|  |
| --- |
| HMPPS Prison Gold Command Learning Briefing **Learning from Outbreaks** **December 2021**  |
| **Introduction and Purpose** During Wave 3 of the COVID-19 pandemic, outbreaks in prisons have typically been much smaller in scale and have resulted in fewer incidences of serious illness and loss of life than previous waves. Risks from Covid-19, Influenza and other communicable diseases which may impact Prisons & the Youth Custody Service (YCS) will, however, remain this Winter. As we move into the winter period we need to be prepared for an ongoing dynamic and complex situation.A recent outbreak at HMP Wymott has unfortunately seen the deaths of multiple prisoners, and the infection of a high number of prisoners and staff members across the establishment. The purpose of this briefing is to share the learning from this outbreak and a number of others that have been captured by the Outbreak Control Team (OCT), PGD and the establishment to support other establishments across the estate ahead of the winter period. The briefing covers the events of the Wymott outbreak up until 16/11 thought the management of the outbreak has continued since then.  | Any Questions?Please contact:**Guidance****HMPPS Covid-19 Regime Management Team****Testing & Vaccination****HMPPS Surveillance** **Unit****Outbreak Response****HMPPS Health Liaison Team****Contact Tracing****HMPPS** **Contact Tracing Team**Email |

**Case Study: HMP Wymott Outbreak**

05/11: Death of 72-year-old Prisoner recorded.

08/11: Death of 72-year-old Prisoner recorded.

15/11: Death of 78-year-old Prisoner recorded.

11/11: Death of 71-year-old Prisoner recorded.

**Key Learning Points and Interventions**

Based on the learning taken from the outbreak case study above, and analysis of other recent outbreaks from across the estate, HMPPS COVID-19 response, in collaboration with public health partners and the establishment have compiled a short list of key learning points and suggestions for establishments to consider when managing outbreaks.

|  |  |
| --- | --- |
| **1** | **Consider the deployment of staff** to areas housing prisoners at greater risk from Covid based on testing take-up. Establishments should consider prioritising the deployment of staff who are actively engaging in regular COVID-19 testing into high risk areas. ‘High-risk’ may cover areas where there are high numbers of 'at-risk' prisoners co-located, inpatient facilities or outbreak areas. Operational demand may mean that this is not always achievable, but establishments may wish to prioritise the deployment of these staff in high-risk areas to manage risk of incursion and spread in these areas.  |
| **2** | **Contingency Plan and Prepare for instances of mass testing.** Establishments are advised to familiarise themselves with the guidance around the organisation of mass testing and ensure that there are clear plans in place for the facilitation of testing and the dissemination of results to the establishment. Establishments/OCTs must be clear about the testing pathway they are using I.e. whether pillar 1 or pillar 2 and the associated processes and current timescales for registering tests/receiving results. Any queries can be directed to **HMPPS Testing**for support.  |
| **3** | **Speed of Response and testing is critical.** All persons who present with flu-like or COVID-like symptoms should be tested for COVID at the earliest opportunity. Testing is critical to identifying cases and establishments should act quickly to make contact tracing enquiries, report the cases up the operational line to the centre via the reporting streams and make contact with the HPT. Testing should also be utilised immediately to determine the scale of any potential outbreak. When cases are identified, it is important that any essential workers who work across multiple wings/units are able to access testing immediately to mitigate any risk of transmitting infection across the establishment – staff should be encouraged to take up the testing offer. In the event of an IMT/OCT being called or an outbreak being declared, a representative from the central COVID-19 team (HMPPS Health Liaison team - health@justice.gov.uk ) should be contacted and present at all meetings.  |
| **4** | **Priority focus should be given to the continued roll-out of the vaccination** **programme**, in particular sites should encourage prisoners and staff who qualify to take up the vaccine booster/third dose offer. Whilst it is important to recognise that fully vaccinated people can still catch and transmit Covid-19, vaccinations remain the best defence against illness and are effective at keeping staff and prisoners safe. In large outbreaks some serious illness and potential deaths are possible, but vaccination can reduce the risk of this occurring. In sites where there are eligible populations, focus should continue on the rollout of the booster programme.  |
| **5** | Recent outbreak analysis has highlighted that there is some evidence of transmission of COVID-19 between establishments. It is therefore critical that **establishments should continue to encourage prisoners to partake in pre-transfer testing.** The guidance ([*COVID-19 Reception/RCU, Court, ROTL, Transfer& Release LFD Testing*](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/)) on facilitating this can be found by following the link. Establishments are also reminded that Prisoner Self Collect Testing may be used for planned transfers where it is risk assessed as suitable. Previously, on transfer, prisons were only required to record any positive transfer tests on the prisoner’s PER for transfer. Prisons are now being asked to include full information on the prisoner’s PER to communicate the result of the test taken ahead of transfer i.e. positive, negative, declined. |
| **6** | In the event of cases being detected and/or an outbreak being declared, priority focus should be given to the review of **controls** in place to determine if any increase in the level of controls is needed. Sites may wish to consider their approach to the use of face masks, testing, social distancing and handwashing against the wider set of controls. Establishments should consider whether mixing of populations across wings continues to be appropriate until the scale of the outbreak can be identified – this should especially be considered for vulnerable populations.  |