COVID-19 guidance for prison settings

Version 2.6

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Purpose and scope

This guidance aims to provide a clear, concise, and accessible overview of the public health measures that should be taken to prevent and manage COVID-19 in prison settings.

Using this guidance

This guidance recognises that prisons are the living quarters for the Scottish prison population but that they also have healthcare services operating within them. Infection Prevention and Control guidance differs for these two areas within prisons.

General infection control guidance for resident areas can be accessed in the PHS COVID-19 guidance for health protection teams. For infection prevention and control guidance in healthcare facilities in each prison, please refer to the National Infection Prevention and Control Manual (NIPCM).

The guidance supports, but does not replace:

- individual expert clinical judgment
- local response arrangements

The guidance supports maintenance of agreed health protection principles and national policy in line with the Public Health etc. (Scotland) Act 2008 including:

- exercising functions to encourage equal opportunities
- observance of equal opportunities requirements

Employers should consider specific conditions of each place of work and follow the Health and Safety at Work etc. Act 1974 and other appropriate legislation.

The guidance should be read alongside PHS COVID-19 guidance for health protection teams and the management of public health incidents: guidance on the roles and responsibilities of NHS-led incident management teams.

The guidance should also be read alongside other relevant prison specific policy, guidance and legislation such as:

- The Scottish Prison Service Prison Rules and Directions
- Healthcare Directions

The Scottish Prison Service (SPS) produce guidance and other resources to operationalise public heath guidance.

It is important that where the application of SPS guidance differs from national PHS or Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) guidance, reasons for this are documented.

Health protection team contacts

Health protection teams in each health board area are the primary team supporting the control of outbreaks in community settings.

Local services have access to their local HPT for such operational advice. Public Health Scotland, at national level, does not provide this.

Access up-to-date contact information for local HPTs.

Developing this guidance

This is a Public Health Scotland publication.

The guidance has been developed by PHS in collaboration with various stakeholders, including Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland.

Introduction

The disease COVID-19 is caused by severe acute respiratory syndrome coronavirus 2, also known as SARS-CoV-2.

The first cases of COVID-19 in the UK were detected on 31 January 2020.

The World Health Organization (WHO) declared COVID-19 as a pandemic on 12 March 2020.

On 5 May 2023, WHO declared an "end to COVID-19 as a global health emergency".

Symptoms

The cardinal symptoms of COVID-19 include:

- high temperature, fever or chills
- new and continuous cough
- change in, or absence of, normal sense of smell (anosmia) or taste (ageusia)

Other symptoms can be:

- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea
- feeling sick or being sick

Symptoms of COVID-19 vary in severity.

Mortality is a potential outcome in those with severe disease.

Be alert to the possibility of atypical and non-specific presentations in:

- children
- older people with frailty: more information can be found in PHS COVID-19 information and guidance for social, community, and residential care settings
- those with pre-existing conditions
- those who are immunocompromised

Transmission

SARS-CoV-2 is spread by respiratory particles. This occurs mainly through close contact with infectious individuals.

Transmission risk increases:

- when people are close to each other (usually within 2 metres)
- when people are displaying symptoms
- when in indoor, poorly ventilated environments that are not regularly cleaned

There is limited evidence of long-range aerosol transmission. Further research is needed to better understand aerosol transmission of SARS-CoV-2 virus.

SARS-CoV-2 virus can survive on surfaces from a few hours to days.

The amount of virus on surfaces is not always enough to cause infection.

SARS-CoV-2 can be transmitted even if the infected person does not have symptoms. This is called asymptomatic transmission.

Infectious and incubation periods

Studies show that the highest risk of transmission occurs a few days before and within the first 5 days after symptom onset but can be up to 10 days after symptom onset.

The average incubation period is between 3 and 6 days, with a range from 1 to 14 days.

Information and general advice

Public Health Scotland provides general prevention advice to help reduce the spread of COVID-19 and other respiratory infections, including vaccination, workplace assessments and protection for those at highest risk.

These are available in our COVID-19 guidance for health protection teams (HPTs).

Public Health Scotland (PHS) provides a dashboard with the latest available data including, but not limited to:

- estimated COVID-19 infection levels and number of reported positive COVID-19 cases
- acute COVID-19 admissions to hospital and intensive care unit admissions
- hospital and intensive care unit bed occupancy

You can also access COVID-19 vaccination data.

Providing care for residents

This section covers providing care for residents during this recovery phase of the COVID-19 pandemic.

Staff should remain vigilant to residents developing any respiratory or COVID-19 symptoms – see NHS inform and PHS COVID-19 guidane for health protection teams for further details.

If a resident is unwell - contact the NHS prison healthcare team.

If they need urgent ambulance or hospital care – call 999.

Inform the call handler that the unwell person presents symptoms of COVID-19 or other respiratory infections.

Residents who are symptomatic or have a positive COVID-19 test

Prison residents with symptoms suggestive of COVID-19 do not require testing but are advised to isolate separately from their household cohort.

Isolation alone in their own single cell is sufficient.

Isolation also applies if a COVID-19 test has already been done and is positive.

See managing self-isolation in prison settings for more information.

Some residents may also be eligible for specific COVID-19 treatments. Find out more about COVID-19 treatments on NHS inform.

NHS inform gives further advice on how symptomatic or COVID-19 test positive cases can:

- reduce the risk of onward transmission
- protect those at higher risk of harm from COVID-19 infection

This can be done by:

- isolating away from others
- avoiding contact with other people, e.g. including at mealtimes and showering
- continuing to avoid contact with other people until they no longer feel unwell and no longer have a high temperature for 48 hours without medication

There is no need to test to end isolation.

Testing

The main purpose of COVID-19 testing has changed from population-wide testing to reduce transmission to targeted testing to support clinical care.

There are no longer routine testing requirements for symptomatic or asymptomatic residents in prison.

Testing in prison residents is indicated:

- when there is clinical concern (and confirmation of the diagnosis is needed)
- to confirm eligibility for COVID-19 treatments
- to confirm the circulating virus when a cluster of infection or outbreak is suspected
- to support management of an outbreak, as advised by the local HPT
- to support disease surveillance, as advised by the local HPT

For admissions or transfers

The ARHAI respiratory screening questions should be asked to all admissions/transfers to inform a risk assessment.

View the ARHAI respiratory symptom screening questions.

Residents who have had contact with a COVID-19 case

Contact tracing is no longer indicated routinely.

Residents who have been in contact with a COVID-19 case and who are asymptomatic do not need to self-isolate or test – exceptionally they may be advised otherwise by the HPT/IMT, for example during an outbreak.

Residents should be advised to notify staff if symptoms develop.

If one case is identified, prison managers should check there is no one else with symptoms and that general infection control is in place, as in the PHS COVID-19 guidance for health protection teams.

Where appropriate, management can inform residents when a new case of COVID-19 has been identified in the prison.

This is to promote symptom awareness and provide advice for other residents.

Managing self-isolation in prison settings

When a prison resident is symptomatic

If the resident is not eligible for testing but has symptoms of coronavirus with a high temperature or does not feel well enough to carry out normal activities, they should self-isolate.

They should do this until they no longer have a high temperature (if they had one) for 48 hours without medication or until they feel better.

Providing care in prisons

If cells with en-suite facilities are not available for self-isolation, then access to hot water and showers must be ensured for personal hygiene.

Those in isolation must continue to have access to health and care including prescribed medication.

Maintain symptom vigilance during the self-isolation period. This includes for signs of deterioration or mental health problems.

Outdoor exercise in prisons

Access to outdoor exercise should continue during the self-isolation period. This is provided the resident feels well enough.

The frequency and duration of exercise is determined by a local risk assessment that considers:

- staffing levels
- PPE
- ability to maintain physical distancing
- presence of an outbreak

Transferring from prison to hospital during self-isolation

Residents may need to go to hospital during their self-isolation period.

Staff must inform the ambulance service and ward staff in advance that the individual has respiratory symptoms (or confirmed COVID-19 if that is the case) and of the need for self-isolation on arrival.

Escorting staff must follow hospital IPC procedures and wear PPE in line with the NIPCM.

If they are asked to wait in an area away from the prison resident, they should inform their prison Duty Manager.

The Duty Manager will risk assess and advise as required.

Special IPC precautions will be needed by escort staff in hospital areas of higher risk, such as intensive care units. This should be discussed with the local IPCT.

Ending self-isolation

Residents can end self-isolation if they meet all of the following criteria:

- have been without fever for 48 hrs without use of medication (such as paracetamol)
- no longer feel unwell

When other symptoms have resolved, a cough or change to taste and smell is not a sign of ongoing COVID-19 infectiousness.

These symptoms can persist for weeks in people who have had recent COVID-19.

However, cough and fever can be symptoms of other infectious and non-infectious conditions and may require GP investigation if they do not improve.

On some occasions, the HPT may extend self-isolation, see outbreak management section.

Recovered service user

Discharging a COVID-19-recovered resident from hospital to the receiving prison setting before their 10-day self-isolation period in hospital has ended is possible.

This should be risk assessed.

The HPT can assist in complex cases.

Measures for staff

To reduce the spread of SARS-CoV-2, staff should follow measures in this guidance.

Health and social care prison staff might require adherence to specific advice defined in this guidance and in the PHS COVID-19 guidance for health protection teams.

It should include:

- adherence to the Winter programme 2023 on vaccination (see CMO letter SGHD/CMO(2023)15, published 1 September 2023) where eligible groups are outlined.
    - Those eligible for the COVID-19 vaccine are strongly advised to take up that offer.

    - All prison officers and prison support officers who deliver direct services in Scotland are eligible for flu vaccination this winter.
- symptom awareness among staff and staying at home when symptoms arise
- a regular review of resources needed to support residents when they are unwell or in self-isolation
- time and resource required to follow COVID-19 guidance – this includes:
    - good hand hygiene and cough/respiratory etiquette
    - increased cleaning
    - PPE use
    - staff cohorting
    - training updates
    - guidance review

Resilience planning

Plan ahead to prepare for extra demands on staffing needs due to outbreaks or staff absence.

This is known as resilience planning.

Workplaces and their staff should risk assess the infection risk, both within and outwith the workplace.

This is particularly important for small departments where even a few staff absences could have significant impacts on resilience arrangements.

To enable home working, hybrid working and safer office working, follow the Scottish Government advice in COVID-19 safer businesses and workplaces.

Staff who have contact with a COVID-19 case

Staff who come into contact with a COVID-19 case are no longer required to self-isolate.

Staff need to be vigilant to COVID-19 symptoms at all times. This is very important during the incubation period after contact with a COVID-19 case.

If symptoms develop, they should put a mask on and leave work as soon as possible, see the measures for staff who become symptomatic or are COVID-19 test positive.

Risk assessment

The service manager should risk assess the placement of staff who may be contacts of a case if there are any extremely vulnerable individuals in the setting. This includes those who are severely immuno-suppressed.

Risk assessment may result in a temporary change to location or tasks of work.

This applies regardless of where contact with a COVID-19 case occurred.

Staff who become symptomatic or are COVID-19 test positive

Staff who have symptoms of a respiratory infection such as COVID-19 and

- have a high temperature
  or
- do not feel well enough to carry out normal activities

should follow the stay at home guidance on NHS inform and avoid contact with other people.

Return to work

Changes to Scottish Government's COVID-19 testing guidance are available in SGHD/CMO(2023)12.

Staff can return to work when they feel better and no longer have a high temperature.

Staff with persistent symptoms should be risk assessed by their line manager when returning to work. This would be part of a return-to-work interview, as per usual processes.

Particular consideration should be given to the placement of staff working with individuals at higher risk of serious illness.

Follow all relevant infection control precautions on your return.

Household members of the case should follow the advice on NHS inform.

New staff or agency staff

Service managers need to ensure that new and agency staff are adhering to all processes applicable to service staff, including training and advised vaccination. See measures for staff section.

A documented risk assessment of the use of agency staff can support good governance.

Testing

Symptomatic testing is only retained for eligible groups outlined in COVID-19 guidance for health protection teams.

Contact the HPT for advice in complex situations.

This section focuses on the eligibility for COVID-19 testing.

Vaccination status does not change the relevance of testing.

Information on the various tests available to detect SARS-CoV-2 and their indications is available in our COVID-19 guidance for health protection teams.

Consent	Testing is not mandatory for individuals or staff. It needs consent or provision made otherwise, for those without capacity. See Adults with Incapacity (Scotland) Act 2000 principles for more information.
Ordering tests	The COVID-19 page on NHS inform provides information on accessing COVID-19 tests for those who are eligible.
For visitors to the setting	Potential visitors should follow NHS inform "stay at home" advice if they have symptoms. No testing advised for visitors to prison, including professional visitors or HSCWs. Maintain symptom awareness and continue to follow IPC controls set out in the NIPCM (including on PPE).

Outbreak management

Prison context for outbreak management

COVID-19 outbreak management should follow existing, well-established public health principles and practice guided by your local Health Protection Team.

Local HPTs lead on the management of outbreaks in the community, when indicated, including prisons and other closed settings, according to their statutory duties under the Public Health Etc. (Scotland) Act 2008.

They make decisions on outbreak control using a population-based dynamic risk assessment approach.

This considers the circumstances of the outbreak, the setting itself, and the individuals involved.

The HPT has autonomy to deviate from the guidance according to local circumstances and risk assessment.

Find out more information in the management of public health incidents: guidance on the roles and responsibilities of NHS-led incident management teams.

Definition of a COVID-19 outbreak

Two linked cases of the disease over a 14-day period within a defined setting.

Higher risk settings

Prisons are considered as higher-risk settings for outbreak management purposes.

This is due to:

- the size of prison estates and their large resident and staff populations
- opportunities for infections to spread quickly throughout the facility due to the communal nature of the setting
- the higher proportion of residents originating from more deprived socioeconomic backgrounds, as a risk factor for poorer health
- variable levels of vaccination coverage across the prison population

Staff can contact the local HPT if they need further advice.

Staff shortages

Staff shortages can quickly become an issue during an outbreak due to the size and nature of the setting.

Management teams should complete their resilience planning in advance for this eventuality.

Scottish Prison Service input during an outbreak may be useful in finding solutions to staffing shortages, based on a risk assessment approach led by the HPT.

Reporting outbreaks

Prisons should review reporting of notifiable disease cases and outbreaks to the Health and Safety Executive (HSE) under reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) processes.

The local HPT should also be notified.

Initial assessment

If two or more linked individuals develop symptoms of COVID-19 within 14 days in a prison, prison healthcare staff should:

- alert the local HPT who will carry out a risk assessment and investigate whether an outbreak is occurring – the level of response to an outbreak from the HPT will be based on the HPT's risk assessment
- undertake a rapid internal review of the setting's risk assessment and mitigation measures – consider any improvements to their implementation as a priority in terms of general infection control as outlined in the PHS COVID-19 guidance for health protection teams.

Where indicated, the HPT can review the services' COVID-19 workplace risk assessment.

These steps should be undertaken collaboratively with the setting and be used to develop an individualised action plan for outbreak management.

Identifying linked cases

The assessment of linked resident cases when considering any potential outbreak should include those individuals who are present in the location where a case has been identified.

It should also include residents who have either been transferred from the setting to hospital, or elsewhere, or died within the same time period of 14 days.

Continue with symptom vigilance in staff and residents and robust application of IPC measures.

When investigating COVID-19 transmission in a setting and implementing mitigation measures, this should be decoupled from the identification of staff cases if no links are found.

Local policies can be implemented for notifying a single staff case in agreement with the local HPT.

Declaring an outbreak

Declaring an outbreak is the responsibility of the HPT.

An IMT may be convened and led by the HPT.

If not, support will be provided directly by the HPT.

Prison staff working in more than one prison

If staff are required to work in more than one prison, a risk assessment should be documented.

During an outbreak, sharing of staff across prisons should cease and staff should only work in one prison at a time to reduce the risk of transmission.

Testing during a suspected or confirmed outbreak

Asymptomatic testing

Asymptomatic residents who are in close contact with a case and are well do not require to be tested.

They should be reminded of the symptoms and report these to staff.

Testing in this circumstance can lead to unnecessary restrictions and is at the discretion of the local HPT managing the outbreak

Symptomatic testing

When a cluster of symptomatic cases arises, PCR samples should be submitted for up to five symptomatic residents to confirm the pathogen.

Further testing of symptomatic residents in the circumstance of a suspected outbreak is at the discretion of the local HPT.

Wider testing for other organisms may be needed as part of outbreak investigation. If so, residents should be advised of the organisms being tested for, as part of routine consent processes.

This can include influenza and other organisms, in line with local diagnostic laboratory protocols.

PCR is the preferred test for symptomatic residents. LFD tests may also be used to support an initial risk assessment under direction of the HPT during suspected outbreaks.

Additional cases matching the outbreak case definition do not all need to be tested once the pathogen is identified.

There can still be a clinical need to test further cases during an outbreak – for example, to confirm the diagnosis in individuals with other respiratory illnesses or to determine eligibility for some treatments. See COVID-19 guidance for health protection teams for more information.

Mass testing

Mass testing is unlikely to be justifiable in most circumstances now since it can have unintended consequences. For example, prolonged periods of unnecessary self-isolation.

Any mass testing should be based on a risk assessment by the HPT/IMT.

Any cases identified should be cared for in line with advice provided in providing care for residents who are symptomatic or are COVID-19 test positive.

Consideration should be given regarding the need to inform local microbiology laboratory services where it is anticipated there will be a large volume of samples received.

Outbreak control measures

Several potential outbreak control measures are available. These can be considered for implementation as advised by the HPT or discussed in an IMT.

These include, but are not limited to:

- regular monitoring of resident's symptoms
- enhanced cleaning
- isolation of cases
- appropriate PPE use among staff and/or residents
- contact tracing
- reinstating of admission testing or where this already exists, its reinforcement
- temporary closure to new admissions
- restrictions to visiting
- cohorting of residents and staff
- temporary reintroduction of physical distancing
- pausing of normal daily activities or services, for example, education or hairdressing

Symptom vigilance and self-isolation

Staff and residents should remain vigilant for development of respiratory or other COVID-19 symptoms and be encouraged to report these immediately.

This enables isolation to be initiated as early as possible, minimising prolonged transmissions and restrictive measures.

Barriers to reporting symptoms may exist, such as a desire to avoid isolation or testing.

Residents with COVID-19 symptoms require isolation while they have a fever and feel unwell. In certain circumstances . Extension of isolation periods must be balanced against the potential harm this can cause, for example, loneliness, psychological distress and resident unrest.

In exceptional circumstances, the HPT/IMT leading the outbreak response may advise that contact tracing of staff or residents is undertaken. SPS may be asked to support this.

Prison management may assess that 'rules' require to be invoked if implementation of necessary outbreak measures proves challenging.

Table 1a and 1b contains additional considerations for case and contact management during an outbreak. The HPT/IMT will advise on appropriate measures and may deviate from those outlined in Table 1a and 1b, due to their risk assessment.

Table 1a: isolation for individuals with symptoms

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Group	Self-isolation period (days)
Residents in prison	As per the general population, follow NHS inform stay at home guidance – prisoners are advised to isolate separately from their household cohort. Alone in their own single cell is sufficient. Residents can end self-isolation when they: • have been without high fever for 48 hrs without use of medication such as paracetamol or other anti-pyrexials • no longer feel unwell Self-isolation of 10 days may be recommended on HPT/IMT advice.
Prison staff	As per the general population, follow the NHS inform stay at home guidance.
Prison healthcare staff	As per the general population, follow the NHS inform stay at home guidance. See SGHD/CMO(2023)12 letter.

Table 1b: Contact isolation

Table 1b: Contact isolation

Person and place	Self-isolation period (days)	Management
Residents in prison	n/a	No testing or isolation required. Maintain vigilance of symptoms.
Prison staff	n/a	No testing or isolation required. Maintain vigilance of symptoms.
Prison healthcare staff	n/a	No testing or isolation required. Maintain vigilance of symptoms.

Admissions and transfers

If one member of a household cohort – for example, a prison wing – becomes symptomatic and is isolated, increased symptom vigilance is recommended for all members of the household.

If COVID-19 cases start to appear in a wing, prisons may decide to operate household cohorts (see resident cohorting advice) after the admission phase.

During an outbreak, the admission or transfer of residents within or outwith the facility should be avoided where possible. A risk assessment should be undertaken to ensure all required IPC measures are in place.

The local prison and HPT, with support from SPS when needed, will liaise and develop suitable processes for home leave to be put in place during outbreaks.

Please see sections on home leave and liberations.

Cohorting

Resident cohorting

Cohorting may be considered where there is insufficient accommodation to allow cases to isolate in single cells.

Principles for cohorting include:

- cohorting confirmed cases together is possible
- contacts should not be cohorted with cases
- cohorts should be as small as is operationally possible
- those at highest risk from COVID-19 should not be cohorted with others

The IMT may advise for the prison to be temporarily closed to admissions and transfers, for example, if there are not enough cell numbers to support cohorting during an outbreak.

Staff cohorting

Wherever possible, teams of staff should be assigned to care for residents in different cohorts.

Movement of staff between cohorts should be avoided.

Exceptionally, staff may need to work between residents with COVID-19 and residents who do not have COVID-19.

Regime groups

Residents can be assigned to a regime group. These are made up of different households.

They take exercise and domestic periods together. The operation of regime groups may be constrained in an outbreak.

All regime groups are advised to maintain physical distancing and wear face coverings during an outbreak.

If one member of a regime group becomes symptomatic, members of their immediate household cohort or regime group may require isolation and testing.

This will be risk assessed by the HPT.

Visiting arrangements

See when there is a COVID-19 case or an outbreak has been declared.

Using communal spaces

Sometimes it is possible to manage selected areas of a facility as a separate unit or units, with no shared activities or staff.

Unaffected areas can continue with normal arrangements, with an increased vigilance for any contact links or symptoms in their residents or staff.

Communal areas may need to be more closely supervised to ensure residents who are symptomatic or COVID-19 test positive do not mix with others, for example meals are brought to their cells as part of self-isolation measures.

Keep communal areas open for use by residents who are not identified as symptomatic or COVID-19 test positives – this is the default position during an outbreak if it can be arranged by staff.

If outbreak measures prove particularly challenging to implement or staffing capacity is low, communal areas may not be able to be used temporarily.

They should be reopened as soon as practical.

Transfers

Transfers to and from the prison may be reduced or paused during outbreaks.

This needs to be in agreement with the prison governor, often but not exclusively through an IMT.

Individual risk assessments for transfers during an outbreak should be undertaken.

Consider the:

- presence of respiratory symptoms – use the ARHAI respiratory screening questions
- service users tested or presumed COVID-19 status
- size of the outbreak
- spread within the setting
- units which are affected
- physical layout of the building
- vaccination status of the individual and coverage at the setting
- outbreak status of the premises the resident is being transferred to

Seek support from the local HPT managing the outbreak.

In general, a resident who is symptomatic or COVID-19 test positive should not be transferred.

There are exceptions to this if transferring for medical care or during an operational emergency. Appropriate mitigations should be in place.

See managing self isolation for more information on transfers to hospital during self-isolation.

Advise any receiving service, for example, a hospital ward or ambulance, of the IPC measures needed for each service user they support.

Resident transfer across services may benefit from a multi-agency approach for challenging service user movements.

This could involve having a conversation between key services when needed.

Reviewing control measures

Control measures should be reviewed by the IMT or the HPT if an IMT has not been established.

This may rarely include a visit to the prison setting by:

- the local health board HPT
- IPC team
- local authority environmental health professionals
- other relevant partners

Declaring an outbreak over

For HPT to declare an outbreak over

There should be no new linked symptomatic or COVID-19 test positives for a minimum period of at least 14 days from last possible exposure to a case, whether among residents or staff members.

The HPT should also consider whether:

- existing cases have been isolated or cohorted effectively
- guidance on IPC and other interventions is being applied appropriately
- there is sufficient staff to enable the setting to operate safely using PPE appropriately are needed

Over the course of the outbreak, control measures can be discontinued as the situation improves, as agreed through the IMT or the HPT directly, sometimes before the outbreak is declared over.

Moving between settings

Admissions or transfers to prison settings

Respiratory screening

Prison settings are advised to consider appropriate admission and transfer processes, depending on local arrangements.

As a minimum, the respiratory screening questions the ARHAI respiratory symptom screening questions: aide for health and social care settings should be undertaken and acted upon prior to admission/transfer.

If a resident answers 'yes' to any of the respiratory screening questions - see residents who are symptomatic or have a positive COVID-19 test for information.

Processing admissions

Prisons may wish to consider and implement an admission process that cohorts new admissions or transfers (10 days recommended) before they join the general prison population.

Residents can be grouped into a household cohort by day of admission or individual cells, if needed and advised of symptom awareness.

COVID-19 vaccination status should also be checked, and vaccinations offered as appropriate, as soon as possible.

Protecting those at highest risk

Residential facilities should also conduct a risk assessment for their facility to determine if there are residents who are at highest risk of severe illness.

Consider whether additional measures are needed to protect these individuals if COVID-19 cases arise in the setting.

Prison health centre staff should be involved in this assessment.

Admission testing

Testing is not required for residents being admitted or transferred to prison settings.

However, there may be circumstances when a local risk assessment determines that asymptomatic testing should be undertaken for admission or transfer purposes.

For example:

- as an outbreak control measure
- when vaccine uptake rates are sub-optimal
- when there are particularly high levels of SARS-CoV-2 circulating in the community

Symptomatic or COVID-19 positive residents

A newly admitted resident should self-isolate if they:

- have symptoms of COVID-19 with a high temperature
  or
- does not feel well enough to carry out normal activities

They should do this until they:

- no longer have a high temperature (if they had one) for 48 hours without use of medication such as paracetamol or other anti-pyrexials
- feel well

See sections residents who have had contact with a COVID-19 case and managing self-isolation in prisons.

Admissions to prison settings from hospital

Residents who have been admitted to hospital for non-COVID-19 related reasons are not required to be cohorted on return if infection control measures are followed throughout their hospital stay, and:

- they are not a COVID-19 case
- they have answered 'no' to the respiratory screening questions in NIPCM

COVID-19 test positive cases who have completed at least 5 days of the 10 day hospital self-isolation period should be clinically assessed before transfer to the prison.

They should be:

- showing signs of clinical improvement
- fever free for 48 hours without using medication such as paracetamol

This is subject to a risk assessment with the support of the HPT. This should consider if there is single cell accommodation available to complete their self-isolation period on return to prison, if needed.

Self-isolation is not required on re-admission to the prison if at least 5 days of self-isolation has been completed in hospital. This is providing the additional criteria for ending self-isolation in prison settings has been met.

Court attendance

Those who have confirmed or possible COVID-19 should not attend court.

The court should be informed as soon as possible in these circumstances.

Those who are COVID-19 test positive and asymptomatic or have been without high fever for 48 hrs without use of medication such as paracetamol or other anti-pyrexials, can attend court, following risk assessment.

It is the responsibility of the prison establishment to inform any impacted court(s) of a COVID-19 outbreak in their prison.

Any court transfer must follow safe escort and transfer protocols ensuring that IPC measures are fully adhered as in the COVID-19 guidance for health protection teams.

Virtual court attendance is advised whenever possible for residents who are symptomatic. HPTs can support prison healthcare staff in facilitating this and ensuring IPC measures are maintained adequately. IPC should not be a barrier to the use of virtual courts.

A risk assessment may be necessary for any court attendance where a breach in the above measures has occurred, whether to an outside court or a virtual one, to determine whether resident isolation or testing may be required.

Home leave

The local prison and HPT, with support from SPS when needed, will liaise and develop suitable processes for home leave to be put in place during outbreaks. The Scottish Government guidance on staying safe and protecting others should be followed during home leave as for the general public.

Residents should inform the prison prior to their return or on return to the prison if they become aware that they:

- have been in contact with a confirmed COVID-19 case whilst on leave
- are symptomatic
- are COVID-19 positive

SPS will arrange transport for this process and organise any self-isolation and testing requirements if required.

Escorting residents between settings

Escorting of residents to courts, other prisons, and hospital is routinely carried out by an escort contractor who will follow their own COVID-19 guidance, which is expected to be aligned with this guidance.

In some instances, such as a medical emergency, prison staff may escort a resident to hospital from prison, rather than the escort contractor.

Escorting symptomatic residents

All escorting staff should follow general prevention measures such as:

- physical distancing where possible
- hand hygiene

Staff should remain vigilant to themselves and residents developing any respiratory or COVID-19 symptoms. See NHS inform and PHS COVID-19 guidance for health protection teams for further details.

Where staff are required to share transport, fluid-resistant surgical masks (FRSMs) should be worn.

Escorting staff should follow PPE guidance in NIPCM Appendix 16 and adhere to SPS operational policy.

In addition, hospital staff may advise on further PPE required, which may be ward specific. Escorting staff would be expected to comply with such requests.

Any vehicle used to transport a possible or confirmed case will need to be cleaned and disinfected using methods outlined for environmental cleaning before and after use.

- GeoAmey can be contacted through their Operation Control Centre on 01698 451738.
- The SPS Escort Monitor team should be informed of any issues by emailing SPSEscortMonitorTeam@prisons.gov.scot

Liberations

The SPS has no legal authority to detain an individual past their liberation date.

Prepare for release in advance and work with key partners to organise this.

Standard pre-release planning should be followed for residents who are not COVID-19 cases. This includes during an outbreak.

For those who are a confirmed or suspected (symptomatic) COVID-19 case and still in isolation, or where there is an outbreak, liaison with key partners and any household setting to which the resident is being released, is essential.

Consent of the resident to disclose their COVID-19 status should be sought before disclosure to others.

If consent is withheld, other arrangements may have to be made until the period of infectiousness is complete.

The local HPT can support this process.

Completion of vaccination course should be offered prior to liberation.

If support with transport or housing is needed, SPS and local authority respectively, have roles in supporting arrangements, particularly for individuals who may still be within their infectious period.

A case conference before release involving SPS, the HPT and the local authority should be considered for complex cases.

Visiting arrangements

The following measures are good public health practice to minimise COVID-19 risk to the prison population.

Advice for prisons

Implementation of the below measures need to be balanced with the wellbeing of individual residents. SPS should aim to operationalise these measures according to risk assessment.

Prisons should:

- ask visitors to consider before their arrival if they have any symptoms of COVID-19 and decline the visit if they do – see questions in the ARHAI respiratory symptom screening questions: aide for health and social care settings for a suggested approach, which should be asked upon arrival
- ensure that visiting areas are well ventilated where possible
- ensure that visiting areas are cleaned regularly
- ensure that all visitors are informed on arrival of IPC measures to be followed
- provide alternative measures of communication including telephone or video call where visiting is not possible, for example, during some outbreaks

Advice for visitors

Visitors should:

- not visit if they are symptomatic or have been identified as COVID-19 test positive and remain symptomatic or aware they have been in contact with a confirmed COVID-19 case or if they have symptoms of an infectious disease
- be strongly encouraged to complete a course of COVID-19 vaccination if eligible - though this is not obligatory for visiting
- perform hand hygiene on entry to the facility and again on leaving the facility
- observe physical distancing where possible to other residents and staff, if the area is crowded
- remain in areas demarcated for visiting

Death certification during COVID-19 pandemic

Details on death certification during the COVID-19 pandemic were outlined in the Chief Medical Officer (CMO) letter dated 20 May 2020.

This was updated in April 2022.

Abbreviations

ABHR	Alcohol based hand rub
AGP	Aerosol generating procedure
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection

CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COVID-19	Coronavirus disease 19
FRSM	Fluid resistant surgical mask
HPT	Health protection team
HSCW	Health and social care worker
HSE	Health and Safety Executive
IMT	Incident management team
IPC	Infection prevention and control
IPCT	Infection prevention and control team
JCVI	Joint Committee for Vaccines and Immunisation
LFD	Lateral flow device - refers to test
MHRA	Medicines and Healthcare Products Regulatory Agency
NHS	National Health Service
NIPCM	National infection prevention and control manual
PCR	Polymerase chain reaction - refers to test
PHEIC	Public Health Emergency of International Concern
PHS	Public Health Scotland (new organisation formed in 2020, encompassing former Health Protection Scotland)
POCT	Point of care test
PPE	Personal protective equipment
RNA	Ribonucleic acid
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SG	Scottish Government
SICP	Standard infection control precautions
SPS	Scottish Prison Service
TBP	Transmission based precautions
UKHSA	UK Health Security Agency (formerly Public Health England)

Last updated: 21 March 2024

Version history

08 September 2023 - Version 2.6
This guidance has been updated to capture the advice on testing in health and social care settings in the SGHD/CMO(2023)12 published on 9 Aug 2023, advising to pause all routine testing in health, social care and prison settings.

An exception to the pause is for individuals in hospital, prior to being discharged to a care home or hospice. This routine testing will remain.

These changes should take effect no later than 30 August 2023.

The full document has been synthesised and updated to capture the current situation in relation to COVID-19 infections, as well as the impact on public health management of outbreaks in prisons, in line with the approach on testing, adopted in the SGHD/CMO(2023)12 letter.

24 May 2023 - Version 2.5
De-merger of prison COVID-19 guidance from PHS COVID-19: information and guidance for social, community and residential care settings (SCRC) in response to feedback from Care Home sector relatives, supported by Scottish Government.

Links to new NIPCM Appendix 21: COVID-19 Pandemic IPC Controls for Health and Social Care Settings included throughout. This new appendix 21 is a merger of the former appendix 21 and appendix 22.

PPE and Face Coverings section updated to reflect the withdrawal of the Scottish Government extended use of face masks and face coverings guidance in healthcare and social care settings.

06 March 2023 - Version 2.6 of information and guidance for social, community and residential care settings
SCRC guidance v2.6 contained the following changes relevant to prison settings:

- Clarifications to the advice on the use of face masks in the PPE and face coverings section.
- Correction of transcription error in Table 3a regarding management advice for prison staff, as the table previously advised "one negative LFD test before discharge (preferably within 48 hrs prior to discharge) OR no testing required if 10 day isolation completed in hospital" now corrected to advise "Not required, as per the general population, follow stay at home guidance as outlined on NHS inform".

30 January 2023 - Version 2.5 of information and guidance for social, community, residential care and prison settings
PHS COVID-19 Prison guidance was merged with the PHS COIVD-19: information and guidance for social, community and residential care settings (SCRC). Prison guidance was first published in version 2.5 of the SCRC guidance.

Changes specific to prison settings within SCRC v2.5:

- Description of prisons as being a higher-risk setting alongside care homes added to the outbreak section.
- Testing advice for asymptomatic admissions and transfers updated.
- Advice for prisons on implementing an admission cohort process updated.
- Clarity that contact tracing is no longer routinely carried out but that symptom vigilance is particularly encouraged for cell mates/household of cases.
- Addition of two prison specific appendices, encompassing information from previous prison guidance.
- Clarity for information in Table 3 (included in Appendix 1) – the HPT/IMT can deviate from the outlined measures for case and contact isolation, as required, but these are considered to be good practice.

12 October 2022 - Version 2.4
Update to reflect addition of information relating to symptomatic testing for prison healthcare staff (this was removed in error from version 2.3).

22 September 2022 - Version 2.3
Update to reflect pause in healthcare staff asymptomatic testing as per DL (2022) 32.

23 August 2022 - Version 2.2
- Update to glossary and admission section to remove use of 'admission quarantine' term.

- Clarity within admissions testing section indicating that one LFD test only is recommended.
- Change to isolation period for those who develop symptoms/are found to be positive for SARS-CoV-2 during admission, from 10 to 5 days as per cases.

22 July 2022 - Version 2.1

- Updates throughout to shorten sections and link out where possible. In particular, links to new ARHAI Community COVID-19 appendix added throughout.
- Admissions section moved to form standalone (section 5). Clarity around admission testing to specify LFD only (as long as resident is asymptomatic)
- Changes to management of resident cases and contacts. Specifically in relation to shortening of isolation period for cases to 5 days, as per the general population and no requirement for isolation of asymptomatic resident contacts.
- Changes to face covering and face mask section, outlining good practice.
- Changes to physical distancing requirements.

14 June 2022 - Version 2.0

Substantial changes have been made throughout the guidance since version 1.0. Key health updates to the document include:

- Publication of the Director's Letter (DL 2022 13) regarding management of health and social care worker cases and contacts (relevant for prison healthcare staff).
- Prison staff to follow the 'Stay at Home' advice for the general population if symptomatic, a confirmed case or a contact of a case.
- Self-isolation and testing advice for resident COVID-19 cases updated, including shortening the isolation period.
- Self-isolation and testing advice for resident contacts updated, including exemptions.
- Section added to highlight considerations when applying isolation exemptions or shortening isolation during an outbreak.
- Reduction of IPC information and relevant links to the 'ARHAI Winter 21/22 Respiratory addendum' added for IPC information that is applicable across the prison estate.
- Physical distancing advice updated
- Asymptomatic LFD or PCR testing for prison staff no longer advised.
- Twice weekly asymptomatic testing of residents through the universal LFD offer no longer advised.
- Clarifications made to household cohorting during an outbreak
- Addition of Appendix 2: Management of cases and contacts

16 July 2021 - Version 1.0

First version published.

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