

STANDARD OPERATING PROCEDURE ESCORTING & BEDWATCHES – COVID 19

V1 – Interim Live Document - HMPPS

Brief Description of Task: Staff escorting residents whom are COVID -19 suspected or confirmed to outside hospital for treatment.

Particular Hazards: Exposure to COVID -19, potential behavioural issue from resident, safety to members of the public and NHS staff.

Special Safety Precautions: Staff undertaking escorts must not be from the current GOV.UK shielded at risk group of persons (ie: pregnant workers, those with serious underlying medical conditions as described and updated within the national GOV.UK briefings)

Special Equipment, Procedures or PPE needed: PPE will be provided to the escorting staff to facilitate the immediate expected duration of the escort, as a minimum, the PPE must sustain 8 hours and the pack must consist of sufficient stock to replace PPE every two hours. Each member of staff will wear:

PPE (Each Member of Staff)

1. FFP 3 Face Mask
2. Nitrile Glove – Extra Long lower arm covering
3. Eye protection – Face Shield/Goggles/Eye protective glasses or visor
4. Clinical Gown or Clinical Apron

PPE (Resident)

1. Surgical Mask – FRSM II2

PPE sustaining Pack (minimum 8 hours for 2 Staff)

1. FFP 3 Face Mask – x8
2. Nitrile Glove – Extra Long lower arm covering x8
3. Eye protection – Face Shield/Goggles/Eye protective glasses or visor x 8
4. Clinical Gown or Clinical Apron x8
5. Surgical Mask – FRSM II2 x 4
6. Individual hand sanitizer (60 % Alcohol) x1 bottle

The Orderly Officer at each Prison will arrange the contact and re-stocking of PPE as and when required for the escort.

To preserve a minimum of 2 metres distance from the suspected or confirmed resident, a closeting escort chain will be used throughout unless a local risk prison escort assessment specifies other. If not using an ambulance, a passenger van must be booked and the escort to the hospital will ensure seating is arranged to preserve a minimum of 2 metres distance during the transfer. The transport being used must be advised that no further use of the vehicle should take place for 72 hours and that internal disinfection is required prior to any further use.

Prison Group PPE Hubs will provide each prison with the necessary escort PPE on receipt of central stock being provided OR NHS will provide the required PPE for prison staff during the duration of the escort

Staff must change PPE each two hours. Please use NHS clinical bins for the used stock after seeking permission from the NHS staff.

Staff should wash their hands during each change of Nitrile gloves

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V1 – Interim Live Document - HMPPS

Staff are advised to wash their hands when immediately entering their homes after the shift. Staff are advised to change their work clothes at the earliest opportunity.

FFP 3 Fit Testing arrangements: The use of the FFP 3 Mask requires specific training and testing to ensure the user is able to wear the mask appropriately to prevent exposure.

Option 1

Each Prison will fit test operational staff via roll out training from HSF/Other staff

Option 2

Each Prison will be provided with fit testing kit and will train orderly officers in the fit testing procedure, prior to dispatching the escort the orderly officer will fit test each member of staff and ensure each handover member of staff is fit tested prior to commencing the escort handover. HSF staff may support the usual day escorts with orderly officers for out of hours.

Option 3

A combination of above with use of local healthcare staff involvement within the fit testing process

Option 4

Fit testing is not carried out. Specific guidance to users is given and a check is made by each user prior to leaving on escort. This is further assured via a management check of the orderly officer prior to the escort departing

Option 5

FFP 3 is not used and the escort staff only use FRSM II2 surgical masks

Option 6

Global e-learning roll out training is provided to all operational staff on the wearing of FFP 3 masks. Option 4 is carried out prior to escort leaving.

Emergency Procedures, and/or Contact Point: The Orderly Officer will arrange the necessary contact and emergency procedures in line with the existing LSS arrangements for Escorts and Bed watches.

Detailed Steps to Follow

1. The Escort will be arranged in line with LLS escorting arrangements, including the necessary escort equipment, briefing and discharge procedure.
2. PPE will be donned as per guidance contained in the Annex
3. The Staff wearing PPE will collect the resident for discharge from his room or other location.
4. The Orderly Officer discharging the escort will ensure that he/she remains at least 2 metres away from the resident during all periods of the discharge. As normal a discharge procedure will be adopted appropriate to the circumstances. A closing chain should be used to preserve 2 metres distance from the staff and the resident.
5. In the event a discharge takes place in a reception setting, disinfection must take place in line with the COVID 19 HMPPS guidelines (as a contaminated area – use if Titan Chlor Tablets)

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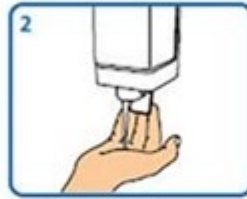
Annex: Hand washing and PPE Donning and Removal Guidance



Hand-washing technique with soap and water



Wet hands
with water



Apply enough soap
to cover all
hand surfaces



Rub hands palm
to palm



Rub back of each hand
with palm of other hand
with fingers interlaced



Rub palm to palm with
fingers interlaced



Rub with back of fingers
to opposing palms with
fingers interlocked



Rub each thumb clasped
in opposite hand using a
rotational movement



Rub tips of fingers in
opposite palm in a
circular motion



Rub each wrist with
opposite hand



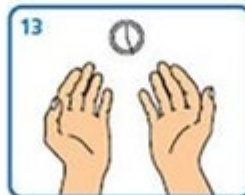
Rinse hands
with water



Use elbow to
turn off tap



Dry thoroughly with
a single-use towel



Hand washing should take
15–30 seconds



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V1 – Interim Live Document - HMPPS

Putting on personal protective equipment (PPE)

The order of putting on PPE is: apron, facemask, visor and gloves.



Apron

- Pull over head and fasten at back of waist



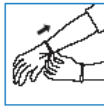
Facemask

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to bridge of the nose
- Fit snug to face and below chin



Visor

- Place over face and eyes and adjust to fit



Gloves

- Extend to cover wrist

Use safe work practices to protect yourself and limit the spread of infection.

- Keep hands away from face
- Change gloves between tasks and when torn or heavily contaminated
- Limit surfaces touched
- Regularly perform hand hygiene

Removing personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order of removing PPE is: gloves, apron, visor and facemask.



Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove



Apron

- Unfasten or break ties
- Pull apron away from neck and shoulders lifting over head, touching inside only
- Fold or roll into a bundle



Visor

- Handle only by the headband or the sides



Facemask

- Unfasten the ties – first the bottom, then the top
- Pull away from the face without touching front of facemask

Perform hand hygiene immediately after removing all PPE.

All PPE should be removed before leaving the area and disposed of in a sealed plastic bag in a household wheelle bin.

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Public Health
England



When to use a surgical face mask or **FFP3** respirator

When caring for patients with **suspected or confirmed infectious respiratory virus**, all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimise that risk.

When to use a surgical face mask



In cohorted area (but no patient contact)

For example:

Cleaning the room, equipment cleaning, discharge patient room cleaning, etc

Close patient contact (within one metre)

For example:

Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc

PPE to be worn

- Surgical face mask (along with other designated PPE for cleaning)

PPE to be worn

- Surgical face mask
- Apron
- Gloves
- Eye protection (if risk of contamination of eyes by splashes or droplets)

When to use an FFP3 respirator



- Carrying out potentially infectious aerosol generating procedures

For example:

bronchoscopy, endotracheal intubation, tracheostomy procedures, cardiopulmonary resuscitation, diagnostic sputum induction:

- Where a patient is known/suspected to have an infection spread via the aerosol route

- When caring for patients known/suspected to be infected with a newly identified infectious respiratory virus

PPE to be worn

- FFP3 respirator
- Gown
- Gloves
- Eye protection

- Fit testing should be carried out by a properly trained competent fit tester.
- Other guidance is available on bacterial infections and pulmonary tuberculosis

These images are for illustrative purposes only. Always follow the manufacturer's instructions.

Remember

- PPE should be put on and removed in an order that minimises the potential for cross-contamination.
- The order for PPE removal is gloves, apron or gown, eye protection, surgical face mask or FFP3 respirator.
- Hand hygiene must always be performed following removal of PPE.
- Healthcare workers who have had influenza vaccination, or confirmed influenza infection, are still advised to use the above infection control precautions.



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V1 – Interim Live Document - HMPPS



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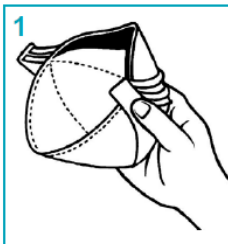
How to put on and fit check an **FFP3 respirator**

Key facts

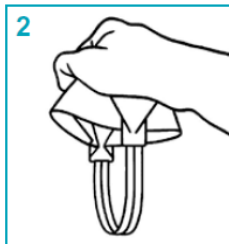
- FFP3 respirators are designed to protect the wearer from breathing in small airborne particles which might contain viruses.
- They should be worn when carrying out potentially infectious aerosol-generating procedures on patients with symptoms of a viral respiratory infection, or where a patient is known/suspected to have an infection spread via the aerosol route or when caring for patients known/suspected to be infected with a newly identified respiratory virus.
- FFP3 respirators are available in different sizes and designs, use only the model and size which a fit test has shown is correct for the wearer.
- The respirator images shown below are for illustrative purposes only. Always follow the manufacturer's instructions.

Follow these five steps to fit your respirator correctly

Tip: It may be helpful to look in the mirror when fitting your respirator



Hold the respirator in one hand and separate the edges to fully open it with the other hand. Bend the nose wire (where present) at the top of the respirator to form a gentle curve.



Turn the respirator upside down to expose the two headbands, and then separate them using your index finger and thumb. Hold the headbands with your index finger and thumb and cup the respirator under your chin.



Position the upper headband on the crown of your head, above the ears, not over them. Position the lower strap at the back of your head below your ears.

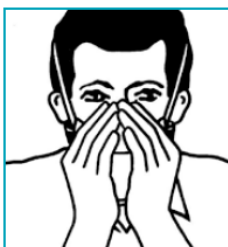


Ensure that the respirator is flat against your cheeks.



Mould the nosepiece across the bridge of your nose by firmly pressing down with your fingers until you have a good facial fit. If a good fit cannot be achieved, do not proceed.

Now perform a fit check



Cover the front of the respirator with both hands, being careful not to disturb the position of the respirator on the face.

For an unvalved product – exhale sharply; for a valved product – inhale sharply.

If air flows around the nose, readjust the nosepiece; if air flows around the edges of the respirator, readjust the headbands.

A successful fit check is when there is no air leaking from the edges of the respirator. Always perform a fit check before entering the work area.

If a successful fit check cannot be achieved, remove and refit the respirator.

If you still cannot obtain a successful fit check, do not enter the work area.

These images are for illustrative purposes only. Always follow the manufacturer's instructions.

Remember

- Respirators must be used with other necessary personal protective equipment (PPE) such as gowns, gloves and compatible eye protection.
- Respirators should be discarded after each use.
- Respirators should be disposed of as healthcare waste.
- Hand hygiene must always be performed following removal and disposal of PPE.
- The fit check is not a substitute for fit testing

Fit testing should be carried out by a properly trained competent fit tester.

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