

HMPPS – Probation

Personal Protective Equipment (PPE) and Social Distancing Guidance

**Updated 01.06.20
Version 4.0**

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**
- **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.

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Principles

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.

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

Key Definitions

Social Distancing

The act of creating distance between individuals to prevent the spread of infection. Measures 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 or 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 refers 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 whatsapp 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 reuseable 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

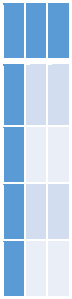
1. Before leaving the room gloves, gown and eye protection should be removed (in that order) and disposed of as clinical waste or in the case of reusable eye protection cleaned as per guidance below. After leaving the area, the face-mask can be removed and disposed of as clinical waste in a suitable 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.
3. 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 1 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 goggles must be rinsed thoroughly & allowed to dry before the next use.
5. 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.
6. **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.

Current direction from Government is for mandatory use on public transport. It has been agreed 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.

Government are still considering 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
- 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 wear 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 required 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 out 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)

Commented [HB1]: Need to add in Goggles here

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.

Water Management

During the current Covid-19 response, a large number of NPS buildings have been closed or partially closed. MoJ Estates and our FM suppliers have put in place amended FM regimes which have sought to meet the new demands. Water management has been central to this. The below sets out specific guidance for NPS staff in relation to both partially closed and fully closed buildings.

Water Management in buildings subject to partial occupancy

- In occupied buildings where MoJ have been notified the numbers of personnel have significantly reduced or operating patterns have changed, a regime of enhanced flushing to all hot & cold outlets has been introduced to ensure water turn over and to maintain water quality.
- This regime is provided by our FM suppliers and there is no responsibility on NPS staff to support this regime.
- These measures will ensure that water management will be as good as if the building were occupied on a full-time basis. Therefore, the water can be used (e.g. drinking) as understood within each individual building.
- Toilet facilities are available for use during this period. It is requested that toilet lids be closed (where fitted) before flushing.
- All showers are not to be used during this period, with the exception of Approved Premises.
- Hot and cold water is available for hand washing purposes. Public Health England advice on hand washing should be followed.
- Specifically, where whole section(s) of a building have been out of use (importantly in areas which includes toilets and kitchens being out of use) MoJ Estates will be looking for enhanced assurance (via FM providers) on the water hygiene and will need to undertake testing. In these partially closed instances, therefore, the same approach as per fully closed buildings (see below) will need to be applied (and an appropriate lead in time required to allow for testing).

Water Management in buildings which have been closed

- Whilst best efforts have been made to maintain water quality in these buildings, no staff should occupy or use water systems before such time as MoJ Estates have given approval.
- We will work with our FM suppliers to ensure that all necessary water testing has taken place before we can safely reopen a building.
- In order to expedite this process, MoJ Estates should be given as much advance notice as possible of the operational intention to reopen a site.

NPS Estate Air Management

Guidance on Ventilation Systems/Air Conditioning

1. Principles

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

COVID-19 is an airborne infection but the primary infection route appears to be by touch or exposure to large droplets, which don't travel more than 2m under normal circumstances. There is currently no evidence on secondary transmission and infection via ventilation systems.

We are following the guidance issued by the Chartered Institute of Building Services Engineers which recommends as best practice to maximise the use of fresh air and reduce the amount of recirculation. This means different things for different types of ventilation systems.

A. AIR CONDITIONING SYSTEMS

1.1 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 which have the capacity to recirculate should have this option switched off. This will be done by Facilities Management

1.2 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 should be operated at a low fan speed.

1.3 Portable air conditioning units

The use of portable air conditioning units is permissible as long as some basic rules are followed:

- 1.3.1 Units are positioned so as to minimise direct airflow onto people (same logic as for fans, see below, to prevent the spreading of any plumes that may be generated)
- 1.3.2 Once positioned, staff leave them alone and do not move
- 1.3.3 Fan speeds are selected to avoid excessive air mixing i.e. not on maximum speed.
- 1.3.4 Windows are still used (where possible) or ventilation systems run, to provide maximum fresh air.

(NB. There is no legal maximum office temperature. Whilst the TUC have suggested a maximum temperature of 30c, in practice, temperature alone is not a good measure as comfort is a combination of air movement, humidity and temperature. In the event that an air conditioning system is temporarily non-operational; and/ or there is a lack of natural ventilation, a local risk assessment approach will need to be undertaken to assess whether the building remains open (or part open due to the nature of the physical layout).

B. AIR VENTILATION SYSTEMS

1.4 Ceiling air supply grilles

Where smaller buildings have the more traditional ceiling air supply grilles, these are integral to the supply of fresh air, so these need to continue to be used to properly ventilate the offices.

1.5 Air Exchange Systems

Where systems essentially draw air from outside of the building, then these should remain 'on' as the overall aim is to dilute the air in the building with as much fresh air as is practicable to reduce the concentration of any contaminants.

1.6 Fans

In terms of local and individual fans (irrespective of floor or desk/ table standing), it is recognised that these items have not been encouraged as part of the property provision over recent years across the Probation estate. However, whilst there is a recognition that fans can raise an infection risk in relation to air circulation, the complete removal of fans does create other risks within probation sites, such as increased non-compliance of residents due to overheating and the inability to control thermal comfort (particularly in AP where upper floor windows have restrictors fitted for safety therefore only allowing limited air).

Therefore, in line with the HMPPS *Fan Guidance*¹, the following approach re the use of fans in probation sites applies:

- Local and Individual Fan Use: The use of fans both portable-handheld and small mains powered "desk fans" is an acceptable means of providing some relief and cooling in localised areas as long as they are set up to ensure the best possible movement of air within the area by being directed toward an extraction vent or window and being placed near to an opening from which fresh ingress air.
- Specifically, within an AP:

¹ HMPPS *Fan Guidance* has been produced in consultation with Public Health England and healthcare bodies.

- the use of a fan can be considered to assist with managing significant temperatures (where the local management determine that it is appropriate to do so). This would specifically apply to a resident's bedroom, where the ability to encourage air circulation and open windows, may well be limited.
- In addition, they can be used in resident's rooms in which occupants are 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 deployment and use of fans should be assessed and considered on an individual site basis and, where necessary, advice should be sought from your health and safety lead as to the positioning etc of these items.

2. Actions

Although in some site-specific cases it may be clear which air conditioning system is installed and into which building size category (i.e. small/ large) the site can be classified, it is understood that in many cases this will not be clear to the local NPS operational business. In these instances, the following actions should be undertaken (to help determine the forward actions required).

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

- (i) If an air-conditioning system exists within a specific property
- (ii) 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

2.2 Where the site status is not clear from the liaison taken in 2.1, then this should be captured by the **Regional BSC Team**.

2.3 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

- (i) Seek to confirm that any NPS local assessment re a specific site is correct
- (ii) Undertake to confirm the system/ unit installed in any building (and confirm whether they relate to either 1.1 or 1.2 above)
- (iii) Take forward any required actions to assess, test, confirm the system in place at a particular site(s)
- (iv) 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

- 2.4 MoJ Estates** 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)
- 2.5** 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)
- 2.6 Site SPOCs** to ensure clear and visible instruction on the use of air conditioning are displayed and made available to staff and visitors to the office
- 2.7** 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

Standard Operating Procedures - Room Tasks Non-Symptomatic and Shielding Residents – Social Distancing



Annex B Room
Tasks Non Symptom

Standard Operating Procedures – Room Tasks Symptomatic Residents – Social Distancing



Annex B Room
Tasks Symptomatic F

Standard Operating Procedures Use of Personal Protective Equipment (PPE) – No Social Distancing



Annex B Use of PPE
- No Social Distancir

Annex C



Health and Safety
Covid Recovery Check