HM Prison & Probation Service

HMPPS Cohorting & Compartmentalisation Guidance

May 2022

Introduction

Purpose

This is the HMPPS Prison Cohorting and Compartmentalisation Guidance. This guidance is a supporting document to the HMPPS Compartmentalisation and Isolation Policy Framework. It sets out more detail on how establishments should apply Reverse Cohorting and Protective Isolation

Please note that all references to *'prisoners'* within this document refers all those in custody, including children and young people and all references in '*prisons*' include under-18 YOIs in the children and young people secure estate (CYPSE).

The guidance has 2 key elements:

Name	Description
Reverse Cohorting	Reverse Cohorting is the temporary separation of people newly received to prison from the mainstream population to reduce the risk of introduction of communicable disease to the local population and transmission risk to all the people present in an establishment. The length of any separation should be in accordance with HMPPS guidelines and public health advice. The prisoner may be reverse cohorted alone or in a group with other prisoners. This guidance is to provide advice and guidance for Reverse Cohorting as an intervention/process to reduce transmission of communicable disease . This can be implemented locally, regionally or nationally appropriately with collaboratively with HMPPS, Public Health and partners
Protective Isolation	Protective Isolation is the temporary isolation of prisoners who are symptomatic for and/or known to be infected with a communicable disease and who are at risk of infecting others which can be mitigated by isolating the prisoner. Protective Isolation may also be required for individuals who are identified contacts of a person known, or suspected, to have a communicable disease. Public health advice and associated HMPPS guidance will set out details of the application of protective isolation for contacts, and how contacts are identified.

Specification 1: Reverse Cohorting

Purpose: Reverse Cohorting (RC) refers to the separation of newly arrived prisoners from the rest of the prison population for the purposes of communicable disease control.

Establishments should refer to the revised specification below when designing their local Reverse Cohorting model. A local policy to provide Reverse Cohorting is required to be in place at all times as a contingency measure irrespective of whether or not it is applied at any particular time.

As set out in the Compartmentalisation and Protective Isolation Policy Framework, Reverse Cohorting requirements may be applied only if:

- the measure is advised by a public health specialist/ Outbreak Control Team as a response to single case, cluster or outbreak
- the measure is guided to be applied by HMPPS Headquarters or
- The measure is agreed to be applied by a Governor or Prison Group Director provided that decision making on application has been delegated from Headquarters

Where delegated/guided by headquarters, headquarters will work with UKHSA and/or Health Protection Teams as the statutory body for the Centre for Disease Control).

Advice will also be provided on whether or not Reverse Cohorting should be applied for prisoners who spend time outside an establishment through court or hospital attendance or ROTL for any purpose.

Outcomes	Delivery
This section of guidance applies to all establishments.	
All establishments must operate Reverse Cohorting in line with relevant guidance for each communicable disease.	• Public Health Notices and further guidance will be published by Headquarters UKHSA/PHW which will provide information on: • The application or removal of reverse cohorting, or, where the decision to apply or remove reverse cohorting is delegated from headquarters, with whom that decision authority rests. • Communicable disease testing requirements for people in prison and how they may interact with isolation requirements for specific diseases Establishments must be prepared to implement a model of reverse cohorting irrespective of whether or not decision is made to implement it. This may include requirements for prisoners who are both newly received into custody and received on Inter Prison Transfers (IPT).

	Typically, establishments will be able to either hold RC prisoners on a designated RC Unit (RCU) or can operate a process-based model where they can RC prisoners in any available space in the prison. Where an establishment continues to use a dedicated RCU, in the event that all spaces on that unit are full, **they must use any other available spaces across the establishment for RC purposes to meet capacity requirements from PMU.** HMPPS defines a household as a small number of prisoners who share a cell or dormitory equivalent to the community definition of a household. People are only a household where they are together in close proximity. Single cells should be used where available. Where this is not possible, prisoners should only share with prisoners they arrived at Reception with on the same day. Whichever RCU model is followed, prisons must ensure strict infection control measures are maintained between different households within the RCU appropriate to control of relevant communicable diseases (for respiratory diseases this includes social distancing, hand hygiene and face coverings) to limit infection spreading within the RCU. Establishments must be able to identify those prisoners who are reverse cohorting and their locations within the site. The NOMIS alert must be used in all cases. Where respiratory disease is suspected, Reverse Cohorting prisoners should be located on the highest landing to mitigate the risk of onward transmission as a result of possible ventilation issues.
All reception establishments must be prepared to develop a testing/screening model in line with relevant guidance.	Where testing/screening options for specific communicable diseases exist, advice will be provided via Guidance about how the duration of Reverse Cohorting may be mediated by testing/screening. Information provided will include detail for application to newly received prisoners and those who are received on Inter Prison Transfer (IPT). Information provided will be developed with UKHSA/HPT as the responsible organisation.
All establishments should develop **contingency options** to utilise if they experience a situation where capacity pressures means that they are unable to deliver	Establishments should follow the below Contingency Options if they experience situations where capacity requirements mean that they are unable to deliver Reverse Cohorting as per the current guidance in order to avoid locking out. Fulfilling our requirements to serve the courts must take priority and where we are required to make defensible decisions against the compartmentalisation strategy to avoid locking out, we must do this.

Reverse Cohorting as per the current policy in order to avoid **locking out**.	If an establishment experiences an urgent need to access prison spaces due to an operational pressure (i.e police operation, decanted accommodation, prison incident or population pressure) which means they are unable to deliver Compartmentalisation as per the current policy they should follow the below process of options: 1. Notify Population Management Unit (PMU) of the issue. This should happen via the dedicated establishment Population Manager, but the Population Management section can also be reached via : pms@justice.gov.uk 2. PGD offices will provide support to ensure that the avoidance of lock out is a priority and therefore the establishment must consider access to all available spaces. Compartmentalisation of all types (reverse cohorting, shielding and protective isolation) should be treated as a process rather than a unit as per the Compartmentalisation Guidance. So long as regimes are managed separately to ensure there is no mixing of cohorts, cohorting prisoners can be located in different areas across the establishment and establishments should utilise all available spaces regardless of location. 3. Once all available spaces have been utilised, if the requirement to reverse cohort the prisoner(s) in question is the barrier to accessing spaces then establishments should consider whether Reverse Cohorting is feasible for prisoner(s). The current policy permits reverse cohorting as a process in any location and therefore in most circumstances reverse cohorting will still be possible, albeit in a different location to where prisoners are normally received into. However, local circumstances will vary, and there may still be further need to create access to additional spaces and therefore establishments may wish to consider relevant public health advice on alternative or additional mitigations. 4. In the event that establishments have considered all available options as outlined above but are still unable to achieve the capacity required to avoid locking out, the decision to lock out must be taken by the PGD.
Establishments must develop a local strategy for managing prisoners going on escort (court, hospital).	Establishments must include in their local isolation strategy contingency arrangements for the application of Reverse Cohorting to prisoners attending court or hospital who may have been exposed to communicable disease risk. Establishments should seek advice from the local HPT/UKHSA for this.

All establishments must be aware of the procedures in place to manage prisoners who refuse to reverse cohort.	There may be situations where a prisoner refuses to isolate. The key considerations in these situations will making sure that action taken is necessity, and proportionality. Each situation will need to be judged on its individual merits, and staff must take into account, as part of their decision making, the risk and needs of the complex prisoner population and the consequences of the prisoner not complying with their lawful instruction. Staff must consider whether they have exhausted all reasonable options, such as communicating with the prisoner and explaining the consequences of not complying, such as the health risk to themselves and others, discipline procedures or the local incentives policy. Staff must also assess whether they are acting in the best interest of the prisoner or others. If, after constantly assessing the situation, staff decide that force is necessary, then the level of force must be carefully considered so that it is proportionate. In these situations, the use of force must only be used when other methods not involving the use of force have been repeatedly tried and failed, or are judged unlikely to succeed, and action needs to be taken as there are no other reasonable options to resolve the situation. All use of force must be in accordance with the Use of Force policy (PSO 1600 and PSI 30/2015).

Specification 2: Protective Isolation

Purpose:

Protective Isolation is the temporary isolation of prisoners who are symptomatic for and/or known to be infected with a communicable disease and who are at risk of infecting others with a communicable disease which can be mitigated by isolating the prisoner.

Protective Isolation may also be required for individuals who are identified contacts of a person known or suspected to have a communicable disease. Public health advice and associated HMPPS guidance will set out details of the application of protective isolation for contacts , and how contacts are identified. Establishment Isolation Policies should provide for the capability to isolate any prisoner on receipt of relevant advice.

The duration of Protective Isolation for individuals will be advised by HMPPS Headquarters or by a qualified public health professional alongside advice to apply Reverse Cohorting. **No individual episode of isolation can exceed 14 days. If a longer period is required, policy and procedures for segregation (PSO 1700) must be followed.**

Advice will also be provided on how the duration of isolation may be mediated by testing for communicable disease which may be available

Outcomes	Delivery
All establishments must isolate prisoners on the advice of qualified public health or healthcare professionals, and presumptively while advice is sought	Local Isolation policies must provide for the prompt isolation of any prisoner who may present communicable disease risk to others consistent with the requirements of the HMPPS Interim Compartmentalisation and Isolation Policy Framework.
All establishments must develop a **local isolation plan** for each confirmed communicable disease case.	It is generally recommended that prisoners are isolated in their existing cell or moved to a dedicated Protective Isolation Unit (PIU) and local healthcare are informed. Establishments must determine locally whether a designated PIU is required in conjunction with their Local UKHSA Health Protection Team (HPT) and in line with the Information Notice for the relevant Communicable Disease or other infection Wherever possible prisoners should be isolated in a single cell. Where respiratory disease is suspected, cases in protective isolation should if possible be located on the highest landing to mitigate the risk of onward transmission as a result of possible ventilation issues.

	Alongside isolation, further control measures should be applied appropriate to the disease or suspected disease which is being controlled, including: • Effective barrier control • Separation between cohorts of prisoners • Regimented cleaning in line with relevant SOPs. • Prison staff should be able to identify those prisoners who are protectively isolating. • Ensure that prison healthcare provide regular well-being checks on those in protective isolation • Support healthcare team in checking health status of patients in protective isolation where HMPPS led welfare checks have flagged a health concern (outside of routine healthcare contact). • Information on the in-cell distraction packs, education supplies etc to be provided to the prisoner for the duration of their isolation to ensure that their welfare needs are met.
All establishments must be aware of the potential wellbeing/welfare impacts of isolation and should ensure that measures are in place to manage the risks of isolation and to support prisoners during periods of isolation.	Governors must ensure that welfare and wellbeing checks are provided at least daily (preferably more frequently) and are recorded. Regular meals and any medications must be provided. A wellbeing check is a conversation enabling the well-being of an individual to be gauged and typically involves asking questions that would facilitate a prisoner to raise issues and ask for assistance. Healthcare staff must attend the 72 hour welfare and wellbeing check.
All establishments must be aware of the procedures in place to manage prisoners who refuse to isolate.	There may be situations where a prisoner refuses to isolate. The key considerations in these situations will be making sure that action taken is necessary and proportionate . Each situation will need to be judged on its individual merits, and staff must take into account, as part of their decision making, the risk and needs of the complex prisoner population and the consequences of the prisoner not complying with their lawful instruction. Staff must consider whether they have exhausted all reasonable options, such as communicating with the prisoner and explaining the consequences of not complying, such as the health risk to themselves and others, discipline procedures or the local incentives policy. Staff must also assess whether they are acting in the best interest of the prisoner or others. If, after constantly assessing the situation, staff decide that force is necessary, then the level of force must be carefully considered so that it is proportionate. In these situations, the use of force must only be used when other methods not involving the use of force have been repeatedly tried and failed, or are judged unlikely to succeed, and action needs to be

	taken as there are no other reasonable options to resolve the situation.
All establishments must develop plans for the management of prisoners who **reside in a cell** with someone who is advised to protectively isolate	Local isolation plans should set out clearly how and by whom risk to cell sharers will be assessed for any individual who is in a multiple occupancy cell and is required to isolate, and how any movement between cells will be agreed and managed. Depending on the particular circumstances, it may be appropriate to separate cell sharers or it may be necessary or appropriate to maintain multiple occupancy. Any decision taken which goes against public health advice or advice of a healthcare professional specific to an individual case should be recorded in the establishment's defensible decision log including the reasons for the decision.
All establishments should communicate decisions around isolation to prisoners in a way that is aligned with the principles of procedural justice.	Establishments should refer to the guidance linked at Procedurally-Just-Communication-Checklist.pdf (gsi.gov.uk) Establishments may wish to refer to the communication materials developed by Books Beyond Words to help communicate isolation decisions to prisoners with Neurological Conditions: https://booksbeyondwords.co.uk/coping-with-coronavirus

HM PRISON SERVICE Public Sector Prisons CPI01	**72 HOUR REVIEW (Protective Isolation up to 14 days under Prison Rule 45)**		
Establishment:			
Date of Review:		**Time of Review:**	
Prisoner Details			
Surname:			
Forename(s):			
Cell Location:			
Is the prisoner on an open ACCT (inc. Post-Closure) Yes/No	If Yes convene an ACCT case review, unless the Prisoner shows no sign of distress and there is specific instruction in the ACCT Plan that is acceptable not to hold a review until the next scheduled.		
Are there any specific concerns about the mental health of the prisoner and/or their risk of self harm or suicide? **If yes, detail supportive action to be taken.** Yes/No	If there are concerns then staff should consider removal from isolation / opening an ACCT / use of Samaritan phone / offering use of a Listener		
Heath check completed **Yes/No**	If healthcare indicate that there are apparent clinical reasons or the ACCT Plan advise against segregation at this time please state below that you have fully considered their advice and determined the most appropriate course of action. Detail the case conference that you have held / how you determined the best way forward. Continue on a separate sheet if necessary.		

Isolation Details			
Date Isolation Commenced:			
Is isolation to continue	**YES/NO**		
Expected End Date (If Known):			

You need to stay in your cell/ have your time out of cell in a smaller group [*delete as appropriate]* to prevent the spread of communicable disease. This is called Protective Isolation.

Staff have done a review of your isolation to decide if it is appropriate and safe to continue.

It has been decided that your continued isolation for the purposes of health protection is appropriate.

Your protective isolation will end *on [insert date/information as per relevant communicable disease guidance]* but will not be later than [13th day].

During this time you will continue to receive your entitlement to regime such as access to showers and exercise, but your access to other activities in the prison might be limited. You should speak to the staff on the wing about what will be available during this time. If you have any questions or concerns during this period you should speak to your wing staff. If you feel unwell it is important to let staff know who will be able to support you in speaking to the healthcare team.

Staff Member Completing Review Details			
Name(s):		**Signature(s):**	
Governor Authorisation Details			
Name(s):		**Signature(s):**	

HM PRISON SERVICE Public Sector Prisons CPI02	**72 HOUR REVIEW (Reverse Cohorting up to 14 days under Prison Rule 45)**		
Establishment:			
Date of Review:		**Time of Review:**	
Prisoner Details			
Surname:			
Forename(s):			
Cell Location:			
Is the prisoner on an open ACCT (inc. Post-Closure) Yes/No	If Yes convene an ACCT case review, unless the Prisoner shows no sign of distress and there is specific instruction in the ACCT Plan that is acceptable not to hold a review until the next scheduled.		
Are there any specific concerns about the mental health of the prisoner and/or their risk of self harm or suicide? If yes, detail supportive action to be taken.	If there are concerns then staff should consider removal from isolation / opening an ACCT / use of Samaritan phone / offering use of a Listener		
Heath check completed **Yes/No**	If healthcare indicate that there are apparent clinical reasons or the ACCT Plan advise against segregation at this time please state below that you have fully considered their advice and determined the most appropriate course of action. Detail the case conference that you have held / how you determined the best way forward. Continue on a separate sheet if necessary.		
Isolation Details			
Date Isolation Commenced:			
Is isolation to continue	**YES/NO**		

Expected End Date (If Known):	

You need to stay in your cell/ have your time out of cell in a smaller group [*delete as appropriate]* to prevent the spread of communicable disease. This is called Isolation. Staff have done a review of your isolation to decide if it is appropriate and safe to continue.

It has been decided that your continued isolation for the purposes of health protection is appropriate.

Your isolation period end date will be dependent on *[insert relevant information, e.g. return of negative tests]* but will not be later than [13th day].

During this time you will continue to receive your entitlement to regime such as access to showers and exercise, but your access to other activities in the prison might be limited. You should speak to the staff on the wing about what will be available during this time. If you have any questions or concerns during this period you should speak to your wing staff. If you feel unwell it is important to let staff know who will be able to support you in speaking to the healthcare team.

Staff Member Completing Review Details			
Name(s):		**Signature(s):**	
Governor Authorisation Details			
Name(s):		**Signature(s):**	