



Ministry
of Justice



HM Prison &
Probation Service

Policy Name: HMPPS (Interim) Compartmentalisation and Protective Isolation Policy Framework

Issue Date: 9th June 2022

Implementation Date: 9th June 2022

Replaces the following documents (e.g. PSIs, PSOs, Custodial Service Specs) which are hereby cancelled: None

Action required by:

<input checked="" type="checkbox"/>	HMPPS HQ	<input checked="" type="checkbox"/>	Governors
<input checked="" type="checkbox"/>	Public Sector Prisons	<input checked="" type="checkbox"/>	Heads of Group
<input checked="" type="checkbox"/>	Contracted Prisons	<input checked="" type="checkbox"/>	Youth Custody Estate
<input checked="" type="checkbox"/>	The Probation Service	<input checked="" type="checkbox"/>	Women's Estate

Mandatory Actions: All groups referenced above must adhere to the Requirements section of this Policy Framework, which contains all mandatory actions.

Governors, Directors and Managers must ensure that any new local policies that they develop because of this Policy Framework are compliant with relevant legislation, including the Public Sector Equality Duty (Equality Act, 2010).

This is an interim Policy Framework informed by infection control and communicable disease outbreak management expert information, advice and guidance, in conjunction with HMPPS management expertise gained during the Covid-19 pandemic response. It is subject to review and revision and feedback on its application is welcome.

Public Health guidance for communicable disease control and response in prisons and other prescribed places of detention is published at this link:

<https://www.gov.uk/government/collections/public-health-in-prisons>

All references to Governors should be read by the reader to refer to Prison Governors and Directors of Contracted Prisons and YOIs.

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Approved by OPS for publication: Sarah Coccia and Ian Barrow, Joint Chairs, OPS, May 2022.

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1. **Purpose**

- 1.1 The purpose of this policy is to support the safety and wellbeing of all people in prison, staff, visitors, prisoners, third party employees/contractors and others present in Prisons and YOIs by setting out measures which control the transmission of communicable diseases.
- 1.2 In order to mitigate risk and ensure that all are kept as safe as possible, prisoners who are assessed as being at risk of infecting others with a communicable disease (which can be mitigated by isolating the prisoner) should be isolated from others, in accordance with public health or clinical advice. In the event of a prisoner being unwilling to isolate, it is appropriate for HMPPS to enforce isolation.
- 1.3 This policy provides for the application of “Reverse Cohorting” and “Protective Isolation”. The application of Reverse Cohorting can be either made nationally or at an establishment level based upon risk.
- 1.4 Protective Isolation requirements must be applied on the advice of a qualified healthcare professional or public health specialist for individuals with suspected or confirmed infection with communicable diseases the spread of which can be mitigated by isolating the prisoner.
- 1.5 Reverse Cohorting requirements may be applied only if:
 - the measure is advised by a public health specialist (Health Protection Teams/UK Health Security Agency) and
 - the measure is guided to be applied by HMPPS Headquarters or
 - the measure is agreed to be applied by a Governor or Prison Group Director on a risk-based approach, provided that decision making on application has been delegated from Headquarters.
- 1.6 This policy contains relevant authority and instructions for the isolation and management of prisoners assessed as suitable for isolation. It includes required actions for HM Prisons and YOIs in England and Wales, contracted service providers, and provides general advice and guidance.

2. **Definitions**

- 2.1 An **Outbreak Control Team (OCT)** or **Incident Management Team (IMT)** is a multi-agency team led by a public health professional established to investigate or manage a health incident consistent with published public health guidance for prisons and places of detention.
- 2.2 **Reverse Cohorting** is the temporary separation of people newly received to prison from the mainstream population to reduce the risk of introduction of communicable disease to the local population and transmission risk to all the people present in an establishment. The length of any separation should be in accordance with HMPPS guidelines and public health advice. The prisoner may be reverse cohorted alone or in a group with other prisoners.
- 2.3 **Protective Isolation** is the temporary isolation of people in prison who are symptomatic for and/or known to be infected with a communicable disease and who present a risk of infecting others which can be mitigated by isolating the person.

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3. Scope of Application

- 3.1 Protective Isolation and Reverse Cohorting may be applied as a control measure for any communicable disease provided that:
- The communicable disease or suspected disease for which control is being introduced is transmissible by close contact between people and may present significant risk to human health and
 - Public health guidance or advice from a public health professional is supportive of isolation being an effective control measure for the suspected or confirmed disease being managed or investigated and / or
 - A healthcare professional attending a prisoner patient, or patients, advises isolation for an individual or group of people as an appropriate disease control measure
- 3.2 Protective Isolation and Reverse Cohorting controls may be applied by the Wing Manager or other suitable member of staff acting with the authority of the Governor provided that the application is consistent with published or circulated public health guidance. If immediate advice on the incident being managed is not available from a public health professional or healthcare professional, advice from a Health Protection Team or the UK Health Security Agency / Public Health Wales should be sought straight away.
- 3.3 Protective Isolation and Reverse Cohorting controls **must not** be applied for purposes other than communicable disease control. In other cases PSO 1700 Segregation, Special Accommodation & Body Belts applies.

4. Outcomes

- 4.1 The policy provides Governors with an understanding of actions required for the isolation of prisoners
- Application of procedures, processes and best practice to minimise onward transmission of disease, in support of operational guidance as issued by HMPPS
 - Standardised process to maximise appropriate isolation and protect wellbeing during isolation

5. Evidence

- 5.1 Prisons are vulnerable to the risk of significant and potentially serious outbreaks of communicable disease, in particular respiratory infections, with large numbers of cases because:
- Large numbers of individuals live in close proximity with a high degree of social mixing.
 - The population is constantly turning over with admissions, discharges and transfers and unidentified risks may be brought into establishments.
 - Prison populations have a higher prevalence of underlying medical conditions, including respiratory illness, than their peers in the wider community, for example asthma, immunosuppression (e.g. due to HIV infection) and other chronic illness, such as chronic liver disease due to Hepatitis C (associated with injecting drug use).

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It is therefore possible that prisoners may experience complications of infection from an outbreak of infectious communicable disease.

- It will not be possible to keep communicable diseases out of prisons if they are circulating in the wider community given the high turnover in the prison population and the movement of staff between community and prison settings. The strategy is therefore to mitigate the spread of disease and take steps to mitigate against severe outcomes.
- Due to the closed nature of prisons and the vulnerability of those imprisoned, it is possible that cases in prisons may follow different patterns to those in the community. In a pandemic or severe epidemic scenario, prisons may experience a series of longer outbreaks and higher attack rates (more infections) than in the community.

5.2 There is evidence of an association between lower Time Out of Cell and Time in Purposeful Activity with worse mental health and higher suicide risk.

6. **Requirements**

6.1 Where necessary to mitigate the spread of communicable disease(s), HMPPS Headquarters must issue notices or guidance under this Policy which state clear requirements for Governors and Prison Group Directors with respect to:

- The application or removal of reverse cohorting, or, where the decision to apply or remove reverse cohorting is delegated from headquarters, with whom that decision authority rests.
- The application or removal of HMPPS contact tracing service provision for specific diseases.
- Communicable disease testing requirements for people in prison and how they may interact with isolation requirements for specific diseases.

Isolation

6.2 All prisons and YOIs must have a written Isolation Policy prepared and agreed with local healthcare service providers, NHS England & NHS Improvement Commissioners, NHS public health advisors and / or the UK Health Security Agency and Public Health Wales which is consistent with national guidance for infection control. Recognised Trade Unions should also be consulted.

6.3 The establishment Isolation Policy should be reviewed at least annually as national public health guidance may vary dependent on prevalent diseases in circulation at the time and in response to public health incidents which may occur.

6.4 The establishment Isolation Policy must be applied consistent with this Policy and associated guidance on reverse cohorting, contact tracing and testing for communicable diseases.

6.5 People in prison may be isolated in any available accommodation including the cell or room occupied before isolation. Healthcare and public health professionals may determine that isolation in the existing cell location is the most appropriate option, in these cases appropriate risk assessments must be in place to manage any risk of transmission in accordance with PSI 37/2015 (Health and safety arrangements for risk assessment).

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- 6.6 If numbers requiring isolation are or may become large, a dedicated unit may be established. Any area or accommodation used for the isolation of prisoners in such a unit and all activities therein must be fully risk assessed in accordance with PSI 37/2015 (Health and safety arrangements for risk assessment) following consultation with healthcare and public health professionals and recognised trade unions/staff associations (for which reasonable facility time should be provided) and be compliant with all HMPPS SOPs in place at the time.
- 6.7 Isolation of any individual must always be for the minimum period of time consistent with public health or clinical advice and guidance and **must not exceed 14 days duration** for any individual episode of isolation unless a longer isolation period is required by a HMPPS Public Health Notice.
- 6.8 If advice is received to extend isolation of an individual beyond 14 days or if isolation is expected to last beyond 14 days from the outset, then procedures and safeguards for separation must be followed as set out in PSO 1700 (Segregation, Special Accommodation and Body Belts). The only exception to this is where a HMPPS Public Health Notice requires isolation for longer than 14 days. In these cases:
- [The isolation must be reviewed by a governor on day 14 as described in paragraph 6.12]; and
 - the procedures and safeguards for separation must be followed as set out in PSO 1700 SEGREGATION, SPECIAL ACCOMMODATION & BODY BELTS must be followed if isolation is to last beyond the period authorised by a HMPPS Public Health Notice.
- 6.9 People showing symptoms of disease should be isolated in a single cell wherever possible. If a single cell is not available, where necessary, cases confirmed to have the same disease may share a cell.
- 6.10 Protective Isolation may also be required for individuals who are identified contacts of a person known, or suspected, to have a communicable disease. Public health advice and associated HMPPS guidance will set out details of the application of protective isolation for contacts, how contacts are identified and any testing arrangements which may mediate the requirement for isolation.
- 6.11 Open establishments and/or those with shared accommodation who are unable to physically restrict access may wish to restrict movement through a local rule or compact. However, if an individual does not consent to isolation, the authorisation processes that apply in closed establishments as set out in this policy must be applied.

Authority to isolate prisoners

- 6.12 Under Prison Rule 45 and YOI Rule 49 Governors can remove prisoners/young people from association with other prisoners/young people where doing so is desirable for the maintenance of good order or discipline, or in their own interests. The initial period of removal can be up to 72 hours. Removal for more than 72 hours may be authorised by governors in writing, who may then authorise a further period of removal up to 14 days if required. Where isolation is required for more than 14 days by a Public Health Notice, a review must take place and removal for more than 14 days must be authorised by governors in writing. Leave of the Secretary of State in writing is required to authorise removal for a total period of more than 42 days. In deciding whether to authorise removal for more than 72 hours, the governor must fully consider any recommendation from a healthcare professional that the prisoner resumes association.

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- 6.13 In the context of communicable diseases Prison Rule 45 and YOI Rule 49 give powers to remove people in prison from association where doing so is desirable to prevent the spread of disease, given that the spread of disease in prison undermines good order and discipline. Removal from association means that the prisoner or young person has no association with other prisoners/young people. This may occur in protective isolation or reverse cohorting.
- 6.14 In the application of this Policy, the Governor's authority is constrained by the requirement to seek and give due regard to the advice of a qualified public health professional or a healthcare professional. Where such advice is not immediately available the Governor has the authority to remove people in prison from association in line with published or circulated public health guidance, but professional advice from a Health Protection Team or the UK Health Security Agency / Public Health Wales should be sought straight away.

Isolation for Reverse Cohorting and Protective Isolation – general principles

- 6.15 Where a prisoner is already segregated under PSO 1700 at the time that protective isolation/reverse cohorting is required, their segregation should continue under PSO 1700 but the health and safety requirements as set out under this policy should be applied to ensure that any risk of transmission is managed and the segregation review documents should be updated to reflect the new reasons for segregation.
- 6.16 The requirement to apply isolations on the advice of public health or healthcare professionals should include consideration of the proportionality of the measure and the holistic welfare of the individuals.
- 6.17 The requirements below are minimum expectations that should be delivered in all cases of isolation. Establishments must continue to adhere to all Infection Control Procedures and Safe Operating Procedures when delivering regime to isolated prisoners
- 6.18 The safety and welfare of the person being isolated must be maintained. If a healthcare professional advises that isolation may present significant risks to a person's safety or wellbeing, Governors may decide not to isolate that person, or to maintain isolation for a shorter period, but must seek and give due regard to advice from a public health or healthcare professional on other mitigations which may contribute to infection control.
- 6.19 Governors must ensure that welfare and wellbeing checks are provided at least daily (preferably more frequently) and are recorded. Regular meals and any medications must be provided. A wellbeing check is a conversation enabling the well-being of an individual to be gauged and typically involves asking questions that would facilitate a prisoner to raise issues and ask for assistance.
- 6.20 All isolating individuals must have a further wellbeing check at the 72-hour point of isolation - for prisoners under both Protective Isolation and Reverse Cohorting. This 72 hour check must be undertaken by either the Wing Manager or other suitable member of staff, and must be attended also by a qualified healthcare professional to comply with Prison Rule 45. The details of the 72 hour wellbeing check must be recorded as case notes on NOMIS/SystemOne and relevant isolation forms (as provided in the supporting Operational Guidance) must be completed to authorise isolation for more than 72 hours. The review will determine whether it is desirable to continue isolating the individual taking into account both the health risks posed by the individual and any risks that isolation poses to them.
- 6.21 Any isolation for more than 72 hours must be authorised by prison staff acting on the authority of the Governor. This authorisation must be given to the prisoner in writing and must set out the reason for isolation and the expected duration of isolation. In deciding whether to

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authorise removal for more than 72 hours, the governor must fully consider any recommendation from healthcare staff that the prisoner resumes association.

- 6.22 All isolations must again be reviewed by Wing Manager or other suitable member of prison staff and a qualified healthcare professional after 7 days.
- 6.23 Establishments must ensure that contingency plans are in place in the event of evacuation. For example, where an isolating individual is on a Personal Emergency Evacuation Plan (PEEP).

7. Isolation Safeguards

Safety

- 7.1 Where an individual is identified to be at risk of self-harm or suicide within the Annex to PSI 64/2011 (Management of prisoners at risk of harm to self, to others and from others (Safer Custody)), an ACCT must be put in place. For prisoners on an open ACCT it is critical that the necessary observations and conversations take place and that case reviews are held as required. Staff must be alert to the risk that isolation may exacerbate existing mental health issues and may increase risk of suicide and self-harm. For individuals managed under ACCT who are isolated under the policy, consideration should be given to informing Next of Kin.
- 7.2 Individuals subject to Basic regime status under the Incentives Policy Framework should normally (and as an exception to normal practice for basic regime prisoners) be provided with a television for the period of isolation, unless there is an over-riding safety reason not to make this provision.
- 7.3 Any isolation decision must take account of the specific needs of the individual, particularly those with social care needs, those at greater risk of severe illness, and that support for pregnant women and babies in Mother and Baby Units in the Women's Prison Estate is provided.
- 7.4 Any isolation decision must also take account of, and meet the need for, both physically and cognitively disabled prisoners.
- 7.5 Any decision to isolate a person must be non-discriminatory and take account of, and make adjustment for, the needs of those with other protected characteristics under the Equality Act 2010 where there may be differential impacts for any of these groups (based on age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)
- 7.6 Early days and induction processes including risk identification must be followed and fully delivered for all prisoners new to custody.
- 7.7 Provided it is safe to do so, contact and access arrangements for Probation staff should be maintained wherever possible, in particular if the isolated person is approaching a Parole hearing or preparing for release.
- 7.8 If an isolated person may become due for release during the expected period of isolation,

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advice from a public health professional should be sought on arrangements for the safe movement of the person and arrangements for their release to, and management in, the wider community. Isolation of individuals under this policy must not prevent their release. It is best practice for establishments to facilitate ongoing key worker contact during this period.

Regime Delivery

- 7.9 Newly-arrived prisoners must receive the same induction information as they would do if they were not isolated under PSI 07/2015 (Early Days in Custody).
- 7.10 All prisoners in Protective Isolation and Reverse Cohorting must be provided at least a minimum level of regime entitlement/access during the isolation period in line with PSI 75/2011 Residential Services and the Prison Rules 1999/YOI Rules 2000 unless their illness makes it infeasible. This includes minimum:
- A minimum of 30 minutes of time in the open air daily.
 - 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)).
- 7.11 Attention should be paid to the how enhanced access to showers and time outdoors may support their recovery from illness and / or faith/ belief needs and establishments should seek to provide beyond minimum requirements wherever possible.
- 7.12 Wherever possible, cells used for isolation should have in-cell sanitation.
- 7.13 Corporate worship and pastoral care are an important part of prison life. Where corporate worship is suspended for those in isolation Governors must agree arrangements with their chaplaincy team to support prisoners with their faith/belief needs during this period. The arrangements must be clearly communicated to both staff and prisoners.
- 7.14 For those isolated under Reverse Cohorting arrangements, Governors should encourage as much association, exercise, domestic and faith/belief engagement as possible, where appropriate and safe to do so as set out in associated guidance.
- 7.15 In the event of public health advice on outbreak management or a local risk assessment (that includes engagement with recognised trade union partners, for which reasonable facility time should be provided) assesses that an element of minimum regime provision is unsafe to operate, all relevant decisions must be recorded in the local defensible decision log. This must include where the requirement for time in the open air cannot be met and anyone receiving regime entitlement beneath the standard.
- 7.16 Pay for isolating prisoners must continue to be paid at their relevant rate of unemployed, employed or standard pay (see PSO 4460). Prisoners not eligible for pay remain without pay. Governors retain the ability to defer social visits by the accumulation of visiting orders in line with PSI 16/2011 where this is necessary and proportionate on public health grounds under Prison Rule 34 if someone is in protective isolation/reverse cohorting.

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- 7.17 The decision to stop a prisoner receiving visits must be documented in the local defensible decision log and these individuals must be prioritised for secure social video calls and access to telephones if none are available in-cell during the isolation period.
- 7.18 If there is an exceptional reason for a prisoner to be granted 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.
- 7.19 Legal visits cannot be withheld but Governors should also consider the use of digital or telephone access, which should be prioritised.

Exceptional Provisions

- 7.20 In exceptional circumstances Governors can take a decision not to apply reverse cohorting for some or all people received, for example if operational capacity pressures present a risk of lock-outs into police custody occurring. A decision not to apply reverse cohorting should be recorded in the defensible decision log.
- 7.21 If for any operational reason the minimum regime access requirement for those in Reverse Cohorting or Protective Isolation is not safely achievable this must be kept to an absolute minimum duration and Governors must ensure that there is a defensible audit trail and decision log completed for every prisoner, available for inspection on request.
- 7.22 Decision logs must be retained for six years as evidence for any potential legal claim which may arise.

Recording of Safeguards and Compartmentalisation Regime

- 7.23 Governors must ensure that when isolating people in prison for either Protective Isolation or Reverse Cohorting, the decision to isolate them and rationale (for the purposes of Health protection), the healthcare considerations for and against isolation and the level of regime access being received by those individuals during the isolation period is recorded. This should be noted on NOMIS and in the prisoner's Healthcare SystemOne Case notes.
- 7.24 Governors must ensure that a record of those in isolation is made in the establishment's defensible decision log and that this is kept under review. The records for those held in isolation under this policy should be made available to the establishment's Independent Monitoring Board on request.
- 7.25 Governors are encouraged to keep local records to monitor potential equalities impacts of isolation and reverse cohorting to determine whether any groups with protected characteristics are impacted by the need to isolate and the potential reasons why this may occur. Records should include any decisions and actions implemented by the Governor to mitigate any negative impacts realised
- 7.26 Wing managers and Governors must be 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 level of regime access being offered to them.
- 7.27 In all cases, prisoners must be clearly informed about why they are in isolation or are having their regime access delivered in a small regime group.

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7.28 For isolating prisoners Governors must ensure those where English is not their first language or have other communication issues that suitable translation or assistive support is given to allow prisoner to understand what is happening.

7.29 Governors must ensure that a record of the safeguards in place to protect those individuals in isolation be kept and 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 group participation is not possible must be recorded.
- Any protected characteristics of those in isolation.
- Written authorisation by staff acting with the authority of the Governor for isolation for more than 72 hours.
- Recommendations from healthcare staff as to whether isolation should continue or cease.

7.30 Prison Group Directors should assure the implementation of the policy within the establishments within their groups.

Youth Custody Service

7.31 All references to prisoners or individuals subject to isolation within this Framework includes children and young people located at under-18 YOIs and Secure Training Centres (STCs) in the children and young people secure estate (CYPSE). Secure Children's Homes should refer to the specific guidance provided in LINK.

7.32 Separation or isolation of children and young people in the CYPSE should only take place as a last resort and only when it is a justified, appropriate, proportionate and necessary response when alternative interventions have been exhausted.

7.33 Children and young people in the CYPSE have been identified as having experienced high levels of trauma and high prevalence of speech, language and communication needs and other conditions which may affect their behaviour, response and understanding of what may be happening to them. Given the potential impact of being confined to their rooms, the management of any instance of separation or isolation, including Protective Isolation or Reverse Cohorting, which involves children or young people must take account of their individual needs and vulnerabilities.

7.34 When children and young people in the CYPSE are subject to Protective Isolation or Reverse Cohorting, the principles and requirements set out in the Framework on separation and isolation of children and young people - Minimising and Managing Use of Separation and Isolation in the Children and Young People Secure Estate - should be followed. This Framework may be accessed via the following link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066121/2022-04-01_Managing_and_Minimising_Separation_in_the_CYPSE.pdf

7.35 Each separated child must have their needs met in a planned way and have access to a bespoke regime, regardless of how long the case of separation may be.

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8. **Resources**

- 8.1 In most situations there will be no or very limited resource implications from adhering to this policy. Where extensive isolation or reverse cohorting is required, there may, in some instances be additional resource requirements to maintain stability and meet the needs of those isolated. In these cases, Governors should raise this with Prison Group Directors in the first instance.

9. **Guidance**

Title	Page
Curtailment and/or Restriction of Visits	11
HMPPS Cohorting and Compartmentalisation Guidance	Published
HMPPS COVID-19 Contact Tracing Guidance	Restricted
HMPPS COVID-19 Reception Testing	Restricted
HMPPS Guidance on Application of Interim Compartmentalisation and Protective Isolation Policy (Public Health Notice)	Restricted

Curtailment of Visits

- 9.1 The protection of health can provide a justification for restrictions on social visits under Rule 34 or Rule 73 and this policy sets out procedures and safeguards so that restrictions may be considered necessary and proportionate.
- 9.2 Prisoners in Protective Isolation will not be able to access social visits during the isolation period and should have visits order deferred until after the isolation period has ended but should be prioritised for a video visit where this can be delivered – this should be funded by the establishment. If there are exceptional reasons why an in person visit must take place then this should be done with appropriate controls in place to facilitate it.
- 9.3 Members of the IMB, justices of the peace and legal advisers cannot be prohibited from visiting a prison.
- 9.4 Prisons must put in place procedures to arrange alternatives to face-to-face legal visits, particularly telephone contact. Where governors conclude there is no suitable alternative, they may facilitate face to face visits by exception and only where other infection control measures can be implemented.
- 9.5 Governors retain the ability to defer social visits by the accumulation of visiting orders in line with PSI 16/2011 where this is necessary and proportionate on public health grounds under Prison Rule 34 if someone is in protective isolation/reverse cohorting.
- 9.6 The decision to stop a prisoner receiving visits must be documented in the local defensible decision log and these individuals must be prioritised for secure social video calls and access to telephones if none are available in-cell during the isolation period.

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- 9.7 If there is an exceptional reason for a prisoner to be granted 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.