**Gold Briefing – Update to Establishments – COVID Testing, Isolation and National Framework from 1st April 2022**

**Purpose**

The purpose of this briefing is to align with the change in regulations and change to testing under living with COVID-19 that comes into effect on Friday at the start of April and to highlight for Governors some on important updates that were issued in Friday’s (25.03.22) Gold Digest, including clarification on the position regarding the isolation of prisoners. This briefing cover:

1. Guidance on isolation of prisoners now that the legislation on isolation in the community has expired.
2. Exiting the National Framework
3. Testing Strategy
4. Isolation changes in Wales

**Reverse Cohorting and Protective Isolation**

As per the Gold Digest issued on Friday, the community self-isolation requirements have now expired. In the community members of the public are now asked to self-isolate and this is done on a voluntary basis. In prison custody it is appropriate that we continue to protect the safety of others in this high-risk environment and ensure that those that should isolate, in accordance with public health advice, continue to do so, therefore if a prisoner is unwilling to isolate, we must enforce this. This involves both those “reverse cohorted” as well as those who require “protective isolation”.

The Gold Digest issued on Friday (25.03.22) referred establishments to Rule 45 and PSO1700 for the isolation of prisoners for the purposes of enforcing Reverse Cohorting and Protective Isolation. However, the decision has now been made that, establishments should utilise powers under Rule 45 via the HMPPS Compartmentalisation policy to continue to isolate prisoners who are either Reverse Cohorting or isolating under Protective Isolation.

In practice this means that establishments should not need to substantially change the way they are operating Compartmentalisation and should continue to manage isolation of prisoners in a way that is most deliverable and defensible based on their local function and the fabric of the establishment. The only additional requirement is that in addition to the wellbeing checks required by the Compartmentalisation guidance, all isolating prisoners should have a wellbeing check at the 72 point of isolation (for prisoners under both Protective Isolation and Reverse Cohorting). This should be undertaken either the Wing Manger/Key Worker or other suitable member of staff to determine that it is safe to continue isolating the individual. The details of the wellbeing check must be recorded as NOMIS/SystemOne Case notes and the **Governor must then authorise their continued isolation for more than 72 hours**. This authorisation must be given to the prisoner in writing – a template acknowledgement form for establishments to utilise will be issued very shortly.

**Recording of Safeguards and Compartmentalisation Regime**

When establishments are required to isolate prisoners for either Protective Isolation or Reverse Cohorting under the Compartmentalisation guidance, the decision to isolate them, the reasoning why (for the purposes of Health protection) and the regime being received by those individuals during the isolation period must be recorded. This should be individually on NOMIS and in Healthcare SystemOne Case notes, but also daily Governors need to ensure that a record of those in isolation is made in the establishment’s defensible decision log and that this is kept under review.

It is important that wing managers and Governors are aware of the locations of those who are isolating (and the number of those who have been isolated for more than 72 hours) and the regime being delivered to them.

In all cases, prisoners must be clearly informed about why they are being isolated or having their regime delivered in a small regime group during that temporary period.

As above, a record of the safeguards in place to protect those individuals during this period should also be maintained. This should include:

* The number of people being isolated in the establishment and the reason for the isolation
* The cellular location of those being isolated
* The level of regime being delivered to those in isolation and whether this is being delivered as part of a regime group or individually. If this is individually, the reasons why doing this as a group is not possible.
* Written governor authorisation for isolation for more than 72 hours.
* Establishments are reminded that all prisoners isolated under either Reverse Cohorting or Protective Isolation must be provided at least a minimum level of regime during the isolation period in line with PSI 75/2011 Residential Services and the Prison Rules 1999/YOI Rules 2000.This includes:
	+ A minimum of 30 minutes of time in the open air daily (Prison Rule 30/YOI Rule 41(5)).
	+ Regular access to a telephone to maintain contact with family, friends, and legal representatives (Prison Rules 4 and 38/YOI Rules 42 and 16)
	+ Access to a shower at least weekly & facilities for in-cell ablutions (Prison Rule 28(2)/YOI Rule 24(2)).

These regime elements are minimum expectations that should be delivered in all cases of isolation (Reverse Cohorting and Protective Isolation), and establishments must continue to adhere to all COVID controls and Safe Operating Procedures when delivering Statutory Regime to RCU/Protective Isolation prisoners.

It is accepted that OCT advice on outbreak management or a local risk assessment (that includes engagement with trade union partners) may determine that an element of this regime is not safe to operate. All relevant decisions must be recorded in the local defensible decision log, including where the requirement for time in the open air cannot be met and, as per above, anyone receiving a regime beneath these standards will need to be fully managed under segregation PSO1700 and Prison Rule 45.

In relation to visits, establishments retain the ability to defer visits by the accumulation of visiting orders where this is necessary and proportionate on public health grounds under Prison Rule 34 (i.e., if someone is in protective isolation/reverse cohorting). The decision to stop a prisoner receiving visits should be documented in the local defensible decision log and these individuals should be prioritised for a family video call in the isolation period and their visiting orders deferred. If there is an exceptional reason for a face-to-face social visit whilst they are in protective isolation/reverse cohorting this may be facilitated at the Governors discretion with appropriate controls. Legal visits cannot be withheld but again digital or telephone access should be prioritised.

**Cohorting and Compartmentalisation Guidance v7**

Work is underway to revise the Compartmentalisation policy for establishments and publish it. It is hoped that the V7 update will also ease some of the requirements around compartmentalisation for establishments, moving away from a blanket RCU approach towards a risk management approach centred around testing. Further guidance is also being prepared regarding prisoners who remain vulnerable to COVID. This will be issued as soon as possible and when the current community prevalence is seen to reduce.

**2. Exiting the National Framework**

* We continue to finalise our plans for exiting the National Framework and moving towards a more sustainable approach to managing Covid in custody.
* This planning includes options for easing the current level of Covid control measures while maintaining resilience, protecting the vulnerable, and proportionately responding to local changes in risk.
* Given rising infection rates in the community, we are closely monitoring the national and prison-level data before finalising plans and seeking final agreement from Ministers to ensure we safely time our exit from the Framework.
* In the meantime, it remains important that sites continue to prioritise their progression through the Framework in the coming weeks.

**3. Testing Strategy**

With the movement away from routine testing in the community we have proposed a new strategy and received Ministerial direction. We will gradually scale back the routine blanket use of voluntary testing but maintain it as a tool to protect the most vulnerable, and to deploy testing in a reactive way where appropriate.

**We are currently considering how this can be most proportionately delivered within the operational context. We ask that at this time, you do not make any changes to your testing models until updated guidance is provided. Test kits will continue to be provided based on the current testing regime, and through existing channels until updated guidance is issued. It has been confirmed by the Department of Health and Social Care that testing in prisons will continue to be funded at this time.**

**Staff Testing in England and Wales**

* The use of PCR testing will cease on the 31st March for prisons in England and Wales and therefore voluntary asymptomatic routine testing of staff will continue using three times weekly LFD (twice weekly LFD in stage 1 prisons). The PCR tests required under DCT, DTCC and RMT are also no longer required.
* All staff in England and Wales who are contacts of a positive case will move to an updated model of [DTCC](https://pogp.hmppsintranet.org.uk/wp-content/uploads/2022/03/Daily-Testing-for-Contacts-of-Covid-Prisons-1.docx).
* From April 1st- Testing in Learning and Development (including POELT) and testing undertaken by staff at Branston, and PECS will cease.
* Further reductions to routine voluntary LFD testing will be announced when the conditions are supportive and retained testing will focus on protection of the more vulnerable prisoner groups or reactive response to managing outbreaks.
* Return to Work (RTW) testing is available to support staff in returning to work following a positive test which involves testing using LFD from day 6, further details can be found [here](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/)
* Staff in England and Wales who are contacts of positive cases will continue to be offered the Daily Testing for Contacts of Covid (DTCC) programme found [here](https://pogp.hmppsintranet.org.uk/2020/04/28/staff-testing-in-england/), which recently replaced Risk Mitigation Testing (RMT) in Wales and is now available to all contacts of positive cases working in prisons and approved premises regardless of vaccination status

**Staff Stay at Home advice**

Staff working in prisons and approved premises in England and Wales will continue to follow guidance from their HRL and line manager and will be advised not to attend work if they have symptoms or have tested positive for COVID-19.

**Prisoner Testing**

* Reception testing will continue in prisons; we had been notified that some health teams had stated they will not be continuing the delivery of reception testing from 1st April. We have been working closely with NHS senior leaders for an urgent resolution and we can confirm that reception LFD testing will continue at this stage as we work through the future testing strategy.

**Social Visitor Testing**

* From 1st April, community testing will end in England. We are aware that this will impact the testing of social visitors. The requirement for visitors to test prior to social visits in prisons in **England and Wales** **will cease** from 1st April, and it will also no longer usually be necessary for prisoners to be offered a pre-visit test. ‘Visits Testing Change Outline for Prisons from 1st April 2022’ has been provided for further detail on this change, along with a supporting communications package.
* OCTs in their support of outbreak management may recommend additional testing. This may include visitor testing. There are powers to restrict visits under Prison Rule 34 where necessary for the protection of health and proportionate. Decisions to impose a testing requirement should be documented in the local defensible decision log. The Governor will need to determine whether this is operationally viable and achievable but if social visit testing is sustained in these instances it is essential that there is effective communication with visitors in advance via prisoners, family service providers and other communication routes such as updating the booking line and call centre handlers with this requirement. A communications package to support this is being prepared, please get in touch with the HMPPS Testing Team if you require this.

**4. Isolation Changes in Wales**

The Welsh Government has announced that from 29th March it is no longer a legal requirement to [[self-isolate](https://gov.wales/self-isolation)](https://gov.wales/self-isolation) if an individual tests positive for Covid-19

While this is positive news, the implications of this must be considered in the context of our unique environment. Establishments must continue to operate COVID-19 controls in line with their relevant regime stage and as per HMPPS SOPs and operational guidance.