COVID-19: Personal Management Plans (PMP) for some people previously considered Clinically Extremely Vulnerable (CEV) and people whose immune system means they are at higher risk (03/05/22)

The shielding programme in England has now ended. HMPPS is maintaining a single approach to managing Covid-19 vulnerability across England and Wales. This means that people who were previously considered clinically extremely vulnerable (CEV) will no longer be advised to shield in or follow specific national guidance. Instead, those who were previously considered CEV in the community are now being advised to take advice from their clinician about whether any additional precautions may be appropriate for them based on their individual circumstances.

People who are immunosuppressed or immunocompromised may be at higher risk of adverse outcomes from infection. Immunosuppression means a person has a weakened immune system due to a particular health condition or because they are on medication or treatment that is suppressing their immune system. People who are immunosuppressed, or have specific other medical conditions, may have a reduced ability to fight infections and other diseases, including COVID-19.

As part of HMPPS’ approach towards living with COVID, the below guidance has now been extracted from its previous location within the Cohorting and Compartmentalisation guidance and will now remain in place as a standalone piece of guidance specifically to guide establishments on how to continue to support prisoners or young people who, due to individual health concerns, may have been advised to continue to take additional precautionary measures against COVID-19.

Following the change in guidance in the community, there is no longer a requirement for establishments to maintain specific areas or resources to house those prisoners who were classified as Clinically Extremely Vulnerable and were advised to shield. Instead, establishments must focus on working with clinical healthcare staff to complete **individual risk assessments** to set out any additional precautions or reasonable adjustments needed to support the prisoner in engaging in the prison regime in a way that provides sufficient protection in line with the clinical advice provided. Any reasonable adjustments must be documented in a **Personal Management Plan (PMP),** which must then be facilitated by wing managers, keyworkers and landing staff. Where establishments have multiple prisoners with PMPs in place they may wish to co-locate them in a specific area of the prison in order to be able to implement additional controls to support their safe management (informed by the PMP), however this should not routinely impact on the prison’s ability to work to operational capacity, nor the individual’s ability to participate in regime activities in line with their plan.

Establishments should use the below specification to develop their Personal Management Plans for those previously considered CEV or who are immunosuppressed within 4 weeks of the date of issue of this guidance.

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| Outcomes  | Description |
| Establishments must work with their local health providers to establish a local list of all prisoners who were previously classified as CEV or are immunosuppressed and whom have been advised to take additional precautionary measures against COVID-19 by their healthcare practitioner. | Local Healthcare providers will establish a local list of those prisoners at ongoing risk and requiring continued reasonable adjustments. These people will be considered ‘eligible’ for Personal Management Plans. Prison staff will need to be made aware of those requirements but not the details of medical diagnoses which inform that advice. Prison staff will be responsible for ensuring that reasonable adjustment expectations are met. A multi-disciplinary approach will be needed to consider the needs and wishes of the patient / prisoner and recommendations on management, with an awareness that whilst the healthcare team will be able to give clinical advice, operational staff will both develop plans and facilitate operational reasonable adjustmentsEligible people will normally be identified by clinicians in one of 2 ways:1. Eligibility for a third primary dose of the COVID-19 vaccine.2. Eligibility for new treatments for COVID-19The process of engagement with and review by healthcare services cannot be completed immediately so establishments should plan for a transition period to implement these new arrangements. If an identified prisoner shows even mild symptoms, they must be offered a test at the earliest opportunity, to enable correct treatments to be administered if they return a positive test. |
| Establishments must ensure that **PMPs** are in place for each prisoner who has been advised to take additional precautionary measures against COVID-19 by their healthcare practitioner. | Plans must be commenced by a clinical professional and should be facilitated and further developed collaboratively between the individual, their unit manager, key worker / offender manager and any other relevant stakeholders (e.g the local safety team or in the case of children, their parent or carer). Plans must be developed based on clinical advice and should set out any reasonable adjustments around the delivery of regime (and the individual’s access to regime) which may be required in order to satisfy the clinical recommendations made and ensure that the risk of becoming infected is reduced. The risk can be reduced by controlling exposure to more risky environments and managing the number and range of close interpersonal contacts. This must be developed in balance with ensuring that someone is not unnecessarily limited from accessing a regime. Learning from previous outbreaks at the establishment can help with understanding which areas and activities may present greater risk. present greater risk. Plans should recognise the primacy of safety and wellbeing of the person and take into account how that person understands their own wellbeing. If the individual is on an ACCT then this must be included within the plan and additional consideration given to how increased isolation may increase the risk of SASH. Reasonable adjustments for people who are eligible and will be invited to complete a PMP might include, but are not limited to:* Reducing the number and frequency of contacts with other people
* Requesting fixed contacts, for example members of staff with whom they will have regular interactions, to use FRSM during contact
* Single cell accommodation
* Increased use of face coverings or FRSMs
* Reduced participation in activities
* Individualized access to medication, meals and/or exercise
* Reduced group size access to medication, meals and/or exercise
* Consideration of cell location – to reduce the risk of exposure to airborne virus, an individual’s cell location should avoid high footfall, high landings or areas with poor ventilation, or limited ability to provide a regular source of fresh air. The location should also be appropriate with regard to accessibility.
* Consideration of movement from particularly high-risk areas, for example a wing or unit with multiple COVID-19 cases.

A Governor may determine that additional covid controls should remain in place in areas which have a recognised higher number of prisoners or young people on PMP’s. This will include regular handwashing, access to PPE, regular sanitising of areas and social distancing where appropriate. Additional testing guidance is due to be issued addressing testing in higher risk areas.Where clinical advice suggests that as part of the PMP, an individual is not able to attend work, this should be managed via the sick pay guidance- The Prisoners’ Pay policy ([PSO 4460](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931684/pso-4460-prisoners-pay.pdf)) sets out the rates of pay for short-term sick (up to 4 weeks) and long-term sick ( 4 weeks and over). The rate of pay for short-term sickness is £2.50 per week and the rate of pay for prisoners who are long-term sick is £3.25 per week.Establishments must be sure that the adjustments agreed are reasonable and do not infringe on the ability of the individual to receive *at least* their minimum regime entitlement and access to core services. Establishments must ensure that the adjustments prescribed in the plans are operationally deliverable and sustainable.It is also important to ensure that management of the plans avoids any perverse incentives to disengage from regime services activities which may arise, and that management of the plans is operationally. Development of plans must take account of protected characteristics alongside consideration of medical vulnerability, so the policy is implemented in an anti-discriminatory way and focus on the holistic wellbeing of the individual as well as managing infection riskGovernors must ensure that all Personal Management Plans are agreed by an appropriate manager who should be aware of the locations of all of the prisoners on plans within the establishment.  |
| Establishments must ensure that **accurate records** are kept to record the prisoners in the establishment with PMPs in place.  | Establishments must ensure that details of the reasonable adjustments are recorded as a case note on NOMIS and also work with healthcare so that they are recorded in the clinical record on SystemOne. Staff must be aware of the plans in place in their regular staffing area and should familiarise themselves with the details of the plans in place if cross-deployed in the same way as they would with PEEPs. Establishments should ensure that local systems are in place to share this information, although the reason for additional adjustments must not be routinely shared. NOMIS markers must be utilised to record the PMPs in place and declined at individual establishments. New markers (Personal Management Plans/ Personal Management Plan declined) went online at the same time as the issue of this guidance and once reviews have taken place with eligible individuals should be utilised. The pre-existing shielding markers (Shielding/Refusing to Shield) will time-out 4 weeks from the date of issue of this guidance (29/04/22) and therefore establishments must ensure that all reviews have taken place within this period. Pre-existing shielding markers can be removed from individuals where clinical advice does not indicate that the individual remains vulnerable and therefore a care plan is not in place. |
| Establishments must ensure that PMPs are **reviewed** at regular intervals.  | PMPs should be reviewed every 3 months to determine whether they are adequate to manage the needs of individuals and if any adaptations are needed. Reviews should be clinically informed to ensure that if the risk picture has changed since original implementation, this can be reflected in any adjustments. In the case of children, establishments may wish to conduct reviews more regularly to reflect the importance of balancing mental health with physical health and the generally shorter period spent in custody.In the event that an outbreak or public health incident is declared at the establishment, plans should be reviewed with advice from UKHSA / Health Protection Teams and / or the Outbreak Control Team to ensure adjustments in place are suitable to manage risk. Similarly, in the case that there are any significant changes in community guidance, an automatic review of all PMPs will be triggered. Establishments must ensure that discussion of PMPs is included for discussion at Local Delivery Boards and that there is a local system in place to ensure that plans are developed, implemented and reviewed against the required review timetable. Establishments must be aware of the potential impacts of self-isolation or reduced interactions on prisoners well-being and should be cautious to identify and recognise any vulnerability and additional support that may be needed in this area. Guidance has been provided via the following link to guide establishments in support isolated individuals: [Supporting Isolated Prisoners Toolkit - HMPPS Intranet (gsi.gov.uk)](https://intranet.noms.gsi.gov.uk/groups/safety/supporting-isolated-prisoners-toolkit) |
| Establishments must develop a process for managing prisoners who have been clinically advised to take additional precautions but who choose not to.  | Establishments must ensure that all prisoners who have been clinically advised to take additional precautions by their healthcare practitioner understand the reason why they have been advised to take additional precautions and should be supported to make an informed decision. If any individuals choose not to take up on this advice and work with the establishment to develop a PMP, the establishment must ensure that this conversation is recorded on both System One and NOMIS. The prisoner should be reminded that the option to ‘opt in’ remains available and that they should consult healthcare staff if they wish to change their mind in the future. A disclaimer is provided in Annex A which establishments can utilise to record decisions not to implement a PMP.  |
| Establishments must work with partners to determine local testing models to target testing to better protect those on PMPs. | Additional guidance for testing in high risk areas will be issued to assist establishment testing SPOCs in working with their local healthcare provider and regional UKHSA / PHW representative. |

Appendix A: Acknowledgement for those declining PMPs

Please note that the below acknowledgment is for use in cases where clinical advice suggests that an individual previously considered Clinically Extremely Vulnerable (CEV) or immunosuppressed remains at heightened risk from COVID-19 and that a Personal Management Plan (PMP) should be in place, however the individual has determined that they do not wish to develop a PMP . Establishments may wish to utilise this record decisions not to develop a PMP and may wish to store this along with a log on System One and NOMIS. This is not a legally binding document, but establishments are encouraged to use it for their own records. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT FOR THOSE PREVIOUSLY CLASSIFIED AS CEV OR WHO ARE IMMUNOSUPPORESSED**

**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 arrangements at my prison for prisoners previously considered CEV or who are immunosuppressed who are considered at greater risk from COVID-19. The staff member explained the following:

* That I have been identified as being in the at-risk group and that despite the formal end to shielding, it is recommend that I work with the clinical team, my key worker and any other relevant stakeholders to develop a Personal Management Plan to ensure that any reasonable adjustments which may help further protect me from COVID-19.

I………………………………………..………….……………………………………………..…………………………………………………… (name; surname; prison number) choose to **not** follow this advice. I understand that if I change my mind on this decision, I am to alert a member of prison staff and I can work with the establishment to develop a PMP.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff member’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Appendix B: HMPPS Personal Management Plan (PMP)

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| **Details** |
| Name of Prisoner / Young Person |  |
| Location |  |
| NOMIS Number |  |
| Name of Clinician |  |
| Name(s) of Offender Manager / Keyworker |  |
| Date of clinician’s letter (where received) |  |

Please provide details within the below check overview details. Ensure the personal management plan guidance document has been used for context. Not all information may be available at the point of prisoner notification. The initial PMP will be activated providing any measures needed awaiting advice from a clinician.

|  |
| --- |
| **Personal Management Plan Check Overview Details** |
| **CHECK** | **YES** | **NO** | **DETAILS (where relevant)** |
| Has the PMP been initiated from a pre-existing confirmed condition? |  |  |  |
| Has a clinician provided the prisoner with an advice letter  |  |  |  |
| Does the clinicians letter include specific additional measures the prisoner should take? |  |  |  |
| Is a clinician’s letter pending? |  |  |  |
| Will interim arrangements be made pending a clinician’s letter outcome? |  |  |  |

Please provide details of the reasonable adjustments that will be applied from the clinician’s advice (please note the recommendations from the PMP guidance document). Where a clinician's advice is pending, the unit manager and prisoner can agree interim measures and carry out a review at the point the pending advice is received

**Personal Management Plan Reasonable Adjustments:**

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| --- | --- |
|  Recommendations: | Additional Measures applied |
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| --- | --- |
| Personal Management Plan Confirmation  |  |
| Prisoner / Young Person Signature |  |
| Date |  |
| Any concerns with this PMP should be noted and may be discussed with the healthcare team, unit custodial manager, keyworker or offender manager, and/or landing officer.  |  |
| Manager Signature |  |
| Date |  |

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| --- |
| Personal Management Plan Review (every 28 days or following update or confirmation from a clinician). |
| Prisoner / Young Person Signature |  |
| Date |  |
|  |  |
| Manager Signature |  |
| Date |  |
| Details of any change/update |  |