

## **PHE advice on response to new national restrictions in England**

*Prepared by: Dr. Éamonn O'Moore, National Lead for Health & Justice and Director UK Collaborating Centre, WHO Health in Prisons Programme (European Region); 3<sup>rd</sup> November.*

HMPPS asked for PHE advice on a series of areas, to inform planning for how prisons and the Youth Custody System (YCS) should respond to the new national restrictions announced by the Prime Minister on 31<sup>st</sup> October. This paper summarises that advice:

**National Restrictions:** In principle, we support your approach to try to maintain as much of the regime operating as possible based on a dynamic risk assessment at an individual establishment level.

**Outbreak response:** It is imperative that prisons with identified outbreaks take and follow any additional advice on restrictions recommended by the Outbreak Control Team for any time period advised which may mean significant restrictions directed by risk analysis of drivers of particular outbreaks, in both the adult and youth estate.

**COVID-19 Testing:** Prisons need to have an effective testing strategy in place to enable better risk identification through identification of infected individuals, staff and residents.

In non-outbreak situations: for staff, PHE recommend weekly testing with turnaround times and appropriate reporting and surveillance infrastructure in place to inform the dynamic risk assessment. For residents, PHE will seek further advice from SAGE on testing interval recognising needs will differ depending on population dynamics in a prison.

In outbreak situations: PHE recommend whole prison testing (all staff and residents) to guide infection control measures including decisions on regime and population movement restrictions.

### **Differentiated approach in different settings:**

In the Children and Young People's Secure Estate (CYPSE), enabling ongoing social visits and other supports is very important and children and young people are in the main less impacted by COVID-19 infection, but this is not a universal experience and the health and wellbeing of those who work in and visit CYPSE spaces needs to be considered.

The challenge in the women's estate appears to be more in relation to the heightened risk/incidence of suicide and self-harm among this population as opposed to less severe impact of COVID infection so the challenge here is how to deliver additional mental health/emotional support without compromising infection control measures.

### **Infection prevent and Face Masks:**

Prisons need to fully implement all Infection Prevention Control (IPC) measures advised by PHE to prevent and manage outbreaks including use of appropriate use of PPE, social distancing measures and cleaning of spaces, places and surfaces as directed, and population management advice especially around isolating, cohorting and protecting clinically vulnerable people.

It would be wise to look into the further use of face masks. Although Fluid Resistant Surgical Masks are advised as an IPC measure HMPPS may need to look into the legalities of mandating them.

### **Potential next steps:**

HMPPS also shared detail on the measures introduced in custody during the 'firebreak' in Wales, and the intended approach under the Probation Roadmap. PHE are content these are a reasonable basis to plan from for the response in England during the period of heightened national restrictions.