



HM Prison &
Probation Service

Cohorting guidance for prisons during the COVID-19 period.

March 2020



Contents

Introduction	1
New changes to Population Management: restrictions on IPT	2
Specification 1: Reverse Cohorting Units (RCU).....	4
Specification 2: Protective Isolation Units (PIU).....	8
Specification 3: Shielding Units.....	13

Introduction

HMPPS measures to support prisons during COVID-19

HMPPS has been taking proactive steps to support prisons to monitor, manage and mitigate the threat of large numbers of staff and prisoners becoming infected with COVID-19 and to reduce the likelihood of the infection spreading through the prison system.

HMPPS issued an Operational Guide on COVID-19 to Governors and Directors on 18 March. This required all prisons to plan for the critical staffing reductions that were forecast as a result of COVID-19. All prisons were required to create an Exceptional Regime Management Plan (ERMP) outlining how they would consistently deliver key regime priorities when/if staffing fell below their Minimum Staffing Level (MSL) during this period. Regime priorities were:

- 1) Provision of meals
- 2) Provision of healthcare services including medications
- 3) Provision of a suite of safety and welfare services
- 4) Provision of family contact

ERMP were required to articulate local plans for delivering core regime consistently as a mitigation against sudden staffing shortages. Under this model, ERMP would only be triggered when staffing fell below MSL meaning the respective prison could no longer deliver even a basic regime level with resources available.

Thankfully the staffing position nationally has subsequently stabilised (though this is clearly subject to sudden variation). On 23 March HMPPS launched a suite of national staff special payment schemes to boost the numbers of available staff on the frontline by paying additional supplements to those reporting for duty during the COVID-19 period. Though staffing pressures remain, this has led to an initial upsurge in numbers of deployable staff and meant that many prisons on the verge of triggering ERMP have not yet had need to do so.

However the UK Government then published strong new guidance on social distancing, household isolation and social shielding on 23 March. All group activities were immediately suspended as were non-essential journeys. Social distancing rules were reinforced and requirements were introduced for isolating vulnerable individuals for their protection for a protracted period. These new measures placed additional regime requirements onto prisons. ERMP was therefore triggered nationally; not to counter staffing shortages but because prisoners could no longer associate, engage in activities or see friends and family and ERMP was required to achieve the Governments policy expectations. Immediate guidance was issued to all prisons on 24 March 20.

On 28 March HMPPS issued a further Operational Guide for Governors and Directors, updating national policies on regime management following the Government steer. Prisons are now required to ensure that their regime satisfies requirements for social distancing, shielding and household isolation. This latest guidance builds on these requirements further. To achieve Government expectations; HMPPS is introducing new prisoner cohorting arrangements and movement protocols from 31 March. These measures are outlined for information within this document.

New changes to Population Management: Restrictions on IPT

From Tuesday 31st March 2020 all Inter Prison Transfers (IPT) will cease with immediate effect for the duration of the COVID-19 period as part of a suite of measures to stabilise the overall prison population. This initiative to prevent movement between establishments will reduce opportunities for transmission of COVID-19 between prisons, prevent the introduction of infection into prisons where there is no outbreak and reduce the chance of new prisoners becoming infected.

There will be a small number of exceptional circumstances where this rule will not apply and IPT will still be permitted which are outlined below:

- 1) Exceptional compassionate circumstances (eg. to be with a family member).
- 2) Exceptional legal circumstances (eg. to access virtual court / PVCL).
- 3) Exceptional operational circumstances (eg. due to a security concern such as a category reversion or escape risk).
- 4) Operational Emergency (eg. Tornado type movement post serious incident when accommodation is lost).
- 5) Transfer to a secure mental health facility or return to prison custody from such.
- 6) Transfers between Prisons and The Immigration Removal Estate (Home Office).

This is not an exhaustive list and other sets of circumstances may arise. However the principle remains to minimise movement between prisons wherever possible. Where it is believed that one of the above or other exceptional circumstances apply, prisons must submit requests for IPTs to PMU in the first instance. PMU will produce a list of requests for consideration by the duty Gold Commander.

In order for a request to be considered by Gold, a prison will be required to submit representations including any relevant advice from the respective Outbreak Control Team (OCT) and the establishment Healthcare team to PMU. Each request must provide details of the options considered before transfer is requested and submit a clear rationale as to why other options have been dismissed. PMU and PECS will not undertake any IPT without Gold approval. Transfers within the Youth Estate will be managed separately on a case by case basis. All requests for transfers within this sector must be submitted to the YCS Placements Team in the first instance. If a request is supported, the Placements Team will present the case to Gold for sign off.

Prisoners who are symptomatic and/or those subject to protective isolation will not normally be permitted to move establishments. However should one of these cases meet the exemptions criteria outlined above the case will be considered by Gold as described. Prisoners must not be transferred if they are within the shielding cohort, 60 years old or over, eligible for seasonal influenza vaccination, pregnant or possibly pregnant.

All prisoners approved for transfer to another establishment must be seen by a healthcare practitioner prior to discharge in the usual way. All prisoners leaving an establishment on an approved IPT under exceptional circumstances must also be risk assessed by a suitably qualified healthcare practitioner for the risk of potential COVID-19 exposure by escorting prison staff or by any other persons during the movement and must be issued sufficient medication to ensure continuity of supply. The healthcare at the sending establishment must communicate all pertinent risk information to their counterparts at the receiving establishment at the point the transfer is discharged.

Population management changes within establishments: Cohorting the population

In addition to the national changes to restrict movement between prisons, establishments will be required to take proactive local steps to reduce the risk of COVID-19 spreading through their establishment by re-engineering the way prisoner locations are determined. All establishments in (inclusive of Category D prisons) will be required to establish designated areas/units for the protection of specific cohorts within their population. These areas are referred to throughout this document as cohort units and the process by which prisoners will be managed is referred to as cohorting. There are three types of cohort units:

Name	Description
Reverse Cohort Unit (RCU)	Unit or area for the temporary separation of newly received prisoners for up to 14 days; allowing the prison to verify that each individual is not symptomatic.
Protective Isolation Unit (PIU)	Unit or area for the temporary isolation of symptomatic prisoners for up to 7 days; to be used if isolation within their current cellular location is deemed inappropriate (see the specific section for further guidance)
Shielding Unit (SU)	Unit or area for the temporary isolation of those prisoners within the NHS England vulnerable persons cohort for 12 weeks; reducing the likelihood of this susceptible group contracting the virus.

The remainder of this document comprises a series of high-level specifications, each on one of the respective unit types. Each specification is designed to assist an establishment undertaking the activity to plan, implement and introduce these units locally.

We appreciate that prisons have already undertaken a considerable amount of work to develop an ERMP and to satisfy the Government requirements on social distancing, household isolation and social shielding. This document is not designed to undermine or counteract any guidance or previous instruction.

However the picture nationally is changing rapidly and in light of increasing numbers of confirmed cases, it has become important to reduce movements between prisons to mirror the wider restrictions on movement that the Government has introduced. We must also implement equivalent measures to reduce the risk of contamination between prisoners at each establishment. Existing ERMP will restrict the regime in order to do so but will not be effective if we don't take proactive steps to mitigate the risks of transmission by separating or cohorting the population.

Establishments are required to review those specifications pertinent to their sector and to plan and to designate an area for each relevant unit type at their establishment using the specifications as a guide. Prisons are then required to move their population as per the guidance to have effective cohorting arrangements in place at the earliest opportunity.

Specification 1: Reverse Cohorting Units (RCU)

Issue	Description
Requirement	All prisons
Definition of Unit	The limitations placed on transfers should mean that new receptions are reduced. However those with a court function will still receive new prisoners and other sites may be required to alleviate pressure on other parts of the system (dependant on IPT being approved) by receiving new prisoners. All establishments must set up a designated RCU for new receptions to be kept separated from their mainstream population.
Target Population	Newly received prisoners subject to capacity and operational considerations.
Referral and Discharge	Once receptions have been screened by healthcare they should be located on the RCU for a period of up to 14 days. The establishment should agree a local discharge process with their healthcare provider. It is expected that if non-symptomatic, a prisoner will be relocated to the main residential area.
Desirable Characteristics (for location of RCU).	<p>The location of the RCU will be a local decision. During planning the following desirable characteristics may be considered (though it is accepted that local fabric and operational considerations will influence the decision):</p> <ul style="list-style-type: none"> • Non-central location. Ideally an area should be selected that is separate and/or away from the main population. A thoroughfare should not be used or movement should be relocated. If a separate unit is not available, a unit where effective control over entry is advantageous, such as a unit with few entry points. A spur of a mixed use area can be used if there are no other alternatives. • The RCU will still be required to deliver mandated first night and induction processes to manage the risk of self-harm. An establishment may therefore decide to designate part or all of the existing FNC. • It is hard to predict the requirement on numbers, particularly for a reception prison, however establishments should ensure the unit is no smaller than existing FNC if an alternative is chosen and that the choice of unit does not impede other residential functions. An establishment may wish to designate part of a unit leaving scope to increase unit size if required. • Wherever possible, single cells or the ability to use multiple occupancy cells for single use are advantageous. • Regime facilities (showers, phones, exercise yard etc.) should be separated from those used by the main population if possible.

	<ul style="list-style-type: none"> • Separate staff facilities should be designated for sole use by those working on the RCU where possible. If possible this should include showers, toilets and changing areas. Similarly, it would be preferable that units feature a sterile area between the rest of the establishment and the wing, to allow risk of transmission to be further reduced.
Staffing	<p>Establishments should not cross deploy staff between RCU and other duties/units during a shift. Ideally establishments should consider forming a group of staff to consistently cover RCU duties. This may be easiest to achieve if an existing FNC is used, particularly if staff are already consistently deployed to this area.</p> <p>The local regime delivery plan designed under the ERMP guidance should include provision for operating this unit. Establishments will need to ensure that plans for the RCU include provision of sufficient PPE for staff as per the operating guidance provided on 27 March.</p> <p>Local arrangements to protect vulnerable staff should already be in place. We encourage establishments to treat the RCU as a higher risk area and to not deploy staff who are deemed more vulnerable to this location. If possible we recommend that establishments seek volunteers for consistent deployment to this area and proactively invest in this group by engaging with them about the aims of the unit and means of protecting themselves.</p> <p>Establishments will need to ensure that plans for the RCU include provision of sufficient PPE for staff as per the operating guidance provided on 27 March.</p>
Healthcare Support	<p>All prisoners arriving into the prison must be screened by healthcare practitioners.</p> <p>Once seen by Healthcare a prisoner should be located on the RCU for a period of 14 days. If a prisoner is identified as symptomatic on reception they should not be located on RCU but located straight onto the isolation facility.</p> <p>During the period on RCU, healthcare staff will provide healthcare support in line with existing arrangements. The ERMP healthcare delivery plan should be extended to cover support to the new RCU and the Head of Healthcare and Governor should agree the referral and discharge process as well as any extra monitoring arrangements that are deliverable with existing resources.</p> <p>It is expected that all aspects of a normal induction process and first night process will need to be maintained, inclusive of provision of medication and following up on the initial healthcare screening with a fuller assessment.</p> <p>If not using the existing FNC, establishments must make sure there are sufficient facilities close to the RCU for storage of controlled medications.</p>

<p>Regime Considerations</p>	<p>Despite regime limitations, the requirements set out by PSI 75/2011 Regime Services must be adhered to on the RCU. As a minimum, all prisoners must receive:</p> <ul style="list-style-type: none"> • 30 minutes in the open air daily. • Access to a telephone to maintain contact with family/friends/legal advisor • Access to a shower at least weekly & facilities in-cell for ablutions. <p>However, it should always be our aim to provide more than the minimum consistently and establishments should aim to provide an equivalent regime to other areas of the establishment, providing that this is in adherence with social distancing requirement.</p> <p>We advise prisons to ensure that as part of induction, prisoners on RCU are provided with information on maintaining personal hygiene and cell cleanliness to prevent infection. Prisoners must be provided access to core services such as kit change, bin emptying, sufficient cleaning materials etc. in line with national COVID guidance (issued 27 March). Establishments must ensure that social distancing rules are adhered to on RCU at all times, inclusive of periods when prisoners are taking time in the open air</p> <p>Establishments must ensure that all mandated elements of first night and induction are achieved. However no group activity can operate so induction will be required to be provided via written information and/or other equivalent mechanisms. Orderlies may be used but social distancing is required to be enforced. It is recommended that orderlies residing on the RCU are used and that orderlies from other locations are not used wherever possible.</p> <p>Establishments should consider a system of welfare checks for newly received prisoners and determine how this will operate in line with social distancing procedures.. Establishments should ensure that sufficient facilities for ensuring prisoner welfare are provided such as access to a Samaritans phone. In light of social distancing it may not be possible to operate a listener scheme, further guidance is provided in the safety section of the document issued by HMPPS on 27 March.</p> <p>Establishments must ensure that records are effectively maintained using the NOMIS case note system. This should include recording the date of entry onto RCU, the date of discharge and the new location to ensure continuity of healthcare.</p> <p>Prisons should work with their Head of Healthcare to agree a discharge process and agree whether if it is clear that a prisoner is non-symptomatic they may discharge them before 14 days. This may be required as a contingency if space is required for new receptions.</p> <p>One of the prior requirements of creating an ERMP was to design a local procedure for delivering meals to prisoners in cells. This must be adopted for the RCU.</p>
------------------------------	---

Cleaning	<p>Wherever possible, establishments should select a bio-hazard trained cleaner to become a resident on their RCU and incentivise this role through additional wages. We advise establishments to record the fact that they have explained the risks of living on this unit, and require them to sign a compact stating that they understand. Cleaners and orderlies from other areas should not be used. Sufficient cleaning equipment should be procured and stored on the unit to enable only designated equipment to be use and the cleaner should be provided with daily access to the showers.</p> <p>All cells should be deep-cleaned before and after each prisoner has moved in/out. Prisoners should be encouraged to clean their own cells daily and sufficient time should be given to removing waste from each cell daily. Waste from the unit should be removed by cleaners and located in a designated area. Supplies for the unit should be kept separate from provisions for other areas where possible.</p> <p>Communal areas such as showers and phones where multiple prisoners have had access must be cleaned as frequently as possible. All phones must be cleaned before and after use where possible, prisoners should be encouraged to do this and provided cleaning materials with which to do so.</p> <p>For full detail about cleaning procedures please refer to the Operational Guidance document issued on 27 March 2020. This specification is designed to be indicative not exhaustive and to guide local decision making.</p>
----------	--

Specification 2:

Protective Isolation Units (PIU)

In the event that a prisoner becomes symptomatic arrangements must be in place to manage cases effectively and ensure that the virus is contained and the risk of transmission is reduced. For this purpose all establishments are required to designate a PIU.

However advice from Public Health England suggests that it is not always necessary to move someone who is symptomatic to a different location. It is potentially advantageous to isolate someone in their current location and to establish effective barrier control around them rather than relocate them and introduce risk into another area. The process of moving someone from an isolated cell to a designated isolation wing may increase the risk of transmission during transit. Establishments must still develop a designated area for use as a PIU if required.

As directed by the Operational Guidance Issued on 27 March 2020, each case, whether suspected or confirmed, should be assessed individually and an individual isolation plan must be developed. Where a prisoner is confirmed as being symptomatic by healthcare practitioners, the decision on where to locate them (whether to isolate within cell or to relocate them for purposes of isolation) should be led by Healthcare practitioners within the establishment. They will consult with the Outbreak Control Team (OCT) and advise the Governor/Director/Duty I/C where protective isolation can most effectively be achieved.

In the case that a prisoner in a multiple-occupancy cell becomes symptomatic there are three possible options for management:

1. Both prisoners are kept together and isolated for a period of a minimum of 14 days.
2. The non-symptomatic prisoner is removed from the cell and taken to the RCU where they will be required to isolate for period of a minimum of 14 days and the symptomatic prisoner is isolated in their current cell.
3. The symptomatic prisoner is removed from the cell and re-located to the PIU for a period of a minimum of 7 days. Their cell-mate is then required to isolate in the original cell for a period of a minimum of 14 days.

Issue	Description
Requirement	All prisons
Definition of Unit	PIU are specialised units to separate prisoners who are symptomatic of COVID-19 from the rest of the prison population for a minimum period of 7 days, with discharge dependant on demonstrating symptoms have passed.

Target Population	Prisoners identified as being symptomatic via healthcare assessment and for whom relocation from their existing cell is deemed more conducive to their health and/or attempts to contain the further spread of the virus.
Referral and Discharge	<p>Referral will be based on an initial confirmation of the presence of symptoms by a local healthcare practitioner and a local isolation plan being discussed and agreed between healthcare/OCT and the establishment I/C. The local isolation plan will determine whether containment in current location or relocation to PIU is the most viable option (assuming that the prisoner is not immediately at critical risk at which point they will be re-directed to outside hospital). This location decision must be recorded on System-One and on NOMIS case notes.</p> <p>Where a prisoner refuses to relocate to the PIU they will generally be isolated in their existing cell. In line with Use of Force guidance, force may only be used to relocate them to the PIU if it is deemed a medical imperative (i.e. it is felt that the risk of transmission cannot be effectively managed in their current location)</p> <p>Discharge should be assessed by a local healthcare practitioner. A prisoner will generally not be relocated from a PIU before the end of their 7 day isolation and will only generally be discharged once healthcare practitioners are content that the prisoner is no longer symptomatic.</p>
Desirable Characteristics (for location of PIU)	<p>The location of the PIU will be a local decision. During planning for an isolation unit, the following desirable characteristics could be considered:</p> <ul style="list-style-type: none"> • Non-central location. Ideally an area should be selected that is separate and/or away from the main population. A thoroughfare should not be used or movement should be relocated. If a separate unit is not available, a unit where effective control over entry is advantageous, such as a unit with few entry points. A spur of a mixed use area can be used if there are no other alternatives. • It is hard to predict the requirement on numbers however establishments should ensure the unit is not too small to be immediately insufficient and that the choice of unit does not impede other residential functions. An establishment may wish to designate part of a unit leaving scope to increase unit size if required. • Wherever possible, single cells or the ability to use multiple occupancy cells for single use are advantageous. • Regime facilities (showers, phones, exercise yard etc.) should be separated from those used by the main population if possible. • Separate staff facilities should be designated for sole use by those working on the PIU where possible. If possible this should include showers, toilets and changing areas. Similarly, it would be preferable that units feature a sterile area between the rest of the establishment and the wing, to allow risk of transmission to be further reduced.

	<p>Establishments should not automatically use an Inpatient healthcare unit (IPU) as an PIU as these are regional resources with a bed allocation system attached to them.</p>
<p>Staffing</p>	<p>Establishments should not cross deploy staff between PIU and other duties/units during a shift. As we expect most isolating prisoners to remain in their current cell location, it is not expected that staffing the PIU will draw significant numbers of staff from other duties in the short term. Though this could change at any point.</p> <p>Their local regime delivery plan designed under the ERMP guidance should include provision for operating this unit. Establishments will need to ensure that plans for the PIU include provision of sufficient PPE for staff as per the operating guidance provided on 27 March.</p> <p>Local arrangements to protect vulnerable staff should already be in place. We encourage establishments to treat the PIU as a higher risk area and to not deploy staff who are deemed more vulnerable to this location. If possible we recommend that establishments seek volunteers for consistent deployment to this area and proactively invest in this group by engaging with them about the aims of the unit and means of protecting themselves.</p>
<p>Healthcare Support</p>	<p>It is essential that the healthcare provider based at the establishment takes the lead in decisions relating to each individual case and consults their respective OCT lead at the earliest opportunity when a new case is detected.</p> <p>Thereafter the healthcare lead will ensure that where possible healthcare staff are not cross-deployed between the PIU and other units to reduce the risk of spread of transmission between areas. Ideally a designated staff presence should be provided for support to the PIU.</p> <p>The decision over a prisoner's isolation location is a healthcare decision and they should be consulted on the management of each case. PIU referral and discharge decisions should be led by healthcare locally with operational insight provided by the establishment I/C.</p> <p>Isolation plans must include plans for dispensing medications the prisoner may already be receiving and ensuring all other forms of medical care are uninterrupted by isolation.</p> <p>The healthcare delivery plan designed as part of the ERMP should be updated to reflect the presence of the PIU and the fact that the healthcare service must include support to this facility if operating.</p> <p>Establishments must make sure there are sufficient facilities close to the PIU for storage of controlled medications.</p>

<p>Regime Considerations</p>	<p>Establishments must ensure that despite limitations on the regime that can be provided to isolating prisoners, the requirements set out in PSI 75/2011 Regime Services are still delivered consistently. This includes:</p> <ul style="list-style-type: none"> • 30 minutes in the open air daily. • Access to a telephone to maintain contact with family/friends/legal advisor • Access to a shower at least weekly & facilities in-cell for ablutions. <p>However, it should always be our aim to provide more than the minimum consistently and establishments should aim to provide an equivalent regime to other areas of the establishment, providing that this is in adherence with social distancing requirement.</p> <p>Establishments should consider a system of welfare checks for newly received prisoners and determine how this will operate in line with social distancing procedures. Establishments should ensure that sufficient facilities for ensuring prisoner welfare are provided such as access to a Samaritans phone. In light of social distancing it may not be possible to operate a listener scheme, further guidance is provided in the safety section of the document issued by HMPPS on 27 March.</p> <p>Establishments must ensure that records are effectively maintained using the NOMIS case note system. This should include recording the date of entry onto PIU, the date of discharge and the new location to ensure continuity of healthcare.</p> <p>Prisons should work with their Head of Healthcare to agree a discharge process and agree whether if it is clear that a prisoner is non-symptomatic they may discharge them before 7 days. This may be required as a contingency if space is required for new cases.</p> <p>Establishments should confer with their healthcare providers at a local level how this could be safely facilitated. It is essential that prisoners on designated isolation units are kept separate as much as is reasonably possible to reduce the spread of COVID-19.</p> <p>One of the prior requirements of creating an ERMP was to design a local procedure for delivering meals to prisoners in cells. This must be adopted for the PIU.</p>
<p>Cleaning</p>	<p>Wherever possible, establishments should select a bio-hazard trained cleaner to become a resident on their PIU and incentivise this role through additional wages. We advise establishments to record the fact that they have explained the risks of living on this unit, and require them to sign a compact stating that they understand. Cleaners and orderlies from other areas should not be used. Sufficient cleaning equipment should be procured and stored on the unit to enable only designated equipment to be use and the cleaner should be provided with daily access to the showers.</p>

All cells should be deep-cleaned before and after each prisoner has moved in/out. Prisoners should be encouraged to clean their own cells daily and sufficient time should be given to removing waste from each cell daily. Waste from the unit should be removed by cleaners and located in a designated area. Supplies for the unit should be kept separate from provisions for other areas where possible.

Communal areas such as showers and phones where multiple prisoners have had access must be cleaned as frequently as possible. All phones must be cleaned before and after use where possible, prisoners should be encouraged to do this and provided cleaning materials with which to do so.

For full detail about cleaning procedures please refer to the Operational Guidance document issued on 27 March 2020. This specification is designed to be indicative not exhaustive and to guide local decision making.

Specification 3: Shielding Units

Issue	Description
Requirement	All prisons
Definition of Unit	<p>In adherence with national Government guidance, prisoners identified as being extremely vulnerable (see below) will be required to follow social shielding guidance and self-isolate for a period of at least 12 weeks from the date at which they are notified. A shielding unit is a specific part of the establishments designated to house those required to socially shield themselves. It should allow for an effective isolation of the most vulnerable prisoners from a general population.</p>
Target Population	<p>NHS England is in the process of identifying all people who should be socially shielding themselves and will be contacting each person before the end of March 2020. Any prisoners meeting the criteria for social shielding will be contacted via their local healthcare staff.</p> <p>A list of conditions that require social shielding is available at the following link: https://digital.nhs.uk/coronavirus/shielded-patient-list</p>
Referral and Discharge	<p>Establishments do not need to wait for a prisoner to be contacted by NHS. Following latest government guidance, Prison Heads of Healthcare together with Governors or Directors should take steps to identify those prisoners in their care requiring social shielding. A local plan should be made to safeguard every prisoner in this group.</p> <p>The decision to place someone into protective isolation in the SU is a local healthcare responsibility. This must be recorded on healthcare and prison systems and communicated to the establishment IC. All referrals should be made and acted upon as soon as possible.</p> <p>Prisoners should be informed of the need to relocate to the SU at the earliest opportunity and this must emphasise the importance of this decision for their safety. Should a prisoner refuse and continue to do so, they must be isolated/shielded in their current location.</p> <p>Though using force to relocate a prisoner to the SU is not prohibited by policy, this would only be justified if no other alternative (such as protective isolation in cell) were viable and the threat to the individuals life and/or to the safety of others was clearly and immediately compromised by a decision to allow them to protectively isolate in cell. Under these circumstances the decision must be</p>

	<p>recorded in the establishment COVID-19 decision log as well as healthcare records and the process of relocation must be managed in accordance with</p> <p>It is expected that a prisoner will remain in protective isolation on SU for a period of at least 12 weeks. Discharge should only take place in the following cases:</p> <ul style="list-style-type: none"> • Change in the national guidance (Current guidance states that social shielding should last for at least 12 weeks from the date of notification) supported by the HMPPS. • Change in relevant circumstances, e.g. pregnant prisoner has given birth and is no longer deemed to be at high risk. • Release of a prisoner from the establishment
<p>Desirable Characteristics (for location of the SU)</p>	<p>As with the RCU and PIU, the location of the SU will be a local decision. During planning, the following desirable characteristics could be considered:</p> <ul style="list-style-type: none"> • Non–central location. Ideally an area should be selected that is a separate building, away from the main population to reduce the risk of transmission. In establishments where this is not reasonably possible, an area that it is possible to separate from main population wings should be chosen. • Once suitable prisoners have been identified and located onto the unit, its numbers should remain fairly stable. However, it is advisable to have an opportunity to expand on the capacity should more relevant cases come into light. • Wherever possible, single cells or the ability to use multiple occupancy cells for single use are ideal as this will limit the risk of transmitting an infection. • Establishments should consider which unit contains most prisoners that are likely to fall within the social shielding cohort and to adopt this as the SU wherever possible. • Particular consideration should be given to the current location of any prisoners on social care packages and the need to maintain their current location wherever possible. Attention should also be given to those on PEEPs and with particular mobility issues who should not be relocated from the most suitable cell unnecessarily. • Regime facilities (showers, phones, exercise yard etc.) should be separate from those used by main populations. • Staff facilities that can be accessed by only the staff working on the shielding unit. Ideally this would include showers, changing areas so that staff can change in and out of their uniform on the unit, to prevent any risk of transmission. Similarly, it would be preferable that units feature a sterile area between the rest of the establishment and the wing, to allow risk of transmission to be further reduced.

<p>Staffing</p>	<p>Establishments should not cross deploy staff between SU and other duties/units during a shift.</p> <p>The local regime delivery plan designed under the ERMP guidance should include provision for operating this unit. Establishments will need to ensure that plans for the SU include provision of sufficient PPE for staff as per the operating guidance provided on 27 March.</p> <p>Local arrangements to protect vulnerable staff should already be in place. We encourage establishments to treat the SU as a higher risk area and to not deploy staff who are deemed more vulnerable to this location. If possible we recommend that establishments seek volunteers for consistent deployment to this area and proactively invest in this group by engaging with them about the aims of the unit and means of protecting themselves.</p>
<p>Healthcare Support</p>	<p>Prisoners on a shielding unit should have access to the best possible healthcare support due to their vulnerability. They should be monitored regularly. The healthcare delivery plan designed as part of the ERMP should incorporate the existence of the SU and other designated areas.</p> <p>The protection of SU prisoners and provision of care equivalent to that which would be provided in the community needs to be factored into the local healthcare delivery plan. Establishments need to give particular consideration to the cases of prisoners who, until recently were in receipt of social care packages in the establishment as these may not now be supported by Local Authorities and may therefore need to be maintained by local healthcare practitioners.</p> <p>Any pre-existing individual care plans relating to prisoners in this cohort will need to be reviewed.</p> <p>Establishments must make sure there are sufficient facilities close to the SU for storage of controlled medications.</p>
<p>Regime Considerations</p>	<p>Establishments must ensure that despite limitations on the regime that can be provided to isolating prisoners, the requirements set out in PSI 75/2011 Regime Services are still delivered consistently. This includes:</p> <ul style="list-style-type: none"> • 30 minutes in the open air daily. • Access to a telephone to maintain contact with family/friends/legal advisor • Access to a shower at least weekly & facilities in-cell for ablutions. <p>However, it should always be our aim to provide more than the minimum consistently and establishments should aim to provide an equivalent regime to other areas of the establishment, providing that this is in adherence with social distancing requirement.</p> <p>Establishments should confer with their healthcare providers at a local level how this could be safely facilitated. Shielding prisoners should be kept</p>

	<p>separate as much as possible, and the principles of social distancing must be strictly adhered to.</p> <p>Establishments should consider a system of welfare checks for newly received prisoners and determine how this will operate in line with social distancing procedures. Establishments should ensure that sufficient facilities for ensuring prisoner welfare are provided such as access to a Samaritans phone. In light of social distancing it may not be possible to operate a listener scheme, further guidance is provided in the safety section of the document issued by HMPPS on 27 March.</p> <p>Prisoners on the SU will need to remain in their cell as much as possible. When they are unlocked in order to access showers, phone calls and other necessities, they should be unlocked individually/in small groups. Where this is not possible, public health advice should be sought on alternative arrangements. These safeguards must not be compromised under any circumstances. The safety of the most vulnerable prisoners is paramount in every decision related to SU and other designated areas.</p> <p>Food should be delivered to the cell door or prisoners should collect this individually. Where food is taken to their cell, this should be done with as much space as practical being maintained between the prisoner and the staff member. For instance, the staff member placing the meal in the cell at a point away from the prisoner is a more effective method than passing it from one person to the next.</p> <p>The same principle should apply to the facilitation of medication.</p> <p>One of the prior requirements of creating an ERMP was to design a local procedure for delivering meals to prisoners in cells. This must be adopted for the SU.</p> <p>To adhere to government guidance on social distancing, prisoners can no longer provide informal support or care for other prisoners. Any support requirements will have to be fulfilled by healthcare professionals.</p>
Cleaning	<p>Wherever possible, establishments should select a bio-hazard trained cleaner to become a resident on their SU and incentivise this role through additional wages. We advise establishments to record the fact that they have explained the risks of living on this unit, and require them to sign a compact stating that they understand. Cleaners and orderlies from other areas should not be used. Sufficient cleaning equipment should be procured and stored on the unit to enable only designated equipment to be use and the cleaner should be provided with daily access to the showers.</p> <p>All cells should be deep-cleaned before and after each prisoner has moved in/out. Prisoners should be encouraged to clean their own cells daily and sufficient time should be given to removing waste from each cell daily. Waste from the unit should be removed by cleaners and located in a designated area. Supplies for the unit should be kept separate from provisions for other areas where possible.</p>

Communal areas such as showers and phones where multiple prisoners have had access must be cleaned as frequently as possible. All phones must be cleaned before and after use where possible, prisoners should be encouraged to do this and provided cleaning materials with which to do so.

For full detail about cleaning procedures please refer to the Operational Guidance document issued on 27 March 2020. This specification is designed to be indicative not exhaustive and to guide local decision making.