Public Health England

HM Prison & Probation Service

NHS England

# Seasonal flu guidance for 2018 to 2019 for healthcare staff and residential staff in the Children and Young People's Secure Estate

## Preventing and responding to seasonal flu cases or outbreaks

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# Contents

# Glossary

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|---|---|
| AV-PEP | Anti-viral post-exposure prophylaxis |
| COPD | Chronic Obstructive Pulmonary Disease |
| CYPSE | Children and Young People Secure Estate (CYPSE) |
| DfE | Department for Education |
| FES | Field Epidemiology Service |
| HAART | Highly Active Antiretroviral Therapy |
| HCWs | Healthcare Workers |
| HMPPS | HM Prisons and Probation Service |
| HPT | Health Protection Team |
| ILI | Influenza-like Illness |
| 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 |
| PPD | Place of Prescribed Detention |
| PPE | Personal Protective Equipment |
| PPO | Prison and Probation Ombudsman |
| PSD | Patient Specific Direction |
| SCH | Secure Children's Home |

| | |
|---|---|
| STC | Secure Training Centre |
| SOP | Standard Operating Procedure |
| YCS | Youth Custody Service |
| YCS Placement Team | Youth Custody Service Placement Team |
| YOI | Young Offender Institution |

# 1. Introduction

This guidance is for healthcare and residential/care staff in the Children and Young People Secure Estate (CYPSE) in England. 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, NHS England Health & Justice Commissioners, Her Majesty's Prisons and Probation Service (HMPPS) and Youth Custody Service (YCS) for their expertise and support in developing the guidance. This guidance considers children and young people in the secure estate. Specific guidance for the adult detained and secure estate has been previously published at: www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals

## The Children and Young Peoples' Secure Estate

The Secure Estate for Children and Young People (under 18s) currently includes:

- 4 Young Offender Institutions (YOIs)
- 3 Secure Training Centres (STCs) (one of which, Oakhill, is not currently within NHS England regulations)
- 14 Secure Children's Homes (7 SCHs are welfare only).

## Commissioning of health services in the CYPSE

Responsibility for commissioning health services in these secure settings sits with NHS England. This includes responsibility for commissioning health services in YOIs (under 18s), STCs and SCHs.

Commissioning health services is carried out by local health and justice commissioning teams, of which there are 10 across England. All NHS England health and justice commissioners work closely with individual establishments within the CYPSE, to commission and procure healthcare providers who provide a range of high quality services which fully meet the needs of the cohort of children and young people identified. Commissioning is done on the basis of Health and Wellbeing Needs Assessments which are completed on a regular basis.

NHS England Health and Justice teams commission to the 'principle of equivalence' which means that the health needs of a population constrained by their circumstances are not compromised and that they receive an equal level of service as that offered to the rest of the population.

## Influenza

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 fatigue[1]. 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. Prescribed Places of Detention (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 children and staff in the CYPSE 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 the CYPSE is essential to preserve a fully functional youth justice and welfare estate, and this makes it desirable to minimise the impact of seasonal flu within these settings.

## 1.1 Background

The CYPSE runs the risk of significant and potentially more serious outbreaks, with large numbers of cases and potentially a higher rate of complications including mortality because:

- children live in close proximity in relatively crowded conditions, often with high degrees of social missing during activities
- there is considerable movement of children within the estate, with a high ‘churn rate’ within some establishments
- access to and capacity to healthcare could be limited if demand is high and transfer out to hospitals for assessment or care is complicated with demands on residential/care staff for bedwatch/escort services
- children in the secure estate may have a higher prevalence of respiratory illness (including asthma) immunosuppression and other chronic illnesses such as diabetes, than their peers in the community

[1] PHE, Annual flu programme webpage (updated September 2018) https://www.gov.uk/government/collections/annual-flu-programme

A key principle in managing cases or outbreaks of seasonal flu is that children in the CYPSE 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 CYPSE 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 clinical 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 recommended[2] (also see Appendix 1).

All staff, (including residential/care staff), should play a key role in the early recognition of potential cases[3] and report the information quickly to healthcare who must then ensure they report this to their local PHE Health Protection Team (HPT)[4] promptly.

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

**The role of the National Health & Justice Team**

Flu is an unpredictable disease, and the impact on the CYPSE is hard to predict. PHE's National Health & Justice Team provides 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.

The enclosed nature of the CYPSE and the fact that children are living in close proximity to each other also means that flu can spread quickly.

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[2] DH, PHE and NHS England,National flu immunisation programme plan 2018-2019 (March 2018) https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan

[3] 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

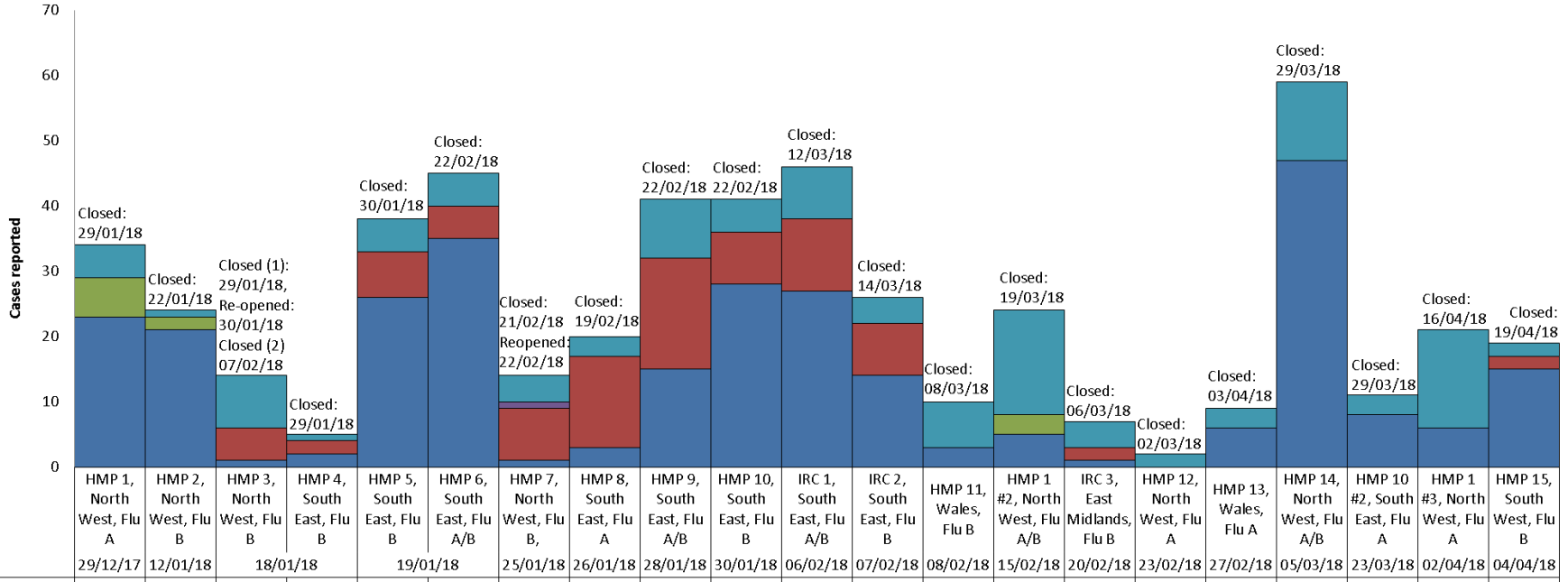
[4] Contact details of local health protection teams can be found at https://www.gov.uk/guidance/contacts-phe-regions-and-local-centres#region

## Learning from last winter

The 2017 to 2018 flu season saw a large number of confirmed outbreaks of seasonal flu in the secure and detained 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. Two 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. There were no reported outbreaks in the CYPSE.

**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***




| | HMP 1, North West, Flu A | HMP 2, North West, Flu B | HMP 3, North West, Flu B | HMP 4, South East, Flu B | HMP 5, South East, Flu B | HMP 6, South East, Flu A/B | HMP 7, North West, Flu B, | HMP 8, South East, Flu A | HMP 9, South East, Flu A/B | HMP 10, South East, Flu B | IRC 1, South East, Flu A/B | IRC 2, South East, Flu B | HMP 11, Wales, Flu B | HMP 1 #2, North West, Flu A/B | IRC 3, East Midlands, Flu B | HMP 12, North West, Flu A | HMP 13, Wales, Flu A | HMP 14, North West, Flu A/B | HMP 10 #2, South East, Flu A | HMP 1 #3, North West, Flu A | HMP 15, South West, Flu B |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 29/12/17 | 12/01/18 | 18/01/18 | | 19/01/18 | | 25/01/18 | 26/01/18 | 28/01/18 | 30/01/18 | 06/02/18 | 07/02/18 | 08/02/18 | 15/02/18 | 20/02/18 | 23/02/18 | 27/02/18 | 05/03/18 | 23/03/18 | 02/04/18 | 04/04/18 |
| Deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Confirmed (prisoners) | 5 | 1 | 8 | 1 | 5 | 5 | 4 | 3 | 9 | 5 | 8 | 4 | 7 | 16 | 4 | 2 | 3 | 12 | 3 | 15 | 2 |
| Hospitalised (staff) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hospitalised (prisoners) | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Symptomatic (staff) | 0 | 0 | 5 | 2 | 7 | 5 | 8 | 14 | 17 | 8 | 11 | 8 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Symptomatic (prisoners) | 23 | 21 | 1 | 2 | 26 | 35 | 1 | 3 | 15 | 28 | 27 | 14 | 3 | 5 | 1 | 0 | 6 | 47 | 8 | 6 | 15 |

# 2. Recommendations for action

## 2.1 Preparation

The public health principles guiding action within the CYPSE are the same as those in the wider community, that is:

- vaccination of clinical risk groups (children in the CYPSE and staff – operational as well as healthcare staff) (see Appendix 1)
- vaccination of healthcare staff working in the CYPSE according to national guidance[5]
- vaccination of residential and care staff who provide equivalent of a social care function to children with ill with flu in their rooms[5]. Carers working in Secure Children's Homes can access the flu vaccine free of charge via community pharmacies as they are working in a registered care home.
- prompt diagnosis (either clinical or laboratory depending on circumstances including whether an outbreak situation)
- ensuring effective and appropriate care including access to antivirals for individuals 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 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 children in the defined clinical 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. These data need to be regularly updated throughout the flu season

The CYPSE should agree clear arrangements with their PHE HPT and NHS England Health & Justice Commissioners to ensure the secure settings 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)[6]

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[5] PHE, Influenza: the green book, chapter 19 (updated 15 August 2018) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/2904394_Green_Book_Chapter_19_v10_0.pdf

[6] 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[4]
- rapidly access viral testing (and processing of swabs) to support the need for timely diagnosis and “low threshold to treat” policy for at clinical risk groups
- access antiviral medication
- ensure adequate personal protective equipment is in stock

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

### 2.1.1 Seasonal flu vaccination for children

Influenza vaccine should be offered, ideally before influenza viruses start to circulate (in late September/ early October) to those in defined clinical risk groups as outlined in the annual flu letter[2].

**All children aged 2 to 9 years old (but not 10 years or older) on 31 August 2018 should be given the flu vaccination.** It is worth noting that there are a large number of children within secure settings who may not have been in mainstream education and so may have missed the opportunity to receive routine childhood vaccinations which they are eligible.

**Children between 2 years and under 18 years of age who are in a risk group** should be offered a single dose of live attenuated influenza vaccine (Fluenz Tetra). Those children in a risk group who have never received influenza vaccine before and are aged between 2 and less than 9 years should be offered a second dose of Fluenz Tetra at least 4 weeks later. If Fluenz Tetra is unavailable for this second dose an inactivated influenza vaccine can be given.

The full outline of high clinical risk groups are set out in Appendix 1. Clinical risk groups particularly relevant for the CYPSE are outlined below:

- 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, 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 girls (including those girls who become pregnant during the flu season) all children aged 2 to 9 (but not 10 years or older) on 31 August 2018
- all primary school-aged children in former primary school pilot areas
- carers
- others involved directly in delivering health and social care

The list above is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

For both healthy and at risk children under 18 years of age where Fluenz Tetra is medically contra-indicated, for example those who:

- have had severe anaphylactic reaction to a previous dose of the vaccine or component of the vaccine
- are severely immune-deficient due to conditions or immunosuppressive therapy such as: acute and chronic leukaemias; lymphoma
- have HIV infection and are not on highly active antiretroviral therapy (HAART)
- have cellular immune deficiencies
- are on high dose corticosteroids

…an inactivated quadrivalent vaccine (Sanofi Pasteur MSD Split Virion BP) or Fluarix™ Tetra will be supplied. These vaccines should be ordered as per the usual mechanisms for the routine childhood immunisation programme **via Immform** (https://www.immform.dh.gov.uk/) as part of the national immunisation programme.

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 patients 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 children for whom influenza immunisation is recommended. Sufficient vaccine can then be ordered in advance and patients can be invited to planned immunisation sessions or appointments.

Influenza vaccine should be offered, ideally before influenza viruses start to circulate, to:

- all those aged 65 years or older (for definition please see the annual flu letter for the coming/current season)2
- all those aged 6 months or older in the clinical risk groups shown in Appendix 1.

**Mother and baby units**
There will be girls within the CYPSE who are pregnant and they should be encouraged to have the flu vaccination. Consideration should also be given to babies in the Mother and Baby unit who fall into a risk group and are eligible for the vaccine.

### 2.1.2 Seasonal flu vaccination for staff

Different settings across the CYPSE will have various occupational health arrangements for residential/care and healthcare staff and it is important to include staff vaccination as part of preparation. Healthcare and social care staff and custodial staff (or those undertaking equivalent roles[5]) 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 secure setting's flu strategy there is clear information on vaccine coverage in all appropriate staff groups.

**All Healthcare staff** with direct contact with children in the CYPSE should be offered flu vaccination by their employer similar to healthcare staff in the community. This should form part of the organisation's 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 organisation's Occupational Health Policy. The national target for coverage among HCWs is 100%.

**Non-healthcare staff** working with children in the CYPSE that have close contact with children in order to provide health and/or social care for them should be offered seasonal flu vaccine this year as per last season. Flu vaccines will be delivered for HMPPS employees by the Occupational Health provider. Other non-HMPPS employees with direct contact with children in the CYPSE should be offered flu vaccination by their employer. 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.

Residential/care staff in the CYPSE will need to make a local risk assessment of which directly employed residential/care staff undertake a role analogous to a health and social care worker i.e. does their role require close contact with children affected by seasonal influenza e.g. those checking children in rooms, providing food and drinks, and medication or undertaking searches or providing bedwatch/escort duties or providing close personal care. Residential/care staff who are themselves in high clinical risk groups should seek vaccine from HMPPS Occupational Health provider or their GPs as locally directed. Occupational Health providers should provide information to CYPSE senior leaders on the number of staff in high clinical risk groups and their vaccine status (without providing patient identifiable information).

Residential/care 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 various pharmacies participating in the NHS seasonal influenza vaccination programme, free of charge.

### 2.2.3 Vaccination targets, coverage and recording in the Children and Young People's Estate

Relevant vaccination uptake targets established by the Department of Health and Social Care for the 2018/197 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
- vaccination of at least 48% of preschool children aged 2 and 3 years old
- vaccination at least 65% of School aged children (in reception class & years 1 to 5)

For children both the offer and uptake of the seasonal flu vaccine should be recorded in the CYPSE. Healthcare providers are encouraged to hold a **register** so that they can identify all children 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. Risk group status should also be recorded on SystmOne and there should be a paper copy if SystmOne is not accessible.

**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 at least 100%. Given the additional concern about flu outbreaks in closed secure settings, HCWs in the CYPSE are particularly encouraged to be vaccinated to protect vulnerable patients in their care and to prevent outbreaks.

### 2.14 Accessing vaccine supplies

Healthcare providers access influenza vaccines in the same way as GP practices as detailed in Chapter 19 Green Book[5].

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

Live attenuated influenza vaccine (Fluenz Tetra®) has been purchased centrally for children aged 2 to less than 17 years and for children aged 2 years to less than 18 years in clinical risk groups. For children under 18 years of age where Fluenz is medically contraindicated a quadrivalent vaccine or Fluarix™ Tetra will be supplied.

**Vaccine supplies**

Healthcare providers, or providers who provide childhood vaccination programmes to the CYPSE, should order flu vaccine supplies directly from Immform. They should ensure that they can estimate the number of vaccines needed that are sufficient for the size of the population at risk. This should be based on past and planned performance and expected demographic increase to ensure that everyone at risk is offered flu vaccine.

In England, vaccines for routine immunisation programmes are ordered and delivered from a specialist pharmaceutical distribution company via the Department of Health and Social Care's ImmForm website https://portal.immform.dh.gov.uk/ (see Chapter 11 and ImmForm helpsheet 13: immunisation.dh.gov.uk/immform-helpsheets).

To register for an ImmForm account, please register online at https://portal.immform.dh.gov.uk/. In order to receive an allocation of the flu vaccine for children, the provider will need to e-mail Immform describing the number of at risk population in the site so that an allocation of the vaccine can be made. This may not be for 100% of the expected need.

For further information and helpsheets on how to use ImmForm, please see immunisation.dh.gov.uk/immform-helpsheets.

In the event of an outbreak of seasonal flu, during the flu season and if vaccination forms part of the actions being taken to manage the outbreak, influenza vaccine stock can be sourced from the following in priority order:

- Immform- providers will need to explain the basis of the increased need to Immform as this will exceed estimates for the current season or the outbreak may happen outside the season.
- pharmacy service providers contracted to provide pharmaceutical services to the CYPSE
- vaccine manufacturers

If an outbreak of flu occurs outside the flu season, the outbreak control team (OCT) convened to manage the outbreak (see section 2.5) will agree whether flu vaccination forms part of the actions needed and where the vaccine should be sourced.

**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 Guidance[8].

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[9]) 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 the health and justice sites (i.e. private healthcare providers).

**N.B.:** Please note that sites which have healthcare commissioned by HMPPS must have the PGD authorised by the director/governor and not NHS England.

## 2.2 Diagnosis & recognition of a case

It is important that all staff (residential/care staff 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. Residential/care staff often have the most contact with children and are therefore well-placed to recognise increasing number 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 only based on the following clinical signs & symptoms and recognition of a case[10]. Testing may be considered, especially if an outbreak is suspected.

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*:

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

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

[10] 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 definitions[11], WHO[12]**

| **ILI case definition** |
| --- |
| An acute respiratory infection with:<br>• measured fever of ≥ 38 C°<br>• and cough;<br>• with onset within the last 10 days |

## Swabbing to confirm infection

During suspected outbreaks of flu in CYPSE testing of the first few cases to confirm the presence of the influenza virus should be given high priority.

CYPSE 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.[13]

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 eg. multiple wings/units with ILI or in more complex situations eg. multiple wings/units with ILI .

## Isolation and cohorting of cases:

Children presenting with ILI should be isolated in single room accommodation and clinically assessed as soon as possible by the 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 people with underlying medical conditions).

**Cohorting of cases**: Ideally, children with possible/probable/confirmed cases of flu should be isolated in single accommodation. Where demand exceeds capacity, cases

[11] 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
[12] http://www.who.int/influenza/surveillance_monitoring/ili_sari_surveillance_case_definition/en/
[13] You may consider swabbing children in clinical risk groups

may be cohorted together (doubling up). Where cases are concentrated in a particular unit or part of the secure setting, 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.

**Asymptomatic room sharer contacts of cases**: where there are 2 or more people in a room and 1 becomes a confirmed/probable case, those room sharers' 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 roommate.

## 2.3 Treatment and care

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

The use of **antivirals for prophylaxis and treatment** of influenza according to NICE guidance[14,15] remains an integral part of influenza control measures for closed secure settings where children are placed on youth justice and welfare grounds. Public Health England has published additional guidance on the use of antivirals[16].

**Children with confirmed/probable flu that are in high clinical 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 children.

**Antiviral post-exposure prophylaxis of close contacts**
Children sharing a room with a confirmed case (or clinically confirmed in an outbreak) of seasonal flu, who are themselves in high clinical risk groups (see Appendix 1) and who have not been previously vaccinated with current seasonal influenza vaccine, should be offered antiviral prophylaxis provided this can be started within 48 hours from last exposure with oseltamivir or 36 hours for zanamivir[vi]. This advice applies even if the outbreak happens outside the period when flu is circulating in the community when antiviral use in the community is permitted by the NHS under NICE Guidance. Consideration should be made for those high risk contacts for whom vaccination is

[14] Guidance on the use of antiviral drugs for the prevention of influenza (Technology Appraisal Guidance No.158) https://www.nice.org.uk/guidance/ta158
[15] NICE. Guidance on the use of antiviral drugs for treatment of influenza (Technology Appraisal Guidance No. 168) https://www.nice.org.uk/guidance/ta168
[16] 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

contraindicated, or in whom it has yet to take effect and those who have been vaccinated with a vaccine that is not well matched to the circulating strain of influenza virus, according to information from PHE (although this may differ to NICE guidance). During outbreak control team (OCT) meetings there may be consideration of other factors such as severity of illness/hospitalisations or case fatality rate to inform discussion about wider offer of antiviral prophylaxis. This discussion should include consultation with experts within the National Infection Service as well as the National Health & Justice Team, (see Section 0 on convening OCT).

### 2.3.1 Accessing supplies of antivirals

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

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

**Individual prescriptions or patient specific direction (PSD):** The antiviral can be accessed by sending the prescription to the pharmacy for dispensing (ie. the pharmacy contracted to provide medicines to the CYPSE or PDD or an out of hours pharmacy) **OR** by using over-labelled stock supplies[17] that allow the prescriber or registered healthcare professional to add the patient name and date to enable a prompt supply to the patient. This should be completed using standard operating procedures (SOPs) developed and ratified by the healthcare provider.

**A Patient Group Direction (PGD) authorised and handled as per NICE Guidance:** 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 has produced 2 PGD templates[18] for use in care homes only based on the guidance for antivirals but these can be adapted by health and justice providers for residential secure 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

[17] 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

[18] Influenza post exposure prophylaxis and treatment: PGD templates https://www.gov.uk/government/publications/influenza-post-exposure-prophylaxis-and-treatment-pgd-templates

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 antivirals[19],[20] are available for patients who are unable to take Tamiflu.

- PHE provides a PGD template for flu vaccine which can be used for local authorisation and use
- as for other antimicrobials, Tamiflu can be supplied in-possession unless the patient is unable to manage their medicines
- where the Tamiflu is supplied in-possession of the young person, the antiviral must be handed to the patient by the healthcare professional who assesses the patient and makes the PGD supply: the antiviral must be from over-labelled stock and the name of the patient and the date added to the label by the healthcare professional

N.B.: There is no national PHE PGD template for the supply of antivirals that can be used directly for H&J providers. PHE do publish **template PGDs for antiviral treatment and prophylaxis** for use in Care Homes which could be adapted locally for H&J patients. Providers will need to adapt the PHE Care Home template examples or develop and authorise antiviral PGDs in line with the legislation and NICE guidelines.

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)

[19] NICE Clinical Knowledge Summaries. Influenza – seasonal: prescribing information https://cks.nice.org.uk/influenza-seasonal#!prescribinginfo

[20] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/648758/PHE_guidance_antivirals_influenza_201718_FINAL.pdf

### 2.3.2 Stock access of flu vaccine and antivirals

Flu vaccine is supplied from Immform for people under 18 years old.

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.**[21]

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 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 reimbursed by the commissioner to the pharmacy.

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
  - have a small stick available at the start of the flu season
  - access further stock promptly at the start of an outbreak
  - amend the stock ordered this during an outbreak based on infection rates
- 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, although this should be a last resort.

Where difficulties in accessing stock supplies are experienced, or a delay in access is anticipated then stocks may be accessible through the local Health Protection Team[4], although this should be a last resort.

[21] 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/

## 2.4 Prevention of transmission of infection

Detailed information on ***Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings***[22] have been published by PHE and can also guide action in the CYPSE, advising that:

- 
- during the winter flu season, children in the CYPSE with ILI should be diagnosed early and isolated to prevent further spread
- children in the CYPSE 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 movement of children in, out and around the secure setting should be reconsidered with a view to reducing these movements
- hand and respiratory hygiene measures should be re-emphasised to help minimise the spread of the infection (for both children and staff working there)
- if a symptomatic child needs to pass through areas where other people are waiting then they should wear a fluid repellent surgical mask
- identify close contacts of cases in clinical risk groups and, if not previously vaccinated with current seasonal influenza vaccine, offer antiviral prophylaxis as indicated above
- in suspected outbreaks, testing of the first 5 clinical cases should be carried out promptly to establish whether seasonal influenza is the cause of symptoms
- report cases to the local HPT so that advice on the public health aspects of more complex situations can be given
- residential/care staff and healthcare staff who are assessing children with suspected ILI and coming into close contact (less than 1 metre) to provide care should wear appropriate personal protective equipment, as per national guidance22
- during the winter flu season, residential/care staff and healthcare staff with ILI should be excluded to stay away from work and be managed by their GP if they are in specific clinical risk groups;
    - if staff become ill at work, they should be sent home immediately or isolated until they can be sent home
    - residential/care 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 clinical risk groups)
    - during an outbreak of influenza in the CYPSE, cases among staff should be reported to the HPT as well as cases among children

[22] 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

### Visitation

Symptomatic visitors should be excluded 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 children 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.

## 2.5 Outbreaks within the Children and Young People's Secure Estate

An influenza outbreak can be defined as:

Two or more cases which meet the clinical case definition of ILI (or alternatively 2 or more cases of laboratory confirmed Influenza) arising within the same 48-hour period with an epidemiological link to the secure children's home or secure training centre or young offender institution.

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 detention settings see the **Multi-agency contingency plan for disease outbreaks in prisons and other PPDs**). The OCT will:

- collectively review information with partners on the extent and severity of infection (including information on patients 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 children and staff groups and
- consider role of anti-viral treatment or prophylaxis for cases or contacts including staff

The National Health & Justice Team23 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);

[23] Reached via health&justice@phe.gov.uk

- consideration of the need to offer vaccination
- whether antiviral prophylaxis is required, who should receive it and how to include 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 children as part of wider infection control practice
- ensuring that within the practicable constraints of the service, staff either deal with children who are symptomatic or asymptomatic but not both
- managing hospital admission if required
- communication and media issues
- 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 Children in the CYPSE 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 people are waiting then they should wear a fluid repellent surgical mask
    - residential/care staff and healthcare staff who are assessing children 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 guidance[22]
- during any outbreak, custodial staff and healthcare staff with ILI should be excluded from work and be managed by their GP if they are in specific clinical risk groups:
    - if staff become ill at work, they should be sent home immediately or isolated until they can be sent home
    - 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 clinical risk groups)
    - During an outbreak of influenza in the CYPSE, cases among staff should be reported to the HPT as well as cases among children

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 the CYPSE around population management during an outbreak

Where an outbreak has been declared, a dynamic risk assessment form should be completed by the Director and the PHE Consultant in Health Protection leading the OCT (see Appendix 6). Appendix 2 includes information on the process for limiting movement and transfers and should be discussed as part of the OCT.
The OCT may consider recommending:

- **restricting transfers out to other secure settings** − this is to avoid 'seeding' an outbreak in other establishments; where required for security reasons, the receiving secure setting should be notified of outbreak. Avoid transferring symptomatic children as a 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 establishment; 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 children who have just arrived at the secure setting should be isolated/cohorted immediately
  - symptomatic children 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 children may not be suitable for court due to consideration both of clinical needs and infection control. Courts should be advised that a child is ill with flu and therefore may not be suitable for court appearance:

Where it is necessary to have a symptomatic child 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 children can attend court. If they are remanded in custody in a different secure setting, the receiving establishment should be advised that an outbreak is in play in the original secure setting and to be alert to signs/symptoms of flu emerging, a note

should be placed on SystmOne, or paper form if SystmOne is not available, for healthcare teams.

### New allocations from court

Consideration should be given to redirecting new children allocated to an infected site. It should be noted, however, that in some circumstances and based on a secure setting's function, that this may be sustainable for no more than a few days at most.

# Appendix 1

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

| Clinical risk category | Examples (this list is not exhaustive and decisions should be based on clinical judgement) |
|---|---|
| Chronic respiratory disease | Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.<br>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).<br>Children who have previously been admitted to hospital for lower respiratory tract disease.<br>see precautions section on live attenuated influenza vaccine |
| 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) | 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)<br>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.<br>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.<br>Some immunocompromised patients may have a suboptimal immunological response to the vaccine. |
| 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).<br>see precautions section on live attenuated influenza vaccine |
| Morbid obesity (class III obesity)* | Adults with a Body Mass Index ≥40 kg/m² |

* 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 the Children and Young People Secure Estate

Where limiting movement to arrivals/transfers within the CYPSE this decision will be taken by the outbreak control team (OCT) with HMPSS YCS or Welfare Coordinating Team and the following must take place:

- the (OCT) should consider whether limiting movement should be to arrival, or transfers out of CYPSE only, ie is there an unaffected part of the secure setting that can be used so the secure setting can continue to accept new children, thus maintaining service to the Youth or Family Courts and also PACE and DCS directive
- the OCT should consider whether full or partial limitation on movement is necessary, via the governor/director/manager, obtain from the YCS Placement Team or Welfare Co-ordinating Unit an impact assessment of change in ability to receive new children or make transfers*
- the assessment will outline the resulting pressure from such action and state the approximate time period for which change in activity of the secure setting can be sustained
- the impact assessment must be considered by the OCT before deciding on whether to recommend to the YCS Head of Placements or Manager welfare coordinating unit/LA to change activity, limit movement or close
- only the YCS Director or Deputy Director should take decisions on closing a YOI, Secure Training Centre or Secure Children's Home to new receptions and transfers, given their oversight of a greater proportion of the estate, the population of which will be impacted by any decision to close
- if however the OCT and/or the YCS Director or Deputy Director or SCH registered manager wishes to limit movement, change activity or close the secure setting for a period beyond that which the YCS Placement Team or SWCU / placing LA 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 YCS or the SCH provider for a final decision
- if an urgent out of hours decision is required it should be made by the appropriate senior Director on duty
- 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 the YCS Placement Team or SCH registered manager.

- the assessment should be provided to the YCS Director along with up-to-date information as to the current status of the outbreak

*"The impact assessment will consider the impact on the surrounding CYPSE of any restrictions on reception or discharge and the duration for which restrictions are considered sustainable"*

- the YCS Director or registered manager should then maintain or withdraw his/her decision to limit movement, change activity or close the establishment to receptions and transfers
- again, should the YCS Placement Team or SCH registered manager's assessment determine that continuing change of activity or closure is unsustainable, any decision to extend the change of activity must be made by the YCS Director (or duty director in urgent out-of-hours circumstances)

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 and OPDs 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" 24 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' 2017[8].

- 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

[24] 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

## 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, CYPSE sites SHOULD URGENTLY SEEK ADVICE FROM THEIR LOCAL PUBLIC HEALTH ENGLAND CENTRE HEALTH PROTECTION TEAM (HPT)**

**ACTIONS TO TAKE IN RESPONSE TO AN OUTBREAK:**

- children who are ill should be **isolated in their rooms**, usually until free of symptoms for 48 hours
- **room-mates** of children who are ill may be incubating the illness themselves and should be similarly isolated
- if there are no in-room sanitation facilities, make sure to **reserve some toilet facilities for the use of symptomatic children 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 children with learning difficulties 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 secure setting
- 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 65ºC for not less than 10 minutes or 71ºC 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 children 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 residential/care 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 children 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 children using Titan tablets
- never handle Titan tablets with wet unprotected hands
- ensure Titan dilution levels are as specified by the manufacturer and that any child or young person
- 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 (e.g. 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 CYPSE 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 the place where you work** and are working with HMPPS YCS, Department for Education and NHS England to protect vulnerable children and staff who may be in high clinical risk groups for complications of infection.

**Staffing high 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 residential/care staff that are in a risk group who work in children-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 secure setting 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 and Social Care, Public Health England and NHS England: Flu plan (winter 2018 to 2019) lists people with the following conditions as high clinical risk groups for complications of infection with flu:

- people aged 65 years or over (including those becoming age 65 years by 31 March 2019)
- 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 children aged 2 to 9 (but not 10 years or older) on 31 August 2018
- all primary school aged children in former primary school pilot areas
- those in long-stay residential care homes or other long stay care facilities
- carers
- frontline health and social care workers

# Appendix 5


Protecting and improving the nation's health

XXXX Health Protection Team
Public Health England
INSERT ADDRESS

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www.gov.uk/phe

Dd/MM/2018

**To members of staff at [YOI/STC/SCH] re: seasonal flu**

Dear member of staff,

There is currently a confirmed/possible [DELETE AS APPROPRIATE] outbreak of seasonal influenza ('flu) among children 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 clinical 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 children 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 clinical 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

xxxxxxxxxxxxxxxxxxxx

# 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 secure setting Governor/Director/Manager 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/Director/Manager should send the completed assessment to HMPPS HQ at the email addresses below, with the subject line 'Outbreak at X [Name of secure setting)

Email to:

- HMPPS NATIONAL INCIDENT MANAGEMENT UNIT: NIMU@hmps.gsi.gov.uk
- HMPPS POPULATION MANAGEMENT UNIT: PMS@hmps.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/Director/Manager:** dd/mm/yyyyy |
| **Date of meeting of OCT/ICT** | dd/mm/yyyy: | Time of first meeting (00:00) |
| **Name of Secure setting** | | |
| **Name of PHE Lead and email address** | | |
| **Name of Governor/Director/Manager and email** | | |

| | | |
|---|---|---|
| **Nature of incident:**<br><br>*To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection* | Gastrointestinal disease []<br><br>Respiratory disease []<br><br>Chemical incident []<br><br>Other [] | Specify causative agent if known (eg norovirus, influenza A/B, TB etc.) |
| **Date of onset of incident or date of first case** | dd/mm/yyyy | |
| **People affected**<br><br>*To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection* | **Child:**<br><br>Suspected [ ]<br><br>Confirmed [ ]<br><br>**Staff:**<br><br>Suspected [ ]<br><br>Confirmed [ ]<br><br>Are cases confined to 1 Wing/Area? **Y/N** | • Has an active case-finding programme been recommended? **Y/N**<br><br>○ Does case finding include **staff**? **Y/N**<br><br>• Are any staff on sick leave currently? **Y/N**<br><br>○ If **Yes**, how many [ ]<br><br>• Have any (prisoner) cases been transferred to hospital for care? **Y/N**<br><br>○ If **Yes**, how many: [ ]<br><br>• Any other information: |
| **Public Health Advice from OCT**<br><br>*To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection* | **Has OCT provided recommendation to:**<br><br>• Isolate/cohort cases **Y/N**<br>• Provide separate toilet/washing facilities **Y/N**<br>• Restrictions on internal prisoner movements **Y/N**<br>• Stop transfers out **Y/N**<br>• Stop transfer in **Y/N** | |
| **Movement of Children**<br><br>*Transfer information to be completed by the Governor/Director/Manager* | Have children at risk of infection been transferred to other secure setting prior to quarantine? **Y/N (Note 2)**<br><br>If **Yes**, estimate of numbers transferred:**[ ]**<br><br>List of establishments receiving prisoners:<br><br>1.<br>2.<br>3.<br>4.<br><br>Any other information**:** | |
| **Staff Health & Safety**<br><br>*To be completed by the PHE Centre consultant in communicable disease control/consultant in health* | **Has OCT recommended any specific actions to protect staff:**<br><br>• PPE **Y/N**<br>• Vaccinations **Y/N**<br>• Testing **Y/N**<br>• Prophylaxis **Y/N** | Specify nature of advice to protect staff: |

| | | |
|---|---|---|
| *protection* | • Treatment **Y/N**<br>• Restrictions on activities for vulnerable staff **Y/N** | |
| **Assessment of mortality risk**<br><br>*To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection* | • Has OCT provided mortality risk assessment **Y/N**<br><br>• Is there a significant risk of multiple mortalities as result of outbreak at this time **Y/N** | Provide specific information on assessment provided by OCT (eg critically ill child(s) in hospital): |
| **Additional Information from Governor/ Director/Manager**<br><br>Please report any additional relevant information which can assist YCS placements in undertaking a dynamic risk assessment: | | |