What can I do to help keep myself safe from coronavirus while I’m in prison?  
A guide for prison residents

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

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**Keeping safe in prison**

**Q: Is it safe to go out on the exercise yard?**

A: As for everyone in the community, if you go out 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: Is it safe for an officer to come into my cell?**

A: It is important for everyone in secure environments – both residents and staff – to follow the public health guidance on social distancing, self-isolation and shielding. Sometimes it will be necessary for officers as part of their duties to come into a cell. 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. Sometimes staff may wear a surgical mask, gloves and an apron. At other times, depending on the situation, they may wear goggles or a visor, a gown and a different type of mask.

**Q: Can I catch the virus from food or from things bought from the canteen?**

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

Food that has been prepared should have been done so following strict health and safety guidelines and canteen products should have been packaged and distributed following similar guidance.

Q: What are 'cohorting' and 'shielding'?

A: These can be quite confusing terms and they have been used in different ways over the past few weeks.

‘Cohorting’ is the grouping of residents, whether they are at risk of severe infection from coronavirus, or whether they might risk infecting others. On the advice of Public Health England, three types of ‘cohort units’ have been introduced into prisons:

- **Reverse Cohort Unit (RCU)** for temporary separation of
  - a) newly received residents to monitor them for emerging symptoms (to prevent potential infection spread from the community) and also to protect them from infection where there is a confirmed COVID-19 outbreak.
  - b) patients recently returned from hospital (for further details, see
  - c) household contacts of symptomatic residents but there are several options in this situation, and local decisions will be made depending on a number of other different factors.

- **Protective Isolation Unit (PIU)** for temporary isolation of symptomatic residents
- **Shielding Unit (SU)** for temporary isolation of ‘extremely vulnerable’ residents who are at risk of severe illness from coronavirus (COVID-19), in line with national guidance.

These ‘units’ may not be in three separate areas, and things are likely to change over time.

‘Shielding’ is the protection of someone who is at particular risk of severe infection with coronavirus. This will involve staying behind their door to minimise face-to-face contact with others and medicines and food being brought to their room. Different establishments will have different arrangements for exercise, showering and telephone calls for this group of residents.

Q: Who needs to wear facemasks or face coverings?

A: As we have seen over recent weeks, guidance on wearing PPE and face coverings is changing. Advice is provided by Public Health England. (For further details see [How Can I stay safe in prison as lockdown is lifted? A guide for prison residents. Q: Will I need to wear a mask or another kind of face covering to stay safe?](#))
Keeping on top of your health in prison

Q: If I get a cough and a fever, or lose my sense of smell or taste, will I be tested?

A: If you get a cough and a fever, or lose your sense of smell or taste, you will be tested and you will need to stick to ‘stay at home’ advice. You will not be allowed to mix with other residents on your wing again for at least 10 days and until all your symptoms, except cough and loss of sense of smell or taste, have settled. You will have to remain separate from other people if you have symptoms of COVID-19, even if you test negative. (For more details, see How Can I stay safe in prison as lockdown is lifted? A guide for prison residents. Q: Can I get tested for coronavirus (COVID-19)?)

Q: Is paracetamol any use in relieving symptoms?

A: Paracetamol is the first choice medicine for relieving symptoms that people may experience with coronavirus, including fever, headaches or other flu-like symptoms such as aching muscles. After looking at the available evidence, the NHS and the National Institute for Health and Care Excellence (NICE) have agreed that it is also safe to use ibuprofen at the lowest dose possible and for as short a time as needed to relieve symptoms.

Q: I've heard everyone should be taking Vitamin D. Can I get it prescribed for me?

A: Vitamin D helps to control the amount of calcium and phosphate in our bodies. Both are needed for healthy bones, teeth and muscles. Vitamin D is found naturally in a small number of foods including oily fish, red meat, liver and egg yolks. It is difficult to get all the vitamin D we need from food and the main source is from sunlight acting on our skin. During autumn and winter, the sun is not strong enough for the body to make Vitamin D and everyone is advised to consider taking 10 micrograms of vitamin D a day.

During the spring and summer, most people can get enough sunlight and do not need to continue taking vitamin D supplements. Advice about vitamin D and the coronavirus was recently published on the NHS website. It encourages people to consider taking 10 micrograms of vitamin D a day to keep their bones and muscles healthy. This is because people are likely to be staying indoors more than normal for this time of year, either because they are following the government’s ‘stay at home’ advice or because they may be shielding. There is currently no evidence that Vitamin D reduces the risk of catching or getting ill with coronavirus.
The advice for people who spend a lot of time indoors usually, who have dark skin (for example with an African, African-Caribbean or south Asian background) or who wear clothes that cover up most of their skin is that they may need to continue taking vitamin D all year round, to avoid vitamin D deficiency. This advice has not changed.

Multivitamins containing vitamin D can be bought from a chemist in the community and they are available on the canteen for people in prison. They will not be prescribed by the healthcare team. Some people may have a medical condition that means they should either take more than this amount of vitamin D – or should not take it at all, because it could be dangerous for them. Please contact your healthcare team if you are not sure.

**Q: If my cellmate starts coughing what should I do?**

A: When someone you are living with shows symptoms that could mean they have coronavirus it is normal to be worried. It is important to remember that coughing is a common symptom and may be due to another condition such as asthma – or even due to something simple like clearing the throat or breathing in a biscuit crumb! It is important to check how your cell mate is feeling and then agree to press the cell bell to alert an officer. It is important that you don’t leave the room to let someone know, as this could increase the risk of spreading the virus, if this is the cause of the cough.

**Q: What health conditions can put someone at extra risk with COVID-19?**

A: There are two levels of people at extra risk of severe illness with coronavirus. These levels are now known as ‘high risk’ and ‘moderate risk’; those in the ‘high risk’ or ‘clinically extremely vulnerable’ group will be offered the option of shielding while they are in prison. They will receive a letter about shielding, written from the head of healthcare and prison governor. This includes people who:

- have had an organ transplant
- are having certain types of cancer treatment
- have blood or bone marrow cancer, such as leukaemia
- have a severe lung condition, such as cystic fibrosis, severe asthma or severe COPD
- have a condition (for example, sickle cell disease, splenectomy) that puts them at very high risk of infections
- are taking medicine (such as high dose steroids or immunotherapy) that puts them at very high risk of infections
- are pregnant and have a serious heart condition

The second group, at increased risk of severe illness with coronavirus (‘clinically vulnerable’) includes people 70 or older, those who are pregnant and those with ‘moderate risk’ medical conditions, listed by the government and NHS as:

- lung conditions, such as asthma, COPD, emphysema or bronchitis
- heart disease, such as heart failure
- chronic kidney disease
- liver disease, such as hepatitis
- conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- conditions that put someone at high risk of getting infections
- taking medicines that can affect the immune system (such as low dose steroid tablets)
- very overweight (having a BMI of 40 or above)

In practical terms, people are likely to fall into this group if they are usually offered an annual flu vaccination. They will, like other people in the community, be advised to be very strict at observing social distancing when they leave their rooms.

Q: Is it still possible to see a nurse or a doctor if I have problems that aren’t related to COVID-19?

A: It is very important to continue to ask for help if you are concerned about your health. People who come into prison often have a number of different medical problems and they may not have been able to look after their health very well before coming in, for all sorts of different reasons. While we understand that prison is a difficult place to be, particularly during this time of COVID-19, healthcare staff are still able to help you. **Do not ignore symptoms that you are worried about, particularly if you think they might be due to a serious medical condition that needs emergency treatment or urgent referral, for example a heart attack, a stroke, an asthma attack, or cancer.** Although you may not want to put extra pressure on busy staff or may be afraid of catching COVID-19 if you ask to be seen, you must not delay asking for help. Precautions will be taken to keep you safe from COVID-19. This may mean you start off by talking to one of the healthcare team over the telephone, or that they see you while wearing PPE.

Q: What will happen to my usual medicines while I am in prison and when I go home?

A: Where it is safe to do so, you are likely to be given your medicines in possession, for up to 28 days at a time. It will be important to let a member of the healthcare team or prison staff know if you have any concerns about looking after your medicines or about taking them safely. When the time comes for you to go home, you are likely to be given a supply of up to 28 days of your usual medicines (or a prescription for this amount.) This is to allow for difficulties you may have in getting to see a GP when you are first released, during the time of COVID-19.

Q: What about if I am taking methadone or buprenorphine when I am released?

A: If you are taking medicines (like methadone or buprenorphine) for problems with drug use, your team in the prison will contact the community drug services local to the area to which you will be released, so that they can offer you an appointment, where they are able to. You should be given a prescription for up to 14 days so that you can continue with your medicine, even if it is difficult to get to the see the community drug team. It is important that your prison substance misuse team checks whether or not the pharmacy you will be using is still able to offer a supervised consumption service during COVID-19 (for you to take your methadone or buprenorphine while you are in the pharmacy). If the pharmacy cannot
offer this service, you should make sure you are given a prescription with instructions for ‘daily pick up’, so that you can collect your medicine once a day from the chemist.

Q: Is it normal to feel more anxious than usual?

A: These are very difficult times for everyone. Many people are noticing that they feel more vulnerable, anxious or irritable than normal and that they are finding it difficult to concentrate or sleep.
It is helpful to keep in contact with family and friends, which will be mainly by telephone at the moment. Other ways to manage anxious feelings include relaxation and breathing exercises, yoga, reading, craft activities or writing letters to loved ones.

I have been struck by how well staff and residents have been managing such difficult times, while showing great resilience and respect for one another. However I am also aware that as the months have gone on, at times, people in prison have felt alone or forgotten and it may feel especially hard, now that people in the community are allowed to do much more.

If you find any of this information confusing or different from the latest guidance you have seen on the news or read about, or if you have concerns or questions about your health, you should speak to a member of the healthcare team where you are currently staying.

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