



HM Prison &
Probation Service

HMPPS Face Protection Review

Version 1.0

February 2021

Introduction

This document outlines the findings from the HMPPS Face Protection Review undertaken jointly by HMPPS Prison Gold Command and HMPPS Health and Safety with input from the Department of Health and Social Care (DHSC), Public Health England (PHE) and the HMPPS Health Liaison Team in January 2021. The review considered whether the HMPPS face protection measures introduced in October 2020 for staff and prisoners remain sufficiently robust following concerns raised in January 2021. These include several prison OCTs making recommendations to deploy FRSMs to all prisoners at particular sites, recent Trade Union concerns in regards to face protection for staff and recent feedback from a small number of Governors.

Purpose

The HMPPS Face Protection Review asked whether staff should be upgraded from Fluid Resistant Surgical Masks (FRSM) to Full Face Protection masks (FFP3) and whether prisoners should be upgraded from HMPPS specification face coverings to clinical-grade FRSM masks.

Background

HMPPS introduced face protection for staff and prisoners in October 2020 following a series of Government announcements introducing face coverings in the community. As public health guidance and outbreak analysis showed that staff represented our biggest transmission risk, the HMPPS FRSM and Face Covering Strategies provided for employees to receive clinical-grade Fluid Resistant Surgical Masks (FRSM) and prisoners to receive lower-specification face coverings equivalent to those worn routinely in the community. On this basis PHE advised that prisoners do not pose the same risk.

Since October 2020 we have seen periods of national restriction and consequential increases in community deployment of face coverings but no changes to the actual specification of the equipment itself. The HMPPS policy has therefore remained in force in its original form. During national restrictions in November 2020, red-site prisons (those with active outbreaks or in the highest tiers due to community outbreaks) were temporarily required to mandate that all staff wore FRSMs and all prisoners wore face coverings at all times, in all areas.

This was lifted as restrictions eased based on PHE agreement and Government Legal Department (GLD) advice that the measures were no longer proportionate if PHE did not support mandation and that there was a significant risk of legal challenge for mandating people to wear face protection when this went beyond equivalent measures in the community. In January 2021 Governors were asked to consider widening the deployment of face coverings a second time when further national restrictions were introduced. However Governors were given autonomy to determine their local model in light of the operational challenges that mandation had brought in the first instance.

Prisoners are routinely issued face coverings rather than FRSMs. They are only issued an FRSM under a small number of HMPPS Safe Operating Procedures (SOP) for heightened-risk tasks or activities. These are approved individually by PHE and DHSC meaning that a prisoner can only be issued an FRSM under national approval. As DHSC provide the stock to HMPPS quarterly there is no risk of diverting national medical stock of PPE into tasks for which it is not approved and HMPPS is only permitted to use it for staff and prisoners under circumstances for which DHSC has granted approval.

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Therefore, as at 1 February 2021, the HMPPS policy states that staff will wear FRSMs and service users wear face coverings except for heightened risk tasks where an FRSM will be issued.

Review rationale

In January 2021 the clinical lead attached to the Outbreak Control Team (OCT) at HMP Cardiff recommended that prisoners should be upgraded from face coverings to FRSMs in all areas of the prison for a finite period as an outbreak control measure. The outbreak had become protracted and the South Wales area is considered a “hotspot” for new variant cases. These factors combined led the OCT to recommend the deployment of FRSMs to all prisoners on a time limited basis. The Cardiff recommendation has been followed by similar OCT recommendations at HMP Dovegate, Isis, Downview and Guys Marsh. HMPPS has had to reject these recommendation as we do not have DHSC approval to extend deployment to prisoners beyond those tasks covered by pre-approved SOPs.

January 2021 has seen concerns raised by Trade Unions which have queried the efficacy of HMPPS PPE, specifically face protection measures for staff in light of the increased transmissibility of new strain variants. Colleagues in the Prison Officers Association (POA) have asked HMPPS Gold Command to upgrade HMPPS staff face protection by specifically giving staff FFP3 masks when dealing with COVID positive prisoners and the ability to wear FFP3 more generally. In addition POA colleagues requested that FRSM must be mandated for all outbreak sites. The FFP3 mask is a higher-grade face mask which incorporates intrinsic ventilation systems.

Simultaneously a small number of Governors in the Womens and Youth Custody Service (YCS) have asked HMPPS to reconsider the deployment of existing specification face coverings for prisoners in specific circumstances. This group of Governors have sought approval to upgrade prisoner coverings to FRSMs as HMPPS coverings on the basis that they perceive that HMPPS face coverings are not face-fitted and are ineffective for particular face shapes particular for smaller individuals. Governors have also sought permission to upgrade prisoners to FRSMs in Kitchens and on prison serveries where they perceive that social distancing cannot generally be maintained.

In December 2020, the UK Government also commissioned a formal review of PPE in the community to gauge the efficacy or otherwise of existing face protection in light of the Covid-19 UK Variant of Concern emerging in the UK. This review is not set to conclude and report until February with any changes of policy taking effect in March 2021. However based on advice from PHE and DHSC, HMPPS has taken the position on face protection based on a significant weight of medical evidence and on interviews with health partners on the basis that an immediate position is needed. The HMPPS position will be reviewed if the Government review makes a significant change to face protection policy or questions the sufficiency of any HMPPS measures.

Review methodology

The HMPPS Face Protection Review was a joint enterprise by HMPPS Gold Command and HMPPS H&S with input from the Health Liaison Team, YCS and NPS colleagues plus DHSC and PHE. The process comprised a review of latest medical reports, an exercise to gauge equivalent measures in comparator sectors (police and care sector), meetings with DHSC and PHE leads in relevant areas and a formal review of each HMPPS SOP. Steps were sequenced so that we 1) sourced the latest narrative on the efficacy of existing PPE to old and new variants; 2) health engagement to gauge the potential response to an HMPPS request to enhance existing PPE and 3) a review of SOPs to gauge the efficacy of existing controls in light of the feedback compiled at 1) and 2).

Findings

Executive summary: the current HMPPS position on staff and service-users remains the most defensible position as at February 2021 based on the medical evidence provided. The review found that though there is clear rationale for re-considering the HMPPS face protection models at this stage, there is clear and consistent narrative that supports the retention of the current HMPPS position for staff and prisoners. Further thematic findings are summarised below:

World health bodies support existing measures: The World Health Organisation (WHO) produced an interim report in December 2020 considering the general application of COVID counter-measures including face protection. More recently SAGE reviewed the application of controls including face coverings/masks and in particular their robustness to the new UK COVID-19 strain T117 in January 2021. PH/NHS Infection Prevention Control Measures were also reviewed in January 2021. These reports include the following:

- Face Coverings remain effective as a control within general community use when applied alongside other measures including the maintenance of 2 metre distancing.
- FRSM surgical masks remain effective in healthcare settings and defined tasks associated with close contact and transmission risks.
- Face coverings can be effective in reducing transmission in public and community settings. The effectiveness of face coverings stems mostly from reducing the emission of virus-carrying particles when worn by an infected person (source control). They may provide a small amount of protection to an uninfected wearer; however, this is not their primary intended purpose.
- It is recommended that public advice on wearing of fabric face coverings should be strengthened to more effectively promote their correct wearing, good hygiene practices associated with their use, and advice on selection of effective face coverings
- The WHO does recommend FRSM for shielding prisoners and service-users or those from the CEV group.

PHE do not support FFP3 for staff: PHE would need to formally endorse any HMPPS request to introduce FFP3 for staff or FRSMs for prisoners. Without clinical support from PHE, an HMPPS bid for upgrades would not be considered by DHSC who hold control of the stock. There is no clinical evidence to support an upgrade from FRSM to FFP3 in the opinion of both DHSC and PHE colleagues. FFP3 use is not recommended in situations other than scenarios where an aerosol generating procedure (AGP) is taking place. FFP3s is largely concentrated within health settings. FFP3 is not recommended for prisons or for general use. For an FFP3 to be effective, an individual must also satisfy a face-fit test. Without face fitting (which requires the individual to be clean shaven and may exclude certain face shapes) the FFP3 benefit is negated. Even after face fitting it offers no additional value except in AGPs. Crucially feedback from PHE is that in light of the most recent SAGE and WHO reports, an HMPPS bid to upgrade to FFP3 would not be supported by public health bodies.

PHE do not support FRSMs for prisoners: Though individual clinicians have advocated the deployment of FRSMs to service users during OCT meetings, this is not supported by PHE or DHSC centrally. The PHE Infection Prevention and Control Team (PHE IPC) has confirmed that PHE would not support an HMPPS case for general prisoner FRSM issue. The case is not supported by SAGE or the World Health Organisation (WHO) and therefore could only achieve PHE support if there was clear evidence that existing measures were deficient and/or that the additional kit had clear benefit. In each of the OCT cases where FRSM upgrades have been recommended, OCT has reflected on compliance issues amongst prisoners meaning that additional grade kit would not automatically improve the situation.

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DHSC do not support FRSM or FFP3 changes: DHSC oversees the deployment of PPE in England and Wales. This includes governance of FRSMs and FFP3 which are clinical-grade PPE. DHSC has not granted approval for FRSMs to be deployed more widely in HMPPS settings beyond current SOPs or NPS equivalents. The national DHSC PPE lead advises they would not support an HMPPS bid for FRSM increases or FFP3 without formal PHE support. This is not likely considering the absence of public health narrative that the upgrades are required. Even with PHE support, DHSC endorsement is **“extremely unlikely”** as this would impact on wider Government policy and will not be granted unless DHSC are comfortable in the precedent it sets for wider Government policy and other sectors such as Schools, Universities and Care Homes.

Our current approach has been matched by the police: The UK Police Service concluded a comprehensive review of PPE deployment across operational duties in January 2021 and introduced changes closely mirroring the HMPPS approach. The review upgraded operational staff from face coverings to FRSMs and introduced FRSMs for detainees during a small number of high risk tasks covered by a SOP such as entry into custody suites. FFP3s are deployed where oxygen and certain resuscitation-based first aid procedures are being administered but not more widely. The police policy now mirrors its HMPPS equivalent more closely than at any previous point following the police PPE review in January.

Our current approach mirrors care homes: DHSC has also recently reviewed and re-issued guidance on the management of patients in care home settings in January 2021. This identifies three levels of patient risk – high, medium and low based on an individual’s COVID status and general health. Staff are generally required to wear an FRSM though further PPE is added for higher risk patients and tasks. All residents must be encouraged to wear a face covering if this is not detrimental to their health.

On the basis of this evidence, the review recommended to HMPPS Prison Operational Management Committee (POMC) in February 2021 that the existing face protection measures for prisoners and staff are retained. This recommendation was formally accepted and the HMPPS Policy has been re-retified with effect from February 2021.

Though we await the Government PPE review findings, there is currently no DHSC policy position to support an upgrade of staff from FRSMs to FFP3 or of service users from face coverings to FRSM. In the absence of support from DHSC or PHE for this, we cannot enhance either level. This support is unlikely as FRSMs continue to be provided for staff in comparator sectors (police and care homes) and there is no evidence for upgrading staff from FRSMs to FFP3. Furthermore it is very unlikely that face coverings will stop being recommended for ‘general community use’.

Responding to OCTs

HMPPS Gold Command has formally pushed back on OCT recommendations to introduce FRSMs to prisoners during outbreaks at Cardiff, Dovegate, Isis, Downview and Guys Marsh as DHSC policy does not support their deployment to prisoners beyond pre-agreed SOPs. Clinical leads participating in OCTs have therefore been briefed by regional PHE Health and Justice Leads that any clinical recommendation to widen the deployment of FRSMs beyond SOPs cannot be supported by HMPPS and therefore should not be made.

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This position applies to all prisons in England and Wales as DHSC has confirmed their policy holds primacy in both jurisdictions. We therefore have no differential position in England and Wales, as had originally been reported. Gold has also established a simple process for considering any such recommendations in the future – Gold will liaise with HMPPS H&S who will confirm whether the deployment is covered by a SOP. If it is covered it will be approved and actioned, if not it will be formally rejected. If HMPPS continues to receive OCT recommendations, the HMPPS Health Liaison Team and PHE Health and Justice Leads will be notified and asked to reiterate to clinical leads that such a recommendation is not within HMPPS gift to approve and that DHSC, who govern the equipment have clearly stated it cannot be deployed for this purpose.

Responding to Governors

It is clear from Governor feedback that some frontline leaders have had concerns as to the efficacy of existing face protection, particularly face coverings for prisoners. Governors have highlighted that the HMPPS specification face coverings fall off smaller faces causing particular problems in the womens and youth estates. To counter this issue, HMPPS has commissioned work to review the specification of the existing face covering design. As an interim measure pictorial guides have been issued which explain ways in which face coverings can be adapted and tightened. An additional product has also been identified and shared which helps secure the covering more tightly and comfortably.

We will communicate the outcome of this specification review in the near future. Smaller face coverings will be sourced and provided in the event these measures are shown to have not provided greater assurance. We do not expect the specification or grade of the covering to be affected by this development. Governors have also separately raised the issue of heightened risk in Kitchens and Serveries. In response HMPPS H&S are issuing a new SOP covering kitchen and servery work in February 2021.

A small number of establishments have experienced issues during hospital escorts where staff have been required to attend a medical treatment area newly designated as an FFP – a full face protection area (also known as a red ward) which has been re-purposed from another function as an additional unit for the care of COVID patients, generally serious by stable. Under an edict from PHE and NHS England (NHSE) hospital managers can determine the level of face protection required on these additional areas, which have been created for COVID cases due to the high volume. For cases where HMPPS staff are required to wear a high grade face protection than is issued to our staff as a condition of entry, HMPPS has developed a hierarchy of options for the management of this situation. This has been issued to Governors and establishments in February 2021. The presence of this situation in a small number of cases does not change the overall face protection position and PHE and DHSC have approved the tactical options designed for this scenario.

End of document

HMPPS Gold Command & HMPPS H&S Directorate, February 2021