**Briefing:**

**Hospital Escorts and Bed Watches during COVID-19.**

**Introduction**

Prior to leaving the Prison on escort, the designated discharging manager will read the below briefing aspects to each member of staff. The escorting staff will be given a copy of this briefing to take on the escort. Where bed watch staff are leaving independently of the Prison they will receive this briefing prior to going. Escorting staff must be from the staff trained within the PPE awareness module.

**Operational Guidance**

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| **Guidance Aspect** | **Description and application** |
| Breaks for Food, Drinks or Toilet | No eating or drinking must take place within a clinical or ward setting. Eat and drink only in areas designated within the hospital for this purpose. Remove PPE and carry out hand hygiene prior and replace with fresh PPE afterwards.Only pre-packaged food(including home-made) should be brought into the hospital and this should be consumed as directed. Always wash your hands/or use alcohol hand gel prior to eating or drinking. Advice should be sought from clinical staff regarding arrangements for breaks: * Establishments should liaise with hospitals to which they send regular escorts to agree staff rest areas where they can spend breaks.
* Where this has not been arranged, staff should ask available hospital/ward personnel to identify the most appropriate location for them to take meals. Staff should select the location closest to the bedwatch location.
* The ability for staff to take breaks should be factored into the risk assessment where possible. Existing arrangements (e.g. staff taking food onto a bedwatch and eating in proximity to the prisoner) may not be permitted in hospitals during COVID and establishments may need to revise staffing arrangements where this issue arises.

In general, where breaks (including toilet breaks) involve being away from the escort, these should be done as quickly as possible and at the nearest available location for the break. Escorts should plan for shorter but increased frequency of breaks and restraint changes, rather than long breaks. Escort risk assessments need to reflect this arrangement. This means that where the security of escort is believed to be severely impacted by, e.g. the only available breaks arrangements which require a member of staff to be away from the prisoner for a significant amount of time, additional staffing resource should be considered to maintain the security of the escort.Establishments should take into account different nature of risks associated with the condition of the patient, consulting healthcare colleagues where needed. For example, those on a ventilator will be under sedation and therefore not presenting a high security risk. Those on a CPAP are also less likely to be presenting high security risk but those recovering or on lighter oxygen therapy are much more likely to offer security risk. This is at least partly reflected in the SOPs arrangements and these considerations would help to determine whether staffing should be changed, minded that this may need to be reviewed with the patent’s change in condition and treatment. If a need for a staff member to leave the area of the escort for a significant amount of time occurs during an escort in addition to the need identified in the RA, the officer I/C should contact the duty Orderly officer/duty governor to gain either permission to leave the area of the escort or for the establishment to further review the strength of the escort Staff are advised that when eating or drinking, you should maintain physical distancing rules (2m) and remove your mask, dispose as offensive waste, and wash your hands for 20 seconds/use alcohol hand rub to sanitise your hands prior to eating. Do not place the face mask on dining tables or nearby surfaces. Once you have finished eating/drinking, you should sanitise your hands again and put on a new facemask to return to workplace. Secure supplies of facemasks and alcohol hand rub should be made available in relevant areas |
| PPE | Do not remove items of PPE whilst in the hospital (other than above). Avoid touching your face or mask with your hands. Change PPE a minimum of every 4 hours or if it becomes wet or damaged. Change gloves especially where frequent hand contact has been made with hard surface areas. |
| Physical distance | Keep at least 2 metres from clinical staff, other patients and always ensure you retain the maximum distance permitted from the use of the escort restraint (wherever possible). Change staff as regularly as needed with restraints to minimise continued proximity time and provide opportunity to wash hands or use alcohol hand gel. Where restraints are not used staff should position themselves at least 2 metres from the point of the prisoner and other patients wherever possible. Being in a side to side position is also advised and avoiding direct face to face positioning wherever possible. Where this is not possible, it is particularly important to wear PPE appropriately. |
| Prisoner Clinical treatment and Care | Do not assist in any personal or hospital care being provided to the prisoner. This includes any assistance during meals and drinks.  |
| Hand to surface contact | After touching any hard surface areas with your hands or fingers (such as door handles/push plates), sanitise/wash your hands as soon as possible afterwards and change your gloves. Avoid the need to touch areas with your hands and fingers. |
| Hand to face contact | Wash/Sanitise your hands prior to any hand contact being made with your face or mask. Avoid contact with your face wherever possible – be aware that any contact (scratching your face or touching your face under a mask will transmit anything from your hands to your face). Wearing gloves does not protect you from hand to face transmission. |
| Hygiene | Use the provided alcohol gels regularly. Change your gloves regularly and especially if you have touched general communal hard surfaces. Wash your hands after changing gloves. |
| Clothing | Where possible, change into fresh clothes prior to leaving the hospital from a bed watch. Where this is not possible change at the earliest opportunity either at the Prison or at home (use a disposable bag to put used clothes in prior to washing. Also keep fresh clothes sealed within a bag). On a day escort, change into fresh clothes on arrival back at the Prison, where possible.For this reason, where possible please bring spare trousers, shirt, jacket and store securely in the establishment to get changed at the earliest opportunity. Where available, use alcohol wipes to clean boots and belt.Following an escort or bed watch, prison uniforms (including epaulettes) must always be washed prior to the next working shift (60 degree laundry cycles and tumble dry where possible). Alcohol wipes should be used on hard surface attire such as boots and belts and left in a ventilated area. Please note that staff can claim tax back for self-laundering uniform, please see HMRC website for more info. |

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| Handovers | Prior to applying the restraints, the handing over staff will apply alcohol wipes to all areas of the cuffs and chain (this to be completed in the presence of the new staff). The new staff will hand wash and check their PPE prior to application of the restraints. The relieved staff will then wash their hands and check their PPE ready for leaving the ward area. |
| Visits and Management Checks | Prison Management checks will be undertaken, the manager will wear a fluid resistant surgical mask during movement through the hospital and will apply an apron and gloves during the check at the bedside. Please note that since visits from prisoner’s family members to a bedwatch have a status of social visits, where these are not permitted in an establishment, they should not be permitted in the hospital setting. Where these are allowed and a visit has been approved by the prison and the prisoner’s family are to attend, PPE will be provided by the hospital. |
| Cuff and equipment checks | Checks will be carried out as per normal requirements. During the check each item will be wiped with an alcohol wipe (alcohol gel must not be used in the cuff area as this has potential to provide slippage). |
| Prisoner treatment in an ICU | In most circumstances where a Cat B, C or D prisoner needs to be ventilated/ receive treatment in an ICU, staff will remain outside of the ICU. **Staff will observe the prisoner through the observation window, wearing the appropriate PPE as specified in the latest SOP for Escorting and Bedwatches. If a risk assessment specifies that for exceptional circumstances restraints should be applied or the member of staff is to be positioned in the room, the SOP provides the additional PPE which is to be worn.** Governors should consider as part of the risk assessment that prisoners will be sedated whilst in ICU.  |

**Quick Reference Card**

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| **ESCORT AND BEDWATCH – COVID -19 MEASURES** |
| **DO** |  | **WASH OR SANITISE YOUR HANDS REGUARLY AND CHANGE YOUR GLOVES ESPECIALLY AFTER TOUCHING HARD SURFACE AREAS OR REMOVING PPE.** |
| **DO** |  | **KEEP YOUR MAXIMUM DISTANCE POSSIBLE FROM THE PRISONER AND OTHER PATIENTS** |
| **DO** |  | **CHANGE YOUR PPE EVERY 4 HOURS OR IF IT BECOMES WET OR DAMAGED** |
| **DO** |  | **CHANGE YOUR UNIFORM AS SOON AS POSSIBLE,WASHING YOUR WORK CLOTHES PRIOR TO YOUR NEXT WORK SHIFT** |
| **DON’T** |  | **TOUCH YOUR FACE OR MASK WITHOUT WASHING/SANITISING YOUR HANDS PRIOR** |
| **DON’T** |  | **EAT OR DRINK ON THE WARD** |
| **DON’T** |  | **ASSIST THE PRISONER PATIENT TO EAT OR DRINK OR TAKE PART IN PERSONAL CARE REQUIRMENTS** |