

# STANDARD OPERATING PROCEDURE OPERATIONAL TASKS INVOLVING CONTACT WITH SUSPECTED, CONFIRMED CASES AND OTHER – COVID 19

## V4 – Interim Live Document - HMPPS

**Brief Description of Task:** Staff carrying out tasks involving close contact with persons (within 2 metres) including those whom are COVID -19 suspected, confirmed and in other circumstances. This will primarily be for searching but may be adapted for any similar related tasks.

**Particular Hazards:** Exposure to COVID -19, potential behavioural/ resistance from persons involved within the task.

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

**Security/Policy and Operational Considerations:** This guidance outlines the use of PPE when carrying out tasks involving close contact with persons (within 2 metres) including those suspected or confirmed cases of COVID-19.

SOCT via the Gold COVID-19 command process will release separate guidance and protocols relating to the core operational arrangements to searching. Each Prison will carry out a risk assessment to determine what searching to be carried out (Local Security Strategy – LSS) during the period of COVID -19, including the type and process.

Existing risk assessments, safe systems of work and LLS procedures are already in place for the usual searching protocols. Derogation away from the LSS may be required from the COVID -19 risk assessment to determine searching requirements, any further revisions such as the example above, and the use of PPE in the circumstances below.

Any heightened security risks should be addressed in the same way as normal, making appropriate mitigations for any additional complications posed by the use of PPE and further safety controls outlined within.

**Special Equipment, Procedures or PPE needed:** Establishments are required via the current COVID-19 Operational Policies/Guidance Documents and Briefings (including Regime Management Plans) to maintain a social distance of 2 metres. The following aspects deal with potential instances where further controls are required.

PPE will be provided to facilitate the requirement on the basis of each Prison risk assessment of the tasks being carried out. Each member of staff taking part will wear:

Is Suspected or Confirmed COVID-19 a Factor and does the task require close proximity within 2 metres If so ( other than where specific SOPs describe higher risk activities):

Add PPE to the task:

1. Surgical Mask
2. Nitrile Gloves
3. Apron (where available)

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\*If a local assessment identifies splashing from individuals is likely during the task, request eye protection during the local assessment process and add eye protection as point 4 above.

Where Operational Tasks require compromising Social Distance GOV.UK advice ( for persons not confirmed or suspected, for example a hospital escort using hand cuffs):

Add PPE to the task:

1. Surgical Mask – via risk assessment.
2. Nitrile Glove
3. Apron

Providing First Aid to Non Confirmed or suspected persons

1. Surgical Mask
2. Nitrile Glove
3. Apron

(All operational tasks require a local assessment to be made and determine what tasks are critical during COVID -19 and in relation to PPE availability. Please also note the current published SOCT guidelines about searching. PPE stocks will be dependent on priority needs within the organisation to preserve stocks to the immediate priority requirements). PPE will therefore always be deployed first to sustain essential tasks such as room visits, escorts, CPR and self harm.

\*In the need of an urgent requirement, Global and National PPE shortages may require substitution with different items of PPE other than above (these PPE items are all specified for use within the current GOV.UK guidelines). These items are:

PPE (Substitution/Alternative PPE Items for Staff Use within this SOP)

1. FFP 2 Mask to substitute the surgical mask

\* Users of FFP Masks are required to be clean shaven.

Staff must change PPE each four hours at least. Please use clinical bins/bags for disposal of the used stock after.

Staff should wash their hands during each change of Nitrile gloves.

Provision of these face pieces (FFP2) is an important method of control in close proximity to cases, and the wearer should fit it with care and attention. The supervisor will make a visual check of the user prior to use, the key emphasis being on the closeness of the seal to the face especially around the nose and the positioning of straps to maintain that closeness. General guidance on donning and wearing the FFP2 is contained within the

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Annex. Further guidance and instructions and will continue to be reviewed and reiterated throughout this period.

C&R Planned Intervention will include the current C&R issue PPE. In addition, those deployed will wear Nitrile gloves as inner gloves to their exterior gauntlet gloves and will also wear either a surgical mask or FFP 2 mask in line with the above considerations. Both these items are disposable and are to be placed in clinical waste after use. In some instances FFP masks may not always fit neatly under the C&R visor. Where this is the case, users are directed to use the surgical mask.

C&R PPE used within suspected or confirmed COVID-19 incidents are to be treated as contaminated laundry. Particular care is to be given post incident to ensure only the staff present pack items into waste bags ready for laundering and no other people are involved prior to the bags being sealed. Hard surface items (non laundry items such as helmets, boots, belts) must be cleaned with a Titan Chlor solution by wiping all surface areas with a damp cloth from the prepared solution (2 tablets = 1 litre of solution in the standard Titan tablets, 1 tablet = 1 litre of solution in the Titan Plus solution). Staff are to be given the opportunity to wash their hands immediately following the disinfection tasks and packing of the C&R PPE.

Laundry of the C&R overalls should be carried out where the washing process should have a disinfection cycle in which the temperature of the load is either maintained at 65°C for not less than ten minutes or 71°C for not less than three minutes when thermal disinfection is used. Where local BBV teams carry this out as part of the dirty protest process facilities should be used.

**Emergency Procedures, and/or Contact Point:** Refer to normal emergency contact procedures as contained within local risk assessments and safe systems in place.

In the event of Blood contamination, the local BBV incident protocols must be activated ensuring responders are provided with a shower and change of clothes immediately following the incident. Contaminated uniform and items must be separated from others, contained within a clinical bag and dealt with in line with BBV laundry protocols.

Managers must ensure EAP/Care Teams are available to responders following the incident.

### Detailed Steps to Follow

1. Each Prison will carry out a local risk assessment to determine what operational tasks will take place during the COVID – 19 period. The steps outlined above will determine the levels of PPE required to carry out the tasks.
2. PPE will be donned/doffed as per guidance contained in the Annex and included documents.
3. All used and disposable PPE will be placed within clinical bins/bags and removed from the work place as soon as possible to the central clinical waste storage on site.
4. Staff will wash their hands as close to every 20 minutes (if gloves are being worn they may remain on but changed every 4 hours)

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5. Staff must wash their hands at the end of the tasks and following removal of the PPE

**Documents and further Information: EAP Information sheet/Surgical Mask guidance/FFP2 guidance.**



Information-sheet-  
24-Hour-Sharps-Inju



EAP Access Information:



V2 Donning and  
Doffing a surgical m




FFP2  
disposable.pdf


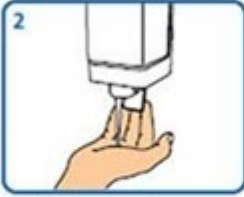




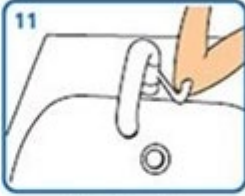


**Annex: Hand washing, PPE Donning and Removal Guidance, HMPPS PPE selection guide**


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## Hand-washing technique with soap and water

 <p>1 Wet hands with water</p>	 <p>2 Apply enough soap to cover all hand surfaces</p>	 <p>3 Rub hands palm to palm</p>	 <p>4 Rub back of each hand with palm of other hand with fingers interlaced</p>
 <p>5 Rub palm to palm with fingers interlaced</p>	 <p>6 Rub with back of fingers to opposing palms with fingers interlocked</p>	 <p>7 Rub each thumb clasped in opposite hand using a rotational movement</p>	 <p>8 Rub tips of fingers in opposite palm in a circular motion</p>
 <p>9 Rub each wrist with opposite hand</p>	 <p>10 Rinse hands with water</p>	 <p>11 Use elbow to turn off tap</p>	 <p>12 Dry thoroughly with a single-use towel</p>
 <p>13 Hand washing should take 15–30 seconds</p>			



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## 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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## COVID-19 CUSTODIAL PPE Guidance

**PPE for use in prison based on guidance published by Public Health England, for activities requiring close contact with a possible COVID-19 case.**

Contact with confirmed or suspected COVID-19 cases and mandatory security tasks

Escort to hospital, bed watch, CPR or self-harm response, cleaning post BBV\* incidents involving spray treatments.

Eye protection, if there is a risk of body fluid entering the eye.

Fluid resistant surgical mask.

Disposable apron where available.

Nitrile gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

Eye protection, eye shield, goggles or visor.

FFP3 or FFP2 face mask.

Long sleeved fluid repellent gown/coverall.

Nitrile gloves.

For further information and detailed operating procedures please refer to the Safe Operating Procedures as issued from Gold Command.

\*BBV – Blood Borne Virus

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