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| HMPPS COVID- 19 Contact Tracing Strategy England |
| **Version 7.0****February 2022** |

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Contact Tracing- Version Control

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COVID- 19 Contact Tracing

Introduction

HMPPS (Her Majesty s Prisons and Probation Service) (Her Majesty’s Prisons and Probation Service) have been working in partnership with the UK Health Security Agency (UKHSA) and NHS Test and Trace in the identification and management of COVID-19. The policy applies to all HMPPS prison staff and those providers operating in the delivery of prison services.  This extends to PECS (Prison Escort and Custodial Services) and their providers. It operates as a partnership between HMPPS, PECS (Prison Escort and Custodial Services) and UKHSA.

This document replaces all previous Strategy for Contact Tracing v6 and should be read in conjunction with the [**COVID-19 Asymptomatic Testing Manuals**](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/)for both staff and prisoners, andthe [**Management of Seasonal Communicable Disease in Custody – Winter 2021-22**](https://justiceuk-my.sharepoint.com/%3Aw%3A/g/personal/rebecca_giorgi1_justice_gov_uk/EcOS1_TmyzlIsg5dLH724YABxlNghGjQGw1RhYPJMPLz3A)

This guidance concentrates on the Contact Tracing aspect of the Health Resilience Lead’s (HRLs) role, contained within the role brief (Annex D)

Public Health strongly advocate that contact tracing should be supported in custodial settings by regular testing to allow the rapid detection of infectious staff and prisoners and implementation of appropriate infection prevention control measures; both contact tracing and testing are key to safeguarding the health of all who live in, work in, or visit the prisons, their families and to preserve life.

The model operates in the same way as an equivalent system in Wales. However, the model in Wales is described in a separate document in recognition of some areas in which Public Health Wales (PHW) operate slightly different systems. This document therefore describes arrangements for prisons in England only. Prisons in Wales should continue to consult the Welsh prisons guidance agreed with PHW which is already in circulation.

**The Role of** **the Health Resilience Lead**

The Health Resilience Lead (HRL) as part of its wider role, will continue to support the relevant response to Contact Tracing in partnership NHS (National Health Service) England Test and Trace system in the community, including maintaining the appropriate delivery of testing regimes as identified in the appropriate **[COVID-19 Asymptomatic Test sites for Daily Contact Tracing Manual.](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/)**

HRLs will:

Continue to promote and assure the delivery of agreed infection prevention controls (IPC) for COVID-19 or any other identified outbreaks.

Continue to foster and maintain local relationships with Local Authorities and Health Protection Teams.

Support establishments to refresh their local Outbreak Management Contingency Plan, in readiness to stand up a response to any health incident or outbreak.

Be responsible for supporting the learning, understanding and communication of risks posed by outbreaks, based on UKHSA guidance, continuing to challenge and prevent the dissemination of misinformation and false statements.

In addition, the aim is to reduce the spread of COVID-19 in prisons by and supporting staff back to work and prisoners back into the regime, whilst maintaining a safe environment for everyone.

**Contact Tracing**

HMPPS Contact Tracing must be initiated following a positive COVID-19 test result for a member of staff or prisoner. The HRL will undertake an **initial risk screening** to determine which individuals need to isolate based on available information and mitigation. Confirmed contacts will then be added onto the National Test and Trace Database by HRLs using contact details provided by HPTs and Test and Trace. The HMPPS Contact Tracing strategy operates as part of the wider NHS Test and Trace model and the two must work together. The relationship between the HMPPS contact tracing and National Test and Trace model is explained within this document.

The initial risk screening must follow the process described in this document and the HRL will decide as to who isolates. The risk screening will determine **whether contact has taken place** and consider whether any **mitigating factors** exist to reduce the risk. Where contact appears to have taken place without mitigating factors, the individual will need to isolate, however where there is evidence that the contact risk may be reduced, through testing (refer to testing Manual on DCT (Daily Contact Testing) and RMT (Risk Mitigation Testing) the HRL will determine that isolation is not required. For complex situations HPTs will support HRLs, along with the National HRL lead, and Health and Care Partnerships Team.

In some cases, the isolation decision can be supported using testing, to support staff back to work this is described in the [**COVID-19 Asymptomatic Staff Testing Manual**](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/)

Key Definitions

**Contact**

A contact is a person who is symptomatic or asymptomatic and has at least one of the types of contact listed below.

**Symptomatic cases** - a contact is a person who has been close to someone who has tested positive, 48 hours prior to symptom onset and up to 7 days from the onset of symptoms.

**Asymptomatic cases** - those who have COVID-19 but no symptoms. The exposure period is defined as 2 days before the 7 days after the date the swab was taken for the test

**Household contact** - a household contact is someone who resides in the same household as a confirmed case e.g., those that live and sleep in the same home, or in shared accommodation. Those individuals sharing prison cells or dormitory style accommodation are defined as a household in HMPPS policies.

**Non-household contact** - a non-household contact is any person beyond the household defined above who has had any of the following types of contacts with someone who has tested positive for COVID-19:

* **Face to face** contact (within one metre), including: being coughed on, having a face-to-face conversation for any length of time
* Contact within **one metre for one minute or longer without face-to-face contact**
* Individuals who have been in **confined spaces** during the exposure period of a prisoner/resident who has tested positive
* Individuals who have been **within 2 metres of a confirmed case for 15 minutes** continuously as a one-off exposure
* Individuals who have **travelled together** in a small vehicle
* Individual who has been **within two metres** of someone who has tested positive on multiple occasions during a single day (midnight to midnight) for at least 15 minutes in total

**Mitigations:**

Mitigations for consideration, when deciding if a contact should isolate include the wearing of face masks, a Fluid Resistant Surgical Mask (FRSM), if it is worn correctly and for the duration of the exposure, and vaccination status; further processes can be put in place through Testing to support the mitigation of risk.

Contact Tracing Requirements

The following requirements must be met to operate the new contact tracing model:

1. All establishments and areas must appoint a **Health Resilience Lead (HRL)**

A local HRL provides a direct link to HPTs and HMPPS **to maintain assurance and robustness** of contact tracing. Governors may determine how the duty is carried out – e.g., by a named individual or group however they must provide a single point of contact (SPOC) and ensure Contact Tracing enquiries are completed within 48 hours, earlier if possible. The HRL is effectively an agent on behalf of NHS Test and Trace and is empowered through an agreement between HMPPS and UKHSA (PHE (Public Health England)) to decide which individuals isolate following contact with a prison COVID case.

1. HRLs must familiarise themselves with the requirements of the role

HRLs should read this document, the role brief and further associate guidance. HRLs should establish contact with their regional Health and Justice Lead and their local Health Protection Team leads and attend any regional meetings or development events provided by regional HPTs. Establishments should also establish a link with the National Health Resilience Lead, HRLs will receive training and materials from the Health and Care Partnerships team (HCPT) to enable them to perform their role effectively and to the same level as NHS test and trace practitioners.

1. In the event of increased risk or outbreak, HRLs must establish effective **routine record keeping** locally using existing resources
* **Entry/exit movement records**: A gate book or TRAKA system is used to maintain a live picture of all movements into and out of the establishment for all directly and non-directly employed staff. This is a vital tool for local contact tracing and must be maintained consistently to a high standard – e.g., include all contracted and sessional staff as well as those attending to deliver items, attend a social or legal visit or deliver services
* **Internal movement records:** Equivalent records should also be established for internal movement. The staff detail should be retained to demonstrate operational deployments and records of external escorts should be retained. Hub Managers should be required to maintain daily records of staff deployed to different tasks and this should be submitted to the HRL. Each HRL should also look to introduce records for recording movements into and out of each building on-site where possible, to replicate records being routinely collated to enable Contact Tracing in the community

1. HRLs must act as **local champions** for COVID-19 infection, prevention, and controls, as highlighted in the[**Seasonal Management of Communicable Disease in Custody Handbook**](https://justiceuk-my.sharepoint.com/%3Aw%3A/g/personal/rebecca_giorgi1_justice_gov_uk/EcOS1_TmyzlIsg5dLH724YABxlNghGjQGw1RhYPJMPLz3A).
* **Improve local staff knowledge:** HRLs also have a valuable role to play as local champions for COVID prevention and controls. They will disseminate information and guidance on behalf of the central HCPT to local staff, prisoners/residents, and visitors. They will be responsible for posting information around the site and providing briefings to promote personal responsibility and the importance of compliance with COVID-19 controls
* **Encourage COVID compliance:** HRLS are encouraged to introduce monitoring arrangements to ensure staff compliance with COVID-19 measures through informal challenge. Monitoring tools include checking the quality of record keeping and observing social distancing at key points, briefing staff and frequency and quality of cleaning
* **Attend and support:** every Incident Management or Outbreak Control Team (IMT/OCT) meeting in outbreak sites and should take an active role in COVID response within their prison

The HRL role is a vital part of the Incident/Outbreak management, providing a clear picture of what is happening on the ground and a direct route to share key messages with frontline staff and to raise issues and intelligence back to the HPT.

1. **HRLs must undertake the contact tracing enquiry and initial risk screenings** to determine which individuals need to isolate following contact with a positive case.

The process for conducting a contact tracing enquiry is set out in the following section. The model is also illustrated in a summary flow diagram Figure 1

Interaction with National Test and Trace

The HMPPS model of contact tracing is part of the National model of test and trace operated by contracted partners on behalf of NHS England & NHS Improvement (NHSE/I) in the community. It is vital that the relationship between the two models is understood by all staff. There are two entry points for an individual to become engaged in the National Test and Trace process and the response is slightly different depending on the start point. An individual must test positive to enter test and trace, this can happen via two scenarios:

1. They test positive following a Community Test (staff only)
2. They test positive via an internal HMPPS Test (prisoners or staff)

**Community test response:**

Having **tested positive** in a community test, a member of staff (or prison visitor) will automatically be contacted by a representative of the National NHS Test and Trace system. Prison visitors will always be managed by the community test and trace programme however cases of **staff should always be managed** by HMPPS. It is **vital** that any member of staff contacted by the National Test and Trace team **discloses that they work in a prison.**

Under an agreement between HMPPS and NHSE/I, the National Test and Trace system will then not manage the workplace contact tracing but should still manage community contact tracing. The staff case should disclose all community contacts to the National Test & Trace system.

NHS test and trace operatives work to a core script. There are tiers of the National Test and Trace model, some that are managed by the National system itself (tier 2 cases) and more complex settings that are referred to specialist agencies to perform the enquiry on behalf of the National system (tier 1 cases). **All prison cases are tier 1** and should be referred to HRLs however the staff case should disclose all community contacts to the National Test & Trace system so that they can be followed up appropriately.

The HRL will not receive a referral form; once the staff member discloses their link to the prison estate, the NHS Test and Traceoperative will **cease to manage** the workplace contact tracing whilst continuing to manage any community contacts. Both systems will then run simultaneously to identify all contacts. A **line list (Annex B)** is completed following each enquiry and submitted to the National database of confirmed contacts (overseen by the National Test and Trace system).

The Annex B lists confirmed contact cases a as an initial point it must be assumed that those people will need to isolate. Relevant testing programs should be made available to them, which could either shorten, or remove their need to isolate altogether. Latest testing updates must be referred to when advising contacts of positive cases. Once the list is loaded onto the National database the isolation period is managed by NHS Test and Trace who will ensure the individual **is isolating in line with guidance at the time** by contacting them during this period.

HMPPS **cannot override an isolation period**, however testing controls in place mean that a member of staff may be able to return to work, even if they are a confirmed contact of a positive case and are required to isolate outside of work.

**Scenario 1:** A member of staff becomes a confirmed case via a community test. The member of staff will identify to the prison that they are COVID positive and will commence isolating. At this point the HRL will commence a prison enquiry. It is likely that the COVID positive member of staff will also be contacted by the national test and trace representative. Provided they notify this person that they work in the prison this should be enough for the community test and trace operative to record this is a tier 1 case being managed by HMPPS and not to initiate workplace enquiries. The staff member must ensure they inform the national test & trace representative of any individuals in the community they have been in contact with.

It is **vital** that when the HRL has their first contact with the confirmed case, they inform them to notify the test and trace team that they are a prison member of staff and to stop the workplace test and trace enquiry from progressing also ensuring to inform the confirmed case that they must inform the test & trace of any community persons they have been in contact with. It is advantageous for all staff to be briefed on this repeatedly so that they know the procedure in the event they contract COVID.

**The HRL will complete their enquiry** and send the **confirmed contacts (annex B)** and **all known information** about the confirmed case **(annex A)** as per regional reporting arrangements. HRLs will also include any information on community contacts in the annex B in the section provided.

The HRL is only **responsible for prison enquiries** – e.g., to identify which staff and prisoners need to isolate. However, many confirmed cases will have had contact with the wider community. A staff member will have had community contacts and a prisoner will have been through court, police, or escort systems. **It is not the HRL responsibility to trace community contacts,** but we should provide any information we naturally gather as shown below:

**Scenario 2:** A prisoner comes into prison and becomes a confirmed COVID case. The HRL undertakes a contact tracing enquiry and identifies the four-prison staff who have had contact with that prisoner. During the process it emerges that the prisoner came to prison from police custody via court. The HRL needs to include in annex B any information on the confirmed contacts but also the name of the police station and court plus any other information on named community contacts (such as legal representatives or probation staff from court of the escort contractor and timing of the prisoner’s movement to prison so escort providers can be notified). We don’t trace these individuals to determine which (if any) are contacts but we do need to notify health protection teams of the movements. In the case of a prisoner becoming a confirmed case the OMU hub should always be informed and they must check whether the individual has upcoming court appearances. The OMU must inform the court and PECS of the confirmed COVID status.

Please note that it is difficult for HMPPS to assert any control over the community part of test and trace enquiries affecting prisons. It is likely that the community test and trace operative will contact staff who are already the subject of an HMPPS enquiry.

It is also possible that a prison case could incorrectly be logged as a tier 2 case leading to a full community test and trace enquiry running at the same time as the prison equivalent. In this instance the HMPPS isolation decision takes primacy and the HRL must notify the Health Protection Team at the earliest possible opportunity. If there are issues that the HRL cannot resolve this way, they must escalate this to **Health Team**, though issues should be flagged to HPTs and Health Partners in region first.

**Prison test response:**

All COVID positive tests in prisons are communicated to the community Test and Trace system under an automatic notification system. In this case, we could still see the confirmed COVID case being contacted by both systems. This is clearly not ideal, however in this instance the prison enquiry still takes primacy. The HRL should complete their enquiry in the same way but must notify the Health Protection Team of this issue. A prison enquiry must always be started promptly when notified of a confirmed case, we cannot wait to confirm a community enquiry has not started as we would lose valuable time against the 48-hour target.

**Improving the relationship between both systems**

HMPPS has set up contact tracing because prisons are complex, and we want to ensure that decisions around isolation of our staff are made by individuals with awareness of the local operating environment; however, we cannot operate in isolation from National Test and Trace, the National system is underpinned by legislation and is enforceable in law, a system operating outside of it would not be enforceable.

The National system has been set up to pick up every individual who has had a positive test, meaning prison cases will be picked up by both systems. However, HRLs can proactively manage this issue by taking the following steps to minimise the impact, Figure 1

1. Inform all staff that if they become a confirmed case, they must disclose that they are a prison member of staff, and the case should be managed at tier 1 whilst ensuring to inform the test & trace representative of any community contacts.
2. Contracted partners (PECS and other contractors) should ensure that their own HRLs inform contracted staff to inform the NHS test and Trace operatives that they work in a prison so that they are treated as a tier 1 case whilst ensuring to inform the test & trace representative of any community contacts.
3. Engage proactively with local Health Protection Teams and regional Health and Justice Leads to ensure that there is a local system in place for reporting issues of duplication and reviewing complex cases
4. Escalate any issues of duplication or conflict that cannot be managed by the regional Health Protection Teams to HMPPS **Health Team**
5. Ensure that a prison CT (Contact Type) enquiry is completed promptly and started immediately so that the chances of a full community enquiry having been completed in the interim are reduced.

Figure 1. Managing both Systems

**HRL Role- Contact Tracing**

Prison appoints Contact Tracing Lead (HRL). HRL familiarises themselves with the requirements of the role and establishes effective routine record keeping locally. The HRL should engage with HPTs and H&J leads to establish relationships (subject to Health partners capacity and workload)

**Notification**

Positive COVID-19 Test Result Received by any staff members, prisoner or visitor.

Ensure confirmed cases are reported to HMPPS through existing reporting channels. HRLs should conduct their enquiry to determine prison contacts within 48 hours (ideally less). Issues with duplication between community T&T and HMPPS model should be managed.

**Commence Contact Tracing Enquiry**

We do not isolate people until the outcome of the enquiry. However, if an individual self-discloses potential contact, HRL can do risk screening before interview with confirmed case to give them immediate guidance. Ideally, we will interview the confirmed case first to identify their movements and possible contacts and then a risk screening on everyone should be completed to test this information. **Annex A must be completed with all details of the confirmed case**

**Complete Risk Screening**

HRL must then complete a risk screening of every potential contact to determine who should isolate or test. PLASTER model should be utilised, and **annex C** filled out for each person. Annex C is for internal records and should be retained by the HRL and not submitted to Health partners.

**Confirming Contacts**

Using the risk screening, the HRL will form a judgement on whether each potential contact needs to isolate or test. This will be based on existence of mitigating factors - if present, isolation is not required. If not, individuals must isolate.

**Report**

Systems may vary in each Health Protection region. Annex B must be completed listing confirmed contacts, a second section of this form should be used to record any intelligence about community contacts. Annex A (details of confirmed case) and B (list of contacts and community contact intelligence) must then be sent via email to the **HPT depending on local arrangements**.

The HMPPS Contact Tracing Process

HMPPS contact tracing will only be triggered where a member of staff or prisoner/resident becomes a confirmed COVID case following a test**.** The HMPPS model fits within the National Test and Trace programme and does not supersede it.

The HRL will conduct a Contact Tracing enquiry following the **HMPPS** **PLASTER** **Model**

(Figure 2).This must be completed within 48 hours and ideally earlier (as soon as possible) as individuals cannot isolate until the enquiry has confirmed contacts. However, any individual concerned that they have had contact will be able to self-identify and be assessed immediately as described below. The interview with the confirmed case (by telephone or through the cell door if this is not feasible) will build a picture of their movements and potential contacts and a **risk screening** (annex C) on each person will determine who is a confirmed contact. The details of contacts must be shared for inclusion on the National database. **Close contact** means contact types defined in this document.

Ideally the interview with the confirmed case will be completed first, however any potential contact may come forward and self-identify as a potential contact. Where required (e.g., that individual is particularly concerned and seeks immediate guidance) a risk screening can be done immediately to determine whether they should immediately isolate or test. Though this means steps are out of sequence potential contacts who identify themselves can be assessed provided a judgement can be made on the information they present. Wherever possible the interview with the confirmed case will happen first to inform each screening.

The decision to isolate is a risk judgement made by the HRL based on available information. The HRL will determine whether risk has been reduced by mitigating factors, as described in this document. If so, isolation is not required, if not individuals must isolate. FRSMs (Fluid Resistant Surgical Mask) can be treated as a mitigation. The HRL enquiry can only be completed by the trained HRL and must not be influenced by other parties.

The HRL is empowered to make the isolation decision for National Test and Trace. HRLs will make isolation decisions and inform the Governor or Director. HRLs can seek advice from HMPPS HQ via the COVID-19 regime management team or their local Health Protection Team on complex cases. HPTs have advised that they cannot decide every case due to capacity but can provide a link to National Test and Trace so should receive the annex A and annex B as agreed by local arrangements. As risk holder the Governor must be made aware of the isolation judgement but cannot override an insolation decision made by an HRL.

The process should encourage staff to disclose rather than conceal information. This could include disclosure of a situation where staff have not adhered to COVID-19 controls. The HRL must act sensitively and encourage disclosure but balance this against the need for rigour. Staff will not face disciplinary action for unintentional breach of COVID-19 controls, but this will not exempt any staff proven to have knowingly breached the HMPPS code of conduct. Having established a list of COVID contacts, the HRL must submit the form at annex B to National Test and Trace. Annex A, B and all Annex C forms must then be retained by the HRL. HRL should not disclose any sensitive or personal information unnecessarily and should store information appropriately for the period required by data protection measures. Below is the HMPPS plaster model for conducting a contact tracing enquiry:

**Figure 1 HMPPS PLASTER Model**

|  |  |
| --- | --- |
| Action | Description and key tasks |
| P - Person | Remotely **interview** the confirmed case (done first ideally)* Establish a picture of their movements within the 48-hour period prior to their symptoms and time since, up to the interview
* Ask the questions on the form at annex A, complete this in full
* Establish the test date if asymptomatic (isolation runs from then)
 |
| L - List | Create a potential **contact list** based on the interview* This should be a list of all work-related potential contacts – staff, prisoners/residents, and any other person (e.g., visitors)
* As staff have not yet been formally identified as a contact, they do not yet isolate unless there is evidence of a clear breach of COVID controls.
 |
| A - Analyse | These steps are the main part of the enquiry. * **Talk** to other staff and prisoners.
* **Scan**: secondary resources such as CCTV (closed circuit television) and prison movement records to enhance the picture of the confirmed case’s movements
* **Analyse**: use local knowledge to enhance judgements.
 |
| S - Scan |
| T- Talk  |
| E - Establish mitigation  | From the enquiry form a judgement on whether any risk controls exist using the **Initial Risk Screen (annex C)** for each contact. Identify:1. Has close contact occurred (definitions on page 4)
2. Has that contact been mitigated?

Decide: 1. Due to absence of mitigation, **isolation is required**
2. Due to mitigation (see below), recommend **isolation not required**

This can be done before interview with confirmed case if potential contacts self-identify, an immediate screening can be completed, and isolation decision made.  |
| R - Report | Complete the digital form at annex B with all confirmed contacts.1. Staff contacts must be notified and isolate or test to mitigate contact risk in line with current guidance
2. Prisoner/resident contacts must isolate in cell or test to mitigate contact risk in line with current guidance
3. Other individuals must be passed onto National T&T to arrange notification

Annex A and annex B must be sent to the HPTs (subject to regional variations in reporting). Annex B must include information about any community contacts gathered during the process.  |

In the event of the **confirmed case of a prisoner** or resident it is expected that they will already have been placed in self-isolation in adherence with prison guidance. In such cases HRLs, in conjunction with prison healthcare colleagues will complete the form at annex A and send this to the local HPT. The HRL must then undertake an equivalent process to the PLASTER model to identify contacts. As a minimum the following actions must be taken:

**Enquiries to identify prisoners with contact**

The establishment must identify the other members of the prisoner’s/resident’s **household** and require them to isolate/test in line with current issued guidance (this is all prisoners who share a cell or dormitory with the confirmed case).

Identify the **regime groups** that the prisoner/resident has been in and decide as to how many of these prisoners/residents need to isolate. Members of a regime group do not automatically need to isolate – this depends on whether there is evidence of close contact. If not, a default position should be applied as described for staff. However, if there is any specific and heightened risk information, prisoners/residents in the regime group must also isolate. HRLs should note that prisoners/residents may be in multiple regime groups depending on their activities and how the establishment is operating. Increased or mass testing can be considered where level of risk cannot initially be determined.

Beyond household or regime group members, other prisoners/residents will only need to isolate if there is specific and heightened risk information to suggest close contact that has not been effectively mitigated.

The HRL must ensure the OMU (Offender Management Unit), and Healthcare staff are aware. OMU (Offender Management Unit) must check that the individual does not have any upcoming court appearances scheduled and liaise with the court to report the case if they have upcoming or ongoing matters. OMU colleagues must also ensure that the National Probation Service (NPS) are aware of any cases of impending discharge into NPS supervision/accommodation. Healthcare must similarly be informed (if not aware) to oversee management of the case. Any other internal stakeholders such as activities staff must be made aware that the prisoner will not be able to attend internal commitments due to immediate isolation. Whilst data protection rules mean that information should not be shared more widely than absolutely required, COVID is a notifiable disease meaning those engaged in the management of the prisoner must be notified as required.

The NOMIS (National Offender Management Information System) alert must be activated to reflect that the prisoner is a confirmed case.

***NOMIS (National Offender Management Information System) and DPS Alerts*:** There are 4 alerts in Digital Prison Services and NOMIS to help establishments manage COVID Cohorts. Digital Prison Services and NOMIS to help you manage COVID Cohorts. The alerts can be created under the alert type of ‘COVID unit management’ and are called:

* **Reverse Cohorting Unit** – for reception and new prisoners who need to cohort prior to movement to a residential location
* **Protective Isolation Unit** – for symptomatic, suspected and confirmed positive cases and any contacts who may need to isolate
* **Shielding Unit** – for prisoners choosing or advised to shield from others, due to clinical vulnerability
* **Refusing to shield** – prisoners advised to shield who have chosen not to. Alert used to flag that these prisoners may be more vulnerable in an outbreak situation in the residential area.

The refusing to shield marker should still be used even though shielding is currently suspended. Prisoners may still opt into shielding and prisons are advised to still record those who are shielding-eligible but choosing not to. The ‘Quarantined’ alert has now been removed and any prisoner who had this on their NOMIS profile should have one of the new alerts added if relevant. Work is underway to allow establishments to see a list of all prisoners who are part of a COVID unit.

A prisoner who is symptomatic should be primarily isolated as a suspected case. They should be tested as soon as possible. If symptoms continue, or to the extent they develop an acute respiratory illness (ARI), COVID-19 isolation and control measures should be put in place while awaiting confirmation of the causative organism, and cellmates should be isolated irrespective of vaccination status.

If negative test results are then returned, a resident will no longer isolate under COVID-19 isolation and control measures. They may have tested positive for influenza and will isolate under influenza guidelines. Advice is to isolate for 5 days from symptom onset if symptomatic (and until feeling better) and no underlying reason to be concerned about immune suppressions. If they test negative for both COVID-19 and influenza they should have a clinical assessment. Further, they may have to isolate under the guidance below.

[**https://www.gov.uk/government/publications/management-of-acute-respiratory-illness-in-prisons-and-places-of-detention/management-of-acute-respiratory-illness-in-prisons-and-places-of-detention**](https://www.gov.uk/government/publications/management-of-acute-respiratory-illness-in-prisons-and-places-of-detention/management-of-acute-respiratory-illness-in-prisons-and-places-of-detention)

[**Management of acute respiratory illness in prisons and places of detention (publishing.service.gov.uk)**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1039916/20211210_Flowchart_Management_of_acute_respiratory_illness_in_prisons_and_places_of_det.pdf)

**Enquiries to identify staff with contact**

The HRL should repeat the **PLASTER** model. First, they should analyse the prisoner/resident movement history and Activity History on NOMIS to identify their movements over the 48-hour period.

From these movements the HRL should consult the routine record keeping in different areas to identify a thorough list as before. They should then speak to these staff

Again, the risk judgement is the same. Where there is no specific and heightened risk information a staff member does not need to isolate, however if the staff member themselves or any other source identifies information specific to that individual which indicates a heightened risk, the HRL will consider the options identified below to whether the staff member needs to isolate immediately in line with guidance. As before staff must be encouraged to disclose contact and to disclose information even if relating to their own failure to follow COVID controls, this is vital to their protection and to the protection of others.

As per the staff model, HRLs should try to ensure that the establishment is maintaining routine record keeping regarding prisoner movements to an equivalent level as staff movements are tracked.

 **Isolation Guidance Exemptions**

From July 2021, testing programs have been developed to manage COVID-19 contact isolations in a more knowledgeable and risk managed way. As alluded to above, although the primary point for contact cases should be that someone must isolate, programs for both fully vaccinated, and non-vaccinated contacts have been developed and can be used for staff in prisons. There are unique arrangements for staff who are contacts of a positive case, and these are: Daily Testing for Contacts of COVID-19 (DTCC) testing for fully vaccinated staff in England, Risk Mitigation Testing (RMT) for fully vaccinated staff in Wales and Daily Contact Testing (DCT) for staff, in England only, who are not yet fully vaccinated or are unvaccinated. Details of the arrangements are covered in theTesting Manuals for both Staff and Prisoners. Further, [**Annexes B16**](file:///C%3A/Users/kpe75c/OneDrive%20-%20Ministry%20of%20Justice/GOLD%20briefings/DIGEST%202022.01.21/Annex%20B16%20-%20Isolation%20and%20Testing%20options%20Staff%20Prisons%20-%20Accessible.pdf) and [**B17**](file:///C%3A/Users/kpe75c/OneDrive%20-%20Ministry%20of%20Justice/GOLD%20briefings/DIGEST%202022.01.21/Annex%20B17%20-%20Isolation%20and%20Testing%20options%20Staff%20APs%20-%20Accessible.pdf) contain updated guidance for return-to-work testing options.

Additionally, those who are actual positive cases may undertake testing to release from isolation in line with current government guidelines. Staff should be informed of the most current testing guidance and re-included in the asymptomatic staff testing rhythm as soon as they are able.

**Should the contact be symptomatic they are not eligible for the either testing option, or should isolate in line with guidance from the onset of the symptoms**

**Infection Prevention Control (IPC)**

Part of the role of the HRL is to support, promote and assure the delivery of IPC in collaboration with local Health & Safety advisor; helping staff and prisoners to understand its importance in combatting COVID and other communicable diseases, such as Flu and Norovirus. The core published guidance supporting this, 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 2011 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)

** Communications and Engagement**

Governors are to ensure that staff trade unions and health & safety representatives are consulted in the Contact Tracing process; HRLs should promote the understanding of Contact Tracing and its relationship to the community Test and Trace process, infection prevention control, vaccination, and testing options available.

HRL should also foster and maintain relationships with the local Health Protection Teams (HPT) whose responsibility is to manage the health incident, alongside the Local Authority.

Engagement with Staff and Prisoners is essential, HRLs should consider all methods of engagement and communication available to them locally, and those supplied centrally, to maximise the learned understanding of COVID and other communicable diseases

**Our People, HR (Human Resources)**

Contact Tracing’s aim is to reduce the spread of COVID-19 in prisons by and supporting staff back to work, whilst maintaining a safe environment for everyone. The HRL identifies those individuals who have been in contact with an individual who was COVID positive and decides who needs to isolate or not. Those deemed **not at risk** are able to **return to work,** for those for whom the decision is to isolate, there are further criteria that can be applied, with the application of a testing regime, as described in the [**COVID19 Asymptomatic Testing Manual**](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/), that can allow the individual to return to work in a safe and supported way.

 **Data Management**

COVID-19 is a notifiable disease. This means that information on COVID cases and contacts can be shared between HRLs and Health partners (HPTs and T&T). This can include personal information which is vital for the enquiry process and subsequent treatment such as dates of birth and contact details.

The establishment Governor retains overall responsibility for data protection within their establishments. HRLs have a vital role on behalf of the Governor to ensure data is managed appropriately throughout the contact tracing process and in accordance with the **Data Protection Act 2018, General Data Protection Regulation (GDPR).**

HRLs must take all reasonable safeguards to ensure this data is managed and protected. This means that any information gathered during contact tracing enquiries can only be shared with Health partners recognised under regional reporting or with National Test and Trace.

Enquiries can also be sent to **Health Team**, and this can include annexes where further information or National escalation is required as this is covered by existing HMPPS data management policies.

However, HRLs **should ensure** that data is not shared more widely than **necessary** (not disclosed to any person not involved in the enquiry) and that distribution lists are managed and minimised to only include these persons. HRLs should also ensure that information related to HRL enquiries is stored securely on local systems, ideally not on shared drives and/or is password protected. The storage and disposal of this information should be managed in line with local data management policies; **any deviation from this should be reported as a data breach and reported according as described by local guidelines**

HRLs will be given specific guidance and training to help their understanding and discharge of this duty**, local governance and assurance** will be delivered by the Local Information Manager (LIM) to ensure compliance.

Further information

#

Points of contact within Public Health England

The Public Health England local Health Protection team will be responsible for overseeing contact tracing for prison settings within their locality and can be contacted 24 hours a day [**Health Protection teams England**](https://www.gov.uk/health-protection-team) details can be located via the link.

**End of guidance**.

Annex A: Contact Tracing Proforma Staff

**CONTACT TRACING PROFORMA FOR COVID-19 IN PRISONS AND PARTNERSHIPS IN ENGLAND**

**Please complete all details of this form before returning to your local health protection team as per local arrangements**

|  |
| --- |
| **Demographic details of suspected/confirmed case:** |
| Name of case |  |
| Date of Birth |  |
| Age |  |
| Address |  |
| Postcode |  |
| Mobile phone number \*essential field if case is staff member |  |
| Home telephone number |  |
| Email address |  |
| Preferred language |  |
| Job title (s) |  |
| Workplace(s) name and address |  |
| Workplace contact details e.g., line manager |  |
| Description of role (s) including area of prison worked at if relevant |  |
| Test date and centre |  |

|  |
| --- |
| Symptomatic cases are now considered as infectious and so able to infect other people from 2 days before to 7 days after the onset of symptoms. The onset of symptoms is defined as acute/sudden onset of any of the symptoms listed below (so onset dates for any of these symptoms would need to be documented to work out the infectious period): |
| **Symptoms of confirmed case:** |
| **Symptoms**  |  | **Date of onset** |
| Cough: new and continuous | Y/N |  |
| Fever | Y/N |  |
| Loss/change of sense of taste or smell (anosmia) | Y/N |  |
| Loss of appetite | Y/N |  |
| Diarrhoea | Y/N |  |
| Nausea | Y/N |  |
| Vomiting | Y/N |  |
| Extreme tiredness | Y/N |  |
| Headaches | Y/N |  |
| Joint pain | Y/N |  |
| Muscle ache | Y/N |  |
| Runny nose | Y/N |  |
| Sore throat | Y/N |  |
| Sneezing | Y/N |  |
| Altered consciousness | Y/N |  |
| Seizures | Y/N |  |
| Date of swab.\*If asymptomatic take date of swab as proxy of onset |  |  |
| Date result given to case |  |
| Were they hospitalised? | Y/N | Date of attendance/admission:Name of Hospital:Ward/Department: |

|  |
| --- |
| **Contacts of case (please list ALL those identified and add more lines as required):** |
| Name | Date of Birth | *Prison Number (if applicable)* | Relationship (state staff/prisoner etc) | Mobile phone number. \*If mobile phone not suitable communication method please record alternative method | Circumstances of contact – location, type of contact, duration etc |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**This form must be submitted with annex B to Health and Justice Leads and Health Protection Teams to report contacts and formally complete the contact tracing enquiry**

|  |
| --- |
| **Movements during infectious period:**(48 hours prior to onset of first symptom or date of test swabbing for asymptomatic cases)Please detail all significant contacts as defined below.A contact is defined within this strategy document attached.  |
| **Infectious period:** | **Contact details:**\*Please complete using names provided as contacts above\*If individual contacts not known then describe setting e.g., workplace, gathering and record contact telephone number in that setting.\*Record whether they have used public transport or shared a vehicle during this period |
| Day 2 |  |
| Day 1 |  |
| Day 0 onset day\*Ask about this day first as more likely to be ref point |  |
| Day 2 |  |
| Day 3 |  |
| Day 4 |  |
| Day 5 |  |
| Day 6 |  |
| Day 7 |  |
| **Checklist/Summary risk assessment:** |
| Testing advice given  | Yes/No |
| Isolation advice given* Up to 10 days from onset of symptoms for case (if temperature has returned to normal)
* Up to 10 days for household contact
* Up to 10 days for other contacts
 | Yes/No |
| Infection prevention and control advice given(Laundry, waste disposal, hand washing etc) | Yes/No |

Annex A 1: Proforma Prisoner

**CONTACT TRACING PROFORMA FOR COVID-19 IN PRISONS IN ENGLAND**

**Please make every effort to complete all details of this form before returning to Your local health protection team as per local arrangements**

|  |
| --- |
| **Demographic details of confirmed case:** |
| Name of case |  |
| Date of Birth |  |
| Age |  |
| Prison Number  |  |
| Prison Address |  |
| Postcode |  |
| Preferred language |  |
| Workplace in the prison |  |
| Description of role (s) including area of prison worked in if relevant |  |
| **Symptoms of confirmed case:** |
| **Symptoms**  |  | **Date of onset** |
| Cough: new and continuous | Y/N |  |
| Fever | Y/N |  |
| Loss of sense of taste or smell (anosmia) | Y/N |  |
| Loss of appetite | Y/N |  |
| Diarrhoea | Y/N |  |
| Nausea | Y/N |  |
| Vomiting | Y/N |  |
| Extreme tiredness | Y/N |  |
| Headaches | Y/N |  |
| Joint pain | Y/N |  |
| Muscle ache | Y/N |  |
| Runny nose | Y/N |  |
| Sore throat | Y/N |  |
| Sneezing | Y/N |  |
| Altered consciousness | Y/N |  |
| Seizures | Y/N |  |

|  |
| --- |
| **Contacts of case (please list ALL those identified and add more lines as required):** |
| Name | Date of Birth | *Prison Number (if applicable)* | Relationship | Mobile phone number. \*If mobile phone not suitable communication method please record alternative method | Circumstances of contact – location, type of contact, duration etc |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Movements during infectious period:**(48 hours prior to onset of first symptom)Please detail all significant contacts as defined below.Contact is as per the definition within this strategy document |
| **Infectious period:** | **Contact details:**\*Please complete using names provided as contacts above\*If individual contacts not known then describe setting e.g., workplace, gathering and record contact telephone number in that setting.\*Record whether they have used public transport or shared a vehicle during this period\*Record need for alternative communication method due to hearing, sight, language, or other considerations |
| Day 2 |  |
| Day 1 |  |
| Day 0 onset day\*Ask about this day first as more likely to be ref point |  |
| Day 2 |  |
| Day 3 |  |
| Day 4 |  |
| Day 5 |  |
| Day 6 |  |
| Day 7 |  |
| **Checklist/Summary risk assessment:** |
| Testing advice given  | Yes/No |
| Isolation advice given* Up to 10 days from onset of symptoms for case (if temperature has returned to normal)
* Up to 10 days for household contact
* Up to 10 days for other contacts
 | Yes/No |
| Infection prevention and control advice given(Laundry, waste disposal, hand washing etc) | Yes/No |

Annex B: PHE Line listing template (for reporting contacts)

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**To be submitted to the Health Protection Team and Health and Justice Lead together with annex A as per local arrangements**

Annex C: Initial Risk Screening & Isolation decision

The HRL will complete this assessment for each potential contact. The HRL will interview each potential contact and the confirmed case to establish a picture of contacts and then use this tool to gauge the presence of any mitigating factors. Where no mitigating factors exist, the individual must isolate. Where mitigation is in place, the HRL can determine whether the risk is reduced sufficiently to ensure isolation is not required on available information.

|  |  |
| --- | --- |
| Name of contact |  |
| Contact status | Staff member, prisoner/resident or other (DELETE TEXT) |
| Contact category  | Household or non-household (ANSWER OVER TEXT)Social/within work/both/other (ANSWER OVER TEXT)Type of contact from list on page 3 (ANSWER OVER TEXT)  |
| Date & summary of contact(s)  | Provide summary here: |
| Risk controls | Description | Met? |
| Sufficient Control | Individual has not been in close contact with the confirmed case as per the definitions of close contact provided on page 4 of the HMPPS Contact Tracing strategy.  |  |
| If the above condition is met, isolation is not required. Do not continue with the assessment. However, proceed otherwise. |
| Cumulative (total) duration of contact |  |
| Contributory Factors – assuming contact has occurred | There was a manufactured screen or barrier specifically installed between the individuals in contact *- most effective for short contacts* |  |
| PPE (Personal Protective Equipment) appropriate to situation where the contact occurred was used by the contact in line with HMPPS guidance AND The individual was trained in use of the PPE  |  |
| A clinical grade face mask was worn by the individual known to be COVID-19 positive throughout contact  |  |
| Isolation decision | Is isolation recommended by HRL (Y/N) |  |
| HRL name  |  |
| Checked by HLT or COVID-19 Gold |  |
| HLT/COVID Gold name |  |

**Annex B must be completed (list of confirmed contacts) once all annex Cs completed**

**Annex A, B and all Cs must be retained as a completed pack for record keeping.**

Annex D: Health Resilience Lead’s (HRLs) role brief

|  |  |
| --- | --- |
| **Job Title** | **Health Resilience Lead (HRL)** |
| **Band** | Funding continues to be provided to prisons for 1 x operational Band 5 FTE (Full Time Equivalent), and it is still for local autonomy to determine the model that operates.  |
| **Overview of Role** | **Health Resilience Lead (HRL)**In recognition of the continuing need for a response to Covid 19 it has been agreed that the work of the Contact Tracing Lead (CTL) be continued until March 2022. The role has evolved and developed to meet the challenges posed by Covid 19 and now includes.* The continued delivery of Contact Tracing,
* The oversight and delivery of testing,
* The promotion of vaccination within the establishment,
* The delivery and assurance of the Infection Protection Controls (IPC), hand, face, space, and ventilate.
* The support of staff wellbeing
* Ownership of local relationships with community health protection teams

***Health Resilience is described as, the ability to use assets to strengthen public health and healthcare systems and to improve the physical, behavioural, and social health to withstand, adapt to, and recover from adversity.*** The role reflects the ongoing work necessary to support Recovery and has been renamed the **Health Resilience Lead (HRL)**to aligns to the UK (United Kingdom) Health Security Agency (UKHSA), formerly known as Public Health England. In Wales, the role will link with colleagues in Public Health Wales.

|  |  |
| --- | --- |
|  | It maps against the 3 key objectives of the UKHSA, those being Health Surveillance, Health Promotion and Health Enablement,This provides a complete system approach to Health Resilience for both staff and prisoners, creating and protecting a safe environment to live and work |

The HRL will continue to meet the challenges of the **Legacy Covid Response** and prepare for any other future challenges from other communicable diseases, offering **Health Resilience** through the designated pathways highlighted below.The role will continue to be developed in consultation with key stakeholders including representative Unions, as we move through Recovery to Reform.**Health Security*** Maintain the integrity and delivery of Contact Tracing and links to T+T
* Maintain the integrity and delivery of the testing program in all its formats
* Assure the delivery of Standard Operating Procedures (SOP) regarding IPC measures - e.g., Use of PPE, Escorts to Hospitals, cleaning and Hands-Face-Space-Ventilate.
* Continue to develop local Covid Risk Surveillance to better inform local decisions on testing, staff awareness and local outbreak contingency plans, including plans for the re-introduction of shielding the vulnerable if advised.

**Health Promotion*** Engaging with staff, to advise and educate on the importance of Contact Tracing, isolation and HR advice supporting staff back to work, in accordance with the Contact Tracing Strategy v.6
* Engaging with staff and prisoners, advise and educate on the benefits of Infection Prevention and Control measures including hand, face, space, and ventilate, to promote and maintain a safe environment
* Remain responsive and proactively promote awareness of further waves and/or variants of Covid-19, to support individuals to make informed decisions regarding their own and others safety.

**Health Enabling*** Promoting wellbeing through access to HR and Occupational Health advice, Shielding, Long Covid, etc
* Vaccination promotion and support: - Promoting vaccination delivery to maximise the number of staff, prisoners and eligible children are vaccinated, supporting the reduction in the rate of transmission.
* Working with Prison Health Partnership Boards to promote health protection priorities
* Working in partnership to help facilitate Social Care needs, e.g., disability, mental health, etc.
 |
| **Summary**  | **Health Resilience Lead (HRL)** theinitial role is to continue to support Regime Recovery into Reform, by maintaining a legacy Covid Response, allowing the safe transition into Reform; Once in reform it will support the development and delivery of the 3 key elements to **Health Resilience** aligned to the aims and objectives of the UK (United Kingdom) Health Security Agency (UKHSA). This will raise the concept of Health from a ‘service,’ to an integral part of a regime seen as ‘***time well spent***,’ that enables access to the wider regime.***Without good health an individual fails to be at their best and cannot aspire to achieve their goals in life*** |
| **Support** | The **Legacy Covid Response** will continue to be supported through the Contact Tracing team via the functional mailbox, ContactTracingHMPPS@justice.gov.uk, with development of both local and National networks.The **Health Resilience** pathwayswill be developed throughout the coming months through training and development of the HLP, supported by the Healthcare Partnership Team in collaboration with NHS England & Wales, National UK Health Security Agency, and Public Health Wales. |