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|   | **COVID-19 ISOLATION 72 HOUR REVIEW (Reverse Cohorting)** |
| Establishment: |  |   |
| Date: |  |  |
|  | **Prisoner Details**  |
| Surname  |  | Forenames   | Prison Number  | Date of birth  |
| **Isolation Details** |
| Date Isolation Commenced: |  | Cellular Location: |

***Prompt to Staff (please delete before use): Prior to the completion of the forms, the responsible person conducting the review must speak to the prisoner to check on their welfare and check the RCU or PIU dates to ensure that isolation is appropriate and that there is a clear end date when testing will be undertaken/isolation will end.***

You have been required to isolate in your cell and receive your regime entitlement as part of a smaller group of others who are also isolating/on you own [delete as appropriate] for the purposes of COVID-19 Reverse Cohorting.

Your isolation at this point has been reviewed to determine whether it is appropriate and safe for your isolation to continue.

It has been determined that your continued isolation for the purposes of health protection is appropriate. Your isolation period end date will be dependent on you returning 2 negative COVID tests/ you completing 7 days of isolation from the date that you arrived in the prison [delete as appropriate].

During this period you will continue to receive you entitlement to regime 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. If you have any queries or concerns during this period you should speak to your wing staff. If you feel unwell it is important to let staff know who will be able to support you in speaking to the healthcare team.

***Prompt to Staff (please delete before use): The review should also be documented on NOMIS and the Governor must approve this review and record on NOMIS in line with the guidance provided.***

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| **Name of person authorising isolation**  | **Signature**  | **Date**  | **Time**  |
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|   | **COVID-19 ISOLATION 72 HOUR REVIEW** **(Protective Isolation)** |
| Establishment: |  |   |
| Date: |  |  |
|  | **Prisoner Details**  |
| Surname  |  | Forenames   | Prison Number  | Date of birth  |
| **Isolation Details** |
| Date Isolation Commenced: |  | Cellular Location: |

***Prompt to Staff (please delete before use): Prior to the completion of the forms, the responsible person conducting the review must speak to the prisoner to check on their welfare and check the RCU or PIU dates to ensure that isolation is appropriate and that there is a clear end date when testing will be undertaken/isolation will end.***

You have been required to isolate in your cell and receive your regime entitlement as part of a smaller group of others who are also isolating/on you own [delete as appropriate] for the purposes of COVID-19 Protective Isolation [delete as appropriate].

Your isolation at this point has been reviewed to determine whether it is appropriate and safe for your isolation to continue. It has been determined that your continued isolation for the purposes of health protection is appropriate.

If you have been isolated due to testing positive - your isolation period end date will be dependent on you completing 5 FULL days of isolation, are asymptomatic and have returned two negative tests, on Day 5 and Day 6 (tests must be 24 hours apart). If you decline to test then you will be required to isolate for 10 days from the day you first tested positive/symptoms started. If you have been isolated due to having contact with a positive case, you must isolate for 10 days from the date of contact (unless you are vaccinated and are able to participate in PRMT) .

During this period you will continue to receive you entitlement to regime 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. If you have any queries or concerns during this period you should speak to your wing staff. If you feel unwell it is important to let staff know who will be able to support you in speaking to the healthcare team.

***Prompt to Staff (please delete before use): The review should also be documented on NOMIS and the Governor must approve this review and record on NOMIS in line with the guidance provided.***

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| **Name of person authorising isolation**  | **Signature**  | **Date**  | **Time**  |
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