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| HMPPS prisoner  face covering strategy |
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| **October 2020** |

Executive Summary

This document:

* Presents the rationale for the limited introduction of **3-ply face coverings** for prisoners and residents in HMPPS establishments. The terms prisoner and resident are both used throughout this document as resident is the term most commonly used within the Youth Estate and prisoner is used for all other parts of the estate.
* Confirms the scenarios where the higher-secification Fluid Resistant Surgical Masks (FRSMs) must still be worn by prisoners and residents under existing Safe Operating Procedures (SOPs) or equivalent risk assessments.
* Introduces a 2 tier model for the use of face coverings in prisons which has been developed along similar lines to the HMPPS staff face mask strategy issued on 12 October 2020.
* Provides general information about stock and supply, donning and doffing and security considerations in relation to face coverings and masks for prisoners and residents.
* Applies to all prisons but not probation premises. A separate model outlines the position for National Probation Service (NPS) service users. Version 2.0 of this strategy may merge the two if a common model can be agreed.

Introduction

The most effective way to prevent the spread of COVID-19 is to maintain social distancing and good hand hygiene standards. Face coverings can offer some protection to individuals but can introduce a transmission risk if stored inappropriately or taken on and off during a day without being cleaned appropriately in between uses. To adhere to Public Health England (PHE) guidance we must strictly control the use of face coverings strictly and only introduce them to prisons on a limited basis as defined within this strategy. Prisoners and residents must not be permitted to wear face coverings in circumstances beyond the scope of this guidance.

The use of face coverings under the circumstances directed by this strategy will increase protection for prisoners, residents and staff. However, face coverings are only considered effective when combined with social distancing and hand hygiene, they do not provide equivalent protection in substitution for those measures. Face coverings are intended to protect others more than the wearer themselves and face coverings should be seen as an addition to other protective measures. Staff should be continually encouraging prisoners and residents and service users to adhere to all HMPPS and Public Health standards, whilst continuing to follow such standards themselves.

This strategy outlines the new face covering strategy for prisoners and residents. This is the companion policy to the HMPPS staff face mask strategy introduced on 12 October 2020. This document outlines the model which has been developed in collaboration with key stakeholders. It is based on Public Health England (PHE) and Health and Safety guidance. Procedures have been endorsed by Prisons Operational Management Committee and HMPPS Leadership Team (HLT).

Face Covering Specification

The HMPPS Staff Face Mask Strategy published on 12 October defines the use of Fluid Surgical Resistant Masks (FRSMs) for staff in prisons and probation premises. Under this companion policy, prisoners and residents will be provided with **3-ply Face Coverings** rather than face masks, except in specific situations where pre-existing Safe Operating Procedures (SOP) or equivalent risk assessments already mandate the use of FRSMs by prisoners and residents. In all other circumstances prisoners and residents will be issued face coverings only.

The difference in the specification of the face coverings provided to staff and prisoners/residents is recognition of the difference in the level of transmission risk they have been shown to present and the tasks they deliver. HMPPS outbreak analysis has demonstrated that staff currently represent a greater transmission risk as they are required by their duties to breach social distancing more routinely and move more freely. They also have greater access to the community. We therefore need a higher grade face mask for staff to protect prisoners and residents as well as colleagues from this risk. A lower grade covering is sufficient for members of the public in the community and for staff in all other sectors that don’t have a health and social care aspect to their role. It has therefore been assessed as most appropriate to mitigate the transmission risk from prisoners and residents.

We recognise that within high risk cohorts such as Category A or Close Supervision Centre (CSC) populations there are prisoners who pose a specific and exceptional risk which is heightened by wearing a fabric mask. It is accepted that the cloth face covering may not be deemed appropriate for those individuals and that an alternative clear plastic visor may be advantageous. By risk assessment specific to that individual, an establishment can determine that the risk posed by that individual is such that they should wear a clear covering that aids identification. However the use of such visors is not recommended by PHE or H&S. They offer less protection to the wearer and to other persons than a cloth covering and are generally of inferior quality. Therefore they should be deployed under exceptional circumstances and only following rigorous local risk assessment.

Rationale for separated models

Prior to the development of this document, NPS colleagues developed and implemented a model for issuing face coverings and masks to service-users in community settings. Adoption of the new prison model in community settings would align NPS to the same position as prisons however this would constitute a reduction in the level of protection provided in the community. We have therefore committed to a further review of the NPS model to determine the possibility of having a joint HMPPS position going forward. In the interim this model purely applies to prisons.

General principles

The HMPPS face covering strategy for prisoners and residents aims to deliver a broadly comparable position to the UK Government policies governing face coverings in the community. Face coverings are not universally required. They are required in specific scenarios of heightened risk and their deployment is generally limited to a finite period or the duration of the heightened risk scenario. Face coverings are generally mandated in the community in the following circumstances:

**“in indoor places where social distancing may be difficult and where individuals will come into contact with people they do not normally meet”.**

Unregulated use of face coverings is considered counter-productive as they can introduce a transmission risk if used inappropriately. To align to the community position HMPPS are introducing face coverings for prisoners and residents in specific areas where heightened risk is identified; such as situations or places where social distancing is compromised and/or individuals are in contact with people they do not normally meet. Establishments must ensure that:

* All deployments of face covering are covered by a formally recognised risk assessment that is in-date and produced through an agreed process of consultation.
* That prisoners are continually reminded of the appropriate use, storage and cleaning procedures and that facilities are provided for all of the above to operate effectively.

Prisoners and residents do not automatically need to wear a face covering. Staff will be routinely wearing face masks in the same areas and this could cause a perception of inequality or favouritism. Prisons must issue comprehensive communications on this point, explaining that prisoners and residents place themselves at heightened risk by wearing coverings inappropriately and that staff wear masks routinely as they present a heightened risk and to protect prisoners and residents most effectively.

Individuals **do not normally need to wear face coverings** in the following circumstances:

* Wherever 2 metre social distancing can be continuously maintained
* Wherever prisoners and residents are within their household or regime group
* During outdoor activities where 2 metre distancing is maintained.
* Whilst exercising where 2 metre distancing is maintained.
* Where seated to eat or drink.
* In any circumstance where the use of an FRSM is already mandated by SOP or equivalent
* If covered by a Government exemption (see below)
* Whilst undergoing dental examination or medical treatment (see medical treatment)

**Government exemptions**

Face coverings are not classed as items of PPE and therefore Government exemptions apply and must be respected in the same way as they operate in the community. HM Government defines the following exemptions:

* children under the age of 11 (Public Health England does not recommend face coverings for children under the age of 3 for health and safety reasons)
* people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
* where putting on, wearing or removing a face covering will cause you severe distress
* if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
* to avoid harm or injury, or the risk of harm or injury, to yourself or others ‒ including if it would negatively impact on your ability to exercise or participate in a strenuous activity

In the same way as we must recognise and respect an exemption claimed by a social visitor, we must recognise any exemption claimed by a prisoner. If a prisoner declares that they have any of the above exemptions they must be exempted from wearing a face covering in any setting within the prison. Staff may request an explanation of the person’s exemption, however in line with the guidance in the community, we cannot require the individual to prove their exemption. We also cannot bar an individual from accessing any activity or service on the basis of their exemption.

Face coverings are intended to add to existing COVID-19 controls rather than replace them and therefore the existence of an exemption cannot be cited as a factor that increases risk as justification for preventing a prisoner from any activity or area. Likewise where a prisoner refuses to remove or apply a face covering they cannot be denied access to entitlements such as food, exercise or a decent regime or forcibly have the item removed or applied. Any refusal to wear or remove a face covering must be challenged appropriately but proportionately (see below).

**Explanation of the prisoner model**

This model for prisoners and residents is comprised of two tiers in recognition of the different levels of authority and risk ownership under which face coverings can be deployed in prisons – **national** and **local**. The model is hierarchical, which means it operates top down in the same way as the equivalent model for staff. At both the national and local levels prisoners and residents will generally only be issued face coverings rather than FRSMs for reasons described above.

However there is one group of tasks which represent an exception to this rule. There are a small number of prisoner tasks where a pre-existing national risk assessment (SOP or equivalent) already mandates the use of FRSMs by prisoners and residents as PPE. These high-risk scenarios include issuing an FRSM to a symptomatic prisoner, or to a prisoner cleaning a symptomatic prisoner’s cell or issuing one to a prisoner prior to any external escort. These situations are unaffected by the new model and the mandated use of FRSMs as PPE is not superseded or undermined by this policy.

Prisoners and residents must therefore continue to be given an FRSM in these circumstances. PPE is a legal requirement in response to a known risk and must be worn, prisoners and residents cannot be exempted from wearing PPE where it is required. This small number of tasks where FRSMs are mandated are labelled as **Exceptional Uses of Face Masks** inthe model described below. There are no prison SOPs or national risk assessments that mandate the use of a face covering, all SOPs or equivalent mandate the use of FRSMs only.

Aside from the exceptional uses of FRSMs, prisoners and residents will be issued face coverings in all other scenarios. As stated there are two tiers to the model, shown on the right in the model and described in further detail in the text below:

1. **Nationally determined** **use of face coverings –** The first tier operates at national level. This is reserved for tasks and locations where we have determined nationally that prisoners and residents must wear face covering. To be clear these tasks/scenarios are for the deployment of face coverings which is separate to the “exceptional use” scenarios (blue box) where the use of FRSMs is mandated. The **nationally determined uses** of face coverings comprise two groups of scenarios:

**Existing face coverings requirements**:

These are scenarios where we have mandated the use of face coverings by prisoners and residents in adherence with the community regulations (though as with all deployments of face coverings, exemptions must be respected):

* Release of a prisoner on discharge (ROTL, HDC, release) using public transport
* Release of a prisoner on discharge to an Approved Premises (AP)
* Prisoners and residents undertaking barbering (visor required but counts as face covering)

**New Face coverings requirements:**

This strategy introduces three new national requirements for prisoners to wear face coverings:

* Whilst residing in Reverse Cohort Units (RCUs)
* Whilst located in Reception or Reception holding rooms
* As a patient attending a healthcare department within a prison an appointment or treatment (though note the exemption for receiving dental treatment and specific considerations around regime groups and dispensing of medications below).

These are additional prison-specific scenarios where we mandate the use of face coverings. These new requirements are governed by this document as the national policy. They are not covered by a SOP or equivalent risk assessment. A SOP is relevant to situations where PPE is required and face coverings are not PPE, this means that though prisoners and residents must be mandated to wear face coverings in the above scenarios, exemptions must still be respected.

1. **Locally determined use of face coverings –** This is the second tier and operates only when there is no explicit national requirement. Establishments have the authority under this tier to require prisoners and residents to wear face coverings through local risk assessments as a local rule and Local Operating Procedures covering a specific task or environment. Establishments should consult local Health and Safety leads and Trade Union representatives when developing these local plans. Prisons should not routinely deploy face coverings and should only consider their use as per the community guidelines:

**“in indoor places where social distancing may be difficult and where individuals will come into contact with people they do not normally meet”.**

General examples of where face coverings may be required depending on the local environment include (but not limited to):

* Pressure points - these are areas such as corridors where people are likely to come into close contact with one another at less than 2m social distance whom they don’t routinely meet. This includes when they are mixing with any prisoner outside of their household or regime group, e.g. workshops/activity areas.
* One-to-one activities – establishments may wish to consider the added benefit of mandating face coverings for one-to-one interventions, interviews or assessments where social distancing cannot be maintained and ventilation is poor.
* Poorly-ventilated areas - Evidence increasingly shows that the risk of infection is much higher in poorly ventilated, crowded areas. Therefore establishments may wish to consider the benefit of prisoner face coverings in any activity area or indoor space where social distancing cannot be maintained and ventilation is poor.
* Periods of heightened risk - this may include any period of live outbreak where an Outbreak Control Team (OCT) recommends coverings for a finite period. This would count as a local decision as the Governor or Director can determine whether coverings are deployed during an outbreak and the OCT can only recommend. If OCT recommends the use face masks (FRSMs) for prisoners and residents this has to be signed off by GOLD as establishments can only mandate face coverings not the higher level FRSM.

We have not included a personal choice tier in the prisoner model whereas staff can opt to wear face masks in areas where we have not mandated use, however this is not replicated in the prisoner model. This decision was based on PHE, H&S, SOCT and Governor feedback that a clear and consistent model is required. We are also advised by PHE that free-use will introduce a significant transmission risk if not governed properly. For this reason it is imperative that establishments continually reinforce the importance of appropriate application, storage and maintenance of face coverings to prisoners and residents.

The difference between the two models introduces a risk where prisoners and residents want to wear a covering but cannot as there is no HMPPS assessment giving them authority. This is a notable point of difference to the staff model, though the rationale is explained above. To alleviate this risk, establishments must actively engage with their prisoner population at the point of risk assessing areas and tasks to determine where face coverings will be locally mandated. Prisons must then incorporate prisoner views wherever possible and keep records of having done so. This should reduce the risk of prisoners and residents perceiving that staff have can influence how and where coverings are worn yet they cannot.

The local risk assessments must make defensible decisions in relation to the areas and tasks where face coverings are mandated. Whilst we must closely govern the deployment of face coverings to ensure that they do not introduce a transmission risk, we must also ensure that the risk assessments are representative of the needs of the population. Establishments with a high representation of high vulnerability individuals or shielding prisoners should increase the number of areas where face masks are mandated to provide equivalent access to the level this group would receive in the community.

Additional information

All sites/establishments will need to put local processes in places to support the deployment of face coverings in the ways described in this document. Where they do not already exist, they will need to develop local processes in the following areas:

**Distribution and Stock Management**

Establishments/sites are able to design a local system for the management of face coverings. During initial consultation establishments requested autonomy to determine this model. We have therefore formulated two options:

* **Option 1** – This means providing each prisoner with 1 personal issue face covering which they will be responsible for. Prisoners and residents must be given instructions on how to maintain them and will be responsible for washing them and drying them in-cell daily. Prisoners and residents must also be advised to store them safely – e.g. not leave them exposed or carry them around in a pocket but to store them in a dry and clean place within their cell or dormitory. This model carries risk as issuing face coverings to all prisoners and residents will increase situations where they are readily available and increase pressure on staff to allow them to be worn more routinely. This could create opportunities for conflict and raise prisoner expectations on usage.
* **Option 2** – If mandation is limited it may be counterproductive to issue coverings to every prisoner to keep (option 1) as this may promote excessive or inappropriate use. Therefore prisons may wish to issue coverings at the point where they are required and to require them to be retained at the end of the specified period. This also has a potential security benefit as a prisoner’s identification can be verified before the mask is applied. However, under this model the establishment will need a robust local system for washing and storing the coverings and may face additional complaints from prisoners and residents who perceive a heightened risk exists as a result of sharing masks.

Establishments can determine the best model locally. Prisoners and residents should only be permitted to wear HMPPS face coverings. Establishments may experience prisoner’s families and friends sending in alternative face coverings, however these will not be permitted.

**Laundering and Maintenance**

Where option 1 is chosen sites will require prisoners and residents to launder their own face coverings. Government guidance suggests that this can be safely done using soap and warm water, and they do not need to be machine washed. Where prisoners and residents are responsible for cleaning their own coverings they should be provided with guidance on how to do this, and instructed to wash them each night, and then leave them to dry overnight. They should be informed that it is their responsibility to keep them clean.

Where option 2 is adopted the prison must ensure they are laundered in between each use and cannot be re-used before being washed as this increases risk of transmission. Laundering of the face coverings should be carried out via a disinfection cycle on the machine which has a temperature setting maintained at 65ºC for not less than ten minutes or 71ºC for not less than three minutes. Where thermal disinfection is used items should be tumble-dried after washing. Laundry should be done in the prison, adopting to local arrangements.

Face coverings may occasionally need to be replaced if they become worn or damaged. If a face covering needs to be replaced, the prisoner must be provided with a new one promptly, and the old one must be disposed of safely via local clinical waste procedures. Prisons must monitor their stock levels to ensure that they have sufficient supplies to meet the demand consistently and to replace damaged masks as required.

**Medical treatment**:

Prisoners and residents should normally wear face coverings in clinical areas which includes healthcare departments and treatment queues or medication administration points as persons do in the community. However, this requirement does not apply to prisoners or residents accessing medicine dispensation points within their regime group. In all cases, establishments will need to develop local systems for managing the most appropriate use of face coverings specifically in healthcare settings. Further guidance on dispensing medicines is provided below.

* Where prisoners and residents access a medication administration point, face coverings should be worn whilst queuing but removed when they approach the hatch or administration area. It should not be replaced until they have swallowed the any non-possession medication or been handed their in-possession medicines supply and left the hatch area. This enables an accurate identification of the prisoner and minimises the use of the face covering to divert medication.
* Extra vigilance at the point of medicines access is needed by supervising officers to detect diversion that uses the face covering.
* Mouth checks should continue to be used in line with local procedures
* Where a supply is made at the prisoner’s cell, face coverings do not need to be worn by the prisoner to complete the administration or supply.
* Incidents of suspected or actual medicines diversion should continue to be reported via SIR or patient medication incidents by HMPPS and healthcare teams as usual. This will identify any increasing trends in diversion where face coverings could be a factor.

**Communication**

Sites must develop a local communications strategy that clearly outlines all requirements and procedures in relation to face coverings and involves prisoners in those decisions (see the local section of the model on local risk assessments). This should include, but not be limited to guidance on the application and removal of coverings including hand hygiene, washing and storage arrangements, guidance about when face coverings should be worn, when prisoners and residents will be asked to remove them (for identification purposes) and the rules around wearing coverings.

**Security Considerations**

Bespoke security guidance about prisoner face coverings has been developed by SOCT. This includes specific guidance around searching, and handling of non-compliance.



**Governance of Face Coverings**

Where a prisoner or resident fails to comply with the requirements determined by a local or national risk assessment and either refuses to wear a face covering in an area where they are mandated or wears their face covering in an area where they are not risk assessed to be worn, this must be challenged. In the first instance staff should instruct the prisoner or resident to follow the mandation but do so in an informative, educational and positive way – focusing on the function of the covering and its protective value. Staff must check whether the prisoner has an exemption as defined by this policy and cannot impose a sanction where an exemption is legitimately claimed. Staff should record every interaction on NOMIS case notes.

In cases of continued and serious breaches where prisoners do not have legitimate exemption but do not comply with local or national requirements and informative and educational interventions have failed; staff are able to manage this through PSI 2018/05 Prisoner Discipline Procedures (Adjudications) and the adjudications procedure, although this cannot be used routinely or as the default response and must be reserved for patterns of non-compliance where other measures have been tried (and are recorded as such on NOMIS case notes).

The following two charges would be appropriate in these situations; PR 51 (23) / YOI R 55 (26) disobeys or fails to comply with any rule or regulation applying to him and in more extreme circumstances where for example a prisoner refusing to wear a mask and iscoughingdeliberately to aggravate the situation PR 51 (5), YOI R 55 (6) intentionally endangers the health or personal safety of others or, by his conduct, is reckless whether such health or personal safety is endangered could be used.

In cases where prisons wish to utilise adjudications for this purpose, they **must** have a health and safety risk assessment in place which identifies the designated spaces or tasks where face coverings are mandated locally and **must** have issued clear communications to prisoners stating clearly what the expectations are upon them. These communications must be regularly reiterated and displayed in all areas where face coverings are mandated. Without these communications any adjudications laid for this purpose will be open to challenge and will negatively impact the perceptions of fairness in the prison.

It is therefore imperative that establishments effectively communicate the areas where prisoners are required to wear/not wear a face covering locally to ensure that all prisoners are aware of the expectations on them from the point at which they are first issued. Prisoners and residents can only be bound by a local rule if they have had “sufficient notice” and could be reasonably expected to have known the expectation. Prisons are advised to engage with prisoner forums, councils and groups and consider other communications methods such as updating the Reception Compact and displaying prominent signage. Establishments are also advised to update their local Adjudication Tariffs and Manual to reflect this development.

**Donning and Doffing Guidance**

The below guidance has been produced for the use of face coverings. Establishments/sites should make this guidance available to prisoners and residents/service users as part of their localised communications strategy.

A face covering should:

* cover your nose and mouth while allowing you to breathe comfortably
* fit comfortably but securely against the side of the face
* be secured to the head with ties or ear loops
* Ideally include at least two layers of fabric (the World Health Organization recommends three depending on the fabric used). The coverings we are providing to prisoners and residents have 3 layers of fabric in line with WHO guidance.
* unless disposable, it should be able to be washed with other items of laundry according to fabric washing instructions and dried without causing the face covering to be damaged

When wearing a face covering you should:

* wash your hands thoroughly with soap and water for 20 seconds before putting a face covering on
* avoid wearing on your neck or forehead
* avoid touching the part of the face covering in contact with your mouth and nose, as it could be contaminated with the virus
* change the face covering if it becomes damp or if you’ve touched it
* avoid taking it off and putting it back on a lot in quick succession

When removing a face covering:

* wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
* only handle the straps, ties or clips
* do not give it to someone else to use
* if single-use, dispose of it carefully in a residual waste bin and do not recycle
* if reusable, wash it in line with manufacturer’s instructions at the highest temperature appropriate for the fabric
* wash your hands thoroughly with soap and water for 20 seconds once removed

**End of guidance**