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| COVID-19 Risk Controls Measures and Application to Local Operating Procedures |
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| **March 2021**  Version 2 |

Introduction

Following the January reversion of all adult sites to Stage 4 regimes in response to national restrictions, in March we’ve received Ministerial permission to re-open the Stage 3 gateway. A process has been designed to manage this progression of sites, and to ensure that sites only progress and expand their regimes when the specific individual site COVID data suggests that it is safe to do so.

Establishments are added to a ‘progression list’ via the weekly heatmap panel which means that the COVID data is conducive to progression. Sites on the progression list are then able to apply via the Gold regime panel to move to Stage 3. This application involves providing assurance that local stakeholders such as Trade Unions and Health partners are content with progression.

We have built on learning from the first wave and have simplified this process as much as possible. Establishments will therefore not be required to re-submit any EDMs and will be able to revert to the Local Operating Procedures (LOP) for Stage 3 they had in place prior to the January national restrictions. These LOPs will however require to be reviewed and consulted with local trade unions.

This guidance provides an overview of the current available controls and guidance to assist sites and prisons to develop updated LOPs for onward progression. This is especially relevant as further controls and available measures are now available that weren’t during the formation of previous LOPs during the 2020 stage 3 and 2 process. The COVID-19 Risk Controls list, guidance and information can be found overleaf. Please use this document to re-evaluate existing LOPs and update measures where necessary.

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| COVID-19 Risk Controls List |
| **Overview of Document:**  This document provides general COVID-19 measures to enable Prisons and other related buildings to develop local site specific plans and procedures to independently progress in accordance with COVID Gold notifications. Establishments should work in conjunction with the current centrally produced COVID-19 Standard Operating Procedures (SOP) and / or Exceptional Delivery Model (EDM) as well as towards HMIP expectations, CQC Guidelines, Statutory Entitlements and wider UK and Wales Government and Public Health Guidance. |
| **Particular Hazards:**  COVID-19 is a highly infectious viral disease. Methods of transmission are from close contact with infectious persons (aerosol droplets), contact with contaminated surfaces, and via aerosols (non-close contact). Groups of people have been identified as more vulnerable or at risk of illness severity. Patients with serious illness require invasive treatments including periods of hospitalisation in intensive care unit conditions. Global vaccination is not yet in place and some characteristics of this disease is still not yet known. Future COVID-19 variants may become resistant to vaccinations. |
| **Special Safety Precautions:**  HMPPS will provide continued guidance and instruction relating to both resident and staff arrangements for clinically extremely vulnerable and at risk groups. This will include where required, the arrangements for shielding and persons whom are at risk. These will be adopted locally as per notifications.  GOV.UK and GOV.WALES will update COVID-19 guidance and measures also.  (<https://www.gov.uk/coronavirus>).  (<https://www.gov.wales/coronavirus>).  The HMPPS existing SOP and EDM suite measures will continue to be relevant at local levels and should be used during the creation of Local Operating Procedures (LOP) and be used as a return position should there be a necessity to re-impose to a reduction in stage classification. These documents will continue to be reviewed by the Centre and will remain current on:  <https://hmppsintranet.org.uk/ersd-guidance/> |
| **Risk Controls and Measures:**  The following control measures will be adopted in all instances of any activity to a local operating procedure (LOP). These will be applied locally (as specified within this document), and monitored as in place and working (as specified within this document). Further general guidance and information is supplied within the document to describe each risk control and the measure applications.  The COVID-19 Workplace Risk Assessment must be carried out in all instances as the primary route in identifying individual aspects and necessary controls required (Individual risk assessments for returning at risk staff will continue to remain in place as communicated via Gold bulletins). Please find below risk controls that must be considered within each LOP:   * Prisoner Compartmentalisation (and testing arrangements) * Social Distancing * Staff COVID-19 Testing contact trace arrangements * Hygiene * Cleaning * Practical Measures * Physical Measures * Management, Monitoring, Culture & Behaviour * Ventilation * Reviewing and Communicating * Prisoner Vaccination, testing and contact trace arrangements * PPE ( including face covering and face mask strategies application and Training)   Local Operating Procedures (LOP) will be applied and in each case will describe each of the above controls and the measures being adopted at each site and for each task or activity. Each site may develop their own LOP format as required. LOPs will be consulted with all local Trade Unions.  Governing Governors/Directors and Head of Premises will self-assure measures are in place and where required drive the actions which are required prior to activating an activity.  Prison Group Directors will be provided with necessary assurances from Governors and will carry out any COVID assurance monitoring where required. Health Safety and Fire teams are carrying out assurance audits on compliance with SOPs /COVID-19 guidance in support of this.  Outbreak Control Teams will advise on any local measures needed in the event of an outbreak and restrictions required.  Regional/Local/National restriction measures may also be activated via GOV.UK/GOV.WALES or local authorities. Prisons will be required to activate any restrictions in line with the measures prescribed. See local COVID-19 lockdown areas identified on GOV.UK/GOV.WALES (<https://www.gov.uk/coronavirus> / <https://www.gov.wales/coronavirus>)  Governing Governors/Directors and Head of Premises may impose local specific restrictions where local COVID-19 Control measures are unable to be achieved. This will be carried out on approval from the PGDs/Senior Heads of Premises.  HMPPS COVID-19 Operational Guidance/EDMs/SOPs and published documents remain in place for the aspects described. These will continue to be reviewed and available on the HMPPS COVID-19 platform.  <https://hmppsintranet.org.uk/ersd-guidance/>  Governors and Heads of Premises will continue to provide a local COVID-19 SPOC and local Contact Trace Lead (CTL).This person will be required to keep continually updated on any changes and developments needed to support the site. A deputy SPOC/CTL should be appointed to cover for any absence periods. |
| **Application of Measures**  HMPPS will notify Governors/ Directors and Heads of Premises of the arrangements and levels of COVID-19 recovery. This will include the provision to re-activate and adjust activities and tasks when ready.  Governors/ Directors and Heads of Premises will carry out any necessary provisions connected with the notification. A Local Operating Procedure for each task or activity will be made.  Where all COVID-19 risk control measures are achieved satisfactorily in the LOP, the site will activate the activity or task and carry out the further measures described in this document.  Where a task or activity is unable to achieve satisfactory outcomes in the COVID-19 risk control measures, the task or activity will not be re-activated. Governors and Heads of Premises will request further support and advice to review potential options available for any limited activation. Sources of assistance may include, Public Health, COVID-19 Gold, CTLs, Health & Safety Teams, Health Liaison Teams or PGD/Regional Offices. |
| **COVID-19 Workplace Risk Assessment**  HMG have provided a number of industry related guidance (via COVID-19 -GOV.UK). The HSE have also provided requirements and guidance during COVID-19. Both specify the requirement for a COVID-19 Workplace Risk Assessment to be undertaken. COVID-19 GOV.UK require organisations to satisfy themselves they are COVID Secure as part of this process.  <https://www.gov.uk/coronavirus> (search for working safely in the tabs)  <https://www.gov.uk/coronavirus-business-reopening>  HMPPS has provided the requirement for this to be undertaken within various SOPs and EDMs. A risk assessment format has been provided. On site Health, Safety and Fire teams will support Governors in the completion of this assessment. Where necessary Principle HS&F Advisors can provide additional support to Governors and PGDs.  Specific workplace assessments may be required by services delivered in the establishment, for example NHS requirements for healthcare services. Governors will need to liaise with heads of services to ensure reactivation or changes in delivery of these services also meets the service requirements.  A COVID-19 Workplace risk assessment must continue to be undertaken in all areas and locally this must be required.  <https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/safe-operating-procedures-sop-using-ppe/>  (The current risk assessment version is available for download via the above link) |
| **Check:**  The COVID-19 Workplace Risk assessment actions have been carried out in all instances and these are all in place working well. Once this check has been completed, check each activity LOPs and review in line with the contents of this document.  Has the activity LOPs been reviewed and has the LOP been consulted with all relevant local Trade Unions? Has local engagement/consultation logs been updated and submitted with agreement from local Trade unions? |
| **Cohorting and Compartmentalisation**  HMPPS Compartmentalisation Strategy will remain in place unless otherwise informed. There will be no derogation permitted.  [Cohorting and Population Management – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/cohorting-and-population-management/)  Testing of prisoners and staff is included within HMPPS publications and guidance and should also comply with wider Government guidelines.  Governors and Heads of Group will include details within their LOPs where required. |
| **Check:**  Is the RCU/PIU operating in line with the compartmentalising strategy? Are any outstanding actions needing to be addressed? |
| **Social Distancing**  GOV.UK will advise on the social distancing restrictions, these may change and include various amendments. HMPPS will reflect changes within notifications and publications |
| **Hygiene**  Hand washing will remain an essential control measure of infection control during COVID-19. The use of soap and water remains the primary measure for cleaning hands. SOPs describe the instances, frequencies and methods and have also provided pictorial guidance on the method for cleaning hands. Local Operating Procedures should apply this methodology in building designs for activities.  Where hand washing is not immediately available use of hand sanitiser and washing stations have been generally used within industry and the community settings. HMPPS SOPs and EDMs also describe instances where these will be used. Products must be at minimum 60% alcohol concentration and must not be left in areas unsupervised and will remain under the control of staff. The location and use of hand sanitiser is also subject to local risk assessments. |
| **Check:**  Have the COVID-19 workplace inspections or CTL investigations included actions to improve hygiene arrangements? Have these all been effectively carried out? Does the LOP specify the particular hygiene arrangements in place for the activity. |
| **Cleaning**  HMPPS has provided a COVID-19 Cleaning and Infection Control Document. SOPs also provide specific cleaning measures in relation to the various tasks and activates. GOV.UK provides general cleaning and decontamination measures in a non- clinical setting. GOV.UK further provides industry and sector guidance sheets where cleaning measures are included. Products outside of those identified in our surface cleaning arrangements must not be used. This includes Misting, Fogging and Electrochemical Activation systems.  [Cleaning – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/cleaning/)  <https://www.gov.uk/coronavirus> (search for working safely in the tabs)  <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>  Generally, cleaning will involve normal pre COVID-19 cleaning methods and schedules using general cleaning products. This will involve removal of dirt and debris build up using detergents and degreasers. Following this application, disinfection of hard surfaces requires an application of general disinfection solution. As noted within the various above sources, hand contact touch areas (such as door handles) need careful attention and application.  Cleaning remains a core component measure and in many cases requires considerable resourcing, reshaping of existing cleaning measures and management to apply.  Healthcare settings must continue to be cleaned to NHS Infection Prevention and Control Standards.  Local Operating procedures must apply the standards and applications from the above sources and train those prisoners carrying out the cleaning task. Where prisoners are not performing the cleaning task, it must be locally checked that the COVID-19 cleaning is at the correct standard. |
| **Check:**  Does the LOP outline the specific cleaning schedule in place for each activity (including whom will carry out the cleaning and when). |
| **Practical Measures**  HMG Industry sector guidance is available via GOV.UK. This includes areas such as Kitchens, Gymnasiums, Transport, Factory working and Offices. Many of these documents provide cross over applications to other areas of work. The COVID-19 Workplace Risk Assessment also provides opportunity to consider options of practicality to apply in a COVID-19 setting, these include for example:   * Changing start and end times * Profiling * Staggering workers in areas * Operating shifts of people where there was previously a continual day * Avoiding work practices where people may queue or congregate unnecessarily * Working or having activities outside where possible * Shortening the activity time * Having multiple activity sessions with differing groups of people * Extending purposeful activities into evenings and weekends where possible and where resources allow * Changing activities to IT based solutions (videos/telephones/IT) * Improving fresh air and ventilation where ever possible * Any amended working arrangements or areas of work for returning COVID at risk staff   Where workplace risk assessments are taking place, these should be carried out in consultation with local recognised trade unions and service providers.  <https://www.gov.uk/coronavirus> (search for working safely in the tabs) |
| **Check:**  Were all practical measures considered or adopted during the previous lifting of restrictions? Review the practical measures once more and include within LOPs where these can be adopted |
| **Physical Measures**  As with practical measures, HM Government Industry sector guidance is available via GOV.UK. This includes areas such as Kitchens, Gymnasiums, Transport, Factory working and Offices. Many of these documents provide cross over applications to other areas of work. The COVID-19 Workplace Risk Assessment also provides opportunity to consider options of a physical nature to apply in a COVID-19 setting, these include for example:   * Redesign the environment (move items to provide appropriate distancing and movements) * Signage to direct people and provide social distancing notice * Introduce one way systems to avoid predicable social distancing issues * Barriers to separate people * Screens to separate workstations and areas where distancing measures cannot be achieved.   Where workplace risk assessments are taking place, these should be carried out in consultation with local recognised trade unions and service providers.  <https://www.gov.uk/coronavirus> (search for working safely in the tabs)  <https://www.gov.wales/coronavirus> (search for business and employers) |
| **Check:**  Were all physical measures considered, available or adopted during the previous lifting of restrictions? Review the physical measures once more and include within LOPs where these can be adopted. Check existing physical measures to ensure they remain in place (i.e. – signage, floor markings and barriers). |
| **Management, Monitoring, Culture and Behaviour**  Oversight and management of the COVID-19 Workplace Risk Assessments includes the requirement for planning boards chaired by a senior manager. Typically planning boards and the risk assessment process will involve:  1. Managers in consultation with staff, recognised local trade unions, Health, Safety and Fire teams, local Public Health colleagues and others (for technical advice Estates and Facilities management) will carry out an assessment of the area/activity.  2. A Senior Manager will arrange a planning board to review assessments and actions arising. These will be progressed where relevant and completed prior to commencement.  3. Managers in consultation with staff and recognised local trade unions will also arrange physical reviews from the opening to ensure assessments and actions are correctly operated. This should take place as commensurate to the risk in the area or activity  4. Results and actions from the planning boards and risk assessments will be reported to the local SMT meetings and the local H&S committee meetings and should be shared at Local Delivery Boards as well as SMT and where there are HPT meetings in regional and local areas.  Planning boards will discuss the particular arrangements and controls identified within the COVID-19 Workplace Risk Assessments. This will generally include (but are not limited to) the control measures outlined within this document, vulnerable and clinically at risk persons, risk evaluations and actions.  Local Operating Procedures will apply the same process. Activities and areas must not be activated until all actions have progressed and are COVID-19 Secure.  Managerial monitoring and reviewing of controls remains an important aspect of the process. Local SMTs will (from the planning process) identify local arrangements to ensure managers and service providers are content COVID-19 secure arrangements are being applied in the relevant workplaces. SMTs will decide the schedules for this and the levels of managers required to monitor areas. Typically this will involve a physical managerial check of the various areas and activities against the identified COVID-19 controls. Records of the local monitoring as well as assurance reports conducted by Health, Safety and Fire teams and local recognised trade unions will be retained and actions arising will be logged with any concluding matters.  PGDs and Senior Heads will require assurances this process has been carried out and will dip test local approaches as and when needed as part of any Prison visits or remote monitoring methods. COVID-19 workplace monitoring is already in place and this system should be used to provide indications of COVID-19 secure compliance across the Prisons (see Annex Documents COVID Monitoring).  COVID Culture generally requires people to operate their daily work activities in an entirely different manner. Governors and Heads of Groups will design any cultural messages and methods as needed in each site, utilising existing public health resources such as posters, which have already been designed. Typically people have found the following areas difficult to achieve and where required cultural messages or methods may be required to focus on these aspects:   * Social distancing in offices and rest rooms * Keeping updated with COVID information * Applying PPE where required   Modelling social distancing behaviour should be a core element so that all staff and prisoners observe others doing it. Messages need to be clear and consistent. Managers should always seek solutions where social distancing issues arise and keep messages clear to staff and prisoners where needed and at each part of the buildings.  Keep COVID-19 messages clear. Information and Guidance changes rapidly, continue to review bulletins and notices to ensure information is up to date.  PPE remains an effective barrier to exposure. All Covid-19 related PPE provided centrally will meet the required standards. COVID-19 related PPE must not be purchased locally. Managers and staff are responsible for ensuring that PPE is used in accordance with the SOPs. |
| **Check:**  Did OCTs highlight a particular area to improve COVID-19 control and management? Has there been any local learning opportunities to improve application of measures? How quickly has the site been able to respond to COVID-19 weakness areas? What local priority aspects have been highlighted? Have these issues been considered in the review of the LOP? |
| **PPE**  Application of PPE should only be used where appropriate and in line with Safe Operating Procedures, or as mandated within the face mask strategy. HMPPS have worked with Public Health England and Wales in producing a defined table of use for the known and predicted activities where PPE will be applied. This table is available via GOV.UK and has been approved for publication via the Department of Health and Social Care assurance process. HMMPS provided PPE meets the required standards for use in the activities described.  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969376/20210315_Recommended_PPE_for_staff_in_prisons_and_community_offender_accommodation__COVID-19_.pdf>  HMPPS SOPs describe each activity and application of PPE required. It further includes pictorial aids for the donning and doffing of PPE. HMPPS also requires Governors and Heads of Group to provide the COVID-19 PPE training to all operational staff and fit testing of FFP2/3 masks to those whom are required to use (fit testing is required within the High Security and Restricted Status Prisons only). HMPPS may further provide additional training elements connected with COVID-19, Governors/ Directors and Heads of Groups will apply these requirements locally.  There is no local variation to procure or design COVID-19 PPE requirements outside of the HMPPS SOPs .  Face Coverings are not PPE. HMPPS will continue to review where face coverings may be applied in Prisons or HMPPS Buildings and this is contained within the face covering strategy.  <https://hmppsintranet.org.uk/ersd-guidance/2020/10/12/face-masks/>  Note that PPE requirements for services delivered by partners in the establishment such as education and healthcare have service PPE requirements which staff for those services will follow. Information about this can be provided to HMPPS staff and prisoners so they are informed and know what to expect when accessing these services. |
| **Check:**  Are local stocks of PPE being stored securely? Is a stock sheet in place or a local management of the stock? Are the COVID workplace inspections indicating any issues with PPE availability or use? Has the LOP clearly indicated where PPE will be used (in line with SOPs/Face Mask strategy). |
| **Ventilation**  Building ventilation is an important part of a healthy building environment as it ensures a steady stream of outside air brought into the building whilst stale air is exhausted. In cold, wet or windy weather people may feel more reluctant to open windows or doors which can reduce good levels of ventilation. The maintenance of a supply of fresh air is important as a means of diluting and or replacing any contaminant, be it COVID-19 or otherwise. Hence the need to introduce fresh air and to avoid recirculating contaminated air and possibly progressively increasing concentrations of contaminants.  The principle mode by which people are infected with COVID -19 is through exposure to respiratory droplets carrying the infectious virus. Whilst good hand hygiene practiced regularly, respiratory and cough hygiene, robust cleaning regimes and maintaining social distancing are the most effective lines of defence for infection control during COVID-19, evidence suggests that in poorly ventilated indoor spaces infected airborne aerosols (virus droplets) can remain in the air for longer and be a possible transmission route. To reduce this risk it is important that we maintain good ventilation as part of the COVID-19 strategy.  As a result, we need to think carefully about how we might best manage the arrangements for ventilating our buildings for both staff, partner agencies and for those under our care and supervision.  Consideration of ventilation therefore needs to be factored into the risk assessment process and is now added as an additional section with in the WPRA.  Existing advice and guidance has been updated to include a greater focus on ventilation and air management as a means of reducing the risk of airborne infection. HMPPS Guidance on Ventilation in Prisons and Approved Premises during COVID-19 Operating Conditions should be referred to as part of the Risk assessment process.  HMPPS will continue to review guidance in-line with Public Health Authorities advice.  [Safe Operating Procedures (SOP) – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/safe-operating-procedures-sop-using-ppe/)  (see ventilation Guidance) |
| **Check:**  Has the workplace risk assessment been updated with the revised version to include ventilation aspects? Have recommendations and actions been addressed to improve ventilation? Does the LOP now need to include further explanation to address ventilation? |
| **Staff Testing**  Both LFD and PCR testing is available for use. Each Prison is able to develop local site specific plans and procedures to encourage and promote the use of testing. Working with all staff groups and local trade unions the understanding should be that testing is an expectation of staff and this uptake should be reflected in local operating procedures as an effective COVID control.  <https://hmppsintranet.org.uk/resources/recovery/prisons/>  [Staff and Prisoner Testing – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/28/staff-testing-in-england/) |
| **Prisoner Testing**  Both LFD and PCR testing is available for use. Each Prison is able to develop local site specific plans and procedures to encourage and promote the use of testing. Working with all resident forum groups the understanding should be that testing is an expectation of residents and this uptake should be reflected in local operating procedures as an effective COVID control. Key areas have been identified within reception/RCUs/transfer/release/courts and ROTL.  <https://hmppsintranet.org.uk/resources/recovery/prisons/>  [Staff and Prisoner Testing – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/28/staff-testing-in-england/) |
| **Contact Trace Arrangements**  The HMPPS prison contact tracing process is a national scheme which forms part of the wider NHS test and trace programme and operates in partnership with PHE. Its aim is to reduce the spread of COVID-19 in prisons by requiring staff and prisoners who have had contact with a COVID case to isolate for 10 days following contact.  [Contact Tracing – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/06/12/contact-tracing/)  Key measures locally are to ensure:   * A local Contact trace lead (CTL) is in place * The CTL is adequately briefed on the role * CTLs keep adequate local records * CTLs act as local champions for COVID-19 prevention and controls * CTLs undertake contact tracing and initial risk screenings to determine individuals whom need to isolate following contact with a positive case.   This will form a further COVID-19 control measure and should be reflected within local operating procedures. |
| **Reviewing**  SMT meetings will review the risk control measures as part of an agenda item during COVID-19. Health providers should be included within this where there is no Head of Healthcare on the SMT. It will discuss what’s working well, what’s not working so well and what changes may be needed to ensure controls are in place.  The role of the SMT meeting will also be to review any specific local issues where controls have decreased or eroded to such an extent an activity or task may need to be deactivated. |
| **Annex and Supporting Documents and links for Information:**  GOV.UK – COVID-19 – Places of Detention:  <https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>  HMPPS – Link to COVID-19 Operational Guidance’s, HMPPS Guidance on Ventilation in Prisons and Approved Premises during COVID-19 Operating Conditions & SOPs  <https://hmppsintranet.org.uk/ersd-guidance/>  <https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/safe-operating-procedures-sop-using-ppe/>  COVID-19 Assurance Reports/Inspections and Monitoring:    LOP Example and Format to consider for use. |