KEY DELIVERABLES: 02) provision of healthcare and medication

**Immediate action(s):**

Governors/Directors must meet with their local healthcare provider(s) and recognised trade unions at the earliest opportunity to agree the level of healthcare service to be provided during the COVID-19 period.

**Required Outputs**:

Establishments must agree and communicate a plan for how core healthcare services (including the provision of medication) will be maintained.

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| Product | Description (responsible owner) |
| **Local healthcare delivery plan** | This outlines agreed local healthcare service during COVID-19 period:   * States level of healthcare staffing to be provided * Emergency response arrangements * Provision of medication (subject to separate risk assessment) * Provision of specialist services (such as mental health support) * List of all tasks that will continue and delivery plan for each one * A generalised plan for managing any prisoner with confirmed COVID-19 diagnosis considering their isolation location, monitoring, provision of healthcare, regime, welfare and security. * An agreed position on routine appointments, escorts and bedwatches (**AIM** to return current bedwatches if possible and minimise appointments), * A plan for provision of medication – assuming all medication will be issued in possession or provided to the cell door. * A process by which all prisoners on regular medication are risk assessed for their suitability to hold this medication in-possession (**AIM** to reduce daily rounds via defensible decisions on each case) * A plan for controlled medications to be issued to the door (**AIM** is to maintain pre-COVID levels of medication issue for all prisoners. * Staffing model to enable this plan can be delivered consistently including a plan for any tasks to be performed in emergencies by non-healthcare staff. This must state the circumstances under which this emergency provision will be invoked. * A review of all prisoner social care packages to ensure continuity in liaison with the social care provider. Prisoners cannot be used as a substitute for social care staff. |
| Produced by: Head of Healthcare  Signed off by: Governor/Director and Head of Healthcare |

**Further guidance**

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| Subject area | Expectation/guidance |
| Healthcare staffing | * Healthcare staff will be encouraged to continue to work on units as long as it is deemed safe for them to do so from a medical and security perspective * Head of Healthcare must maintain reasonable staffing levels and is responsible for ensuring these are consistently met. * Health and prison-based social care services must provide a daily breakdown of staffing detail to inform operational planning * Emergency response staffing must be maintained at all times in prisons where this service is contracted to the healthcare provider * The Governor and Head of Healthcare can consider the use of non-healthcare personnel “in emergencies” to support the distribution and administration of in-possession medications (e.g. issuing but not prescribing). The Governor and Head of Healthcare can determine when local circumstances satisfy the definition of an “emergency”. * Any use of non-healthcare staff must be covered by a risk assessment. Re-allocated staff should not be asked to undertake tasks which they are not competent to undertake. * The Head of Healthcare will provide guidance for staff re-allocated to a healthcare task with which they are not familiar. The Governor will make equivalent information available on prison regime and security for any healthcare staff who are working in the prison for the first time |
| Provision of medication | * The Head of Healthcare and Governor will develop a plan for providing medication it will all be held I/P or issued to the cell. * The Head of Healthcare must ensure that risk assessments for in-possession (I/P) medication are reviewed as soon as possible to maximise the individuals able to safely manage their own medication. * Provision of controlled drugs (maintenance medication) will be prioritised above other routine duties and Heads of Healthcare will ensure sufficient staff are available for this task. * Antivirals, antibiotics and other medications to treat flu will be provided, where available as I/P meds unless exceptional circumstances mean an individual is not capable of self-medicating. * In exceptional circumstances, prison staff (non-medical) can be used to support prisoners to self-administer their medications however this can only be done if supported by the local risk assessment which must have taken account of any risks associated with this practice and be signed off by the Governor and Head of Healthcare * Prison staff will be required to enable the provision of medications where face to face contact is required. However every effort must be made to minimise unnecessary contact between staff and prisoners. Therefore efforts must be made to find safe dispensing methods that enable a barrier to remain in place between staff and prisoners. * In exceptional circumstances, Prison staff can issue certain medications provided this is from healthcare supply, is supported by local risk assessment and the decision to administer it in each case has been verified with healthcare and documented before the item is issued. |

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| Subject area | Expectation/guidance |
| Support for prisoners | * The Head of Healthcare will work with the establishment management team to agree an individual isolation plan for any prisoner with a COVID-19 diagnosis. Generalised plans for dealing with this eventuality should be designed and communicated at the earliest opportunity. * Healthcare practitioners will hold responsibility for decisions regarding the medical treatment and care arrangements for each prisoner but will make sure plans for each person are realistic and take account of operational pressures and security risks. * Healthcare staff will make prisoners aware of the symptoms of COVID-19 infection how to report the presence of such symptoms. * Healthcare staff will ensure that all prisoners with complex needs such as those with mental health diagnosis continue access to receive specialist services wherever possible, even if the means of delivery has to change as a result of COVID contingencies. * Additional advice on Prison Transfers and Remissions to and from Mental Health Inpatient can be found below: |
| Provision of information | * Healthcare staff will provide essential information about health and social care delivery to prisoners, visitors and staff once the service is agreed. * Healthcare staff will ensure effective communications are in place between health and social care providers, regional NHS England Commissioners and other external stakeholders. * Healthcare staff in consultation with prison management will inform local hospitals and the Ambulance Service of the restricted regime in place at the establishment and how this is expected to impact. * Healthcare colleagues will provide information about reasonable steps to minimise the likelihood of infection. These will include; * Washing hands regularly, following recommended practice * Maintaining a positive hygiene regime * Using cleaning products provided * Covering your mouth and nose when you cough or sneeze * Placing tissues straight into the bin and emptying this promptly * Not touching your eyes, nose or mouth * Not sharing items such as dishes, drinks bottles, towels and vapes.   It will also cover ways to recover quickly, such as resting and sleeping, keeping warm, drinking plenty of water to avoid dehydration |
| Bedwatches & Hospital  appointments | * The Governor and Head of Healthcare will discuss arrangements for routine appointments however it is expected that all non-emergency appointments will be postponed. Emergency escorts must still take place. Existing risk assessments for a hospital escort will be followed as normal, albeit Healthcare colleagues must advise on any medical considerations to ensure the prisoner and staff are protected from COVID-19. * Consideration should be given to returning any prisoners currently at outside to the prison if safe and practical to do so. |
| Discharge & Reception | * The Head of Healthcare will ensure reception and discharge processes continue. First night processes must include a healthcare assessment that meets national policy. A member of healthcare staff must see every prisoner prior to discharge. Healthcare staff will ensure any information relevant to COVID-19 is shared with community health providers at the point a prisoner is discharged. A prisoner cannot be held in prison custody due to being in COVID-19 isolation. |