|  |
| --- |
|  |
| Management of Seasonal Communicable Disease in Custody – Winter 2021-22Covid-19, Influenza, Diarrhoea & Vomiting  |
| Version 1.1January 2022 |

# Version Control

|  |  |  |
| --- | --- | --- |
| Version | Amendments from previous | Author/Lead |
| 1.0 | For publication. | MP/MC/RB & JVdV |
| 1.1 | Amended link to Infection Control in PPD on Gov.UK (following recent change) | MC |

**Contact for further information or queries:**  health@justice.gov.uk

# Contents

|  |  |  |
| --- | --- | --- |
| Section  | Title | Page |
| 1 | Introduction | 2 |
| 2 | Role of Public Health Partners & Statutory Processes | 2 |
| 3 | Actions in Preparation for Winter | 4 |
| 4 | Key Guidance | 5 |
| 5 | Communicable Disease Incident Response | 6 |
| Annex A | Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010 | 11 |
| Annex B | Outbreak Contingency Contact List | 12 |
| Annex C | Sources of community COVID infection data: | 13 |
| Annex D | EXAMPLE PRIORITY PREPARATORY ACTIONS FOR OUTBREAK | 14 |
| Annex E | EXAMPLE PRIORITY ACTIONS FOR COVID-19 OUTBREAK RESPONSE INTERVENTIONS (PROACTIVE & ACTIVE | 16 |

# 1. Introduction

The purpose of this guidance is to provide Prison establishments and Youth Custody Service secure settings with a reference document to guide and support the management of communicable disease control and communicable disease incidents in prisons and youth custody settings during winter 2021-22.

This document must be read with operational guidance and associated Health & Safety detailed information which remains in force. It is important to continue to refer to more detailed guidance and procedural specification signposted from this document.

Since the World Health Organisation (WHO) declared the global Covid-19 pandemic on 11th March 2020, both the challenges presented by communicable diseases and the response have been exceptional. We need to be prepared for an ongoing dynamic and complex situation. In this document we highlight:

* The ongoing challenge of controlling and responding to Covid-19
* The likelihood that this will be the first winter when Covid-19 and Influenza will both be circulating
* The heightened risk of Diarrhoea and Vomiting during the winter months

Taken together these diseases are the most common causes of outbreaks and impactful incidents in custodial settings during the winter months. Incidents and outbreaks of other diseases can and do occur. Some of the core processes advised in this document (e.g., outbreak control) can be followed in the management of other diseases, but the specialist advice of Health Protection Teams must always be sought.

Risk from Covid-19, Influenza and other communicable diseases which may impact Prisons & the Youth Custody Service (YCS) remains highly dynamic and there is, at the time of writing, significant uncertainty about the challenges which may arise. It may be necessary therefore to update, rescind, or supplement parts or all this guidance as the situation in England & Wales and in custodial services develops.

This guidance has been developed with advice from the United Kingdom Health Security Agency (UKHSA). It does not replace published guidance from these bodies but references their advice, builds on, and interprets that guidance for operational delivery in HMPPS services.

# 2. Role of Public Health Partners & Statutory Processes

**Role**

UKHSA is the national public health agency with responsibility for surveillance and response to infectious diseases and the provision of expert advice and support in the management of infectious disease.

UKHSA works through regional Health Protection Teams (HPTs) and with NHS England & Improvement, HMPPS and criminal justice system partners and their healthcare providers to detect, investigate and manage incidents and outbreaks of communicable diseases, or other threats to health. The HPT will also provide strategic coordination for the multi-agency management of such events working with the NHS and other relevant partners to provide resources.

**Notifications & Reporting – Health Protection Teams**

Health Protection Teams **must** be notified by registered medical practitioners or appropriate other professionals of cases of notifiable diseases in prisons and YCS secure settings as soon as possible. A list of notifiable diseases for these purposes is provided at **Annex A**.

There are statutory duties upon medical practitioners for reporting infectious diseases, (this includes COVID-19), to local Health Protection Teams on initial suspicion. Timely reporting to HPTs to potential incidents/outbreaks occurring in prisons and other secure settings will reduce the risk of transmission and the impact of incidents across the wider Criminal Justice System.

HPTs should be informed as soon as possible, and in all cases notifying them verbally within 24 hours where a prisoner, child / young person, or staff member are reporting symptoms.

These requirements are separate to any regular reporting to HMPPS which will continue to be separately advised. Reporting notifiable disease to HMPPS **does not** discharge the responsibility for HPTs to be notified.

Governors / Directors should work with healthcare providers and the employers of all staff who work in establishments and secure settings to review and assure local processes so that it is clear by whom and how Health Protection Teams are notified of notifiable diseases and infection occurring among groups or individuals any person who lives, works or is present in their establishment or secure setting.

**Telephone Reporting of Illness to HMPPS**

Individual cases of notifiable diseases detected in prisons should **not** normally be reported to headquarters through the single incident line **unless** they meet the criteria advised in policy, that is:

* *Illness/Injury - if threat to security/control, likely to attract publicity or need immediate reporting to Ministers.*

Exceptionally during winter 21/22 notifiable disease incidents **should** be telephone reported through the single incident line if:

* Prison staff are aware through local surveillance & reporting of any instances of **respiratory disease (including Covid-19, influenza and tuberculosis); diarrhoea / vomiting; or skin rashes**, affecting people who live or work in the prison, where the incident appears to meet the definition of an outbreak of communicable disease.

And

* The incident is a **new** development not already being managed.

For example, if several new cases of Covid-19 are detected in a prison following a period where none have been detected, or following the closure of an outbreak, a report shouldbe made to HMPPS. New cases which appear to be part of an existing outbreak should not be telephone reported to HMPPS.

This requirement is in addition to routine reporting requirement advised in separate guidance.

Outbreak definitions are provided in section 6 of this document Page 15.

# 3. Actions in Preparation for Winter

**Summary**

Governors & Directors should:

* Assure comprehensive processes for statutory notifiable disease reporting to Health Protection Teams, as above, and to HMPPS
* Assure the continuity of provision of a contact tracing service from Health Resilience Leads
* Complete and make available to key staff **Annex B** Outbreak Contingency Contacts List
* Establish or continue a regular local surveillance meeting or ensure surveillance and alerting work is undertaken through other governance
* Review and complete **Annex D** Example Priority Preparatory Actions for Outbreak
* Review local control measures against those advised in Section 5 of this document and assure preparedness to increase controls if required, as set out below.

**Contact Tracing & Health Resilience Leads**

The Health Resilience Lead (HRL) role will continue to support the relevant response to Contact Tracing in partnership with NHS England Test and Trace system in the community and support the delivery of a testing regime identified in both the separate Staff and Prisoner Covid Testing Manuals, which are being written.

HRLs will continue to promote and assure the delivery of agreed infection prevention controls (IPC) for Covid or any other identified infectious disease outbreaks.

HRLs will continue to foster and maintain local relationships with Health Protection Teams and Local Authority Public Health partners.

HRLs will support establishments to refresh their local Outbreak Management Contingency Plan, in readiness to stand up a response to any health incident or outbreak. (Annex B)

The HRL will be responsible for supporting the learning, understanding and communication of risks posed by particular disease, infection or outbreaks, based on UKHSA guidance, continuing to challenge and prevent the dissemination of misinformation and false statements.

**Surveillance & Alerting**

To inform risk assessment and the application of controls locally, headquarters will continue to monitor the national situation and will advise establishments and YCS secure settings with a view of local Covid-19 risk through the ‘Heatmap RAG’. New systems are in development through which we aim to provide more detailed information to support local surveillance and action, which will be communicated in due course.

Establishments and YCS secure settings must locally remain alert to the ongoing and changing risk picture. It is good practise for establishments and YCS secure settings to develop a local surveillance function to monitor what is happening in the establishment or YCS secure setting and local community.

It is recommended that, where not already in place, establishments establish a regular meeting involving the Governor or their representative, Health & Safety representative(s), Healthcare service providers, and Health Resilience leads to consider local establishment and community information. Partners from Public Health agencies, (UKHSA, PHW, Health & Safety and Local Authorities) may be invited to attend, or to feed into considerations, to alert to risks prior to an OCT or where an Outbreak Control team is not meeting. In any event, Public Health specialists should be routinely advised of the findings of local surveillance activity. Summaries of the meetings should be relayed to local trade unions.

Some links to relevant information sources are included at **Annex C**

**Support**

The HMPPS health Liaison Service will continue to operate throughout winter 2021-22 working closely with HMPPS services, headquarters, UKHSA, PHW and the NHS. The Health Liaison Service can provide specialist operational advice and referral for support and should be engaged in all incident management and outbreak control responses for notifiable disease. Further support is available from other HMPPS HQ teams.

Contacts:

Health Liaison Service: health@justice.gov.uk

Operational Guidance: COVID19.RegimesOpsGuidance1@justice.gov.uk

PPE: covid.19ppequeries@justice.gov.uk

Testing & Vaccinations/ Surveillance: HMPPSCOVID19RegimeRecoveryTesting@justice.gov.uk

# 4. Key Guidance

**Infection Prevention & Control**

The core published guidance supporting this handbook from public health officials is ***“Prevention of infection & communicable disease control in prisons & places of detention. A manual for healthcare workers and other staff.”*** This document provides guidance for healthcare workers and other staff who work in prisons and places of detention. The manual provides advice on specific infections and dealing with outbreaks, key points on immunisation and vaccination and guidance on infection prevention and control within custodial settings.

[Infection control in prisons and places of detention - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/infection-control-in-prisons-and-places-of-detention)

**COVID-19**

Coronavirus (COVID 19) remains a significant risk. The UK Health Security Agency (UKSHA, formerly, Public Health England) has published guidance on preventing and controlling outbreaks of COVID-19 in prisons and places of detention which includes guidance on the recommended Personal Protective Equipment (PPE) for staff in prisons and community offender accommodation.

[Preventing and controlling outbreaks of COVID-19 in prisons and places of detention - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance)

**Seasonal Influenza (‘flu)**

As behaviours nationally return towards pre-pandemic norms, there will potentially be high levels of seasonal influenza virus (and other respiratory viruses) circulating alongside COVID-19 in winter 2021 to 2022.

Many people who are vulnerable to ‘flu are also more vulnerable to hospitalisation and death from COVID-19. Prisoners and staff over 50 years old and those in clinical risk groups are at higher risk of both severe flu and severe COVID-19 infection.

All directly employed public sector staff working for Her Majesty’s Prisons and Probation Service (HMPPS) are **eligible for a free flu vaccine** this year. HMPPS staff based in public sector prisons and YOIs will have access to on-site flu clinics through occupational health. Alternatively, HMPPS staff can get a flu vaccine from a community pharmacy and claim the cost on expenses.

The documents linked below contain national Influenza management guidance, including guidance on the use of antivirals and vaccination availability, eligibility and general planning information for all prisoners, children and young people in custody, detainees and staff.

**Flu in prisons and secure settings**

<https://www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals/flu-in-prisons-and-secure-settings-adult-guidance>

**‘Flu in the children and young people’s secure estate**

<https://www.gov.uk/government/publications/seasonal-flu-in-the-children-and-young-peoples-secure-estate/flu-in-the-children-and-young-peoples-secure-estate-guidance>

**Gastro-intestinal Illness, Diarrhoea & Norovirus**

Viruses which cause diarrhoea and vomiting, sometimes with a fever are likely to be circulating during the winter months. Norovirus, also known as ‘winter vomiting disease’, causes gastroenteritis and is highly infectious. The virus is easily transmitted through direct contact with infected individuals and being exposed to contaminated environments

Pre-covid, Diarrhoea and Vomiting illness was the most common type of disease outbreak in prisons and secure settings in England and Wales. Elderly individuals, very young children and those with weakened immune systems are more likely to develop more severe symptoms which last longer and are therefore most at risk of becoming dehydrated. Symptoms can last for 1 to 2 days, and most people make a full recovery quickly.

Whilst norovirus spreads easily, catching it is not inevitable. With the appropriate precautions it is possible to remain healthy whilst people at work or at home are ill. Practicing good hygiene and avoiding contact with others while infectious are at the core of protecting yourself and others from the spread of the virus.

**5. Communicable Disease Incident Response**

A comprehensive suite of resources to help all professionals treat and prevent infections and improve health and wellbeing in prisons and secure settings is published at this link.

[Public health in prisons and secure settings - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/public-health-in-prisons)

UKHSA guidance describes both specific actions required to identify and manage an incident or outbreak, as well as describing the roles and responsibilities of partner organisations involved.

**Outbreak Definitions**

An outbreak is defined as:

*• an incident in which two or more people experiencing a similar infectious illness are linked in time/place*

*• a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred*

*• a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever (such as Ebola Virus) or polio*

A Covid-19 Outbreak is defined as:

*2 or more prisoners or detainees or staff in the Prison or Place of Detention who meet the case definition for COVID-19 or have a positive test result and among whom transmission was likely to have occurred within a 14-day period.*

**Incident Management Team (IMT) and Outbreak Control Team (OCT)**

An IMT or OCT is a multi-agency team meeting normally stood up by UKHSA / PHW’s Health Protection function to investigate an incident and (where appropriate) declare an outbreak, which is then an ongoing situation until the outbreak is declared over.

HMPPS Health Liaison Service must be notified when an IMT / OCT is stood up and invited to provide an HQ representative to join the team. If HMPPS leaders believe they may have an outbreak and there are difficulties in contacting or engaging Health Protection, please contact the Health Liaison Service: health@justice.gov.uk

Additional considerations influencing decisions to call an OCT or IMT include:

* The disease poses an immediate health hazard to the population of the establishment or YCS secure setting
* There are a significant number of cases
* The severity of the disease and/or its capacity to spread
* The disease/incident creates significant operational difficulties for the establishment or YCS secure setting

Where HMPPS considers operational risks are present and an OCT / IMT has not been called, the HMPPS Health Liaison Team will provide advice and support to the establishment or YCS secure setting, including drawing on wider operational expertise and can escalate concerns if required.

The role of the ICT/OCT is to ensure the outbreak/incident is appropriately investigated and managed, and to advise the Governor or appropriate Senior Manager of the establishment or YCS secure setting on measures required to control it, which may impact on operational, logistic and security challenges for the setting.

Actions taken by an establishment or YCS secure setting in response to an outbreak scenario, particularly when considering patient isolation, must have due regard to medical and health protection advice offered during the IMT/OCT and national guidance in force at the time, including guidance referenced in this document. Incidents and actions will be recorded in the local decision logs as per contingency plan arrangements.

**Recommendations from OCTs / IMTs**

Having investigated an incident and / or declared an outbreak, an IMT / OCT may make general recommendations relevant to infection control and management of the incident and may recommend measures which go beyond the controls set out in this and other guidance. The requirement for local decision logs, and record keeping for defensible decisions which may deviate from the guidance and / or public health advice must be maintained.

Recommendations from OCT / IMT must be agreed by the Governor / Director overseen by the Prison Group Director (PGD). As HMPPS is in national command, national approval prior to implementation will need to be sought via the Health Liaison Service for the following recommendations:

* Restriction of prisoner movement into and / or out from an establishment or YCS secure setting
* Restrictions which affect the capacity or available capacity of the establishment or YCS secure setting (such as full or partial decant, or isolation of wings preventing access to spaces)
* A request for workforce support from external contractors to conduct mass testing of all or part of the establishment or YCS secure setting

Any decisions to restrict or suspend operation of a regime for reasons of resource availability rather than for infection control purposes are for the establishment or YCS secure setting to make with reference to the Regime Management Plan and where appropriate the involvement of Prison Group Directors or national command / authority. Recommendations to severely restrict or suspend regimes including social visits in response to an outbreak can be determined locally with PGD approval but should be reported nationally to the COVID Gold Command Team.

The IMT/OCT will agree a risk assessment providing a collective view of the incident or outbreak, based on infection control, an understanding of transmission and wider control measures in place. At each meeting the IMT / OCT will review the risk assessment and decide on the requirement for further meetings.

Each IMT/OCT meeting requires up to date information on current and new possible, suspected or confirmed prisoner/resident/child or young person, any available wider surveillance information, and including information on directly and non-directly employed staff and healthcare staff cases to assist detection of potential causal factors in an outbreak.

Each IMT/OCT will review information about the development of the outbreak and the continued operation of control measures to identify any relaxation or escalation of measures or additional controls or interventions required. Each meeting will review any interventions approved by national command / authority or PGDs to consider their continued operation and/or relevance. Similarly, they may vary interventions and/or wider operational support throughout the duration of an outbreak. The implications of such changes on the management of the outbreak should be considered.

Management of communicable disease incidents and outbreaks may require exchange of information between establishments / YCS secure settings as a risk of transfer of disease between establishments and YCS secure settings (both sending and receiving) may be identified.

Outbreaks should only be declared over, or closed, by the chair of the OCT / IMT or other Health Protection professionals involved in management.

A checklist for review of actions is provided at **ANNEX E** Example Priority Actions for COVID-19 Outbreak Response Interventions.

**Operational Controls once an Outbreak is Declared Over**

When declaring an outbreak over, the IMT/OCT should review decisions taken to control levels of infection to identify controls which can be relaxed or advise where different approaches may be required. These considerations should reference the management arrangements set out in this guidance.

It is good practise to capture learning through a structured debrief following closure of an outbreak, so that learning about how an outbreak was caused and how it developed, what worked well to bring the outbreak under control, and what did not work so well can be applied in real time and become part of routine practice at the establishment or YCS secure setting. Where possible, this activity should be undertaken in a multi-agency forum.

**Managing Covid-19 and ‘Flu**

People with COVID-19 may have similar symptoms to flu. Outbreaks of acute respiratory illness in prisons and YCS secure settings should initially be managed by immediately implementing the infection control and isolation measures required for COVID-19 until COVID-19 has been excluded by viral testing.

Staff who have tested negative for COVID-19 and are suspected to have flu should seek advice from their GP / primary care service and inform their line manager and occupational health provider. If influenza is suspected or confirmed, the staff member should not return to work until their symptoms resolve (usually around 5 days).

Staff should isolate prisoners, children & young people, and detainees with flu-like symptoms in single cell/room accommodation wherever possible and they should be clinically assessed as soon as possible. Initially suspected cases should be assumed to be COVID-19 cases, so prisoners and children & young people should remain isolated until they have had a healthcare assessment or had test results confirmed.

Confirmed cases of flu should continue to be isolated until their symptoms resolve (usually 5 days from onset but may be longer in people with underlying medical conditions).

**Flu antivirals**

The HPT/OCT may recommend using influenza antivirals in an outbreak situation following a local risk assessment, and in some circumstances may do so before testing results are available.

Antivirals should only be used for treatment and prophylaxis of people in specific at-risk groups, so it’s important to follow the recommendations from the HPT closely. UKHSA recommends considering antiviral treatment even in vaccinated prisoners. In the initial stages of the outbreak, it’s important to identify potential cases early and quickly administer antivirals where indicated. Treatment with antivirals should ideally start within 48 hours of symptoms starting.

**Staff antiviral post-exposure prophylaxis (AV-PEP) of close contacts (Flu)**

Optima Health, HMPPS’ occupational health provider is responsible for providing antivirals to HMPPS staff. The HPT should inform Optima Health’s clinical advice line that a flu outbreak has been declared in the prison or YCS secure setting so that the telephone line can be activated to receive calls related to Tamiflu. The clinical advice line (0330 008 5906) will operate between 7am on Monday and 3pm on Friday. Between 3pm on Friday and 7am on Monday, please contact NHS 111 for advice. A prescription can be offered through this service if it’s clinically indicated.

In privately managed prisons and YCS secure settings, the custodial service provider is responsible for providing occupational health and arrangements may vary between sites.

Where there is an extensive outbreak, the OCT should consider offering AV-PEP to all prisoners and children & young people in clinical risk groups in affected areas or throughout the prison or YCS secure setting.

**Diarrhoea & Vomiting**

It is critically important to ensure that:

* Staff who experience diarrhoea and / or vomiting do not attend the workplace for 48 hours following the most recent symptom episode
* People in prison are supported to remain isolated from other people for 48 hours following the most recent symptom episode, and their welfare is monitored
* Thorough cleaning and disinfection using bleach-containing products (TitanChlor) is completed for any areas which may be contaminated, including cells
* People who may be infectious do not attend hospitals except in an emergency, and if they must attend hospital, escort and hospital staff are made aware of the risk

**Annex A**

[Diseases that healthcare teams in prisons and other secure settings should report to PHE - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/diseases-that-healthcare-teams-in-prisons-and-other-secure-settings-should-report-to-phe)

https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

Acute encephalitis

Acute infectious hepatitis

Acute meningitis

Acute poliomyelitis

Anthrax

Botulism

Brucellosis

Cholera

COVID-19

Diphtheria

Enteric fever (typhoid or paratyphoid fever)

Food poisoning

Haemolytic uraemic syndrome (HUS)

Infectious bloody diarrhoea

Invasive group A streptococcal disease

Legionnaires’ disease

Leprosy

Malaria

Measles

Meningococcal septicaemia

Mumps

Plague

Rabies

Rubella

Severe Acute Respiratory Syndrome (SARS)

Scarlet fever

Smallpox

Tetanus

Tuberculosis

Typhus

Viral haemorrhagic fever (VHF)

Whooping cough

Yellow fever

Report other diseases that may present significant risk to human health under the category ‘other significant disease’.

**ANNEX B**

**Outbreak Contingency Contact List**

|  |  |  |
| --- | --- | --- |
| **UK Health Security Agency (UKHSA) Health Protection Team** | **Contact Name:** | **Contact Details:** |
|   | **Daytime** | **Out of Hours** |
|   |   |

|  |  |  |
| --- | --- | --- |
| **NHS England Led Commissioner** | **Contact Name:** | **Contact Details:** |
|   | **Daytime** | **Out of Hours** |
|   |   |

|  |  |  |
| --- | --- | --- |
| **Environmental Health** | **Contact Name:** | **Contact Details:** |
|   | **Daytime** | **Out of Hours** |
|   |   |

|  |  |  |
| --- | --- | --- |
| **Acute Hospitals Trust & Microbiology Dept Telephone Numbers** | **Contact Name:** | **Contact Details:** |
|   | **Daytime** | **Out of Hours** |
|   |   |
| Local General Hospital Number: |   |   |   |
| Microbiology: |   |   |   |
| UKHSA Laboratory Number: |   |   |   |

|  |  |  |
| --- | --- | --- |
| **Other Telephone Numbers** | **Contact Name:** | **Contact Details:** |
|   | **Daytime** | **Out of Hours** |
|   |   |
| HMP Place of Detention |   |   |   |
| Governor/DirectorCentre Manager |   |   |   |
| Deputy GovernorManager |   |   |   |
| Medical Lead |   |   |   |
| Health & Safety Manager |   |   |   |
| Occupational Health Advisor  |   |   |  |

**Annex C**

**Sources of community COVID infection data:**

|  |
| --- |
| 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)[Daily summary | Coronavirus in the UK (data.gov.uk)](https://coronavirus.data.gov.uk/) |
| 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)[Lineages (modelled) | COVID-19 Genomic Surveillance – Wellcome Sanger Institute](https://covid19.sanger.ac.uk/lineages/modelled) |
| 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 |

**ANNEX D**

**Example Priority Preparatory Actions for Outbreak**

Review Overview - Checklist

When reviewing Prisons and Sites, Governors, Site Managers, and IRC Centre Managers are advised to take account of the following priority considerations for their prisoners, staff, and visitors.

|  |  |  |  |
| --- | --- | --- | --- |
| **RAG** | **Review** | **Action to be completed by:** | **Comments** |
|   | A nominated prison lead/ SPOC for COVID is in place with sufficient skills and understanding to act in the role. The H/C Provider Lead is equally represented in all preparations and planning.  |   |   |
|   | A nominated Health Resilience Lead is in place with sufficient skills and understanding to act in the role. |   |   |
|   | The E-RMP is designed for a worst-case scenario of both prisoner and staff infection and illness rates. Does the E-RMP also consider the use of non-operational staff.  |   |   |
|   | Is a local and revised COVID contingency plan/arrangement in place and has it been tested or reviewed within the last month.  |   |   |
|   | Ensure that you are engaged with the local UKHSA Health Protection Team as part of COVID plan reviews, and to seek data to assist local COVID decision making and preparations (where needed). |   |   |
|   | Are sufficient communications still in place to alert staff, prisoners, and visits on the guidance COVID arrangements and alert process on site. This includes poster display, briefings, and notices. |   |   |
|   | Is COVID-19 Cleaning still effectively being undertaken in the areas identified in the guidance.  |   |   |
|   | Is general cleaning being applied consistently and effectively in all areas. Has local management monitored the general cleaning standard.  |   |   |
|   | Are stores of PPE and hygiene stocks adequate for a 14-day worst case local scenario of demand.  |   |   |
|   | Are hygiene products deployed to all areas of need identified with the previous COVID workplace risk assessments.  |   |   |
|   | Are PPE and Face Mask provisions being applied on site? Is general compliance in place with a confidence that users will act swiftly in the event of re-introduction of measures.  |   |   |
|   | Create an up-to-date register of staff who have conditions/characteristics that present them as high risk to COVID-19 (CEV/At Risk Vulnerable groups). |   |   |
|   | Create an up-to-date register of prisoners who have conditions/characteristics that present them as high risk to COVID-19 (CEV/At Risk Vulnerable groups). |   |   |
|   | Are all previously used local COVID related information files stored securely and able to be re-activated swiftly if needed.  |   |   |

**ANNEX E**

**Example Priority Actions for COVID-19**

Response Interventions (Proactive & Active)

Review Overview Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **RAG** | **Action** | **Action to be completed by:** | **Comments** |
| **Proactive Response Measures – High Risk Status** |
|   | Review the potential impact on Business-as-Usual key deliverables (e.g., regime, staffing, partnership arrangements/commitments) and take corrective/restrictive measures as required to mitigate.  |   |   |
|   | Ensure that sufficient supplies of PPE and hygiene products are available, sustainable, and distributed to staff as required. Place standby order with PPE Hub and alert the store of potential replenishment need.  |   |   |
|   | Increase frequencies and available opportunities for internal LFD/PCR testing – set tactical opportunities to detect.  |   |   |
|   | Re-enforce COVID-19 cleaning at the key areas, increase management oversight. Consider wider applications of COVID cleaning and disinfection measures. |   |   |
|   | Retrieve the files from the local COVID-19 archive, check files with a high potential of need are ready to be re-activated.  |   |   |
|   | Set local communications to staff, prisoners, and visitors. Alert groups that preventative COVID-19 measures are being activated or prepared considering emerging picture of possible prison infections. Set local themes of need in the communications, social distancing measures, face coverings use of hygiene arrangements – reinforce hands/face and space.  |   |   |
|   | Prepare the specific local plans on possible changes to compartmentalisation.  |   |   |
|   | Check local command arrangements and logs are ready.  |   |   |
|   | Carry out a final check there are sufficient staff trained in the use of FFP/BP-RPE to activate a worst-case scenario of possible hospitalisations. Train any additional needs as soon as possible.  |   |   |
|   | Confirm H/C provider has access to oxygen supplies and H/C staff can provide local oxygen therapy if required.  |   |   |
|   | Arrange ventilation measures to provide windows are open (where possible) and access to fresh air is exploited as far as possible.  |   |   |
|   | Review unnecessary group gatherings and reschedule where possible. |   |   |
|   | Replace physical meetings with telephone or video meetings wherever this is possible. |   |   |
|   | Contact at risk prisoners and staff and inform of the heightened COVID picture – highly recommend the use of face protective and social distancing measures wherever possible.  |   |   |
| **COVID Response – Very High Risk (Active or Imminent Outbreak)** |
|   | Activate the local Outbreak Contingency Plan.  |   |   |
|   | Activate ERMP in event of local uncontrolled outbreak. |   |   |
|   | Report the Outbreak via usual HMMPS incident reporting channel.  |   |   |
|   | Report the outbreak to the local Health Protection Team immediately.  |   |   |
|   | In conjunction with UKHSA colleagues, arrange for an Outbreak Control Team (OCT) meeting and ensure reporting processes are in place between H/C and NHS E/PHE. |   |   |
|   | Agree Infection Control Action Plan with UKHSA and NHS E Contracted H/C provider, including staffing & Service Delivery contingencies. |   |   |
|   | Implement infection control procedures and activate further PPE requirements as specified within guidance for response measures.  |   |   |
|   | Consider, and where appropriate, implement the use of isolation and cohorting of infected patients (under the direction of a health care professional/OCT).  |   |   |
|   | Review and activate COVID risk assessments for all activities and connected infections areas within the establishment.  |   |   |
|   | In accordance with OCT advice and Risk Assessments, implement and communicate clear guidelines on enhanced cleaning schedules, advised cleaning chemicals, processes and methodology. |   |   |
|   | Keep staff, prisoners and visitors informed of the situation and current COVID-19 picture.  |   |   |
|   | Agree and implement monitoring & reporting arrangements both internally and with external partners/agencies, to ensure timely identification and monitoring of new cases/escalated cases (staff and prisoners).  |   |   |
|   | Review planning processes put in place and agree timeframe for future OCTs.  |   |   |
|   | Implement a communication plan to reach all staff, prisoners and visitors outlining details of the outbreak, to include all information needed to limit/prevent further infection, implemented infection control measures and any other contingency information as required and appropriate.  |   |   |
|   | Ensure that the Prison has engaged with the LRF or Local Health Resilience Partnership (LHRP) regarding the outbreak. |   |   |
|   | Begin engagement with occupational health and employee support services.  |   |   |
|   | Review the local face mask and covering strategy – apply mandatory elements where required.  |   |   |
|   | Apply restrictions to official and social visits. Change activities and regimes were advised by the OCT.  |   |   |
|   | At risk staff and prisoners. Seek and advice from OCT and amend any further local procedures I line with advice received.  |   |   |
|   | Apply cross working restrictions where this will not affect the operational capacity of the prison.  |   |  |