**COVID-19 – External Escorts and Bedwatches Security Guidance**

This guide has been produced by SOCT to assist staff in making effective security decisions when escorting prisoners who are COVID-19 suspected or confirmed, as well as for other external escorts to outside hospital during the COVID period. Wherever possible 2m social distance must be maintained and PPE must be used at all times in accordance with the Standard Operating Procedure (SOP) on Escorting and Bedwatches which is available at: (<https://hmppsintranet.org.uk/except/2020/04/15/safe-operating-procedures-sop-using-ppe/>

Also, please consult this briefing document for more details on guidance for staff on bedwatches, including arrangements around breaks and consuming food.



PSI 33/2015 – External Escorts contains the HMPPS policy on external escorts.

**External Escorts**

* Prisoners must only be moved out of the secure environment of the prison if it is necessary[[1]](#footnote-1). Thus, especially during the current emergency, Governors must consider whether the movement is absolutely necessary and consider if alternatives are available.
* The standard security risk assessment must be made to determine the level of restraint and strength of the escort. Particular attention in the risk assessment should be paid to any relevant COVID-19 issues both locally and at the end point of the escort. COVID-19 considerations should feature in the determination of transport arrangements where possible.
* Appropriate level of PPE must be worn by all escort staff at all times in line with nationally agreed guidance. This includes all points from initially meeting the prisoner in the establishment. Levels of PPE may need to be increased on the advice of the local hospital and Infection Prevention and Control (IP&C) Lead.
* It is essential that prisons make early contact with their receiving hospitals to understand the arrangements in place at the hospital for COVID-19 treatment. The key points to consider are:
  + Is it likely prisoners will be situated in a COVID-19 ward with other patients being treated for COVID-19?
  + Is the treatment likely to involve a continued use of a classified Aerosol Generating Procedure (AGP)?
  + Is the area where the prisoner is located, one in which a higher grade of PPE must be worn e.g. an Intensive Care Unit (ICU) where FFP3 respirators must be deployed?
  + Can the escort be located in a private room?
  + How will the COVID-19 risk be managed during the transportation period?

**Restraints**

* Escort chains can be used to escort a prisoner if the risk assessment supports this. PPE must still be worn regardless of the cuffing arrangements. The risk assessment should consider the vehicle being used to enable maximum distancing allowable when using restraints.
* It may be appropriate to consider further measures to ensure the risk is appropriately managed, such as, increasing the resource covering the escort or introducing double cuffing procedures. For example, escort chains can be used as secondary cuffing (alongside cuffing prisoner arms together) to constitute double cuffing as a direct equivalent of having staff member “close cuffed” to prisoner. The chain allows a member of staff to supervise and be cuffed but maintain 2 metre distance.
* Where restraints are to be applied, they must be applied correctly, checked by the despatching officer (who must also be wearing PPE as prescribed by SOP), and regularly checked throughout the escort (following the procedure laid out in the SOP) to ensure that they are correctly applied. After each check, staff who touched the restraints must wash their hands or use hand sanitiser where this is not possible
* When the staff who is cuffed to the prisoner needs to be changed (e.g. break or handover), the other staff member must wash their hands or use hand sanitiser where this is not possible. They should also ensure that the hand on which the restraints are applied is dry to avoid compromising the security of restraints. Staff members who have just been swapped should then wash their hands/use hand sanitiser.
* Cuffs should remain visible to staff at all times and any use of escort chain must remain under the control of staff, ensuring excess length of chain is in view of staff. Any application or removal of the chain must be in accordance with instructions included in the Annex to the PSI and must be checked.
* Where an escort chain is used within the bed/room, staff must make every effort to maintain a 2 metre distance and utilise the entire length of the chain. The escort in charge must remain beyond 2 metres but in sufficiently close proximity to manage the escort.
* If a prisoner needs to use the bathroom or toilet, the toilet area must be searched before use, with particular attention paid to any windows in the toilet area. COVID-19 controls required in the hospital must be followed before and after the use of bathrooms. The chain must be positioned to prevent the prisoner from locking the toilet door.
* Restraints may need to be removed immediately in a medical emergency, for example if a prisoner has a cardiac arrest and needs to be resuscitated. In such cases, escorting staff must report back to the prison as soon as the emergency allows. In any non-emergency, if medical staff advise that use of restraints is impeding treatment, staff must contact the prison for permission before removing restraints.
* When it is known that a hospital visit will become an overnight stay/bedwatch, a risk assessment should be undertaken to assess if a change in circumstances requires updating other arrangements as per below considerations.

**Bedwatch**

* Similarly to escorts, it is essential that prisons make early contact with their receiving hospitals when planning the bedwatch to understand the arrangements in place at the hospital for COVID-19 treatments. The key points to consider are:
  + - * Is it likely prisoners will be situated in a COVID-19 ward with other patients being treated for COVID-19?
      * Is the treatment likely to involve a continued use of a classified AGP?
      * Is the area where prisoners are, likely to be situated in a classified FFP use zone?
      * Can the escort be located in a private room separate to the ward/cubicle?
      * Also, discussion should take place with the hospital to ensure the hospital can support security requirements (location of room, visibility for prison staff, number of exits, whether AGP’s may be taking place in the area, etc). The hospital infection prevention control team should be alerted to ensure they can advise the staff on duty where requested.

It is then in the power of the Governor to determine how the bed watch should be carried out, considering the risk assessment of the hospital for a patient who is confirmed or suspected to have COVID-19. However, they need to ensure that they are familiar with the hospital requirements and respond to them as directed by SOP. For example, if wards are zoned as FFP areas then we will match this with our provision (Battery Powered-RPE).

* 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.
* Prisons should liaise with their local hospital and IP&C team to discuss whether the hospital COVID-19 contingency plans impact on existing risk assessment for hospital escorts and bedwatches. The IP&C team and Director of Infection Prevention and Control would advise the hospital on the actions to be taken in relation to IP&C and reducing risk.
* The role of staff conducting bedwatches is set out in PSI 33/3015 – External Escorts.
* Staff should ensure that the prisoner is within sight of at least one officer at all times, unless otherwise directed by the risk assessment. For example, to stand outside the operating theatre if the prisoner is undergoing an operation, or outside of a ward that prison staff are not permitted to enter. In such circumstances, this must be considered as part of the risk assessment and additional security measures may be required. Staff must always remain vigilant and position themselves by any exits, as specified in the risk assessment.
* If a prisoner is confined in hospital on bedwatch, outdoor clothing and shoes must be returned to the prison and the first management check must verify that this has been done.  Prisoner clothing should always be handled safely using appropriate infection control precautions including sealing the clothing in two separate sealed bags (double bagging).
* If a bedwatch cannot take place in line with the procedures listed in PSI 33/2015, the Governor must ensure the decisions are recorded, consulting with their Prison Group Director.
* Bedwatch staff must be informed of the importance to ensure all PPE is donned at all times when with the prisoner and within the ward area. PPE may only be removed outside of the ward area during breaks and where permitted within the hospital.
* Refreshments may only be taken outside of the ward area during breaks and where permitted within the hospital. In no circumstances should drinking or eating be undertaken within a ward. Hygiene must be undertaken after taking breaks and change of PPE as required following the PPE protocol guidance.
* There may be circumstances where prisoners are located in hospitals a significant distance from the prison. It will be the responsibility of the establishment who initially deployed the bedwatch to work with closer establishments to provide any local support.

**Management Checks**

* A management check is to be undertaken within the first 24 hours of the bedwatch. If this is not practical to do in person, due to limited resources or the prisoner is in a COVID-19 ward, this can take place over the phone if determined justifiable by the Governor. This justification must be recorded.
* Management checks must also cover the use and availability of PPE in line with the SOP and the risk level in the hospital. Managers must take note that a COVID-19 secure ward is not a justification for disregarding the SOP. Any concerns may need to be discussed with the IP&C lead for the setting.
* Staff breaks must also be discussed including where staff may eat and drink as this cannot take place.
* If telephone management checks are to be used, they must include checking that all requirements of the PSI and LSS are met as planned in the risk assessment. It may be advisable to have more frequent telephone management checks.
* A management check must take place following a significant change in circumstances.
* Prison management must be kept informed of any significant changes in the prisoner’s clinical condition and the risk assessment reviewed.
* If management checks are conducted by telephone, managers should ask the officer in charge of the escort to physically check the cuffs while on the telephone.

**Good Practice**

* Where possible, Governors should establish a single point of contact with their local hospital(s) in order to plan any infection control measures, which may include providing healthcare within the prison, without the need for a hospital appointment or confinement.
* Security precautions could include (but are not limited to) notifying police of the escort, requesting police assistance/escort, additional (telephone) management checks.
* PPE Risk assessment should be conducted as per SOP.

Staff should not bring excess bags or personal belongings to the bedwatch (hospital staff are no longer allowed to bring personal items into ward areas). Wherever possible, staff should ask the ward to safely store their possessions, they should not be taken to the bedside.

SOP should be considered in relation to the change of uniform when leaving the ward area. Again, hospital staff will be required to change before leaving as uniform from a ward area will be considered an infection risk.

* Staff should ensure they are confident at an appropriate use of PPE and avoid certain mistakes such as keeping the mask under the nose which makes PPE not-effective.
* Security risk assessments should also reflect COVID-19 risks as well as security.

**Learning following a recent escape**

* As part of the risk assessment, consider the impact that any regime changes will have on the prisoner’s risk of escape. For example, the cancellation of visits.
* Any information regarding discharge from hospital should be provided to the prison staff and management. This information should not be passed onto the prisoner. The prison should advise the hospital of this and the increased risk of escape if this information is shared.

**Defensible Decisions**

Governors should record their decisions and justifications regarding external escorts and bedwatches during the current COVID-19 crisis.

In line with the guidance above, a risk assessment needs to take place prior to an escort to consider the level of restraint. If the policy requirements regarding external escorts or bedwatches are not able to be complied with, for example due to under resourcing of a prisoner is confirmed to have or suspected to have COVID-19, the Governor should record all decisions. This can be provided within the COVID Log or a separate decision log. This should be provided to your Prison Group Director. The record of a decision is to be completed alongside the external escort risk assessment and the PER.

**Defensible decisions**

A defensible decision has a **clearly documented rationale and justification.** Defensible decisions **consider a range of relevant information** (policy, evidence, good practice, and views of others) to make the **best judgement possible at that given time**.

When considering a defensible decisions for external escorts, the following should be considered and recorded:

* The reason for the escort/ bedwatch
* Any decisions made which are outside the policy requirements
* Any risks identified on the risk assessment and mitigations put in place
* The level of operational risk being managed at the time of the decision, to be determined by the Governor. Definitions of operational risk provided below.

A defensible decision should be documented at the point the decision was taken. The record must include the details of the authorising manager and Governor. If further decisions are made regarding the prisoner which is outside of the policy requirement, they must also be recorded with the correct authorisation obtained.

**Further contacts:**

For queries in relation to COVID-19, please contact [HMPPSCOVID19@justice.gov.uk](mailto:HMPPSCOVID19@justice.gov.uk)

For queries in relation to the policy, please contact [SOCT.Procedures@justice.gov.uk](mailto:SOCT.Procedures@justice.gov.uk)

1. As set out in PSI 33/2015 *External Prisoner Movements* [↑](#footnote-ref-1)