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| Please be aware that SOP & HMPPS COVID-19 Guidance documents contain links to the HMPPS exceptional delivery platform, the link is not to be shared externally. Colleagues wishing to share content hosted on the platform externally are asked to download and redact the content appropriately, and to be aware of any security classifications before doing so. All content hosted on the platform is to be treated as OFFICIAL.  |
| **SOP Overview:** This SOP provides the general baseline COVID-19 protection measures that will continue during the Stage 1 Prisons period. Checklist guides are also included in the event a Prison or site needs to respond to an immediate or emerging COVID-19 infection or risk. ***Stage 1 is “a state where prisons are delivering a meaningful, decent and full regime delivering core business with COVID controls set by the stage 1 SOP and taking the first steps towards the future regime reform vision”*** |
| **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. Full vaccination significantly decreases the likelihood of severe illness from currently circulating variants ( July 2021). Global vaccination is not yet in place and some characteristics of this disease are still not yet known. Future COVID-19 variants may become resistant to the current vaccination. |
| **SOP Application:** At Stage 1, Prisons and sites will no longer be required to adopt the full previous suite of COVID-19 SOPs/HMPPS COVID-19 Guidance procedures and applications. Therefore, these procedures will not apply in Stage 1 Prisons, unless a scenario or change in circumstances requires it (e.g., outbreaks / dealing with known cases or due to advice from local OCT). This SOP will be applied during the Stage 1 period until further notice. In the event of an immediate National need to deviate from the Stage 1 process, HMPPS COVID-19 Gold will release a bulletin providing details of the deviation and regression/progression application measures required. If there is a National reversion to a higher stage in the National Framework or if an establishment needs to regress due to local circumstances, then the previous COVID-19 SOPs and COVID-19 Guidance’s would be reinstated.This SOP prescribes the standard mandatory baseline COVID-19 measures to be adopted at all Stage 1 Prisons and sites. The remaining elements of the SOP provide guidance measures for any potential control escalations in response to a COVID-19 threat or outbreak. These guidance measures will be part of the local decision log. The application elements of the SOP are:1. **‘Baseline’ Prevention –** Requirement for Stage 1 regimes, a fundamental first layer of defence against incursion. Low COVID threat during Stage 1.
2. **Increase in Measures: Surveillance and Detection –** Measures that should be employed but levels may vary depending on local circumstances. ModerateCOVID threat during Stage 1.
3. **Response Interventions –** To be employed because of outbreak status or change in RAG rating / Local circumstances/COVID threat. HighCOVID threat during Stage 1.

\*Where Wales may differ in measure applications these are included within the specific measure descriptors. |
| **Prisons Stage 1: Risk Status and application of the SOP**

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| **SOP Elements** | **Application** |
| **1.Baseline Prevention**  | *Baseline prevention* with Surveillance and Detection measures. Measures for Low COVID threat. Prisons and sites to remain COVID Alert during this period applying the baseline prevention specifications. Applied at all Prisons/Sites |
| Below measures applied as required locally |
| **2.Increase in Measures: Surveillance and Detection** | Increase in *Surveillance and Detection measures* with moderate responses activated. Measures for Moderate COVID threat. Core aspects of COVID preparation with detecting the threat and applying additional defences and preparing ready plans. |
| **3.Response Interventions** | increased *response measures activated* ahead of threat/in light of active risk. Measures for High COVID threat. Activation of final layers of defence considering existing or imminent severity risk. Core aspects of response and protection measures. |

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|   |   |  **UK National /HMPPS COVID-19 assessment - No Non-Pharmaceutical Intervention Controls required/advised** |   |   |
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|   |   | **Stage 1 Prisons & Sites** |   |   |
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| **1. Baseline Protection** |   | **2. Increase in Measures:****Surveillance and Detection** |   | **3. Response Interventions** |
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|   |   | **UK National or Regional/HMPPS COVID Regression measures** |   |   |
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Retaining good levels of prisoners and staff vaccination is a key mitigating factor to protect against infection and spread. Prisons and sites will activate any increase from baseline measures as required (changes will be recorded within the local decision logs). These may for instance be triggered via the following local indicators:* Decrease in the local vaccination outcomes of prisoners and staff from movements in and out of the prison or site.
* Rise in positive detection outcomes from local testing or surveillance (staff and prisoners)
* COVID-19 spread within the local community (including new variants of concern and a rise in illness and hospitalisation)
* Active cases within staff and prisoners
* Advice from Regional PHE/W local summary reports or intelligence
* A change in RAG status from the heatmap panel assessment
* Advice from an OCT or IMT

Prisons and sites will assess the local COVID-19 situation at each site accordingly (sources of information include community COVID infection data and are contained within the annex). The below table is a guide to assist in the direction of local decisions. Application of the SOP measures will generally align to the local assessment; however, local applications may differ to each situation. Each Prison and site should also carefully examine their own local data outcomes (such as testing rates and vaccination outcomes). Where rates are low this should be considered as a vulnerability. The below table summarises the general Prison and site COVID-19 assessment outcome:

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| **BASELINE PROTECTION** | Local community infection levels remain low/decreasing. Levels of local community illness and hospitalisations are very low and there is high confidence that vaccination is in place and effective against variant strains in circulation. Vaccination outcomes of prisoners and staff remain good and the prison or site responds to the dynamic change in both populations.Low risk based on probability of little or no likelihood of significant infection and consequential illness or hospitalisation. |
| **INCREASE IN MEASURES** | Local community levels are unstable. Moderate increase in community and local site infection rates. Local detection and surveillance measures are providing positive test outcomes, but the picture is not resulting in a sustained period of increase. Hospitalisations remain low however illness/self-isolation may be present.Moderate risk based on the increasing likelihood that significant infection is conceivable soon and illness and hospitalisations are more likely than not (although the nature of this increase may be uncertain).  |
| **RESPONSE INTERVENTIONS** | Local community levels are increasing, and illness/ hospitalisation is taking place. VoCs in circulation within local area with decreased confidence or unknown assessment in vaccination effectiveness.Known or high confidence that the likelihood of significant infection, illness and hospitalisation is present or imminent . Outbreaks in specific prison or in prisons in a region or nationally. |

**Reviewing and Dynamic actions at local levels:**Where outbreaks and incursions have occurred, local dynamic reactive measures should be adopted rapidly to prevent further occurrences. This may involve very specific measures to the application of baseline measures locally. For example, more IPC management, or space considerations may be required in areas where the transmissions have taken place (within an office or place of worship). The aim of the local dynamic reactive measure is to prevent similar circumstances that has led to incursion or outbreak.Prisons and sites should review all baseline measures regularly (at least monthly). Where previous outbreaks or incursions have occurred, the review should also confirm the operating effectiveness of the reactive measures taken. Underlying issues affecting the controls should also be explored to understand weaknesses and plan for sustained improvements. For example, further information and training may be required where new joiners are unfamiliar with using masks. Wider appreciation of specific incursions should also be undertaken to prevent similar circumstances in other areas.Further information and guidance on reviewing plans and contingencies is contained within the increased measures and response sections of this SOP.A Quick View table containing the full list of the COVID-19 controls measures for each level is included at the end of the SOP. |
| **Social Distancing:** Social distancing reduces the risk of transmission, but can indirectly limit the regime it is possible to offer. It should be maintained where this does not significantly affect the regime, but given the balance of risks it can be removed where this will improve the regime offer. For example, if a workshop can be arranged to support social distancing this should continue to be done, but if strict social distancing would limit the number of people that can be employed in the workshop then it can be removed as an infection control measure at Stage 1. Where social distancing is being removed it remains essential that all remaining specified COVID controls are in place, working as intended and are subject to regular dynamic managerial review, as set out above. Should an outbreak happen which identifies a specific area as a higher risk for transmission of infection e.g. a workshop, then social distancing requirements may be reviewed to avoid risk of recurrent outbreaks linked to this setting on advice from the Outbreak Control Team (OCT).Wales:Within Wales, prisons and sites will need to ensure compliance with Welsh Government regulations. Following engagement with Welsh Government, HMPPS in Wales officials have confirmed that while community restrictions are at Alert Level Zero, establishments in Wales will be able to consider reducing social distancing where this is supported by robust risk assessments and appropriate mitigations. Social distancing will also remain as a “response measure” where required as set out below.See - [Coronavirus (COVID-19) | Topic | GOV.WALES](https://gov.wales/coronavirus). England:At Stage 1 within England prisons and sites social distancing measures may be removed as a baseline measure. It will remain a “response” measure to be stood up or deployed as necessary. Some examples of instances that may require standing up this measure are the following:* When dealing with known/symptomatic cases (2 metres application)
* In outbreak/response mode and limiting periods of contact during periods of moderate to high COVID-19 prevalence

Note that if an establishment regresses to a higher stage in the National Framework, then this measure may need to be reintroduced, as per the existing/standard Covid Control Measures. Please see further narrative detailing measures for proactive COVID-19 response measures and persons at risk. HMPPS Communications will notify at the point where this action should cease or change.PECS – HMCTS:Divergence in social distancing application may be present within court buildings and police custody. PECS will apply the Stage 1 SOP application measures during transit and custody suite processes.  |
| **Local Communications:**Prisons and sites will need to plan for regular communications with staff and prisoners of changes and updates locally. This is especially important where further aspects within the baseline measure have been adopted locally. |
| **1. BASELINE PROTECTION MEASURES (Application at all prisons and sites)****REMAIN COVID-19 ALERT** |
| **Face Masks and Face Coverings:****Application of a requirement to wear Face coverings (Official and Social Visits):** Both Official and Social visitors will be required to wear face covering/masks as a condition of entry to the prison.Face coverings/masks may only be removed at the point of being seated at the visit table (where locally assessed, please refer to the visits section). Prisoners will also be required to wear face coverings until seated at the visit table. Where any movement from the visits table occurs, face coverings/masks must be re-applied.Prisons in Wales should ensure that arrangements align with Welsh Government community regulations, which currently require ongoing use of face coverings in most indoor public places, with the exception of hospitality settings ( July 2021). Please refer to the current Wales GOV COVID-19 measures:[Coronavirus (COVID-19) | Topic | GOV.WALES](https://gov.wales/coronavirus).Face Coverings – ExemptionsExemptions are in place to wear a face covering for persons with certain health conditions (such as breathing difficulties), disabled people and people under the age of 11. Prisons are required to assess each person on a case by case basis. Where an exemption is in place within a visits area, arrangements will be made to provide adequate space between the excepted person and others not connected with the visit.Please refer to the Annex section where a table is provided outlining instances where official visitors and 3rd parties will be issued a FRSM mask.

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|  Visitor  | Prisoner |

 **Face Covering Face Covering** **Guidance for the use of Face Masks & Face coverings:** During Stage 1, staff, third parties, and prisoners will be requested to wear face protective measures where people come into contact with other people whom they don’t normally meet with, especially in enclosed and crowded spaces. For example, prisoners will be expected to wear face coverings during busy corridor movements to activities. Staff are advised to wear in instances where indoor contact with multiple people over a period is likely. Provision and stocks will continue to be widely available as per demand. 3rd Parties are requested to wear face protection during movements in enclosed areas where contact is likely. Prisoners and visitors should temporarily remove face coverings if requested by staff for the purposes of identification.

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| **https://static.thenounproject.com/png/827456-200.png** Staff – voluntary | Prisoner - voluntary |

 **FRSM Face Covering** **FRSM Requirement:** Staff and Prisoners will be required to wear a FRSM during any planned and sustained close contact activities. These will be generally be contact activities less than 2 metres (please also note this may be accompanied with any additional PPE requirements unrelated with COVID-19, such as nitrile gloves when searching). First Aid/Self Harm response kits will also include apron and gloves. Prisons and Sites will itemise all the contact areas where this will be included and provide all users with the requirement and instruction for use. Example activities where a FRSM will be used:1. Searching
2. Self-Harm & First Aid Response
3. Reception (prisoner reception process, including prisoner reception orderly)
4. Visits
5. Planned C&R
6. Staff Training where close contact is involved (use of force and first aid training)
7. Prisoner listeners
8. Prisoner Barbers/Hair Salons (including a visor/face shield)
9. Prisoner Essential Working (close contact)
10. Staff working across other Prisons & sites

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| **https://static.thenounproject.com/png/827456-200.png** Staff  |

 **FRSM** **COVID PPE (arrangements with infection sources):** Staff will be required to wear and deploy any COVID-19 PPE requirements in the event of dealing with infected prisoner cases (such as delivery of meals and items to the room), escorting and movements with infected prisoners, and when carrying out ATS testing. Cleaning and decontamination of infected areas will also be subject to the necessary application of COVID-19 PPE requirements (please activate SOPs retained on the ED platform, SOPs 1, 7 &8).

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 **FRSM GLOVES APRON EYE FRSM**  **PROTECTION (PRISONER)**HMPPS Communications will notify at the point where these recommendations and requirements should cease or change.General use measures of Face masks still apply. These include changing each 4 hours, after breaks, where damaged or wet and using the application guidance’s for use (see annex for all PPE elements) |
| **Hygiene Measures:** Handwashing and use of alcohol (60%) gel and wipe applications will remain in place. These will be retained, re-stocked and in use in all areas as was in place during all previous COVID-19 Stage periods. Stocks will remain available for order via the regional PPE Hub. |
| **Cleaning:** COVID-19 Cleaning (and decontamination measures) will remain in place in the following areas:* Visitors Hall, Visitors Centres and Official Visits areas
* Gate pedestrian entry areas
* Receptions
* Healthcare departments
* Outside training facilities and meeting venues
* Use of cells by another prisoner following the previous occupant being symptomatic/positive tested
* Vehicles where occupants have become symptomatic/are tested positive following use/are positive or symptomatic prior to transit (i.e. – hospital transfer).
* Vehicles where transfer of untested occupants is directly from a high infection/high VOC community setting (i.e. – a court or police custody environment)
* Communal areas such as gymnasiums, and places of worship
* Offices (recommended where there is multi person use over long periods of time, this will be assessed locally).

[Cleaning – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/cleaning/)General pre COVID-19 Cleaning schedules will be re-introduced in all other areas. This will have significant managerial oversight to ensure effective cleaning is in place in all areas. Local SMTs will monitor general cleaning ensuring allocation of stocks, training/instruction and resources are in place. Cleaning will be discussed during the daily management meetings with clear direction and oversight of standards required.See also – Checklist Measures for activation of wider COVID-19 Cleaning in the event of outbreak or Prison COVID-19 threat. |
| **Prisoner Isolation Measures (COVID-19 positive test/COVID-19 symptoms):**Prisoners will be isolated following a positive LFD/PCR test result, or if presenting with COVID-19 symptoms ( [Main symptoms of coronavirus (COVID-19) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/main-symptoms/)). Please refer to the cohorting and compartmentalisation guidance (Specification 2 – Protective Isolation, please note elements within this guidance change so access the most updated version via the ED platform). Apply SOP 1 for the delivery of items and meals to infected prisoners in their cells.[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/)  |
| **Cohorting Measures:**  The full guidance for guidance for the application of compartmentalisation and cohorting is available via the below link. This guidance will be applicable during Stage 1 and includes details of the transfer arrangements between Stage 1 and Stage 2 prisons.[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/)1. Test on reception (as specified within the cohorting strategy)
2. Move to single room RCU conditions (Induction Unit in locals/own room for return from TR)
3. Results lead periods in RCU conditions
4. A Clinical assessment will take place for RCU prisoners prior to any release from RCU to the general prisoner population.

Protective Isolation Units (PIU). Provision must be available for prisoners to be isolated in single room PIU conditions at any time. This may for instance be a prisoner returning to their own single accommodation on return from temporary release. However, Prisons will need to ensure a single room is available in the event a prisoner reception provides a +ve LFD result during the reception process. Prisons will assess how many cells will need to be reserved for this instance based on an assessment of need in consideration to the local situation.Ongoing screening, surveillance testing and monitoring will be used to detect any new infections. Please however note, use of PIU arrangements will be adopted in the event of positive test result/symptomatic prisoner, or OCT recommendations (please also see Outbreak Contingencies section). At Stage 1, PIU arrangements may generally be the prisoner’s own cell and a separate dedicated PIU may not always be generally necessary. Prisons and sites will adapt arrangements with this as any future COVID-19 requirement arises. |
| **Ventilation & Fresh Air:** Prisons and HMPPS sites will continue to use all opportunities to exploit the introduction of fresh air within buildings and indoor areas wherever this can be achieved. Where air conditioning units or mechanical extract are available these should continue to be utilised. See full guidance on the application of ventilation measures (SOP page – see ventilation):[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/)Where buildings have environmental systems, a check should be taken with the FM provider to establish maintenance has been undertaken (fans, filters, ducts and ventilation outlets). Prisons should ensure ventilation grills are cleared from blockages to provide as much air flow as possible. |
| **COVID-19 Training (PPE, FFP Fit Testing/BP-RPE & IPC):** Face to face IPC and PPE training will cease. Prisons should provide either e-learning/mass COVID safe briefing to any staff who have not previously undertaken the training. Records to be updated on the mylearning platform and a decision recorded within the local log. |
| **COVID-19 Workplace Risk Assessments and COVID-19 Inspections and monitoring measures:** New COVID-19 Workplace Risk assessments and inspections will no longer be required. All records undertaken must be retained in a local archive in a similar manner to the non-active LOPs/EDMs.General H&S Risk Assessments and business as usual Safe Systems of Work will apply for Stage 1 ways of working. These documents should cross reference to the relevant COVID-19 workplace assessments/SOPs/LOPs and include COVID-19 considerations within (it is recommended that COVID-19 WP Risk assessments are embedded within the General H&S assessments. Wales Prisons may differ in the application of COVID-19 workplace risk assessments, please apply as specified within: [Coronavirus (COVID-19) | Topic | GOV.WALES](https://gov.wales/coronavirus).). Prisons and sites must ensure general H&S risk assessments and SSOWs are reviewed by local managers prior to activation of a full Stage 1 regime. Prisons and sites will ensure all H&S risk assessments and SSOW reflect the activities being undertaken in the stage 1 period and are fit for use (reviewed, consulted with local trade unions, remedial actions completed and signed by the relevant competent manager).COVID-19 Workplace Risk assessments and COVID-19 Inspections will be re-activated and reviewed in the event of a local outbreak or general requirement. The assessments and inspections will relate only to the areas where the outbreak or risk is identified. This will be determined locally and extended if required.Local H&S departments will provide a summary assessment of the Stage 1 SOP application measures at each site within the site local Prison/Site HSF Stakeholder report. This will be available to each prison and a summary stakeholder report at group level will be made for the Prison Group Director. This provision will replace the separate COVID summary report at prison and group level. |
| **Screening, Testing and Surveillance Measures:** Use of Prison LFD and PCR testing will continue to be utilised in line with the HMPPS Testing Strategy (updates to this may change regularly, please access via the below link):[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/)Prisons will ensure testing is widely available and being utilised for all staff, prisoners, and visitors.New prisoner receptions from a court/custody will all receive an LFD and PCR test on arrival at a Prison. Arrangements will be made for this screening at all Prisons (including where out of hours may apply). Prisoners on transfer to another prison or court attendance will receive an LFD test prior to departure (with negative result confirmation in place prior to departure). Hospital trusts may differ in LFD requirements, prisons will make arrangements particular to the hospital attendance. |
| **Special Safety Precaution Measures: Application as BASELINE measures** |
| **Hospital Escorts & Attendance:**NHS Hospital Trusts may differ in IPC/COVID-19 arrangements in each healthcare setting. This will relate to community arrangements/infection status or risks. Prisons and Sites will liaise with all local healthcare settings to remain updated on the necessary local Hospital IPC/COVID-19 arrangements needed (this includes outside and inside dentistry arrangements and PPE required during AGP use).LOPs will be published locally to provide staff with all the necessary information and equipment needed for escort and bed watch arrangements in a hospital or healthcare setting.SOPs will remain available for viewing on the exceptional delivery platform (EDP). These may be used to develop any necessary arrangements for the LOP if and as required.[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/) |
| **Aerosol Generating Procedures (AGPs):** Prisoners who are using a C-PAP machine (continuous positive airway pressure) will be requested to undertake twice weekly LFD testing, this will be from the local provision of prisoner tests. In the event a prisoner is unable or refuses to be tested, Prisons will develop a LOP based on the arrangements within (SOP – CPAP use), this only being required where the prison status indicates levels of community/local infections are above those needed for the baseline measures.Prisoners who require AGP Dental treatment will be requested to undertake LFD testing prior to the appointment, this will be from the local provision of prisoner tests. Confirmation of a negative result will be confirmed prior to the treatment in the event a prisoner is unable or refuses to be tested, Prisons will develop a LOP based on the arrangements within (SOP – Dentistry Response use), this only being required where the prison heatmap indicates levels of community infection are above those needed for the baseline measures.Hospital Trusts may require PCR/LFD testing to be undertaken prior to outpatient appointments and procedures (such as endoscopy appointments). Prisons will plan for the necessary testing as requested via the appointment criteria. Prisons will also deploy PPE trained escorting staff, with the necessary PPE were advised by the local hospital. Ambulance staff may continue to adopt PPE arrangements for patient transfers, in particular geographical areas and in particular treatments conditions. Prison Escort staff will match the PPE requirements being adopted for the ambulance transfer (FRSM/Gloves & Apron where ambulance staff are using or FFP or BP-RPE/Overalls/Gloves where ambulance staff are using). Prisons will ensure adequate PPE stocks are available in reception for any eventuality (Please also see Training sections). |
| **Unvaccinated COVID-19 CEV/Vulnerable Persons (staff and prisoners at work):**CEV/Vulnerable persons who have not received a double vaccination (or subsequent booster) will continue to have an individual risk assessment in place. Prisons will apply a minimum of at least one of the following measures (or combination) 1) Arrangements being made for the person to social distance at work with workstation arrangements at 2 metres and there being adequate ventilation 2) No close contact work 3) Provision of FRSM face protection. Where the prison or site’s COVID-19 risk status is assessed as above that of baseline measures, working from home arrangements will be made wherever possible.Clinically extremely vulnerable people who are fully vaccinated are advised to follow the same guidance as everyone else.Further guidance for persons within the CEV group are available via:[19 July guidance on protecting people who are clinically extremely vulnerable from COVID-19 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/19-july-guidance-on-protecting-people-who-are-clinically-extremely-vulnerable-from-covid-19) |
| **Working from Home during COVID-19:**There is no COVID-19 requirement for employees to work from home (where this has been in place). Prisons and sites will commence a gradual return. All employees should return during the summer period.Wales will provide details of working from home via: [Coronavirus (COVID-19) | Topic | GOV.WALES](https://gov.wales/coronavirus). Wales prisons and sites will apply measures in line with the Wales GOV publications. |
| **Social & Official visits: -** The following baseline control measures will remain in place for both social and official visits ( Prisons in Wales should ensure that measures align with community restrictions in force in Wales at the time) : ([Coronavirus (COVID-19) | Topic | GOV.WALES](https://gov.wales/coronavirus).):Please refer to the updated guidance and notices for visits available on the ED platform:[Social Visits – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/07/15/visits-supporting-material/)* COVID-19 Cleaning will be undertaken in all areas connected with social/official visits
* Hygiene provisions available for use in all areas of the social and official visits areas (please note and retain the necessary supervision arrangements for alcohol hand gels for prisoners and visitors)
* Face masks will be used by staff during all parts of the visits process (this will be accompanied with other items of pre COVID-19 PPE such as gloves during searching)
* Visitors will be required to use face coverings/masks during movements to the seating areas (and supplied by themselves)
* Prisoners will be required to use face coverings during movement to the seating area (as supplied via HMPPS).
* Face coverings are to be removed when requested by staff for the purpose of identification. Face coverings may be re-applied following this request.
* Prisoners currently isolating as confirmed or suspected COVID-19 must not be permitted visits during the period of their isolation.
* Visitors must not attend the Prison if they have COVID-19 symptoms or have not completed the full period of isolation following symptoms/a positive tests result or advice to isolate. Notification of these matters must be sent to visitors during the booking process (the COVID-19 NHS symptoms checklist must be shared to visitors during the booking process by way of information and confirming understanding).
* Visitors will also be asked on arrived at the Prison if they have any COVID-19 symptoms using the NHS checklist provided. A COVID-19 Symptom poster will be on display at a prominent area for visitors to see on arrival.
* Prisons with an active COVID-19 outbreak or imminent COVID-19 threat will request guidance from the OCT/Regional PHE/W support in any potential changes or restrictions in the local visits’ arrangements.

Face Covering application – Local assessmentPrisons will undertake a local assessment to decide whether face coverings may be removed by visitors and prisoners whilst seated at the visits table (this will apply only during the baseline period and any further extension of this will be carefully considered where prisons move to increased measures or response levels). This assessment will be recorded and reviewed within the local COVID log. The assessment will consider elements such as visitor/prisoner testing, the environment layout of the visits area, proximity to other visitors, ventilation, crowded days/periods, vaccination status’s and any other local circumstances. The assessment will be reviewed regularly to ensure this application fits the local COVID threat.Test & Trace – Record keepingRecords of all staff, residents and visitors will need to be retained for the purposes of a potential test and trace intervention from PH. These records must be retained so that in the event of a requirement they can be made readily available for test and trace to be activated swiftly. Records should also include where the visitors and resident sat in relation to others (for example - the identity of the table number).Details of specific arrangements during Stage 1 are contained in the ED platform. These include the procedures and details for visitor and prisoner testing, physical contact, and refreshments. Please access the most updated versions via the following links:[Social Visits – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/07/15/visits-supporting-material/)[Official Visits – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/official-visits/) |
| **COVID-19 Roles & Responsibilities:**The Prison COVID-19 SPOC and Health Resilience Leads (formerly named as CTLs) will remain as a designated person. Prisons and sites will provide the necessary allocation of time dependent to the local requirements and in the event of a need. |
| **Contact Tracing:**The ability to activate a fully operational local contact trace service will remain in place. The requirement for Health Resilience Leads (formerly named as CTLs) who are nominated and instructed on arrangements must be carefully managed. As such, as a minimum HRLs will always be in alert (or active) as a baseline measure.[Contact Tracing – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/06/12/contact-tracing/) |
| **COVID symptoms and actions:**If staff or prisoners develop COVID-19 symptoms, they must self-isolate immediately and get a PCR test, even if the symptoms are mild. They should self-isolate, and book/receive a test and wait for the results. Everyone must self-isolate if tested positive. Isolation period includes the day your symptoms started (or the day your test was taken if you do not have symptoms), and the next 10 full days. [Symptoms of coronavirus (COVID-19) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/)From 16 August, people who have been fully vaccinated will be exempt from the requirement to self-isolate if they are a contact of a positive case. They will instead be advised to take a PCR test as soon as possible.People will also be exempt from self-isolation from 16 August if they are under 18 and a contact of a positive case. As with adults, they will be advised whether a PCR test needs to be taken. Persons 18 years old will be treated in the same way as under 18-year-olds until 4 months after their 18th birthday, to allow the opportunity to get fully vaccinated.These arrangements may differ in Wales: [Coronavirus (COVID-19) | Topic | GOV.WALES](https://gov.wales/coronavirus).Where Prisons in Wales need particular guidance on this please use the following contact point: COVID-19Wales@justice.gov.uk |
| **PPE Hubs:**Regional PPE Hubs will continue to store and dispatch sufficient stocks of PPE and Hygiene products to supply Prisons for any associated stage 1 activities (such as tasks associated with LFD/PCR testing and any associated healthcare escorting requirements). Regional PPE SPOCs will remain nominated in place; however, the work activity will be greatly reduced from the previous work activity undertaken in the previous COVID-19 stages.Each Regional PPE Hub will retain a contingency PPE level of stock to sustain a full month supply of PPE to prisons using a worst-case scenario model of assumption. Each Regional Hub will undertake an assessment of store needs on this basis. Regional PPE SPOCs will provide data of stock and usage. The PPE Hub will also retain a contingent stock of BP-RPE equipment (including BR-RPE activity log).Stock levels accounting and stock rotation will remain in place including security arrangements for the stock. |
| **LOPS/EDM and Local COVID-19 Document archive and activation measures:**Prisons must ensure a local archive is retained containing all local COVID-19 related documents, procedures, logs, and information. This archive must be managed in a way that files cannot be deleted either unintentionally/intentionally. Please note, the application of some LOPS will still be in place during stage 1 and prisons and Sites will adapt and revise local procedures based on the Stage 1 SOP.  |
| **Vaccination and Boosters**:Prisons & NHS providers will continue to provide COVID-19 vaccinations to prisoners in line with JCVI strategy. Staff will continue to receive COVID-19 vaccination within the wider community vaccination arrangements. Prisons must continue to provide the necessary provision and arrangements for prisoner vaccination including the careful measures to ensure the temperature chain, security and safety of vaccinations arriving on site. Staff are requested to provide their individual vaccination status on SOP, Prisons are requested to encourage this update of data.[COVID-19 vaccination programme - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/covid-19-vaccination-programme)[Vaccine: coronavirus | Sub-topic | GOV.WALES](https://gov.wales/vaccine-coronavirus)Any booster COVID-19 vaccination requirements will be made available via GOV.UK/GOV.Wales. This maybe in response to the emergence of new variant protection and or longevity/durability requirements of the existing vaccination. HMPPS will relay any necessary vaccination communications as and when required. |
| **Local Prison & Site Contingent PPE Stock Provisions:** Hygiene, PPE, Testing devices, clinical waste bags, BP-RPE and TitanChlor tablets must be retained locally with a contingent stock for at least 14 days of supply using a worst-case assumption figure. This will be determined locally via a risk assessment of need. Stocks must be managed and secured safely with local accounting and checks in place. |
| **Outbreak Alertness & COVID Risk Management:** Prisons will carefully consider the measures and the experiences from previous outbreaks to prepare local contingencies and ready plans for any further eventuality. Previously completed checks and local contingency plans will in most cases have already been undertaken during the initial phase of the COVID 2020 situation. These plans should be updated and reviewed each month. Further detailed guidance is included within the annex and guidance documents section. This includes a checklist.  |
| **GUIDANCE:** **2. INCREASE IN MEASURES: SURVEILLANCE AND DETECTION****PREPARE COVID-19 PLANS** |
| **COVID-19/Respiratory Virus Re-immergence Preparation Measures:** |
| **COVID-19 Training (PPE, FFP Fit Testing/BP-RPE & IPC):**Prisons should check there are sufficient trained staff on site to deploy with FFP/BP-RPE in any further requirement. This should be a review of existing trained numbers to ensure staff leavers do not forecast a level that would present immediate local issue if a need would arise. Prisons should consider a worst-case scenario of potential hospital escorts and use of CPAP equipment on site. Prisons and sites should schedule immediate training for FFP/BP-RPE where current training figures would not sustain a predicted need. |
| **Social & Official Visits (Face Mask/Coverings):**Prisons will review the arrangement where visitors and prisoners may remove face coverings and masks whilst being seated. Where required, a local decision will be made to require the application of face coverings/masks during all periods of the visit. This will be revised due to local circumstances. The local face mask/covering strategy will be amended as required. |
| **Social Distancing & Limiting Contact:**To minimise risk at a time of high prevalence, prisons and sites should limit close contacts people have with those they do not usually have contact with and only increase close contact gradually once the risk has decreased. This includes minimising the number, proximity, and duration of social contacts. |
| **Screening, Testing and Surveillance Measures:** Use of Prison LFD and PCR testing will be utilised in line with the HMPPS Testing Strategy (updates to this may change regularly, please access via the below link). All local opportunities should be exploited to improve testing uptake hence providing the site with early data of COVID risk:[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/)Prisons may choose to run proactive campaigns to ensure testing is widely available and being utilised for all staff, prisoners, and visitors. Prisons may consider the following opportunities to improve testing uptake (where required):* Altering start and finish times to provide staff uptake of testing
* Providing mobile staff testing strategies on site
* Providing local incentives for staff and prisoner testing uptake
* Linking the availability of selected services/facilities to the outcomes of staff and prisoner testing uptake
* Where testing figures are extremely low, use the application of face masks and coverings (as per local assessment of need) until such time testing outcomes have improved.
 |
| **Local Contingency Testing measures: (Healthcare O2 therapy)**Prisons should liaise with local healthcare providers to develop a contingency for oxygen therapy arrangements to be available in any future need. The primary requirement is to reduce potential future hospitalisations where local oxygen therapy may be utilised in prisons. Prisons should prepare local plans of oxygen/CPAP use and contain within the local COVID-19 contingency arrangements. Risk assessments for the safe storage of oxygen should also be included. |
| **Ventilation & Fresh Air:** Prisons and HMPPS sites will continue to use all opportunities to exploit the introduction of fresh air within buildings and indoor areas wherever this can be achieved. Where air conditioning units or mechanical extract are available these should continue to be utilised. See full guidance on the application of ventilation measures (SOP page – see ventilation):[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/)Prisons and sites are advised to note areas within the prison or site where ventilation is particularly difficult to achieve. This may be for example where windows cannot be opened, and fresh air is difficult to provide in the area. The areas to note are:* Where the same people are present for extended periods of time
* Shared indoor spaces (as such, single residential cells would not be notable)
* Indoor areas/spaces where large groups of people/mass persons congregate for a period of time

Local plans should be developed to mitigate risks in areas where ventilation is noted as inadequate. |
| **Outbreak Preparedness & Risk Management:** Prisons should carefully consider the measures and the experiences from previous outbreaks to prepare local contingencies and ready plans for any further eventuality. In most cases, prisons will have already been undertaken contingency reviews during the initial phase of the 2020 situation. These plans should be updated and reviewed each week during the COVID-19 amber period. Further detailed guidance is included within the annex and guidance documents section. This includes a detailed checklist.Application of measures will be included within the local decision logs.PGD Offices/ Relevant site managers may wish to utilise the opportunity of these checklists in the relevant Prisons and Sites to form the basis for support and monitoring during the preparedness period. |
| **GUIDANCE****3 (a). RESPONSE INTERVENTIONS****HIGH COVID THREAT (NON-OUTBREAK)** |
| **Proactive Response to immerging COVID-19 infection threat:**The purpose of acting proactively is to provide adequate early defences considering an emerging COVID -19 threat. The proactive measures still provide Prisons the opportunity for a full regime with activation of early COVID-19 controls to prevent or minimise potential infection. Prisons should utilise the proactive and active response measures checklist sheet contained in the guidance section of this SOP. Further detailed guidance is included within the annex and guidance documents section. Application of measures will be included within the local decision logs.PGD Offices/ Relevant site managers may wish to utilise the opportunity of these checklists in the relevant Prisons and Sites to form the basis for support and monitoring during the response period. |
| **Reduce Contact**: Prisons should develop areas of the regime where unnecessary pedestrian contact is minimised. Strict special dimension restrictions may not necessarily require to be adopted at this point; however, Prisons should exploit all opportunities to control indoor mass movements where possible. Social distancing may be applied where local circumstances require (this could be fully throughout the site or partially).This includes minimising the number, proximity, and duration of social contacts. |
| **Improve Ventilation or mitigate:** Windows and access to fresh air intake should be exploited at all opportunities. In areas where ventilation is poor, the application of face masks and face coverings will be locally assessed. See full guidance on the application of ventilation measures (SOP page – see ventilation): [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/)Poorly ventilated areas should be mitigated with the application of additional control measures such as:* Controlling access and amounts of people in the area
* Controlling the time people are within the area
* Applying FRSM use within the area if the above cannot be achieved
 |
| **Reduce Contact:** Unnecessary group gatherings (where possible), should be re-scheduled if not already confirmed. Essential and business training could still run however (subject to a local decision), external staff and visitors connected with training should be advised to defer attendance wherever this is possible. Prisons and sites will consider the use of local testing strategies to provide controls for events. |
| **Improve and extend IPC measures:** Managerial oversight should be made visible and in place to monitor areas of hygiene and COVID-19 cleaning. This ideally should be reported at the daily managerial meetings. Prisons may extend the COVID-19 cleaning to any further areas as required including residential units and workshop/education areas. Touch point areas should form the basis of managerial assessment to ensure COVID cleaning & general cleaning is effective. Prisons and sites will review and extend measures as required to local COVID threat.[Cleaning – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/cleaning/) |
| **Reduce Contact:** Physical meetings should be rescheduled as via telephone conference or video link wherever this is possible. This will be subject to a local decision based on the circumstances. |
| **Local Active Response to immerging imminent COVID-19 infection threat:** Active response measures where an outbreak is not in place are contained within the proactive and active measures checklist. These should focus on building, extending and re-enforcements of the proactive measures previously set. In addition, Prisons should undertake and adapt for use:* Review the local face mask/covering strategy to staff and prisoners considering the current COVID-19 threat. Face masks and face coverings should be mandated for use as per local assessment of need.
* Social and Official visits application measures (adherence to Visits SOP where required)
* Cross working restrictions (where this will not affect the operational capacity of the prison)
* At risk prisoners and staff to be contacted with information of the heightened state of infection risk and provided with guidance to wear face protective measures and socially distance wherever possible. Those who have not been vaccinated should be advised to self-isolate for the immediate period locally. Activate SIU measures for prisoners and individual risk assessment measures for staff.
 |
| **GUIDANCE****3 (b) RESPONSE AND PROTECTION INTERVENTION****OUTBREAK/IMINENT COVID THREAT** |
| **Outbreak Contingency activation:** Active COVID-19 response measures are set in in instances where an outbreak is already in place, or where the infection risk is such that it is imminent and the nature of the decease at that point presents a serious concern (a COVID-19 variant that can defeat the existing vaccination and serious illness and hospitalisations are possible or already taking place widely within the community). In the event of UK COVID-19 wide or HMPPS wide assessments of the risk, national measures will take place outside of the local active response measures. Further detailed guidance is included within the annex and guidance documents section. This includes a checklist.Application of measures will be included within the local decision logs.PGD Offices/ Relevant site managers may wish to utilise the opportunity of these checklists in the relevant Prisons and Sites to form the basis for support and monitoring during the response period.During an active response measure where an outbreak is in place, prisons should undertake the local recommendations outlined via the OCT. This may involve restrictions to aspects of the regime. However, dependant on the circumstances of the outbreak and risk, areas of regime and activities may still be permitted to run. This will be adapted to the local COVID plan and RMPs as necessary.**Outbreak response:** Prisons will remain able to respond rapidly in the event of a COVID-19 infection, risk, or variant threat.Any COVID-19 Outbreaks will continue to be reported, managed, and monitored in the same manner as previous stages.[Outbreak Management – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/10/22/outbreak-management/)Control measures introduced to prevent the spread of infection, to bring the outbreak under control and further measures required will be discussed during OCTs, including (although not an exhaustive list): * HMPPS Cohorting Strategies[[1]](#footnote-1) and population vulnerabilities
* Self-isolation
* Application of Social distancing Measures
* Review the Regime Stage in operation locally
* Implement the Exceptional Regime Management Plan (ERMP), some activities and elements of the regime may need to be adapted as part of the outbreak characteristics
* Cleaning & Disinfecting Schedules (COVID cleaning will be introduced in the areas of outbreak where not already in place, these will include PIU/SIU/RCU areas where adopted)
* Infection Control Requirements
* Availability and use of Personal Protective Equipment, (PPE)
* Staffing levels, deployment, and internal movement
* Access to hand washing and sanitation facilities
* Prisoner/detainee/resident movements, (external and internal)

SOPs will remain viewable on the EDP to assist Prisons in the development of any above control applications needed (particularly that of delivery of meals to infected prisoner SOP 1).[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/)[Cleaning – Prisons Exceptional Regime & Service Delivery (hmppsintranet.org.uk)](https://hmppsintranet.org.uk/ersd-guidance/2020/04/15/cleaning/) |
| **Mass/Surge Testing -** OCT will recommend and deploy any further surge/mass testing arrangements in the event of a local VOC threat or requirement. |
| **Stage 1 COVID-19 Controls – Quick Overview:**

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| --- | --- | --- | --- |
| **Controls**  | **BASELINE**  | **INCREASE MEASURES** | **RESPONSE MEASURES** |
|  | **Baseline Application** | **Guidance application as locally required** |
| Social Distancing (via risk assessment in Wales) | x | x | Checkmark with solid fill |
| Reduced gatherings/movements | x | x | Checkmark with solid fill |
| Face Masks/Coverings - Voluntary | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| Face Masks – Mandatory (specific tasks) | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| Faces Masks – mandatory via local face mask strategy | x | x | Checkmark with solid fill |
| LFD/PCR Testing | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| COVID Monitoring Inspections | x | x | Checkmark with solid fill |
| Contact Tracing | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| PPE/IPC Training | x | x | Checkmark with solid fill |
| Hygiene Provision | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| New COVID Workplace Risk Assessments (this will differ in Wales) | x | x | Checkmark with solid fill |
| COVID workplace risk assessments (Wales only) | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| COVID Cleaning | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| Managed General cleaning | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| RCU | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| PIU | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| SIU | x | x | Checkmark with solid fill |
| At risk persons | x | x | Checkmark with solid fill |
| Vaccinations | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| Ventilation | Checkmark with solid fill | Checkmark with solid fill | Checkmark with solid fill |
| **Future potential COVID Controls – technical advancements** |
| Local site wastewater analysis | TBC | TBC | TBC |
| CO2 Monitoring | TBC | TBC | TBC |
| COVID-19 Pass ( GOV.UK/NHS) | TBC | TBC | TBC |
| Vaccine Boosters | TBC | TBC | TBC |

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| **UK COVID-19 Measures & Considerations in Prisons**GOV.UK/GOV.Wales will continue to provide official COVID-19 guidance and information on:[Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk)](https://www.gov.uk/coronavirus)[Coronavirus (COVID-19) | Topic | GOV.WALES](https://gov.wales/coronavirus)Measures that may change or develop during the UK COVID-19 Roadmap Level 4/HMPPS Stage 1 period may potentially be within:* Use of Public Transport
* Travel arrangements (within the UK, International and European)
* Local/Regional infection response measures (use of non-pharmaceutical interventions – NPIs)
* Vaccinations and Boosters
* Treatment interventions
* COVID-19 at risk person arrangements
* Testing and surveillance measures & Self-Isolation
* UK/HMPPS response to COVID-19 Variants of Concern

HMPPS will provide COVID-19 communications in respect of any arrangements required in Prisons. |
| **Annex & Further Guidance**  |
| **Sources of community COVID infection data:**

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| Regional Summary (including Wales), with R rate explanation:[The R value and growth rate - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/the-r-value-and-growth-rate)[Coronavirus (COVID-19) Infection Survey, UK - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/latest) |
| Data Summary (Variants of Concern):[Confirmed cases of COVID-19 variants identified in UK - GOV.UK (www.gov.uk)](https://www.gov.uk/government/news/confirmed-cases-of-covid-19-variants-identified-in-uk) |
| Local Community COVID infection data (where being used, widen the search where needed to account for staff who may live further than the premises):[Coronavirus in your area - NHS Digital](https://digital.nhs.uk/dashboards/coronavirus-in-your-area) |
| Data Summary Hospital Admissions Data:[Statistics » COVID-19 Hospital Activity (england.nhs.uk)](https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/)Use the excel monthly spreadsheet for a list of cases at each local hospital |

**Official Visitors/3rd Party Face Mask Arrangement:** |
| **BASELINE PROTECTION MEASURES** | **INCREASE IN MEASURES: SURVEILLANCE & DETECTION** |
| **COVID-19 Alert & Preparatory Guidance and Checklists:**  |
| **RESPONSE & PROTECTION INTERVENTION** |
| **COVID-19 Proactive and Active Response measures Checklist:** |
| **Guidance Documents:** |

1. Protective Isolation; Reverse Cohorting; Shielding [↑](#footnote-ref-1)