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Coronavirus (COVID-19): what you need to do

Stay at home

- Only go outside for food, health reasons or work (but only if you cannot work from home)
- If you go out, stay 2 metres (6ft) away from other people at all times
- Wash your hands as soon as you get home

Do not meet others, even friends or family.

You can spread the virus even if you don't have symptoms.

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Ministry
of Justice



Public Health
England

Guidance

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

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What you need to know

- any prisoner or detainee with a new, continuous cough or a high temperature should be placed in protective isolation for 7 days
- if a member of staff becomes unwell on site with a new, continuous cough or a high temperature, they should go home
- staff and prisoners should be reminded to wash their hands for 20 seconds more frequently and catch coughs and sneezes in tissues
- frequently clean and disinfect objects and surfaces that are touched regularly, using your standard cleaning products
- prisoners or detainees who have a new, continuous cough or a high temperature but are clinically well enough to remain in prescribed places of detention (PPDs) do not need to be transferred to hospital
- confirmed cases of coronavirus (COVID-19) should be notified by prison or immigration removal centre (IRC) healthcare teams as soon as possible to local Public Health England (PHE) Health Protection Teams (HPT)
- people who are severely unwell may be transferred to appropriate healthcare facilities with usual escorts and following advice on safe transfers
- staff should wear specified personal protective equipment (PPE) for activities requiring sustained close contact with possible cases (see below for detail)
- if facing multiple cases of those displaying symptoms, 'cohorting', or the gathering of potentially infected cases into a designated area, may be necessary
- PPD leaders should be assessing their estate for suitable isolation and cohorting provision

Background

This guidance will assist healthcare staff and custodial and detention staff in addressing coronavirus (COVID-19) in prescribed places of detention (PPDs).

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 (IRC)
- children and young people's secure estate (CYPSE) young offender institutions (YOI), secure training centres (STC) and secure children's homes (SCH)

Controlling the spread of infection in PPDs will rely on coordinating healthcare and custodial staff working with local PHE Health Protection Teams.

Recommendations made here may also be relevant to Prison Escort and Custodial Services (PECS) staff, particularly environmental cleaning recommendations and advice to staff.

This guidance may be updated in line with the changing situation.

Symptoms

The most common symptoms of coronavirus (COVID-19) are a new, continuous cough or a high temperature. For most people, coronavirus (COVID-19) will be a mild infection.

What to do if someone develops symptoms of coronavirus (COVID-19) in a prison or PPD

In PPD settings, suspected cases are likely to be identified by:

- custodial and detention staff
- other prisoners and detainees
- self-referral
- at reception screening or through other means

All staff should be alert to prisoners or detainees who have a new, continuous cough or high temperature and the prisoner or detainee should be isolated in single occupancy accommodation (for example cell or detention room).

If such accommodation is not available, possible cases should be held alone in higher occupancy accommodation. The prisoner or detainee should wear a surgical face mask while being transferred to an isolation room. Escorting staff do not require PPE but must clean their hands on leaving the prisoner or detainee.

Prisoners or detainees who have a new, continuous cough or a high temperature, but who are clinically well enough to remain in prison, do not need to be transferred to hospital. Regular observations are not required unless indicated for other clinical reasons. Where possible, any assessment should be done without entering the room.

Access to a language-line, or similar translation service, must be provided as soon as a possible case enters the establishment. This will ensure an accurate history can be taken.

If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

If a member of staff becomes unwell with a new, continuous cough or a high temperature they should be sent home immediately and advised to follow the [stay at home guidance](#).

All PPDs should have a plan in place identifying an appropriate place to isolate patients with symptoms, preferably with input from an infection control specialist.

HPTs will contact PHE's [National Health and Justice Team](#) and [Centre Health and Justice leads](#) in response to cases in prisons and PPDs. The HPT and the National Health and Justice Team will decide whether to declare a formal incident and respond accordingly. This will support efforts across organisations to achieve infection prevention and control following the [national contingency plan for outbreaks in PPD](#).

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](#) for PPDs.

Cohorting

Should the numbers of cases in an establishment increase, isolation resources could be under pressure. Cohorting is a strategy which can be effective in the care of large numbers of people who are ill by gathering all those who are suspected confirmed cases into one area (or a limited number of areas where it is necessary to keep some prisoners or detainees separate).

Cohorting presents many advantages in infection control. However, the area used for cohorting should not be considered the only source of infection. This is because PPDs are at risk of new cases being imported from the community or other establishments. Governors, Directors and IRC Managers must survey their establishments for suitability for cohorting and conduct risk assessments on the co-location of prisoners who would normally be kept separated.

Cleaning and waste

Guidance on [cleaning and waste disposal](#) is available.

Advice on the use of PPE for healthcare staff and custodial staff with patient-facing roles

Healthcare staff are most likely to work directly with patients with symptoms of coronavirus (COVID-19). Custodial staff, PECS and transport services may also be engaged especially when symptoms are first presented.

Those who are severely unwell will be transferred to an appropriate NHS facility. The facility that receives the individual must be informed that the patient may have an acute respiratory disease that will require precautionary isolation.

[Infection prevention and control advice](#) includes wearing the appropriate level of Personal Protective Equipment (PPE).

Custodial or healthcare staff in close contact with confirmed or suspected cases:

Staff should minimise any non-essential contact with suspected coronavirus (COVID-19) cases. For activities requiring close contact with a possible case, for example, interviewing people at less than 2 metres distance, or arrest and restrain,

PHE advises that the minimum level of PPE that custodial and escort staff should wear is:

- disposable gloves
- fluid repellent surgical face mask
- if available, a disposable plastic apron and disposable eye protection (such as face visor or goggles) should also be worn

Healthcare staff in close contact with confirmed or suspected cases where aerosol generated procedure is being undertaken

PHE advises that the minimum level of PPE for healthcare staff required where aerosol generated procedure is being undertaken is:

- FFP3 respirator
- gloves with long tight-fitting cuffs
- disposable fluid-resistant, full-sleeve gowns (single-use)
- disposable eye protection, preferably face visor

For all staff, PPE must be changed regularly, either every 2 to 4 hours or in between patients.

PPE should be removed in a specific order that minimises the potential for cross-contamination. The order of removal of PPE should be:

1. Peel off gloves and dispose of in clinical waste
2. Perform hand hygiene, by handwashing with soap and water, or using alcohol gel
3. Remove apron by folding in on itself and place in a clinical waste bin
4. Remove goggles or visor only by the headband or sides and dispose of in clinical waste
5. Remove fluid repellent surgical face mask from behind and dispose in clinical waste
6. Perform hand hygiene

All used PPE must be disposed of as Clinical Waste. Scrupulous hand hygiene is essential to reduce cross-contamination. Coronaviruses can be killed by alcohol hand gel and most disinfectants.

Information on [donning and doffing of PPE](#) is available.

Limiting spread of coronavirus (COVID-19) in PPDs

Managers of PPDs can help reduce the spread of coronavirus (COVID-19) by reminding everyone of the public health advice.

Staff and prisoners or detainees should be reminded to wash their hands for 20 seconds more frequently than normal.

Frequently clean and disinfect objects and surfaces that are touched regularly, using your standard cleaning products. Bleach-based disinfectant products (such as Titan-Chlor tablets) are recommended in PPDs for disinfection.

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