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Guidance

Preventing and controlling outbreaks of COVID-19 in prisons and places of detention

Updated 21 March 2022

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Vaccination



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This publication is available at <https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>

What has changed

This guidance no longer applies to Secure Children's Homes who should follow [Coronavirus \(COVID-19\): guidance for children's social care services](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services).

Daily contact testing (DCT) has been removed from the testing protocol and all staff who are identified as contacts of a case of COVID-19 can now participate in daily testing of contacts of COVID-19 (DCTC) regardless of vaccination status.

Prisoners who are contacts of a case of COVID-19 are able to end self-isolation early subject to certain conditions.

Prisoners who are admitted into a reverse cohorting unit (RCU) can end a period of self-isolation at 10 days and may be earlier subject to certain conditions.

RCUs may now be stood down in immigration removal centres (IRCs).

Recovery testing following outbreak may be considered at day 10 based on a dynamic risk assessment.

Who this guidance is for

This guidance will assist custodial, detention and healthcare staff in addressing coronavirus (COVID-19) in a prison or prescribed place of detention (PPD). It provides operational recommendations to assist staff, local UK Health Security Agency (UKHSA) health protection teams (HPTs) and other stakeholders if an incident or outbreak of COVID-19 is reported in a PPD. Operational practices may vary due to setting specific considerations.

The following establishments in England are included within the definition of PPDs used in this guidance:

- prisons (both public and privately managed)
- immigration removal centres (IRCs)
- young people's secure estate (CYPSSE)
- young offender institutions (YOIs)
- secure training centres (STCs)

Recommendations made here are also relevant to prison escort and custodial services (PECS) staff and approved premises, particularly the sections on environmental cleaning and advice to staff. Controlling the spread of infection and managing outbreaks in PPDs will rely on coordinating healthcare and custodial staff working with UKHSA HPTs, national and regional Health and Justice teams and other stakeholders at both the local and national level. Other key stakeholders include:

- NHS England and Improvement Health and Justice Commissioners
- Home Office
- PPD establishment managers and their teams
- Her Majesty's Prison and Probation Service (HMPPS) headquarters functions
- Directors of Public Health in local authorities

Further information on specific actions required to identify and manage an incident or outbreak, as well as descriptions of the roles and responsibilities of partner organisations involved, is provided in the [multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-the-management-of-outbreaks-of-communicable-diseases-or-other-health-protection-incidents-in-prisons-and-other-places-of-detention-in-england) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons).

This guidance will be updated ahead of planned changes to the COVID-19 testing regime from 1 April 2022.

Symptoms

The main symptoms of COVID-19 are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

For most people, COVID-19 will be a mild illness.

Staff or visitors having any of the symptoms above should follow the guidance for [people with COVID-19 and their contacts](#)

(https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts).

What to do if someone has symptoms of COVID-19 or has a positive COVID-19 test result in a PPD

In PPD settings, possible cases of COVID-19 are likely to be identified by:

- custodial and detention staff
- other prisoners or detained individuals
- self-referral
- at reception screening
- regular asymptomatic testing, outbreak testing or through other means

All staff should be alert to prisoners, colleagues, visitors or detained individuals who have symptoms of COVID-19.

All PPDs should have a plan in place that identifies appropriate facilities where prisoners or detained individuals with suspected or confirmed COVID-19 infection can self-isolate.

If necessary, access to a language-line, or similar translation service, must be provided as soon as a person with possible or confirmed COVID-19 infection enters the establishment. This will ensure an accurate history can be taken and prisoners or detained individuals [cohorted appropriately](#).

People who are self-isolating should have regular opportunities to discuss their wellbeing and any anxieties with a member of staff.

Prisoners or detained individuals with COVID-19 symptoms

Prisoners or detained individuals with symptoms of COVID-19 should remain (in accordance with relevant powers) in single occupancy accommodation (self-isolate in their cell or room) and be tested for COVID-19 with a polymerase chain reaction (PCR) test. They should stay in their accommodation and avoid contact with other people while awaiting the results of the test.

If single occupancy accommodation is not available, possible cases should self-isolate in higher occupancy accommodation, or where demand exceeds capacity, cases may be [cohorted](#) together. The prisoner or detained individual is advised to wear a surgical face mask (Type II or IIR) while being transferred to protective isolation. Escorting staff should follow the [guidance on personal protective equipment \(PPE\), handwashing instructions](#)

(https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) and limit close contact wherever possible.

Prisoners or detained individuals who test positive for COVID-19

Prisoners or detained individuals who test positive with a PCR or LFD test should self-isolate. The isolation period includes the day their symptoms started (or the day their test was taken if they do not have symptoms) and the next 10 full days.

Prisoners or detained individuals may be able to end the isolation period before the end of 10 full days. They can take an LFD test from 5 days after the day their symptoms started (or the day their test was taken if they did not have symptoms), and another LFD test on the following day. The second LFD test should be taken at least 24 hours later. If both these test results are negative, and they do not have a high temperature, they may end self-isolation after the second negative test result. They should not take an LFD test before the fifth day of their isolation period, and they should only end self-isolation following 2 consecutive negative LFD tests which should be taken at least 24 hours apart, or after the full 10 days has ended.

If they take an LFD test from the fifth day of their isolation period, and the test result is positive, they should wait 24 hours before they take the next test. If both LFD test results are negative, it is likely that they were not infectious at the time the tests were taken. To further reduce the chance of passing COVID-19 on to others, if prisoners or detained individuals end their self-isolation period before 10 full days they are strongly advised to:

- limit close contact with other people outside of their bubble and with those in the wider population, especially in areas which are poorly ventilated
- not attend work where possible
- wear a face covering when outside of their cell or room
- limit contact with anyone who is at higher risk of severe illness if infected with COVID-19, including visitors
- follow guidance for [people with COVID-19 and their contacts](https://webarhive.nationalarchives.gov.uk/ukgwa/20220419162648mp) (<https://webarhive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts>)

Ending protective isolation

PPDs are high-risk settings for COVID-19. Given the high-risk setting, it is important to interpret negative results in symptomatic prisoners or detained individuals with caution and a clinical assessment should be undertaken before they are released from isolation.

If a prisoner or detained individual still has symptoms other than cough or anosmia after 10 days or longer, they should be advised to continue to self-isolate until they have had a clinical assessment.

Prisoners or detained individuals who are identified as contacts of a case of COVID-19

Prisoners or detained individuals that are notified that they are a contact of a COVID-19 case are advised to self-isolate for 10 days and participate in the following testing protocol:

- fully vaccinated contacts should take a PCR test – if this is negative and if they are asymptomatic, they can stop self-isolating. They should continue to take a daily LFD test up to day 6 – if they have had 3 consecutive negative tests and remain asymptomatic, they can stop testing after day 6
- unvaccinated or partially vaccinated contacts should take a PCR test – if this is negative, they should continue to self-isolate and take a daily LFD test. If they have 3 consecutive negative LFD tests on days 6, 7, and 8 post exposure event (day 0), they can stop their self-isolation
- those who do not or cannot test should be advised to self-isolate for 10 days irrespective of vaccination status

The option to end self-isolation before 10 days carries a risk which is mitigated to some degree by overall vaccination status in the population. Due regard needs to be given to this in considering risk assessment. The following criteria should also be met by those standing down their self-isolation:

- the prisoner or detained individual should not have any COVID-19 symptoms
- if a prisoner or detained individual has had a COVID-19 infection in the past 90 days they should not have an initial PCR test, but they should undertake daily LFD tests – if they subsequently have a positive LFD result then they should self-isolate and follow guidance for [prisoners or detained individuals](#)

[who test positive for COVID-19](#)

- the prisoner or detained individual is advised to wear a surgical face mask (Type II or IIR) when out of their cell or room
- the prisoner or detained individual should not mix with people who are at higher risk of severe illness from COVID-19 during a 10-day period following their last contact with the case – this includes visitors they may receive, even if the visitor is fully vaccinated

If any of the COVID-19 tests during the 10-day period are positive, guidance on [prisoners or detained individuals who test positive for COVID-19](#) should be followed.

If the prisoner or detained individual develops symptoms of COVID-19 during this period, they should follow the guidance for [prisoners or detained individuals with symptoms of COVID-19](#).

If individuals who have been cohorted with other prisoners or detained individuals subsequently test positive for COVID-19, all the members of the cohort should be advised to [re-start the protocol as described above in this section](#).

Prisoners and detained individuals are strongly encouraged to be vaccinated to protect themselves and others from infection. Booster vaccinations are recommended if eligible.

Clinical assessment and healthcare

Where possible, any assessments should be done without entering the cell or room. Detailed guidance for prison healthcare on the [management of COVID-19 in secure environments](#) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://elearning.rcgp.org.uk/mod/page/view.php?id=10388) is available from the Royal College of General Practitioners (see 'Secure environments' tab and select 'COVID-19 Guidance for healthcare in secure environments'). It is important to be aware of people who have underlying co-morbidities and are at higher risk of severe illness from COVID-19 needing closer monitoring or hospital admission, as they are at higher risk of deteriorating.

Prisoners or detained individuals who have symptoms of COVID-19, but who are clinically well enough to remain in the PPD, do not need to be transferred to hospital. Those who are clinically unwell and require hospitalisation should be transferred to appropriate healthcare facilities following safe escort and transfer protocols for the establishment. Staff should wear [appropriate PPE](#). The prisoner or detained individual should be offered a surgical face mask (Type II or IIR) to be worn during transportation, if tolerated, to minimise the dispersal of respiratory droplets. Staff at the receiving destination must be informed that the patient has possible or confirmed COVID-19.

Staff

This guidance is for HMPPS directly employed or other staff. Health and social care workers should follow guidance for health and social care workers.

Staff with symptoms of COVID-19

If a member of staff develops symptoms of COVID-19, however mild:

- in all cases, they should take a COVID-19 test, stay at home and follow the guidance for [people with COVID-19 and their contacts](#) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts)
- while at home (off-duty), they should not attend work and notify their line manager
- while at work, they are advised to put on a surgical face mask (Type II or IIR) immediately, inform their line manager and return home

Staff who have tested positive for COVID-19

Staff who receive a positive LFD or PCR test result should stay at home and avoid contact with other people. This also applies to staff who are asymptomatic and who test positive through routine staff testing programmes. There is no need to take a confirmatory PCR test after a positive LFD test result. Staff with COVID-19 should follow the guidance for [people with COVID-19 and their contacts](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts).

Staff with COVID-19 should not attend work until they have had 2 consecutive negative LFD test results (taken at least 24 hours apart), provided they feel well, and they do not have a high temperature. The first LFD test should only be taken from 5 days after the day their symptoms started (or the day their test was taken if they did not have symptoms) - this is described as Day 0. If both LFD tests results are negative they may return to work immediately after the second negative LFD test result, provided they meet the following criteria:

- the staff member should not have a fever
- the staff member should continue to undertake daily LFD tests on day 7, 8, 9 and 10 days after their symptoms started (or the day their test was taken if they did not have symptoms) – if any of these LFD test results are positive the staff member should stay at home and should wait 24 hours before taking the next LFD test
- on days the staff member is working, the LFD test should be taken prior to beginning their shift, as close as possible to the start time
- the staff member must continue to comply with all relevant infection control precautions and PPE must be worn properly throughout the day
- if the staff member works with prisoners or detained individuals who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken by the organisation, and consideration given to redeployment for the remainder of the 10-day period
- if any of the above cannot be met, the staff member should not come to work and should follow the guidance for [people with COVID-19 and their contacts](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts) for a full 10-day period from when their symptoms started (or the day their test was taken if they did not have symptoms)

The likelihood of a positive LFD test in the absence of symptoms after 10 days is very low. If the staff member's LFD test result is positive on the 10th day, they should continue to take daily LFD tests, and should not return to work until a single negative LFD test result is received.

Managers can undertake a risk assessment of staff who test positive between 10 and 14 days and who do not have a high temperature, with a view to them returning to work depending on the work environment.

The likelihood of a positive LFD test after 14 days is considerably lower. If the staff member's LFD test result is still positive on the 14th day, they can stop testing and return to work on day 15. If the staff member works with prisoners or detained individuals who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment.

The guidance for [people with COVID-19 and their contacts](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts) features an infographic to support the process of testing during the period from when their symptoms started (or the day their test was taken if they did not have symptoms).

Symptomatic staff who have tested negative for COVID-19

Given the high-risk setting, it is important to interpret negative results in symptomatic staff with caution and a clinical assessment should be undertaken before they start working.

If a staff member is identified as a contact of a case of COVID-19

If the staff member develops symptoms of COVID-19, they should follow the [guidance for staff with symptoms of COVID-19](#).

Contacts of people who have tested positive are advised to follow the guidance [Coronavirus: how to stay safe and help prevent the spread](#) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do>). People who live in the same household as someone who has COVID-19, or who have stayed overnight in the same household are advised to follow the guidance [people with COVID-19 and their contacts](#) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts>).

Daily testing of contacts of COVID-19 (DTCC)

All staff who are identified as a contact of a positive case will be expected to continue to engage in DTCC using LFD testing for 7 days following an identified contact.

Staff should inform their line manager or employer immediately if they are required to work in the next 10 days following the contact.

The majority of staff will be able to continue in their usual role.

The following conditions for participation in DTCC apply to all staff who are contacts of a case of COVID-19:

- the staff member should not have any COVID-19 symptoms
- where available, the staff member should be strongly advised to have a PCR test, through their workplace arrangements before starting work
- the member of staff should commence daily self-collect LFD tests at home for 7 days from the point they are identified as a contact, using LFD before attending work each day (and on days they are not at work)
- staff do not have to wait for their initial PCR result before returning to work, however their initial LFD result must be negative
- on days the staff member is working, a daily LFD test should be taken before starting their shift, and the result should be negative before attending work
- if a staff member has had a COVID-19 infection in the past 90 days they can undertake daily LFD tests
- the staff member should comply with all relevant infection control precautions and PPE should be properly worn throughout the day
- if the staff member works with prisoners or detained individuals who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during the 10 days following their last contact with the case

Those who do not wish to undertake DTCC should not attend the workplace and should follow the guidance [people with COVID-19 and their contacts](#) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-are-a-close-contact-of-someone-who-has-covid-19>).

All individuals identified as contacts of a positive case will continue to be contact traced by Health resilience leads.

Prison staff are strongly encouraged to be vaccinated to protect themselves and others from infection. People aged 18 years and over, and those aged 16 years and over who are at risk (including health and social care workers) are encouraged to take up the offer of a booster dose of COVID-19 vaccine where eligible. Boosting immunity should help to extend protection into next year and may give broader protection against new variants.

Visitors

[Guidance on visiting someone in prison](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/guidance/visit-someone-in-prison-during-the-coronavirus-covid-19-pandemic)

(<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/guidance/visit-someone-in-prison-during-the-coronavirus-covid-19-pandemic>) is available for social visitors. People with COVID-19 or those with symptoms of COVID-19 should not visit anyone in a prison. If a visitor develops symptoms up to 2 days after the visit they should inform the prison.

If a visitor becomes unwell with symptoms of COVID-19 while at the prison, they should go home immediately and follow the guidance for [people with COVID-19 and their contacts](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts>).

Professional visitors

Professional visitors should undertake an **LFD** test 24 hours before visiting the prison and the result must be negative. These professional visitors should follow guidance appropriate to their role or provided by their organisations.

Professional visitors can visit if they are a known contact of a case of COVID-19 and their **LFD** test prior to the visit is negative.

Prisoners/detained individuals and visiting

Prisoners or detained individuals who are a confirmed COVID-19 case or isolating as a contact of a case cannot participate in visits.

Prisoners participating in visits should take an **LFD** test on the day of the visit. They should only attend the visit if the **LFD** result is negative.

Further considerations on visiting

Limiting close contact with other people, wearing face coverings, enhancing ventilation, cleaning hands and other infection prevention and control measures are important in allowing visits to operate safely.

Contact visits should be considered within the risk mitigation strategy.

Where a prison has an outbreak, mixing of wings should be avoided during visits. Wing based visits should be provided where possible.

Management and reporting of a case or outbreak of COVID-19 in a **PPD**

On clinical suspicion or confirmation of a case or outbreak within a **PPD**, the appropriate registered medical practitioner must notify the [local UKHSA HPT](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/collections/cont-acts-public-health-england-regions-local-centres-and-emergency) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/collections/cont-acts-public-health-england-regions-local-centres-and-emergency>) as soon as possible and provide all requested information. Following initial risk assessment by the **HPT** and **PPDs**, UKHSA **HPTs** are advised to convene an incident or outbreak control team (**ICT/OCT**) in response to notification of a possible or probable incident or outbreak of COVID-19.

An outbreak is defined as 2 or more prisoners or detained individuals or staff in the **PPD** who meet the case definition for COVID-19 or have a positive test result and among whom transmission was likely to have occurred within a 14-day period. The role of the **ICT/OCT** is to ensure the outbreak/incident is appropriately investigated and managed, and to advise the governor or appropriate senior manager of the **PPD** on measures required to control it, which may impact on operational, logistic and security challenges for the setting.

UKHSA's National Health and Justice Team will provide advice and support to responding **ICT/OCTs**, conduct surveillance at national level, share intelligence with key partners, and develop national guidance for use in preventing and managing outbreaks.

In all establishments, contact tracing must be initiated immediately. HMPPS Health Resilience Leads (HRLs) have been appointed for each establishment and will undertake an initial risk screening to determine which individuals should be advised to self-isolate based on available information.

Stakeholders responding to outbreaks must work through the formal structure of the OCT, as detailed in the [multi-agency contingency plan for the management of outbreaks of disease in PPDs](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons>). Following a risk assessment, the OCT will advise on an appropriate testing strategy.

A dedicated protective isolation unit or area for the temporary isolation of cases who are unwell should be designated within the establishment to facilitate better monitoring or provision of health services to these patients.

If whole prison testing has been delivered on day 0, days 5 to 7 and day 10 after the last known case and no new cases are detected in anyone living or working in the setting on day 10, the OCT can consider standing the outbreak down based on a dynamic [Management and reporting of a case or outbreak of COVID-19 in a PPD](#) assessment providing there is confidence that transmission chains have been identified and controlled through mass testing.

Population management during an outbreak of COVID-19 in a PPD

The multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England describes specific actions required to identify and manage an incident or outbreak. Where an outbreak has been declared, the governor or appropriate manager should inform the HMPPS National COVID-19 reporting system (or equivalent in other PPD) in the first instance. They will engage with the Population Management Unit through command arrangements. A dynamic risk assessment form should be completed by the governor or manager and the UKHSA Consultant in health protection leading the OCT. Outbreaks should be reported to HMPPS or Home Office as applicable.

Outbreak control team dynamic risk assessment

Cohorting is a public health strategy for the care of large numbers of people who are ill, potentially infectious, or who are vulnerable and present heightened risk of severe disease if infected. Cohorting involves keeping similar groups together and separate from the other groups to prevent the spread of COVID-19. This may mean compartmentalising PPD establishments into separate areas to make sure the groups can be kept apart.

Cohorting strategies should consider arrangements to protect those at risk of severe illness from COVID-19 (those who are clinically extremely vulnerable), measures to isolate those who are symptomatic (and any cell or room-sharers) and provision to hold newly received prisoners separated from the main population.

To minimise the risk to other prisoners during periods of sustained community transmission of COVID-19, all new and transferred prisoners should be isolated in an RCU for up to 10 days and [tested for COVID-19](#), allowing the PPD to ensure each individual is not infected. Any prisoners or detained individuals not participating in the testing protocol should be isolated in the RCU for 10 days. RCUs may now be stood down in IRCs. Testing of new arrivals is in place as described in the section below on IRC Routine Testing.

Prison governors, directors and IRC managers must survey their establishments for suitability for cohorting and conduct risk assessments on the co-location of people who would normally be kept separated. Plans to implement cohorting should be developed in conjunction with appropriate clinical, infection control and specialist public health advice.

Staff overseeing a cohorted population should limit movements to other parts of the PPD to reduce the risk of spreading COVID-19. Where staff movement is unavoidable it should be minimised, and extra care taken to ensure [infection control measures](#) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>) are strictly adhered to.

Testing for COVID-19 in PPDs

Any prisoner, detained individual or member of staff with symptoms of COVID-19 should be advised to follow stay at home (cell or room if a prisoner or detained individual) and avoid contact with other people. People with symptoms of COVID-19 should follow guidance for [people with COVID-19 and their contacts](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-are-a-close-contact-of-someone-who-has-covid-19) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-are-a-close-contact-of-someone-who-has-covid-19>). Prisoners or detained individuals with symptoms of COVID-19 should be tested by healthcare staff wherever possible. The local UKHSA HPT can provide additional advice on testing and procedures.

Anyone who has previously received a positive COVID-19 PCR test result should not take another PCR test within 90 days of that test, unless they develop any new symptoms of COVID-19, or if they are required to take a PCR test upon entry into the UK. This 90-day period starts when the person initially develops symptoms or, if they were asymptomatic when they were tested, the date of their positive test result.

Asymptomatic testing of prisoners, detained individuals and staff for COVID-19 is also required in PPD settings in the following outbreak and non-outbreak situations.

Testing during an outbreak

In outbreak situations, OCTs will undertake a risk assessment and decide whether to activate whole PPD testing. If activated, whole PPD testing will involve all prisoners or detained individuals and staff being tested. If it is only possible to do one type of test, an LFD test should be used in the first instance. Testing should be undertaken as follows:

- at day 0 (the first day mass testing is available)
- between days 5 and 7
- at day 10 after the last confirmed or suspected case, to confirm the outbreak is over (recovery testing) based on the dynamic risk assessment of the OCT – this is based on the current situation and evidence and factors such as vaccination and impact of the variant of concern should be considered

If a prisoner or detained individual refuses to take part in mass asymptomatic testing in the context of an outbreak then they should be treated as a presumptive case and advised to self-isolate for 10 days from their last potential exposure.

LFD testing should be considered as part of the risk mitigation strategy (in agreement with the ICT/OCT) to enable prisoners to be transferred out of the custodial setting to assist with population management. In these circumstances, a prisoner should have an LFD test on the day before and on the day of departure from the custodial setting with the outbreak.

During an outbreak, testing of prisoners using LFD tests should also take place:

- before release
- before a transfer to another prison
- before a court attendance
- immediately before and after a period of release on temporary licence (RCTL)

Staff routine testing

Staff will be strongly encouraged to undertake testing as per agreed policy.

Prisoner routine testing

All prisoners entering prisons are placed in RCUs. Prisoners in RCUs should be tested with LFD and PCR tests at reception and again 5 to 6 days after they arrive. They should remain in the RCU for 10 days when following this testing protocol. In cases where population pressures require more rapid transit a prisoner may be able to transfer into the general population before the 10 day RCU period ends provided:

- the individual has spent a minimum of 7 days in the RCU
- the individual has participated in the full RCU testing protocol (LFD and PCR testing on day 0/1 and day 5/6)
- the individual receives 2 negative test results on day 5/6, 1 negative PCR test result and 1 negative LFD test result

The isolation period in RCUs should be maintained at 10 days for those not participating in the testing protocol.

Essential workers should be tested twice weekly with an LFD test (one of the LFD tests being mid-week).

Asymptomatic testing of prisoners using LFD should also take place:

- before release
- before a transfer to another PPD
- before a court attendance
- immediately before and after a period of ROTL

IRCs routine testing

New receptions in the IRCS should be tested on reception and again on days 5 to 7 to mitigate risk of emergent infection and transmission. No routine resident testing is required but testing may be required for pre-departure testing for deportation according to testing requirements of receiving country and any other considerations regarding advice from travellers domestically.

Outbreak testing and management of contacts will continue as described.

Young people

In YOIs and STCs where RCUs are operating, the same arrangements apply for children as in the adult estate.

Refer to [guidance on Secure Children Homes](#)

(https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services).

Transition of prisoners or detained individuals to the community

All individuals should be seen by healthcare services as part of normal preparations for release. Prisoners and detained individuals cannot be detained beyond their tariff.

Where applicable, the local authority, UKHSA HPT and HMPPS (including probation) must be made aware of any cases or close contacts of known cases returning to the community who have not received 2 negative tests and are within 10 days of a positive COVID-19 test result. The local authority must be made aware of any cases or close contacts of known cases with no fixed abode. People returning to the community need to be prepared to follow the guidance [people with COVID-19 and their contacts](#) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts).

Probation services and approved premises/hostels should advise people with any of the main symptoms of COVID-19 or a positive test result, to follow public health advice to stay at home (within the premises/hostel) and avoid contact with other people.

Limiting spread of COVID-19 in PPDs

Managers of PPDs can help reduce the spread of COVID-19 by regularly reviewing existing control measures, ensuring adherence to [infection prevention and control recommendations](#) (https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp_/https://www.gov.uk/government/publications/wu

[han-novel-coronavirus-infection-prevention-and-control](https://www.gov.uk/government/publications/han-novel-coronavirus-infection-prevention-and-control)) and reminding everyone of [available public health advice and support](https://www.gov.uk/government/publications/available-public-health-advice-and-support) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://www.gov.uk/coronavirus>). Guidance on mitigations to reduce the transmission of COVID-19 also applies to new variants.

Resources including [posters, leaflets and other materials](https://www.gov.uk/government/publications/posters-leaflets-and-other-materials) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources>) are available.

Individuals can reduce the risk of catching and passing on COVID-19 by:

- getting vaccinated
- letting fresh air in if meeting indoors, or meeting outside
- wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet, when rates of transmission are high
- trying to stay at home if you are unwell
- taking a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive
- washing your hands and following advice to 'Catch it, Bin it, Kill it'

In prisons and places of detention:

- staff should wear specified **PPE** for activities requiring sustained close contact with possible or confirmed cases
- remind staff and prisoners or detained individuals to wash their hands with soap and water regularly and to cover their mouths and noses with disposable tissues when they cough or sneeze – individuals should dispose of tissues into a disposable rubbish bag
If they do not have a tissue, remind them to sneeze into the crook of the elbow, not into the hand, and immediately wash hands with soap and water or use hand sanitiser
- objects and surfaces should be cleaned and disinfected regularly using standard cleaning products, paying attention to all surfaces but especially ones that are touched frequently
- make sure there is adequate ventilation of indoor spaces

While social distancing and other measures in general have been lifted, it may be appropriate to apply some of these measures depending on the risks, if risk assessments suggest doing so. Use of social distancing should be targeted, time limited, and kept under review.

Advice on the use of **PPE for healthcare staff and custodial or detention staff**

Staff should minimise any non-essential and avoidable contact with any staff member or prisoner.

Healthcare staff are most likely to work directly with possible or confirmed COVID-19 cases but custodial staff, **PES** and transport services may also encounter individuals when symptoms first present or who are asymptomatic.

Mitigation measures, including **PPE**, should be determined by risk assessment and implemented as part of a hierarchy of controls approach. For activities requiring close contact with a possible or confirmed case of COVID-19, for example, patient assessment, interviewing people at less than 2 metres distance, or arrest and restraint, [guidance on PPE](https://www.gov.uk/government/publications/guidance-on-ppe) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>) is available. An [activity or context specific table](https://www.gov.uk/government/publications/activity-or-context-specific-table) (<https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp> /<https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>) summarising the recommended **PPE** for staff in **PPDs** is available. Dispose of **PPE** as clinical waste.

Hand and respiratory hygiene are important components of [infection prevention and control measures](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) ([/https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp /https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)) and essential to reduce cross-contamination and infection.

Staff use of fluid resistant surgical masks (Type IIR) should be considered to reduce transmission of COVID-19, particularly in poorly ventilated or crowded areas, or wherever physical distancing of 2 metres (where recommended) is hard to achieve.

Risk assessment for staff exposures in the workplace

All staff who come into contact with COVID-19 cases – whether or not they are protected by the use of PPE or by other risk mitigation measures– should remain vigilant to the possibility of contracting infection and follow the guidance for [people with COVID-19 and their contacts](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-have-covid-19) ([/https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp /https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-have-covid-19](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-have-covid-19)) if they develop COVID-19 symptoms.

If a member of staff has come into close contact with a confirmed COVID-19 case or symptomatic prisoner or detained individual suspected of having COVID-19 while not wearing PPE, or had a breach in their PPE while providing assistance to a prisoner or detained individual with confirmed or suspected COVID-19, then the staff member should inform their line manager.

A risk assessment should be undertaken in conjunction with local infection prevention and control policy and clinical advice to determine if there has been a significant breach or close contact without PPE. If the risk assessment concludes there has been a significant breach or close contact without PPE, the Prison Contact Tracing Lead should be notified and the member of staff should stay at home and complete 10 full days isolation.

If they develop symptoms of COVID-19 they should [have a PCR test](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/get-coronavirus-test) ([/https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp /https://www.gov.uk/get-coronavirus-test](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/get-coronavirus-test)) and follow the guidance for [people with COVID-19 and their contacts](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-have-covid-19) ([/https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp /https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-have-covid-19](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts/covid-19-people-with-covid-19-and-their-contacts#what-to-do-if-you-have-covid-19)).

Advice about whether a risk-assessment is needed may also be sought from the HPT.

The Health and Safety Executive (HSE) provides information on [working safely](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.hse.gov.uk/coronavirus/working-safely/index.htm) ([/https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp /https://www.hse.gov.uk/coronavirus/working-safely/index.htm](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.hse.gov.uk/coronavirus/working-safely/index.htm)) for employers and employees.

Cleaning and waste

Guidance on [cleaning and waste disposal](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings) ([/https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp /https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings)) is available.

Vaccination

The [COVID-19 vaccination programme](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/) ([/https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp /https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/](https://webarchive.nationalarchives.gov.uk/ukgwa/20220419162648mp/https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/)) is being delivered to all adults and eligible children in England. Every effort should be made to encourage staff and prisoners or detained individuals to get fully vaccinated, and to have boosters where recommended, especially given the vulnerabilities of people in secure settings.

COVID-19 vaccines have been shown to reduce the likelihood of catching COVID-19 and of severe illness for those who have received them. COVID-19 vaccines also reduce the likelihood of a vaccinated person spreading COVID-19 to others, but it is still possible for this to happen. Guidance on isolation and testing should be followed even if someone has received one or more doses of COVID-19 vaccine. This will reduce the risk of spreading infection and help to protect other people.

This guidance is of a general nature and should be treated as a guide. In the event of any conflict between any applicable legislation (including the health and safety legislation) and this guidance, the applicable legislation shall prevail.

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