



Public Health
England



HM Prison &
Probation Service



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Seasonal flu guidance for 2018 to 2019 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	Anti-viral post-exposure prophylaxis
COPD	Chronic Obstructive Pulmonary Disease
FS	Field Services
HCWs	Healthcare Workers
HMPPS	Her Majesty's Prison & Probation Service
HOIE	Home Office Immigration Enforcement
HPT	Health Protection Team
ILI	Influenza-like Illness
IPC	Infection Prevention & Control
IRC	Immigration Removal Centre
JCVI	Joint Committee on Vaccination and Immunisation
MoJ	Ministry of Justice
NICE	National Institute for Health and Care Excellence
NIS	National Infection Service
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
PPO	Prison and Probation Ombudsman
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 (especially prisons & Immigration Removal Centres (IRCs)). It has been developed by Public Health England's (PHE) National Health & Justice Team in collaboration with the Respiratory Diseases Department, National Infections Service Centre for Disease Surveillance and Control and NHS England Health & Justice Commissioners, Home Office Immigration Enforcement (HOIE) and Her Majesty's Prisons and Probation Service (HMPPS). This guidance considers specifically adults in PPDs in England. Separate guidance is available for children in the [Children & Young People's Secure Estate](#)¹.

Influenza (often referred to 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 influenza 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. PPDs are at risk of outbreaks of seasonal flu due to large numbers of vulnerable individuals gathered together in an enclosed setting, some of whom will be in clinical risk groups, living in close quarters. Previous experience has demonstrated the importance of high vaccine coverage among vulnerable people and staff in PPDs in preventing and/or controlling such outbreaks. Further, early recognition and management of outbreaks can minimise both clinical and operational impacts.

Maintaining the operational effectiveness of PPDs is essential to preserving a fully functional youth and criminal justice system, immigration and welfare estate and this makes it desirable to minimise the impact of seasonal flu within these settings.

1.1 Background

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

1 PHE Guidance, Seasonal flu in the children and young people's secure estate:

<https://www.gov.uk/government/publications/seasonal-flu-in-the-children-and-young-peoples-secure-estate>

2 PHE, Annual flu programme webpage (updated September 2018) <https://www.gov.uk/government/collections/annual-flu-programme>

- large numbers of persons live in close proximity in relatively crowded conditions, often with high degrees of social mixing during activities
- the population is constantly turning over with new receptions, releases and transfers
- access to and capacity within healthcare facilities in PPDs could be limited if demand is high and transfer out to hospitals for assessment or care is complicated with demands on custodial staff for bedwatch/escort services
- persons in prison have a higher prevalence of respiratory illness (including asthma) immunosuppression (eg. due to HIV infection) and other chronic illnesses such as cardiovascular disease, diabetes or liver disease, than their peers in the community.
- increasing numbers of older prisoners have a high level of physical health needs which may put them at risk of complications of infection with influenza

A key principle in managing cases or outbreaks of seasonal flu is that persons in PPD should receive healthcare equivalent to people in the wider community including access to antiviral treatment, although the means of delivering such healthcare may differ from community models.

An essential element of reducing the impact of influenza in the prisons and other PPD is a whole setting approach to the prevention, early identification and notification of illness, and prompt access to treatment including anti-virals.

Vaccination of those in high risk groups is an essential component of preparation for seasonal flu prevention. Therefore, high flu vaccine uptake, especially among individuals in clinical risk groups (sub-groups at high risk of complications from flu) is recommended³ (also see **Appendix 1**).

All staff, (including custodial staff), should play a key role in the early recognition of potential cases⁴ and report the information quickly to healthcare who must then ensure they report this to their local **PHE Health Protection Team (HPT)**⁵ promptly.

Another key element of reducing the impact of influenza in PPDs is by social distancing measures – reducing the contact between exposed and non-exposed persons. This will require isolation of those with symptoms where possible, or cohorting groups of people with symptoms if cases exceed isolation capacity.

³ DH, PHE and NHS England, National flu immunisation programme plan (March 2018)

<https://www.gov.uk/government/collections/annual-flu-programme#2018-to-2019-flu-season>

⁴ Diseases that healthcare teams in prisons and other secure settings should report to PHE (April 2015)

<https://www.gov.uk/government/publications/diseases-that-healthcare-teams-in-prisons-and-other-secure-settings-should-report-to-phe>

⁵ Contact details of local health protection teams can be found at: <https://www.gov.uk/guidance/contacts-phe-regions-and-local-centres#region>

The role of the National Health & Justice Team

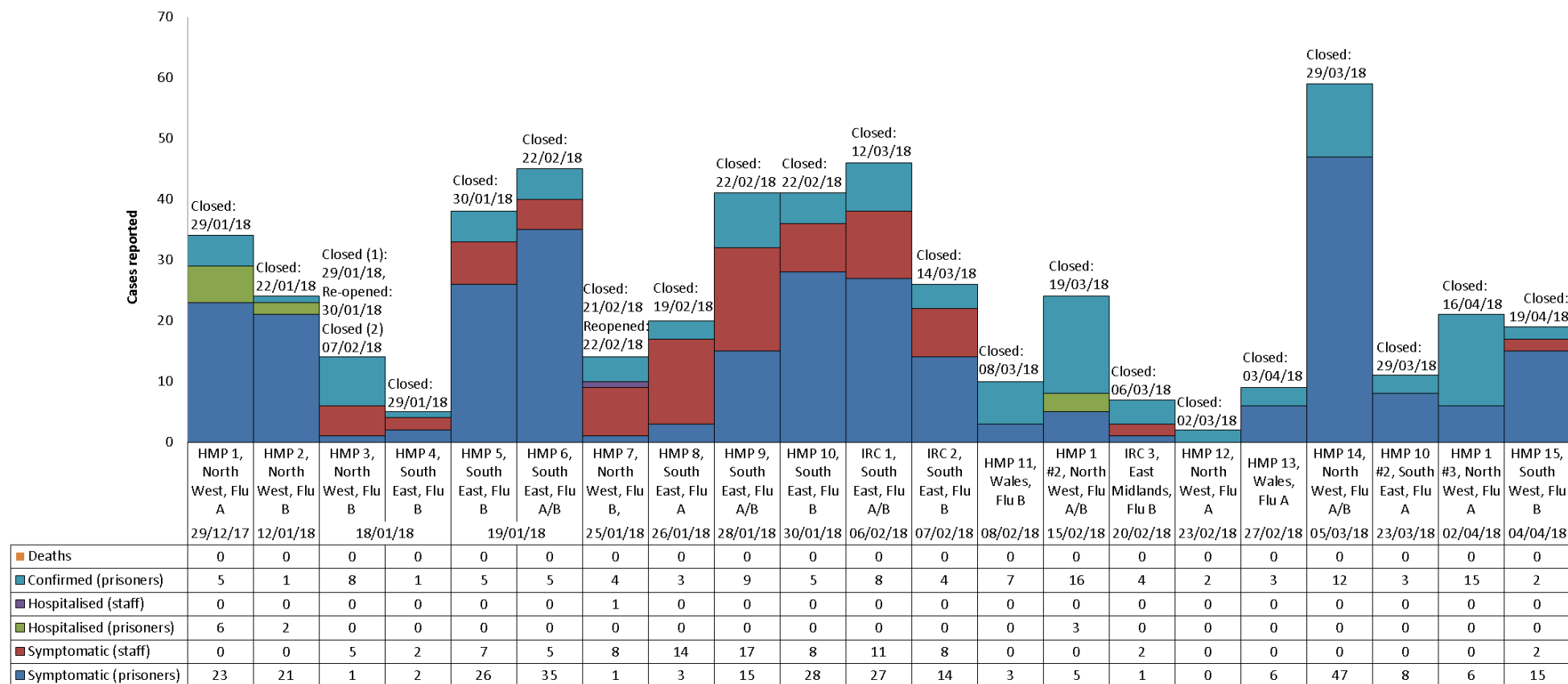
Flu is an unpredictable disease and the impact on PPDs is hard to predict. PHE's National Health & Justice Team provide expert advice and support to responding Health Protection Teams (HPTs) and outbreak control teams (OCTs), conduct surveillance at national level, share intelligence with key partners,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

Learning from last winter

The 2017 to 2018 flu season saw a large number of confirmed outbreaks of seasonal flu in the prison estate in England and Wales; both Flu A and Flu B viruses. In total, 21 confirmed outbreaks were reported to the National Health and Justice team, 2 of which occurred in prisons in Wales and 3 in immigration removal centres (IRCs) in England.

Many of these outbreaks occurred concurrently with some regions (North West, South East) particularly impacted. For all the outbreaks nationally, more than 250 prisoners and detainees reported influenza-like illness (ILI) and over 100 more were confirmed as having either influenza A or B, with about a dozen prisoners hospitalised following complications from flu. More than 80 members of staff were also affected ([Figure 1](#)). Fortunately, despite the significant impact on the secure and detained estate, there were no deaths directly attributable to influenza infection. 2 outbreaks were also re-opened following reactivation of infection in prisoners and/or staff shortly after they were declared closed highlighting some of the challenges in prisons and similar institutions due to incomplete information and surveillance of staff and/or prisoners/detainees.

Figure 1: Notified influenza outbreaks in the secure and detained estate (England and Wales; 2017 to 2018 flu season) by date reported, facility type, region, 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 within prisons and other PPDs are the same as those in the wider community ie:

- **vaccination of clinical risk groups** (persons in prison/IRCs/other PPDs and staff – operational as well as healthcare staff) (see [Appendix 1](#))
- **vaccination of healthcare staff working in PPDs according to national guidance** as detailed in [Chapter 19 of the 'Green Book'](#)⁶
- **vaccination of custodial & detention staff who provide a role equivalent to that of a health or social care workers**
- **prompt diagnosis** (either clinical or laboratory depending on circumstances including whether an outbreak situation)
- **ensuring effective and appropriate care** including access to antivirals for persons who are ill or to prevent infection in those at risk of complications
- **good infection control practice and resources** to prevent transmission PHE recommend that PPD healthcare teams appoint a flu lead to oversee implementation of the preparations including the seasonal flu vaccine campaign; it is strongly advised that this includes holding a register of people in the defined risk groups, (see [Appendix 1](#)), those offered vaccine, and those vaccinated, allowing an estimate of vaccine coverage to be calculated for the whole season or for points in time when there is an active outbreak – this data needs to be regularly updated throughout the flu season (an example of this is presented in the [PHE Audit of Influenza Vaccination Programme in London Prisons, 2014 to 2015](#)⁷)

Prisons and other 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](#)')⁸

⁶ PHE, Influenza: the green book, chapter 19 (updated 28 August 2018)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/2904394_Green_Book_Chapter_19_v10_0.pdf

⁷ PHE Audit of influenza (flu) vaccination programme in prisons in London 2014/15

<https://www.gov.uk/government/publications/flu-vaccination-in-prisons-in-london-programme-audit>

⁸ PHE, Multi-agency contingency plan for disease outbreaks in prisons, January 2017:

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

- 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
- access antiviral medication

Each outbreak should be risk-assessed and managed on a case-by-case basis.

2.1.1 Seasonal flu vaccination for patients

The objectives of the influenza immunisation programme are to protect those who are most at risk of serious illness or death should they develop influenza and to reduce transmission of the infection, thereby contributing to the protection of vulnerable persons who may have a suboptimal response to their own immunisations. To facilitate this, healthcare teams are required to proactively identify all those for whom influenza immunisations are indicated and to compile a register of those persons for whom influenza immunisation is recommended. Sufficient vaccine can then be ordered in advance and persons can be invited to planned immunisation sessions or appointments.

Influenza vaccine should be offered, ideally before influenza viruses start to circulate (in late September/ early October) to those in clinical risk groups as outlined in the **annual flu letter**⁹ including:

- all those aged 65 years or older and all those aged 6 months or older in the clinical risk groups shown in **Appendix 1**
- persons should be offered and re-offered vaccination even to those who have previously declined

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

In addition to the usual clinical risks groups, it is proposed that in prisons particularly, an additional group of older people may be considered for vaccination. In prisons, persons aged 50 years or older are defined as ‘older prisoners’, in comparison to the community where the term ‘older adults’ usually refers to those aged 65 years and above.

The proportion of the over 50s in the prison population is the fastest growing defined cohort in prisons in England. Emerging evidence suggests that a person entering prison aged 50 years is physiologically 10 to 15 years older than their counterpart in the community. These older prisoners often have a greater burden of disease¹⁰. This

⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694779/Annual_national_flu_programme_2018-2019.pdf

¹⁰ T. Wangmor et al Aging Prisoners’ Disease Burden: Is Being Old a Better Predictor than Time Served in Prison? . Gerontology 2015. <https://www.karger.com/Article/FullText/363766#ref5>

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 persons aged 55+ under a Patient Group Direction (PGD).**

NB: If providers undertake to vaccinate persons between 55 and 64 years of age, and these persons do not meet the national criteria for vaccination by virtue of other risk factors, the national PHE template cannot be used. Where providers vaccinate this cohort, the provider or local commissioners will need to develop and arrange authorisation of a separate PGD. Alternatively prescriptions can be used instead for these persons.

2.1.2 Seasonal flu vaccination for staff

Different establishments across the custodial estate will have various occupational health arrangements for custodial and healthcare staff and it is important to include staff vaccination as part of preparation. Healthcare and social care staff and custodial staff undertaking equivalent roles should be offered the seasonal flu vaccine in order to protect vulnerable patients in their care and avoid operational impact due to staff sickness absence. It is strongly recommended that as part of any establishment's flu strategy there is clear information on vaccine coverage in all appropriate staff groups, healthcare and custodial.

All healthcare staff should be offered flu vaccination by their employer similar to healthcare staff in the community. This should form part of the organisations' policy for the prevention of transmission of flu to help protect patients, and service users as well as staff and wider groups and should link directly to the organisations Occupational Health Policy. The national target for coverage among **HCWs is 100%**.

Prison, IRC and other PPD custodial staff: each prison, IRC and other PPDs will need to make a local risk assessment of which directly employed custodial personnel undertake a role analogous to a health and social care worker i.e. does their role require close contact with prisoners/detainees affected by seasonal influenza e.g. those providing medication or providing close personal care. Custodial staff who are themselves in high risk groups should seek vaccine from HMPPS Occupational Health provider or their GPs as locally directed. 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).

Prison staff who are eligible for the seasonal influenza vaccine due to being in a clinical risk group (see [Appendix 1](#)) can access this from their GP practice or pharmacies participating in the NHS seasonal influenza vaccination programme free of charge.

2.1.3 Vaccination targets, coverage and recording in prisons and other PPDs in prisoners/detainees and staff groups.

Vaccination uptake targets¹¹ established by the Department of Health for the 2018/19 season are:

- **vaccination of at least 75% of those aged 65 years and over**
- **vaccination of at least 55% of those in all clinical risk groups 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
- **vaccination of at least 100% of HCWs and those custodial staff in analogous roles (see definition above).** (For custodial staff uptake data from HMPPS suggests that uptake by all prison staff was only 25% for 2017/18)

For prisoners and other detainees, both the offer and uptake of the seasonal flu vaccine should be recorded. Healthcare providers are encouraged to hold a **register** so that they can identify all persons eligible for the flu vaccine. They are also encouraged to **update the eligibility register throughout the flu season** as this 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 persons who enter at risk groups during the flu season.

SystemOne data is also used to populate a seasonal flu vaccine uptake indicator included within the wider NHS England Health and Justice Indicators of Performance (HJIPs); a set of healthcare indicators used by NHS Commissioners to performance manage prison healthcare services. Preliminary data for the 7 month period from September 2017 to March 2018, indicates that median monthly flu vaccine uptake across the English prison estate was 37.4% in at risk individuals; ranging from a low of 16.1% in September when vaccination began, to a high of 44.9% in October when the vaccination programme was in full swing.

For staff groups, HCWs should be included in their employers' seasonal flu vaccination programme as per national guidance for healthcare staff, with target uptake of 100%. Given the additional concern about flu outbreaks in closed institutions, HCWs in prisons and IRCs are particularly encouraged to be vaccinated to protect vulnerable persons in their care and to prevent outbreaks.

¹¹ National flu immunisation programme plan: 2018-2019. <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

For custodial staff in roles analogous to health & social care workers: There are approximately 20,000 frontline prison officers in the 110 public sector prisons in England (HMPPS data). Taking account of the IRC, staff in the 12 privately contracted prisons and young people's estate the total front line custodial staff cohort would be approximately 25,000. Individual employers should advise staff of the need to be vaccinated and how to access vaccination through occupational health or other services. Those staff in clinical risk groups should receive vaccine through their GP as per the rest of the population. There is a target uptake of at least 75% of custodial staff in roles analogous to health and social care workers in prisons, IRCs and other PPDs. This is to prevent infection among vulnerable persons; avoid outbreaks and also avoid operational impacts due to management of outbreaks and/or staff absenteeism during the flu season.

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](#)⁶.

Vaccine supplies

Healthcare providers in prison and other PPDs should routinely order vaccine supplies, directly from manufacturers well in advance of the flu season (i.e. in the spring) in order to secure supplies. They should ensure that the number of vaccines ordered is sufficient for the size of the population at risk based on past and planned performance and expected demographic increase to ensure that everyone at risk is offered flu vaccine. These orders are supplied later in the year just prior to the autumn/winter vaccination programme. A list of the influenza vaccines available in the UK is published ahead of the influenza season in the [annual flu letter for England](#)¹¹. Information about manufacturers with whom orders can be placed is documented in the [Chapter 19 Green Book](#)⁶.

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

- vaccine manufacturers
- pharmacy Service providers contracted to provide pharmaceutical services to the prison/PPD

Administration of influenza vaccines

Influenza vaccines can be administered via a prescription for the vaccine. Alternatively to support vaccination of several people as part of nurse or pharmacist-led vaccination

clinics a Patient Group Direction (PGD) can be used in line with legislation and NICE Guidance¹².

NHS England clinical and PHE leads within individual NHS England regions or localities usually authorise a flu vaccine PGD that can be shared and used by GP practices and health and justice providers within that locality/region.

In the event that providers cannot access a local NHS England authorised PGD, the PHE template PGD for the vaccine (available [here](#)¹³) can be used by providers to either authorise within their organisation (i.e. in NHS Trusts) or to gain NHS England authorisation for its use in health and justice sites (i.e. private healthcare providers).

N.B.: Please note that prisons which have healthcare commissioned by HMPPS (i.e. private prisons) must have the PGD authorised by the prison director/governor and not NHS England.

2.2 Diagnosis & 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 possible cases promptly during the winter flu season to healthcare. Custodial staff often have the most contact with prisoners/detainees and are therefore well-placed to recognise increasing numbers of cases. Employees with signs and symptoms of ILI should seek advice from their GP and inform their line manager and OH.

During the winter flu season, the majority of single cases will be diagnosed by healthcare staff on clinical grounds based only on the clinical signs and symptoms for recognition of a case¹⁴.

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

¹² NICE. Good practice guidance Patient Group Directions August 2013 <http://www.nice.org.uk/guidance/mpg2>

¹³ PHE template for PGD (flu vaccine) <https://www.gov.uk/government/publications/intramuscular-inactivated-influenza-vaccine-patient-group-direction-pgd-template>

¹⁴ European Centre for Disease Prevention and Control, EU case definitions: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012D0506&qid=1428573336660&from=EN#page=16>

Table 1: Influenza (Influenza virus), clinical criteria for case definitions
Source: European Centre for Disease Prevention and Control, EU case definitions¹⁵, WHO¹⁶

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

- during suspected outbreaks of flu in prisons, secure settings and other PPD, testing of the first few cases to confirm the presence of the influenza virus should be given high priority
- prison or IRC 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 probable flu and no further testing is advised
- however, the OCT may consider further testing towards the end of the outbreak to confirm that any new cases presenting with ILI can be discounted or in more complex situations e.g. multiple wings/units with ILI

Isolation and cohorting of cases:

- prisoners/detainees presenting with ILI should be isolated in single cell accommodation and clinically assessed as soon as possible by the prison healthcare team. They should remain isolated until assessment. If a possible/probable case, they should continue to be isolated until resolution of their symptoms (usually 5 days from onset but may be longer in persons with underlying medical conditions)
- **cohorting of cases:** ideally, persons with possible/probable/confirmed cases of flu should be isolated in single cell accommodation; where demand exceeds capacity, cases may be cohorted together (doubling up); where cases are concentrated in particular wing or part of a prison, the OCT may consider cohorting all other cases in the same place but this requires both operational and security assessment and may not be practicable

¹⁵ European Centre for Disease Prevention and Control, EU case definitions: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012D0506&qid=1428573336660&from=EN#page=16>

¹⁶ http://www.who.int/influenza/surveillance_monitoring/ili_sari_surveillance_case_definition/en/

- **asymptomatic cell sharer contacts of cases:** where there are 2 or more people in a cell and one becomes a confirmed/probable case, those cell sharer contacts may be incubating infection or have sub-clinical or mild infection; however, because they pose an infection control risk, they should also be isolated from the general population – practical operational considerations will need to inform any decision whether that means they stay where they are or can be moved to another location away from the ill cell-mate

2.3 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^{17,18} remains an integral part of influenza control measures in prisons and other PPD within youth and criminal justice system and children placed on welfare grounds. PHE has published additional **guidance on the use of antivirals**¹⁹.

Patients with confirmed/probable flu that are in high risk groups for complications of infection (see Appendix 1) should be considered for treatment with antivirals (usually oseltamivir or '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 of 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.

2.4 Accessing supplies of antivirals and PGDs

Prisons and other PPDs flu plans should include details of the ordering process and supply of antivirals. These plans need to take into account the need for persons to commence antivirals within 24-48 hours of symptom onset. All supplies of antivirals to persons should be recorded in their clinical records.

¹⁷ Guidance on the use of antiviral drugs for the prevention of influenza (Technology Appraisal Guidance No.158)
<https://www.nice.org.uk/guidance/ta158>

¹⁸ NICE. Guidance on the use of antiviral drugs for treatment of influenza (Technology Appraisal Guidance No. 168)
<https://www.nice.org.uk/guidance/ta168>

¹⁹ Guidance on antiviral agents for the treatment and prophylaxis of Influenza (October 2018)
<https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents>

There are 2 routes for persons 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 supplies²⁰ that allow the prescriber or registered healthcare professional to add the persons name and date to enable a prompt supply to the person. This should be completed using standard operating procedures (SOPs) developed and ratified by the healthcare provider.
2. A Patient Group Direction (PGD) authorised and handled as per NICE Guidance¹²: PGDs enable the prompt access to the flu vaccine and antivirals.
 - Ideally PGDs need to be in place all the time and reviewed in advance of the flu season so they are ready for use for flu vaccination clinics and when the Chief Medical Officer advises the NHS that antivirals can be used when flu is circulating
 - PHE have produced 2 **PGD templates**²¹ for use in care homes only based on the **guidance for antivirals**¹⁹ but these can be adapted by health and justice providers for custodial settings. These PGDs are for:
 - Tamiflu for the treatment of people with flu-like symptoms
 - Tamiflu for the prophylaxis of people at risk of getting the flu and who meet specific criteria- 10 days treatment

NB: Health and justice outbreaks may need a longer duration option of prophylaxis for high risk people. Up to 42 days of prophylaxis can be given within the product licence of Tamiflu.

Alternative antivirals²² are available for patients who are unable to take Tamiflu.

- PHE provides a **PGD template**¹³ for flu vaccine which can be used for local authorisation and use
- As for other antimicrobials, Tamiflu can be supplied in-possession unless the person is unable to manage their medicines

²⁰ 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.

²¹ Influenza post exposure prophylaxis and treatment: PGD templates. <https://www.gov.uk/government/publications/influenza-post-exposure-prophylaxis-and-treatment-pgd-templates>

²² NICE Clinical Knowledge Summaries. Influenza – seasonal: prescribing information. <https://cks.nice.org.uk/influenza-seasonal#!prescribinginfo>

- The antiviral must be handed to the person by the healthcare professional who assesses the person and makes the PGD supply. The antiviral must be from over-labelled stock and the name of the person and the date added to the label by the healthcare professional

NB: There is no national PHE template PGD for the supply of antivirals. Providers will need to develop and authorise the PGD in line with the legislation and NICE.

If a PGD is not in place when an outbreak becomes likely or begins, here is what commissioners and providers can do:

- until a PGD is in place providers will have to write prescriptions for antivirals or flu vaccinations that need to be given
- NHS Trust healthcare providers can authorise their own PGDs and so should be able to use their own mechanism to fast track the development and authorisation of PGDs for flu vaccine and Tamiflu
- private providers are not legally allowed to authorise their own PGDs – the provider will have mechanisms to write the PGD which **MUST** be authorised by the NHS England local commissioner; NHS England local teams will have processes for PGD authorisation usually led by a medical lead (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)

2.4.1 Stock access of flu vaccine and antivirals

Flu vaccine is supplied from the provider's usual wholesaler 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 **it is acceptable for the antiviral to 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.**²³

Antiviral stock access should be checked and confirmed by commissioners in an outbreak and support to access urgent stock may be needed (e.g. supported by PHE colleagues). Potential stock from emergency regional stockpiles is a last resort AND will only be activated if this can be accommodated by the pharmacy holding this supply and only if all costs for replacement of antivirals and pharmacy charges are directly

²³ <https://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/>

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 this during an outbreak
- processes to check the antiviral stock regularly to ensure appropriate storage and expiry dates, audit the supplies made and re-order stock should this fall below minimum levels

Where difficulties in accessing stock supplies is experienced, or a delay in access is anticipated then stocks may be accessible through the **local Health Protection Team**⁵, although this should be a last resort and may not be available if these are already being used for a separate public health incident.

2.5 Prevention of transmission of infection and population management

Detailed information on **Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings**²⁴ have been published by PHE and can also guide action in prisons and other PPD who should be advised that:

- during the winter flu season, persons in prison and other PPDs with ILI should be diagnosed early and isolated to prevent further spread
- persons in prison and other PPDs with ILI should be promptly assessed and isolated on their own or cohorted with other cases as soon as possible
- where demand for isolation exceeds capacity, consideration should be given to cohorting, with appropriate risk assessment of suitable cohortees, and the need for the movements of persons in, out and around the prison or PPD should be reconsidered with a view to reducing these movements

Visiting

Symptomatic visitors should be excluded from the prison/PPD until no longer symptomatic and 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

²⁴ 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>

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.

2.6 Outbreaks within prisons and other prescribed places of detention

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 (for detailed guidance on the role of OCTs in prison or other PPD see the [Multi-agency contingency plan for disease outbreaks in prisons and other PPDs⁸](#)). The OCT will;

- collectively review information with partners on the extent and severity of infection (including information on persons requiring transfer out to hospital)
- collect and collate epidemiological data on clinical attack rates including wing specific attack rates to guide management of effective control measures
- review and advise on infection control practice
- consider vaccine coverage among prisoners/detainees and staff groups and
- consider role of anti-viral treatment or prophylaxis for cases or contacts including staff

The [National Health & Justice Team²⁵](#) 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 within the practicable constraints of the service, staff either deal with prisoners who are symptomatic or asymptomatic but not both
- managing hospital admission if required
- communication and media issues

²⁵ Reached via health&justice@phe.gov.uk

- **risk assessment** – a form on current risk assessment should be completed by the Senior Manager of the institution and the CCDC/CHP chairing the OCT (See **Appendix 6**)

Specific infection control considerations:

- hand and respiratory hygiene measures should be re-emphasised to help minimise the spread of the infection (for both persons in prison/other PPDs and staff working there)
- 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 persons are waiting then they should wear a fluid repellent surgical mask
- prison officers, custodial staff and healthcare staff who are assessing persons with suspected ILI and coming into close contact (less than 1 metre) to provide care should wear appropriate personal protective equipment (PPE), as per national guidance²⁴
- during the outbreak, prison officers, IRC staff, other detention staff and healthcare staff with ILI should be excluded from work and be managed by their GP if they are in specific risk groups
 - if staff become ill at work, they should be sent home immediately or isolated until they can be sent home
 - prison and other custodial staff with flu-like illnesses at home should seek medical care in the community using the usual mechanisms (i.e. via their GP if they belong to specific risk groups)
 - during an outbreak of influenza in a prison or other PPD, cases among staff should be reported to the HPT as well as cases among prisoners/detainees

Specific considerations about communications during an outbreak:

- information for staff on the use of anti-viral 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 in the first instance who will notify the Population Management Unit

and 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 persons in clinical risk groups coming in from community may be swabbed and considered for treatment dose of antivirals if clinically appropriate

Transfers to court

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

- where it is necessary to have a symptomatic person attend court, 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 as per appropriate guidance
- 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 SystmOne for healthcare teams

New allocations from court

Consideration should be given to redirecting new prisoners/detainees allocated to an infected site by the courts. It should be noted, however, that in some circumstances and based on Establishment’s function, that this may be sustainable for no more than a few days at most.

Specific considerations for IRCs around population management during an outbreak

During a confirmed outbreak of seasonal flu in an IRC, similar considerations on population management will apply. The OCT may consider recommending:

- restricting transfers out to other IRCs – this is to avoid ‘seeding’ an outbreak in other parts of the immigration detention estate; where transfers are required for security reasons, receiving IRC should be notified of outbreak
 - avoid transferring symptomatic 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 IRC; if not possible to restrict completely, new receptions should be:
 - assessed to determine if in a clinical risk group and if in a clinical risk group considered for AV PEP and vaccine
 - assessed for signs & symptoms of flu and symptomatic new arrivals should be isolated/cohorted immediately
 - symptomatic persons in clinical risk groups coming in from community may be swabbed and considered for treatment dose of antivirals if clinically appropriate

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

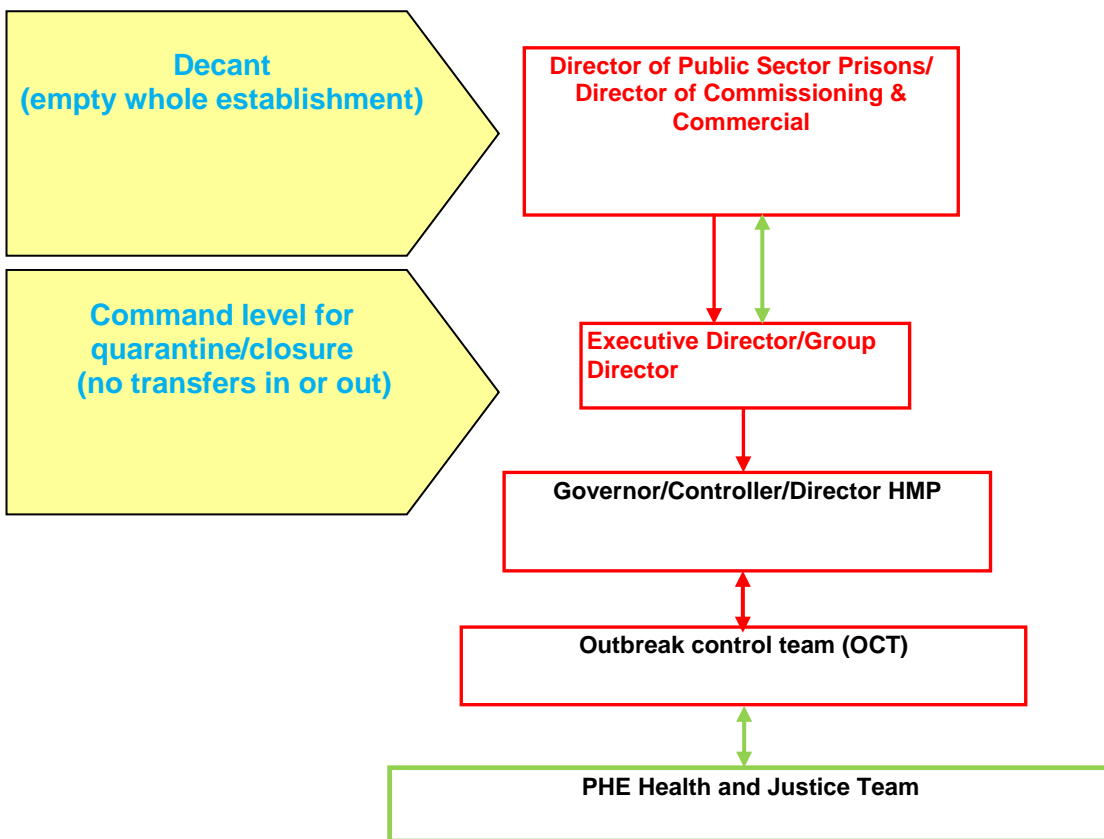
Where limiting movement through reception departments or stopping transfers out is to be considered, this decision will be taken by the outbreak control team (OCT) and the following must take place:

- 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 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



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'²⁶. 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' 2017⁸.

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

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.)

²⁶ Prevention of infection and communicable disease control in prisons and places of detention

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/329792/Prevention_of_infection_communicable_disease_control_in_prisons_and_places_of_detention.pdf

- from a contaminated environment
- through all these means

ON DETECTION OF AN OUTBREAK, PRISONS/PLACES OF DETENTION SHOULD URGENTLY SEEK ADVICE FROM THEIR LOCAL PUBLIC HEALTH ENGLAND 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 anti-viral 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.

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 2017 to 2018) lists people with the following conditions as high risk groups for complications of infection with 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, four 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 children aged 2 to 8 (but not 9 years or older) on 31 August 2017
- 3 and 4 year olds as well as children in reception class and school years 1, 2, 3 and 4
- 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/2018

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

Dear member of staff,

There is currently a confirmed/possible [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 (and either not vaccinated or vaccinated less than 14 days)

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 anti-viral 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 anti-viral medication from PHE virologists on [INSERT AS PER LOCAL PROTOCOLS]

Yours sincerely

XXXXXXXXXXXXXXXXXXXXXX

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 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		
Nature of incident:	Gastrointestinal disease <input type="checkbox"/>	Specify causative agent if known (eg

<p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p>Respiratory disease <input type="checkbox"/></p> <p>Chemical incident <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>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 control/consultant in health protection</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 • Prophylaxis Y/N • Treatment Y/N 	<p>Specify nature of advice to protect staff:</p>

	<ul style="list-style-type: none"> 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>		