|  |  |  |
| --- | --- | --- |
| **Title of document:** | | |
| Exceptional Delivery Model Approved Premises | | |
| **This document applies to:** | | **Version: (This replaces all previous versions)** |
| All AP Staff | | **V9.0 – RAG EDM** |
| **Issue Date** | **Effective Date** | **Review Date** |
|  |  | Monthly – reviewed plans to be returned to [Approvedpremises@justice.gov.uk](mailto:Approvedpremises@justice.gov.uk) |
| **Issued on the authority of:** | | GOLD Command |
| **Action Required:** | | Each Head of Public Protection to review the Approved Premises in their area against all actions within the updated plan at minimum once per month. |
| **Provide a summary of the document and its purpose:** | | Exceptional Delivery Model RAG |
| **Please highlight any amendments and updates to the previous version:** | | Additions:  Terminology updates  Incorporating new guidance for self-isolation for fully vaccinated staff and people in AP.  Section 3 – updated to reflect changes in national guidance regarding self-isolation for those that are fully vaccinated.  Removed:  NA  Links at end of document have been checked including Public Health Wales latest guidance link and all documents have been updated |
| **Owner:** | | Joanne Oliver |
| **Senior Responsible Owner:** | | Sue Taylor |
| **Contact email address for queries:** | | [Joanne.oliver@justice.gov.uk](mailto:Joanne.oliver@justice.gov.uk) |
|  | | |

**EXCEPTIONAL DELIVERY MODEL (EDM) – APPROVED PREMISES**

**This AP EDM includes:**

* **Green components: used where conditions allow**
* **Amber components: used where Green is not possible (e.g. due to local restrictions or staffing shortages)**

**- Red components: used where the other two components aren’t possible (e.g. due to local restrictions or staff shortages)**

**- White components: this is the standard AP EDM relevant for all 3 steps in the RAG**

**If an AP Division is not able to deliver green components, due to local restrictions you will need to state in your EDP which colour in relation to delivery you are working on. This will be updated on the national tracker by the Deputy Director.**

**Key documents that need to be used in conjunction with this EDM:**

* **PPE and Social Distancing Guidance**
* **Sentence Management (formerly OM) EDM**
* **OFDT EDM**
* **Covid-19 AP Guidance**
* **All other EDMs relevant to specific delivery (there are 13 in total available via your Silver Commands)**
* **There must be local engagement with Trade Unions during the delivery planning process**

**Definitions Key**

|  |  |
| --- | --- |
| **LRF** | **Local Resilience Forum** |
| **CPP** | **Community Probation Practitioner (OM)** |

|  |  |
| --- | --- |
| **RAG status** | **Summary** |
| **Green** | * **All AP open with single room occupancy** * **Emergency and short notice referrals will be considered and accepted as appropriate** * **Receive redirected planned arrivals from AP in red** * **Purposeful activity using control measures** * **Pre Covid-19 intelligence led and random room searches using control measures** * **Resident CPP supervision in line with Sentence Management EDM to include telephone/video supervision/may include office visits to group work sessions only** * **Non-essential visitors allowed using control measures** * **Resident home visits / home-leave resumed** * **Keywork sessions delivered using control measures** * **ROTL / HDC case by case basis in line with Priority Allocations** * **Staffing does not require redeployment** |
| **Amber** | * **AP remain open with single room occupancy** * **Working towards re-opening closed AP** * **Emergency and short notice referrals will be considered and accepted as appropriate** * **Receive redirected planned arrivals from AP in red** * **Purposeful activity resumed where social distancing can be achieved alongside other Covid-19 infection prevention and control measures e.g. wearing of masks, hand hygiene, cleaning and ventilation.** * **Intelligence led room searching only** * **Resident CPP supervision in line with Sentence Management EDM to include telephone/video supervision /may include office visits for group work sessions only** * **Only essential visitors to AP** * **Resident home visits / home-leave where government guidance allows on case by case basis** * **Keywork sessions resumed where possible utilising social distancing other Covid-19 infection prevention and control measures e.g. wearing of masks, hand hygiene, cleaning and ventilation.** * **ROTL / HDC case by case basis in line with Priority Allocations** * **Staff redeployed from other AP / PDU / other government departments** |

|  |  |
| --- | --- |
| **Red** | * **Where possible, the AP remains open with single room occupancy** * **Planned arrivals will be directed to another AP that is operating an amber or green EDM.** * **Emergency and short notice referrals will not be accepted** * **AP may be closed due to significant staff shortage or Covid-19 outbreak declared** * **RPD and AP cluster to be alerted and escalation to LRF** * **Suspension of operations** * **Quarantine** **measures activated if required** * **Suspension of all purposeful activities and keyworker sessions** * **Remote CPP supervision only** * **No attendance at Probation Office** * **Intelligence led room searches only** * **No home visits / home-leave** * **ROTL / HDC – case by case basis in line with Priority Allocations** * **Staff redeployed from other AP / PDU and other government departments** * **Non-essential visitors will not be permitted entry to AP** |

| **RISK AREA** | **PRIORITIES** | **Ref No.** | **ACTIONS AND MITIGATIONS** | **WHEN** | **WHO** |
| --- | --- | --- | --- | --- | --- |
| 1. **Operational delivery of AP residence** | Ensure continued operational delivery | 1.1 | * People in AP are accommodated in single rooms. * Priority Allocation Model * Emergency and short notice referrals will be considered and accepted as appropriate * Receive redirected planned arrivals from AP in red * Utilising Covid-19 control measures set out in SOP/RA/guidance to include maintaining social distancing, hand hygiene and use of appropriate PPE where required * AP continuity planning in place * Business readiness assessment signed off for previously closed AP * AP Regime resumed including: Purposeful activity resumed – 6 hours week, Intelligence led and random searches, CPP Supervision as per Sentence Management EDM with office visits only for attendance at group work sessions, Keyworker sessions delivered, home-leave / visits resumed * Non-essential visitors allowed using control measures * ROTL / HDC case by case basis in line with Priority Allocations * Transgender Complex Case Boards delivered |  |  |

| **RISK AREA** | **PRIORITIES** | **Ref No.** | **ACTIONS AND MITIGATIONS** | **WHEN** | **WHO** |
| --- | --- | --- | --- | --- | --- |
| **1. Operational Delivery of AP residence** | Ensure continued operational delivery | 1.1 | * People in AP are accommodated in single rooms * Working towards re-opening closed AP * Priority Allocation Model * Emergency and short notice referrals will be considered and accepted as appropriate * Receive redirected planned arrivals from AP in red * Utilising Covid-19 control measures set out in SOP/RA/guidance * AP continuity planning in place * Working towards or completed business readiness assessment for currently or previously closed AP * AP Regime partially resumed including: Purposeful activity working towards – 6 hours week, Intelligence led room searches, CPP Supervision as per Sentence Management EDM, with office visits only for attendance at group work sessions, Keyworker sessions resumed where possible, home-leave / visits where government guidance allows on case by case basis * Only essential visitors to AP * ROTL / HDC case by case basis in line with Priority Allocations * Staff redeployed from other AP /PDU / other government departments as required * Transgender Complex Case Boards delivered remotely |  |  |

| **RISK AREA** | **PRIORITIES** | **Ref No.** | **ACTIONS AND MITIGATIONS** | **WHEN** | **WHO** |
| --- | --- | --- | --- | --- | --- |
| **1. Operational Delivery of AP residents** | Ensure continued operational delivery  . | 1.1 | * People in AP are accommodated in single rooms * AP may be closed due to significant staff shortage or Covid-19 outbreak designated by PHE * AP closure measures activated / checklist implemented * RPD and AP cluster to be alerted and escalation to LRF * Planned arrivals will be directed to another AP that is amber or green status. * Emergency and short notice referrals will not be accepted * Relocation of existing residents to another AP (in amber or green status) if required * Priority Allocation Model * Quarantine measures activated if required * AP continuity plans activated if required * Utilising Covid-19 control measures set out in SOP/RA/guidance * Suspension of operations may include: closure to new residents, suspension of AP regime including; purposeful activities, keyworker sessions, suspension of ROTL/HDC (admissions in line with Priority Allocations) * Remote CPP supervision only * Intelligence led room searches only * No home visits / home-leave * Restriction on resident movements * Staff redeployed from other AP /PDU and other government departments * Non-essential visitors will not be permitted entry to AP * Transgender Complex Case Boards delivered remotely |  |  |

**EXCEPTION DELIVERY MODEL (EDM) – Approved Premises**

|  |
| --- |
| **A record of all decisions to be retained for future reference** |

|  |
| --- |
| **From this section on is standard EDM which takes place in any of the 3 EDM stages as noted in the RAG key** |

| **RISK AREA** | **PRIORITIES** | **Ref No.** | **ACTIONS AND MITIGATIONS FOR DIVISION/CLUSTER** | **WHEN** | **WHO** |
| --- | --- | --- | --- | --- | --- |
| 1. **Priorities due to staff absence** | Minimum requirement for two staff on rota at any time must be upheld. When we can no longer put in place two members of residential worker staff, double waking night cover (DWNC) staff, sessional staff or agency, to cover every shift, the red exceptional delivery model will need to be triggered. | 2.01  2.02 | * Appoint SPOC for each AP cluster (as set out in interdependency spreadsheet), with back up * Maintain OneNote to collate information that can be accessed if SPOC is absent | Immediately and subject to monthly review. | Heads of Public Protection/AP Area Managers |
| 2.03  2.04  2.05 | * SPOC to coordinate/monitor rota cover across the cluster * Access to all sessional /agency staff lists to utilise staff across the cluster * Access to the spreadsheet listing all AP interdependencies to be provided to assist in redeployment where necessary | Immediately and subject to monthly review. | Heads of Public Protection/AP Area Managers |
| 2.06  2.07 | * Generate and maintain a list of wider NPS staff willing to be re-deployed to alternative AP. To be used when all other avenues have been exhausted and voluntary avenues have not been successful. All staff members can be deployed on Short Term Detached Duty terms to any location that is within reasonable daily travelling distance / 60 minutes is the established norm or though policy would permit 75 mins or 90 mins in London * Contingency training plan has been developed (includes Safe Working Practice), mandatory training/shadow shifts for identified staff to be undertaken prior to deployment where possible, to include Infection Prevention and Control training if available from PHE/W. | Immediately and subject to monthly review. | Heads of PDU/ Heads of Public Protection/AP Area Managers |
| 2.08 | * Rationalise staff activity outside AP i.e. attendance in person at external meetings, partnerships, etc. utilise all technical solutions to promote remote access | At point where the exceptional delivery plan is implemented | Heads of Public Protection/AP Area Managers/AP Managers |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 2.09 | * Deploy staff from the PDU/specialist posts if appropriate and available. All normal and travel subsistence rules apply. | At point where the exceptional delivery plan is implemented | Heads of PDU/ Heads of Public Protection/AP Area Managers |
| 2.10  2.11  2.12 | * Generate and maintain a list of existing staff willing to work out of hours/overtime * Implement double cover for the Tier 1 out of hours management arrangements * Generate and maintain a list of AP staff who have caring/childcare responsibilities (in the event of school closures) | Immediately and subject to monthly review. | Heads of Public Protection/AP Area Managers/AP Managers |
| 2.13 | * Each AP to generate and maintain list of their main tasks and priorities to be used by colleagues if required. To include contact numbers etc. | Immediately and subject to monthly review. | AP Area Managers/AP Managers |
| 2.14 | * All AP staff to have access to and be familiar with local and divisional business continuity plans; especially where interdependencies exist | As soon as available | NPS Business Strategy and Change lead/AP Area Managers/AP Managers |
| 2.15 | * Ensure frequent Multi-Agency contact with FM estate colleagues is in place via designated FM SPOC, e.g. cleaning of buildings; access to facilities, to be maintained | Immediately | AP Area Managers/AP Managers |
| 2.16 | * Review the suspension of face to face training and staff supervision sessions | Immediately and ongoing | Heads of Public Protection/AP Area Managers/AP Managers |
| 2.17 | * Review of existing Rota and consideration of deviation of regular shift patterns | At point where the exceptional delivery plan is implemented | Heads of Public Protection/AP Area Managers/AP Managers |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 2.18 | * Suspension of usual regime e.g. no purposeful activity (unless safe to do so), meals can be eaten in resident rooms without supervision, arrangements for any medicines administered under supervision (e.g. methadone) to be supplied at the room door with appropriate PPE (masks, gloves and aprons). Social distancing should also be adhered to where possible. Consideration of provision of lunches to residents shielding or isolating etc. | At point where the exceptional delivery plan is implemented | Heads of Public Protection/AP Area Managers/AP Managers |
| 2.19 | * Ensure frequent liaison with Public Health, H&S, NPS and TU colleagues is in place | As soon as practicable and subject to monthly review. | Heads of Public Protection/AP Area Managers/AP Managers |
| 2.20 | * Plan for option for staff to sleep in AP in event of isolation/staff shortages | As soon as practicable and subject to monthly review. | AP Area Managers/AP Managers |
| 2.21 | * Consider home working arrangements for non-people on probation facing roles and ensure Cardinus completion | As soon as practicable and subject to monthly review. | AP Area Managers/AP Managers |
| 1. **Priority due to resident with suspected / confirmed Covid-19** | PHE/W guidance is clear that once an individual has suspected/ confirmed Covid-19 then they need to self-isolate within the AP for 10 days unless the individual continues to present with respiratory symptoms in which case isolation should continue and clinical assessment should be sought through a GP. It is not necessary for all residents to self-isolate although those with whom a suspected or confirmed case has come into contact will need to do so if they too become symptomatic and/or are contacted by NHS Test and Trace unless fully vaccinated. Fully vaccinated adults in England are no longer required to self-isolate as a contact as long as they received their final dose of an MHRA-approved vaccine in the UK vaccination programme at least 14 days prior to contact with a positive case. | 3.01  3.02 | * All AP staff to be aware of telephone number and links to source advice from PHE/W existing guidance (see useful information section at the end of this document) * How and where to report case | As soon as confirmed and subject to monthly review. | AP Covid-19/  Heads of Public Protection/AP Area Managers |
| 3.03 | * AP staff to follow PHE/W advice re managing self-isolation of individuals and AP specific guidance. All relevant information circulated and available on AP Covid OneNote | As soon as practicable and subject to monthly review. | AP Covid-19 lead/  Heads of Public Protection/AP Area Managers |
| 3.04 | * AP staff to understand the process for obtaining PPE from nationally set up regional hubs, the items of PPE it is recommended to wear in specific circumstances/for specific activities (PHE checklist), the donning and doffing of PPE (PHE guidance) and its safe disposal after use | As soon as practicable | AP Covid-19 lead/H&S lead |
| 3.05 | * AP staff to be aware of process for those residents who refuse to self-isolate including arrangements regarding curfew, police powers, etc. | As soon as agreed | AP Covid-19 lead/  Heads of Public Protection/AP Area Managers |
| 3.06 | * AP staff to have access to a list of on call managers/senior managers * Senior managers to have access to HMPPS Covid-19 duty rota | At point where the exceptional delivery plan is implemented | AP Covid-19 lead/  Heads of Public Protection/AP Area Managers/heads of PDUs |
| 3.07 | * Clarify liaison with H&S colleagues for duty AP managers. Ensure H&S out of hours details are available for AP duty managers | As soon as practicable and subject to monthly review. | AP Covid-19 lead/  Heads of Public Protection/AP Area Managers |
| 3.08 | * Ensure all staff are proficient in understanding of all Covid-19 infection prevention measures including effective hand hygiene and use of PPE (masks, gloves and aprons), including safe donning and doffing of equipment. * Ensure all staff are aware of the agreed arrangements with FM re plans for deep cleaning. Also, regular cleaning of common touch points e.g. door handles, light switches, handrails, hard surfaces and items e.g. telephones, desks, keyboards, mouse, chairs including arm rests, for infection control purposes * Outbreak sites to request ‘*AP Covid-19 isolation area clean*’ from the KBR helpdesk | As soon as practicable | Heads of Public Protection/AP Area Managers |
| 3.09  3.10 | * Increased vigilance of all staff at point of entry. * NHS symptom checklist and temperature screening processes in place for staff, residents, visitors and contractors. * Resident leaflets/education re Covid-19 to be available and issued individually for sole use * Posters to be displayed in AP * Floor markings in place to maintain 2M social distancing * Instigate a one-way system where possible with arrows (floor tape) and passing signs to allow for social distancing in corridors * Maximum capacity clearly marked in each room and not exceeded. * Compliance monitored by staff | As soon as materials are available | AP Managers |
| 3.11 | * Communication with staff re: risk/reassurance required post outbreak (communication plan required). | As soon as confirmed | AP Covid-19 lead/Heads of Public Protection /AP Area Managers |
| 3.12 | * To be available for all staff/residents * Hand sanitiser for use between handwashing opportunities * Antibacterial soap * Disinfectant wipes (which contain agents that clean and disinfect against bacteria and viruses) for cleaning high-risk common touch areas * Fluid Resistant Surgical Masks (in line with HMPPS Face Mask Strategy) * Tissues * Bins | As soon as possible | AP Managers |
|  |  | 3.13 | * Ensure that a daily record is maintained of those present and where they have gone to provide to NHS Test and Trace and the local Health Protection Team in the case of a positive Covid-19 case being confirmed. This should include visitors and contractors attending the premises with individual contact details. | Immediately and ongoing | AP Managers |
| 3.14 | * Ensure that arrangements are in place to test other AP residents should any resident/staff member be suspected of being positive (guidance may vary between England and Wales and must be checked) * AP Staff and Resident rolling Covid-19 Testing regime introduced: Testing every 6 – 8 days but not mandatory | As soon as possible  Immediately and Ongoing | AP Managers |
| 3.15 | * Ensure that wherever possible staff should not be redeployed to AP where cases of COVID-19 are suspected or confirmed to help ensure any further spread is contained. * Ensure cross-site working is eliminated where possible and/or minimised to reduced cross-site transmission | As soon as confirmed | AP Managers |
| 3.16 | * Ensure residents are supplied with 2 face coverings for use in public where required and advice regarding when and where these should be worn. | Immediately & ongoing | AP Managers |
| 1. **Priorities in relation to purposeful activities** | Review current regime of six hours per resident per week. Consider stopping all but essential activity to support public protection in the event of infection in AP/staff shortages.  For APs that are PIPEs, consider maintaining the key working element of the PIPE regime where possible.  For AP where Key working sessions were suspended, consider reinstating in line with PHE guidance | 4.1 | * Identify all activity which is not essential to support public protection | As soon as practicable and subject to monthly review. | AP Keyworker (PSO) |
| 4.2 | * Advise partner agencies of our intention to stop all non-essential purposeful activity in the event of an outbreak at an AP. | As soon as practicable. | AP Manager/AP Keyworker (PSO) |
| 4.3 | * Advise community probation practitioners of the steps which will be taken | As soon as practicable and subject to monthly review. | AP Keyworker (PSO) |
| 4.4 | * Review the temporary suspension of all non-essential purposeful activity where social distancing cannot be achieved. | Immediately and ongoing | Head of Public Protection/AP Area Manager |
| 4.5 | * Reinstate key working sessions with non-symptomatic residents utilising appropriate PPE where social distancing principles cannot be adhered to. | As soon as practicable and subject to monthly review | Head of Public Protection/AP Area Manager/AP Manager/AP Keyworker |
|  |  | 4.6 | * For AP PIPE services, reinstate formal and information activity in line with the PIPE specification. Any activity will be jointly agreed within clinical and operation partners will largely be 1-1 and in small groups with social distancing measures in place, good hand hygiene (to include hand washing and hand sanitiser for use in between opportunities for hand washing) and use of PPE as per guidance. Small group working, where required, needs to be risk assessed locally and should operate within a ‘closed’ group of staff and people in AP. A log will be kept of all group and staff members for contact tracing purposes. | As soon as practicable and subject to monthly review | Joint PIPE Leads (Clinical and operation) in consultation with contract leads and Co-Commissioners |
| 4.7 | * For PIPE activities, conduct a local review of the layout of each group room to factor in the need for social distancing for the people in AP and staff. Particular attention should be given to the numbers of participants in relation to the space available and current public health guidance, space between seats, ventilation requirements / requirement for cleaning of room and equipment between use by different staff/participants including chairs and tables (use of spray on soft furnishings - to be used as detailed in SOP) , use of floor markings if appropriate, signage regarding health and safety, arrangements and instructions for hand washing and/or application of hand gels, between handwashing opportunities before and after the session, during if required, arrangements/instructions for break times (and unplanned exits) arrangements or instructions for access to toilets. Shorter sessions should be considered to avoid needing breaks. | As soon as practicable and subject to monthly review | Joint PIPE Leads (Clinical and operation) in consultation with contract leads and Co-Commissioners |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 4.8 | * In PIPEs, jointly conduct a local review of the arrangements for the safe issuing and cleaning of any materials with the health provider. Particular attention should be given to arrangements for use of materials such as flipcharts, pens and hand-outs, socially creative materials, cooking equipment, areas for dining, books and any technology used. | As soon as practicable and subject to monthly review | Joint PIPE Leads (Clinical and operation) in consultation with contract leads and Co-Commissioners |
| 4.9 | * For PIPE staff, jointly conduct a local review on the need for and availability of PPE and ensure there is adequate provision and information about appropriate use where required.All staff needing to use PPE must be adequately trained in donning and doffing PPE and its safe disposal. | As soon as practicable and subject to monthly review | Joint PIPE Leads (Clinical and operation) in consultation with contract leads and Co-Commissioners |
| 4.10 | * For all residents in PIPEs, jointly conduct a review of all people in APs with the health partner, identifying those with higher need and priority for individual or group work when restrictions allow, or for immediate crisis response | As soon as practicable and subject to monthly review | Joint PIPE Leads (Clinical and operation) in consultation with contract leads and Co-Commissioners |
| 1. **Health & Safety considerations** | Liaise closely with H&S to ensure best advice/practice is in place.  Health & Safety considerations Transmission of Covid 19 during administration of oral fluid drug and alcohol breath tests | 5.0 | * All Senior AP Managers/on call managers to be aware of and have access to GOLD governance procedures to receive advice from H&S colleagues | As soon as practicable and subject to monthly review. | AP Head of Operations / HoPP |
| 5.1 | * Ensure contact details for H&S duty manager via GOLD governance are available to Senior/on call managers in respect of AP work. | At the point where the exceptional delivery model is triggered | Head of Public Protection/AP Area Manager |
| 5.2 | * Ensure that all arrangements for the provision of PPE are clear and understood by all AP staff. Also, the items of PPE it is recommended to wear in specific circumstances/for specific activities (PHE checklist), the donning and doffing of PPE (PHE and PHW guidance) and its safe disposal after use. * Staff must adhere to Updated AP Core Tasks Operation SOP | As soon as practicable | AP Head of Operations / HoPP / AP Manager |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | 5.3 | * Ensure that arrangements for PPE to be transported to AP are in place and can be activated at short notice | As soon as practicable | AP Covid-19 lead/ Head of Public Protection/AP Area Manager | |
| 5.4 | * To be available for all staff and residents * Hand sanitiser gel for use between handwashing opportunities * Antibacterial soap * Disinfectant wipes (which contain agents that clean and disinfect against bacteria and viruses) for cleaning high-risk common touch areas * Fluid Resistant Surgical Masks (in line with HMPPS Face Mask Strategy) * Tissues * Bins | As soon as practicable and subject to monthly review. | AP Manager | |
| 5.5 | * Expectations in respect of 7-day cleaning of the AP to be set out clearly | As soon as practicable and subject to monthly review. | FM Contract Management | |
|  |  | 5.6 | * Compile a confidential list and arrange completion of a vulnerable (clinically extremely vulnerable, clinically vulnerable and staff that are vulnerable due to other factors) person’s risk assessment where appropriate for all staff in relation to the following: * Respiratory issues * Other underlying health conditions which may put them at an increased risk of severe illness from a contagious/infectious/virus * Those extremely vulnerable people previously advised to shield in line with PHE guidance * Over 70 years of age * Those that are pregnant * Belong to a demographic group known to be at higher risk | As soon as practicable and subject to monthly review. | AP Manager/Area Manager/HoPP | |
| 5.7 | * Compile a confidential list of all residents in relation to the following: * respiratory issues * other underlying health conditions which may put them at an increased risk of severe illness from a contagious/ infectious/ virus * Those extremely vulnerable people previously advised to shield in line with PHE guidance * Those over 70 years of age * Belong to a demographic group known to be at higher risk | As soon as practicable and subject to monthly review. | AP Manager/Area Manager/HoPP | |
| 5.8 | * Complete the pregnancy risk assessment for staff as per HR guidance on EQuiP | As soon as practicable and subject to monthly review. | AP Manager/Area Manager/HoPP | |
| 5.9 | * HoPP to ensure that resident risk of harm to self is prioritised for review and action and that we are confident all staff are vigilant at this crucial time. | As soon as practicable and subject to monthly review. | AP Manager/Area Manager/HoPP | |
| 5.10 | * Communication to all staff on the most up to date position regarding oral fluid drug testing: to be suspended / resumed and to include briefing / guidance / SOP/risk assessment andoperational readiness checklist circulated to staff. * Refer to OFDT EDM | As soon as practicable and subject to monthly review. | AP Manager/Area Manager/HoPP | |
| 5.11 | * AP staff through observation and/or engagement with residents, to gather intelligence around patterns and changes in residents’ behaviour, provide accurate information, analysis of situation and risk assessment whilst maintaining social distancing and g record this appropriately on nDelius and share with OM | As soon as practicable and subject to monthly review. | AP Staff / AP Manager/Area Manager/HoPP | |
| 5.12 | * AP staff to share suspicion of substance use with OMs and substance misuse services where residents are in treatment | As soon as practicable and subject to monthly review. | AP Staff AP Manager/Area Manager/HoPP | |
| 5.13 | * Where high risk of harm to self, including overdose, and other wider risk behaviours are present risk of harm resource packs to be shared. Consideration should be given to removal of bed-space as a last resort if AP cannot safely manage the risk to the resident. | Immediately and Ongoing | Area manager/AP managers/AP staff | |
| 5.14 | * Ensure safety planning including CARE is in place in AP where known risk of harm to self, including history of overdose for first night in residence and that this is documented on nDelius and shared with PP. | Immediately and Ongoing | Area manager/AP managers/AP staff | |
|  |  | 5.15 | * Ensure that contingency arrangements are implemented to support the roll out of Naloxone as a priority. Ensuring safe practice including use of PPE and all control measures in place. | Immediately and Ongoing | AP managers/AP staff | |
| 5.16 | * AP room searches to be completed where resident high risk of overdose, based on historical drug use, drug use in custody and/or information on or suspicion of drug use post release. Using PPE and maintaining social distancing | Immediately and Ongoing | AP managers/AP staff | |
|  |  | 5.17 | * Ensure that arrangements are in place for residents with COVID-19 (confirmed and unconfirmed who are self-isolating including traced contacts) to have access to prescribed medication   + Collecting medicines from community pharmacies or using pandemic delivery services (referring to NHS published guidance:<https://www.england.nhs.uk/coronavirus/publication/guidance-for-healthcare-teams-on-the-release-of-adult-patients-from-the-secure-and-detained-estate/>   + Supporting residents in accessing remote consultations with GPs, substance misuse services and other care in line with national guidance | Immediately and ongoing |  |
| 5.18 | * Ensure that staff have consulted national guidance relating to: testing, contact tracing and vaccination; cleaning processes; protecting vulnerable people; working safely; hand hygiene; social distancing; and use of PPE. Please also refer to specific HMPPS social distancing and PPE guidance. | Immediately and ongoing |  |
| 5.19 | * Communication to all staff that alcohol testing to be suspended / resumed and guidance / SOP/risk assessment andoperational readiness checklist circulated to staff. | As soon as practicable and subject to monthly review | AP Manager / Area Manager / HoPP |
| 5.20 | * Staff and residents are not to share food brought into the AP | Immediately and Ongoing | AP Manager | |
| 5.21 | * Vitamin D Supplements to be offered to all residents at AP induction and supporting leaflets shared. | Immediately and Ongoing | AP Manager | |
| 1. **AP in quarantine zone (where designated by Government)**   **Completion not required until instructed to do so** | Getting staff to work – public transport/permission to enter quarantine areas  Obtaining food supplies to residents/staff fed  FM support services: cleaning maintenance, laundry services | 6.1 | * Set out arrangements for getting staff to work if the area around AP is quarantined. | As soon as practicable and subject to monthly review | Head of Public Protection/AP Area Manager/AP Manager | |
| 6.2 | * Establish which staff use public transport/their own vehicles / where a taxi will be required | As soon as practicable and subject to monthly review | AP Manager | |
| 6.3 | * Establish local sources of food supplies and how they can be paid for and collected/delivered/ GPC Cards in place | As soon as practicable and subject to monthly review | Head of Public Protection/AP Area Manager/AP Manager | |
| 6.4 | * Establish how FM services will be delivered in a quarantine area i.e. maintenance, laundry collection, cleaning, double waking night cover | As soon as practicable | FM Contract Management | |
| 6.5 | * Establish the process for staff/contractors to obtain permission to cross into quarantine zone | At point where quarantine is imposed | Head of Operations | |
| 6.6 | * Develop contingency plans and assess facilities required to support the possibility of staff remaining at AP overnight if travel becomes difficult | As soon as practicable and subject to monthly review | Head of Public Protection/AP Area Manager/AP Manager | |
| 1. Priorities if an AP needs to close | To identify an AP in each cluster which could remain open  Identify residents who would need to be relocated to the cluster AP, could go home to their family, to planned move on accommodation or need to be recalled to custody | 7.1 | * Identify which AP in the cluster is best placed to remain open. Ensure closure checklist is completed and submitted via governance arrangements. | As soon as practicable and subject to monthly review | Heads of Public Protection/AP Area Managers | |
| 7.2  7.3  7.4  7.5 | * Set out plans to cap occupancy within cluster to create capacity * Ensure capacity tracker is updated weekly as required * Consider refusal of alternative to recall and PSS cases * Terminate ROTL licence and make arrangements to return to custody | As soon as practicable  As soon as practicable  At point where the exceptional delivery plan is implemented | Deputy Director  /Covid-19 lead  HoPP  Deputy Director/Covid-19 lead  AP Area Managers/AP Managers | |
| 7.6 | * Identify staff who are willing to work in other AP if required | As soon as practicable and subject to monthly review. | Heads of Public Protection/AP Area Managers | |
| 7.7  7.8  7.9 | * Ask CPP to update risk management plans to identify residents who could be given home leave or leave the AP to go to move on accommodation * CPP to complete review of contingency move on plan * Activate RMP contingency arrangements | As soon as possible  As soon as practicable  At point where the exceptional delivery plan is implemented | AP Managers/AP Keyworker (PSO)  PDD/PDU Head/PP  AP Manager/on call duty Manager | |
| 7.10 | * Identify those residents who need to be moved to the identified cluster AP and their particular risks | As soon as practicable | AP Managers/AP Keyworker (PSO) | |
| 7.11  7.12 | * Clear governance arrangements regarding decision making process for AP closure and consolidation to designated AP in cluster to be put in place * Activate the agreed governance process | As soon as practicable and subject to monthly review. | Deputy Director/Covid-19 lead  AP Managers/AP Keyworker (PSO) | |
|  | 7.13  7.14 | * Set out plans for transportation of resident to cluster AP designated to stay open * Identify list of potential transport options with contact details and payment methods | As soon as practicable  As soon as practicable | AP Area Managers/AP Managers  AP Area Managers/AP Managers | |
|  | 7.15 | * Ensure that arrangements are in place for the transfer of medicines along with residents to new homes/residences (including any doses stored in the community pharmacy awaiting collection) * Provide support to residents in registering with a local GP if the move is out of area e.g. temporary resident | As soon as practicable |  | |
| 1. **Priorities in relation to re-opening of AP** |  | 8.1  8.2  8.3 | * Where there is more than one AP closed within the same region, set out plans for reopening and which AP will be prioritised to re-open first. * Completion of Business Readiness Assessment, ensuring criteria for reopening is met * Ensure Business Readiness Assessment has been signed off via appropriate governance process | As soon as practicable  As soon as practicable  As soon as practicable | Head of Public Protection  Head of Public Protection  DD RASS/Head of Operations | |
|  | | | | | | |

**Useful Information**

Information on novel coronavirus-2019 is available on the PHE website at: [Coronavirus (COVID-19) - Public health matters (blog.gov.uk)](https://publichealthmatters.blog.gov.uk/category/coronavirus-covid-19/)

* Updated list of Category 1 and Category 2 listed countries/areas from PHE website at: <https://www.gov.uk/guidance/coronavirus-covid-19-countries-and-territories-exempt-from-advice-against-all-but-essential-international-travel>

Further professional information is available here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>

Latest Guidance on HMPPS Intranet at: <https://intranet.noms.gsi.gov.uk/support/covid-19-coronavirus>

HPT – this link takes you to your regional number: <https://www.gov.uk/guidance/contacts-phe-health-protection-teams>

* H&J link: <https://www.gov.uk/government/publications/public-health-in-prisons-and-other-secure-settings-contact-phe-specialist-leads/contact-details-for-national-and-local-public-health-england-health-and-justice-specialists>
* PHW latest guidance: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

