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Home Office

Guidance for Immigration Removal Centres (IRCs), Residential Short-Term Holding Facilities (RSTHFs) and escorts during the COVID-19 pandemic

Version 10.0

Contents

About this guidance

This guidance tells Home Office staff and supplier staff in immigration removal centres (IRCs), residential short-term holding facilities (RSTHFs), pre-departure accommodation (PDA) and on escort about the updated guidance to the existing principles for managing COVID-19 in places of immigration detention.

Contacts

If you have any questions about the guidance and your line manager or delivery manager cannot help you, or you think that the guidance has factual errors then please email DES DSO mailbox.

If you notice any formatting errors in this guidance (broken links, spelling mistakes and so on) or have any comments about the layout or navigability of the guidance then you can email the Guidance Rules and Forms team.

Publication

Below is information on when this version of the guidance was published:

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Introduction

1. This guidance informs Home Office and supplier staff in IRCs, RSTHFs, PDA and on escort of the strategy for managing people in their care and particularly those who are at highest risk of becoming seriously ill from the effects of COVID-19 (individuals who have previously been described as clinically extremely vulnerable).

2. The Home Office continue to take the welfare of those detained under immigration powers very seriously and will maintain our position of following relevant Government, UK Health Security Agency (UKHSA) and Public Health Scotland (PHS) guidance on this matter. Where this guidance refers to UKHSA guidance, in Scotland those references should be taken to mean the relevant UKHSA or PHS guidance.

3. All operational teams in the Home Office continue to consider UKHSA advice in relation to their operational activity.

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

General principles for managing COVID-19 in an IRC and RSTHF

5. We continue to take proactive steps to support our immigration custodial establishments to monitor, manage and mitigate the threat of large numbers of staff and people in detention becoming infected with COVID-19 and to reduce the likelihood of the infection spreading.

6. This document is informed by published government guidance on COVID-19 and more detailed UKHSA and NHS England (NHSE) guidance on the management of COVID-19 in places of detention: https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance.

7. Additional guidance, specific to Scotland and published by PHS, has also been used to inform the measures taken at Dungavel House IRC: COVID-19: Information and Guidance for Social, Community and Residential Care Settings (windows.net).

Escorting

8. The escort supplier must implement safe systems of work, which explain in clear terms how to reduce the risk of exposure to COVID-19 for both staff and the detained individuals while in transit.

9. During periods of high prevalence, as stipulated by the UKHSA, individuals being transferred between centres will be asked to take an LFD test prior to transfer and those testing negative should proceed. Individuals who refuse a test can be transferred provided they are not symptomatic.

10. Face masks should be offered to detained individuals being moved and, if required, they should be guided verbally on how to apply the face mask. Detained individuals under escort must have access to hand sanitiser where hand washing is not available.

11. If a detained individual being collected has tested positive for COVID-19 they should not be moved, and their case referred back to the Detention and Escorting Population Management Unit (DEPMU) for further instruction.

Initial healthcare screening

12. Following prioritisation of detained individuals who appear symptomatic, healthcare screenings of new arrivals must be prioritised in line with the Adults at Risk (AAR) level the individual holds (screenings of those at level 2 and 3 should be conducted first).

13. The initial healthcare screening should look to identify people who are immunosuppressed or have specific other medical conditions which mean they are at higher risk of serious illness if they become infected with COVID-19.

Testing In IRCs

14. During times of high prevalence, as stipulated by the UKHSA, all new asymptomatic arrivals will be requested to take a lateral-flow device (LFD) test on arrival (day 0) and on day 5. Asymptomatic testing will be suspended and resumed under written direction from the Head of Detention Operations.

15. In the event a centre is deemed to be in outbreak by the UKHSA or PHS, asymptomatic individuals may be asked to take a LFD test periodically during the period of outbreak.

16. When dealing with a positive resident, or if a local risk-assessment considers it necessary PPE should be used to mitigate risk. If PPE is used for the staff member or the detained individual, it must be disposed of in designated areas as set out by the supplier and in line with UKHSA guidance.

Initial accommodation arrangements for new arrivals into an IRC or RSTHF

17. After an initial health screening, newly detained people who are not at higher risk of serious illness and not symptomatic should be allocated accommodation

with the rest of the population in the IRC or RSTHF. Those considered at higher risk should be considered under the guidance at para 38.

18. Individuals arriving in an IRC from RSTHFs should be managed as new arrivals into detention. Northern Ireland prison moves will continue to go into Larne House RSTHF before being transferred to Dungavel House IRC.

19. New arrivals in RSTHFs who are not at higher risk of serious illness and not symptomatic should be allocated accommodation with the rest of the population.

Individuals displaying symptoms or who test positive in an IRC or RSTHF

20. Any individual displaying symptoms will be asked to take a test to confirm whether they have COVID-19. If the individual refuses to take a test and healthcare note concerns that they may be infectious then they may be required to isolate for a period of up to 10 days.

21. Where an individual returns a positive test through routine or pre-departure flight testing, the individual will be required to isolate for a period of up to 10 days. If an individual obtains a positive result, then a confirmatory polymerase chain reaction (PCR) test is not required. Individuals who have tested positive for COVID-19 may be able to finish their isolation earlier if they undertake testing. A negative test on day 5 and the following day (24 hours apart) will allow the isolation period to end.

22. Individuals who have tested positive for COVID-19 should not have any contact with other residents in the IRC or RSTHF during their isolation period and should be managed by healthcare teams in line with the current national UKHSA guidance for places of detention.

23. If an individual obtains a positive result, an IS91RA (Part C) should be completed and forwarded via email to the respective DET and the DEPMU without delay. The DET will then inform the responsible casework team who should consider all circumstances around continued detention, including the presence of COVID-19 symptoms, and complete a detention review.

24. An outbreak is defined by the UKHSA as two or more linked cases among whom transmission is likely to have occurred within a fourteen-day period. This should trigger a formal outbreak response, which will be agreed in consultation with the Home Office, centre supplier, local healthcare team and UKHSA or PHS.

25. UKHSA may make recommendations to control an outbreak which need to be considered in terms of operational delivery and impact on wider functions, understanding that not all recommendations may be feasible. Where this is the case further mitigations can be developed which meet the primary objective to control infection and protect health of residents, staff and visitors. All infection control measures recommended need to be reviewed regularly to monitor

progress and ensure impact and proportionality is considered throughout the process. The wellbeing of residents in terms of access to regimes and centre movement will be proportionally considered when implementing controls on restricting movement within the IRCs.

Management of those identified as close contacts of a symptomatic or positive case

26. Anyone who has travelled with an individual who has tested positive on arrival will be identified as a possible close contact. The guidance for managing a close contact should be followed at paragraph 32.

27. A contact is defined by the UKHSA as a person who has been close to someone who has tested positive for COVID-19. You can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken) and up to 10 days after – as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:
    - anyone who lives in the same cell/room who has COVID-19 symptoms or has tested positive for COVID-19
    - anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
        - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
        - been within one metre for one minute or longer without face-to-face contact
        - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)

28. The determination of who needs to be considered a close contact and the subsequent need to isolate will be undertaken by supplier and healthcare staff on a considered risk basis and will be based on evidence of confirmed contact within the centre or wing.

29. Removal arrangements for individuals identified as close contacts will remain in place and individuals will be subject to any testing requirements imposed by the destination country. Removal arrangements for individuals previously testing positive but who are asymptomatic after a period of five days will remain in place subject to a risk assessment that considers operational and public health risks and the consideration of the Head of Escorting Operations or Head of Detention Operations. As with all removals, this will be subject to any testing requirements imposed by the destination country.

30. Individuals, who are identified as a close contact, should be informed of this immediately, along with the arrangements for their isolation, to include their isolation end date.

Regime for those who have tested positive or are close contacts

31. Those individuals who test positive should not have access to the IRCs general regime. Access to an on-unit regime should be provided instead, to the extent that this is practicable. Outreach services from welfare and world faith should be offered by telephone and / or by skype, where practicable.

32. For RSTHFs, where detained individuals cannot be accommodated for over 5 days (unless removal directions are set) and an individual is displaying symptoms or has tested positive for COVID 19, the person should be moved to suitable accommodation in an IRC.

33. Those individuals who are identified as close contacts should have comparable regime access, and engagement with the local DET (where COVID-safe measures can be followed), to individuals detained in normal accommodation although with separate timetabled access.

34. Those detained in isolation should be offered the option of requesting DVDs, books, and console games from normal regimes.

35. Shop purchases should be offered to people isolating. This can be completed on a shop order which IRC supplier staff can collect on behalf of the detained individual.

36. Healthcare appointments associated with the possible completion of Rule 35 reports should continue to be conducted in person wherever it is possible to do so. However, if it is not possible to conduct a face-to-face appointment because of logistical or other difficulties due to the impact of COVID-19, the reasons for this must be clearly detailed within any ensuing Rule 35 report that may be produced, which should be completed to the best of the healthcare professional's ability to do so. A follow up 'in person' appointment should then be arranged as soon as the reason for being unable to conduct a face-to-face assessment has been resolved.

Who is at higher risk of severe illness from COVID-19?

37. The main groups of people who are at higher risk of serious illness due to COVID-19 are set out in COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk).

38. Those considered at higher risk of serious illness due to COVID-19 is subject to change as government guidance evolves. Staff should always check that they are referring to the latest guidance on the above link.

39. Separate guidance specific to Scotland and Northern Ireland can be found here:

- Coronavirus (COVID-19): advice for people who were on the Highest Risk List - gov.scot (www.gov.scot)

- Coronavirus (COVID-19): guidance for 'clinically extremely vulnerable' and 'vulnerable' people | nidirect

40. The initial healthcare screening should also look to identify if any COVID-19 symptoms are present in the individual. Paragraph 20 onwards sets out guidance on dealing with symptomatic individuals.

Management of people who are at a higher risk of severe illness from COVID-19

41. Vulnerability is subject to clinical judgement in each case and specific accommodation and care arrangements will need to be considered by the local healthcare team in conjunction with the supplier and the detained individual. Where specific care arrangements exist, these should be set out in a supported living plan or Vulnerable Adult Care Plan, owned by the supplier.

42. The initial healthcare screening should ensure any detained individuals who are at higher risk of serious illness from COVID-19 or symptomatic individuals are thoroughly assessed. Any concerns should result in individuals being accommodated overnight in separate isolation areas, as referred to later in this guidance, for examination as soon as practicable by a qualified healthcare practitioner and ongoing assessment of suitability to join the normal population within the centre. The detained individual should not be allowed to enter or return to normal population until a doctor has conducted this assessment. The detained individual should wear a face mask while being transferred to an isolation room.

43. GP access is not usually available in RSTHFs. However, if a detained individual presents with COVID-19 symptoms, all efforts must be made to secure a healthcare practitioner's attendance within 24 hours. If this is not possible, the case should be escalated to the Head of Escorting Services or Head of Detention Operations. The individual must remain in isolation until advice is obtained from a healthcare practitioner and a decision on their future placement has been made.

44. Regular assessment should be made by healthcare staff and any individuals continuing to deteriorate from COVID-19, following a positive test, should be kept separate, as far as practicable, from those considered only mildly affected or seemingly improving from the virus.

45. All individuals entering immigration detention are carefully risk assessed and accommodated under the processes set out in Detention Services Order (DSO) 03/2016 Consideration of Detainee Placement. In addition, it is a legal requirement, following a European court ruling, that any person entering a custodial setting must have a room sharing risk assessment (RSRA) undertaken to consider both the needs of the individual being assessed and any risks around sharing with other residents. Guidance on this assessment process for the immigration detention estate is set out in DSO 12/2012 Room Sharing Risk Assessment. Healthcare professionals in centres will complete a

health screening process as part of reception procedures. Following screening, a member of the healthcare team must complete the healthcare assessment part of the room sharing risk assessment. In the case of a person at heightened risk from COVID-19, this should indicate the risk of harm from COVID-19 from sharing a room with another individual.

46. All IRC supplier and healthcare staff should record the presence of any vulnerability factors, as set out in COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk) in the form of an IS91RA (Part C), which should be completed and forwarded via email to the relevant DET and DEPMU teams without delay. The DET will then inform the responsible casework team who should consider all circumstances around continued detention, including the person's vulnerability, and complete a detention review.

47. If subsequent information regarding individual's having a higher risk of serious illness from COVID-19, due to a medical condition, as listed in the above paragraphs, comes to light after the initial detention of an individual, healthcare should complete an IS91RA part C in the normal way. Suppliers must complete an updated RSRA in respect of this.

48. Details of all new detained individuals who are identified to be at higher risk of serious illness due to COVID-19 should be submitted to the respective Detention Engagement Team (DET) who will forward this information to the relevant Detained Casework Teams.

49. Where individuals identified as being at a heighted risk are detained, appropriate steps must be taken to reduce contact between that person and others (staff and other detained individuals). On the advice of a healthcare practitioner, this may include ensuring that these individuals are accommodated in single occupancy rooms as set out above. These detained individuals should be given a face mask to wear and should be encouraged to wear it when out of their room.

50. Where a decision is taken to release, the healthcare staff should ensure that people returning to the community understand the actions advised once in the community to reduce risks from COVID-19 including measures to take if they are at a higher risk of becoming seriously unwell from a respiratory infection, including COVID-19.

Individuals who fail to comply with COVID-19 measures

51. IRC suppliers, with input from local Home Office managers, should consider removal from association of those individuals who ignore advice and either recklessly or deliberately endanger other individuals in detention and staff. Any such action must be taken in accordance with DSO 02/2017 on Rule 40/42. For the avoidance of doubt, removal from association would only be justified/needed if the level of non-compliance warrants it. For example, an individual in isolation who refuses to see healthcare staff and makes it clear

verbally that he/she does not want to stay in their room but takes no other action in that respect would not be providing grounds to be considered for removal from association. Alternatively, an individual who actively resists their continued isolation, attempts to push out of the door whenever it is opened, tries to assault staff or causes damage to the room should be considered for removal from association.

COVID-19 prevention measures in IRCs and RSTHF

52. Appropriate guidance must be prominently displayed to ensure staff, detained individuals and visitors frequently wash their hands using soap/hand sanitiser for at least 20 seconds and catch coughs and sneezes in tissues. This should include putting up copies of the Government isolation guidelines in prominent areas.

53. Detained individuals are not required to wear face masks, with the exception of individuals who are symptomatic, have tested positive for COVID-19 or are identified as close contacts, who should be advised to wear a mask when outside of their room.

54. The IRC supplier must produce specific guidance for individuals in detention to explain in clear terms how to reduce the risk of an outbreak of COVID-19, including leaflets for new arrivals containing information regarding handwashing and UKHSA COVID-19 guidance.

55. The https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eaeCOVID-19 vaccination programme is being delivered to all adults in England. Every effort should be made to encourage staff and residents to get fully vaccinated, and to have boosters where recommended, especially given the vulnerabilities of people in places of detention.

56. While social distancing measures have been lifted for the detained population generally, suppliers should seek to ensure that social distancing in communal areas, can still be maintained if there is an outbreak in or local risk assessments suggest doing so in areas where people congregate. However, social distancing should still be maintained for those individuals who have been identified as being close contacts and who are required to isolate. The use of social distancing should be targeted, time limited, and kept under review.

57. All detained individuals should receive COVID-19 advice as part of their induction to the RSTHF, with any requirements around social distancing measures, should they need to be applied, and PPE clearly explained. The full range of facilities usually provided in an RSTHF should be made available.

Visitors

58. Social visits can take place. However, social visits may be curtailed in the event of an escalation in control measures at a local, regional or national level. Where visits take place, they will follow wider UKHSA guidance for prisons and places of detention and regulations around the use of face masks.

59. Preventing and controlling outbreaks of COVID-19 in prisons and places of detention - GOV.UK (www.gov.uk)

60. In the event of a centre considered to be in outbreak or local risk assessments suggest doing so, all staff and visitors to IRCs and STHFs may be required to wear a face mask, when undertaking direct contact with those detained and when in the main centre. These may be in addition to other protective measures already in place.

61. During periods of high prevalence, as stipulated by the UKHSA, or in the event a centre is considered to be in outbreak, visitors should be encouraged to arrange and pay for their own LFD test prior to visiting the IRC and obtain a negative result before arriving at one of our facilities.

62. In the event of a centre considered to be in outbreak, legal visits will continue alongside other means of contact (video conferencing, telephone and email). Suppliers must have safe systems of work in place for face-to-face legal visits.

63. Arrangements for external medical practitioners to attend IRCs for the purpose of conducting medico-legal, or other formal medical examinations will be permitted. Requests should be made in writing to the relevant IRC. Visiting medical professionals will be required to observe, for the purposes of consultation and examination, all reasonable precautions to prevent COVID-19 infection.

64. Handwashing facilities should be available for **all** visitors and they should be advised of the requirements to wash their hands, maintain social distancing and to follow the relevant safe systems of working.

Staff

65. Staff should be conscientious when attending work and if they are unwell with COVID symptoms they should arrange a test. If they test positive they should not travel to work stay at home and avoid contact with other people, in line with Government guidelines for the general population.

66. Staff with COVID symptoms should take two LFD tests, the first at the onset of the first symptom and again after 48 hours, obtaining a negative result before entry to the main facility.

67. During periods where the geographical area is considered to have a high prevalence of COVID-19 or where a centre is in outbreak, staff may be asked to take an LFD test every 72 hours, obtaining a negative result before entry to

the main facility. Asymptomatic testing will be suspended and resumed under written direction from the Head of Detention Operations.

68. While working in residential areas or while in direct contact with residents, staff are advised to wear face masks and respect social distance where they are in close contact with a resident.

69. If a member of staff becomes unwell on site with COVID-19 symptoms they should go home, take an LFD test, stay at home and avoid contact with other people, in line with Government guidelines for the general population.

70. Staff forums and notices to staff should remind staff to be vigilant and to immediately engage healthcare should any detained individual show symptoms or complain of feeling unwell.

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