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| HMPPS Cohorting & Compartmentalisation Strategy for prisons during COVID-19 |
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| **Version 6.2**  **February 2022** |

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Introduction

**Purpose**

This is version 6.2 of the HMPPS Prison Cohorting and Compartmentalisation Strategy. The purpose of version 6.2 is to update the guidance around Reverse Cohorting timeframes and arrangements for those returning from courts and hospitals. All references to the previous 14-day isolation period have now been updated to refer to 10 days following a change in UKHSA guidance. The guidance around early progression (7 days+) from reverse cohorting a prisoner consents to testing as per the testing protocol remains unchanged.

**Version History**

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| **Version Number** | **Version Date** | **Update** |
| **V1** | March 2020 | HMPPS Cohorting Strategy published. |
| **V2** | May 2020 | Inclusion of ‘definitions and key terms’ section. Refreshment of guidance based on publish health advice. |
| **V2.1** | August 2020 | Change to isolation period from 7 to 10 days for positive /symptomatic prisoners. Shielding paused in the community, but prisons required to maintain shielding ability. |
| **V3** | September 2020 | Strengthening of guidance on RCU and PIU and introduction to guidance on ROTL as HMPPS moved into recovery phase. Simplification of specifications and specific references to staffing, healthcare support and regime details have been removed. In line with other aspects of regime at stage 2, we acknowledge that establishments need to design the best model of compartmentalisation to meet local need. Revised narrative on single cells to reflect that this is not always deliverable. Introduction of RAG system for RCU for transfers. |
| **V3.1** | September 2020 | Refined guidance on the new heat-map process and reverse cohorting. Case study examples centres around reverse cohorting to refine explanations about when reverse cohorting of prisoners is required. Example script for reception staff to utilise when processing prisoners who are required to reverse cohort. |
| **V3.2** | September 2020 | Incorporation of the revised RAG ratings assigned to establishments as part of a panel to assess localised risk. Specifically, sites were previously either classified as Red or Green. An additional status level ‘Amber’ introduced. |
| **V4** | November 2020 | Guidance published on prisoner RCU testing. |
| **V5** | December 2020 | Incorporated additional guidance on the management of reverse cohorting for Critical Public protection nominals and TACT nominal prior to release. It also updated the position on shielding for clinically extremely vulnerable prisoners following the cessation of national restrictions in England. |
| **V6** | May 2021 | **Specification 1: Reverse Cohorting**   * Updated transfer risk assessment (RAG model) of Reverse Cohorting. All prisons have been RAG rated red since the introduction of national restrictions in the community. Following the gradual decline in COVID-19 outbreaks across the prison estate and the gradual relaxation of community restrictions, we are now able to re-introduce the RAG model of reverse cohorting which is based on RAG assessments made at the weekly prison heatmap panel. However, given the need for transfers around the estate to be managed with COVID-19 controls, this process has been updated to include testing requirements considering new guidance from PHE/PHW. * Updated Reverse Cohorting (RC) guidance to include reference to Lateral Flow Device (LFD) transfer testing. * Updated Reverse Cohorting (RC) guidance to make clear the requirement to keep testing and non-testing cohorts of RC prisoners separate. * RCU escort guidance clarified to require that prisoners undergoing escorts of more than one day (e.g. to court) must be tested in line with the LFD testing guidance and must be reverse cohorted for the duration of the escort period and following the escort. The RCU period following the escort can be reduced in line with the RCU testing strategy. * Annex A updated to include guidance on the need to facilitate conversations on reverse cohorting in a way that meets the needs of individuals.   **Specification 2: Protective Isolation**   * Refinement of Protective Isolation guidance to explicitly reference that controls are applicable to those prisoners who have tested positive for COVID-19 as well as those who are symptomatic. * Clarification on the need to separate those who reside in a cell with someone who is symptomatic/confirmed positive for COVID-19 wherever possible.   **Specification 3: Shielding**  Updated shielding guidance in line with the pause of shielding in the community from 1 April 2021. |
| **V6.1** | January 2022 | * Updated guidance around the timeframes surrounding protective isolation following updated testing guidance. * Updated guidance around isolation following contact with a positive case for fully vaccinated individuals to bring it in line with previously published documents. * Updated annexes to reflect changes in guidance. * Removed requirement for confirmatory PCR tests following a positive LFD test in line with updated guidance in this area. * Amendment of references to the HMPPS Testing Team to the Science Technology and Surveillance Unit. * Updated guidance around mandatory testing for ROTL to bring it in line with guidance published over Christmas. |

Definitions and Key Concepts

***Compartmentalisation*** - the care of groups of people who are ill, are vulnerable to disease, or who present heightened infection risk by gathering them together into one area (or multiple areas) and establishing effective barrier control between this group and the wider population. HMPPS launched a prison cohorting/compartmentalisation strategy on 31 March 2020. It comprises three elements to protect those most vulnerable to disease, isolate symptomatic or positive cases, and to hold newly received prisoners separated from the main population. The aim is to create separation between those who present an infection risk to others, those newly arriving, and those who are most vulnerable.

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| Name | Description |
| Reverse Cohorting | Process for the temporary separation of newly received prisoners; enabling the verification that each individual does not present an infection risk before they are able to come in to contact with the general population. |
| Protective Isolation | Process for the temporary isolation of symptomatic/COVID-19 positive prisoners in England and Wales for a period of at least 5 full days and in line with required mitigations. |
| Shielding | Process for the temporary isolation of those prisoners within the clinically extremely vulnerable and vulnerable cohort. Prisons must continue to offer prisoners who are classed as clinically vulnerable the option to shield. |

***Unit*** *–* Previous versions have referenced cohorting ‘units’ or ‘areas’. We have moved away from this language as compartmentalisation is a series of processes which can take place in multiple locations. Establishments must design a model that fits their fabric and population and enables robust infection prevention and control. Reverse cohorting for example can take place across multiple locations. All models must be based on the specifications below. Prisons must ensure separation between groups. It is imperative that prisons work to their operational capacity and do not declare spaces below that number on the basis of Reverse Cohorting Units (RCUs) being full. Reverse cohorting must be provided at other locations in this scenario.

***House-holding***- HMPPS defines a household as a small number of prisoners who share a cell or dormitory equivalent to the community definition of a household. People are only a household where they are together in close proximity and cannot socially distance. A regime group (see below) is not the same as a household. If one member of the household becomes symptomatic or tests positive, then all members of the household will be expected to isolate as required in the community (this would not be the case within a regime group for instance). If further symptomatic or positive cases were to arise within this period this would be indicative of a possible outbreak and advice from Public Health England / Public Health Wales must be sought.

***Regime Group*** - Prisons have broadened households and typically assign prisoners to small groups for regime activities such as facility times. Regime groups take exercise and domestic periods together and as establishments begin to open up their regimes through EDMs, the management of regime groups will become more important. Establishments must conduct local risk assessments to determine what is able to be safely managed to allow equitable access to regime within the fabric of the site. Members of a regime group must always socially distance from each other. If one member of the regime group becomes symptomatic or tests positive, only members of the immediate household should automatically isolate. HMPPS Contact Tracing Guidance should then be followed to determine any other close contacts who may need to isolate.

***Social Distancing*** is the UK Government’s method for minimising the risk of transmission between individuals. In all circumstance’s individuals (staff and prisoners) must always remain at least two metres apart. The recovery EDMs have outlined certain specific situations where establishments are able to move to a one metre plus rule with mitigations (e.g. in social visits, and reception where the design of the building makes it impossible to maintain 2m), however two metres is the standard social distancing requirement and must be reinforced. As the UK recovery roadmap progresses HMPPS will assess certain activities and circumstances where a 1 metre + arrangement can be adopted. This will be communicated via the usual Gold bulletins and briefings.

***Protective Isolation (PI)* means** isolating someone who is symptomatic or positive in Protective Isolation for at least 5 full days and subject to the requirements of the protective isolation specification contained in this document.

***Shielding and Clinically Vulnerable/Extremely Vulnerable*** refers to people who are at the most heightened risk of severe illness if they contract COVID-19, and who should be shielded for their own protection. Vulnerability is subject to clinical judgement in each case. Government guidance on vulnerability criteria can be found via this [link](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#cev). In the community, shielding ceased from 1st April 2021. However, the opportunity to shield will remain available for vulnerable prisoners who wish to shield, and establishments must maintain the facilities for those who request shielding. Prisoners can shield within an individual cell or on a designated unit, however, establishments must maintain sufficient facilities to accommodate for increasing numbers of people shielding. Even if there are no prisoners currently shielding, prisons must retain the ability to reintroduce shielding in the event of a localised outbreak, admission of a new prisoner requiring shielding or change of community guidelines. While vaccination can provide a significant level of protection from disease, the effectiveness of vaccine cannot be assured for all people on the Shielding Patients List. Clinical advice should be available to assist individuals to make an informed decision about shielding.

In line with specific guidance issued by the HMPPS HR department, staff who have previously been shielding must have an individual risk assessment completed prior to any return to work. HMG will assess the risk to groups of people in light of the COVID-19 UK transmission and health risks.

***NOMIS 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
* Protective Isolation Unit
* Shielding Unit
* Refusing to shield

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.

***Key Concepts/Principles -***The maximum incubation period of the virus remains fourteen days. During this time symptoms may occur. This is different to the maximnum isolation period which has now been reduced to 10 days because the risk of emergent infection beyond 10 days is very limited. Prisons must ensure strict infection control prevention and control measures are maintained throughout the prison and in particular between different households within the RCU including social distancing, hand hygiene and face coverings, to limit the spread of infection. The cross-deployment of staff should be minimised between RCU and other locations as much as possible.

Specification 1: Reverse Cohorting

Purpose: Reverse Cohorting (RC) refers to the separation of newly arrived prisoners from the rest of the prison population for a period of up to 10 days. All new receptions and new transfers into the prison will be asked to take two PCR tests, the first within 24 hours of arrival and then another five days later. Additionally, two LFD tests should be taken at the same time as the PCRs on day 0/1 and 5/6.

This is an asymptomatic testing strategy to identify infection on arrival. As of February 2022, the RCU maximum period has now been reduced to 10 days from the original 14 days. This amendment has been made on advice from UKHSA.

Early movement off the RCU can take place after 7 days providing the prisoner is engaging in testing and this reduction to the RCU 10-day period must be based upon both PCR results being negative. Those who do not participate in testing must remain on the RCU for the full 10 days.

RC applies to prisoners received into an establishment and those moving back and forth for hospital appointments or court attendance. This is to ensure they are not infected with COVID-19 before they are integrated into the population. Prisoners who consent to testing should remain separate from prisoners who do not consent to testing for the time in which they spend Reverse Cohorting.

The RCU requirement is extended to 10 days minimum if a person returning from court or hospital is known to have been exposed to a confirmed COVID-19 case while outside the prison, with an additional requirement for a local risk assessment by the healthcare service prior to onward movement from the RCU. This risk assessment should take into account factors such as the nature and extent of exposure, vaccination status (including booster status) of the contact, the environment which the individual is being transferred to and the risk of contact with others at higher risk of severe illness if infected with COVID-19 and may lead to advice to continue isolation for a period up to 14 days. Healthcare services should also consider whether the person may be immunocompromised or severely immunocompromised and in these cases refer to the guidance at this link: Stepdown of infection control precautions and discharging COVID-19 patients and asymptomatic SARS-CoV-2 infected patients - GOV.UK ([www.gov.uk](http://www.gov.uk))

The Reverse Cohorting specification has been expanded to incorporate specific guidance for prisons operating Release on Temporary Licence (ROTL). Closed establishments who do not operate ROTL should simply refer to the first table below. Closed prisons who do operate ROTL should also consider the guidance contained in the second table. Open prisons should read the guidance on ROTL or accompanied ROTL instead of the sections on escorts. There are some notable differences between reverse cohorting following escorts and reverse cohorting in relation to ROTL, hence it is important that prisons consider the right advice for their functional area.

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| Outcomes | Delivery |
| All establishments must be aware of the circumstances where reverse cohorting is required. | * Reception prisons must RC **every new arrival** immediately following reception. * Prisons who receive prisoners on **Inter Prison Transfer (IPT)** must follow the guidance below based on the transfer risk assessment process. * All prisons must RC any prisoner who has been out of the establishment for **longer than a single day** on a continuous escort unless they are released on ROTL when different requirements apply (Refer to the ROTL Specific Cohorting Requirements Section 7). * Prisons must be able to identify those prisoners who are reverse cohorting and their locations within the site. The NOMIS alert must be used in all cases. |
| All establishments must develop a **local reverse cohorting model.** | Establishments can determine their local operating model for reverse cohorting. The standard model for reverse cohorting is **10 days**. The local model may be one of three models:   1. **Hold RC prisoners on a designated RC Unit (RCU)** 2. **Hold RC prisoners in regular residential units** 3. **Develop a hybrid model** where part of the RCU period is spent on an RCU and part is at a secondary location. As above, any delivery in a secondary location must achieve the same level of regime activity and separation as RCU. Regime Groups within the RCUs should not be allowed to mix due to increased risk of transmission between cohorts.   The cross-deployment of staff should be minimised between RCU and other locations as much as possible. Single cells should be used where available. Where this is not possible, prisoners should only share with prisoners they arrived at Reception with (these prisoners are already part of the same household). **Whichever RCU model is followed, prisons must ensure strict infection control measures are maintained between different households within the RCU (including social distancing, hand hygiene and face coverings) to limit infection spreading within the RCU.** |
| All establishments which are operating **RCU prisoner testing** must develop a model in line with the appropriate guidance. | Establishments which are operating prisoner RCU testing can reduce the duration that prisoners spend reverse cohorting. Where an RC prisoner has spent at least 7 days reverse cohorting AND has received 2 negative PCR COVID-19 test results they will be able to progress from reverse cohorting into standard location prior to the standard 10 days.  Both tests must be confirmed negative and there should be no mixing with prisoners who do not consent to testing within each of the regime groups in the cohorts. Prisoners who refuse to engage in the testing programme should be kept separate from those being tested, even where they have arrived at reception together.  Void or inconclusive tests do not count as negative tests. LFD tests do not count towards the two negative test results required though two LFD tests should be taken at the same time as the PCRs on day 0/1 and 5/6.. Governors must ensure that the proposed RCU prisoner testing arrangements have been approved by the Science, Technology and Surveillance Unit team before testing begins. Prisons should contact [HMPPSTesting@justice.gov.uk](mailto:HMPPSCOVID19RegimeRecoveryTesting@justice.gov.uk) for further information. Reception testing should continue at all sites even if receptions do not require reverse cohorting as they have come from a ‘green’ site. |
| All establishments **facilitating Inter-Prison Transfers (IPTs)** should follow **the LFD transfer testing guidance**. | Establishments operating IPTs must adhere to the relevant guidance on LFD testing prior to transfer in addition to the PCR reception testing guidance. All relevant guidance is available at: <https://hmppsintranet.org.uk/ersd-guidance/2020/04/28/staff-testing-in-england/>  Where operationally possible, all prisoners should be LFD tested prior to transfer. As per relevant guidance, if the prisoner does not give consent, they cannot be tested; however, testing is voluntary, and the transfer should still go ahead, and the individual reverse cohorted on arrival (unless from a green site and the individual engages in testing on reception). |
| All establishments receiving **a prisoner on IPT** should manage reverse cohorting in line with the Transfer Risk Assessment Process. | In line with the introduction of national restrictions in the community, all establishments were temporarily reverted to red RAG status in January, requiring reverse cohorting to be facilitated following transfer across the whole estate.  In light of the reducing number of cases and outbreaks across the prison system, PHE/PHW have now advised that it is appropriate for HMPPS to re-introduce the Transfer Risk Assessment Process (RAG model) of reverse cohorting following IPT. Given the expansion of prisoner testing across the estate, and the need to ensure that transfers are facilitated in a COVID-19 secure manner, this process has now been strengthened with testing requirements, as outlined below.  The Transfer Risk Assessment process requires that PMU consult the heatmap showing the live outbreak and RAG status at every site.  Prisons must consult the heatmap and reverse cohort arrangements will be dependent on the status of the sending site as follows:  Transfer from a **Green** site (with pre-departure testing where possible) to any other site **AND** theprisoner agrees to take part in the reception PCR testing process as per the local reception testing model= no RC required.  If the individual has had an LFD test in the sending prison, they should be tested with PCR the next day in the receiving prison where possible, to prevent over-testing of the resident over a short period of time. If the individual does not consent to engage in the reception testing process, they must undergo the full 10-day RCU period as per local model. If prisoner tests positive, they should isolate and follow routine protocol and inform sending prison.  Anyone with a positive test should NOT be retested with PCR within a 90 day period, If the prisoner develops new COVID-19 symptoms, they would need to be clinically risk assessed, isolate and their contacts should be traced.  Transfer from an **Amber/Red** site to any other site = RC at receiving establishment and receiving establishment must be given prior notice of RC requirement and number of cells needed.  Prison RAG ratings will continue to be determined at the weekly Prison Heatmap. The panel will continue to take a holistic view of data from prisons and from the community when determining RAG ratings. Prisons will be shown as green if they are not managing a live outbreak and/or have no other reason requiring their prisoners to be RC on IPT. They will be red or amber if any reason exists that means RC is still required.  Following a Green rating, prisons must review their Safe Operating Procedure for reception to ensure that they are able to manage receptions accordingly.  All relevant Safe Operating Procedures must be adhered to during transfers. A script to support reception staff in explaining the need for prisoners to reverse cohort is available in Appendix A of this document.  If a prisoner tests positive for COVID-19 following an IPT or displays as symptomatic, then the Protective Isolation guidance in specification 2 should be followed.  Where receiving sites are not able to effectively deliver Reverse Cohorting (such as in open sites), it is possible to complete the RCU period prior to transfer, at the sending site. The prisoner must complete the 10-day RCU in line with the RCU guidance as set out and all available efforts must be made to ensure that barrier control is not breached during the duration of the transfer.  It is possible to transfer an individual during their 10-day RCU period. Where the RCU period is mid-way through, it will be reset following transfer. For example, if someone is on day 7 of RCU on the day they are transferred, this will be reset to day 1 at the receiving site. |
| Establishments must develop a local strategy for managing **prisoners going to court.** | Prisoners do not need to routinely go onto an RCU from a court escort of one day. If the escort continues over more than one continuous day, the prisoner should complete a 1.-day RC period at the end of the escort AND should be reverse cohorted for the duration of the escort period (if they are returning to the establishment each night). Where a prisoner has completed a 10-day reverse cohorting period at one establishment and then goes to court and is required to move back and forth for more than a day prior to being located at a secondary prison, a second 10 day reverse cohorting period must be completed. If escorting officers are aware of risks undertaken during the escorting period, the Contact Tracing Lead should be consulted to consider whether it is appropriate to recommend isolation.  RC can be facilitated in the prisoner’s own cell on return from court rather than on an RCU, provided the same regime is provided for that prisoner and they do not mix with others during this period. In the event that a prisoner is required to attend court during their initial reverse cohorting period, and then returns from court to a different prison, a secondary reverse cohorting period must be re-started as the original period was not completed.  Where establishments are operating prisoner RCU testing, the reverse cohorting period following transfer can be reduced in line with guidance. Where a prisoner has spent **at least 7 days** reverse cohorting **AND** has received **2 negative PCR COVID-19 test results** they will be able to progress from reverse cohorting into standard location prior to the standard 10 days.  Void or inconclusive tests do not count as negative tests. LFD tests do not count towards the two negative test results required though two LFD tests should be taken at the same time as the PCRs on day 0/1 and 5/6. Governors must ensure that the proposed prisoner testing arrangements have been approved by the Science, Technology and Surveillance Unit before testing begins. Prisons should contact [HMPPSTesting@justice.gov.uk](mailto:HMPPSCOVID19RegimeRecoveryTesting@justice.gov.uk) for further information.  Where applicable, establishments must follow the Prisoner LFD guidance to facilitate LFD tests prior to escort. Where a prisoner refuses to take an LFD test theestablishment should record this on the PER but will not prevent attendance at court if they are assessed at Fit to travel by Healthcare. All relevant guidance is available at: <https://hmppsintranet.org.uk/ersd-guidance/2020/04/28/staff-testing-in-england/> |
| Establishments must develop a local strategy for managing **prisoners going to hospital** | Prisoners do not need to routinely go onto an RCU from a hospital escort of one day. If the escort continues over more than one day, the prisoner should complete a 10-day RC period at the end of the escort AND should be reverse cohorted for the duration of the escort period (if they are returning to the establishment each night). RC can be facilitated in the prisoner’s own cell on return from hospital rather than an RCU provided the same regime is provided as they would receive on the RCU. Establishments should refer to the ROTL Specific Cohorting Requirements Section of this document for information on prisoners going to Hospital on ROTL.  The use of term ‘single day’ is applicable to any escort that takes place within a 24-hour period. For example, if a prisoner is discharged to hospital overnight, and returned to the establishments within the 24-hour period, they would not normally require reverse cohorting.  Prisoners with a serious underlying medical condition who are regularly attending hospital (i.e. Dialysis, chemotherapy) should already be located on a shielding regime and do not need to be reverse cohorted on return from hospital or relocated to the RCU. They should be placed in single cell accommodation. Clinical advice should be sought on the management of individuals who choose not to shield and continue to attend hospital in this way.  Where establishments are operating prisoner RCU testing, the reverse cohorting period following transfer can be reduced in line with guidance. Where a prisoner has spent **at least 7 days** reverse cohorting **AND** has received **2 negative PCR COVID-19 test results** they will be able to progress from reverse cohorting into standard location prior to the standard 10 days.  Void or inconclusive tests do not count as negative tests. LFD tests do not count towards the two negative test results required though two LFD tests should be taken at the same time as the PCRs on day 0/1 and 5/6. Governors must ensure that the proposed prisoner testing arrangements have been approved by the Regime Recovery Testing (RRT) team before testing begins. Prisons should contact [HMPPSTesting@justice.gov.uk](mailto:HMPPSCOVID19RegimeRecoveryTesting@justice.gov.uk) for further information.  Where applicable, establishments must follow the Prisoner LFD guidance to facilitate LFD tests prior to escort. All relevant guidance is available at: <https://hmppsintranet.org.uk/ersd-guidance/2020/04/28/staff-testing-in-england/> |
| Establishments must develop a local model to reverse cohort critical public protection and TACT nominals for 10 days prior to release. | In order for Critical Public protection nominals and TACT nominals to be electronically tagged as required on release, it is crucial that HMPPS is able to declare them COVID-19 free and safely manage their transfer into the community. Prisons holding affected prisoners are therefore required to place individuals into 10 days of reverse cohorting prior to their release. This can be facilitated either in a designated RCU or in the individual’s existing cell location in line with the reverse cohorting specification. This will not be applied universally, but on a case by case basis informed by individual release plans.  Additionally, where available, the prisoner should be LFD tested in line with guidance on release to gain further assurance. |
| Establishments must ask new receptions into custody about previous travel movement. | All new receptions should be asked to declare any international travel or contact with anyone who has travelled internationally in the last 14 days. This information should be recorded and may be subject to further advice through GOLD briefings. |

ROTL Specific Reverse Cohorting Requirements

The guidance below is not intended to conflict with or undermine the ROTL EDMs or PSI. Instead its purpose is to clarify cohorting requirements to support ROTL and outworker schemes. Guidance refers only to the cohorting arrangements that must be developed alongside ROTL. Closed establishments operating ROTL must note the differences between cohorting after ROTL and cohorting after escort as different rules apply.

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| Outcomes | | Delivery |
| Establishments must adhere to the LFD **testing** guidance in the delivery of ROTL. | On 9th December 2021 guidance came into effect which made changes to the testing requirements for prisoners going on Resettlement Overnight Release (ROR) to mandate testing on return and to amend the advice around self-isolation when on ROR.  **From 20th December 2021:** The increased risk picture that we currently face as a result of the Omicron variant has necessitated that the HMPPS Prison Recovery Board and HLT have now decided that the time is right to expand these requirements to **ALL** forms of ROTL, inclusive of domestic and workplace ROTL placements.  **It is now a licence requirement for all prisoners on ROTL to be subject to testing.** The guidance to explain this in further detail and the licence conditions that must be added to all licences can be found [**here.**](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/) | |
| Establishments must develop a local strategy for the management of prisoners on **workplace ROTL**. | Establishments must develop a model of regime-groups or house-holding for prisoners on external work placements. Whilst we recognise the limitations of the physical layout in the Cat D estate and that establishments cannot return all prisoners to an RCU, prisons are required to operate a form of reverse cohorting by grouping prisoners into regime groups where possible. This means that establishments must co-locate prisoners who are out of the prison on regular outwork placements where possible.  We recognise that the population cannot be continually moved to create new daily regime groups and establishments will therefore need to group prisoners into initial households or regime groups based on their placement days and locations. Governors are required to implement steps to separate external workers from non-external workers and group those working together as much as possible.  Establishments should also ensure that they assess placements before approval and monitor them to ensure they are not breaching localised lockdown. Before approving a placement, Governors need to satisfy themselves that a location has adequate COVID controls and during monitoring of the placement must satisfy themselves that prisoners are not breaching any local, regional or national restrictions by continuing to work in the area. | |
| Establishments must develop a local strategy for the management of prisoners who leave the establishment on **Resettlement Day Release (RDR)** for purposes other than outwork. | PHE/PHW have confirmed that prisoners who are leaving an establishment on RDR do not need to be reverse cohorted on an RCU on return, provided the establishment operates the model of regime groups or households and takes reasonable steps to minimise contact between prisoners from different groups. Establishments are also advised to develop procedures for informally monitoring prisoners who have been out on a single day RDR where possible.  This is the Category D model of reverse cohorting and includes RDR for purposes other than work, either during stage 3 (to public areas and buildings) or in stage 2 which adds domestic ROTL to family homes (subject to compliance with community guidance issued by the Government). | |
| Establishments must develop a local strategy for the management of prisoners who leave the establishment on **Resettlement Overnight Release (ROR)** for purposes other than outwork. | PHE/PHW have confirmed that prisoners who are leaving an establishment on Resettlement Overnight Release (ROR) do not need to be reverse cohorted on an RCU on return provided the establishment operates the model of regime groups or households and takes reasonable steps to minimise contact between prisoners from different groups. Establishments are also advised to develop procedures for informally monitoring prisoners who have been out on a single day ROR where possible.  This is the Category D model of reverse cohorting. This includes ROR for purposes other than work, either during stage 3 (to public areas and buildings) or in stage 2 which adds domestic ROTL to family homes (subject to compliance with community guidance issued by the Government). | |
| Establishments must develop a plan for the management of prisoners who return from ROTL and present as symptomatic. | In the event that a prisoner returning from Resettlement Day Release or Resettlement Overnight Release becomes symptomatic or tests positive for COVID-19, ‘protective isolation guidelines’ should be followed, and health protection teams informed.  If a prisoner becomes symptomatic and is employed at a workplace that employs multiple prisoners, or there is an outbreak at a workplace, a local review must be undertaken to assess the appropriateness of their work placement continuing. Establishments must ensure that Test and Trace procedures are followed in adherence with HMPPS Contact Tracing Guidance | |

Specification 2: Protective Isolation

If an LFD result is **POSITIVE** the individual must isolate in line with Government guidelines. A confirmatory PCR test is not currently required.

If any PCR result is **POSITIVE** the individual must isolate in line with Government guidelines.

All Positive cases remain under a legal duty to self-isolate regardless of vaccination status or age.

**Purpose:** Protective isolation is designed to isolate prisoners who are symptomatic (until a test can be taken) or positive for COVID-19. In both England and Wales this is for a minimum of 5 full days and with the mitigation in place that an individual who has tested positive must return a negative lateral flow test on both Day 5 and Day 6 in order to cease isolation on a negative test on day 6. These tests should be taken 24 hours apart and must both show a negative result.

This guidance will apply to prisoners/residents who have tested positive and been instructed to isolate. Once they have completed 5 FULL days of isolation, are asymptomatic and have returned two consecutive negative tests, on Day 5 and then on Day 6 (tests must be 24 hours apart), they will be able to leave isolation on Day 6. Isolating individuals must isolate in line with government guidance from Day 1 to Day 5 inclusive. The full guidance around testing and isolation timeframes can be accessed [here](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/).

It is essential that 2 negative rapid lateral flow tests are taken on consecutive days and reported before individuals leave isolation For instance, if an individual is positive on day 5, then a negative test is required on both day 6 and day 7 to release from self-isolation, or positive on day 6, then a negative test is required on days 7 and 8, and so on until the end of day 10.

If the prisoner declines to test at day 5 and 6 to release themselves from isolation then they must complete 10 full days of isolation. Full guidance on isolation periods can be accessed [here](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/).

|  |  |
| --- | --- |
| Outcomes | Delivery |
| All establishments must develop a **local isolation plan** for each confirmed COVID case. | It is generally recommended that COVID-19 positive and/or symptomatic prisoners are isolated in their existing cell or moved to a dedicated Protective Isolation Unit (PIU) and local healthcare are informed. Establishments must determine locally whether a designated PIU is required in conjunction with their respective Health Protection Team (HPT). Wherever possible symptomatic prisoners should be isolated in a single cell.  Establishments must refer to the isolation decision checklist in annex B and the acknowledgment in annex C for further guidance on making isolation decisions. The checklist should be used to record isolation location decisions where a prisoner becomes symptomatic. In circumstances where cellmates of COVID-19 cases are asked to leave a cell and refuse, the document at annex C should be used to record their refusal. The principles of Protective Isolation must be implemented as standard wherever a symptomatic/COVID-19 positive prisoner is located. This includes:   * Effective barrier control * Separation between cohorts of prisoners * Regimented cleaning in line with relevant SOPs. * Prison staff should be able to identify those prisoners who are protectively isolating. * Ensure that prison healthcare provide regular well-being checks on those in protective isolation * Support healthcare team in checking health status of patients in protective isolation where HMPPS led welfare checks have flagged a health concern (outside of routine healthcare contact). |
| All establishments must develop plans for the management of prisoners who **reside in a cell** with someone who is symptomatic/ confirmed COVID-19 positive. | Where a prisoner in a multi-occupancy cell tests positive, it is imperative to manage the risk to the household. HMPPS defines a household as a small number of prisoners who share a cell or dormitory equivalent to the community definition of a household. People are only a household where they are together in close proximity and cannot socially distance. A regime group is not the same as a household. The controls applicable will differ dependent on the cell-sharers vaccination status.  For fully vaccinated cell-sharers, establishments are able to utilise the Prison Risk Mitigation Testing (PRMT) option to allow the individual to continue to partake in regime. It is recommended that the individual is relocated to a new cell-location for this period, although this is not necessary if operationally difficult to deliver. The guidance on PRMT can be accessed at: <https://hmppsintranet.org.uk/ersd-guidance/2020/04/28/staff-testing-in-england/>).  In the event that the cell-sharer(s) is deemed unsuitable to take part in PRMT, or is not fully vaccinated, establishments can either:   1. Remove the non-symptomatic prisoner from the cell and take them to another single cell where they will be required to isolate in line with the relevant isolation periodand isolate the symptomatic or positive prisoner in their current cell. The positive prisoner would then be able to test to release from isolation in line with the relevant guidance. The re-located prisoner should be treated as if they are symptomatic for the relevant isolation period as there is a possibility that they have been infected with the virus. The symptomatic or positive prisoner should be isolated for the relevant isolation period. 2. Relocate the symptomatic or positive prisoner to another cell for the relevant isolation period. The positive prisoner would then be able to test to release from isolation in line with the relevant guidance. The cell-sharer will then be required to isolate in the original cell for the isolation period.   If a prisoner refuses to move or there are no single cells available, this prisoner should remain in the cell under heightened monitoring, to provide additional, appropriate support. An acknowledgment form is provided in Annex C to assist establishments with these conversations and to record decisions. Known positive cases can stay together, e.g*.* cellmates tested together who get their results together and both come back positive*.*  Establishments must also follow contact tracing guidelines when a prisoner is found to be COVID-19 positive in order to determine if there are any other close contacts who may need to self-isolate for take part in PRMT. |
| All establishments must maintain separation between COVID-19 positive prisoners and other symptomatic prisoners to contribute to control of influenza and other respiratory infections | A contextual risk assessment should be undertaken for known contact of a COVID-19 or other infection as well as if there is known outbreak in the prison. If the symptomatic prisoner tests negative for COVID (by both PCR and LFD) and Influenza, they should have a clinical assessment. If they can’t be tested for flu and influenza is suspected they should be isolated as for flu as per guidance. People with Acute Respiratory Infection are advised to isolate for 5 days from symptom onset if symptomatic (and until feel better) and no underlying reason to be concerned about immune suppression. Where multiplex testing is available (a full panel is run and all negative), if there are no concerns could be released from isolation.  <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> |
| Any local model of protective isolation **must achieve the nationally agreed principles** | The principles of Protective Isolation must be implemented as standard wherever a symptomatic/COVID-19 positive prisoner is located. This includes:   * Effective barrier control including IPC measures. * Separation between Cohorts of prisoners * Robust and enhanced cleaning, including increased frequency of high contact points using appropriate cleaner/disinfectant. * Regular wellbeing checks. Prison staff must remain vigilant at rolls checks and when interacting with isolating prisoners to any signs of deterioration and should notify the health provider accordingly. |

# Specification 3: Shielding

**Purpose**: Shielding is designed to isolate prisoners who are classed as vulnerable to COVID-19. In the community, shielding has been suspended from 1st April 2021. In the prison estate the opportunity to shield will continue to be available for any vulnerable prisoner who wishes to opt in and establishments must therefore maintain the facilities and services for those who wish to shield, even if there are no prisoners currently shielding.

|  |  |
| --- | --- |
| Outcomes | Level of local autonomy (total, partial, limited) |
| Establishments must offer all prisoners classified as clinically vulnerable or extremely vulnerable by NHS / HMG guidance the opportunity to shield. | Establishments must continue to offer shielding facilities for vulnerable prisoners who wish to “opt in” and continue to shield. Prisoners must be supported to make an informed decision on whether to shield, or other steps to mitigate infection risk, taking into account local risk which will vary from time to time.  Establishments can either:   1. Create a designated Shielding Unit large enough to accommodate vulnerable prisoners who wish to opt in. 2. Create a separated shielding regime for vulnerable prisoners wishing to opt in that can be provided to their individual cell location. Prisons adopting this model must consider how they will ensure that shielding applies to all aspects of the regime, including meals, medication, showers and exercise.   Establishments should maintain their shielding units if prisoners wish to continue to shield and should retain sufficient capacity to shield larger numbers should more prisoners wish, or be advised, to commence shielding in the future.  Prison staff and healthcare services should continue to engage with shielding eligible prisoners. All prisoners in this cohort should have received a letter in March/April 2021 from NHS colleagues informing them that they still have the opportunity to shield. There is no longer a requirement for establishments to regularly revisit shielding conversations. However, if new COVID-19 cases are detected in the prison, or an outbreak is declared however, these conversations should be re-visited with eligible prisoners. Establishments should make sure all vulnerable prisoners have been offered the opportunity to “opt in” and all prisoners should have their decision to waive this right recorded. Eligible prisoners should be supported to make an informed decision and should be provided with the support to shield in that is their preference. The HMPPS disclaimer should be completed and stored, and the prisoner decision not to shield should also be recorded on NOMIS case notes.  Prisoners should be reminded that the opportunity to shield will be available at all times for any vulnerable person wanting it, and they should alert staff if they change their mind about shielding at any time. Children and young people under the age of 18 placed in YOIs or STCs will be advised if their doctor recommends they continue to shield because of ongoing risk. In these circumstances’ healthcare professionals would discuss the recommendation with both the child in detention and their family/carers on a case by case basis to help them understand the best approach to managing infection risk in their individual circumstances. Appropriate information should always be provided Establishments should provide a consistent staffing group, where possible, to reduce contact for those who are shielding. |
| Establishments should recognise the extra isolation that a person shielding may experience. | All prisoners who are shielding must be offered the opportunity to exercise in the open air daily and be offered support within the regime group if possible. Other support mechanisms must be made available to the prisoners through Healthcare, Safety team, Chaplaincy and the Education teams. |

# Appendix A: Template Script for Reception

**Template Script for Reception Staff: Explanation of the need to Reverse Cohort**

**It is crucial that when facilitating these conversations with prisoners, all staff are reminded of the importance of taking individual needs into account. We know that transparent, open and frequent conversations are important in helping individuals feel safe, so communication must be tailored to meet the needs of each person.**

Hello, this is ***PRISON NAME*.** I am sure you are aware that there is currently a virus called the Coronavirus in circulation. This means that there are a number of extra precautions in place to keep you safe whilst you are here. One of these measures we have implemented is to keep everyone who is new into prison, or has transferred from a prison that is a higher risk of Coronavirus separate from the rest of the prison for up to 10 days, to make sure that they are not carrying the virus before moving into the main residential area of the prison. You will be located in a cell in ***INSERT RCU AREA NAME (e.g A Wing*)** for your first 10 days here, and then moved to the main area of the prison. If you agree to take part in testing that this may be able to reduce to 7 days, so long as you do not test positive.

Whilst in this area, you will still receive your daily regime activities such as access to showers and exercise, but your access to other activities in the prison might be limited. You should speak to the staff on the wing about what you will be available during this time.

Please make sure that you follow social distancing rules as much as possible with everyone except your cell mate (If applicable). This means that you must try and stay 2 metres apart from other people at all times. This is to protect yourself, and others as much as possible.

If you are due to attend court or any other appointment such as to hospital within your first 10 days, you may be required to restart the 10-day period of separation from the rest of the prison on your return. This will depend on how long you are away for. You should speak to your wing staff if you think this may affect you.

If you have any other questions about being in prison during the Coronavirus pandemic in general, please ask the staff on your wing who will do their best to help you. We appreciate your co-operation on this, helping to keep us all safe.

If you feel unwell there are services available to help you. Please don’t hide any symptoms. It is better for everyone who lives and works in this prison if we are able to identify and support people who are unwell, and keep them separate from others if that is needed.

Appendix B: Isolation Decision Making Checklist

In making decisions about prisoner isolation during COVID-19, it is important that all decisions are made defensibly and are recorded in the establishment defensible decision log. Establishments should use and retain the below checklist when making such decisions.

|  |  |  |
| --- | --- | --- |
| **Prisoner Name/Prison Number:** | | |
| **Date:** | | |
| **Member of Staff Making Isolation Decision:** | | |
| **Consideration** | **Yes/No** | **Comments** |
| 1. Has the prisoner been confirmed by healthcare partners as being positive and/or symptomatic for COVID-19? |  |  |
| 1. Have healthcare/the OCT (if engaged) been involved to determine the isolation plan? |  |  |
| 1. Has the affected prisoner been moved to the prison PIU/isolated in their existing cell location? |  |  |
| 1. Has the decision about where to isolate them been communicated to the prisoner? |  |  |
| 1. Does the affected prisoner share a cell? |  |  |
| 1. Have any affected cell sharers been updated on the situation and informed that it is recommended they move? |  |  |
| 1. Have any affected cell sharing prisoners moved cells?   (If they have refused to move cell, establishments should refer to appendix C). |  |  |
| 1. Any other relevant considerations: | | |

Appendix C: Prisoner Acknowledgment

Throughout the COVID period, Public Health England (PHE) advice and guidance from Outbreak Control Teams (OCT) has been that prisoners who have a confirmed COVID-19 diagnosis should isolate either in the Protective Isolation Unit (PIU) or their own cell and that any prisoners sharing a cell with them (known as their Household for COVID purposes) can remain in the cell and isolate alongside them. The guidance has now been developed further.

In the event that the cell-sharer(s) is deemed unsuitable to take part in PRMT, or is not fully vaccinated, establishments can either:

1. Remove the non-symptomatic prisoner from the cell and take them to another single cell where they will be required to isolate in line with the relevant isolation period ;and isolate the symptomatic or positive prisoner in their current cell. The positive prisoner would then be able to test to release from isolation in line with the relevant guidance. The re-located prisoner should be treated as if they are symptomatic for the relevant isolation period as there is a possibility that they have been infected with the virus. The symptomatic or positive prisoner should be isolated for the relevant isolation period.
2. Relocate the symptomatic or positive prisoner to another cell for the relevant isolation period. The positive prisoner would then be able to test to release from isolation in line with the relevant guidance. The cell-sharer will then be required to isolate in the original cell for the isolation period.

Establishments may encounter situations where unvaccinated prisoners refuse to move cell, despite being co-located with an individual who has COVID-19. In these situations, it is important that establishments very clearly explain to the prisoners the following:

* Prisoners can choose not to move away from a prisoner they are sharing a cell with who has COVID, however, they should realise that by doing so they are placing themself at heightened risk.

Following identification of a symptomatic/COVID-19 positive prisoner case, staff should initiate conversation with any cell sharing prisoners and explain to them that it is recommended that they move cells to protect themselves from COVID-19. The risk of transmission of COVID-19 is greatly increased if they remain in the same cell as someone with symptoms/confirmed positive, and therefore it is in their best interest to move cells.

Staff must record the conversation with the prisoner on NOMIS case notes and retain this form in the prisoner IMR. The **purpose** of this document is to provide an aide memoir to staff conducting these conversations, and a template acknowledgment for prisoners to sign and formalise their decision. Staff must offer prisoners the chance to move and get prisoners to record that they have had this conversation by signing the form attached.

Below is a template acknowledgment form that establishments should utilise in cases where a prisoner refuses to move out of a cell with a symptomatic/COVID-19 positive person. This must be completed in all cases and the refusal must be documented on NOMIS, system-One and in the establishment defensible decision log for COVID-19.



**ACKNOWLEDGMENT FORM**

**Name:**

**Prison number:**

**Cell location:**

**Establishment:**

**Summary of conversation**

\_\_\_\_\_\_\_\_\_\_\_\_ (name of staff member) has been to see me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter date) and we have discussed the fact that someone in my cell has tested positive/is symptomatic for COVID-19. They have explained:

* That it is recommended that I move cell away from this individual and move in to an alternative single cell temporarily.
* That I understand this and still do not want to move from the cell.

I………………………………………..………….……………………………………………..…………………………………………………… (name; surname; prison number) choose to **not** follow this advice)

Any other comments I wish to make:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_