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**HMPPS – Probation  
  
Personal Protective Equipment (PPE), Social Distancing**

**Updated 17.07.20**

**Version 5.0**

**Introduction**

The following document sets out the current guidance on social distancing and the use of PPE and hygiene provision within the probation system.

It will cover:

* **Provides details of when PPE is required**
* **What PPE should be used**
* **Where PPE can be obtained**
* **Face Coverings**
* **Provide practical advice on managing the risks posed to our key workers delivering probation services**
* **Undertaking telephone, door step and face to face supervision**
* **Use of Air Conditioning**
* **Water Management**

Key documents to support this guidance:

Exceptional Delivery Model – Offender Management

Exceptional Delivery Model – Courts

Exceptional Delivery Model – Approved Premises

Please refer to these documents which provide more detail on the current delivery models including reporting type and frequency.

**Contents**

|  |  |
| --- | --- |
| **Page** | **Item** |
| 4 | Principles |
| 5 | Key Definitions |
| 6 | Summary of key points |
| 7 | Type and use of PPE |
| 8 | Removal of PPE |
| 9 | Cleaning Reusable eye protection |
| 10 | Allocating PPE |
| 11 | Face Coverings |
| 12 | Hygiene |
| 13 | Face to Face contact with Service Users |
| 15 | Door Step supervision |
| 17 | Telephone Supervision |
| 18 | Office Rota |
| 19 | VLO guidance |
| 20 | Courts |
| 22 | Water Management |
| 24 | Air Management – ventilation systems/air conditioning |
| 27 | Key Message |
| 28 | Annex A: Site details for PPE Hubs |
| 29 | Annex B - Specific guidance for Approved Premises (APs) |
| 30 | Annex C – Health and Safety Courts recovery checklist |

**Principles**

The following principles have been agreed:

* Protection of individuals
* Continued adherence to the hierarchy of controls in recovery – with the most effective control measures prioritised over those that are least effective
* Continued adherence to public health advice

Staff must minimise any non-essential and avoidable contact with any staff member or service user/residents when Covid-19 is circulating in the community. Where this cannot be practicable done, due to, e.g. the built in environment or essential planned tasks a risk assessment must be undertaken to include mitigation measures including the provision of PPE where necessary.

The hierarchy of control measures identified by public health, as applied to HMPPS are:

* Isolation of symptomatic or confirmed cases
* Social distancing
* Thorough hand washing and hygiene practices
* Safe working practices, through exceptional delivery models- including a reduction in numbers to ensure social distancing, staggered activities, digital approaches to contact, innovative/different use of the space (maybe screens) (refer to Covid-19 risk assessments for APs and Probation Offices)
* Standard operating procedures (SOPs) to specify items of PPE in line with public health advice where contact is sustained, necessary and unavoidable.

**Key Definitions**

**Social Distancing**

The act of creating distance between individuals to prevent the spread of infection. Measure relating to social distancing include by way of example, reducing unnecessary travel, avoiding public transport where necessary keeping 2m distance from people outside of your household, use of PPE where appropriate. In a probation setting this refers to the act of maintaining a distance of at least 2m from other individuals whilst in the work place.

**Sustained Contact**

Close contact i.e under 2 metres for a period of 15 minutes of more.

**Social Isolation**

Isolating oneself from other people as a result of being symptomatic or living with someone who is symptomatic. Individuals with certain underlying health conditions may also choose to self-isolate.

**Personal Protective Equipment (PPE)**

In the context of this document PPE refers to the equipment one will need when working in sustained close proximity. Current PHE guidelines identify where PPE is required.

**Hygiene Provision**

This refer to items that support a safe working environment and are essential supplies in our offender contact centres and Approved Premises [APs] but are not considered PPE. They include, hand sanitiser gel, soap, cleaning materials.

**Symptomatic and Confirmed Cases**

A symptomatic individual is one that is displaying any of the perceived symptoms of the COVID-19 virus as per PHE guidance. A confirmed case is one where an individual has tested positive for COVID-19. Where medical advice indicates a confirmed case has recovered from the virus [usually 7 days after symptom onset and once any fever has cleared] those individuals should no longer be treated as symptomatic. Any member of staff presenting with COVID-19 symptoms should self-isolate and not work from a probation work site. Likewise, any offender presenting as symptomatic should be supervised remotely.

**IP&C**

Infection, Prevention and Control

**Face Covering:**

Refers to a covering of the mouth and nose. A face covering can be made using any material and can be anything from a scarf wrapped round the face, a bandana, or a self-made face covering. A face covering is **not** PPE.

**Face to face**

In person, service user attending the office for supervision

**Door step supervision**

This is not face to face but at the service users address via telephone call/conversation outside the property. OMs are not to enter the service users home address. This is not a Home Visit.

**Telephone Supervision**

In the context of this document telephone supervision includes whatspp or video messaging

**Summary of Key Points**

* The use of PPE is only essentially required for those staff in close contact with someone that is symptomatic of COViD-19
* Exceptional working practices are in place to protect staff and they should continue to be followed.
* Social distancing should be maintained at all probation sites and Approved Premises wherever possible. In those exceptional circumstances where essential, unavoidable and 15 minutes or more sustained sub 2 m contact has been identified as a risk, PPE should be worn, even if the individual is not symptomatic. Where a risk assessment identifies that if a service user/resident is shielding, symptomatic or confirmed COVID-19 cases we will provide a face mask for them. Face masks, should be worn in these circumstances not face coverings.
* Social distancing and good personal hygiene, specifically hand washing, is the primary measure for protecting yourself against the virus and preventing its spread.
* Particular steps on personal hygiene during face to face contact with service users are detailed within.
* Specific guidance for the use of PPE and personal hygiene in APs is also included in Appendix B of this document.
* This guidance is specific to circumstances relating to COVID-19. Where there is an existing business as usual process that requires the use of PPE, that process should continue to be followed.

**Type and Use of PPE**

* The following PPE has been identified in line with PHE’s Guidance and is a specific response to COVID-19. The minimum level of PPE for custodial and approved premises staff required when dealing with a suspected COVID-19 case is set out below**. Please note, all service users with symptoms of COVID-19 should be self-isolating until 7 days clear of symptoms and should not be attending offender contact sites where contact over the phone is available as an alternative.**
* Residents in APs should self-isolate in their room and the AP guidance in annex B should be followed**.** See appendix B for specific guidance on APs.
* Where contact for a sustained period, 15 minutes or more under 2 metres, is necessary, activities requiring close contact with a person the following PPE will be required:
* Disposable gloves
* Fluid repellent surgical face mask
* A disposable plastic apron
* Eye protection (e.g. face visor or reusable eye protection) are subject to risk assessment but must be worn if working with a symptomatic or confirmed case of COVID-19
* Individual use alcohol hand sanitisers where available but please note, hand washing with soap and water is a more effective method of hand hygiene than hand sanitiser.
* PHE state that PPE must be changed on a regular basis (every 2-4 hours - 4 hours use per mask is the maximum) please refer to the sections below on safe removal and disposal of PPE.
* PHE states Single use masks refer to disposal of PPE after each service user/resident and or following completion of a procedure or task.
* PHE states Sessional use masks refer to a period of time when the member of staff is undertaking duties in a specific setting/exposure environment. Sessions ends when the staff member leaves the setting/exposure environment

**Removal of PPE**

1. Before leaving the room gloves, gown and eye protection should be removed (in that order) and disposed of as clinical waste or in the case of reusable eye protection cleaned as per guidance below. After leaving the area, the face-mask can be removed and disposed of as clinical waste in a suitable receptacle.
2. The order of removal of PPE should be as follows:

* Peel off gloves and dispose in clinical waste;
* Perform hand hygiene, by hand washing or using alcohol gel;
* Remove apron by folding in on itself and place in clinical waste bin;
* Remove eye protection only by the headband or sides and clean as per the instructions in section below ;
* Remove fluid repellent surgical face mask from behind and dispose in clinical waste;
* Perform hand hygiene.

1. All used PPE must be disposed of as Clinical Waste. Scrupulous hand hygiene is essential to reduce cross contamination. Coronaviruses can be killed by alcohol hand gel and most disinfectants. Handwashing with soap and water is still the best way of cleaning one’s hands and protecting against COVID-19.

**Cleaning reusable eye protection**

1. If reusable eye protection is supplied with this PPE pack it must be cleaned and washed thoroughly with a Titan chlorine solution after every use. The following procedure must be followed once the goggles have been removed:
2. Sterilising of eye goggle procedure.
3. Remove the reusable eye protection by the wearer as per SSOW.
4. Items required for thoroughly cleaning are 1 x bucket (clean) 2 x Titan Chlorine tablets per 1 litre of warm water (make solution at this ratio and as required). The disinfectant solution should be prepared within the clean bucket by adding warm water with the Titan Chlorine tablets (1000 ppm available Chlorine). Please note – Stocks may be supplied with Titan Chlor Plus Tablets (the dilution rates differ as 1 tablet per I litre). The pack will specify whether the tablets are the Plus type.

* Place reusable eye protection in bucket of warm water containing the solution.
* Soak your reusable eye protection & straps in the disinfectant solution for approximately 10 Minutes.
* The googles must be rinsed thoroughly & allowed to dry before the next use.

1. Contact your regional COVID-19 PPE SPOC when the need for reusable eye protection ends as these can be recycled for use – Please ensure any recycled reusable eye protection are fully cleaned.
2. **Face Masks:** Should be disposed of in clinical waste bags/containers. Where clinical waste disposal is not normally available at a site, arrangements with the NPS Facilities Management provider will be made to provide those facilities. The PPE first aid kits at each site so also contain a clinical waste bag.

**Allocating PPE**

1. All efforts must be made to ensure appropriate use of PPE as per this guidance and that stock is controlled and not misused.
2. Where there is a requirement for PPE, provision should be ordered from the PPE hubs.
3. All suspected cases of COVID-19 must be reported to both public health authorities: <https://www.gov.uk/health-protection-team> and to COVID-19 central reporting team.
4. To obtain PPE the site must contact their local regional PPE hub SPOC and provide details of their request.
5. Sites will arrange their own transport to the Regional PPE Hub for the collection of the PPE.
6. In the event further stock is required, contact should be made directly to the Regional SPOC.

**Face Coverings**

**Please note:** Face coverings are **NOT** PPE.

Evidence suggests that face coverings provide no protection for the individual wearing the mask and there remains limited scientific evidence that they prevent the spread of infection. There is a risk that uncontrolled, widespread use may result in less protective behaviour and an increase in spread of infection. It is recognised that s*ocial distance is maintained more easily in some circumstances than others. However, there may be instances, such as the use of narrow corridors, within staff kitchens or in other more public places within our buildings where individuals feel more secure if they wear a face covering. Whilst the current Public Health England guidance does not require the use of a face covering in those instances it is entirely up to the individual’s discretion whether or not they wear one.*

 This is our advice at present, you will appreciate that we are dealing with an evolving picture and our advice may change over time so please be alert to further notices on this subject

Current direction from Government is for mandatory use on public transport. It has been greed the following uses within HMPPS:

* Prisoners on release who will be using public transport
* Residents in APs who need to use public transport
* Prisoners on ROTL who need to use public transport
* On request, any offender travelling on public transport to an LDU office for supervision or contact with their offender manager who must travel at our behest and cannot obtain their own covering.

Further consideration is being given to the provision of face coverings for staff whilst undertaking duties on public transport, once this is confirmed this will be communicated via GOLD command.

NPS Hubs have been set up for the distribution of face coverings. Please contact your Business Strategy and Change rep for further details.

*To be noted in respect of face coverings, a commitment has been made to cautious and controlled consideration in the event that further uses are proposed noting limited evidence and risks.*

**Hygiene**

All HMPPS business areas must enforce infection control precautions particularly in a closed-residential environment where viruses can spread easily. This includes good basic hand and respiratory hygiene for everyone as well as keeping potentially infectious staff temporarily away from the work environment. Enhanced hygiene practices must be included in site cleaning regimes, focusing on frequently touched surfaces such as handrails, taps and door handles. Following the “Catch it, Bin it, Kill it” advice when sneezing or blowing your nose will reduce the risk of spreading infection.

**Hand hygiene**

* Good hand hygiene includes the routine and frequent use and access to hot water and liquid soap, these should be wall mounted above hand wash sinks where possible. HMPPS workers hands and those of prisoners and residents in approved premises are likely to be superficially soiled (handling keys, contact with the environment e.g. door handles, handrails etc.) and washing these off reduces the chance of contamination.
* The minimum standards for sites should reflect general public expectations of cartridge filled, wall mounted liquid soap above hand wash sinks in communal areas where possible.
* Staff should be regularly reminded to use their nearest hand washing sink to reduce risk of cross contamination. Sites should ensure prisoners and residents have access to soap and water within their accommodation areas and they are regularly encouraged to wash their hands.
* As a further control wall mounted hand sanitiser should be installed within site entrances, prison receptions and visits areas. These should contain alcohol-based hand sanitiser products with a minimum of 60% alcohol content. Sites are mandated to carry out a risk assessment identifying the strict controls of these items and their appropriate location to prevent misuse. The assessment must also consider potential fire risk of these products.

**Face to Face supervision of Service Users**

**Definition:**

In person, service user attending the office for supervision

**Face to face contact within Probation premises should be retained for the following groups:**

* TACT service users
* Service users without a phone
* Prison leavers reporting for their initial appointment (subsequent appointments can be done via telephone/ Whatsapp where appropriate)

**Offender Contact Centres**

The following steps should be followed:

* Enquires about a service users health should be made before inviting them to a probation office to avoid contact with symptomatic service users. Service Users should be seen in probation offices on a rota to minimise the number of service users visiting a site at any one time.
* Service Users should be instructed to keep a distance of 2m from others whilst in the waiting area.
* If facilities at a probation office do not permit a distance of 2m to be maintained then face to face reporting should not take place, unless in exceptional circumstances e.g. high and very high risk service users that must be seen according to the OM EDM.
* In exceptional circumstances, where 2m distance cannot be maintained in an office, resulting in essential, unavoidable and sustained contact of 15 minutes or more this will require the use of PPE.
* PPE will be available from a central point in an office.
* The site should have physically marked floors or signage with a 2m distance line – particularly in areas where a glass screen is not available. Even a desk as a physical barrier would work or a sign on the floor or wall
* Service users that display any of the recognised symptoms of COVID-19 should not be seen face to face. Other methods of remote supervision should be used instead.
* Upon arrival service users should be directed to wash their hands or use hand sanitisers.
* No physical contact [e.g. handshaking] with service users.
* Escorting an service user to an interview room should only be done when both the service user and the offender manager have washed their hands or used hand sanitisers.
* Wherever possible, interview service users in rooms with adequate ventilation and maintain the 2m distance.
* Service users should not be asked to sign for receipt of travel fares. A single person on site should take responsibility for signing in service users and distributing travel expense
* Upon finishing a supervision session in an interview room, the surface of the desk should be wiped down. Disposable gloves can be worn to carry out this activity and single use alcohol wipes used to wipe down the surface. Staff members should request service users to wipe down their side of the desk and provide instructions to the service user on the proper use and disposal of both gloves and alcohol wipes. We are working on producing a instructional video on how to carry out this activity as soon as this is completed this will be shared and added to this guidance.
* Wipe down surfaces in interview rooms after each supervision session using appropriate cleaning products or alcohol wipes.
* Direct service users to wash their hands upon leaving the site.
* Offender Managers should wash their hands after each offender supervision.
* Service users who are symptomatic or have been diagnosed as having COVID-19 should **not** be supervised in the probation office or seen face to face.

**Door step supervision**

**Definition:**

This is contact at the service users address via telephone call/conversation outside the property. OMs are not to enter the service users home address. This is **not** a Home Visit.

Consult current OM EDM for those service users in scope.

* Follow instructions in current version of OM EDM, re assessments, frequency and type of service user’s that door step appointments are applicable for.
* Visit by car to the service users address and a telephone call being conducted from outside the property. The will allow staff to have sight of the service user at the address whilst also facilitating a discussion whilst maintaining safety.
* Public transport should be avoided where possible. If used, employees should maintain effective personal hand hygiene and be provided with alcohol hand sanitiser gel and must where a face covering as this is now mandated for use of public transport. .
* Personal cars should be avoided, but can be used in exceptional circumstance as agreed with SPO. Where this is the case staff should ensure that their vehicle is parked out of sight - (*Please* *note that any own vehicle use can only be used if you have appropriate cover with your insurance provider for business use).*
* Hire cars and pool cars should be used, where possible, to travel to and from door step visits. Before using a hire car or pool car effective hand hygiene practice should be carried out and employees should refrain from touching their face with their hands.
* For some cases it may be assessed that police presence is require where risk dictates communication and agreement with police colleagues to take place on how to manage the visit.
* In some cases, following a risk assessment it may be appropriate to physically attend the front door of the service users address. Where this is the case social distancing must still be maintained. Door step visits with symptomatic service users should be avoided and remote contact with service users should be made where possible.
* No physical contact with service user at any time.
* Upon arriving at an service user doorstep and after ringing the doorbell or knocking on the door the offender manager should step back from the door way to maintain a 2m distance.
* When visiting an service user who resides in a multioccupancy property [such as a flat or apartment block], avoid where possible touching communal items such as handrails and buttons to lifts. Maintain effective hand hygiene at all times.
* Upon arrival at the service users residence, if that service user demonstrates any symptoms of COVID-19, the employee should terminate the doorstep visit, instruct the offender to self-isolate and report the case via their divisional SPOC. Future contact with said offender should be carried our remotely.
* Upon returning from a doorstep visit, and after leaving the vehicle, effective hand hygiene practice should be carried out. The steering wheel, gear stick, hand break, door handle, and any other surface that might have been touched during the driving of the car should be wiped down with suitable cleaning materials [which can include soap and water].
* Alcohol wipes or soap and water should be used to wipe down keys before use.

**Telephone Supervision of Service Users**

**The majority of service users can be supervised by telephone/ Whatsapp (video messaging should be used wherever possible).**

* All service users to be risk assessed as to their suitability for telephone/whatsapp/facetime (or alternative digital channel) supervision contact
* Every risk management plan and sentence plan will need to be reviewed to reflect the new supervision regime.  Those plans associated with service users presenting the highest risk should be prioritised for completion.
* Frequency of contact should follow the instruction in the most current version of the Offender Management Exceptional Delivery Model.
* Risk Management and Sentence Plan endorsement please refer to current version of OM EDM for the position.
* Where there are safeguarding and domestic abuse concerns assessment to include how to best monitor the safety of co-habiting partners and children within these new reporting arrangement.

**Office Rota**

**Managers to create a rota for staff attendance in the workplace**

It is vital to adhere to any Exception Delivery Model that has been set up for your division. For those offices that remain open managers must continue to work a rota system. The extent to which administrative functions can be completed virtually will vary between PDUs

* There are safe numbers of staff to manage service users
* Service User appts should be staggered so there are not groups of service users attending at the same time.
* Reception cover will be required
* Business Managers will need to conduct a review of administrative functions and identify which cannot be completed virtually e.g. the production of enforcement packs for uploading to Court Store requires a printer and scanner in some Divisions
* Where administrative functions require office hardware that is unavailable at home, arrangements will need to be made for access to offices to perform these tasks
* Follow instructions for face to face appointments contained in this document.

**VLO guidance**

In order to follow the public health social distancing prescribed by Government instruction all home visits by VLOs are suspended, alternative methods to be used:

* Contact with victims should take place through other means such as telephone/e-mail and digital channels such as skype or WhatsApp, being mindful of the victim’s preferred method of contact
* VLOs should observe working from home rules as prescribed by Government
* For those Parole Board hearings which take place, victims who wish to read their Victim Personal Statement aloud to the panel must be offered alternatives, such as prerecording, or having someone at the prison read it aloud on their behalf
* The use of Skype or dialling in *may* also be possible, on a case by case basis, with the VLO offering support remotely. The final decision will be for the Parole Board.
* Staff should familiarise themselves with the Exceptional Delivery Model (EDM) for victim contact, which provides more information. Your local LDU Head will have copy of the EDM.

**Courts**

A Health and Safety checklist has been produced and can be found in annex c, is an aide to assist with assurance of safe working under Covid-19 in the court. This checklist follows Public Health England guidance.

This checklist must be used in conjunction with the NPS Covid-19 Court Recovery Risk Assessment, and the Court H&S Covid-19 Assurance Report, HMCTS guidance, HMCTS Checklist and Covid-19 related guidance on the Intranet.

It is still NPS’ preference that working from home (remotely) should be the first considered option and serve the court via the available digital and video solutions, this checklist is to be used inline with general risk assessment, where NPS and HMCTS have agreed that remote working is not viable in certain locations.

**There be at least 2 metres of separation between everyone at all times in all areas of the court. This applies to both NPS areas and all other areas of the court.** This checklist offers suggestions below to help you do this. We appreciate the layout and facilities in each building will be different. It is likely you may need to change what you do so that it works for you and your building.

You will need to familiarise yourself and staff with:

* HMCTS guidance which has been implemented due to Covid-19
* Covid-19 related guidance on the Intranet
* NPS Covid-19 Court Recovery Risk Assessment
* How to safely enter and exit the building
* Fire exits including any changes to evacuation procedures and/or meeting points
* The use of waiting rooms, consultation/private rooms, witness rooms etc which are available or closed
* Toilets which will be used including accessible toilets
* Communal Areas

Ways to respect the 2-metre social distance, you may want to consider:

* Using tape to mark the 2-metre distance on the floor / walls in NPS areas
* Increase Covid-19 signage as useful reminders
* Use tape or signs to mark the direction of travel on the floor or walls
* Implement a “traffic light system” or “one-way system” in narrow corridors and kitchen areas etc
* Rearrange furniture or mark some workstations as out of use to increase a safe 2meter distance

**PPE within courts:**

* For NPS court staff it has been agreed that HMCTS are responsible for the provision of PPE. However, worth noting HMCTS current position re face masks for all staff and as laid out by HMCTS :

*The masks issue, are not given out as a matter of course. However can be provided if we are asking NPS Staff to go into a consultation room for example where 2m distancing cannot be achieved. (HMCTS guidance)*

**Service User with index offence of spitting**

* If the service user has an index offence of spitting or is presented in court for spitting, then they could be fitted with a spit hood – this is how prisons, police and PECS (GeoAmey etc.) control the initial risk.  This would prevent the service user from spitting on someone in close contact.
* If the service user has to be seen by NPS then the hierarchy of risk control must be put into place – the service user must NOT be seen face to face, but can be interviewed either via video link or through a full screen/partition, possibly in the cell area, or in an interview room with a fully fitted screen.
* If the above cannot be implemented and a face to face must take place then under ‘exceptional circumstances’ then the control measures required would be following the 2m social distancing in a room fitted with a Perspex screen/sneeze guard and the member of staff should wear PPE, this would be the minimum of a fluid resistant surgical mask, and eye protection or a full face shield.

**Guidance on Water Management CG011**

During the current Covid-19 pandemic, many NPS buildings have been closed or partially closed. MoJ Estates and our FM suppliers have responded to these closures by adjusting the strict management of water systems to ensure continuity at the highest level. FM regimes have continued to meet the high standards required during this period, which leaves us in a position to use and/or open premises in a structured, safe and prompt manner, based on the requirements of the business.

The following sets out specific guidance for NPS staff in relation to both partially closed and fully closed buildings.

**Water Management in buildings subject to partial closure.**

* Where the MoJ have been notified of buildings with reduced occupation or in which operating patterns have changed, a regime of enhanced flushing to all hot & cold outlets has been introduced to maintain the water quality within the premises.

* This service is provided by our FM suppliers: there is no responsibility on NPS staff to support this regime.

* Toilet facilities in occupied areas will remain available during this period. To maintain Covid-19 Secure guidelines, it is requested that toilet lids must be closed before flushing.
* Where increased occupation of a building occurs, staff should use the toilets and kitchen facilities in the areas of the building which had been previously been occupied.
* Showers must not to be used during this period, the only exception being live-in Approved Premises.

* Hot and cold water is available for hand washing purposes. Public Health England advice on hand washing must be followed.
* Planned Preventative Maintenance (PPM) has continued across the estate during the COVID-19 period.
* Water hygiene information will form part of the Maintenance Compliance Assessment (MCA) and will provide confirmation of flushing and testing in advance of reoccupation.
* Water testing is valid at the point of test, so there may be the need to have an additional test in advance of the building opening, this will depend on the period between the PPM tests, for example, if a PPM water test was carries out 5 months ago, with low subsequent occupation levels, a test may be advisable. This should be discussed with the local FM Team.
* Prior to full reoccupation of partially closed buildings, we will carry out water testing of previously closed areas of the building as part of the Maintenance Compliance Assessment This will provide confirmation that the water quality in the building is at an acceptable H&S standard and will be safe to fully re-open. At this point, toilet and kitchen facilities will be available in the whole building.

**Water Management in buildings which have been closed**

* MoJ Estates should be given as much advance notice as possible of the operational intention to reopen a site, this will enable the MCA’s to be completed to support the building risk assessment and for us to work with our FM Suppliers to ensure services are in place to support the business. This will include water testing of buildings.

**Water Management Testing**

As part of the building occupation process for buildings that have been closed or partially closed:

* We need to ensure that a building risk assessment is completed and a Maintenance Compliance Assessment is undertaken. These assessments will ensure that information relating to the statutory compliance and water testing activities are fully compliant to enable a safe re-occupation of the building.
* As part of the notification period, ideally no less than 2 weeks. We will ensure that the contractors risk assessments have been completed and all required mitigation in the building risk assessment has been considered.
* Should high bacterial readings be identified during this period, then appropriate action will be taken to mitigate the issue. Further sampling and testing will be undertaken to ensure safe levels prior to occupation of the building.
* If the building is closed and a positive test has been notified, it would be advisable to wait until the system has been flushed and a re-test to confirm safe results before occupation.
* Sometimes a positive test will relate an area in the system (e.g. dead leg pipework) so we would look to isolate that part of the system and flush that area, where the water system feeds the entire system it is advisable to not use that area while the entire system is flushed and a safe test result produced.
* Timescales for a retest (if required) will vary depending on a number of factors such as location of site and availability of specialist contractors. The local FM team will provide the required information.

**NPS Estate Air Management**

**Guidance on Ventilation Systems/Air Conditioning CG012**

1. **Introduction**

Health and Safety Executive guidance is that ‘the risk of air conditioning spreading coronavirus is extremely low’.

Although COVID-19 is an airborne infection, the droplets are heavy and it has been established that the 2-metre distancing precaution reduces infection rates to a very low level. Primary infection routes are inhalation and ingestion via the skin – so washing hands and regular personal hygiene regimes will reduce the chances of infection to near zero. There is currently no evidence of secondary transmission and infection via ventilation systems.

The MoJ Estates Directorate are following the guidance issued by the Chartered Institute of Building Service Engineers which recommends as best practice to maximise the use of fresh air and reduce the amount of recirculation. Each types of ventilation system will be adjusted as required. The principles in this guidance can be applied across the MoJ Estate.

1. **AIR CONDITIONING SYSTEMS**
   1. **Large air conditioning systems**

In large office buildings, the air conditioning system is likely to have settings which control the amount of air recirculation, used to reduce energy consumption. Air conditioning systems will have the recirculation system option switched off by Facilities Management.

* 1. **Wall mounted or ceiling mounted air conditioning units**

These units should only be used when essential to aid the ventilation of the building (e.g. in buildings where the windows cannot be opened). When used, they must be operated at the lowest fan speed.

* 1. **Portable air conditioning units**

The use of portable air conditioning units is permissible if some basic rules are

followed:

* + 1. Units are positioned to minimise direct airflow onto people (See Fans, below) to prevent the wider dissipation of any local ‘plume’s that may be generated.
    2. Once positioned, portable units **must not be moved**.
    3. Fans must be operated at the lowest fan speed.
    4. Windows should still be used (where possible) and/or ventilation systems run, to provide maximum fresh air throughput.

(NB. Temperature alone is not a good measure of air throughput. Although there is no legal maximum office temperature, comfort is a combination of air movement, humidity and temperature. If an air conditioning system is temporarily non-operational, and/ or there is a lack of natural ventilation, a local risk assessment approach must be undertaken to assess whether local working conditions can be improved by other means, or if the building should remain open, or part open due to the nature of the physical layout.)

1. **AIR VENTILATION SYSTEMS**
   1. **Ceiling air supply grilles**

Where smaller buildings have the more traditional ceiling air supply grilles, they are integral to the supply of fresh air and should continue to be used for ventilation of the related offices.

**1.5 Air Exchange Systems**

Where systems draw air from outside of the building, these should remain ‘on’ to constantly refresh the air, further reducing the chance of virus concentration.

**1.6 Fans**

The use of local or personal free standing, portable fans have not been encouraged across the Probation estate. However, in certain circumstances, the use of individual fans may be permitted where other local ventilation options are not available – the risk should be assessed dynamically and any fan must be deemed safe to use by the local Responsible Person.

Therefore, in line with the HMPPS *Fan Guidance[[1]](#footnote-2),* the following approach for the risk managed use of fans in probation sites applies:

* **Local and Individual Fan Use:** The use of portable-handheld and small mains powered desk fans is acceptable in localised areas as long as they are directed toward an extraction vent or window and placed near to an opening from which fresh ingress air.
* **Specifically, within an AP:** 
  + - Such fans can be permitted in warmer, poorly ventilated rooms where the local management determine that it is appropriate to do so. This would especially apply to a resident’s bedroom, where air circulation may be limited.
    - In addition, they can be used in a resident’s rooms in which occupant is self-isolating (i.e. who are suspected or confirmed as having COVID-19, or those that are shielding), so long as they are switched off before the door is opened and air movement has settled.

The distribution and use of fans must always be approved on a site-by-site basis and, where necessary, advice should be sought from your health and safety lead.

1. **Actions**

Where it is not clear which air conditioning system is installed and into which building size category (i.e. small/ large) the site can be classified to the local NPS operational business, the following actions should be undertaken (to help determine the forward actions required).

* 1. **Regional BSC Team** should liaise with local Business Managers and/ or site SPOCs to determine:

1. If an air-conditioning system exists within a specific property
2. And if so, if it is clear, from the above, to which category the site applies.

**The Regional BSC Team** should record the position of both elements of 2.1 above

* 1. Where the site status is not clear from the liaison taken in 2.1, then this should be captured by the **Regional BSC Team.**
  2. The **Regional BSC Team** should then liaise directly with the local **MoJ Estate FM Lead** to review the position of the Regions sites. The **MoJ Estates FM Lead** will review the site list provided and

1. Seek to confirm that any NPS local assessment for a specific site is correct.
2. Undertake to confirm the system/ unit installed in any building (and confirm whether they relate to either 1.1 or 1.2 above.)
3. Take forward any required actions to assess, test, confirm the system in place at a particular site(s).
4. Advise NPS (via the Regional BSC Team) of any actions required to be undertaken by the NPS within a specific office. (This may include the requirement for any site-specific procedures, guidance, instructions, posters etc.
   1. **MoJ Estates Directorate** will maintain a record of sites, the air conditioning system in place (if any) and related remarks to a specific system (e.g. condition/ performance).
   2. To assist with the above actions, the **Regional BSC Team** will include the local **NPS Health and Safety Lead** in any discussions. The **Health and Safety Lead** can advise, as required, including the implementation and recording of any measures required (as per 2.3 (iv) above)
   3. **Site SPOCs** to ensure clear and visible instructions on the use of air conditioning are displayed and made available to staff and visitors to the office
   4. In the event that there is an outstanding question as to the status (and forward actions) of a specific site, then this can be referred to the **NPS Head of Estates**, who will seek a conclusive position with MoJ Estates colleagues.

Key message

It must be noted that PPE is always the last resort when following the hierarchy of risk assessment and control, if the PPE fails then the person has no protection at all, for that reason the risk must either be removed or alternative control measures put into place.

**Annex A: Site details for PPE Hubs**



**Annex B: Specific Approved Premises Guidance**

**Please note the standard operating procedures are currently being reviewed, once complete these will be communicated.**

**Annex C – Health and Safety Court Covid-19 recovery checklist**



1. *HMPPS Fan Guidance has been produced in consultation with Public Health England and healthcare bodies.* [↑](#footnote-ref-2)