HM Prison & Probation Service

COVID-19:
Approved Premises

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Contents

Version Control

Version	Amendments from previous	Author/Lead
1.0 – 06/05/20	First complete version.	Kirk Turner
2.0 – 24/07/20	1.1 Additional principle added re lockdown 2.1 update to symptoms 2.5 and 2.11 Reinforcing social distancing expectations 2.9 aligning expectations with SOP 3.2 Expanding information sources 3.5 Temperature checking on arrival, change to process 3.7 3.8 Clarifying GP registration processes 3.12 addition - out of hours recalls 4.2 4.6 Aligning PPE expectation to PPE guidance 4.4 clarifying symptoms 4.7 Addition - BAME staff 4.8 Addition - Smoking management 5.3 Fresh clothing for residents in isolation 7.1 updates to/clarity of terminology 7.1.4 update on measures to protect the vulnerable 8 Removed and combined with Social Distancing section 8 New section 8 on Test and Trace 9.5 change to cleaning requirements 13 Minor amendments and clarifications 14 References to SOPs added General – removal of embedded documents to support version control General – Change from 7 to 10 days for protective isolation	Michael Ventris

3.0- 12/02/2021	1.1 Minor amendments to principles to reflect other national developments; removed reference to outdated guidance, relocation of wording on AP social distancing in shared areas and moved information on EDM to later in document (15.1) 2.0, 3.0 and 5.0 Heading change 2.3 Minor wording amendments and updated to incorporate all COVID-19 symptoms 2.4 Update to reporting, notification and liaison requirements 2.6 and 3.6 Inclusion of references to Safety and Support Plans for residents 2.7 Change to guidance on telephone use to reflect updated operational position 2.8 Minor wording amendments on cleaning with 'public health approved products' 2.9 Reference to the wearing of PPE added/strengthened. 3.1 Reference to Prison Escort and Custody Service added 3.3 and 3.4 Changes to reflect current guidance on isolation period i.e.; 10 days 3.4 Removal of repetition/contradiction of reference to relating to shared/communal areas 3.9 Minor amendments to strengthen sharing of information about arrivals 3.14 Added- Vitamin D3 food supplements 4.3 Clarified information on contact tracing in AP's 4.4 Added information on PPE, consolidated with PPE lines in (previous) 4.54.6 updated and moved to own section on CEV to align with position statement 5.1 Minor word changes and clarification on 10-day isolation start and end. 7.0 New section on Clinically Extremely Vulnerable staff 8.0 Moved previous section 7 to section 8 with some minor word changes 8.2.3 Added- reference to Support and Safety Plans and shielding guidance 8.2.4 Added- Note on PPE 9. 0 New section on Testing and Vaccination 10.0 New Section on Contact Tracing 15.1 Advice note added on EDM 15.4 Added – Cross-site working guidance 15.5 Updated wording on AP closure and decision making (previously 13.3) 16.0 Removed Prison and Other Places of Prescribed Detention Guidance and updated One Note resource titles General – Links to AP One Note added where applicable throughout document. General – Added reference to confirmed positive cases throughout guidance where applicable	Kirk Turner Michael Ventris Heather Adam

1 Principles of Approach for Approved Premises

1.1 The following principles underpin the more detailed position of how HMPPS will respond to COVID-19 in respect to Approved Premises in England and Wales.

- Existing published guidance for households, homeless hostels and residential care homes do not apply in full to the operation and circumstances of the Approved Premises (AP).
- As a place of multiple occupancy, the AP will need a specific and tailored approach over and above generic household guidance.
- AP do not have a static population. Personnel changes include new receptions, staff on shifts and contracted personnel. AP are therefore not able to follow generic household guidance.
- AP are complex services to deliver. They may contain residents with challenging anti-social behaviours and mental health problems that could increase the likelihood of rule breaking.
- A single occupancy of rooms approach has been agreed nationally for AP and is in place to support COVID-19 responses.
- Managers of AP are expected to inform and engage with the Public Health England (PHE) and Public Health Wales (PHW) Health Protection Teams (HPT).
- Whilst operating in command mode, decisions about AP operations, and any implementation of recommendations from PHE/PHW will be considered and directed through the relevant HMPPS command line (Gold, Silver and Bronze).
- It is recognised that AP comprise of different size and style of accommodation nationally. There are some (few) premises with self-contained flats for example, and AP will require a blend of approaches suited to the specific premises.
- The majority of residents in AP are subject to licence conditions or have clear behavioural expectations linked to the right of ongoing residency. Any requirements related to the management of COVID-19 will also be managed through existing licence processes, AP rules and enforcement processes.
- All agreed ‘Standard Operating Procedures’ and Exceptional Delivery Models for AP will continue to be delivered and are supplemented by the guidance below.

2 Responding to confirmed or suspected cases of COVID-19: Outbreak Management

2.1 The most common symptoms of coronavirus (COVID-19) are recent onset of:

- new continuous cough and/or
- high temperature, 37.8 degrees centigrade or above
- loss or change to the sense of smell or taste

2.2 If an AP resident is showing symptoms of COVID-19, however mild, they should be placed in protective isolation for **10 days** from when the symptoms started.

2.3 If a member of staff, whether National Probation Service (NPS), agency or contractors, becomes unwell with COVID-19 symptoms above they should be sent home immediately and advised to follow the Government stay at home guidance.

2.4 The AP Manager must notify the local Health Protection Team (HPT), which are part of Public Health England or Public Health Wales, as soon as possible where there **are two or more confirmed or suspected cases** being managed in the AP. The HPT will determine the appropriate course of action for the specifics of that AP and can provide appropriate recommendations to the AP or organisation. HPTs should liaise with their Public Health Centre Health and Justice Leads in response to cases in an AP. The HPT will decide whether to declare a formal incident or outbreak and respond accordingly. AP Managers must inform the National Approved Premises Team (NAPT) via approvedpremises@justice.gov.uk of the outcome using the notification form, available on the COVID-19 AP Resources OneNote system (internal NPS access only).

2.5 To help stop the infection spreading, staff and residents should be reminded to:

- wash their hands often with soap and water, for at least 20 seconds
- cover their mouth and nose with a tissue, (not hands), when they cough or sneeze - used tissues should be placed in a bin immediately and to wash their hands afterwards. Do not touch eyes, nose or mouth if hands are not clean.
- Maintain social distancing as per the PPE and Social Distancing Guidance available on the COVID-19 AP Resources OneNote (internal system access only).

2.6 Residents who have COVID-19 symptoms but are clinically well enough to remain in the AP do not need to be transferred to hospital but will be required to self-isolate until the symptoms have ended and in all cases for at least 10 days. After ten days, if they still have a high temperature, they need to continue to self-isolate until their

temperature returns to normal. All staff should be alert to new symptoms presented by residents. Staff should consider the welfare of those residents and conduct regular checks. If the resident has a Safety and Support Plan, this should be reviewed and shared with the Offender Manager to identify what other support the resident will require during the period of self-isolation.

2.7 Residents displaying symptoms of COVID-19 should remain in their own room, with access to a telephone and with good ventilation. Where the room does not have en-suite facilities, then a nearby toilet and bathroom should be identified for their use only, wherever possible. Residents should have access to their own phone, if they do not the AP should make provision for use of a telephone.

2.8 Where separate bathroom facilities cannot be provided for the resident with symptoms, a rota system should be drawn up for washing and bathing with the symptomatic resident using the facilities last, followed by full cleaning with public health approved products (such as Titan Chloride or similar), as described in the cleaning guidance. FM providers retain the responsibility for cleaning Approved Premises.

2.9 Residents isolating should not visit any other shared spaces in the AP such as kitchens, staff offices or sitting areas. Meals should be delivered to residents who are self-isolating. Where food is taken to the room, this should be done in accordance with the relevant Standard Operating Procedure (SOP) for operational AP tasks and wearing appropriate PPE.

2.10 A person who is confirmed as a positive case, or is symptomatic, should be provided with their own bedding and towels. Laundry should be kept separate, and in the room of the person who is unwell. Where possible, any laundry should wait a further 72 hours after any 10-day isolation has ended prior to it being used in any laundry machine in the AP. FM Providers are responsible for laundering sheets and towels but not residents clothing. Items should be washed separately and be washed at the highest temperature setting for the item. To minimise the possibility of dispersing virus through the air, do not shake dirty laundry. Where laundry is undertaken by an external contractor, for example sheets and towels, items from those who are symptomatic should be double bagged, kept separate, clearly labelled and the contractor informed.

2.11 If the resident needs to move rooms during the period of isolation, then the resident should wear a surgical face mask while being moved to different accommodation in the AP. Staff should maintain appropriate distances or be wearing PPE in line with the latest *PPE and Social Distancing Guidance.* The original room should be left sealed for 72 hours before being deep cleaned and ventilated before being re-occupied. If the resident also needs to leave their room for any other operational reason, they should wear an appropriate PPE surgical face mask.

2.12 If a symptomatic resident fails to comply with the expectations of isolation, the behaviour can be managed through existing licence conditions and/or AP rules HMPPS Offender Management and Public Protection Unit advise that symptomatic or isolating individuals being released from custody can be managed using the existing licence conditions of 'good behaviour' if they begin to behave in a way which undermines their isolation. People refusing to isolate must be given every opportunity to do so, and AP staff must explain clearly why self-isolation is needed. The AP may also consider placement withdrawal, where this does not pose further risk.

2.13 In addition, The Coronavirus Act 2020 contains within it powers exercisable by public health officials in both England and Wales to respond to individuals who are posing a risk of infection to others. Powers are also available to public health officials to allow certain restrictions to be imposed on individuals where they have been assessed and have coronavirus or there are reasonable grounds to suspect the person is potentially infectious. However, the implementation and application of these powers is currently being considered, with further guidance to be published in due course.

3 Managing New Arrivals

3.1 Where it is notified that the arriving resident is **symptomatic**, they must continue to be placed in protective isolation (as above) from the point of arrival. Symptomatic arrivals should wear an appropriate face mask when arriving at the premises. AP staff should liaise with the prison to establish what transport methods are appropriate (in some circumstances this will be the Prison Escort and Custody Service vehicle) in line with the latest guidance for release. Staff handling the arrival of the resident should wear PPE as indicated by the published PPE guidance. Offender Managers will review whether an Approved Premises is required and remains the most appropriate placement prior to release.

3.2 The AP should ensure that it has received the necessary information from the sending establishment and Offender Manager about any relevant COVID-19 information related to the individual, including whether they have shared a cell with someone who is symptomatic or whether they have been exposed to a live outbreak of COVID-19 in the prison setting.

3.3 Where it is notified that a new resident has shared a cell with someone who is symptomatic, or it is clear that there has been a risk of exposure to the outbreak within a sending establishment, for example close contact or proximity on the wing, then they should enter into a 10-day period of protective isolation regardless of any negative COVID-19 test carried out in the AP during the isolation period. This is to protect the AP from incoming outbreaks, ("seeding").

3.4 Due to the exceptional nature of the 10-day isolation, a television and telephone should be made available to the resident. The resident should not leave the AP during the 10-day period. Staff should wear PPE as appropriate when interacting with residents.

3.5 Staff should explain to new residents what measures are in place in the AP, what protective isolation is for and for how long it will last. The 10-day isolation does not need to start again for an incoming resident who has started isolation in the sending prison. Temperature checking is not required on arrival, as alone this isn't a reliable form of identifying COVID-19. If performed it should be administered alongside a clinical risk assessment.

3.6 AP staff must complete the full induction process with a new resident including welfare assessment and guided interview to inform the Support and Safety Plan (SaSP). AP staff must consider the approach taken in cases where new residents are required to immediately isolate e.g. telephone interviews

3.7 Where there is no indication of exposure to the known outbreak (such as locating on a different wing in the prison), and there are no symptoms present, then the new arrival can maintain AP life as usual. Social distancing however should stringently be applied and monitored.

3.8 To ensure continuity of care between prison and the AP, prison healthcare providers should be included in pre-release planning led by OMUs. Information is generally shared with consent and guidance is available about when it is appropriate to share relevant medical information without consent. GP registration to be carried out as part of induction. During COVID-19 restrictions it is unlikely that GPs will be offering face to face appointments and residents may need to be supported to make telephone or online contact with their health professionals to make alternative arrangements.

3.9 Information about individuals leaving custody who are positive, symptomatic, have been isolating or shielding, must be shared by the prison with Offender Managers and AP Managers. OMs should also ensure this information is shared with AP managers. If the prison/OM has not shared information with the AP, then AP staff must seek to obtain that information as soon as possible prior to arrival.

3.10 Where relevant, access to a language-line, or similar translation service, must be provided as soon as a symptomatic or suspected case enters the AP. This will ensure an accurate history can be taken.

3.11 No other residents, and minimal staff should be around when the person arrives – entrance halls, handles and corridors should be cleaned after the resident is located in their room. The AP should identify an agreed or expected time of arrival with the prison or transport provider. PPE and room requirements should be prepared in advance.

3.12 If the AP has been notified that a new resident is going to be arriving from a prison site that has been declared to have an outbreak**,** the AP will need to make contact with the sending establishment to determine the level and extent of exposure of the individual to the identified outbreak. AP Silver command receive daily updates of where outbreaks in prisons are recorded. The AP should identify whether there has been any direct contact with the identified areas or if any existing recommendations from Public Health need to be maintained.

3.13 When undertaking out of hours recalls in relation to AP residents, any COVID-19 information must be passed to the Public Protection Casework Section (PPCS) to ensure that this includes advice to the Police that the person being recalled is a symptomatic / confirmed case. Once this occurs the person is then conveyed to a Police station for collection by PECS and reception back to prison

3.14 As part of the induction process new arrivals will be informed of the availability of free Vitamin D3 food supplements.

4 Social Distancing and PPE

4.1 AP staff should promote the requirements of 2-metre social distancing with residents, and this should include an understanding of any sanctions where this is not maintained, such as risk of placement withdrawal, or breach of licence conditions.

4.2 Staff should minimise any non-essential contact with symptomatic or confirmed cases. For activities requiring close contact with a possible case, for example, interviewing people at less than 2 metres distance PPE should be worn in accordance with the PPE and Social Distancing Guidance and the relevant SOPs available on the COVID-19 AP Resources OneNote (internal system only).

4.3 AP do not have dedicated Contact Tracing Lead (CTL) roles, however AP managers coordinate contact tracing activity as part of their overall management of the AP and COVID-19 response. If a member of staff has come into contact with a positive case they should be risk assessed as per the HMPPS contact tracing guidance and a decision made whether the staff member is required to self-isolate for 10 days or not.

4.4 Staff should familiarise themselves with the published PPE guidance applicable to their setting. In particular staff should note limitations of PPE and risks if the PPE is not administered (donned and doffed) correctly. AP Managers should maintain a record of all staff being trained in the use of PPE. **Where social distancing is not satisfactorily being achieved, or close contact is required**, then staff must wear PPE in line with the latest guidance

4.5 Residents and staff from Black and Minority Ethnic (BAME) backgrounds are known to be at additional risk from COVID-19 and therefore individual risk assessments should be undertaken to consider any potential risks.

4.6 Protective isolation requires the individual to stay in their room, or use a designated bathroom only, with appropriate control measures in place for both. Decisions regarding a resident who wants to smoke would need to be taken at a local level and ideally a separate smoking area could be identified. Social distancing should be maintained whilst moving between the resident's bedroom and the smoking area and/ or the wearing of a face mask.

5 Ending Isolation

5.1 From the point at which symptoms of COVID-19 start, however mild, the resident must isolate for **10 days** from when symptoms started. Your isolation period includes the day your symptoms started (Day 0), or the day your test was taken if you do not have symptoms, **AND** the next 10 full days. Therefore, people would come out on day 11.

5.2 Residents will need to remain in the AP once the period of isolation ends in line with local or national restrictions, but can go out for essential trips, such as buying food or collecting medication whilst observing Government social distancing guidance.

5.3 AP can purchase a fresh set of clothing locally for residents to use after self-isolation ends if they do not have access to clean clothing until they are able to wash their own clothing.

5.4 After 10 days, if the symptoms have ended, they do not need to continue to self-isolate. If residents still have a high temperature, they should keep self-isolating until the temperature returns to normal. They do not need to self-isolate if they just have a cough after 10 days, as a cough can last for several weeks after the infection has gone.

5.5 If symptoms get worse, or do not get better after 10 days, residents or AP staff on their behalf, should call the NHS 111 online COVID-19 service. If there is no internet access, contact the NHS 111 phone line. For a medical emergency contact the emergency services, (999).

5.6 If the individual develops new COVID-19 symptoms at any point after ending the first period of isolation they will need to follow the same guidance on self-isolation again.

5.7 If an individual needs general medical help for any reason, they should not go to places like a GP surgery or hospital. If they need help or advice not related to coronavirus:

- For health information and advice, use the NHS website or GP surgery website

- For medical advice, use the NHS 111 online service – only call 111 if you're unable to get help online, and for life-threatening emergencies, call 999 for an ambulance.

6 Monitoring and responding to decline in health

6.1 Regular observations are not required unless indicated for other clinical reasons. Where possible, any assessment should be done without entering the room. AP staff should make welfare checks with all individuals isolating or shielding at agreed intervals during the day, via telephone or from outside the room to identify if symptoms are worsening, in relation to either physical or mental health.

6.2 To support the resident, the AP staff may choose to monitor the temperature of the resident using the provided infra-red thermometers. Caution should however be taken with any readings not undertaken by a health professional.

6.3 In some cases, other equipment may be available to support monitoring where it is decided that this is required, such as where the AP is delivered in partnership with a health provider. All equipment, and thermometers, should be cleaned after each use, with PPE and social distancing expectations maintained.

6.4 Any decline in health should be immediately advised to either the GP, NHS 111 or emergency services as required by the situation.

6.5 Should any form of Resuscitation or CPR be required, full guidance is available through published Standard Operating Procedures, including that appropriate PPE should be worn.

7 Clinically Extremely Vulnerable Staff

7.1 All AP Clinically Extremely Vulnerable (CEV) staff are risk assessed and work from home. The only exception is where a CEV member of staff wishes to remain in the workplace. In these circumstances an individual risk assessment will be completed stating what safety measures are in place and signed off by a Deputy Director. The member of staff agrees to this and the case is regularly reviewed.

7.2 If there are one or more positive cases of COVID-19 in an AP, the risk assessment for any CEV member of staff must not allow them to remain at work. The risk assessment must be reviewed, and the member of staff is to be redeployed or work from home immediately.

7.3 All AP Clinically Vulnerable (CV) staff are risk assessed and remain in the workplace if the risk assessment supports this. Where CV staff are not confident and are extremely anxious managers will refer to Occupational Health and explore other working arrangements.

7.4 If there are one or more positive cases of COVID-19 in an AP the risk assessment for any CV member of staff must be reviewed. The member of staff is to be redeployed or work from home immediately if the risk assessment indicates this.

7.5 Staff may also be vulnerable due to other factors e.g. if aged over 70, those that are pregnant, belonging to a demographic group known to be at higher risk. A risk assessment must be completed, and appropriate actions taken.

7.6 Given the increased community prevalence of COVID-19, the number of outbreaks in prison establishments, and the high-risk environment of prisons, probation and approved premises, staff who live with people who are clinically extremely vulnerable should be working from home where this is possible.

7.7 Where a member of staff resides with somebody from the CEV category and cannot work from home then a risk assessment must be conducted/reviewed. If appropriate the member of staff should be supported to be redeployed to other duties or placed on special leave.

7.8 It is important that we recognise that for some colleague's home life is greatly affected by measures they are taking to keep loved ones safe, and we should creatively seek measures to support their emotional wellbeing. We also know that some colleagues are struggling with working from home and it is important to consider their views when completing the risk assessments.

8 Cohorting and Clinically Extremely Vulnerable Residents

8.1 Cohorting

8.1.1 If the AP is facing multiple symptomatic cases or those who have had close contacts with symptomatic people, processes of 'cohorting', or the gathering of potentially infected cases into a designated area, may be necessary, where this can be feasibly applied. Cohorting is a strategy which can be effective in the care of increasing numbers of people who are ill. There are 3 main approaches to cohorting; isolating the unwell or the close contacts of the unwell who may be incubating the infection, shielding the vulnerable, and 'reverse cohorting' those who are introduced to the environment (reversed in the sense of the environment is protected from the new individual).

8.1.2 Cohorting presents many advantages in infection control, however this approach may be difficult to achieve in some AP with limited physical environment opportunities to keep people separate. AP also need to manage the risk of new cases being imported from the community or from those released from prison establishments as effectively as it can. Heads of Public Protection must survey their premises for suitability for cohorting, and in particular consider mitigating risks associated with accessing shared bathroom facilities.

8.2 Clinically Extremely Vulnerable Residents

8.2.1 If there are residents in the AP who have been identified as Clinically Extremely Vulnerable in respect to COVID-19, and would have previously been advised to Shield, it would be good practice to identify a discreet area of the premises, with separate bathroom, and if possible alternative sitting room facilities to support those residents to follow the social distancing measures below.

8.2.2 The following measures are expected in relation to Clinically Extremely Vulnerable residents:

- *Aim to keep 2 metres from other people at all times.*
- *Regular hand washing & avoid touching anywhere on the face*
- *Strictly avoid contact with someone who is displaying symptoms of COVID-19.*
- *Use separate facilities where possible*
- *Minimise time away from AP , unless permanently transferring to other identified accommodation, or for essential appointments, for example health appointments or any essential shopping.*
- *Reduced attendance at any gatherings. This includes gatherings of friends in spaces in the AP and always maintain social distancing.*
- *Stay in their rooms as much as possible, keep in touch using the telephone as much as possible – telephone handsets must be cleaned following appropriate guidance.*
- *Where possible food should be delivered to their room or visits to the dining area individually.*

8.2.3 Staff should review Support and Safety Plans (SaSPs) in line with the shielding guidance, and review this on a regular basis.

8.2.4 Staff should change PPE if moving from confirmed or symptomatic residents to vulnerable cases.

9 Testing and Vaccination

9.1 Where asymptomatic testing is in place, all staff including contractors, and residents can be tested for COVID-19 on a weekly basis. (unless they have tested positive in the last 90 days).

9.2 Tests for symptomatic residents or staff can be requested online through the NHS website at the following link https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus.

9.3 Further guidance is available to staff which provides details of how residents can access testing. This is available on the COVID-19 AP Resources OneNote (internal system only).

9.4 Vaccination of residents will follow the same processes in the community for the general population. However, AP staff should check if vaccination was completed or started whilst the resident was in custody. Residents to be encouraged to share vaccination status.

10 Contact Tracing

10.1 AP managers will lead contact tracing activity for the AP in conjunction with health protection teams (Public Health England, or Wales).

10.2 If any staff are contacted by community 'Track and Trace' (e.g. Serco) please inform them that the AP is part of HMPPS and as a 'complex setting' it is managed through the Public Health's Tier 1 Track and Trace processes. Staff should not give out any details of work contacts.

10.3 HMPPS have agreed with PHE that the correct use of PPE is a mitigation for contact tracing. Those who have come into contact whilst wearing appropriate PPE will have this taken into account when considering contact tracing. The appropriate wearing of FRSMs can be treated as a mitigating factor preventing the need for isolation, providing the wearer has been appropriately trained and they have been worn correctly and are appropriate for the task, unless there is specific risk information to undermine that conclusion (such as an admission that the FRSM was removed during contact or was damaged). People who have been in contact with the confirmed contact of the COVID-19 case do not automatically need to isolate. (I.e. a contact of the contact).

10.4 Any interaction that has taken place through a perspex (or equivalent) screen is not considered contact.

11 Cleaning & Waste

11.1 Guidance on cleaning and waste disposal is available on the COVID-19 AP Resources OneNote. Whilst the primary cleaning service is provided by FM partners all staff and residents in Approved Premises are required to be extra vigilant regarding cleanliness of the premises and have been provided with products to assist with spot cleaning, should it be necessary. AP Managers should discuss cleaning requirements with FM providers.

11.2 Steps should be taken to clean and disinfect frequently touched objects and surfaces such as door handles and taps, using your standard cleaning products. For further information on cleaning please see below.

11.3 As infection can be spread through both personal contact and environmental contamination, it is important to consider reviewing current infection prevention and control practices and cleaning schedules to ensure they follow national infection prevention and control guidance where relevant. AP should ensure they have access to the most up to date guidance for COVID-19 that may supersede any areas of this document.

11.4 In the event that an NPS managed AP requires a deep clean, staff should follow the business as usual facilities management reporting procedures [i.e. contact the Facilities Management helpdesk 0333 300 2016] and make it clear that a two-hour urgent response is required. IAP will need to follow advice on government website and make appropriate arrangements for the deep clean to be undertaken.

11.5 In all cases, infection control could be further supported by asking residents to clean bathroom facilities after they have been used. Chemicals which are used by Facilities Management staff cannot be used by AP staff or residents. FM providers are seeking to provide AP with alcohol wipes although AP can buy household cleaning products for use out of petty cash / GPC to be used by residents subject to the following points:

- *Public Health advice is to use products that contain bleach (or equivalent products such as Titan Chloride) for cleaning.* ***Please note -*** *Bleach, or similar products, should* ***not*** *be given to residents. Alternative products that contain bleach (such as wipes that contain bleach) may be considered, but* ***only*** *where a risk assessment has been conducted.*

- *Household products purchased which do not contain bleach do not require COSHH assessments.*

- *Not all over-the-counter cleaning products are compatible with our supplier's commercial cleaning products and may result in a chemical reaction. Therefore, please alert cleaning staff to the cleaning products that are being used.*

11.6 Any purchase of household cleaning products for use in the AP must be recorded on the COVID-19 finance logs.

12 Partnership Delivery

12.1 A number of AP are delivered in partnership with other organisations or providers working directly into the AP, for example NHS Mental Health partners or psychological staff. Employing organisations will have their own guidance for staff in relation to keeping safe, and the use of PPE. The HMPPS guidance for the appropriate use of PPE in the setting of AP is endorsed by PHE. AP should ensure partner organisations have full access to the most up to date HMPPS PPE guidance available for the management of COVID-19, however PPE is provided by the employing organisation. Where there is a different stance from a partner organisation, the senior contract leads for both organisations should discuss and reach a consensus position, consulting with PHE/PHW colleagues where absolutely necessary.

12.2 Nearly all AP have partners delivering some aspect of their operation, such as Facilities Management or catering. Separate arrangements and instructions are provided by these companies, with issues raised through the relevant command line.

12.3 Consideration should be given to restricting all other visitors to the AP including contractors. Contractors will be expected to follow their own organisational guidance. Where this contradicts existing AP guidance, the senior contract leads should negotiate a position as above.

13 Management of the deceased

13.1 Guidance for the respectful care and management of the deceased, along with guidance on the appropriate handling of accommodation spaces, should any resident pass away within the premises can be found on the COVID-19 AP Resources OneNote.

14 Planning Documentation

14.1 Approved Premises operate against national Exceptional Delivery Models (EDM). AP managers should consider this guidance alongside the EDM. In the event of local or national restrictions then each AP will need to review its own EDM status based on ability to deliver key services. Restrictions being imposed may not always result in this status, and associated activities, changing.

14.2 Local plans must be in place that contain instructions for the isolation of an individual(s) who have suspected/confirmed COVID-19. Plans must also outline process for those residents who refuse to self-isolate including arrangements regarding curfew, police powers etc.

14.3 Plans must give consideration to the potential self-isolation of all other AP residents who may have been in contact with any suspected/confirmed case.

14.4 Plans must outline processes for obtaining PPE from regional hubs, cleaning schedules and how cleaning products (such as Titan Chloride) can be accessed.

15 Other requirements

15.1 Sign in records must be completed by staff, residents, visitors and contractors when entering and leaving AP. Information should also include a contact number as these lists will be used for the purposes of Test & Trace.

15.2 Divisional register - All regions will have an allocated AP Single Point of Contact (SPOC). Community Interventions Residential and Accommodation Support Services Division (CI RASS) will maintain a register for all confirmed/suspected coronavirus (COVID-19) cases (both residents and staff).

15.3 Cross-site working should be eliminated where possible or minimised to reduce cross-site transmission. Staff should not be redeployed to an AP where cases of COVID-19 are suspected or confirmed to help prevent transmission. Any cross-site working must be authorised by the AP Area Manager and reported to the Head of Public Protection.

15.4 Any decisions on the closure of an Approved Premises must be taken through the operational command line. Any recommendations from Public Health colleagues will be taken into account.

16 Further points of reference and List of Standard Operating Procedures (SOP)

- https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings

- https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

- AP COVID-19 OneNote (internal system only) which includes:

  - *SOP – Core Operational Tasks in AP*
  - *SOP - CPR Response Approved Premises*
  - *SOP - Self Harm Response Approved Premises*

As with all COVID-19 related guidance, this guidance may be subject to change or updated in line with the changing situation.