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

Version 8.0
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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 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:

- version 8.0

Related content

Contents
Instruction

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.


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)](https://windows.net).

Escorting

8. The escort supplier must implement safer 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. Whilst en route there is no requirement for the escort staff to wear PPE, but Escorts should comply with
guidelines on wearing face masks.

9. The number of detained people who may be transported by standard escort vehicle, coach or cellular vehicle will be dependent on the capacity of the vehicle and the number of officers required to fulfil escort duties. This must be risk assessed on a case by case basis.

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

11. If a detained individual being collected is displaying signs or symptoms of COVID-19 they must not be moved, and their case referred back to Detention and Escorting Population Management Unit (DEPMU). If an individual displays signs or symptoms of COVID-19 en route to an IRC/RSTHF or departure port the escort crew must return to the point of origin, or to an alternative IRC/RSTHF where there is suitable accommodation or transfer the individual to hospital as appropriate (subject to healthcare considerations), contacting DEPMU as soon as possible.

12. PPE for both staff members and detained individuals must be disposed of in designated areas as set out by the escort supplier, in line with UKHSA guidance. Escort vehicles will be returned to the vehicle base and the vehicle must be taken off the road until a deep clean has been completed by a specialist contractor.

Initial healthcare screening

13. 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).

14. 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.

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

   COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk)

15. If someone is identified as at higher risk of serious illness, a IS91RA (Part C) must be completed by healthcare and forwarded via email to the relevant Detention Engagement Team (DET) and DEPMU 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.
16. The initial healthcare screening should also look to identify if any COVID-19 symptoms are present in the individual. Paragraph 27 onwards sets out guidance on dealing with symptomatic individuals.

17. All new arrivals at an IRC will be asked to take a lateral-flow device (LFD) test on day 0 and day 5. If an individual obtains a positive result, then a confirmatory polymerase chain reaction (PCR) test is not required if they are asymptomatic. If they are symptomatic or receive a negative test while displaying symptoms, a confirmatory PCR test will be arranged. In either event, 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.

18. Anyone who has travelled with an individual who has tested positive on arrival will be identified as a close contact. The guidance for managing a close contact should be followed at paragraph 35.

19. New arrivals transferred directly from an arrival port will be asked to take a PCR test on day 2, in line with government guidelines for unvaccinated arrivals.

20. Any individual who refuses to take a test and is neither symptomatic or considered to be a close contact will not be required to isolate.

21. The initial healthcare screening should ensure any people 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 person should wear a face mask while being transferred to an isolation room. 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.

22. 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.

23. 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. If however, 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.

**Initial accommodation arrangements for new arrivals into an IRC or RSTHF**

24. 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. Transfers between centres will be kept to a necessary minimum and detained individuals will be asked to take a LFD test ahead of their departure.

25. 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.

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

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

27. Any individual who displays symptoms of COVID-19 will be required to isolate for a period of up to 10 days. The individual displaying symptoms will be asked to take a test to confirm whether they have COVID-19. If the result is negative the individual may be permitted to leave isolation, following consultation with the local healthcare team.

28. 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.

29. Individuals who have tested positive for COVID-19 and who are fully vaccinated 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.

30. Individuals with symptoms or 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 managed by healthcare teams in line with the current national guidance.

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31. 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 case should be escalated to the Head of Detention Operations for suitable accommodation in an IRC to be identified for isolation.

32. A number of people in isolation may be deemed an outbreak, where transmission has occurred within the establishment and could trigger a formal outbreak response, which will be agreed in consultation with the Home Office, supplier, local healthcare team and the UKHSA or PHS.

33. UKHSA guidance on preventing and controlling outbreaks of COVID-19 in prisons and places of detention defines an outbreak as 2 or more detained individuals or staff who meet the case definition for COVID-19 or have a positive test result and among whom transmission was likely to have occurred within a 14-day period. An outbreak period is 14 days which is equivalent to an incubation period.

34. 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. All control measures recommended need to be reviewed regularly to monitor progress and ensure impact and proportionality is considered throughout the process.

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

35. The IRC supplier and IRC healthcare provider will identify all close contacts of a symptomatic or positive case, as soon as possible, after the symptomatic or positive case has been confirmed. A list of close contacts will be shared with the Home Office and the UKHSA.

36. 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)

37. Detained individuals that are notified that they are a close contact of a COVID-19 case are not required to self-isolate for 10 full days if they are able to participate in risk mitigation testing. This involves the following:
- vaccinated contacts who agree to test should initially be isolated and should be tested with an LFD test on days 4, 5 and 6 post the exposure event (day 0). They can come out of isolation if three consecutive tests taken on days 4, 5 and 6 are negative.
- unvaccinated contacts who agree to test should be initially be isolated and should be tested with an LFD test on days 6, 7, and 8 post the exposure event (day 0). They can come out of isolation if the three consecutive tests on days 6, 7 and 8 are negative.
- Those who do not/cannot test require isolation for 10 full days irrespective of vaccine status.

38. Contacts meeting the above conditions can come out of isolation provided:
- the individual should not have any COVID-19 symptoms
- the individual is advised to wear a surgical face mask (Type II or IIR) when out of their cell / room
- the individual should not mix with people who are at higher risk of severe illness from COVID-19 during a 10 day period following their last contact with the case. This includes visitors they may receive, even if the visitor is fully vaccinated.

39. Removal arrangements for individuals identified as close contacts in isolation will remain in place and individuals will be subject to any testing requirements imposed by the destination country.

40. 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.

41. For RSTHFs, where detained individuals cannot be accommodated for over 5 days (unless removal directions are set) and an individual is identified as a close contact of a person displaying symptoms or has tested positive for COVID-19, the case should be escalated to the Head of Detention Operations for suitable accommodation in an IRC to be identified for isolation.

42. Where an IRC has individuals or groups of people who have been identified as close contacts and who need to isolate, endeavours should be made to accommodate these individuals separately from other residents, including placing all close contacts in a unit together to complete their isolation period. However, where this is not possible, then these individuals will be required to remain in their rooms. Those individuals who are identified as close contacts should not have contact with other residents. Residents should also wear face masks when leaving their rooms, with enhanced cleaning undertaken.
Regime for detained people in isolation

43. 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.

44. Those individuals who are isolating (due to identification as a close contact) 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.

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

46. In terms of shop access, 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.

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

47. The two 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). The first group are those with severe immunosuppression, which includes people who had or may recently have had:

- a blood cancer (such as leukaemia or lymphoma)
- a weakened immune system due to a treatment (such as steroid medicine, biological therapy (sometimes called immunotherapy), chemotherapy or radiotherapy)
- an organ or bone marrow transplant
- a condition that means they a very high risk of getting infections

48. The second group are those with conditions that would make them eligible for new monoclonal antibody and antiviral treatments. This includes people who have:

- Down’s syndrome
- sickle cell disease
- HIV or AIDS
- chronic kidney disease (CKD) stage 4 or 5
- certain types of cancer
- had certain types of chemotherapy in the last 12 months
- had radiotherapy in the last 6 months
- had an organ transplant
- a severe liver condition (such as cirrhosis)
- a rare condition affecting the brain or nerves (multiple sclerosis, motor neurone disease, Huntington’s disease or myasthenia gravis)
• certain autoimmune or inflammatory conditions (such as rheumatoid arthritis or inflammatory bowel disease)
• a condition or treatment that makes you more likely to get infections

49. Please note that the above list is not exhaustive and is subject to change as government guidance evolves. Staff should always check that they are referring to the latest guidance on people whose immune systems means they are at higher risk on the gov.uk website at:

COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk)

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


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

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

51. 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, owned by the supplier.

52. Regular assessment should be made by healthcare staff and any individuals continuing to deteriorate or show substantial COVID-related symptoms should be kept as separate as possible from those considered only mildly affected or seemingly improving.

53. IRC suppliers must draw up plans in partnership with local health teams to (wherever possible) minimise contact between symptomatic people with underlying conditions and those who are symptomatic but without underlying conditions. This could include the use of different landings or areas of a unit.

54. 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 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.

55. 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.

56. If subsequent information regarding individual’s having a higher risk of serious illness from COVID, 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.

57. The Home Office has established a single, comprehensive COVID-19 heightened risk individual spreadsheet that is used and updated fortnightly with regard to those cases that remain in detention, including those who are detained in prison as immigration cases either awaiting transfer to the detention estate or who are considered not suitable for immigration detention, and are considered as at heightened risk.

58. 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 DET who will forward this information to the relevant Detained Casework Teams.

59. Where individuals identified as at heightened 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.

60. 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 knowledge of social distancing and staying at home and avoiding contact with others, and other measures to take if they are at heightened risk. Where individuals are being released to asylum accommodation it is imperative that information in relation to COVID-19 is passed to Asylum and Protection and the accommodation provider by the local Home Office team responsible to ensure that they are aware of any isolation requirements and are able to provide the correct guidance to individuals.
Individuals who fail to comply with COVID measures

61. 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 Prevention measures in IRCs and RSTHF

62. 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.

63. Detained individuals are not required to wear face masks, with the exception of symptomatic, confirmed and close contacts individuals, who should be advised to wear a mask when outside of their room.

64. 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. Detained individuals should be frequently reminded of the requirements to ensure thorough hand washing and hygiene. Appropriate guidance, translated into multiple languages where possible, must be prominently displayed (both posters and leaflets), and individuals reminded to immediately report any health or symptom concerns.

65. The COVID-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.

66. All cleaning practices must be regularly reviewed by the IRC supplier to ensure they comply with UKHSA guidance. All IRC supplier staff must frequently clean and disinfect objects and surfaces that are touched regularly. UKHSA guidance is available at:
67. In addition to the standard cleaning processes, detained individuals should be provided on request with appropriate disinfectant cleaning materials for cleaning their bedrooms. IRC supplier staff should ensure that this cleaning takes place under supervision and that all such cleaning materials are safely returned and accounted for.

68. Ventilation in indoor spaces is an important consideration. DSO 06/2018 (Accommodation: lighting, heating and ventilation) sets out the measurable standards for the certification of rooms that can be applied consistently across IRCs, the PDA and RSTHFs. All suppliers will also continue to reference the relevant reports from the Chartered Institution of Building Services Engineers (CIBSE), as referenced in DSO 06/2018, and the extant guidance available when updating their local policies.

69. All IRC suppliers should seek to ensure that social distancing is maintained for areas where people can congregate, including IT rooms, library and classroom seating areas/chair and tables, as well as waiting and reception/discharge areas and appropriate signage should explain the importance of social distancing. Those in the same wing, including those residing on cohorting wings, will not be expected to fully socially distance within their group (unless isolating) but will be encouraged to take sensible COVID protection measures where possible.

70. In any instance where dining areas and mealtime practices involve mixing of wings or cohorted groups, centres should ensure that adequate social distancing between staff and those in detention, and between detained individuals, can be maintained. Preferably dining arrangements will be managed by wing or a cohorted group to reduce social contact with others. This could include measures such: as increasing the number of sittings where there is communal dining; staggered opening of rooms over the different floors on residential units when collecting food; or eating in rooms only rather than at the communal benches/tables on the residential units.

Visitors

71. There is provision for social visits to 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, including social distancing measures and with regulations around the use of face masks.

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

72. All staff and visitors to IRCs and STHFs will be required to wear a face mask, at all times, when undertaking direct contact with those detained and when in the main centre. These are in addition to other protective measures already in
place. If a visitor cannot wear a mask for health reasons, they can still be permitted access to the main centre or holding facility but only to areas where they can reasonably be expected to socially distance.

73. Testing arrangements are now in place for all visitors to IRCs age 13 and over, who will be asked to take an LFD test on arrival and obtain a negative result before being granted entry into the main facility. If a visitor refuses to take a test, arrangements will be made for the visit to take place in the closed visit area.

74. Legal visits can 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.

75. 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.

76. 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

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

78. Regular staff testing arrangements are in place at all IRCs and RSTHFs, which involves staff taking an LFD test every 72 hours and obtaining a negative result before being granted entry to the main facility and undertaking weekly PCR testing.

79. COVID-19 vaccinations are at the centre of the Government’s plan to ensure life can return to normal as soon as possible. The COVID-19 vaccination programme is being delivered to all adults in England and staff and residents across the estate (including Scotland) are encouraged to get fully vaccinated.

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

81. All staff and visitors in IRCs and RSTHFs will be required to wear a face mask, at all times, when undertaking direct contact duties with those detained and when in the main centre or holding facility. These masks must be at the Type IIR (FRSM) standard.
82. 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.