

# COVID-19 Additional Guidance for Secure Training Centres and Secure Children's Homes

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## Contents

1. Introduction .....	2
2. Current situation .....	2
3. Setting-wide practices .....	3
3.1 Reporting.....	3
3.2 Testing.....	4
3.3 Staff.....	4
3.4 Infection control procedures.....	5
3.5 PPE requirements .....	7
3.6 Visitors.....	7
3.7 Movement and transfers from the secure setting .....	7
4. CYP Cohorts.....	9
4.1 Vulnerable CYP .....	10
4.2 CYP who are suspected or confirmed with COVID-19 .....	12
4.3 CYP who are 'newly' admitted to the secure setting .....	15
4.4 All other CYP .....	15
5. Outbreak situation.....	16
5.1 CYP.....	17
Annex 1 – Youth Custody Service and NHS England and NHS Improvement Principles .....	20
Annex 2 – Extremely vulnerable group at very high risk of severe illness from COVID-19....	22
Annex 3 – Vulnerable Group at increased risk of severe illness from COVID-19.....	23
Annex 4 – Public Health England recommended PPE for healthcare and custodial staff in prisons and places of detention (COVID-19) .....	24
Annex 5 – National Testing Programme Strategy Summary.....	25
Annex 6 – Flowchart describing return to work following a SARS-CoV-2 test .....	27



## 1. Introduction

This document contains advice for Secure Training Centres (STC) and Secure Children's Homes (SCHs) on support to staff and management of children and young people (CYP) within those settings at the current stage of the COVID-19 pandemic.

At this stage of the COVID-19 pandemic, the key priority for the children and young people secure estate is to prevent transmission of infection, while balancing the needs of vulnerable children and young people who are held in secure accommodation.

This document builds on previous guidance provided<sup>1</sup> - Interim Advice for outbreaks of COVID-19 in Prisons and Prescribed Places of Detention March 2020, and Secure Children's Homes Interim COVID-19 Contingency Planning Guidance for welfare-only homes.

## 2. Current situation

Since the last guidance was provided, the Government has issued further stringent stay-at-home guidance for the general public:

- only go outside for food, health reasons or work (but only if you cannot work from home)
- if you go out, you should stay at least 2 metres (6ft) away from other people at all times<sup>2</sup>
- wash your hands as soon as you get home.

Don't meet others, even friends or family.

In line with the stepped up measures for the wider community, the secure estate needs to ensure that children and young people (CYP) and staff within these settings are kept safe in accordance with the updated PHE guidance.

This document has been specifically designed for STC and SCH settings. STCs and SCHs need to ensure that all COVID-19 mitigating actions taken are following the PHE guidance to protect CYP and staff, and control transmission in the setting, while also mitigating any adverse effects such actions may have on CYP's mental health and wellbeing (e.g. increased risk of harm to self). Children and young people in such settings are recognised as a particularly vulnerable group and additional safeguards should be considered where necessary, in relation to STC/SCH operation guidance, and as described in the Youth Custody Service (YCS) and NHS England and NHS Improvement Core Principles (see Annex 1).

Throughout the stages of the COVID-19 pandemic, and as specific measures will be taken by secure settings to protect the CYP, there will be four basic requirements that must

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<sup>1</sup> Interim guidance has been disseminated to all settings via standard communication channels.

<sup>2</sup> The settings will carry out the Government's instructions on social distancing, although it is important for children and young people to continue to have social contact and therefore we are referring to "Physical distancing" instead in this guidance.



continuously be delivered within each setting. These four basic requirements, in order of importance are:

1. Food and water;
2. Medication and essential healthcare;
3. Welfare and safety;
4. Contact with family, parents/carers.

It is important to communicate the situation and response at each stage to the CYP within the STC/SCH; however, this should be carried out without raising alarm or panic.

### 3. Setting-wide practices

As further mitigating practices are put in place at CYP secure settings, it is understood that some practices will apply to the estate as a whole, while others to certain cohorts of CYP only (see details in section 4). The below paragraphs outline those practices, which should be applied to the secure setting as a whole.

#### 3.1 Reporting

##### **For CYP who are suspected or confirmed COVID-19**

The most common symptoms of COVID-19 are a new, continuous cough and/or a high temperature (above 37.8 °C). For most people, COVID-19 will be a mild infection.

All staff should be alert to CYP who become ill and are suspected or confirmed COVID-19 cases. STC and SCH teams **must** report all suspected cases to local Public Health England (PHE) and regional Health Protection Teams (HPTs) immediately.

##### **Reporting for oversight at local and national level**

In addition, each setting will continue providing daily reporting, as specified in previous guidance and data requests (i.e. staffing, number of cases, PPE, etc.) to NHS England and NHS Improvement, YCS or the Secure Welfare Coordination Unit. This is so that the relevant organisations are aware of the situation both at local and national level, and can support where needed.

##### **Local list of CYP in setting vulnerable to COVID-19**

A list of children and young people in the setting who may be vulnerable to COVID-19 infection should be kept updated by healthcare on site at all times. This will include:

- a. extremely vulnerable young people with health conditions including specific cancers, on immunosuppressant therapies etc.(see Annex 2 for full list) who will have received a letter from their GP or other hospital clinician, and who will need to be shielded according to the shielding and protecting guidance for extremely vulnerable (see section 4.1 for detailed advice) and,
- b. vulnerable young people who have health conditions such as asthma (see Annex 3 for full list) and will need to self-isolate according to the social distancing guidance (see section 4.1 for detailed advice) .



The identified number of patients on this list should be made available to STC/ SCH managers on a daily basis to ensure a care plan is in place in line with the guidance (see also section 4.1 for detailed advice).

### 3.2 Testing

STC and SCH Healthcare teams should report all suspected and confirmed CYP cases to local Public Health England (PHE) and regional Health Protection Teams, who will be able to advise on testing and procedure. The expectation is for all suspected CYP cases to be tested.

### 3.3 Staff

**Self-Isolating staff due to underlying health conditions-** If there were staff identified at the risk assessment as vulnerable or extremely vulnerable (have received a letter from their GP), they should follow the guidance for social distancing for vulnerable people or the guidance on shielding and protecting and take measures accordingly.

**Staff with suspected or confirmed COVID-19** – If a member of staff becomes ill or unwell on site with a new, continuous cough or a high temperature, they should go home immediately and refer to guidance for home isolation. They will need to stay at home for 7 days from when the symptoms started. After 7 days, if staff do not have high temperature, they do not need to continue self-isolating.

If staff live with other members in their household who display symptoms of COVID-19, these staff must stay at home and self-isolate for 14 days, as per the guidance for home isolation.

As critical workers, all staff working in secure settings can now be tested for COVID-19 if they meet the criteria as per national testing programme strategy (see Annex 5), which also explains the process for testing. A return to work after testing flow chart is at Annex 6.

Any employer that has any queries should contact their local resilience forum, national government department/agency (see bullet points below), or the DHSC on [opshub@dhsc.gov.uk](mailto:opshub@dhsc.gov.uk) :

- The STC/SCH's Healthcare provider for STC/SCH healthcare staff;
- The HMPPS regional PPE hubs for residential staff working in SCHs with mixed welfare and youth justice beds;
- The Local Authority for residential staff working in welfare only SCHs.

**Staff who are not shielding or self-isolating-** As key workers, these staff are expected to continue to care for CYP within the secure setting. Staff caring for CYP who are suspected or confirmed COVID-19 cases, should follow the infection control advice and wear appropriate PPE (see sections 3.4 and 4.2). Staff will need to self-isolate only if they develop symptoms themselves or if another member in their household becomes ill as per paragraph above. Similarly, CYP who may have had close contact with staff who subsequently become ill, will not need to self-isolate, unless they develop symptoms themselves (see section 4.2).

### 3.4 Infection control procedures

In order to reduce the transmission of COVID-19 into the secure setting, increased infection control procedures should be put in place. Effective control and prevention measures should



be embedded into everyday practice and applied consistently to everyone. As infection can be spread through both personal contact and environmental contamination, it is important to consider reviewing current infection prevention and control practices to ensure they follow national infection prevention and control guidance.

Staff should continue having discussions with all CYP regarding COVID-19, explaining the PHE advice and ensuring they understand how it is applied in the secure setting to reduce the spread of infection.

### **Personal hygiene**

Staff and CYP should be reminded to wash their hands for 20 seconds more frequently than normal, including on entering and leaving CYP rooms, units or areas of the secure setting. Staff and CYP should catch coughs and sneezes in tissues that they dispose of (as per the 'Catch it, Bin it, Kill it' public information campaign by PHE) or in their elbows if tissues are not available. Staff and CYP may also use generic hand sanitiser.

### **Cleaning**

The COVID-19 virus has a 14-day incubation period and can remain up to 72 hours on hard surfaces. Secure setting managers will need to increase the cleaning frequency within the setting to reduce risk of infection, including increased cleaning of frequently touched areas and surfaces such as stair rails, bannisters, door handles, work surfaces and common areas such as dining room furniture and shared WC, bath & shower facilities. Standard cleaning products can be used as well as bleach-based cleaning products where possible. For general cleaning within the setting, refer to the COVID-19 cleaning in non-healthcare settings guidance.

Deep cleaning will need to be arranged by the secure setting for:

- a. The room where a CYP has been isolated in for 7 days following symptoms for COVID-19, and/or
- b. The whole setting/unit where there has been an outbreak which has now ended (see section 5 on further details on outbreak).

Should an STC or SCH need to conduct additional deep cleaning, outside of normal arrangements and in line with this guidance, and are of the view that this creates an unfunded pressure on budgets, then this additional cost should be escalated with the placement commissioner for resolution.

### **Laundry**

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items. Dirty laundry that has been in contact with an unwell person can be collected using appropriate PPE as per guidance, in a plastic rubbish bag and emptied directly in the washing machine.

Do not shake dirty laundry, this minimises the possibility of dispersing the virus through the air.



Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance.

## Waste

Waste from suspected cases and cleaning of areas where suspected cases have been (including disposable cloths and tissues, but not including clinical waste):

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste, or otherwise by a specialist clinical waste contractor. They will supply you with yellow/orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

## 3.5 PPE requirements

When working at the secure setting, staff do not need Personal Protective Equipment (PPE) to carry out normal duties within the setting or when in the office. PPE is only necessary when providing care in close proximity (less than 2metres or 6ft) to CYP, or who have symptoms of COVID-19. The PPE requirements will also differ depending upon the vulnerabilities to COVID-19 the CYP may have, or whether they have shown symptoms of the infection.

Further information on PPE requirements for each CYP cohort can be found in section 4 and Annex 4. **Please note that only PPE, which is certified and approved for use should be used for healthcare or residential staff or patients to use.**

PPE for staff is supplied via:

- The STC/SCH's Healthcare provider for STC/SCH healthcare staff;
- The HMPPS regional PPE hubs for residential staff working in SCHs with mixed welfare and youth justice beds;
- The Local Authority for residential staff working in welfare only SCHs

## 3.6 Visitors

At this stage of the pandemic, secure settings should stop all non-essential visits to the estate. Those visitors stopped from entering the setting would include family members and other non-essential staff.



When stopping in-person visitors to the secure setting it is important to note the four basic requirements (see section 2), which should be upheld for CYP within the secure estate, that include contact with families, parents/carers. Therefore, the secure setting should ensure contact can continue in different ways, such as in a virtual format or via telephone.

It is expected that a reduction in family visits may adversely impact on the CYP's mental health and wellbeing; therefore, the secure setting should also take extra care to ensure the wellbeing of CYP (the third basic requirement which should be upheld) and ensure the Core Principles are considered (see Annex 1).

### 3.7 Movement and transfers from the secure setting

Movement into and out of STCs and SCHs should be minimised in order to reduce transmission of the infection. All movement will be by exception only.

This includes but is not limited to:

- Court attendances
- Transfers between settings
- Emergencies /acute admissions to hospital
- Remissions from secure mental health units
- New admissions to the setting from court
- Discharges from the setting to the community

When movement is required, any CYP returning to the CYPSE may need to self-isolate for 14 days (see section 4.3) to protect themselves from any illness already within the estate and to prevent them potentially introducing COVID-19 to the estate. For each of these CYP entering/ re-entering, that may need to self-isolate for 14 days, healthcare staff should undertake a risk assessment to:

- a) assess COVID-19 symptoms (if any and manage accordingly to section 4.2),
- b) assess the risk of exposure to COVID-19 that the CYP had outside the estate,
- c) assess their safety and welfare.

Based on the risk assessment, each STC and SCH will need to consider how the 14-day self-isolation can take place in their particular setting, to balance protection from COVID-19 as per guidance and that particular CYP's wellbeing, while delivering the YCS and NHS England and NHS Improvement Core Principles throughout. See also section 4.3 for details on managing this CYP cohort.

#### **Court attendances**

In-person court appearances should not be taking place at this stage of the COVID-19 pandemic. This is in order to reduce the risk of transmission of infection, both from a child or young person (who may be asymptomatic) to the wider community, and from the wider community back to the secure setting. Where necessary, court appearances should take place via video conference where this technology is available. Children and young people should not be taken to community settings to use video conference technology, as this also introduces a risk of transmission of infection.

If a court is of the view that business cannot be conducted using technology and a young person has to attend, then escort and court staff will follow appropriate measures to reduce



the risk of infection. However, given the young person will be travelling outside of the boundaries of the secure facility the expectation is that they will be treated as a new arrival on their return and self-isolation guidelines in section 4.3 will apply to them.

### **Transfers between settings**

In order to reduce the spread of COVID-19 from one secure setting to another all transfers within the Children and Young People Secure Estate (CYPSE) have stopped. Any transfer required at the current stage of the pandemic, is by exception only.

When by exception a CYP must be moved to another setting (incl. adult secure estate) then the receiving unit will be advised of the situation, so that appropriate arrangements can be made. These CYP should be put in protective self-isolation for 14 days at the new setting, as per a new admission or return of CYP (see section 4.3 for detailed advice incl. PPE requirements).

### **Emergencies/ acute admissions to hospital**

Where necessary for healthcare emergencies, CYP may need to be transferred to local hospitals. Acute emergencies need to be dealt with in the usual way via 999. All other healthcare emergencies, given the current stage of the COVID-19 pandemic and the increased pressure hospitals are under, secure settings should check first with available healthcare staff onsite or on-call, or NHS 111 before visiting a local hospital. If a CYP is suspected or confirmed with COVID-19 the receiving hospital **must** be informed.

CYP should be escorted to hospital by staff and usual arrangements if a young person is admitted to hospital, will apply.

Each hospital will have their own protocols in relation to further visitors to CYP during the COVID-19 pandemic, and settings and residential staff are advised to engage with their local hospitals proactively to get this information and cascade to all staff, so that they can respond effectively should such a situation arise.

### **Remissions from secure mental health units**

When a CYP is remitted to a STC or SCH from secure mental health units they should be put in protective self-isolation for 14 days (see section 4.3 for detailed advice incl. PPE requirements).

### **New admissions to the setting from court**

Where secure settings have bed availability, further admissions from the court should still be accepted. These CYP should be put in protective self-isolation for 14 days (see section 4.3 for details). New admissions from court will be restricted if an outbreak has occurred at the setting or unit.

### **Discharges from the secure setting**

Some CYP will be ready for discharge during the COVID-19 pandemic. If a CYP ready for discharge is symptomatic of COVID-19 at the time, appropriate arrangements for self-isolation should be made with the receiving family home or equivalent, with additional advice for the household as per national guidance. Normal discharge transportation applies, but



close working is required with any discharging child or young person's Youth Offending Team (YOT) worker or Social Worker to ensure all necessary steps are in place, including any specific provision necessary in relation to their COVID-19 status.

CYP returning to the community need to be prepared, and to understand the actions required of them once in the community to reduce risk of COVID-19, including knowledge of social distancing and measures to take if they are in an extremely vulnerable group. The YOT/social worker and family/carers should also be advised to facilitate appropriate self-isolation if the patient is symptomatic or has had contact with a confirmed case. Community COVID-19 guidance issued by PHE will be applicable once a person leaves the PPD.

## 4. CYP Cohorts

Within secure settings, it is expected that there will be four key different cohorts of CYP identifiable according to their vulnerability to COVID-19, and whether they may already have transmitted the virus. Different actions will need to be implemented for each CYP cohort in order to keep them as safe as possible from COVID-19. These four cohorts are:

1. Vulnerable CYP:
  - a. Extremely vulnerable CYP who are being shielded for their own protection;
  - b. Vulnerable CYP who are self-isolating for their own protection;
2. CYP who are suspected or confirmed with COVID-19;
3. CYP who are 'newly' admitted to the secure setting (new, returning to site after a visit to the community for any reason);
4. All other CYP in the secure setting.

Guidance for how each cohort should be managed is shown below.

### 4.1 Vulnerable CYP

As part of previous guidance provided, secure settings will have carried out a risk assessment of both CYP and staff within the estate, to understand who is most vulnerable to infection by COVID-19 because of underlying health conditions.

It is important for managers to work together with heads of healthcare to keep an up to date list, including new admissions, of vulnerable CYP in the home.

#### a. Shielding extremely vulnerable CYP

Risk assessments with individual CYP may also be necessary, to better understand those who are **extremely vulnerable** (see Annex 2) and plan on how to shield them as per the Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19;

Where extremely vulnerable CYP are identified, appropriate mitigating actions should be put in place, including shielding for at least 12 weeks, as suggested in the guidance on shielding and protecting. Shielding is a measure to protect people who are clinically extremely vulnerable by minimising all interaction between those who are extremely vulnerable and others. Young people who fit this category are rare and there are very small numbers in the CYPSE at present.



**b. Protective self-isolation for vulnerable CYP**

Healthcare teams will also identify and risk assess with **vulnerable** CYP, based on the criteria as per guidance for vulnerable people (see Annex 3) and plan on how to support them self-isolate to protect themselves.

This cohort of CYP can also include those who choose to go into protective self-isolation due to another risk factor than those listed in the two guidances mentioned above and in Annexes 2 and 3 (for example mothers with a new-born baby). In these instances these CYP are treated the same as all CYP who are being isolated for their protection.

Where vulnerable CYP are identified, appropriate mitigating actions should be put in place. This includes introducing protective self-isolation (stringent social distancing and limiting of contacts); this advice is likely to be in place for some weeks as per guidance.

**Guidance for both shielding and protective self-isolation**

Residential staff should work collaboratively with healthcare staff to agree a plan to protect any vulnerable CYP identified, and to shield any extremely vulnerable ones. This plan should be bespoke to the CYP’s individual needs, with measures that are appropriate and proportionate. To create an effective bespoke plan, staff need to carry out a risk assessment for the CYP and understand any adverse impacts protective self-isolation or shielding measures may have on the CYP’s physical and mental health. The bespoke plan should also be discussed with the CYP themselves and their parent/carer and the measures explained.

Shielding cannot be carried out in the CYP’s bedroom only, given the length of time (12 weeks) this is required for, as this would be very detrimental to the mental health and wellbeing of the CYP.

Each STC and SCH will need to consider how protective self-isolation or shielding can take place in their particular setting, to balance protection from COVID-19 as per guidance and CYP wellbeing and delivery of YCS and NHS England and NHS Improvement Core Principles throughout. For instance, where possible, if a secure setting identifies two CYP who are vulnerable to COVID-19 who both need to be in protective self-isolation, the setting could consider placing them together in one unit (not in a single room), so that they can have access to areas other than their bedrooms without coming into contact with other CYP..

**Programme**

As these CYP will now have a bespoke plan to protect them or to shield them, respectively from COVID-19, they should not be participating in activities with other CYP in the secure setting. As such, it is understood that there will be changes to the CYP’s daily programme of meals and activities. The table below reflects these changes and gives suggestions where possible; however, staff should follow the bespoke plan created for the individual CYP.

Daily programme	a. CYP being shielded and b. CYP in protective self-isolation
Meals	All meals are provided to the CYP in their own bedrooms or allocated area for shielding or protective self-isolation.



<p>Activities</p>	<p>It is important to communicate the situation and response at each stage to the CYP within the STC/SCH.</p> <p>CYP should not join in with communal activities in the secure setting. Instead, activities such as education should follow the bespoke plan created.</p> <p>Staff should escort CYP on an individual basis outside of the area where they are being shielded or isolated, so they are able to have some fresh air every day.</p> <p>Young people being shielded for at least 12 weeks cannot be solely confined to their bedrooms given the mental health impact of such action, but significant planning and risk assessment work will be necessary for any activity that involves the young person leaving their room.</p> <p>If possible, the secure setting could look to deliver activities virtually for the CYP. The secure setting should place particular emphasis on continuously applying the Core Principles (Annex 1), and where possible providing all other supporting casework and care that is essential to the CYP's wellbeing virtually. Settings must be mindful that long-term restrictions through shielding or protective self-isolation actions may well have an adverse impact of CYP's mental health.</p>
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**PPE Requirement**

For the delivery of care to any individual meeting criteria for shielding (vulnerable groups), as a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the young person. If the individual meets the COVID-19 case definition or there are more than one other residents in the STC or SCH who are suspected or confirmed cases, then additional PPE should be applied as per recommendations stated by context and or risk assessment, plastic aprons, FRSMs, eye protection and gloves are recommended.

**4.2 CYP who are suspected or confirmed with COVID-19**

The most common symptoms of coronavirus (COVID-19) are recent onset of:

- New continuous cough and/or
- High temperature

Whilst general guidance for the community requires all residents of a household to self-isolate if one member shows symptoms of COVID-19, in secure settings only the CYP with symptoms needs to self-isolate in their bedroom.

If a STC or SCH suspects a child or young person to have COVID-19, they **must** report it directly to the local Public Health England (PHE) and regional Health Protection Teams (HPTs) immediately.

**CYP with suspected or confirmed COVID-19**

All staff should be alert to CYP who become ill and are suspected or showing symptoms of COVID-19. These CYP should be placed in self-isolation in their bedrooms for 7 days, where



possible on the direction of a healthcare professional. It is important to communicate the situation and response to the CYP throughout this process.

Once the 7 days are finished the CYP should be allowed out of self-isolation if their symptoms have stopped (a continuous cough, alone, does not mean the individual must continue to be isolated).

Where CYP are suspected or confirmed of having COVID-19, any visits to shared spaces such as kitchens, bathrooms and sitting areas should be minimised as much as possible. Where separate toilet or bathroom facilities are not available in their bedrooms, the bathroom should be cleaned and disinfected using regular cleaning products before being used by anyone else. Consideration should also be given to drawing up a rota for washing or bathing, with the person who is unwell using the facilities last, before thoroughly cleaning the bathroom and themselves (if they are able and/or it is appropriate).

**Programme**

CYP with suspected or confirmed COVID-19 will be placed in self-isolation in their own rooms. They should not be allowed to participate in communal activities or interact with other CYP. As such, it is understood that there will be changes to the CYP's daily programme of meals and activities. These are shown in the table below.

Daily programme	CYP suspected or confirmed with COVID-19
Meals	All meals should be provided to the CYP in their own bedrooms or designated areas so self-isolation can be continued.
Activities	<p>It is important to communicate the situation and response at each stage to the CYP within the STC/SCH.</p> <p>CYP should not join in with communal activities in the secure setting.</p> <p>Instead activities, such as education, where possible should be delivered virtually in their bedroom.</p> <p>Staff should escort CYP on an individual basis outside of their room or unit so they are able to have some fresh air every day, if they are well enough to do so.</p> <p>The secure setting should place particular emphasis on continuously applying the Core Principles (Annex 1), and where possible, providing all other supporting casework and care that is essential to the CYP's wellbeing virtually. Settings must be mindful self-isolation actions may well have an adverse impact on CYP's mental health.</p>

**PPE Requirements**

The young person suspected or showing symptoms should be asked to wear a surgical face mask while being escorted to their bedroom.

For common contexts where health and other residential workers are providing care to CYP who are known to be suspected or confirmed COVID-19 cases, PPE recommendations are



specified (see table 2). Attempts should be made, where appropriate, to ascertain whether the CYP meets the case definition for a suspected or confirmed case of COVID-19.

Healthcare staff available to the premises should undertake a risk assessment as soon as possible. Where possible, the initial risk assessment should take place without entering the child's room (e.g. through the door or by phone), or at 2 metres distance on entering.

Where the health or residential worker assesses that an individual is symptomatic and meets the case definition, appropriate PPE should be put on prior to providing care.

Where the potential risk to health and residential workers cannot be established prior to face-to-face assessment or delivery of care (within 2 metres), the recommendation is for health and residential staff in any setting to have access to and where required wear aprons, FRSMs, eye protection and gloves.

Health workers and residential staff should consider need for contact and droplet precautions based on the nature of care or task being undertaken. Risk assessment on use of eye protection for example, should consider the likelihood of encountering a case(s) and the risk of droplet transmission (risk of droplet transmission to eye mucosa such as with a coughing patient) during the provision of care. Sessional use of FRSMs and eye protection is indicated if there is perceived to be close or prolonged interaction with patients in a context of sustained community COVID-19 transmission.

Ultimately, where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection, as determined by the individual staff member for the episode of care or single session.

### **Direct Care**

For direct care of suspected or confirmed cases in settings such as community care homes, mental health inpatient units, learning disability residential units, hospices, prisons and other overnight care units (see Table 2), plastic aprons, FRSMs and gloves should be used. Need for eye protection is subject to risk assessment meaning dependent on whether the nature of care and whether the individual symptoms present risk of droplet transmission. For further information, refer to guidance on residential care provision.



Table 2 from PHE guidance

Setting	Context	Disposable gloves	Disposable plastic apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection
Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with suspected or confirmed case(s) – and direct resident care (within 2 metres)	✓ Single use <sup>2</sup>	✓ Single use <sup>2</sup>	✗	✗	✓ Sessional use <sup>3</sup>	✗	✓ Risk assess sessional use <sup>4,5</sup>

### 4.3 CYP who are ‘newly’ admitted to the secure setting

CYP who are entering the secure estate is a broad category and includes any CYP who have left the setting, even if temporarily, who then re-enter. This includes but is not limited to:

1. New CYP admissions
2. CYP returning from court attendances
3. CYP discharged from hospital admissions back to the secure setting/ remissions from mental health secure settings

In these instances, all CYP who are entering/re-entering the secure setting should be treated as suspected of having COVID-19, and placed in self-isolation for 14 days for protective reasons. If symptoms do then arise within the 14 days, the CYP should stay in self-isolation for 7 days from when symptoms first arose. For smaller settings, self-isolation of these CYP may need to happen within their bedrooms. However, bigger settings with multiple units may be able to isolate entering/re-entering CYP in specific units that enable separation from the rest of the CYP in the setting.

CYP entering the secure estate that are placed in self-isolation should be treated the same as other CYP already in as secure setting who are suspected of having COVID-19.

<sup>2</sup> Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Procedures (SICPs).

<sup>3</sup> A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.

<sup>4</sup> Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.



Therefore, please refer to section 4.2 for further details of self-isolation, daily programme and PPE requirements.

#### 4.4 All other CYP

The fourth cohort within secure settings will be the rest of the CYP who are not classified as vulnerable or extremely vulnerable to COVID-19, and are not currently showing or have shown symptoms of COVID-19 in the last 14 days.

##### Physical distancing<sup>3</sup> (social distancing)

For these CYP (and staff at the setting) physical distancing measures must be introduced. Physical distancing in the secure estate requires all CYP and staff to maintain a 2 metre (6ft) distance between each other at all times. When introducing physical distancing to the secure estate the impact and benefits should be clearly communicated to all CYP.

Physical distancing measures should be maintained wherever possible within the setting, even within each unit, if more than one in the setting; however, it is understood that this may not always be possible.

##### Programme

Despite not showing symptoms of COVID-19, it is expected that the CYP's daily routines will still need to be amended because of the physical distancing measures that are introduced to the setting.

Daily programme	All other CYP
Meals	<p>CYP can continue to have their meals provided in a communal setting; however, physical distancing must be maintained throughout this time.</p> <p>This may require splitting CYP into groups for meals to ensure there are less people at any one time in a room, and that the 2 metres between everyone can be maintained.</p>
Activities	<p>It is important to communicate the situation and response at each stage to the CYP within the STC/SCH.</p> <p>CYP can continue to participate in communal activities as long as physical distancing of 2 metres is maintained.</p> <p>This may require splitting CYP into smaller groups for each activity to ensure 2 metres between individuals can be maintained. The secure setting can repurpose other facilities within the unit to ensure physical distancing can be followed. CYP should be escorted by staff, in smaller groups, outside of the unit so that they are able to have some fresh air every day.</p> <p>If physical distancing cannot be ensured then communal activities should be delivered virtually, where possible, in each of the CYP's rooms or virtually in smaller groups.</p>

<sup>3</sup> The settings will carry out the Government's instructions on social distancing, although it is important for children and young people to continue to have social contact and therefore this guidance uses the term "physical distancing" instead.



	<p>The secure setting should place particular emphasis on continuously applying the Core Principles (Annex 1), and providing where possible all other supporting casework and care that is essential to the CYP's wellbeing virtually. Settings must be mindful that physical distancing actions may well have an adverse impact on CYP's mental health.</p>
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### PPE Requirements

Staff do not need PPE when working in the office or carrying out normal duties within the setting, the PPE is only for dealing with CYP with suspected or confirmed COVID-19, or those being shielded or in protective self-isolation in providing care in close proximity as described above (as per sections 4.1, 4.2 and 4.3).

## 5. Outbreak situation

Further actions may be required by secure settings if an outbreak of COVID-19 is confirmed or if there are too many staff unable to work (due to being sick themselves, caring for other sick members, or self-isolating following guidance for the general public).

An outbreak of COVID-19 is defined as two or more symptomatic or confirmed cases of COVID-19 in the CYP resident population. This is applicable to all settings, irrespective of size. However, if a setting has more than one unit, then the outbreak may be limited to certain units, as opposed to the whole setting. If an outbreak happens, the secure setting must contact the local Health Protection Team (HPT) immediately to discuss the situation and make decisions about how the outbreak should be managed at the setting. On these instances, consideration should be given on how to take measures to limit footfall between units and where possible to rota staff to particular units in order to avoid cross-contamination between CYP units at the setting.

In this situation, the secure setting should carry out more extreme measures to protect the CYP. Many of the services delivered to CYP will be reduced, however, it is essential for staff to ensure the four basic requirements (as listed in section 2) are continued to be met.

If an outbreak situation occurs the setting must notify YCS, NHS England and NHS Improvement, and the Secure Welfare Coordination Unit (if an SCH), as soon as possible.

### 5.1 CYP

In a lockdown situation due to outbreak, all CYP should be isolated in their rooms to protect them from incurring or transmitting the infection and previous guidance on dealing with different cohorts of CYP during COVID-19 no longer applies.

#### Self-isolation during outbreak

When an outbreak is declared, all CYP should be isolated in their rooms for 14 days. The 14-day period starts from the day from when the outbreak was declared. Within this period, for any CYP who starts displaying symptoms, they need to stay in their bedrooms for 7 days from when the symptoms appeared, regardless of what day they are on the original 14-day self-isolation period.



Staying within their bedrooms for 14 days will greatly reduce the overall amount of infection each CYP could pass on to others in the setting/unit.

Those vulnerable and/or extremely vulnerable CYP who were being shielded or in protective self-isolation ahead of the outbreak (see section 4.1) should continue to be so for a period of at least 12 weeks from the day they were placed in protective self-isolation. Please note that this period of time could change in line with updated government advice as the pandemic progresses.

### Ending isolation

The setting/unit may end the general isolation of CYP due to the outbreak after 14 days. The 14-day period starts from the day the outbreak was declared. Fourteen days is the incubation period for coronavirus; people who remain well after 14 days are unlikely to be infectious.

Should any CYP develop or is suspected to have developed symptoms in the 14-day outbreak isolation period (for example, on day 13 or 14), the outbreak isolation period does not need to be extended for the whole unit or setting, but the CYP with the new symptoms has to remain in their bedroom for 7 days, from the day they started displaying symptoms.

The 14-day setting/ unit outbreak isolation period will have greatly reduced the overall amount of infection the rest of the CYP could pass on, and it is not necessary to restart 14 days of self-isolation for the rest of the CYP in that unit or setting. This will have provided a high level of protection to the setting/unit. Further self-isolation of CYP in this setting/unit will provide very little additional community protection.

Please note, that the only exception to this are those vulnerable and/or extremely vulnerable CYP who should continue being shielded or in protective self-isolation respectively, as described above.

### Programme

When isolating during an outbreak, CYP should not be allowed to participate in activities that are outside of their room or interact with others. As such, it is understood that there will be significant changes to the CYP's daily programme of meals and activities. These are shown in the table below.

Daily programme	All CYP
Meals	All meals should be provided to the CYP in their own bedrooms so self-isolation can be continued.
Activities	<p>It is important to communicate the situation and response at each stage to the CYP within the STC/SCH.</p> <p>All activities will be stopped in the secure setting and instead there will be a focus on continuously delivering the four basic requirements for all CYP:</p> <ol style="list-style-type: none"> <li>1. Food and water</li> <li>2. Medication and essential healthcare</li> <li>3. Welfare and safety</li> </ol>



	<p>4. Contact with family, parents/carers</p> <p>All requirements should be delivered to the CYP in their own rooms.</p> <p>Settings must be mindful that outbreak mitigating actions may well have an adverse impact on CYP's mental health.</p>
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**PPE requirements**

The guidance suggests that where the potential risk to health and residential workers cannot be established prior to face-to-face assessment or delivery of care (within 2 metres), the recommendation is for health and residential workers in any setting to have access to and where required wear aprons, FRSMs, eye protection and gloves.

Table 4 from PHE guidance

Setting	Context	Disposable gloves	Disposable plastic apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection
Any setting	Direct patient/resident care assessing an individual that is not currently a suspected or confirmed case <sup>2</sup> (within 2 metres)	✓ Single use <sup>6</sup>	✓ Single use <sup>6</sup>	✗	✗	✓ Risk assess sessional use <sup>7</sup>	✗	✓ Risk assess sessional use <sup>7</sup>

<sup>6</sup> Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).

<sup>7</sup> Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or bodily fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**

A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assesses and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.



## Annex 1 – Youth Custody Service and NHS England and NHS Improvement Principles

The YCS and NHS England and NHS Improvement providers will operate under the same temporary guiding principles as the rest of the secure and detained estate when it comes to carrying out the Governments' instructions on social distancing, although it is important for children to continue to have social contact and therefore we are referring to "Physical distancing" instead. All non-essential activities and activities involving large groups of people or mass movement of children and young people have been ceased. Children and young people all have access to telephones in their rooms.

Children and young people in detention are recognised as a particularly vulnerable group and additional safeguards should be considered where necessary. Human contact is especially important for children and young people, so this should be provided where possible and practicable.

The YCS and NHS England and Improvement providers must take steps to monitor, manage and mitigate the threat of significant numbers of staff and children and young people becoming infected with COVID 19 over a short period. This is so that safety and stability across the Children and Young People Secure Estate (CYPSE) can be maintained. Secure settings have a legal duty to safeguard the vulnerable children and young people held in their care. There is a high level of mental health disorder and neurodisability in this cohort of children and young people, and staff are required to pay particular attention to these needs to ensure there is no increase self-harm or suicide resulting from this extraordinary situation. It is also critical that our staff health and wellbeing are protected and supported.

The Youth Custody Service and NHS England and NHS Improvement will provide detailed guidance to support all three sectors that provide Youth Detention Accommodation (Young Offender Institutions, Secure Training Centres and Secure Children's Homes).

### *Core Principles:*

- **CONNECT:** The single biggest risk to mental well-being is isolation and disconnection from others. In the Secure Estate, given the increased risks of social isolation at this time, it is essential we **maximise opportunities for relational connection, whilst maintaining physical distance.**
- **Maintain Relevant Contacts:** Priority should be given to ensuring children and young people can maintain contact with family and Youth Offending Team worker/Social Worker.
- **Promote Physical Health:** Maximise personal and hand hygiene.
- **Provide as much fresh air as possible:** Maintain good physical and mental health by maximising physical activity and access to fresh air (in line with physical distancing guidance).
- **Structure the day & create routine:** Structure can be helpful especially when living with others, as it allows a sense of predictability and control. Establishing (or



maintaining) a sense of routine is essential. Ensure regular timing for access to medication, including those who may have received a diagnosis of ADHD.

- **Ensuring there are activities to do:** The need for meaningful activity is paramount in protecting well-being and preventing challenging behaviour.
- **Allocate or maintain meaningful roles:** Where possible, allow young people to maintain or develop particular roles and responsibilities, either as individuals or groups. This may be as helpers, mentors, entertainers etc. Developing a respected role is important in maintaining purpose and belonging with others.
- **Promote openness** – Normalise anxiety and encourage children and young people to access support when they need it be particularly watchful over those that are withdrawn, quiet or find it difficult to ask for help.
- **Crisis plan:** Be pro-active in planning for those children and young people that you suspect may find periods of isolation or high stress particularly difficult. At each site, the SECURE STAIRS multi-disciplinary team should be in place to identify and support those children who are most vulnerable. A Formulation and support plan will be critical in providing support.
- **Coordinated YCS and NHS England and NHS Improvement Response:** The Critical Case Panel has been extended to ensure support and advice is coordinated across the CYPSE via daily, weekly and monthly review processes in addition to the central Enhanced SECURE STAIRS Team that has been mobilised across psychology, YCS and health.



## Annex 2 – Extremely vulnerable group at very high risk of severe illness from COVID-19

As suggested in the guidance on shielding and protecting for extremely vulnerable from COVID-19, those who fall into the extremely vulnerable group include<sup>4</sup>:

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer;
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment;
  - people having immunotherapy or other continuing antibody treatments for cancer;
  - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors;
  - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

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<sup>4</sup> It is recognised that not all conditions listed here are relevant to CYP; however, the full list is included for completeness as per published guidance.



## Annex 3 – Vulnerable Group at increased risk of severe illness from COVID-19

This is taken from the guidance on social distancing for vulnerable people.

This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult or CYP each year on medical grounds):
  - chronic (long term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
  - diabetes
  - problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
  - a weakened immune system as a result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
  - being seriously overweight (a body mass index (BMI) of 40 or above)
- those who are pregnant.



## Annex 4 – Public Health England recommended PPE for healthcare and custodial staff in prisons and places of detention (COVID-19)

Context	Disposable Gloves	Disposable Plastic Apron	Disposable Fluid Repellent Coverall/ gown	Fluid Repellent (Type IIR) Surgical Mask	Filtering Face Piece Respirator	Eye/ Face Protection
Performing an aerosol generating procedure on a suspected or confirmed case (including resuscitation)	✓ Single use	✗	✓ Single use	✗	✓ Single use	✓ Single use
Direct health, social & security related tasks with a suspected or confirmed case or persons in shielding ( <u>where 2 metre social distancing cannot be achieved</u> ) Including Escorts and Bedwatches of non COVID cases	✓ Single use	✓ Single use	✗	✓ Single/ sessional use	✗	✓ Risk assess sessional use
Cell/room visits to possible or confirmed cases (not within 2 metres)	✓ Single/ sessional use	✓ Single/ sessional use	✗	✓ Single/ sessional use	✗	✓ Single/ sessional Use (if risk of spitting.)
Escort and Bedwatch of COVID confirmed/suspected (if within 2 metres or travelling in an ambulance)	✓ Single use	✗	✓ Single/ sessional use	✗	✓ Single use	✓ Single use

- Staff should minimise any non-essential contact with suspected or confirmed COVID-19 patients.
- Single use refers to disposal of PPE after each patient/prisoner and or following completion of a procedure or task.
- Single session refers to a period of time when the healthcare/custodial worker staff is undertaking duties in a specific setting/exposure environment. Session ends when the staff member leaves the setting/exposure environment.
- Where indicated prison staff should wear disposable plastic aprons and eye protection if available.
- Reusable eye/face protection must be decontaminated according to manufacturer, supplier or infection control



## Annex 5 – National Testing Programme Strategy Summary

### THE CORONAVIRUS NATIONAL TESTING PROGRAMME

One of the most challenging things about coronavirus is the uncertainty: not knowing who has the infection or when it's safe to return to normal life. Good quality testing can help provide us with greater certainty. It's a big part of how we're going to defeat this disease.

As part of the Government's five-pillar strategy for coronavirus testing, we are testing people who have coronavirus-like symptoms to see if they currently have the virus. Our aim is that anyone who needs such a test will be able to have one. But that will take time to achieve. While we are building up our testing capacity at pace, we have offered testing to different groups in a phased approach.

Our top priority for testing is patients in hospital, to inform their clinical diagnosis, followed by NHS and social care workers having to self-isolate because either they, or a member of their household, have symptoms.

We now have the capacity to give every person in these categories a test who needs one.

As a next step, from this weekend we now have the capacity to test other critical workers who are having to self-isolate because either they, or a member of their household, have symptoms. Like with NHS and social care workers, we want to find out if these people have the virus – and, if they don't, they might be able to return to their work that is so important for our country.

We are already working with central government departments, national agencies and local resilience forums to get additional critical workers in their areas tested, including police officers, fire and rescue service employees, and those running the justice system.

The full list of eligible workers now includes:

- All NHS and social care staff, including hospital, community and primary care, and relevant staff providing ancillary support to frontline NHS services (e.g. accommodation, catering) and voluntary workers.
- Police, fire and rescue services.
- Local authority staff, including those working with vulnerable children and those working with the homeless and rough sleepers.
- Defence, prisons and probation, and judiciary staff.
- Front-line benefits workers.

In addition, government departments, national agencies and local resilience forums have discretion to refer other critical workers in their area for testing as determined by local need and available capacity. This includes critical workers in the private sector, with a focus on staff delivering key



medical, energy, utility, transport and food supplies. Wherever we have the capacity, we will test these workers.

More detailed information on the types of workers who may now be eligible for testing can be found at [www.gov.uk/coronavirus-get-tested](http://www.gov.uk/coronavirus-get-tested)

Anyone who thinks they are eligible and would like to be tested should speak to their employer. The relevant employers will be provided with information on how to make an appointment either via their local resilience forum (where the local region chooses to organise testing in this way), via their national government department/agency, or direct from the Department of Health and Social Care. Any employer that has any queries should contact their local resilience forum, national government department/agency, or the Department of Health and Social Care on [opshub@dhsc.gov.uk](mailto:opshub@dhsc.gov.uk)

We are developing an online booking system that will enable all eligible critical workers to register for a test directly. We will publish further details on this as soon as the development has been completed.

The test itself is relatively simple. It involves taking a swab of the nose and the back of the throat, which can be done by the subject themselves (self-administered) or by someone else for them (assisted).

In order to test large numbers of patients, NHS, social care, and other critical workers, we have had to set up a broad range of options from scratch. This has been an enormous challenge. But the public and private sectors have come together to meet it.

First, for patients and NHS workers, testing can be done within an NHS facility such as a hospital.

Second, we are establishing a network of up to 50 drive-through regional testing sites by the end of April. You can view an animation that explains the process online here: <https://youtu.be/JVB6TC49ss0>

Third, we are developing mobile testing units, which could be based at a regional testing site and travel to take tests to where they are needed the most.

Fourth, we are bolstering the NHS' capabilities by providing test kits directly to 'satellite' centres at places like hospitals that have a particularly urgent or significant requirement.

And finally, we are developing a home test kit that can be delivered to someone's door so they can test themselves, and their family, as required without leaving the house.

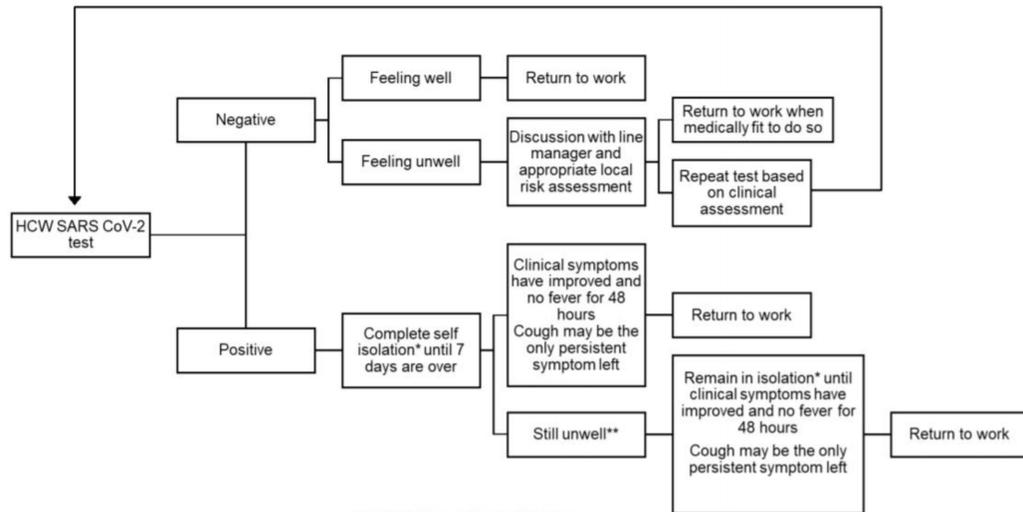
Across all these methods, we have a fantastic network of couriers who collect the completed samples and deliver them safely to one of our laboratories. The swab samples are analysed at our labs, and the result is communicated back to the individual. We aim to get everyone their test result back within 48 hours of when their swab is taken.

And when they have their result, the individual will have a better understanding of their condition and can discuss with their employer whether they can return to work – helping our country to beat coronavirus.



## Annex 6 – Flowchart describing return to work following a SARS-CoV-2 test

Flowchart describing return to work following a SARS-CoV-2 test



\*Refer to [Stay at Home Guidance](#)

\*\*Consider contacting the [NHS online coronavirus service](#), or in a medical emergency dial 999.

Version 1, 15/4/2020

