



Public Health
England

Protecting and improving the nation's health

COVID-19 in prisons and other prescribed places of detention (PPDs)

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February 2021

Relevance



Public and privately-managed prisons
Immigration removal centres (IRC)



Children and young people's secure estate (CYPSE)
young offender institutions (YOI)
Secure training centres (STC)
Secure children's homes (SCH)

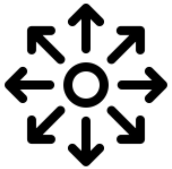


Content accurate at time of presentation
but always refer to online guidance for
latest information

Learning outcomes



Describe coronavirus: the virus, infection and routes of transmission.



Identify, understand and apply the key principles of reducing COVID-19 spread.



Understand and apply the guidance for admissions, self-isolation, testing and outbreak management.



Understand how you can look after yourself and where support is available.

COVID-19

What is a coronavirus?

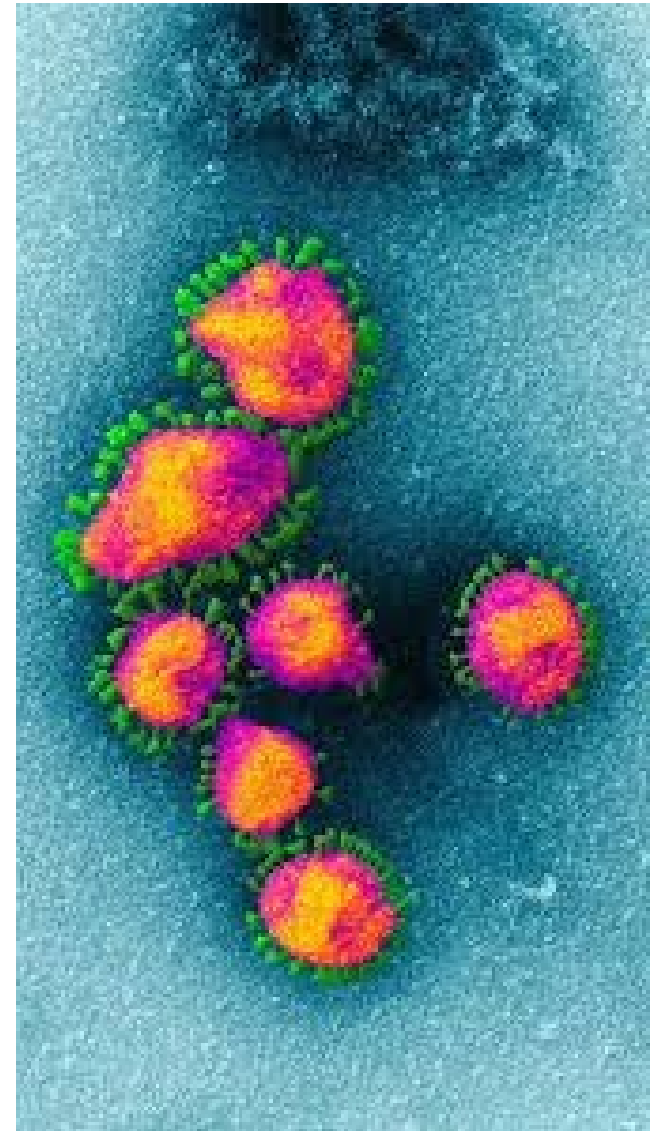
The name for a family of viruses.

Halo or **crown** around them – hence *coronavirus*.

Known about since 1930's.

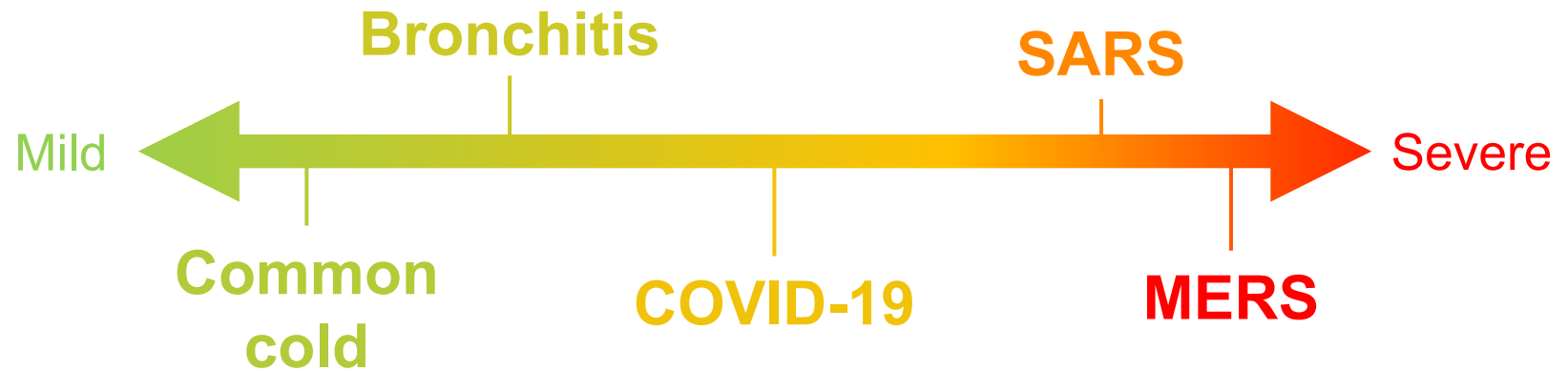
Mainly cause lung (respiratory) diseases.

The name of the current coronavirus is **SARS-COV-2**.





Coronavirus diseases



COVID-19: symptoms

- **COVID-19** is the name of the **DISEASE**
- It is caused by **SARS-COV-2** which is the **VIRUS**
- It causes an infection in the throat (upper respiratory tract) and lungs (lower respiratory tract)

Main symptoms



Cough



Loss of smell
and/or taste



Fever



Fatigue



Sore throat



Muscle pain



Headache

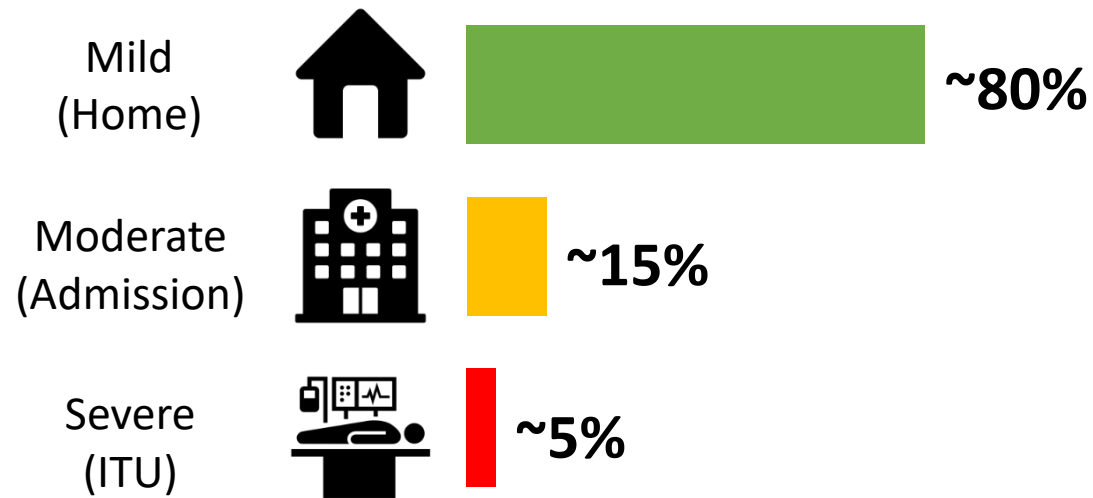


Shortness of breath
or chest tightness



Gastrointestinal

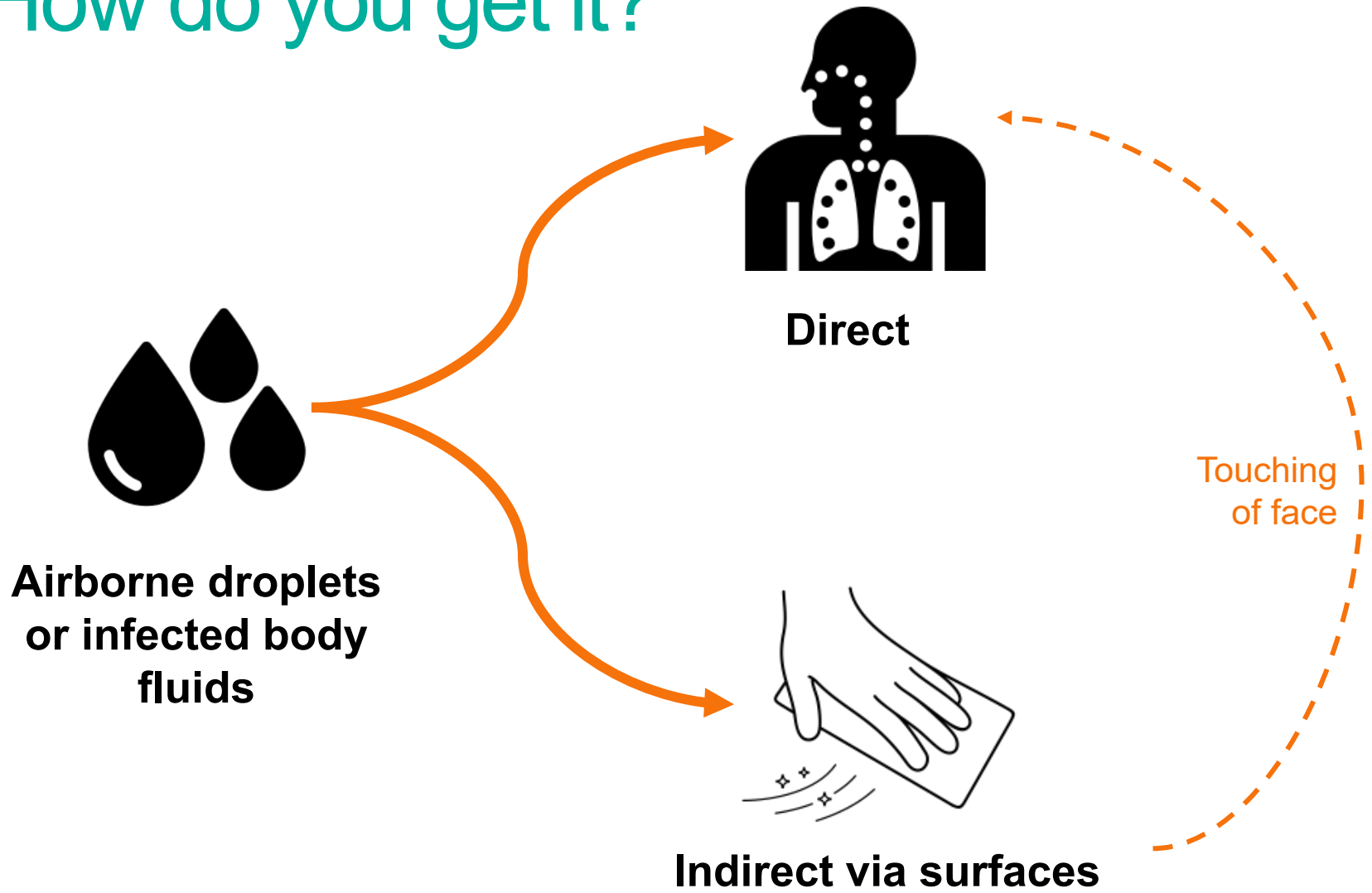
COVID-19: severity



Severity & mortality increase with age

Source: WHO Coronavirus disease 2019 (COVID-19) situation report – 41

How do you get it?



Infected body fluids



Airborne
droplets and
aerosols



Blood



Urine & faeces



Tears

All bodily fluids (except sweat) should be regarded as potentially infectious

Infectivity and recovery



Incubation period – time when you are infected but not showing any symptoms:

- **Usually 5-6 days** (can be between 1 to 14 days).



Infectious period – time when you can infect others:

- **Usually infectious up to 10 days after onset of symptoms.**
- Further evidence awaited.



Recovery time – time taken to become well again:

- **Mild/moderate cases up to 14 days.**
- Severe cases 3-4 weeks or longer

Challenges for Prisons and Secure Settings

Influencing factors



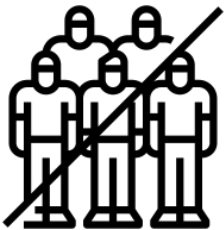
People in prison/closed settings are a marginalised and underserved group with significant health needs



Potentially a large 'vulnerable' population



Reliant on essential workers being present



An estate at nearly full capacity with cell sharing as routine

BRIEFING PAPER

Number 8892, 18 May 2020

2 Coronavirus: Prisons (England and Wales)

Corona (Englan

1. The sit

March 2020

In March 2020 the prisons in England Committee describ “they are overcrow Association told th

... a combinat result of prisor facing unprec

The physical health poorer than that of increased from 7% prison estate are pr crowded.⁶ These 71 prison population.

April and May

On 27 April 2020 t deaths in prisons w not out of woods”

A press release fro successfully limitin

As of 12 May, 404 cases had been confirmed amongst prisoners. 21 prisoners and 7 members of prison staff had died.⁹

Public Health England (PHE) reported on 24 April 2020 that data it had collected “suggests that the ‘explosive outbreaks’ of COVID19 which were feared at the beginning of the pandemic wave are not being seen. Instead, there is evidence of containment of outbreak”.¹⁰ PHE’s report stated that because access to testing for prisoners has been limited and variable, the number of confirmed cases reported “does not represent the true burden of infection in the prison system”. It states that in addition to the 304 laboratory-confirmed cases in prisoners in England and Wales (at the time the report was written) data showed there had been also over 1,783 possible/probable cases.

Looking to the future, the report said:

In the absence of a vaccine or effective treatment, risks of large outbreaks in the prison estate will remain. These risks may be escalated later in the year relating to relaxation of wider community restrictions, some return of normal police and court activities, with consequent impacts on prisoner flow.

2. Measures being taken

The Ministry of Justice has said HM Prison and Probation Service is working closely with Public Health England, the NHS and the Department of Health and Social Care to manage the challenges prisons face.¹¹

The prison system has been placed in “command mode”, whereby the response to a major incident can be coordinated nationally.¹²

2.1 Measures in prisons

Within prisons, restrictions on movements of prisoners have been put in place. The Justice Secretary has said efforts are being made within the prison estate to separate as many people as possible and create different cohorts of prisoners, so that, for example, new prisoners are not mixed with the existing population and that those who are particularly vulnerable, some of whom were convicted of serious and grave offences, are safe.¹³

Prisoners are spending more time in cells, gyms are closed, and non-essential work has been cancelled.¹⁴ The Chief Inspector of Prisons, Peter Clarke, described the extreme restrictions for prisoners in local prisons visited by inspectors:

The vast majority were locked up for nearly the whole day with usually no more than half an hour out of their cells. We found some examples of even greater restrictions. In one prison, a small number of symptomatic prisoners had been isolated in their cells without any opportunity to come out for a shower or exercise for up to 14 days.¹⁵

¹ Justice Committee, Bob Neill, [We must Release inmates or](#)
² See Health and Soc Library briefing, [UK](#)
³ For further detail se report [Improving th estimate crowding](#) ;
⁴ [HC Deb 27 April 20](#)
⁵ Gov.uk, [Update on](#)

⁶ [P042884](#), 14 May 2020
⁷ Dr. Eamonn O'Moore, [Briefing paper- interim assessment of impact of various population management strategies in prisons in response to COVID-19 pandemic in England](#), 24 April 2020
⁸ Prisons: Coronavirus: Written question – 30086, 19 March 2020
⁹ [Release inmates or face jail pandemic, say prison governors](#), Guardian, 25 March 2020
¹⁰ Justice Committee, [Summarised note of meeting with the Lord Chancellor](#), 7 April 2020
¹¹ Gov.uk, [Coronavirus \(COVID-19\) and prisons](#)
¹² HM Inspectorate of Prisons, press release, [Local men's prisons during COVID-19 – communications key to prisoner acceptance of severe restrictions](#), 18 May 2020

Public Health England (PHE) reported on 24 April 2020 that data it had collected “suggests that the ‘explosive outbreaks’ of COVID19 which were feared at the beginning of the pandemic wave are not being seen. Instead, there is evidence of containment of outbreak”

A press release from the Ministry of Justice on the 28 April 2020 said that “jails are successfully limiting deaths and the transmission of the virus within the estate”

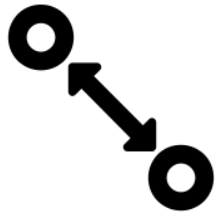
Guidance

Key messages for everyone



Hand-washing:

- Soap kills and removes the virus and other infectious agents.
- Most effective method for preventing spread.
- Alcohol gel (>60%) can also be used – must let it dry.



Social distancing – 2 metres:

- Prevents coughs/sneezes from reaching others.



Shielding:

- Protect those who are extremely vulnerable.
- Keeping them in a safe (home) environment.

Your staff



Staff MUST remain off work if:

- They have symptoms; OR
- Someone in their home has symptoms.

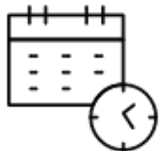


Staff should stay alert for symptoms



Staff with symptoms must remain off work for 10 days.

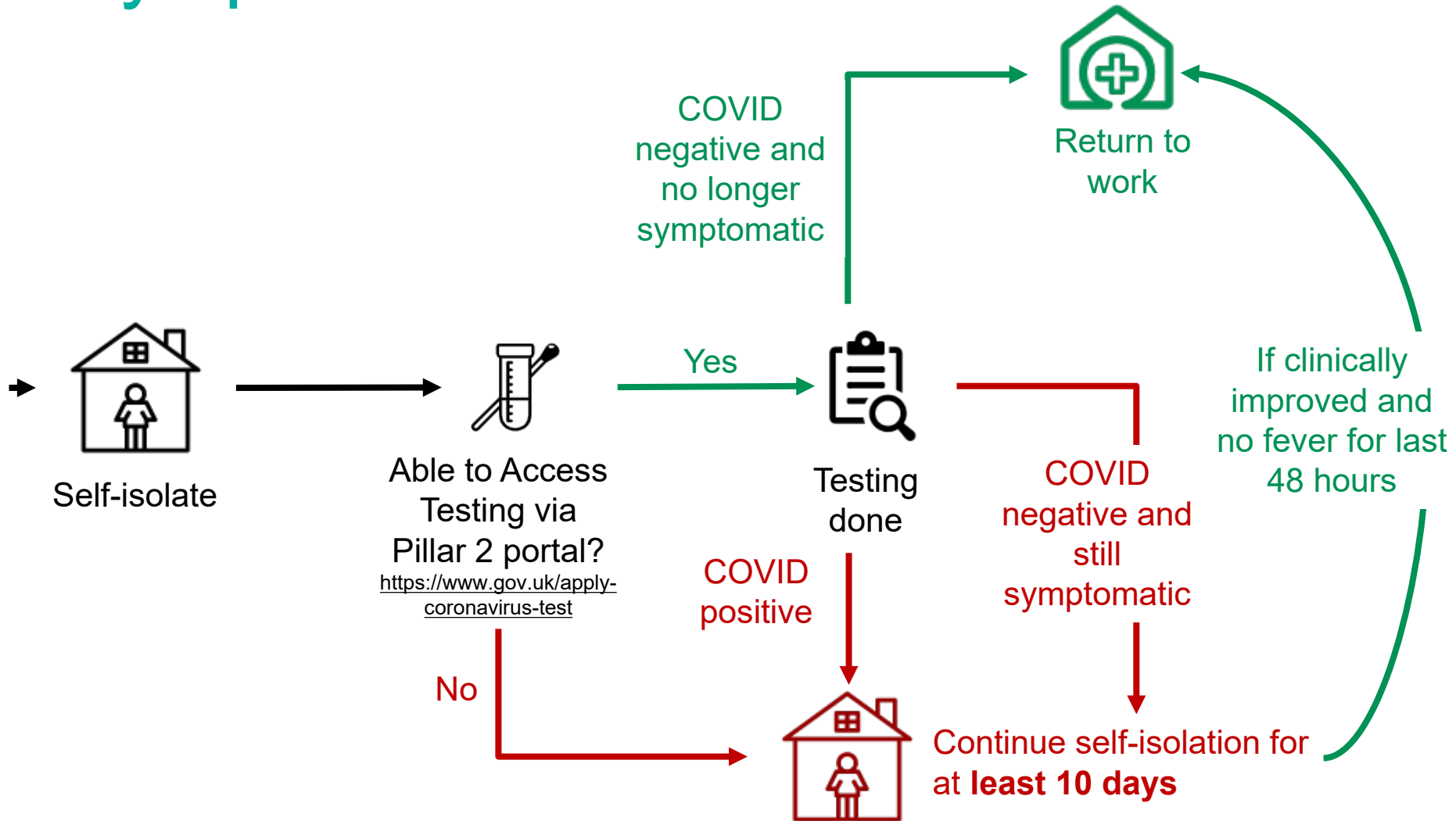
- Must have improved before returning to work.
- Must have been fever free for the last 48 hours – if not, continue self isolation until fever free for 48 hours.



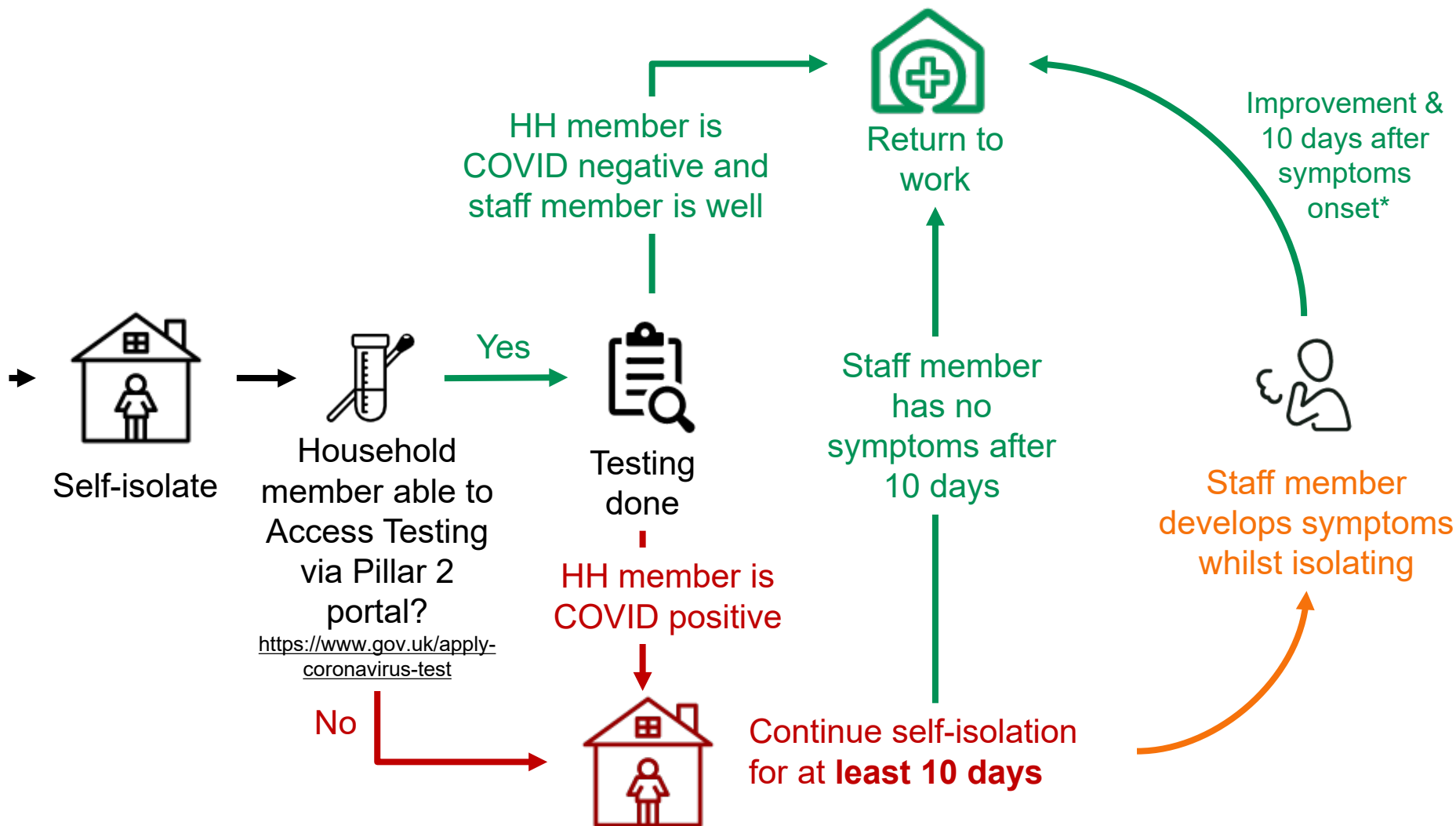
Staff with someone unwell in their household must remain off work for 10 days:

- If a staff member develops symptoms during their 10 day isolation they only need to self-isolate for 10 days from onset of symptoms.
- This may mean they finish before or after the 10 day period.

Symptoms in staff member



Symptoms in household of member of staff



Hand washing

As often as possible for at least 20 seconds:

- Ideally soap and warm water.
- Alcohol gel otherwise (allow to dry).

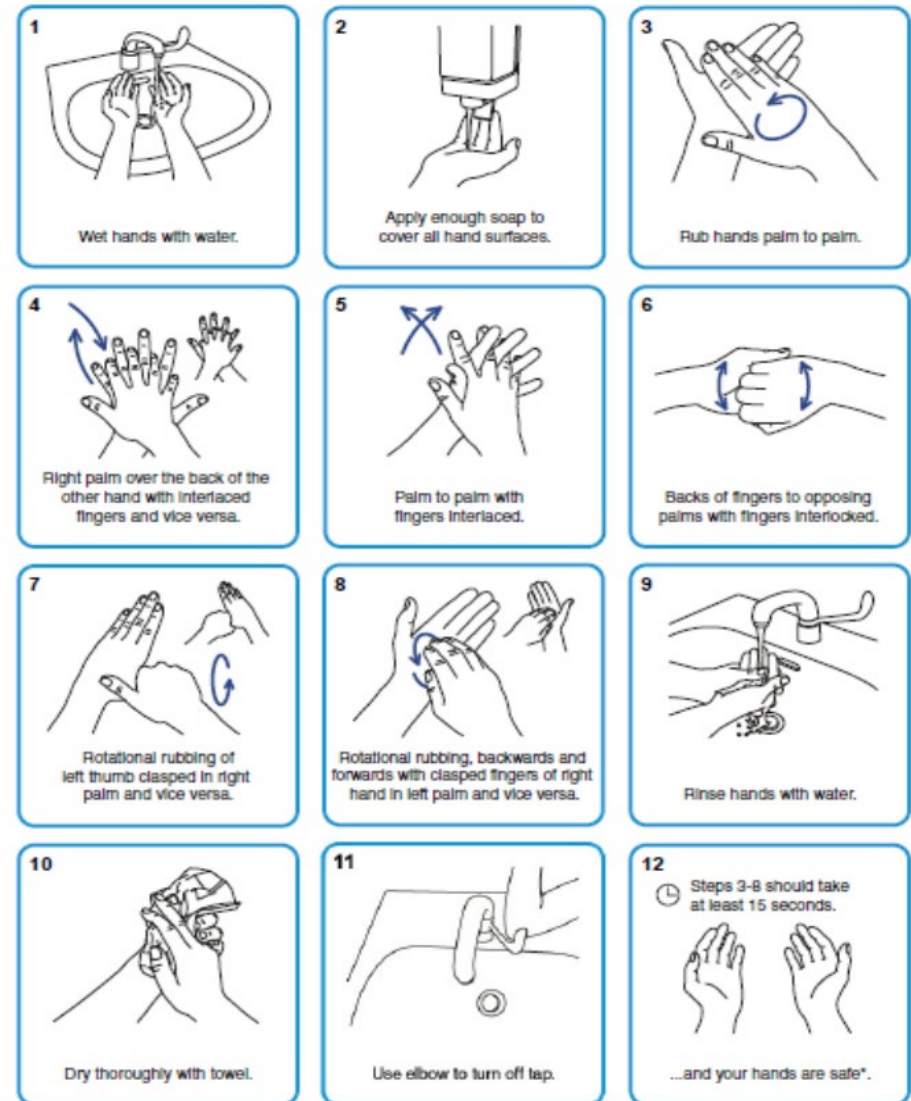
Definitely:

- Before and after resident contact.
- After coughing/sneezing.
- Before food preparation.
- After toileting.

Correct technique essential

- Include wrist and forearm.
- [Link to online video](#)

Steps 3-8 should take at least 15 seconds.



*Any skin complaints should be referred to local occupational health or GP.

Hand washing: commonly missed areas



Work clothing

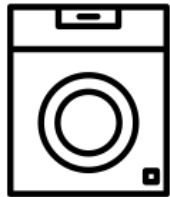


Wear your normal work clothes or uniform at work.



Do not wear your uniform when going home every day

- Refer to HMPPS guidance - transport uniform in a plastic bag and store/wash it safely.



Cleaning work clothes/uniform at home:

- Should be laundered after every shift separately from other clothes.
- If not, store separately from other clothes until washed.
- Use the maximum temperature possible and in a wash cycle of at least 10 minutes.
- Do not overload machine.
- A suitable detergent should always be used.
- Clothes should be ironed or tumble dried after wash.



Recommended personal protective equipment (PPE) for staff (clinical and non-clinical) in custodial settings and in community offender accommodation (COVID-19)

Staff must minimise any non-essential and avoidable contact with any staff member or prisoner/resident when coronavirus (COVID-19) is circulating in the community. Where this cannot be practicably done, for example due to the built environment, where planned tasks are essential (for example searches or medication supervision) or if conducting drug testing, a risk assessment must be undertaken to include mitigation measures, including the provision of PPE as outlined in the table (see current Her Majesty's Prison and Probation Service (HMPPS) COVID-19 Standard Operating Procedures (SOPs)).

For unplanned interventions, where the 2 metre social distancing cannot practicably be achieved, PPE should be readily accessible in appropriate locations throughout the settings, for immediate use. Unplanned interventions may include assaults/fights, self-harm/suicide, restraint, falls, sudden onset of illness, overdose (see current SOPs).

Reusable eye/face protection must be decontaminated according to manufacturer, supplier or infection control guidance.

For bedwatches these recommendations are the minimum. A risk assessment of exposure needs to be undertaken (see current SOPs).

Aerosol generating procedures (AGPs) are listed in current [COVID-19 PPE guidance](#)

Context	Disposable Gloves	Disposable Plastic Apron	Disposable Fluid Repellent Coverall/Gown	Fluid Repellent (Type IIR) Surgical Mask	Filtering Face Piece Respirator (FFP2/3)	Eye/Face Protection
Within 2 metres of defined AGP (refer to SOP on ambulance escort and bedwatches)	✓ Single use*	✗	✓ Single use*	✗	✓ Single use*	✓ Single use*
Essential, unavoidable and sustained health, social or security related tasks where 2 metre social distancing cannot practicably be achieved for example escorts, bedwatches, CPR, first aid, self-harm, overdose	✓ Single use*	✓ Single use*	✗	✓ Single/sessional use**	✗	✓ Risk assess sessional use**
Entry to cell/room of possible or confirmed case: use single use PPE. Risk assess eye protection. Drop offs made with no entry into the cell/room: sessional gloves and aprons may be used. Risk assess eye protection.	✓ Single use*	✓ Single use*	✗	✓ Single/sessional use**	✗	✓ Single/sessional use**

* Single use refers to disposal of PPE after each patient/prisoner/resident and or following completion of a procedure or task.

** Sessional use refers to a period of time when the member of staff is undertaking duties in a specific setting/exposure environment. Session ends when the member of staff leaves the setting/exposure environment.

COVID-19 CUSTODIAL PPE Guidance

PPE for use in prison based on guidance published by Public Health England, for activities requiring close contact with a possible COVID-19 case.

Contact with confirmed or suspected COVID-19 cases and mandatory security tasks

Escort to hospital, bed watch, CPR or self-harm response, cleaning post BBV* incidents involving spray treatments.

Eye protection, if there is a risk of body fluid entering the eye.

Fluid resistant surgical mask.

Disposable apron where available.

Nitrile gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

Eye protection, eye shield, goggles or visor.

FFP3 or FFP2 face mask.

Long sleeved fluid repellent gown/coverall.

Nitrile gloves.

For further information and detailed operating procedures please refer to the Safe Operating Procedures as issued from Gold Command.

*BBV – Blood Borne Virus



Correct wearing and removal technique is really important.



You must still wash your hands even if using PPE.



Most recent guidance always available on gov.uk website



Putting on (Donning) and removing (Doffing) PPE

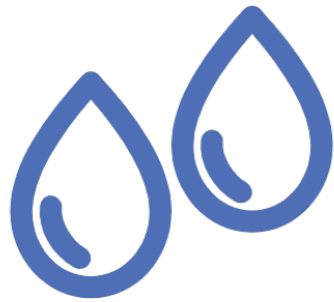
Facial Hair and FFP3 Respirators

For any style, hair should not cross or interfere with the respirator sealing surface. If the respirator has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve.

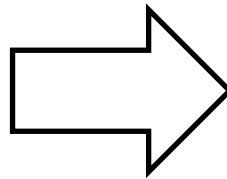


*Ensure that hair does not cross the respirator sealing surface

Aerosol Generating Procedures (AGP's)



Aerosol Generating
Procedure



[Full list of AGP's available online](#)

Single use only

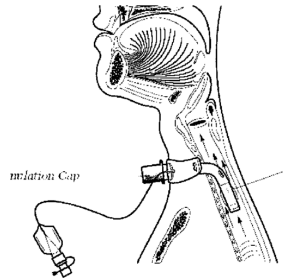
What is NOT an AGP



Nebulisers



Chest compressions &
defibrillator



Tracheostomy care
(except suctioning)



Oxygen delivery
(except high flow)

PPE changing frequency



Fluid resistant mask



Eye protection
(only if risk of splashing)

Sessional use permitted

[Up to date guidance available online](#)



Plastic apron



Gloves

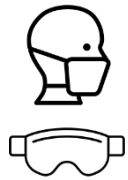
**Change between EACH
resident/prisoner**

What is “sessional” use?

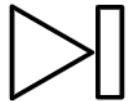


Session: a period of time delivering care in a single setting:

- Prison wing
- Healthcare session
- Etc.



A mask (and eye protection) can be used continuously for the duration of a session.









A session ends when you LEAVE the setting (for any amount of time) or complete the task delivered to a group of people



Risk assessment required:

- Risk of infection spread from reusing PPE.
- Damage to masks and/or eye protection – change immediately.

Common misconceptions with PPE

-  **DON'T** remove PPE and then put it back on:
 - E.g coffee break, drinking water, smoking a cigarette, toilet breaks.
 - Remember that those who smoke have poorer outcomes with COVID-19
-  **DON'T** hang your mask on your neck or on your head – if the mask is removed from your mouth it must be disposed of and replaced.
-  **DON'T** touch your face especially if wearing gloves.
-  **DO** wash your hands often.
-  **DO** organise your breaks to minimise removal and replacement of PPE:
 - Ensure ALL PPE is removed when you take your break.
 - Make sure you eat and drink enough – wearing PPE can get hot.
 - Ensure you use the toilet during your breaks.
-  **DO** remember to take all the equipment you need into each room.

Putting on PPE

1 Perform hand hygiene before putting on PPE.



2 Put on apron and tie at waist.



3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4 With both hands, mould the metal strap over the bridge of your nose.



5 Don eye protection if required.



6 Put on gloves.



Taking off PPE

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.
Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.



Peel the remaining glove off over the first glove and discard.

2 Clean hands.



3 Apron.
Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn.
Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



Discard used PPE into clinical waste and dispose as per local policy

Admissions

Admission or transfer in: scenario 1

Admission status

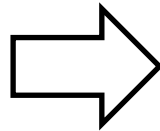
On admission to prison/PPDs

If develops symptoms

Any admission
or transfer in



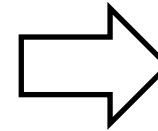
No symptoms



Reverse
Cohorting Unit
for 14 days



Staff wear
appropriate PPE



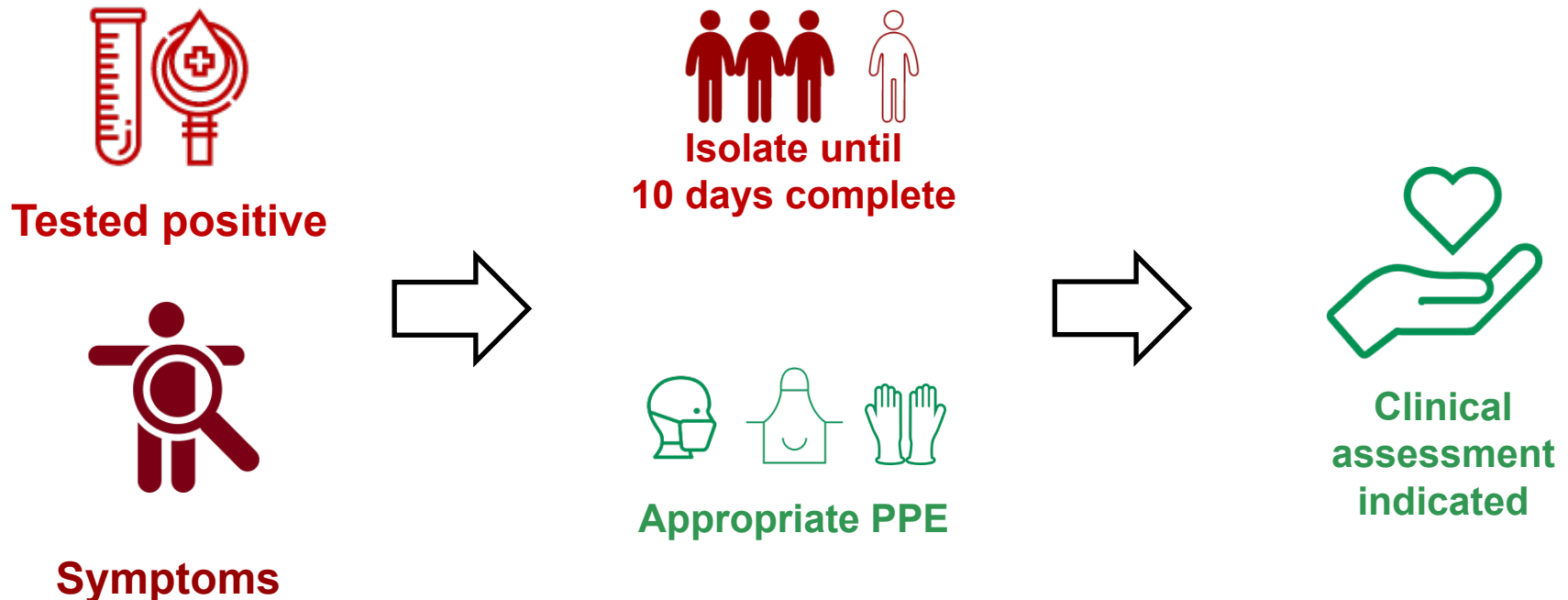
Isolate and test

Admission or transfer in: scenario 2

Admission status

On admission to Prison/PPDs

If develops symptoms



If there are any concerns regarding prison ability to deal with isolating positive patients to discuss with HMPPS and PHE

Release

Release to community: scenario 1

Admission status

Release or transfer out

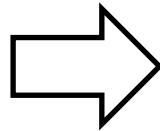
If develops symptoms



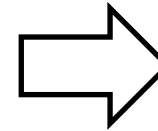
Tested positive



**10-day isolation
completed**



No isolation



**Clinical
assessment
indicated**



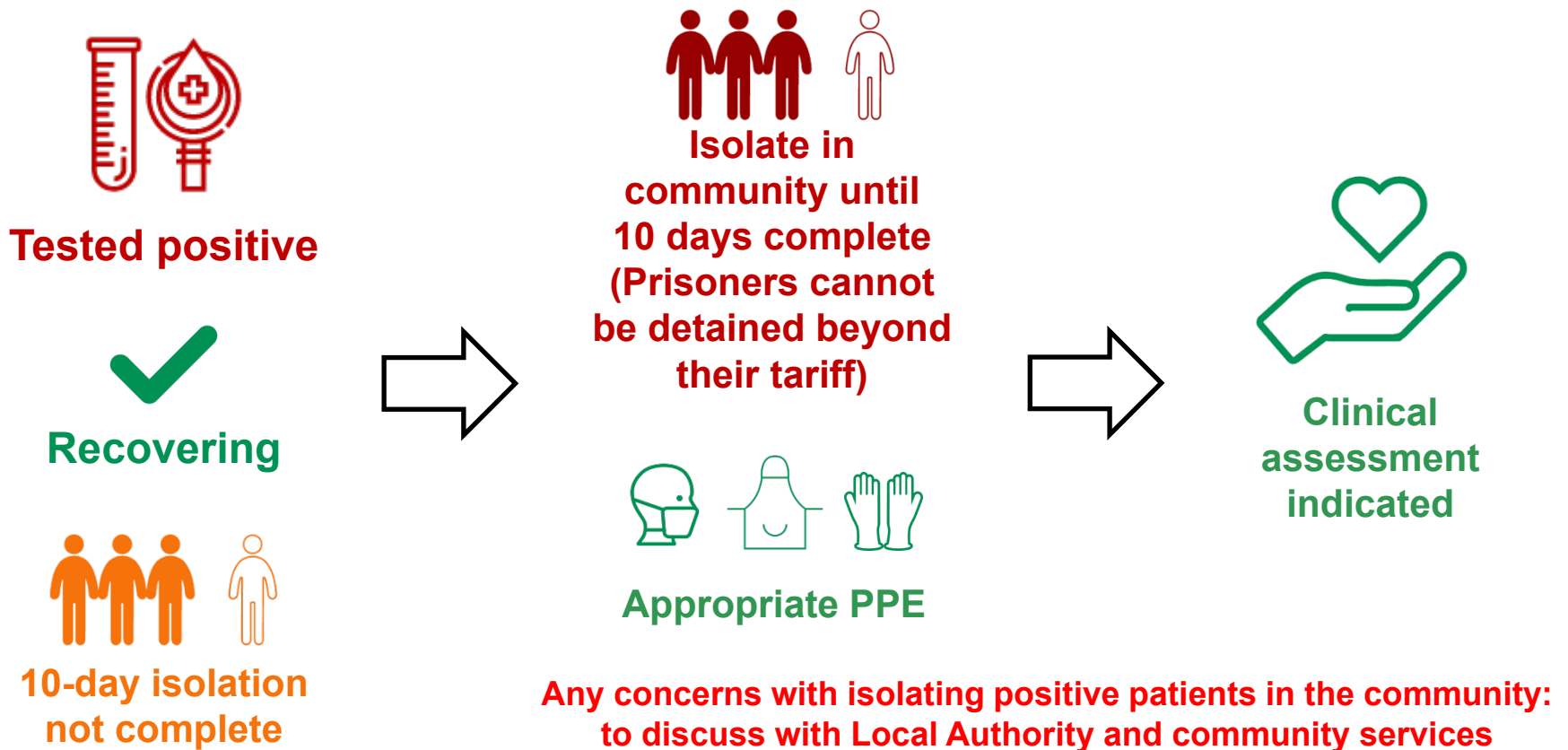
No symptoms

Release to community: scenario 2

Admission status

Release or transfer out

If develops symptoms



Admissions to Prison and PPDs and release



Refer to current guidance on **isolation, shielding and cohorting in Prison/PPDs and in the community**



Prisons & PPDs, communities and hospitals should work together to enable smooth transfer of patients between settings in accordance with current guidance.



Testing is **not required** prior to admission or release



Results DO NOT need to be available prior to admission.



Management depends on test result, symptoms and days in isolation.

Test & Trace

Test and Trace



Test and Trace is in place nationally to help control COVID-19



Prisons are contacted by Tier 1 of the Test and Trace service; this is the local HPT



Staff must tell the Test and Trace service that they work in a prison if contacted, to enable contact tracing to take place in the prison



Any confirmed cases in staff or residents will be notified to Tier 1/HPT and all contacts will be traced



If either direct or proximity exposure has taken place contacts will be advised to isolate for 14 days




Symptomatic contacts will be tested

Outbreak management


Identification

- **Outbreak:** 2 symptomatic cases within 14 days of each other.


Main symptoms




Cough




Loss of smell and/or taste




Fever




New confusion




Reduced alertness




Influenza like illness



Fatigue / lethargy



Reduced mobility



Diarrhoea

Atypical symptoms possible in the elderly and young adults



Initial actions



Inform your local health protection team (HPT) or if in London, the London Coronavirus Response Centre (LCRC).



When calling, have the following information at hand:

- Number of prisoners affected and location (i.e. wing)
- Dates of first and most recent affected resident.
- Number of prisoners admitted to hospitals.
- Date and number of any COVID related deaths.



Info on affected staff incl. onset of symptoms, location, last day at work



Outbreak control team meeting



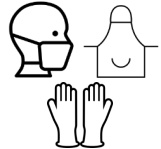
Outbreak preparedness



Ensure soap, water and paper towels available at each sink.



Alcohol based hand rub available in specific location.



At least >72 hours of PPE available.



Adequate staffing numbers and reserve staff in case of illness.



Staff health and wellbeing is addressed and supported.

Cleaning



Declutter rooms and communal areas:

- Reduces number surfaces exposed to any potential infection.
- Allows all surfaces to be cleaned effectively.
- Safer in terms of trip hazards.



For any cleaning agent ensure it is appropriately prepared and applied (contact time) following manufacturers instructions.

- Cloths and mop heads should be disposed of after a single use.
- Ensure cleaning items are disposed of safely.



Increase frequency of general cleaning paying particular attention to:

- High touch surfaces (door handles, light switches etc...).
- Equipment used between prisoners.



Full guidance and instructions available online including exact procedures (Annex G)

Testing (London) [Check with your local HPT]



Testing is available for **ALL symptomatic prisoners and staff.**



Public Health
England

PHE will organise:

- Testing for **ALL symptomatic prisoners** on the day of notification of the suspected outbreak
- Testing kits (nasal swabs) will be couriered to the setting.
- **Not applied retrospectively** – only new outbreaks going forward.
- Testing for new symptomatic admissions may be indicated



Prison Staff can access testing via Pillar 2 testing strategy
<https://www.gov.uk/apply-coronavirus-test>

Isolation & cohorting if symptoms



Symptomatic prisoners must be isolated for at least 14 days from onset of symptoms and 48hr fever-free.



Ideally this should be in a single accommodation

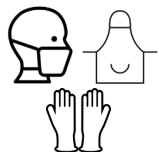


Cohorting of symptomatic prisoners if single cell not possible:

- prisoners should not be cohorted together if their COVID status is different (e.g. confirmed, suspected, asymptomatic).



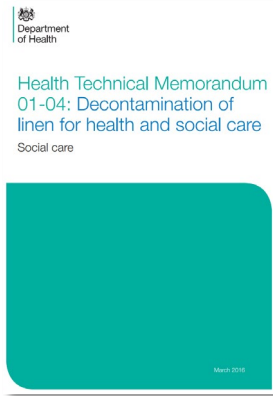
Staff should ideally be cohorted to wings with either confirmed, symptomatic or asymptomatic prisoners (e.g. shielding) .



Appropriate PPE must be worn for ALL resident encounters/care.

Linens, laundry & waste

Linens should be handled in accordance with the Health Technical Memorandum 01-04 (2016).



In summary:

- Potentially infected linen should be handled with appropriate PPE.
- Linen should be packaged in the prisoners room in an appropriate bag.
- If required, linen should be sorted before bagging/transport.
- Linen must be transported in a safe manner.
- Linen must be washed and prepared in an appropriate manner.



3 categories of waste:

- Black = domestic
- Yellow/black stripe = offensive
- Orange = infectious

Vaccination



The COVID19 vaccination programme will be rolled out in phases to pre-defined cohorts of patients recommended by the Joint Committee on Vaccination and Immunisation(JCVI). Residents will be immunised in line with the community roll out.



Several vaccines are available currently. The Astra Zeneca vaccine will be used in London prisons.



2 doses are required, with a minimum interval of 28 days



The vaccine should not be given within 4 weeks of recovering from COVID infection

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (Table 3)
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

Communicate with prisoners and families



Continue doing what you do in the best way you can. Many people depend and rely on you in their lives.



There is lots of fear and anxiety in the prison community – be prepared:

- Be knowledgeable
- Understand the basics of the virus and controlling infection.



Support your prisoners and their families:

- Reassure where necessary using your experience and knowledge.



Escalate and seek medical advice where necessary:

- There is a pandemic but normal care is also continuing.



Help your prisoners stay in contact with family and friends.

Look after yourself: health & wellbeing



You're doing the best for your prisoners, but **don't forget to do the best for yourself too.**



Providing care is emotionally rewarding but can be tough – the current situation has amplified that.

Support is available for you:

- SHOUT free text message service – text FRONTLINE to 85258
- [PHE Mental health and wellbeing during COVID-19](#)
- [NHS Every Mind Matters website](#)
- [Samaritans and NHS – confidential support line for NHS workers in England](#)

The range of support packages is being constantly expanded – keep an eye out online.

CARE

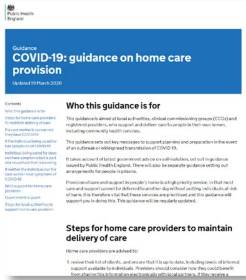


shout
for support in a crisis

SAMARITANS

NHS

Where to find extra help



1. Ensure you have read relevant guidance on the [gov.uk/coronavirus](https://www.gov.uk/coronavirus) website



2. Speak to your line manager or senior for more advice



3. HMPPS Employee Assistance Programme:
 - **call** the support line free on **0800 019 8988** (It is open 24 hours a day, 7 days a week.
 - **visit** the website www.pamassist.co.uk – Username: HMPPS, Password: HMPPS1
 - **download** the PAM Life app to your smartphone or mobile device to help you make positive lifestyle changes

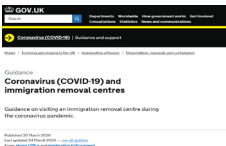
Link to resources



COVID-19 & Prisons



COVID-19: prisons and other prescribed places of detention guidance



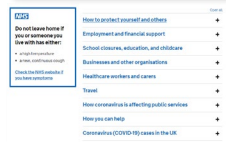
COVID19 & Immigration Removal Centres



COVID-19: personal protective equipment (PPE) hub



PPE for sustained transmission



Gov.uk coronavirus portal

Link to resources



COVID-19: infection prevention and control (IPC)



COVID resource pages on the HMPPS intranet:
<https://intranet.noms.gsi.gov.uk/covid-19-coronavirus>

Acknowledgements

Thank you to all **staff supporting people in prisons**. We hope this has been helpful.

With grateful thanks for sharing and contributing to content:

Youssof Oskrochi

Karen Hawker

Rebecca Cordery

Karen Bernard

Viv Cleary

Gopal Rao

Sterling Rippy

Ellen Schwartz

Laura D'Cruz

Anjana Roy

Dianne James

Bharat Patel

Sarah Lang

Christine Murphy

Ann Lusmore

Fiona Coogan

Rachel Flowers

Laura Maclehose

Deborah Turbitt

Rachel Thorn Heathcock

Lipi Begum

Rachel Campbell

All staff working in the London Health Protection Teams and our colleagues in **Health and Justice and HMPPS**



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