae)
- Leptospirosis (Leptospira sp.)
- Malaria (Plasmodium falciparum, vivax, ovale, malariae)
- Plague (Yersinia pestis)
- Rabies (Rabies virus)
- Relapsing Fever (Borrelia recurrentis)
- Rubella (Rubella virus)
- Severe Acute Respiratory Syndrome (SARS-associated coronavirus)
- Smallpox (Variola virus)
- Tetanus (Clostridium tetani)
- Trichinosis (Trichinella sp.)
- Typhus (Rickettsia prowazekii)
- Yellow Fever (Yellow Fever virus)

## How do I report to the PIP Team?

Email: [prisonteam@hpa.org.uk](mailto:prisonteam@hpa.org.uk)

Tel: 07785 950559 / 01904 468900

## What do I report to the PIP Team?

Electronic recording forms for single cases and outbreaks are available from the Prison Infection Prevention (PIP) Team website:

<http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/Page/1287145637214>

## Flow chart for reporting:

