



HM Government



Seasonal flu guidance for 2019 to 2020 for healthcare and custodial staff in prisons, immigration removal centres and other prescribed places of detention for adults in England

Preventing and responding to seasonal flu
cases or outbreaks

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Glossary

AV-PEP	Antiviral post-exposure prophylaxis
DHSC	Department of Health and Social Care
HCWs	Healthcare Workers
HMPPS	Her Majesty's Prison & Probation Service
HPT	Health Protection Team
ILI	Influenza-like Illness
IRC	Immigration Removal Centre
NICE	National Institute for Health and Care Excellence
OCT	Outbreak Control Team
PGD	Patient Group Direction
PHE	Public Health England
PMU	Population Management Unit
PPD	Prescribed Places of Detention
PPE	Personal Protective Equipment
PSD	Patient Specific Direction
SOP	Standard Operating Procedure

1 Introduction

This guidance is for healthcare and custodial staff in prescribed places of detention (PPDs) for adults in England (this definition includes prisons, Immigration Removal Centres and other places of detention). It has been developed by Public Health England's (PHE) National Health & Justice Team in collaboration with NHS England / Improvement Health & Justice Commissioners, Home Office Immigration Enforcement (HOIE) and Her Majesty's Prisons and Probation Service (HMPPS). This guidance is for adults in PPDs in England. Separate guidance is available for children in the [Children & Young People Secure Estate](#)¹.

Influenza (also known as flu), is an acute viral infection of the respiratory tract (nose, mouth, throat, bronchial tubes and lungs) characterised by a fever, chills, headache, muscle and joint pain, and fatigue². For otherwise healthy individuals, flu is an unpleasant but usually self-limiting disease with recovery within 2 to 7 days. Flu is easily transmitted and even people with mild or no symptoms can still infect others. The risk of serious illness from flu is higher among children under 6 months of age, older people and those with underlying health conditions such as respiratory disease, diabetes cardiac disease or immunosuppression, as well as pregnant women.

Maintaining the operational effectiveness of PPDs is essential to preserve a fully functional criminal justice and immigration removal system and minimising the impact of seasonal flu within these settings is an important and desirable outcome.

1.1 Background

PPDs run the risk of significant and potentially serious outbreaks, with large numbers of cases and a higher rate of complications, including mortality, because:

- large numbers of people live in close proximity with high degrees of social mixing during activities
- the population is constantly turning over with new receptions, releases and transfers
- access to healthcare could be limited if demand is high and transfer out to hospitals is complicated with demands on custodial staff for bedwatch/escort services
- people in PPD have a higher prevalence of respiratory illness (including asthma) immunosuppression (eg due to HIV infection) and other chronic illnesses such as

1 PHE Guidance, Seasonal flu in the children and young people secure estate: www.gov.uk/government/publications/seasonal-flu-in-the-children-and-young-peoples-secure-estate

2 PHE, Annual flu programme webpage (updated July 2019) www.gov.uk/government/collections/annual-flu-programme

cardiovascular disease, diabetes or liver disease, than their peers in the community.

- increasing numbers of older people in PPD have a high level of physical health needs which may put them at risk of complications of influenza

A key principle in managing seasonal flu is that people in PPDs should receive healthcare equivalent to people in the wider community. This includes access to antiviral treatment, although the means of delivering such healthcare may differ from community models.

An essential element of reducing the impact of flu in PPD is a whole setting approach to the prevention, early identification and notification of illness, and prompt access to treatment including antivirals.

1.2 The role of the National Health & Justice Team

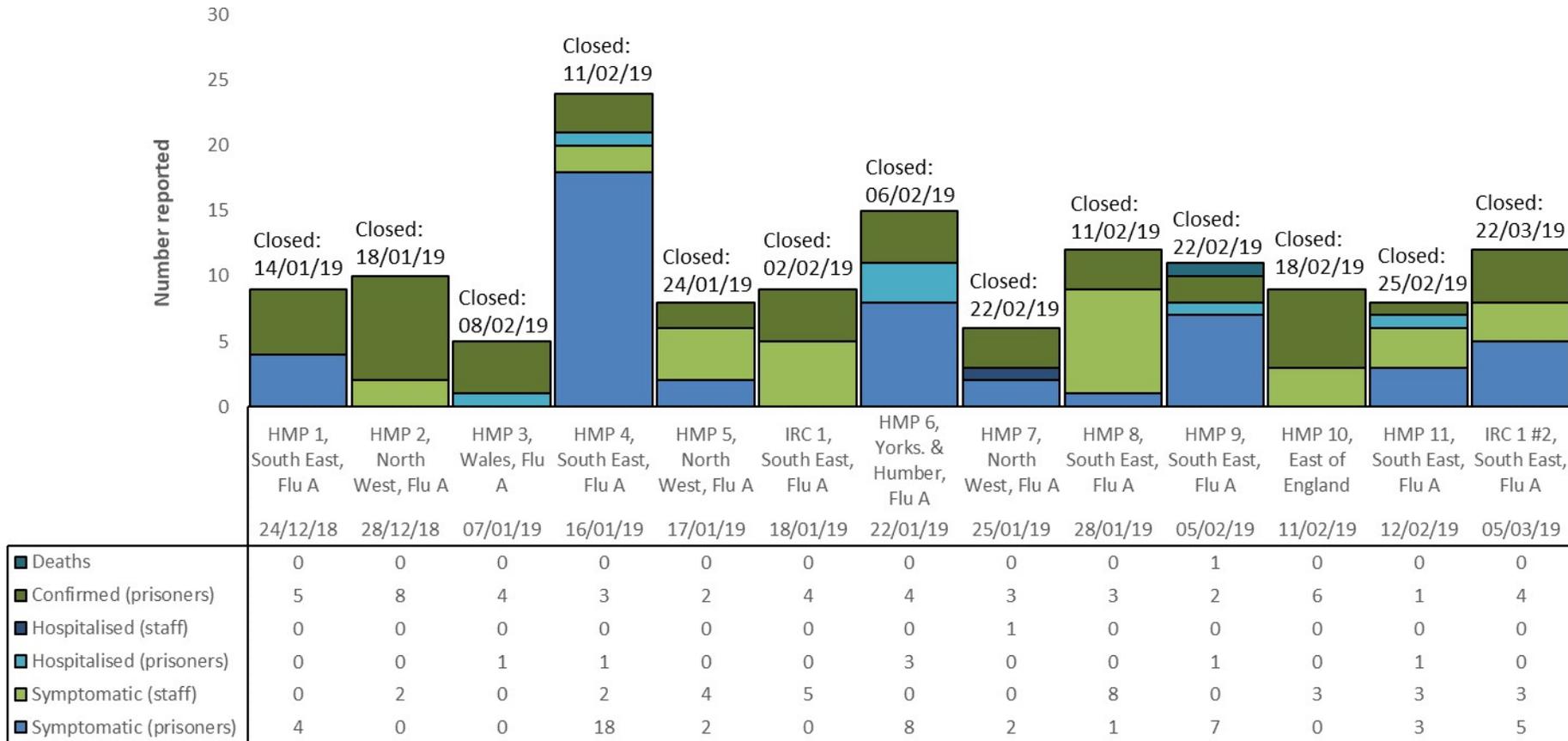
Flu and its impact on PPDs is hard to predict. PHE's National Health & Justice Team provide expert advice and support to responding local Health Protection Teams (HPTs) and outbreak control teams (OCTs), conduct surveillance at national level, share intelligence with partners, and develop national guidance for preventing and managing outbreaks. Surveillance data on outbreaks and their impact is collected by the National Health & Justice Team to inform real-time operational response as well as support planning and preparation.

1.3 Last year's flu season

The 2018 to 2019 flu season saw fewer confirmed outbreaks of seasonal flu reported in PPDs across England and Wales than in 2017/18. In total, 13 confirmed outbreaks of flu A or B were reported to the National Health and Justice team compared with 21 in the preceding year. The majority of the reported outbreaks occurred in adult prisons in England, but 1 outbreak occurred in a prison in Wales and 2 separate outbreaks were reported in the same IRC in England (Figure 1).

In addition to fewer flu outbreaks reported than in the preceding year, fewer cases were also reported, on average, in each outbreak: 10.6 cases per outbreak in 2018/19 compared with 24.3 cases per outbreak in 2017/18. However, despite these apparent reductions in outbreak frequency and size, a greater proportion of cases had serious complications secondary to their infection which required hospitalisation: 7.1% of prisoners/detainees were hospitalised in 2018/19 versus 2.6% in the preceding year. Sadly, one prisoner also died as a result of complications secondary to their flu infection.

Figure 1: Influenza outbreaks in the secure and detained estate (England and Wales; 2018 to 2019 flu season) by date reported, facility type, region and notification and closure dates. HMP = Her Majesty's Prison; IRC = immigration removal centre.
 Source: National Health and Justice Team, PHE



2 Recommendations for action

2.1 Preparation

The public health principles guiding action for PPDs are the same as those in the wider community, for example:

- vaccination of all in clinical risk groups (see [Appendix 1](#))
- vaccination of healthcare staff working in PPDs according to national guidance - [Chapter 19 of the 'Green Book'](#)³
- vaccination of custodial & detention staff who provide a role equivalent to that of a health or social care workers
- prompt diagnosis (including assessing whether it is an outbreak situation)
- ensuring effective and appropriate care including access to antivirals for people who are ill or to prevent infection in those at risk of complications
- good infection control practice and resources
- healthcare teams to appoint a flu lead to oversee preparations including the seasonal flu vaccine campaign

PPDs should agree clear arrangements with their local PHE HPT and NHS England Health & Justice Commissioners to ensure the institutions know how to:

- order vaccine supplies in good time prior to the annual vaccination period
- plan and co-ordinate vaccination of eligible individuals
- recognise possible outbreaks and report them quickly (see ['Multi-agency contingency plan for disease outbreaks in prisons'](#))⁴
- access public health advice and support, both in and out of office hours
- rapidly access viral testing (and processing of swabs) to support the need for timely diagnosis and "low threshold to treat" policy for clinical risk groups
- provide antiviral medication
- ensure adequate personal protective equipment is in stock

2.1.1 Vaccination for detainees

The aim of the immunisation programme is both to protect people from illness and to reduce transmission. Healthcare teams should compile a register of detainees eligible

³ PHE, Influenza: the green book, chapter 19 (updated 23 April 2019) www.gov.uk/government/publications/influenza-the-green-book-chapter-19

⁴ PHE, Multi-agency contingency plan for disease outbreaks in prisons, January 2017:

www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons

for immunisation. Sufficient vaccine can then be ordered in advance and individuals can be invited to planned immunisation sessions or appointments.

Vaccination should be offered before flu starts to circulate in late September/ early October) to the groups outlined in the [annual flu letter](#) ⁵:

- all aged 65 years or older
- younger people in the clinical risk groups shown in [Appendix 1](#) - this list is not exhaustive and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease a detainee may have, as well as the risk of serious illness from flu itself

Detainees should be offered and re-offered vaccination, even those who have previously declined.

Additional groups to be considered for vaccination: ‘older prisoners’

People aged over 50 are the fastest growing group in prison. Emerging evidence suggests that they are physiologically 10 to 15 years older than their counterparts in the community and have a greater burden of disease⁶. This evidence supports the opportunistic vaccination of older people in prison who may not ordinarily meet eligibility criteria for flu vaccination. Prison healthcare providers are advised to consider vaccinating people aged 55+ under a Patient Group Direction (PGD – see section 2.1.4) or a prescription.

NB: If providers undertake to vaccinate people between 55 and 64 who do not meet the national criteria for vaccination by virtue of other risk factors, the national PHE template cannot be used. The provider or local commissioners will either need to develop and arrange authorisation of a separate PGD, or use individual prescriptions.

Mother and baby units

Pregnant women should be vaccinated and arrangements made for babies who fall into a risk group and are eligible for vaccination.

2.1.2 Vaccination for staff

⁵ www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf

⁶ T. Wangmor et al Aging Prisoners’ Disease Burden: Is Being Old a Better Predictor than Time Served in Prison? . Gerontology 2015. www.karger.com/Article/FullText/363766#ref5

It is strongly recommended that as part of any establishment's flu strategy there is clear information on vaccine coverage for all appropriate staff groups, healthcare and custodial.

All healthcare staff should be offered flu vaccination by their employer, as with healthcare staff in the community. This should form part of the organisations' flu policy and should link directly to the occupational health policy. New guidance is available for healthcare providers so they can vaccinate their own staff using a peer to peer approach to maximise access to the vaccine to their employees⁷

Custodial staff: each establishment should make an assessment of which custodial personnel undertake a role analogous to a health and social care worker. This means where their role requires close contact with detainees who may have flu eg providing medication or close personal care. These staff should be offered the flu vaccine in line with the organisation's occupational health policy. Occupational health providers should provide information to PPD senior leaders on the number of staff in high risk groups and their vaccine status (without providing patient identifiable information).

2.1.3 Vaccination targets, coverage and recording

Department of Health and Social Care vaccination targets for 2019/20 are:

- at least 75% of those aged 65 years and over
- at least 55% of those in all clinical risk groups, including pregnant women, and maintain higher rates where those have already been achieved – ultimately, the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu
- 100% of HCWs and those custodial staff in analogous roles (see definition above)

For detainees, both the offer and uptake of the flu vaccine should be recorded. Healthcare providers are encouraged to hold a register so that they can identify all people eligible for the flu vaccine. Updating the eligibility register throughout the flu season will help with coordination of the local flu vaccination programme. Clinical risk group status should also be recorded on SystemOne, paying particular attention to the inclusion of women who become pregnant and people who enter at risk groups during the flu season.

⁷ NHS Specialist Pharmacy Service: Written instruction for the administration of flu vaccine 2019: [link](#)

All healthcare staff should be included in their employers' seasonal flu vaccination programme as per national guidance for healthcare staff, with a target uptake of 100%, given the additional concern about flu outbreaks in closed institutions.

For custodial staff in roles analogous to health & social care workers: Individual employers should advise staff of the need to be vaccinated and how to access vaccination through occupational health or other services, with a target uptake of 100%. Staff in clinical risk groups should receive vaccine through their GP/pharmacies participating in the NHS seasonal flu programme, free of charge, as per the rest of the population.

2.1.4 Accessing vaccine supplies

Healthcare providers access influenza vaccines in the same way as GP practices as detailed in [Chapter 19 Green Book](#)³.

Vaccine supplies

Healthcare providers in PPDs should routinely order vaccine supplies directly from manufacturers in the spring to secure supplies. They should order enough vaccine based on past and planned performance and expected demographic increase. These orders are supplied just before the autumn/winter vaccination programme. A list of vaccines is published in the [annual flu letter for England](#) Information about ordering vaccines from manufacturers is given in [Chapter 19 of the Green Book](#)³.

During an outbreak of seasonal flu, additional vaccine stock can be sourced from the following in priority order:

- vaccine manufacturers
- pharmacy service providers contracted to the prison/PPD

Administration of flu vaccines

Vaccines can be administered via a prescription or a Patient Group Direction (PGD). A PGD is for vaccinating a number of people for example, as part of nurse or pharmacist-led vaccination clinics. A PGD must be used in line with legislation and NICE Guidance⁸. PGDs should be in place all the time and should be reviewed before the flu season for use in vaccination clinics and when the Chief Medical Officer advises that antivirals can be used for flu (see 2.5)

⁸NICE. Good practice guidance Patient Group Directions August 2013 www.nice.org.uk/guidance/mpg2

NHS England commissioners may authorise a flu vaccine PGD that can be used by GP practices and health and justice providers within that locality/region. Where providers cannot access the authorised PGD, the PHE template PGD for the vaccine (available [here](#)⁹) can be used by providers to either authorise within their organisation (for NHS Trusts) or to gain NHS England authorisation for its use in health and justice sites (for non- NHS healthcare providers).

NB Prisons which have healthcare commissioned by HMPPS must have the PGD authorised by the prison director/governor rather than NHS England.

2.2 Diagnosis and recognition of a case

It is important that all staff (custodial as well as healthcare) are aware of the symptoms of influenza-like illness (ILI) and of the need to report suspected cases promptly to healthcare. Custodial staff often have the most contact with prisoners/detainees and are therefore well-placed to recognise cases. Employees with signs and symptoms of ILI should seek advice from their GP and inform their line manager and occupational health provider.

Prompt action is necessary if ILI is suspected. A useful case definition for flu is provided in table 1 below - *this may be modified once an OCT is called*:

Table 1: Influenza (Influenza virus), clinical criteria for case definitions

Source: World Health Organisation¹⁰

ILI case definition
An acute respiratory infection with: <ul style="list-style-type: none">• measured fever of $\geq 38\text{ C}^\circ$• and cough;• with onset within the last 10 days

Swabbing to confirm infection

PPD healthcare teams should swab the first few presenting cases (up to 5) as soon as possible.

once flu is confirmed, all other cases meeting the clinical case definition are regarded as suspected flu and no further testing is advised. However, the OCT may consider

⁹ PHE template for PGD (flu vaccine) www.gov.uk/government/publications/intramuscular-inactivated-influenza-vaccine-patient-group-direction-pgd-template

¹⁰ www.who.int/influenza/surveillance_monitoring/ili_sari_surveillance_case_definition/en

further testing towards the end of the outbreak either where the situation is complex (eg multiple wings or units involved) or to confirm that any new cases can be discounted.

2.3 Preventing transmission and population management

2.3.1 Isolation and cohorting of cases:

Prisoners/detainees presenting with flu should be isolated in single cell accommodation and clinically assessed as soon as possible. They should remain isolated until assessment. If deemed to be a suspected case, they should continue to be isolated until resolution of their symptoms (usually 5 days from onset but may be longer in people with underlying medical conditions).

Cohorting of cases: ideally, cases with suspected/confirmed flu should be isolated in single cell accommodation. Where demand exceeds capacity, cases may be cohorted together (paired together in a shared cell). Where cases are concentrated in particular area or wing, the OCT may consider bringing all other cases into the same area and cohorting them, subject to operational and security assessment.

Asymptomatic cell sharer contacts of cases: where there are 2 or more people in a cell and one becomes a suspected/confirmed case, those cell sharer contacts may pose an infection control risk and should also be isolated from the general population (a period of 48 hours from last contact with a suspected/confirmed case is appropriate). Practical operational considerations will inform whether that means they stay where they are or can be moved to another location away from the ill cell-mate.

2.3.2 Visiting

Symptomatic visitors should be excluded from the PPD until no longer symptomatic. Visitors with underlying health conditions and at risk of more severe infection (see Appendix 1) should be discouraged from visiting during an outbreak. Consistent with patient welfare, visitor access to symptomatic prisoners/detainees should be kept to a minimum. Any visitors should be provided with hygiene advice. Non-urgent visits should be rescheduled until after the outbreak is over.

2.4 Treatment and care

Symptomatic care should be offered bed rest and oral fluids with paracetamol and/or ibuprofen as clinically indicated.

The use of antivirals for prophylaxis and treatment of influenza according to NICE guidance^{11,12} remains an integral part of influenza control measures in PPDs PHE has published additional [guidance on the use of antivirals](#)¹³.

Suspected/confirmed flu cases that are in high risk groups for complications of infection (see [Appendix 1](#)) should be considered for treatment with antivirals (usually Oseltamivir more commonly known as Tamiflu). PHE recommends the consideration of treatment even in vaccinated prisoners.

Antiviral post-exposure prophylaxis of close contacts

Use of antivirals for post-exposure prophylaxis (AV-PEP) is advised for those contacts of cases that are in clinical risk groups, regardless of seasonal flu vaccine status (although this lies outside NICE guidance). Where there is an extensive outbreak, the OCT should consider offer of AV-PEP to all those in clinical risk groups in affected wings or throughout the prison.

Accessing supplies of antivirals and PGDs

Flu plans should include the ordering process and supply of antivirals. These plans need to take into account the need to commence antivirals, as appropriate, within 36-48 hours of symptom onset. All supplies of antivirals to individuals should be recorded in their clinical records. Tamiflu can be supplied in-possession unless the person is unable to manage their medicines. [Alternative antivirals](#)¹⁴ are available for patients who are unable to take Tamiflu.

There are 2 routes to access antivirals following a clinical assessment and diagnosis:

1. Individual prescriptions or patient specific direction (PSD): The antiviral can be accessed by sending the prescription to the pharmacy for dispensing (i.e. the pharmacy contracted to provide medicines to the prison or PDD or an out of hours pharmacy) OR by using over-labelled stock supplies¹⁵ that allow the prescriber or registered healthcare professional to add the people name and date to enable a

¹¹ Guidance on the use of antiviral drugs for the prevention of influenza (Technology Appraisal Guidance No.158) www.nice.org.uk/guidance/ta158

¹² NICE. Guidance on the use of antiviral drugs for treatment of influenza (Technology Appraisal Guidance No. 168) www.nice.org.uk/guidance/ta168

¹³ Guidance on antiviral agents for the treatment and prophylaxis of Influenza (updated January 2019) www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-antiviral-agents

¹⁴ NICE Clinical Knowledge Summaries. Influenza – seasonal: prescribing information (April 2019). <https://cks.nice.org.uk/influenza-seasonal#!prescribinginfo>

¹⁵ Over-labelled supplies must be procured from a licenced provider. The label usually has the dose pre-printed on it and allows the healthcare professional to add the patient name and date at the point of supply.

prompt supply. This should be completed using standard operating procedures (SOPs) developed and ratified by the healthcare provider.

- 2 A Patient Group Direction (PGD) authorised and administered as per NICE Guidance⁸: PGDs enable the prompt access to the flu vaccine and antivirals.

PHE have produced **PGD templates**¹⁶ for flu AV-PEP and treatment. These were designed for care homes but can be adapted for custodial settings. The PGDs cover:

- Tamiflu to *treat* people with flu-like symptoms
- Tamiflu to prevent people getting flu (prophylaxis – for people who meet specific criteria)

In-possession supplies, made under a PGD must be handed to the person by the healthcare professional who assesses the person. For non-IP supplies, the healthcare professional who assesses the person can supply the antiviral for storage so that doses can be administered under supervision in line with local arrangements. The antiviral supplied via a PGD must be from over-labelled stock and the name of the person and the date added to the label by the healthcare professional.

NB During an outbreak, PHE may recommend that prison staff in clinical risk groups should be considered for post exposure prophylaxis with antiviral medication. (Appendix 4). This would usually be provided by their GP. Outbreaks in PPDs may need a longer duration option of prophylaxis for high risk people (staff/detainees/prisoners). Up to 42 days of prophylaxis can be given within the product licence of Tamiflu.

If a PGD is not in place when an outbreak becomes likely or begins, commissioners and providers can write prescriptions for antivirals or flu vaccinations until a PGD is in place.

NHS Trust healthcare providers can authorise their own PGDs and so can fast track the development and authorisation of PGDs for flu vaccine and Tamiflu.

Non-NHS providers cannot authorise their own PGDs, but they should have mechanisms to write the PGD and submit it for authorisation by the NHS England local commissioner (H&J commissioners need to identify who the PGD authoriser is for their local team and facilitate the rapid PGD authorisation through this local process).

¹⁶ Influenza post exposure prophylaxis and treatment: PGD templates (March 2019).

www.gov.uk/government/publications/influenza-post-exposure-prophylaxis-and-treatment-pgd-templates

Stock access of flu vaccine and antivirals

Flu vaccine is supplied from the provider's usual wholesaler or the manufacturer and not via Immform.

Antivirals supplied under a PGD are usually sourced already over-labelled from the provider's usual supplier of pre-packs/over-labelled medicines. For urgent supply during an outbreak the antiviral can be supplied by adding the patient name, date and site name to the manufacturer's pack and giving verbal instructions to the person about the dose, advising them to read the patient leaflet in the pack and to contact healthcare staff if they have any queries whilst taking it. See also [PGD Q&A](#).¹⁷

Antiviral stock access should be checked and confirmed by commissioners in an outbreak and support to access urgent stock may be needed (eg supported by PHE colleagues). Emergency regional stocks are a last resort and would need to be accommodated by the pharmacy holding the supply and all costs for antivirals and pharmacy charges be directly reimbursed by the commissioner to the pharmacy. Not all stockholders of these emergency stocks may be able to accommodate such requests.

Where stock supplies of over-labelled antivirals are used, plans should include:

- agreement of minimum stock levels based on previous year's use with plans to amend during an outbreak
- processes to check the antiviral stock regularly for storage and expiry dates, audit the supplies made and re-order stock as it approaches minimum levels

2.5 Outbreaks within PPDs

If a seasonal flu outbreak is suspected or confirmed, it is strongly recommended that PHE Health Protection Teams convene an outbreak control team (OCT) meeting (see the [Multi-agency contingency plan for disease outbreaks in prisons and other PPDs](#)⁴). The OCT will:

- review information with partners on the extent and severity of infection (including information on individuals requiring transfer to hospital)
- collect data on clinical attack rates to guide management of effective control measures
- review infection control practice
- consider vaccine coverage among prisoners/detainees and staff groups and
- consider antiviral treatment or prophylaxis for cases or contacts including staff

¹⁷ www.sps.nhs.uk/articles/what-are-the-legal-requirements-for-labelling-a-prescription-only-medicine-pom-issued-via-a-pgd-before-supply-to-the-patient/ (April 2019)

The **National Health & Justice Team**¹⁸ should be invited to provide expert support and experts from Field Services (FS) and/or the National Infection Service (NIS) should also be considered as contributors to the OCT.

During an OCT, the following issues need to be considered:

- if not already done, ensuring that testing for seasonal influenza is carried out (See section on swabbing above)
- consideration of the need to offer vaccination
- whether antiviral prophylaxis is required, who should receive it and how including confirmation that a current in-date PGD is in place
- operational status of the secure setting re: transfers in and out/regime restrictions, etc
- isolation and/or cohorting prisoners/detainees as part of wider infection control practice
- ensuring that wherever possible, staff deal either with detainees who have flu symptoms or those who don't - but not both
- managing hospital admission if required
- communication and media issues

Specific infection control considerations:

- hand and respiratory hygiene measures should be re-emphasised
- chlorine based/bleach products are recommended by PHE for use in disinfecting and deep cleaning contaminated areas for infection control purposes. New guidance was published by PHE and HMPPS in 2017 on the use of Titan-Chlor tablets for cleaning purposes on recommendation of the OCT (see Appendix 3)
- if a symptomatic case needs to pass through areas where other people are waiting then they should wear a fluid repellent surgical mask
- prison officers, custodial staff and healthcare staff who are assessing people with suspected flu and coming into close contact (less than 1 metre) to provide care should wear appropriate personal protective equipment (PPE), as per national guidance¹⁹
- during the outbreak, prison and healthcare staff with flu-like illnesses should be excluded from work and be managed by their GP
- if staff become ill at work, they should be sent home immediately or isolated until they can be sent home

¹⁸ Reached via health&justice@phe.gov.uk

¹⁹ Public Health England. Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings- October 2016 <https://www.gov.uk/government/publications/respiratory-tract-infections-infection-control#history>

- cases among staff as well as detainees should be reported to the Health Protection Team

Specific considerations about communications during an outbreak:

- information for staff on the use of antiviral medication for treatment and prevention purposes should be made available (see Appendix 4)
- during an outbreak an 'advise and inform' letter (see Appendix 5) can be issued to staff to inform them of the outbreak and provide relevant advice

Specific considerations for prisons around population management during an outbreak

Where an outbreak has been declared, the Governor should inform National Incident Management Unit who will notify the Population Management Unit. A dynamic risk assessment form should be completed by the Governor and the PHE Consultant in Health Protection leading the OCT (see Appendix 6).

The OCT may consider recommending:

- restricting transfers out to other prisons – this is to avoid 'seeding' an outbreak in other prisons. Where required for security reasons, receiving prison should be notified of outbreak. Avoid transferring symptomatic prisoners/detainees as priority. All infection control advice should be followed if transfers required
- restricting new receptions – this is to avoid 'feeding' an outbreak by introducing new vulnerable cases to the prison. If it is not possible to restrict completely, new receptions should be:
 - assessed to determine if in a risk group and if in a risk group considered for AV PEP and vaccine
 - assessed for signs & symptoms of flu and symptomatic new arrivals should be isolated/cohorted immediately
 - symptomatic people in clinical risk groups coming in from community may be swabbed and considered for antivirals if clinically appropriate and for isolation

Transfers to court

In an outbreak situation, symptomatic people may not be suitable for court due to both clinical needs and infection control considerations. Courts should be advised that a prisoner is ill with flu and therefore may not be suitable for court appearance.

A video link to the court should be considered as an alternative to personal appearance.

If personal appearance is required, appropriate infection control measures should be implemented.

Asymptomatic prisoners can attend court. If they are remanded in custody in a different prison, the receiving prison should be advised that an outbreak is in play in the original prison and to be alert to signs/symptoms of flu emerging, A note should be placed on SystemOne for healthcare teams.

New allocations from court

Consideration should be given to redirecting new prisoners/detainees allocated to an infected site by the courts. However, this may be sustainable for no more than a few days.

Appendix 1

Influenza vaccination should be offered to people in the clinical risk groups below:

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Chronic respiratory disease	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p> <p>see precautions section on live attenuated influenza vaccine</p>
Chronic heart disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease (included in the DES directions for Wales)	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)	<p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder)</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p>
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters). see precautions section on live attenuated influenza vaccine
Morbid obesity (class III obesity)*	Adults with a Body Mass Index ≥ 40 kg/m ²

* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category

Appendix 2

Command, control, co-ordination and communication in outbreaks of infections in prisons and other secure settings and those placed for welfare

Where limiting movement through reception departments or stopping transfers out is to be considered, this decision will be taken by the outbreak control team (OCT) and the following must take place:

- the (OCT) should consider whether limiting movement should be to reception departments, or transfers out only, ie. is there an unaffected part of the establishment that can be used so the establishment can continue to accept new prisoners, thus maintaining HMPPS' service to the courts and other prisons
- the OCT should consider whether full or partial limitation on movement is necessary, via the governor, obtain from the Population Management Unit (PMU) an impact assessment of change in activity to receptions and transfers*
- the assessment will outline the resulting population pressures from such action and state the approximate time period for which change in activity of the establishment can be sustained
- the impact assessment must be considered by the OCT before deciding on whether to recommend to the Executive Director/Group Director to change activity, limit movement or close
- only the Executive Director/Group Director or above should take decisions on closing prisons to receptions and transfers, given their oversight of a greater proportion of the prison estate, the population of which will be impacted by any decision to close
- if however the OCT and/or the Executive Director/Group Director wishes to limit movement, change activity or close the establishment for a period beyond that which the PMU deems sustainable (and in certain circumstances such action may be not be deemed sustainable for any time at all) then the recommendation must be escalated to the director of public sector prisons for a final decision
- if an urgent out of hours decision is required it should be made by the duty director
- if a decision to limit movement, change activity or close has been taken then at least every 3 days a further impact assessment of continuing closure must be obtained from PMU
- the assessment should be provided to the Executive Director/Group Director along with up-to-date information as to the current status of the outbreak

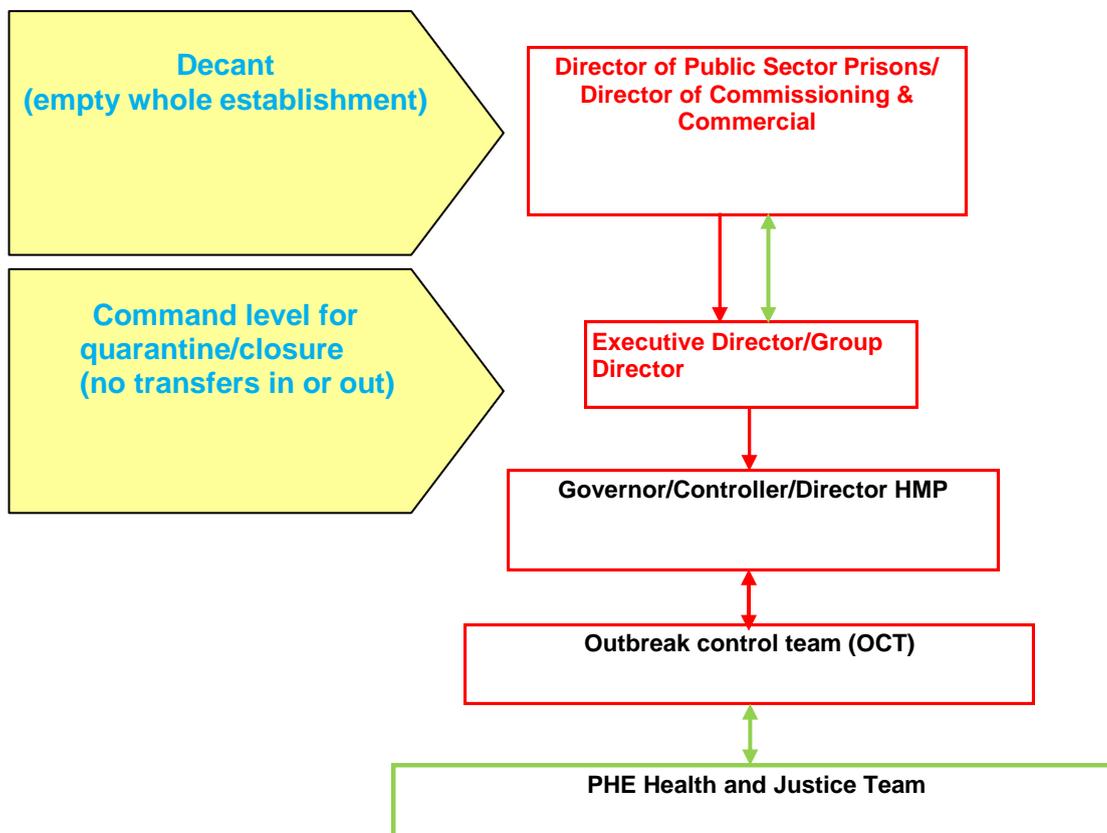
“The impact assessment will consider the impact on surrounding prisons of any restrictions on prisoner reception or discharge and the duration for which restrictions are considered sustainable”

- the Executive Director/Group Director should then maintain or withdraw his/her decision to limit movement, change activity or close the establishment to receptions and transfers
- again, should the PMU assessment determine that continuing change of activity or closure is unsustainable, any decision to extend the change of activity must be made by the director of public sector prisons (or duty director in urgent out-of-hours circumstances)

Figure 2: The command, control, co-ordination and communication in outbreaks of infection in prisons and other places of detention. Source: HMPPS



Public Health
England



Appendix 3

Guidance for the use of Titan Chlor Tablets® for surface and artefact disinfection and cleaning

As part of infection control measures including the management of gastrointestinal infection outbreaks in prisons and other places of detention

Titan Chlor Tablets are chlorine-based/ bleach disinfectant tablets and are available for order by prisons from the Greenham catalogue. Chlorine-based/bleach products are recommended by Public Health England for use in disinfecting and deep-cleaning contaminated areas during, or following, an outbreak of gastrointestinal infection as well as for cleaning for other infection control purposes. Chlorine inactivates most pathogens such as bacteria and viruses.

During an outbreak situation, use of chlorine-based disinfectants may be advised as part of the control measures and/or to deep clean an area potentially contaminated, especially in outbreaks of gastrointestinal illness accompanied by diarrhoea and vomiting, but also for other outbreaks including influenza. Use of chlorine-based disinfectant products (eg. Titan Chlor Tablets) and other cleaning products will be advised by the Outbreak Control Team (OCT). Advice on how to use chlorine-based disinfectants and other cleaning products is available in guidance published by PHE in 'Prevention of Infection and Communicable Disease Control in Prisons and Places of Detention'²⁰. The role of the OCT, its membership and responsibilities are described in guidance published by HM Government/Public Health England/NHS England in the guidance document 'Multi-agency Contingency Plan for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons and Other Places of Detention in England' 2017⁴.

This guidance must be read in conjunction with local COSHH risk assessments and safe systems of work relating to Titan Chlor Tablets/bleach based cleaning products.

For compliance with COSHH Regulations including storage, handling, use, signage, training, information, emergency procedures and disposal, the Titan Chlor Safety Data Sheet (Ref Sealed Air – Diversey Care 6087338) is attached below and must be referred to, in association with the OCT, for the identification and development of any necessary local controls additional to those specified below.

²⁰ Prevention of infection and communicable disease control in prisons and places of detention
www.gov.uk/government/uploads/system/uploads/attachment_data/file/329792/Prevention_of_infection_communicable_disease_control_in_prisons_and_places_of_detention.pdf

Guidance for general cleaning and action required to limit the further spread of infection

Micro-organisms causing illness can be spread:

- from person to person
- from infected food
- from contaminated water supplies
- from other contaminated drinks (milk, fruit juices etc.)
- from a contaminated environment
- through all these means

On detection of an outbreak, prisons/places of detention should urgently seek advice from their local PHE centre health protection team (HPT).

Actions to take in response to an outbreak of an infection:

- prisoners/detainees who are ill should be isolated in their cells/rooms, usually until free of symptoms for 48 hours
- cell/room-mates of prisoners/detainees who are ill may be incubating the illness themselves and should be similarly isolated
- if there are no in-cell/room sanitation facilities, make sure to reserve some toilet facilities for the use of symptomatic prisoners/detainees only (eg. all those with symptoms and up to 48 hours after symptoms have disappeared)
- place appropriate and clear signage on the toilet areas, such as 'for D&V patients only' and make sure the signs are clear for people with learning difficulties or poor literacy to understand
- where toilet seats are present, make sure they are down before flushing
- make sure cleaner(s) cleaning affected areas do not visit other parts of the prison/place of detention
- clean regularly and frequently throughout the day all hand held surfaces in affected areas with a Titan bleach-containing agent or other appropriate product as advised by the OCT
- toilet seats, flush handles, wash-hand basin taps, surfaces and toilet door handles should be cleaned at least daily or more often, depending on use
- disposable gloves and cloths will be used for cleaning. These may be disposed of by placing them in yellow bio hazard bags and safely disposed of via an approved contractor
- if reusable rubber gloves and non-disposable cloths are used by cleaners, these should be thoroughly washed in hot water and Titan Chlor bleach solution after use, rinsed and allowed to dry

- ideally mops with disposable heads should be used and mop heads should be either cleaned as above, or safely disposed of at the end of cleaning via yellow bio hazard bags
- all mop heads used should be disposed of at the end of the episode of illness, via yellow bio hazard bags and an approved contractor
- no cleaning of soiled items should take place in food preparation areas.
- contaminated bedding should be handled with care and attention paid to the potential spread of infection. Personal protective equipment (PPE) such as plastic aprons and suitable gloves should be worn for handling dirty or contaminated clothing and linen. The washing process should have a disinfection cycle in which the temperature of the load is either maintained at 65°C for not less than 10 minutes or 71°C for not less than 3 minutes when thermal disinfection is used
- hand washing is crucial for effective control: ensure that hand-cleaning facilities (liquid soap and warm water, paper towels, pedal-bins for the paper towels) are available and encourage people (both prisoners/detainees and staff) to wash hands often and every time they use the toilet and before eating
- personal protective equipment (PPE) – follow advice of the OCT on use of appropriate PPE such as single-use gloves and aprons when using bleach products; these products should be available within the prison/place of detention. If not, contact your PPE suppliers and place an urgent order for next day delivery
- the OCT will declare when the outbreak is over
- before resumption of normal regime, deep cleaning (terminal cleaning) may be needed (especially in norovirus outbreaks); the OCT will provide detailed advice. Where available, consideration should be given to the use of prisoners specifically trained in cleaning procedures for this task

Guidance on the use of Titan Chlor tablets/diluted solution

Although primarily written to advise supervising prison staff, the guidance below is equally applicable to any trained person employed in using Titan Chlor products:

- supplies of Titan Chlor tablets are to be securely stored at all times and may only be used on the direction of an Outbreak Control Team (OCT) Senior Manager in response to an infection outbreak
- very large bulk volumes should not be stored without a review of fire risk and control
- never issue Titan Chlor tablets to prisoners for unsupervised use
- before using Titan Chlor tablets ensure that all requirements arising from the suppliers instructions, this guidance and additional local assessment are in place and understood by those concerned.
- supervising officers must ensure that appropriate personal protective equipment (PPE) (gloves – vinyl/waterproof as a minimum) is utilised for all staff and prisoners using Titan tablets

- never handle Titan tablets with wet unprotected hands
- ensure Titan dilution levels are as specified by the manufacturer and that any prisoner cleaners employed in its use are correctly risk assessed and are directly supervised at all times
- Titan Chlor tablets, must never be used with or mixed with anything other than water to make a cleaning solution
- they fizz when added to water to speed up the reaction but this is not the release of chlorine gas, however
- mixing with any other liquid or adding any other solid substance to the solution may well release dangerous chlorine gas
- if mixed with water (or worse, anything acidic) and then confined in a container a build-up of pressure can be achieved, with a risk of the container rupturing/exploding; Titan Chlor tablets should only be mixed with water and in an open container/bucket
- if chlorine gas is released by mixing, the source solution should be discarded and flushed copiously down a sink, sluice or WC; vents/windows to the outside should be opened if viable, internal doors closed and those in the room should seek medical advice
- Titan bleach solution is harmful if swallowed and is irritating to the eyes and respiratory system if contact is made; immediate medical attention should be sought if accidental contact occurs
- supervising staff need to be vigilant at all times in the deployment of Titan Chlor solution and be aware of the potential for its use in attacking others/aiding self-harm
- any instance of misuse of Titan Chlor should be managed appropriately and reported via IRS and H&S channels
- once cleaning is complete, ensure that COSHH directions for the controlled, safe and secure disposal of used diluted Titan bleach solution are followed
- once cleaning is complete, ensure that all contaminated cleaning equipment and materials (eg mop heads/cleaning cloths/ disposable PPE) is cleaned as per the guidance above, or is placed in yellow bio hazard bags and safely disposed of via an approved contractor
- ensure that any unused Titan tablets are securely stored/ideally returned to store and are kept in a clean and dry environment to prevent cross contamination with other chemicals

Appendix 4

Information for prison staff on use of antiviral medication in treatment and prevention of seasonal flu

Dear colleague,

You are being provided with this information leaflet because PHE have identified that there is an outbreak of seasonal flu in your prison and are working with HMPPS and NHS England to protect vulnerable prisoners and staff who may be in clinical risk groups for complications of infection. You should use this letter to inform your GP if you are in a clinical risk group.

People in clinical risk groups are normally offered vaccination through their GP or Occupational Health Services but even if you have been vaccinated recently, it is still possible to get flu.

Therefore, PHE are recommending that prison staff that are in a clinical risk group who work in prisoner-facing roles should be considered for post-exposure prophylaxis with antiviral medication (AV PEP). The most commonly prescribed antiviral for this purpose is called Oseltamivir (Tamiflu). A list of clinical risk groups is provided at the end of this leaflet.

Oseltamivir (Tamiflu) is used for influenza (flu) virus A and B infections. It treats flu by preventing the viruses from spreading once they are inside your body. This reduces the symptoms of the influenza infection or prevents you catching the flu from other people.

Important: You are being offered Tamiflu to prevent infection. If you develop symptoms of flu you will need to be assessed by your GP and may require a 'treatment dose' to be prescribed following clinical assessment. You should advise your GP in this case that you work in a prison with a confirmed outbreak of flu and have been on prophylaxis with Tamiflu.

Before taking oseltamivir

Some medicines are not suitable for people with certain conditions, and sometimes a medicine can only be used if extra care is taken. For these reasons, before you start taking oseltamivir it is important that the healthcare professional knows:

- if you are pregnant, trying for a baby or breast-feeding – although you can take oseltamivir if you are expecting or feeding a baby, it is important that your

healthcare professional should know about this so that you can be made aware of the benefits and any risks of treatment

- if you have any problems with the way your kidneys work – this is because your dose may need adjusting
- if you are taking or using any other medicines – this includes any medicines you are taking which are available to buy without a prescription, such as herbal and complementary medicines
- if you have ever had an allergic reaction to a medicine

How to take oseltamivir

- before you start the treatment, read the manufacturer's printed information leaflet from inside the pack; it will give you more information about oseltamivir and it will provide you with a full list of side-effects which you may experience from taking it
- oseltamivir should be taken exactly as your healthcare professional tells you to
- oseltamivir is a course of treatment; it is important that you finish the whole course (even if you do not feel unwell)
- if you are taking it because you have been in contact with someone with flu but do not have any symptoms yourself then you will be prescribed 1 dose a day for at least 10 days; start taking the capsules (or medicine) as soon as you collect it, and from then on, take 1 dose a day, preferably in the morning with breakfast
- swallow oseltamivir capsules with a drink of water; you can take your doses either before or after meals, although taking the doses after food can often reduce the risk of feelings of queasiness
- if you forget to take a dose, take it as soon as you remember (unless it is nearly time for your next dose, in which case leave out the missed dose); do not take 2 doses together to make up for a forgotten dose

How to store oseltamivir

- keep all medicines out of the reach and sight of children
- store in a cool, dry place, away from direct heat and light

List of high-risk groups

The Department of Health, PHE and NHS England: Flu plan (winter 2019 to 2020) lists people with the following conditions as high risk groups for complications of flu:

- people aged 65 years or over (including those becoming age 65 years by 31 March 2018)
- people aged from 6 months to less than 65 years of age with a serious medical condition such as:

- chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease at stage 3, 4 or 5
- chronic liver disease
- chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
- diabetes
- splenic dysfunction
- a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment) morbidly obese (defined as BMI of 40 and above)
- all pregnant women (including those women who become pregnant during the flu season)
- all those aged 2 to 10 (but not 11 years or older) on 31 August 2019 2 and 3 year olds as well as children in reception class and school years 1, 2, 3, 4, 5 and 6
- those in long-stay residential care homes or other long stay care facilities
- carers

Appendix 5



Public Health
England

XXXX Health Protection Team
Public Health England
INSERT ADDRESS

T +44 XXXXXXXXXXXXX
F +44 XXXXXXXXXXXXX

www.gov.uk/phe

Protecting and improving the nation's health

Dd/MM/2019

To members of staff at [INSERT INSTITUTION/HMP/IRC] re: seasonal flu

Dear member of staff,

There is currently a confirmed/suspected [DELETE AS APPROPRIATE] outbreak of seasonal influenza ('flu) among prisoners/detainees in [INSERT INSTITUTION]. Staff members who have influenza like symptoms should remain off work until fully recovered (people with flu/other respiratory infections are considered to be infectious to others for the duration of their respiratory symptoms).

Staff members in risk groups (see below) should have the flu vaccine every year, available for free via GPs: this helps to protect staff members, their families, and prisoners/detainees in their care.

Antiviral medication can be offered to those staff members who are at high risk of complications from 'flu (see below) *and* have either:

- developed symptoms of 'flu in the last 48 hours or
- have had close contact with cases of 'flu in the last 48 hours (regardless of their vaccination status)

People at high risk of complications from 'flu (i.e. in risk groups) are those with the following conditions:

- Chronic nerve, liver, kidney, liver, lung and heart disease
- Diabetes
- Reduced immune system
- Age over 65 years
- Pregnancy (including up to 2 weeks after the birth)
- Morbid obesity (BMI ≥ 40)

If you have 1 of these conditions and either have symptoms of influenza or are currently working in an area with an influenza outbreak:

- **Please contact the occupational health department or your GP so that you can be assessed for antiviral medication. Please note-** if you have symptoms, you are infectious to other people (you can pass the infection on to others), so please phone ahead before attending the GP practice, this will allow the GP practice to put measures in place to minimise the risk of infection to others.

Please contact us with any queries. GPs can obtain specialist advice on antiviral medication from PHE virologists on [INSERT AS PER LOCAL PROTOCOLS]

Yours sincerely

XXXXXXXXXXXXXXXXXXXXXXX

Appendix 6

The Operational Dynamic Risk Assessment template

Public Health Advice from an Outbreak/Incident Control Team (OCT/ICT)

Guidance notes for completion:

1. This form is to be completed jointly by the PHE lead and the establishment Governor following an OCT meeting and updated by them at any subsequent OCT.
2. Once completed the form is sent to National Health & Justice PHE by the CCDC/CHP leading the response to: Health&Justice@phe.gov.uk (also copy PHE Respiratory Disease Surveillance: Respscids@phe.gov.uk) with subject line "Risk assessment [insert specific infectious disease] Outbreak HMP [insert prison or institution name]"
3. Additionally, the Governor should send the completed assessment to HMPPS HQ at the email addresses below, with the subject line 'Outbreak at HMP [Name of Establishment)

Email to:

- HMPPS NATIONAL INCIDENT MANAGEMENT UNIT: NIMU@hmpps.gsi.gov.uk
- HMPPS POPULATION MANAGEMENT UNIT: PMS@hmpps.gsi.gov.uk
- HMPPS HEALTH & WELLBEING health.co-comissioning@noms.gsi.gov.uk

Please note that this document, once completed, is subject to the Data Protection Act and patient confidentiality protocols - please do not refer to patients by name or provide any other patient identifiable information (PPI).

OFFICIAL SENSITIVE ONCE COMPLETE

Required information for risk assessment - please complete as much as possible but do not delay sending report while awaiting further information eg laboratory results		Additional Notes:
Date of Form Completion	PHE d/mm/yyyy	Governor: dd/mm/yyyy
Date of meeting of OCT/ICT	dd/mm/yyyy:	Time of first meeting (00:00)
Name of Establishment		
Name of PHE Lead and email address		
Name of Governor and email		

<p>Nature of incident:</p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p>Gastrointestinal disease <input type="checkbox"/></p> <p>Respiratory disease <input type="checkbox"/></p> <p>Chemical incident <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Specify causative agent if known (eg norovirus, influenza A/B, TB etc.)</p>
<p>Date of onset of incident or date of first case</p>	<p>dd/mm/yyyy</p>	
<p>People affected</p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p>Prisoners:</p> <p>Suspected <input type="checkbox"/></p> <p>Confirmed <input type="checkbox"/></p> <p>Staff:</p> <p>Suspected <input type="checkbox"/></p> <p>Confirmed <input type="checkbox"/></p> <p>Are cases confined to 1 Wing/Area? Y/N</p>	<ul style="list-style-type: none"> • Has an active case-finding programme been recommended? Y/N ○ Does case finding include staff? Y/N • Are any staff on sick leave currently? Y/N ○ If Yes, how many <input type="checkbox"/> • Have any (prisoner) cases been transferred to hospital for care? Y/N ○ If Yes, how many: <input type="checkbox"/> • Any other information:
<p>Public Health Advice from OCT</p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p>Has OCT provided recommendation to:</p> <ul style="list-style-type: none"> • Isolate/cohort cases Y/N • Provide separate toilet/washing facilities Y/N • Restrictions on internal prisoner movements Y/N • Stop transfers out Y/N • Stop transfer in Y/N 	
<p>Movement of Prisoners</p> <p><i>Transfer information to be completed by the Governor</i></p>	<p>Have prisoners at risk of infection been transferred to other prisons prior to quarantine? Y/N (Note 2)</p> <p>If Yes, estimate of numbers transferred:[<input type="checkbox"/>]</p> <p>List of establishments receiving prisoners:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. <p>Any other information:</p>	
<p>Staff Health & Safety</p> <p><i>To be completed by the PHE Centre consultant in communicable disease</i></p>	<p>Has OCT recommended any specific actions to protect staff:</p> <ul style="list-style-type: none"> • PPE Y/N • Vaccinations Y/N • Testing Y/N 	<p>Specify nature of advice to protect staff:</p>

<p><i>control/consultant in health protection</i></p>	<ul style="list-style-type: none"> • Prophylaxis Y/N • Treatment Y/N • Restrictions on activities for vulnerable staff Y/N 	
<p>Assessment of mortality risk</p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<ul style="list-style-type: none"> • Has OCT provided mortality risk assessment Y/N • Is there a significant risk of multiple mortalities as result of outbreak at this time Y/N 	<p>Provide specific information on assessment provided by OCT (eg critically ill prisoner(s) in hospital):</p>
<p>Additional Information from Governor/ Director/IRC Centre Manager</p> <p>Please report any additional relevant information which can assist Population Management in undertaking a dynamic risk assessment:</p>		