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| Guidance for the Management of Deaths of Prisoners/Detainees during the Covid-19 Outbreak |
| Version 1.0  30 April 2020 |
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# Introduction

Background

Depending on how the pandemic wave progresses we anticipate that we will see an increase in the number of natural cause deaths in prisons linked to Covid-19. The pandemic outbreak could be responsible for a significant number of prisoner/detainee deaths in a relatively short period of time. Modelling undertaken jointly between HMPPS and Public Health England (PHE) has shown that the risk of death increases depending on an individual prison’s capacity to implement the compartmentalisation strategy of cohorting and shielding. Equally, the modelling suggests that an increase in hospitalisations will require an increased focus on the provision of critical care in prison settings, when hospital beds are in short supply. Risk modelling has also identified that local and open prisons are those most vulnerable to initial outbreaks of Covid-19 and that establishments holding large numbers of older prisoners/detainees (such as prisons holding men convicted of sexual offences), or those holding large numbers of prisoners/detainees with complex health needs (such as locals) will be vulnerable to higher levels of deaths.

The nature of the challenge facing HMPPS currently is unprecedented. With the increased pressure on healthcare, reduced staffing capacity, and requirements for transferring ill or dying prisoners/detainees to hospital, it is expected that we may see some people with Covid-19 dying in prisons as well as in hospital. It is important therefore to acknowledge the levels of fear and anxiety that may develop among prisoners and their families and among staff and their families during this period. While physical distancing is an essential component to our mutual safeguarding, personal engagement and communication has never been more important. Being seen to be taking action around the prison that is for the benefit of all is as important as taking the right action. There will inevitably be members of staff who will be traumatised by events over the coming weeks. Your ability, however, to develop teams who can communicate effectively with staff, and acknowledge the emotional labour being undertaken will go a long way to ameliorating the worst of that trauma.

While it is impossible to predict accurately the number of additional deaths, it is essential that governors/directors and IRC managers and other key partners, such as health trusts and local resilience forums (LRFs), agree arrangements to manage appropriately the deaths and associated post-death body management issues.

LRFs and local authorities, in conjunction with local service providers, are now active and are working to ensure that they have plans in place to cope with an increase in burials and cremations during the pandemic. They will provide valuable support and services to governors/directors and IRC managers in managing pandemic-related deaths. Crematoriums are now open for longer and government guidance has been issued regarding social distancing for [funerals](https://www.gov.uk/government/news/new-advice-for-safe-funerals-after-discussions-with-faith-leaders).

During the peak of the Covid-19 outbreak it may become necessary to facilitate further temporary changes to deaths in custody procedures, either as the result of national measures or through the implementation of LRF contingency arrangements.

Further exceptional advice with regard to any national decisions will be issued by HMPPS HQ but establishments also need to continue to liaise closely with LRFs to ensure that they are aware of any changes to local practice.

Purpose

This guidance document is primarily designed to assist governors/directors and IRC managers who are required to manage the death of a prisoner/detainee during the period of the Covid-19 pandemic.

This guidance has been developed to ensure that:

* The deceased and the bereaved families of the deceased are treated with sensitivity, dignity and respect;
* Staff working in prisons are protected from infection;
* Support for staff and prisoners/detainees following a death is managed effectively;
* Processes around preservation of evidence and information remain in place; and
* Reporting and investigation procedures are understood and followed.

This guidance remains under review and may be updated in line with the changing situation as required.

The existing processes around the death in service of a member of staff remain the same, however, there are some changes in relation to some aspects, such as the ability to attend funerals or make home visits (impacted by the government guidance on social distancing). If you have any queries regarding processes or other aspects around the death of a member of staff (such as support for bereaved and grieving colleagues), please speak to your HRBP, or the national points of contact, [Natalya O’Prey](mailto:Natalya.Oprey@justice.gov.uk) and [Joanne Middleton](mailto:joanne.middleton@justice.gov.uk).

How to use this guidance

On receiving this guidance governors/directors and IRC managers should review their processes around death management, and assure themselves that they are linked in with their LRFs to ensure there is clarity on local processes following a death in custody. This guidance is not designed to replace existing death in custody contingency plans but rather to provide additional information on where these may need to vary during the Covid-19 pandemic. Further guidance is also included at the end of each section to signpost to related content, however the main points to be actioned are all contained in this document.

**Contingency plans should be reviewed to ensure processes around deaths in custody are in line with the relevant national Covid-19 guidelines (from PHE and HMPPS) detailed below, and local body management plans agreed with the establishment’s LRF.** This includes contingencies around:

* Safe and humane body storage and disposal (including all H&S procedures and PPE);
* Scene management;
* Informing next of kin, staff and prisoners/detainees;
* Supporting staff and prisoners/detainees;
* Funeral and memorial services; and
* Reporting and investigations.

# Section One: Preparation for Potential Deaths during the Covid-19 Pandemic

Engagement with local resilience forums (LRFs)

**Immediate action(s):**

Governors/directors and IRC managers should ensure that they are engaged with their LRF and have clarity on what to do in advance of deaths occurring during the Covid-19 pandemic.

**Required Outputs**:

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| Product | Description |
| **LRF Engagement** | * Prison group directors (PGDs) and the line managers of directors of contracted prisons must ensure representation by an operational senior management team (SMT) representative at LRFs. They must ensure that all LRF regions that contain prisons have a named contact point, with whom the LRFs can work and provide establishments with a named point of contact within the LRF. * If PGD representatives have any difficulty in contacting their LRF they should escalate this to [Rachel.Radice@justice.gov.uk](mailto:Rachel.Radice@justice.gov.uk). * Governors/directors and IRC managers must nominate an excess deaths lead from their operational SMT to work alongside the PGD’s LRF representative and their LRF to ensure that there is clarity on local processes following a death during the Covid-19 pandemic. * It is essential that governors/directors and IRC managers are aware of their LRF’s plans around deaths and have a process in place to ensure that they are updated if these plans change. * Governors/directors and IRC managers must plan for high levels of prisoners/detainees becoming clinically ill during the pandemic and for a number of deaths to occur. |

# Section Two: Procedures Following a Suspected Covid-19 Death

Procedures for a suspected Covid-19 death in hospital

**Immediate action(s):**

Governors/directors and IRC managers must review their contingency plans for deaths in hospital to ensure they are in line with the latest guidance around Covid-19 and engage with their LRF and local coroner’s office to ensure good lines of communication are in place.

**Required Outputs**:

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| Product | Description |
| **Management of the Deceased and Scene Management** | * Deaths in hospitals will be managed by the relevant hospital trust, however, processes involving informing next of kin, staff and prisoners/detainees and reporting arrangements (internally and to the Prisons and Probation Ombudsman (PPO) and coroner) remain the responsibility of HMPPS. * There is no general expectation that escorting staff will remain with the deceased after a death in hospital has been reported to the police and coroner. * The chief coroner’s guidance (**see ‘further guidance’ in Section 3**) is clear that coroners should be in dialogue with prisons over what is reasonable at this time. If a request is made for prison staff to remain with the deceased, there should be a conversation between the coroner and the governor/director or IRC manager to understand the reasons for the request and to explore alternatives. * In exceptional circumstances, where it is considered necessary for staff to remain, they should be guided by hospital staff and follow the PHE guidance on the care of the deceased to minimise the risk of infection. SOCT has also provided guidance on escorting, which staff should be aware of (**see ‘further guidance’ in Section 2**). * If staff are required to stay for a prolonged period passed the end of their profiled shift. If this is the case decisions should be taken at a local level to honour shifts. |

Procedures for a suspected Covid-19 death in a prison/IRC

**Immediate action(s):**

Governors/directors and IRC managers must review their contingency plans for deaths in the establishment to ensure they are in line with the latest guidance around Covid-19 and engage with their LRF and local coroner’s office to ensure good lines of communication are in place.

**Required Outputs**:

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| Product | Description (responsible owner) |
| **Management and removal of the deceased** | * Due to the risk of transmission, management of the deceased during the Covid-19 pandemic remains a healthcare responsibility within establishments. * Staff should be made aware of any continuing risk of infection from the body fluids and tissues of cases where coronavirus (Covid-19) infection is identified, through either a clinical diagnosis or laboratory confirmation (**see ‘further guidance’ in Section 2**).   Some key general principles for prison staff on management of the deceased are as follows:   * Staff should be reminded that work clothes should be washed separately, in accordance with the manufacturer’s instructions. * In the event of a death where there is a suspected or confirmed case of Covid-19, staff should avoid all non-essential contact with the deceased to minimise risk of exposure and advise others not to enter the cell/room. * Staff should move to at least 2 metres away, or to another cell/room from the deceased whilst notifying healthcare staff. * Staff from the ‘shielded at risk group’ as per government guidelines (e.g. pregnant workers and those with serious underlying medical conditions as described and updated within the national GOV.UK briefings) must not have any contact with the deceased or the cell/room where the deceased have been. * If physical contact with the deceased is necessary, staff should ensure they are wearing correct PPE as outlined in PHE guidance. This is nitrile gloves, long sleeve apron or gown, FFP3 or FFP2 mask and eye protection. Staff should not have any contact with the deceased unless they are wearing correct PPE. * Staff should follow the usual processes for dealing with a death in custody, ensuring that infection prevention and control measures are implemented as set out in previous guidance. * The deceased should be secured in a body bag before they are moved around the establishment. This minimises the risk of infection. Coroners’ officers will have their own safe systems of working with regards to removal of the deceased which they will follow. * Different faiths will have very specific requirements about how the deceased should be treated. Advice should be sought from the chaplaincy team regarding the handling and treatment of the deceased, however decisions by police/coroners must take priority. |
| **Scene Management** | * The scene should be secured as per the normal contingencies and the police should continue to attend any death that takes place in a prison. If the police do not attend, the scene should remain secured and the issue escalated through the line to Silver command. * PPO investigations and inquests will continue, but these processes may take longer than normal to complete. It is vital to preserve and retain evidence in anticipation of them. **(More information on investigations can be found in Section 3.)** |
| **Isolation of Cell/Room Mates** | * Any prisoner/detainee who shared a cell/room with the deceased will need to be moved to another cell/room and self-isolate in line with household isolation guidance. * The prisoner/detainee may be very distressed and anxious about catching the virus, and every effort should be made to provide reassurance and access to support, as well as medical assistance where required. * Any belongings of the cell/roommate cannot be removed until permission is given by the police/coroner, therefore they may need some practical help, for example in getting telephone numbers written down to access support and may need providing with additional items such as toiletries and clothes etc. |

Post-death procedures

**Required Outputs**:

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| Product | Description (responsible owner) |
| **Informing Next of Kin** | * While under normal circumstances next of kin should, wherever possible, be informed of a death in person by a family liaison officer (FLO), current government advice prohibits all but essential travel and requires social distancing to prevent the spread of infection. In line with this advice, and for the duration of the pandemic only, the news of any death should be broken to the next of kin over the phone. In the absence of a trained FLO an experienced and well-briefed member of staff, including members of the chaplaincy team, can be called upon. Members of the chaplaincy team may have experience in this area. Staff should check with the Managing Chaplain/Chaplaincy Line Manager for staff availability to break the news of a death if required. * Guidance on informing next of kin by phone has already been published (**see ‘further guidance’ in Section 2**). * All efforts should still be made to treat next of kin with sensitivity, dignity and respect. * Following a death it is usual for the prison to invite next of kin to visit to speak with the governor and see the prisoner/detainee’s cell. Due to current rules on social distancing and non-essential travel this cannot take place at this time. It would be good practice however for governors/directors or IRC managers to consider offering to speak to the family on the telephone. * Governors/directors and IRC managers should consider allowing next of kin to visit the prison when it is safe to do so. |
| **Informing Staff and Prisoners/Detainees** | * A death can provoke strong emotions. It is likely that many staff and prisoners/detainees will become aware of the death before any official communication. Speculation and rumours can circulate and staff and prisoners/detainees can feel a sense of confusion and uncertainty, particularly following a suspected COVID-19 death or suspected suicide. * Giving clear and supportive information to both staff and prisoners/detainees, as soon as possible can help to manage the impact on the prison community. * Governors/directors and IRC managers should always try to share the news about a death in the most personal and sensitive way. * Visible leadership can make a big difference. This includes acknowledging that it is OK to be affected by what has happened. As leaders, governors/directors and IRC managers can help others to be more open about their feelings and seek help by sharing how they too are impacted by a death. * If the death is suspected to be related to Covid-19 there may be additional concerns around infection. It is important, therefore, to issue communication that is clear about the risk (e.g. that the risk to those in adjacent cells is minimal) and reiterates that the social distancing measures in place are designed to protect people from infection. * **More information on breaking the news can be found in ‘further guidance’ in Section 2.** |
| **Supporting Prisoners/Detainees and Staff** | * While all staff can help support prisoners/detainees affected by a death, the chaplaincy team will be a particularly valuable resource for both and should be involved in this process at the earliest opportunity. It is important to remember that vulnerable people will not always seek out support or refer themselves, so staff should be mindful of this and respond proactively. * Post-pandemic, it will be necessary for those affected to continue to have a chance to talk, express their feelings and feel supported. * It is also important to ensure that prisoners/detainees with open ACCTs are offered support following a death, particularly if they knew the person who died. A full ACCT review does not need to take place, but any additional support offered should be recorded in the ACCT document. * With prisoners/detainees spending more time than normal in their cells during the pandemic, it is important that establishments look to provide opportunities for them to access support wherever possible. * It may be helpful to suggest use of the wellbeing plan that has been provided and/or to use some of the range of wellbeing materials available in the operational guidance. * Staff will also be affected by deaths. Short and long-term negative effects can be reduced by providing a supportive environment and further reassurance in these difficult times. Messages and approaches should be positive, supportive and reassuring about the current situation, and compassionate in recognising that people will be affected in different ways. * Staff support mechanisms such as care teams and Pam Assist should be highlighted and special leave should be considered if staff members are particularly distressed. * It can be difficult for staff to ask for help or initially recognise that they need it. Encouraging them to take time away from their usual duties, for example by arranging cover for attendance at a critical debrief, as the expected option can make it easier for staff to accept the support. Critical debriefs should be undertaken in line with social distancing rules, and therefore, may need to be conducted in smaller groups or in larger areas. * While we remain in command mode the wellbeing bronze should co-ordinate support for staff, drawing on the local staff care team lead to guide staff towards appropriate sources of assistance. Trauma risk management (TRiM) practitioners should be deployed where available locally, or consideration should be given to contacting the national TRiM team. * Chaplaincy teams remain on site during the pandemic to support prisoners/detainees and staff. When a death has taken place, discussions should be held with the team to agree the best way for them to support prisoners/detainees and staff, particularly those who feel most affected by the death. Support can also be accessed through care teams and PAM Assist. Any support provided must be in line with social distancing guidelines. * **More information on supporting prisoners/detainees and staff, including critical debriefs, the roles of wellbeing bronze and staff care team lead, and the use of chaplaincy teams, Samaritans and Listeners, can be found in ‘further guidance’ in Section 2.** |
| **Funerals and Memorial Services** | * Following PHE advice and social distancing rules, there are restrictions on funeral attendance for prisoners/detainees. The operational guidance provides further information on what prisons can do to support prisoners/detainees who have lost a family member or significant other and are unable to attend the funeral, which may include access to live streaming of the ceremony. * Once the deceased has been removed the family have the say in what religious rituals are to be carried out (with the permission of the coroner). * Chaplaincy teams remain on site during the pandemic to support prisoners/detainees and staff. When a death has taken place, discussions should be held with the chaplaincy team to agree the best way for them to support prisoners/detainees and staff, particularly those who feel most affected by the death. Any support provided must be in line with social distancing guidelines. * Following a death, advice should be sought from the chaplaincy team on any rituals that must be followed in particular faiths. Those rituals should be observed in accordance with advice issued by the faith and in accordance with all other plans and procedures referred to in this guidance. * **More information on chaplaincy support and on funerals can be found in the ‘further guidance’ in Section 2.** |
| **Bringing a Cell/Room Back into Use Following a Death.** | * Once the cell/room has been released by the police it can be brought back into use. Note: as the PPO is not currently visiting establishments, it does not need to be sealed pending an investigation. * If the deceased was confirmed or suspected to have Covid-19 the cell must be thoroughly cleaned before it is reoccupied. PHE guidance on cleaning in non-healthcare settings should be followed and the cell should not be used for 72 hours (**see ‘further guidance’ for Section 2 for more information**). * Prisoners/detainees may feel concerns about moving into a cell following a death linked to Covid-19. Reassurance should be provided that the cell has been cleaned in accordance with PHE guidance and that as 72 hours has passed the risk of infection is minimal. |
| **Possessions of the Deceased** | * If there are no concerns regarding Covid-19 being a contributing factor in a prisoner/detainee’s death then the deceased’s property can be stored, and returned to their next of kin in line PSI 64/2011 and PSI 12/2011, as long as social distancing guidelines are followed. * If the death is, or is suspected to be linked to Covid-19, any property should be removed and stored in line with PHE guidelines on infected surfaces and cleaning in non-healthcare settings (**see ‘further guidance’ for Section 2 for more information**). Where possible possessions should be left in the cell/room for 72 hours before a clearance takes place. Following this, normal procedures in line with PSI 64/2011 and PSI 12/2011 can be followed. Prisons will want to make next of kin aware of PHE guidance on contaminated surfaces when property is returned. |
| **Repatriation of Foreign Nationals** | * During a pandemic repatriation may be difficult due to circumstances in other countries and possible flight disruption. The Foreign and Commonwealth Office (FCO) can inform foreign missions in the UK that, in the event of a pandemic, it may not be possible to repatriate bodies of foreign nationals, and that local body disposal is the more likely course. * If a death in custody is of a foreign national the establishment should contact the foreign national offenders team to discuss arrangements ([Tony.sperry@justice.gov.uk](mailto:Tony.sperry@justice.gov.uk) or [Adrian.chen@justice.gov.uk](mailto:Adrian.chen@justice.gov.uk)). |

**Further guidance:**

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| Subject area | Expectation/guidance |
| Managing Deceased Bodies & Emergency Response | PHE guidance for prisons on care of the deceased:  <https://hmppsintranet.org.uk/prison-ersd/2020/04/15/covid-19-managing-the-deceased/>  Full PHE Guidance on care of the deceased:  <https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>  HSE advice on managing infection risks when handling the deceased:  <https://www.hse.gov.uk/pubns/priced/hsg283.pdf>  HMPPS guidance on DNAR:  <https://hmppsintranet.org.uk/prison-ersd/wp-content/uploads/2020/04/RESPECT-DNAR.pdf>  HMPPS guidance on entering a cell in an emergency:  <https://hmppsintranet.org.uk/prison-ersd/2020/04/15/safe-operating-procedures-sop-using-ppe/> |
| Escorts | PPE on escorts:  <https://hmppsintranet.org.uk/prison-ersd/2020/04/15/safe-operating-procedures-sop-using-ppe/> |
| FLO Guidance | Acting as a FLO by phone:  <https://hmppsintranet.org.uk/prison-ersd/wp-content/uploads/2020/04/Acting-as-FLO-by-Phone-Full-guidance-for-Bronze-Command-v1.1-official.pdf> |
| Communication and Support | Hot debriefs:    Sharing the news of a death:  <https://hmppsintranet.org.uk/prison-ersd/2020/04/15/safety/>  Supporting the Listener scheme:  <https://hmppsintranet.org.uk/prison-ersd/wp-content/uploads/2020/04/Safety-Briefing-Supporting-the-Listener-scheme-v6.pdf>  Postvention support:    Support for prisoners/detainees:    Support for staff:  <https://intranet.noms.gsi.gov.uk/news-and-updates/notices/message-of-support-from-chaplaincy-colleagues>  <https://intranet.noms.gsi.gov.uk/__data/assets/pdf_file/0015/1013460/Staff-support-a-quick-guide.pdf>  <http://hmppsintranet.org.uk/resources/in-cell-materials/wellbeing/> |
| Faith and Pastoral Care | HMPPS advice on pastoral care:  <https://hmppsintranet.org.uk/prison-ersd/2020/04/15/pastoral-care/> |
| Cleaning in Non-healthcare Settings | PHE advice on cleaning:  <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>  HMPPS advice on cleaning:  <https://hmppsintranet.org.uk/prison-ersd/2020/04/15/safe-operating-procedures-sop-using-ppe/> |

# Section Three: Reporting and Investigation

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| Product | Description (responsible owner) |
| **HMPPS Reporting** | * Reporting a death that is suspected or confirmed to be linked to Covid-19 should be done in accordance with the additional Covid-19 death reporting requirements through NIMU and the Covid operations reporting & Gold support on-call manager. * In terms of defining which deaths should be reported as Covid-19 related, PHE has advised the following: * Confirmed cases (by way of Covid-19 test result); * Cases based on clinical assessment (e.g. without a test having been carried out) where Covid-19 is considered the cause, underlying cause or to be a significant contributory factor; * Other cases to be reported where Covid-19 is suspected but not confirmed e.g. deaths that have occurred in the community; * Cases where the deceased has tested positive but this is not the cause of death. * If Covid-19 is known or suspected to have contributed to a prisoner/detainee’s death, please ensure this is clearly communicated when reporting the death via telephone and clearly indicated in the death in custody questionnaire. * As per normal contingencies, the Independent Monitoring Board should be made aware if a death has taken place. |
| **Reporting to Coroners and Coronial Processes** | * Deaths must continue to be reported to coroners. Note: reporting arrangements may vary due to the additional pressure being put on coroners’ offices during the pandemic. Governors/directors and IRC managers must ensure they are linked in with their LRF - as outlined in section 1 - and that clear procedures for management of the deceased are in place and communicated to the relevant staff. * The safer custody casework team will continue to support prisons to prepare for inquests. * It is likely that many inquests will be delayed. It is also possible that some coroners will feel that it is relevant to seek evidence about the way in which the prison responded to the pandemic generally, as well as the treatment of the individual. Establishments must, therefore, retain records relating to what was taking place more broadly (including regime delivery, defensible decision logs etc.) as well as case specific material. * Some inquests may, however, take place very quickly based on the documentary evidence available (with no staff attendance), and in advance of any PPO investigation. This may include Covid-19 related deaths where there were underlying health conditions (and where families are not involved). Governors/directors and IRC managers will need to be prepared for this possibility. * It is also possible that more cases will proceed without post mortems, so there will be more reliance on medical records. Healthcare managers should be aware of this possibility. * **More information on coronial processes during the pandemic can be found in ‘further guidance’ in Section 3.** |
| **PPO Investigations** | * In order to comply with government guidelines on social distancing, the PPO has temporarily ceased all visits to prisons. * The PPO will continue to be informed of all deaths and will open new investigations as normal but will extend timetables and/or suspend cases where necessary, until it is able to gather information and investigate safely. Prisons should continue to facilitate investigations by scanning and sending documents and making staff available for telephone/Skype/teams interviews wherever possible and the technology is available. * If trade union members are to be interviewed by the PPO in relation to an investigation they are entitled to representation through their union. * It is essential that good record keeping is maintained, both of case specific material and information pertaining to the general running of the establishment during this time. The PPO has provided a list of evidence that must be retained by establishments. The safer custody casework team will continue to support prisons to respond to PPO investigations. **Additional detail is available in the ‘further guidance’ for Section 3.** |
| **Early Learning Reviews** | * With potential delays in PPO investigations and inquests, it is more important than ever to use the early learning review process to identify and share learning from deaths during the Covid-19 pandemic. * Reviews of apparent self-inflicted deaths should continue to be undertaken by group safety leads (GSLs) wherever possible, and other cases – particularly unexpected and unexplained deaths – should be reviewed wherever resources permit. * These reviews may need to be undertaken remotely and this should be facilitated by scanning and sending documentation to GSLs and making staff available for telephone conversations wherever possible. * Completed reviews should be copied to the national safety team functional mailbox [safercustodypolicyandlearning@justice.gov.uk](mailto:safercustodypolicyandlearning@justice.gov.uk) A summary of learning from the reviews will be shared regularly through GSLs. |

**Further guidance:**

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| Subject area | Expectation/guidance |
| Chief Coroner Guidance | <https://www.judiciary.uk/wp-content/uploads/2020/03/Chief-Coroner-Guidance-No.-34-COVID-19_26_March_2020-.pdf> |
| PPO Guidance on Evidence Retention | PPO advice on investigations:  <https://hmppsintranet.org.uk/prison-ersd/2020/04/15/prison-and-probation-ombudsman/> |

# Annex A: Frequently Asked Questions

**Q: How is cardiopulmonary resuscitation (CPR) performed on a symptomatic person when a potential fatality is discovered?**

A: If you believe that it is necessary to perform CPR, you should conduct a dynamic risk assessment and adopt appropriate precautions for infection control.

PHE recommends that, where possible, you perform chest compressions only and do not perform rescue breaths or mouth-to-mouth ventilation. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that in the first few minutes after cardiac arrest due to lack of oxygen, compression-only CPR may be as effective as combined ventilation and compression. HMPPS guidance on CPR advises that if there is a perceived risk of infection, rescuers should place a cloth/towel over the victim’s mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. More information on performing CPR is available in the ‘Further Guidance’ in section 2 above.

If a decision is made to perform mouth-to-mouth ventilation, PHE recommends the use of a resuscitation face shield where available. Should you have given mouth-to-mouth ventilation, there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should self-isolate and follow the advice on what to do on the [NHS website](https://www.nhs.uk/conditions/coronavirus-covid-19/).

**Q: Should staff dealing with the deceased be wearing PPE?**

A: Yes. PHE advice for those coming into contact with bodies where Covid-19 is suspected or confirmed is to wear the following PPE:

* Plastic gloves;
* Disposable apron;
* Surgical mask; and
* Eye protection.

**Q: How long should a cell/room be out of action for following a suspected Covid-19 death?**

A: [PHE guidelines](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings) state that the risk of infection from surfaces is thought to be minimal after 72 hours. Therefore, cells/rooms should stay out of commission for this period and be thoroughly cleaned per the PHE guidance before being brought back into use. There is no need to keep the cell/room sealed pending a PPO investigation at this time. Further guidance on cleaning has also be published by HMPPS.

**Q: What should happen to the deceased’s property following a suspected Covid-19 death?**

A: The property should remain in the deceased’s cell/room for 72 hours until the risk of infection is minimal.

Once this period has passed it should be stored in line with PSI 12/2011 – Prisoner Property and returned to the deceased’s next of kin in line with PSI 64/2011 - Management of Prisoners at Risk of Harm to Self, to Others and From Others. The in-cell/room possessions have to be released by the police/coroner before being removed.

When passing property to next of kin, the prison/IRC should make them aware of [PHE guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings) on the risk of infection from surfaces.

**Q: Where should bodies be stored whilst awaiting collection?**

A: The deceased should not normally be moved around the establishment. Where a death takes place in a cell/room, the deceased should remain there until collected by the coroner’s officers. If a death takes place in a communal area the deceased should be moved to an isolated area but only with the agreement of the police and coroners. If they need to be moved staff must be wearing correct PPE before movement takes place (gloves, apron, mask and eye protection) and contact with the deceased should be kept to a minimum. Any area the deceased is moved to should be thoroughly cleaned once they have been removed per [PHE guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings).

**Q: Can the regime carry on as normal in the affected unit once the cell/room is locked?**

A: Wherever possible this should be avoided but in some exceptional circumstances it might be necessary to recommence a very limited regime. This should only be for essential activities and if alternative arrangements to access these cannot be put in place. In most cases the deceased will be removed promptly. In the unlikely event that a long delay is anticipated, because of other pressures on the relevant services, the cell/room should be secured and arrangements made to restart essential activities only, with due regard to the sensitivity of the situation. If the death takes place in a communal area the deceased should be removed (if permission is given by the police/coroner) and the area thoroughly cleaned before any limited regime recommences.

**Q: Do procedures around dealing with management of the deceased, especially if deviating from standard procedures because of the pandemic, need to be put on a defensible log?**

A: If the prison is following the national instructions contained in this guidance, and the procedures put in place in conjunction with LRF planners, then there is no need to keep additional documentation. If procedures need to deviate from these, a comprehensive decision log should be completed and retained for post-death investigations by the PPO and coroner.

**Q: If the person died in a double cell/room, should his/her cell/roommate be immediately moved to a single cell/room and should they isolate?**

A: Yes. If the death is believed to be Covid-19 related the cell/roommate should be moved immediately to a single cell and self-isolate for 14 days. They may be very distressed about the death and anxious about catching the virus. Every effort should be made to provide them with support.

**Q: If I am on an escort to a hospital and a prisoner/detainee is confirmed to have passed away, what procedures do I need to follow next?**

A: If you are asked to remain with a deceased prisoner/detainee in hospital you should make contact with your establishment. The chief coroner’s guidance is clear that coroners should be in dialogue with prisons over what is reasonable at this time. If a request is made for prison staff to remain with the deceased, there should be a conversation between the coroner and the governor/director or IRC manager to understand the reasons for the request and to explore alternatives. In exceptional circumstances, where it is considered necessary for staff to remain, they should be guided by hospital staff and follow the PHE guidance on the care of the deceased to minimise the risk of infection.

**Q: Is there any additional guidance for staff in dealing with media as they can be particularly interested in deaths at this time?**

A: Staff should not make any comment to the media regarding a death. Any press enquiries should be redirected to the Ministry of Justice Press Office.