



HM Government



# **Seasonal flu guidance for 2019 to 2020 for healthcare staff and residential staff in the children and young people's secure estate**

Preventing and responding to seasonal flu  
cases or outbreaks

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## Glossary

AV-PEP	Antiviral post-exposure prophylaxis
COPD	Chronic Obstructive Pulmonary Disease
CYPSE	Children and Young People Secure Estate (CYPSE)
DfE	Department for Education
DHSC	Department of Health and Social care
FES	Field Epidemiology Service
HCWs	Healthcare Workers
HMPPS YCS	HM Prisons and Probation Service Youth Custody Service
HPT	Health Protection Team
ILI	Influenza-like Illness
IRC	Immigration Removal Centre
JCVI	Joint Committee on Vaccination and Immunisation
MoJ	Ministry of Justice
NICE	National Institute for Health and Care Excellence
NIS	National Infection Service
OCT	Outbreak Control Team
PGD	Patient Group Direction
PHE	Public Health England
PPD	Place of Prescribed Detention
PPE	Personal Protective Equipment
PPO	Prison and Probation Ombudsman
PSD	Patient Specific Direction
SCH	Secure Children's Home

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

# 1. Introduction

This guidance is for healthcare and residential/care staff in the Children and Young People Secure Estate (CYPSE) in England. It has been developed by Public Health England's (PHE) National Health & Justice Team in collaboration with the Respiratory Diseases Department, National Infections Service Centre for Disease Surveillance and Control, NHS England Health & Justice Commissioners, Her Majesty's Prisons and Probation Service Youth Custody Service (HMPPS YCS) for their expertise and support in developing the guidance. This guidance considers children and young people (under 18s) in the children and young people secure estate. Specific guidance for the adult detained and secure estate is published at:

[www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals](http://www.gov.uk/government/publications/seasonal-flu-in-prisons-and-detention-centres-in-england-guidance-for-prison-staff-and-healthcare-professionals)

## The children and young people secure estate

The children and young people secure estate (under 18s) currently includes:

- 4 under-18 Young Offender Institutions (YOIs)
- 3 Secure Training Centres (STCs)
- 15 Secure Children's Homes

Responsibility for commissioning health services in the secure estate sits with NHS England apart from Oakhill STC where healthcare is included within the private contract Commissioned by HMPPS YCS.

Influenza (often referred to as flu) is an acute viral infection of the respiratory tract (nose, mouth, throat, bronchial tubes and lungs) characterised by a fever, chills, headache, muscle and joint pain, and fatigue<sup>1</sup>. For otherwise healthy individuals, flu is an unpleasant but usually self-limiting disease with recovery within 2 to 7 days. Flu is easily transmitted and even people with mild or no symptoms can still infect others. The risk of serious illness from influenza is higher among children under 6 months of age, older people and those with underlying health conditions such as respiratory disease, diabetes, cardiac disease or immunosuppression, as well as pregnant girls and women.

Maintaining the operational effectiveness of the CYPSE is essential to preserve a fully functional youth justice and welfare estate, and this makes it desirable to minimise the impact of seasonal flu within these settings.

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<sup>1</sup> PHE, Annual flu programme webpage (updated August 2019) [www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme)

## 1.1 Background

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

- the enclosed nature of the CYPSE and the fact that children and young people are living in close proximity to each other means that flu can spread quickly
- there may be considerable movement of children and young people within the estate
- access to and capacity of healthcare could be limited if demand is high or care is complicated
- children and young people in the secure estate may have a higher prevalence of respiratory illness (including asthma) immunosuppression and other chronic illnesses such as diabetes, than their peers in the community

A key principle in managing cases or outbreaks of seasonal flu is that children and young people in the CYPSE should receive healthcare equivalent to their peers in the wider community including access to antiviral treatment, although the means of delivering such healthcare may differ from community models.

An essential element of reducing the impact of influenza in the CYPSE is a whole-setting approach to the prevention, early identification and notification of illness and prompt access to treatment including antivirals.

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

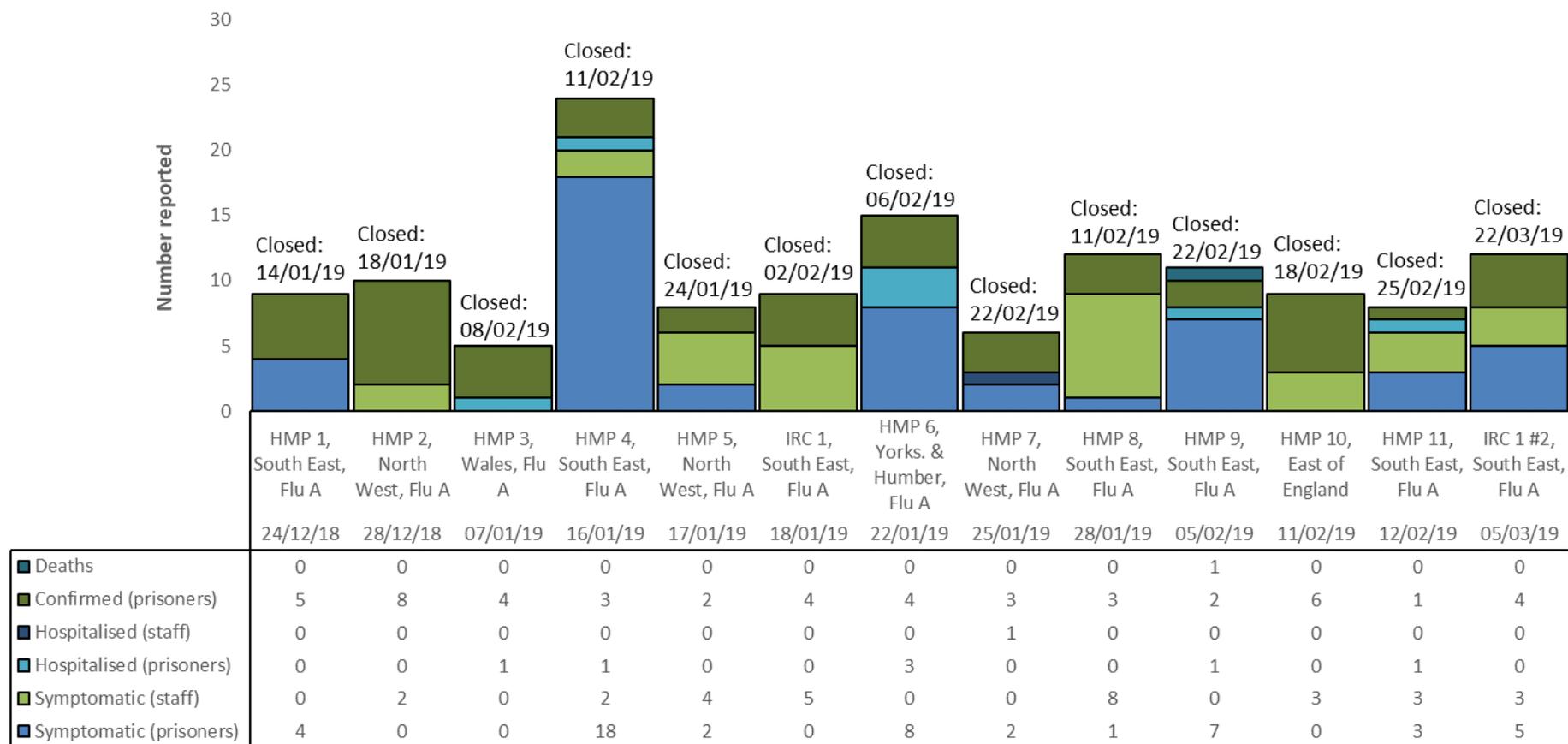
Flu is an unpredictable disease, and the impact on the CYPSE is hard to predict. PHE's National Health & Justice Team provides expert advice and support to responding Health Protection Teams (HPTs) and outbreak control teams (OCTs), conduct surveillance at national level share intelligence with key partners and develop national guidance for use in preventing and managing outbreaks. Surveillance data on the number of outbreaks and their impact is collected centrally by the National Health & Justice Team, and this helps to inform real-time operational response as well as support planning and preparation.

### Last year's flu season

The 2018 to 2019 flu season saw fewer confirmed outbreaks of seasonal flu reported in prescribed places of detention (PPDs) across England and Wales than in 2017/18. In total, 13 confirmed outbreaks of flu A or B were reported to the National Health and Justice team compared with 21 in the preceding year. The majority of the reported outbreaks occurred in adult prisons in England, but 1 outbreak occurred in a prison in Wales and 2 separate outbreaks were reported in the same IRC in England (Figure 1).

In addition to fewer flu outbreaks reported than in the preceding year, fewer cases were also reported, on average, in each outbreak: 10.6 cases per outbreak in 2018/19 compared with 24.3 cases per outbreak in 2017/18. However, despite these apparent reductions in outbreak frequency and size, a greater proportion of cases had serious complications secondary to their infection which required hospitalisation: 7.1% of prisoners/detainees were hospitalised in 2018/19 versus 2.6% in the preceding year. Sadly, one prisoner also died as a result of complications secondary to their flu infection.

**Figure 1: Influenza outbreaks in the secure and detained estate (England and Wales; 2018 to 2019 flu season) by date reported, facility type, region and notification and closure dates.** HMP = Her Majesty's Prison; IRC = immigration removal centre. Source: National Health and Justice Team, PHE



## 2. Recommendations for action

### 2.1 Preparation

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

- vaccination of clinical risk groups (children and young people and all staff – (see Appendix 1)
- vaccination of healthcare staff working in the CYPSE according to **national guidance**<sup>2</sup> as detailed in Chapter 19 of the ‘Green Book’
- vaccination of residential/care staff who provide equivalent of a social care function to children and young people ill with flu in their rooms<sup>2</sup>.
- prompt diagnosis (including assessing whether there is an outbreak)
- ensuring effective and appropriate care including access to antivirals for individuals who are ill or to prevent infection in those at risk of complications
- good infection control practice and resources to prevent transmission. PHE recommend that healthcare teams appoint a Flu Lead to oversee preparations including the seasonal flu vaccine campaign.

The CYPSE should agree clear arrangements with their PHE HPT and NHS England & NHS Improvement Health & Justice Children’s Commissioners to ensure they know how to:

- order vaccine supplies in good time and co-ordinate vaccination of eligible individuals
- recognise possible outbreaks and report them quickly (see **Multi-agency contingency plan for disease outbreaks in prisons**)<sup>3</sup>
- **access public health advice and support**, both in and out of office hours
- rapidly access viral testing (and processing of swabs) to support the need for timely diagnosis and “low threshold to treat” policy for at clinical risk groups
- provide antiviral medication
- ensure adequate personal protective equipment is in stock

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<sup>2</sup> PHE, Influenza: the green book, chapter 19 (updated 15 August 2018)

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/456568/2904394\\_Green\\_Book\\_Chapter\\_19\\_v10\\_0.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456568/2904394_Green_Book_Chapter_19_v10_0.pdf)

<sup>3</sup> Multi-agency contingency plan for disease outbreaks in prisons, January 2017 [www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons](http://www.gov.uk/government/publications/multi-agency-contingency-plan-for-disease-outbreaks-in-prisons)

### 2.1.1 Vaccination for children and young people

The aim of the immunisation programme is to protect those who are at risk of serious illness or death and to reduce transmission. Healthcare teams should compile a register of people for whom influenza immunisation is recommended. Sufficient vaccine can then be ordered in advance and individuals can be invited to planned immunisation sessions or appointments. The recommended flu vaccines for children and young people are detailed in the [annual flu letter](#). Vaccinations should be offered, ideally before influenza viruses start to circulate (in late September/ early October), to those in defined clinical risk groups as outlined in the [annual flu letter](#).

All children aged 2 to 10 years old (but not 11 years or older) on 31 August 2019 should be given the flu vaccination. It is worth noting that there are a large number of children within secure settings who may not have been in mainstream education and so may have missed the opportunity to receive routine childhood vaccinations for which they are eligible.

Children and young people between 10 years and under 18 years of age who are in a clinical at risk group as set out in [Appendix 1](#). NB This list is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above.

#### **Working with pregnant young women**

There may be girls and young women within the CYPSE who are pregnant and they should be encouraged to have the flu vaccination. Consideration should also be given to their babies when born who fall into a risk group and are eligible for the vaccine.

### 2.1.2 Flu vaccination for staff

Different settings across the CYPSE will have various occupational health arrangements for residential/care and healthcare staff and it is important to include staff vaccination as part of flu preparation planning. It is strongly recommended that as part of the CYPSE flu strategy there is clear information on vaccine coverage for all appropriate staff groups.

All Healthcare staff in direct contact with children and young people should be offered flu vaccination by their employer similar to healthcare staff in the community. This should form part of the organisation's policy for the prevention of transmission of flu and should link directly to the organisation's occupational health policy. New guidance

is available for healthcare providers so they can vaccinate their own staff using a peer to peer approach to maximise access to the vaccine to their employees<sup>4</sup>

Non-healthcare staff working with children in the CYPSE who have close contact with children and young people affected by flu, for example, checking children in their rooms, undertaking searches, providing food, drinks and medication or providing other close personal care, should be offered the seasonal flu vaccine by the relevant occupational health provider for their organisation. This should form part of the organisation's policies for the prevention of transmission of flu to help protect patients, and service users as well as staff and wider groups.

Residential/care staff who are in clinical risk groups (Appendix 1) can access vaccine free of charge from their GP practice or pharmacies participating in the NHS seasonal flu influenza vaccination programme.

Occupational Health providers should provide information to CYPSE senior leaders on the number of staff in clinical risk groups and their vaccine status (without providing patient identifiable information).

### 2.2.3 Vaccination targets, coverage and recording

DHSC vaccination targets for the 2019/20 season are:

- vaccination at least 65% of primary school aged children
- vaccination of at least 55% of those in all clinical risk groups and maintain higher rates where those have already been achieved – ultimately, the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu
- vaccination of at least 100 % of HCWs and other non-healthcare staff providing close personal care (see above)

For children and young people both the offer and uptake of the flu vaccine should be recorded. Healthcare providers are encouraged to hold a register so that they can identify all children eligible for the flu vaccine. Updating the eligibility register throughout the flu season will help with coordination of the local flu vaccination programme. Risk group status should also be recorded on SystemOne or equivalent clinical IT system paying particular attention to the inclusion of girls and young women who could become pregnant and individuals who enter at risk groups during the flu season.

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<sup>4</sup> NHS Specialist Pharmacy Service: Written instruction for the administration of flu vaccine 2019: [www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination](http://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination)

For staff groups, HCWs should be included in their employers' seasonal flu vaccination programme as per national guidance for healthcare staff, with target uptake of at least 100% given the additional concern about flu outbreaks in closed secure settings.

For non- healthcare staff with close contact with children and young people, individual employers should advise staff of the need to be vaccinated and how to access vaccination through occupational health or other services. Staff in clinical risk groups should receive vaccine through their GP/pharmacies participating in the NHS seasonal flu programme, free of charge, as per the rest of the population. There is a target uptake of vaccination of at least 100% of staff in roles analogous to health and social care workers.

## 2.14 Accessing vaccine supplies

Healthcare providers access influenza vaccines in the same way as GP practices as detailed in [Chapter 19 Green Book<sup>2</sup>](#).

### **Vaccine supplies**

Healthcare providers, or providers who provide childhood vaccination programmes to the CYPSE, should order flu vaccine supplies directly through the [Immform website](#). Sufficient vaccine should be ordered based on past and planned performance and expected demographic increase to ensure that everyone at risk is offered flu vaccine. Ordering controls are in place to reduce the amount of excess vaccine ordered by NHS providers but not used. The latest information on ordering controls and other ordering advice for vaccines will be available on [the PHE Vaccine Update](#) and on the ImmForm website.

In the event of an outbreak of seasonal flu vaccine stock can be sourced from the following in priority order:

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

### **Administration of influenza vaccines**

Influenza vaccines can be administered via a prescription or via a Patient Group Direction (PGD). A PGD is used for vaccinating a number of people for example, as

part of nurse or pharmacist-led vaccination clinics. A Patient Group Direction (PGD) must be used in line with legislation and NICE Guidance<sup>5</sup>.

Ideally PGDs need to be in place all the time and reviewed in advance of the flu season so they are ready for use for flu vaccination clinics and when the Chief Medical Officer advises the NHS that antivirals can be used for flu (see 2.5)

NHS England commissioners within individual NHS England regions or localities usually authorise a flu vaccine PGD that can be shared and used by GP practices and health and justice providers within that locality/region. Where providers cannot access a local NHS England authorised PGD, the PHE template PGD for the vaccine (available [here](#)<sup>6</sup>) can be used by providers to either authorise within their organisation (for NHS Trusts) or to gain NHS England authorisation for its use (for non- NHS healthcare providers)

NB: Please note that Oakhill STC, which has healthcare commissioned by HMPPS YCS must have the PGD authorised by the establishment director and not NHS England.

## 2.2 Diagnosis and recognition of a case

It is important that all staff (residential/care staff as well as healthcare) are aware of the symptoms of influenza-like illness (ILI) and of the need to report possible cases promptly during the winter flu season to healthcare. Residential/care staff often have the most contact with children and young people and are therefore well-placed to recognise increasing number of cases. Employees with signs and symptoms of ILI should seek advice from their GP and inform their line manager and occupational health provider.

During the flu season, the majority of single cases will be diagnosed by healthcare staff on clinical grounds only based on the following clinical signs & symptoms and recognition of a case<sup>7</sup>.

Prompt action is necessary if ILI is suspected. A useful case definition for flu cases is provided in Table 1 below - this case definition may be modified once an OCT is called:

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<sup>5</sup> NICE. Good practice guidance Patient Group Directions August 2013 [www.nice.org.uk/guidance/mpg2](http://www.nice.org.uk/guidance/mpg2)

<sup>6</sup> PHE template for PGD (flu vaccine) [www.gov.uk/government/publications/intramuscular-inactivated-influenza-vaccine-patient-group-direction-pgd-template](http://www.gov.uk/government/publications/intramuscular-inactivated-influenza-vaccine-patient-group-direction-pgd-template)

<sup>7</sup> European Centre for Disease Prevention and Control, EU case definitions <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32012D0506&qid=1428573336660&from=EN#page=16>

**Table 1: Influenza (Influenza virus), clinical criteria for case definitions. Source: World Health Organisation<sup>8</sup>**

<b>ILI case definition</b>
<p>An acute respiratory infection with:</p> <ul style="list-style-type: none"> <li>• measured fever of <math>\geq 38\text{ C}^\circ</math></li> <li>• and cough;</li> <li>• with onset within the last 10 days</li> </ul>

### Swabbing to confirm infection

CYPSE healthcare teams should swab the first few presenting cases (up to 5) as soon as possible.

Once flu is confirmed, all other cases meeting the clinical case definition are regarded as suspected flu and no further testing is advised.<sup>9</sup> However, the OCT may consider further testing towards the end of the outbreak to confirm that any new cases presenting with ILI can be discounted or in more complex situations, eg multiple wings/units with ILI or in more complex situations

### Isolation and cohorting of cases:

Children presenting with ILI should be isolated in single room accommodation and clinically assessed as soon as possible by the healthcare team. They should remain isolated until assessment. If a suspected case, they should continue to be isolated until resolution of their symptoms (usually 5 days from onset but may be longer in people with underlying medical conditions).

Cohorting of cases: Ideally, children with suspected/confirmed cases of flu should be isolated in single accommodation. Where demand exceeds capacity, cases may be cohorted together (doubling up). Where cases are concentrated in a particular unit or part of the secure setting, the OCT may consider cohorting all other cases in the same place but this may not be practicable.

Asymptomatic room sharer contacts of cases: where there are 2 or more people in a room and one becomes a suspected case, those room sharers' contacts may be incubating infection or have sub-clinical or mild infection. However, because they pose

<sup>8</sup> [www.who.int/influenza/surveillance\\_monitoring/ili\\_sari\\_surveillance\\_case\\_definition/en/](http://www.who.int/influenza/surveillance_monitoring/ili_sari_surveillance_case_definition/en/)

<sup>9</sup> You may consider swabbing children in clinical risk groups

an infection control risk, they should also be isolated from the general population (generally for 48 hours since last exposure). Practical operational considerations will need to inform any decision whether that means they stay where they are or can be moved to another location away from the ill roommate.

## 2.3 Treatment and care

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

The use of antivirals for prophylaxis and treatment of influenza according to NICE guidance<sup>10,11</sup> remains an integral part of influenza control measures for closed secure settings. Public Health England has published **additional guidance on the use of antivirals**<sup>12</sup> which should be consulted.

Children and young people with suspected flu that are in clinical risk groups for complications of infection (see **Appendix 1**) should be considered for treatment with antivirals (usually oseltamivir more commonly known as Tamiflu). PHE recommends the consideration of treatment even in vaccinated children and young people.

### **Antiviral post-exposure prophylaxis of close contacts**

Use of antivirals for post-exposure prophylaxis (AV-PEP) is advised for those contacts of cases that are in clinical risk groups, regardless of seasonal flu vaccine status (although this lies outside of NICE guidance). Where there is an extensive outbreak, the OCT should consider offer of AV-PEP to all those in clinical risk groups in affected parts of or throughout the secure setting.

#### 2.3.1 Accessing supplies of antivirals

The CYPSE flu plans should include details of the ordering process and supply of antivirals. These plans need to take into account the need for patients to commence antivirals within 36-48 hours of symptom onset, as appropriate. All supplies of antivirals to children should be recorded in their clinical records. Tamiflu can be supplied in-

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<sup>10</sup> Guidance on the use of antiviral drugs for the prevention of influenza (Technology Appraisal Guidance No.158) [www.nice.org.uk/guidance/ta158](http://www.nice.org.uk/guidance/ta158)

<sup>11</sup> NICE. Guidance on the use of antiviral drugs for treatment of influenza (Technology Appraisal Guidance No. 168) [www.nice.org.uk/guidance/ta168](http://www.nice.org.uk/guidance/ta168)

<sup>12</sup> Guidance on antiviral agents for the treatment and prophylaxis of Influenza (January 2019) [www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents](http://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents)

possession unless the child or young person is unable to manage their medicines.

**Alternative antivirals**<sup>13,14</sup> are available for patients who are unable to take Tamiflu.

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

Individual prescriptions or patient specific direction (PSD): The antiviral can be accessed by sending the prescription to the pharmacy for dispensing (ie the pharmacy contracted to provide medicines to the CYPSE or an out of hours pharmacy) OR by using over-labelled stock supplies<sup>15</sup> that allow the prescriber or registered healthcare professional to add the patient name and date to enable a prompt supply to the patient. This should be completed using standard operating procedures (SOPs) developed and ratified by the healthcare provider.

### **A Patient Group Direction (PGD) authorised and handled as per NICE Guidance:**

PHE has produced 2 **PGD templates**<sup>16</sup> for flu AV-PEP and treatment. These were designed for use in care homes only can be adapted for secure settings. These PGDs cover:

- Tamiflu for the treatment of flu-like symptoms
- Tamiflu for the prophylaxis of people at risk of getting the flu and who meet specific criteria

In-possession supplies, made under a PGD must be handed to the child or young person by the healthcare professional who assesses the child or young person. For non-IP supplies, the healthcare professional who assesses the child or young person can supply the antiviral for storage so that doses can be administered under supervision in line with local arrangements. The antiviral supplied via a PGD must be from over-labelled stock and the name of the patient and the date added to the label by the healthcare professional

NB: During an outbreak PHE may recommend that staff in clinical risk groups should be considered for post exposure prophylaxis with antiviral medication (Appendix 4). This would usually be provided by a GP. Some outbreaks may need a longer duration option

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<sup>13</sup> NICE Clinical Knowledge Summaries. Influenza – seasonal: prescribing information <https://cks.nice.org.uk/influenza-seasonal#!prescribinginfo>

<sup>14</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/773369/PHE\\_guidance\\_antivirals\\_influenza.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773369/PHE_guidance_antivirals_influenza.pdf)

<sup>15</sup> Over-labelled supplies must be procured from a licenced provider. The label usually has the dose pre-printed on it and allows the healthcare professional to add the patient name and date at the point of supply

<sup>16</sup> Influenza post exposure prophylaxis and treatment: PGD templates [www.gov.uk/government/publications/influenza-post-exposure-prophylaxis-and-treatment-pgd-templates](http://www.gov.uk/government/publications/influenza-post-exposure-prophylaxis-and-treatment-pgd-templates)

of prophylaxis for high risk people. Up to 42 days of prophylaxis can be given within the product licence of Tamiflu.

If a PGD is not in place when an outbreak becomes likely or begins commissioners and providers can:

- write prescriptions for antivirals or flu vaccinations until a PGD is in place
- NHS trust healthcare providers can authorise their own PGDs and so can use their own mechanism to fast track the development and authorisation of PGDs for flu vaccine and Tamiflu

Non-NHS providers cannot authorise their own PGDs but should have a mechanism to write the PGD and submit it for authorisation by the NHS England local commissioner. (H&J commissioners need to identify who the PGD authoriser is for their local team and facilitate the rapid PGD authorisation through this local process)

### 2.3.2 Stock access of flu vaccine and antivirals

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

Antivirals supplied under a PGD are usually sourced already over-labelled from the provider's usual supplier of pre-packs/over-labelled medicines. For urgent supply during an outbreak it is acceptable for the antiviral to be supplied by adding the patient name, date and site name to the manufacturer's pack and giving verbal instructions to the person about the dose, advising them to read the patient leaflet in the pack and to contact healthcare staff if they have any queries whilst taking it. See also [PGD Q&A](#).<sup>17</sup>

Antiviral stock access should be checked and confirmed by commissioners in an outbreak and support to access urgent stock may be needed (eg supported by PHE colleagues). Potential stock from regional stockpiles is a last resort AND will only be activated if this can be accommodated by the pharmacy holding this supply and only if all costs for replacement of antivirals and pharmacy charges are directly reimbursed by the commissioner to the pharmacy.

Where stock supplies of over-labelled antivirals are used, plans should include:

- agreement of minimum stock levels based on previous year's use with plans to amend this during an outbreak.

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<sup>17</sup> [www.sps.nhs.uk/articles/what-are-the-legal-requirements-for-labelling-a-prescription-only-medicine-pom-issued-via-a-pgd-before-supply-to-the-patient/](http://www.sps.nhs.uk/articles/what-are-the-legal-requirements-for-labelling-a-prescription-only-medicine-pom-issued-via-a-pgd-before-supply-to-the-patient/)

- processes to check the antiviral stock regularly to ensure appropriate storage and expiry dates, audit the supplies made and re-order stock should this fall below minimum levels

## 2.4 Prevention of transmission of infection

Detailed information on [Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings](#)<sup>18</sup>

have been published by PHE and can also guide action in the CYPSE, advising that:

- during the winter flu season, children and young people with ILI should be diagnosed early and isolated to prevent further spread
- children and young people with ILI should be promptly assessed and isolated on their own or cohorted with other cases as soon as possible
- where demand for isolation exceeds capacity, consideration should be given to cohorting, with appropriate risk assessment of suitable cohortees, and the need for the movement of children and young people in, out and around the secure setting should be reconsidered with a view to reducing these movements

## Visiting

Symptomatic visitors should be excluded until no longer symptomatic and visitors with underlying health conditions and at risk of more severe infection (see [Appendix 1](#)) should be discouraged from visiting during an outbreak. Consistent with patient welfare, visitor access to symptomatic children and young people should be kept to a minimum. Any visitors should be provided with hygiene advice. Non-urgent visits should be rescheduled until after the outbreak is over.

## 2.5 Outbreaks within the CYPSE

If a seasonal flu outbreak is suspected or confirmed, it is strongly recommended that PHE Health Protection Teams convene an outbreak control team (OCT) meeting (for detailed guidance on the role of OCTs in prison or other detention settings see the Multi-agency contingency plan for disease outbreaks in prisons and other PPDs)<sup>3</sup>. The OCT will:

- review information with partners on the extent and severity of infection (including information on patients requiring transfer out to hospital)

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<sup>18</sup> Public Health England. Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings- October 2016 [www.gov.uk/government/publications/respiratory-tract-infections-infection-control#history](http://www.gov.uk/government/publications/respiratory-tract-infections-infection-control#history)

- collect data on clinical attack rates to guide management of effective control measures
- review and advise on infection control practice
- consider vaccine coverage among children and staff groups and
- consider role of antiviral treatment or prophylaxis for cases or contacts including staff

The National Health & Justice Team should be invited to provide expert support, and experts from Field Services (FS) and/or the National Infection Service (NIS) should also be considered as contributors to the OCT.

**During an OCT, the following issues need to be considered:**

- if not already done, ensuring that testing for seasonal influenza is carried out (See section on swabbing above);
- consideration of the need to offer vaccination
- whether antiviral prophylaxis is required, who should receive it and how to include confirmation that a current in-date PGD is in place.
- operational status of the secure setting re: transfers in and out/regime restrictions etc.
- isolation and/or cohorting children and young people as part of wider infection control practice
- ensuring that, where possible, staff either deal with children who are symptomatic or asymptomatic but not both
- managing hospital admission if required
- communication and media issues

Specific infection control considerations:

- hand and respiratory hygiene measures should be re-emphasised to help minimise the spread of the infection (for both children and young people and staff)
- chlorine based/bleach products are recommended by PHE for use in disinfecting and deep cleaning contaminated areas for infection control purposes; new guidance was published by PHE and HMPPS in 2017 on the use of Titan-Chlor tablets for cleaning purposes on recommendation of the OCT (see Appendix 3)
- if a symptomatic case needs to pass through areas where other people are waiting then they should wear a fluid repellent surgical mask
- residential healthcare staff who are assessing children with suspected ILI and coming into close contact (less than 1 metre) to provide care should wear appropriate personal protective equipment (PPE), as per national guidance<sup>18</sup>

During any outbreak, residential/care and healthcare staff with ILI should be excluded from work and be managed by their GP if they are in specific clinical risk groups:

- if staff become ill at work, they should be sent home immediately or isolated until they can be sent home
- custodial staff with flu-like illnesses at home should seek medical care in the community using the usual mechanisms (ie via their GP if they belong to specific clinical risk groups)
- During an outbreak of influenza cases among staff should be reported to the HPT as well as cases among children and young people

Specific considerations about communications during an outbreak:

- PHE may recommend that staff in clinical risk groups should be considered for post exposure prophylaxis with antiviral medication. (Appendix 4).
- a letter (see Appendix 5) can be issued to staff to inform them of the outbreak and provide relevant advice

### Specific considerations for the CYPSE around population management during an outbreak

Where an outbreak has been declared, a dynamic risk assessment form should be completed by the governor/director/manager and the PHE Consultant in Health Protection leading the OCT (see Appendix 6). Appendix 2 includes information on the process for limiting movements of affected children and young people and should be discussed as part of the OCT.

The OCT may consider recommending:

**Restricting transfers out to other secure settings** – this is to avoid ‘seeding’ an outbreak in other establishments; where required for security reasons, the receiving secure setting should be notified of outbreak. Avoid transferring symptomatic children as a priority – all infection control advice should be followed if transfers required.

**Restricting new receptions** – this is to avoid ‘feeding’ an outbreak by introducing new vulnerable cases to the establishment; if it is not possible to restrict completely, new receptions should be:

- assessed to determine if in a risk group and if in a risk group considered for AV PEP and vaccine
- assessed for signs & symptoms of flu and symptomatic children who have just arrived at the secure setting should be isolated/cohorted immediately
- symptomatic children in clinical risk groups coming in from community may be swabbed and considered for treatment dose of antivirals if clinically appropriate

### Transfers to court

In an outbreak situation, symptomatic children and young people may not be suitable for court due to consideration both of clinical needs and infection control. Courts should be advised that a child/young person is ill with flu and therefore may not be suitable for court appearance:

Where it is necessary to have a symptomatic child/young person attend court, a video link to the court should be considered as an alternative to personal appearance.

If personal appearance is required, appropriate infection control measures should be implemented as per appropriate guidance.

### New allocations from court

Consideration should be given to redirecting new children and young people allocated to an infected site. It should be noted, however, that in some circumstances, this may be sustainable for no more than a few days at most.

## Appendix 1

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

Clinical risk category	Examples (this list is not exhaustive and decisions should be based on clinical judgement)
Chronic respiratory disease	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p> <p>see precautions section on live attenuated influenza vaccine</p>
Chronic heart disease	<p>Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</p>
Chronic kidney disease	<p>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</p>
Chronic liver disease	<p>Cirrhosis, biliary atresia, chronic hepatitis</p>
Chronic neurological disease (included in the DES directions for Wales)	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (eg polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</p>
Diabetes	<p>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.</p>

<p>Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)</p>	<p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement disorder)</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p>
<p>Asplenia or dysfunction of the spleen</p>	<p>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</p>
<p>Pregnant women</p>	<p>Pregnant women at any stage of pregnancy (first, second or third trimesters).</p> <p>see precautions section on live attenuated influenza vaccine</p>
<p>Morbid obesity (class III obesity)*</p>	<p>Adults with a Body Mass Index <math>\geq 40</math> kg/m<sup>2</sup></p>

\* Many of this patient group will already be eligible due to complications of obesity that place them in another risk category

## Appendix 2

### Command, control, co-ordination and communication in outbreaks of infections in the Children and Young People Secure Estate

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

- the (OCT) should consider whether limiting movement should be to arrival, or transfers out of CYPSE only, ie is there an unaffected part of the secure setting that can be used so the secure setting can continue to accept new children, thus maintaining service to the Youth or Family Courts and also PACE and DCS directive
- the OCT should consider whether full or partial limitation on movement is necessary, via the governor/director/manager, obtain from the YCS Placement Team or Welfare Co-ordination Unit an impact assessment of change in ability to receive new children or make transfers\*
- the assessment will outline the resulting pressure from such action and state the approximate time period for which change in activity of the secure setting can be sustained
- the impact assessment must be considered by the OCT before deciding on whether to recommend to the YCS Head of Placements or Manager Welfare Coordinating Unit/LA to change activity, limit movement or close
- only the YCS Director or Deputy Director should take decisions on closing a YOI, Secure Training Centre or Secure Children's Home to new receptions and transfers, given their oversight of a greater proportion of the estate, the population of which will be impacted by any decision to close
- if however the OCT and/or the YCS Director or Deputy Director or SCH registered manager wishes to limit movement, change activity or close the secure setting for a period beyond that which the YCS Placement Team or SWCU / placing LA deems sustainable (and in certain circumstances such action may be not be deemed sustainable for any time at all) then the recommendation must be escalated to the Director of YCS or the SCH provider for a final decision
- if an urgent out of hours decision is required it should be made by the appropriate senior Director on duty
- if a decision to limit movement, change activity or close has been taken then at least every 3 days a further impact assessment of continuing closure must be obtained from the YCS Placement Team or SCH registered manager.
- the assessment should be provided to the YCS Director along with up-to-date information as to the current status of the outbreak

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

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

## Appendix 3

### Guidance for the use of Titan Chlor Tablets® for Surface and Artefact Disinfection and Cleaning

As part of infection control measures including the management of gastrointestinal infection outbreaks in prisons and other places of detention

Titan Chlor tablets are chlorine-based/bleach disinfectant tablets and are available for order by Prisons and OPDs from the Greenham catalogue. Chlorine-based/bleach products are recommended by Public Health England for use in disinfecting and deep-cleaning contaminated areas during, or following, an outbreak of gastrointestinal infection as well as for cleaning for other infection control purposes. Chlorine inactivates most pathogens such as bacteria and viruses.

During an outbreak situation, use of chlorine-based disinfectants may be advised as part of the control measures and/or to deep clean an area potentially contaminated, especially in outbreaks of gastrointestinal illness accompanied by diarrhoea and vomiting, but also for other outbreaks including influenza. Use of chlorine-based disinfectant products (eg. Titan Chlor tablets) and other cleaning products will be advised by the Outbreak Control Team (OCT). Advice on how to use chlorine-based disinfectants and other cleaning products is available in guidance published by PHE in “Prevention of Infection and Communicable Disease Control in Prisons and Places of Detention”<sup>19</sup> The role of the OCT, its membership and responsibilities are described in guidance published by HM Government/Public Health England/NHS England in the guidance document ‘Multi-agency Contingency Plan for the Management of Outbreaks of Communicable Diseases or Other Health Protection Incidents in Prisons and Other Places of Detention in England’ 2017<sup>8</sup>.

This guidance must be read in conjunction with local COSHH risk assessments and safe systems of work relating to Titan Chlor tablets/bleach based cleaning products

For compliance with COSHH Regulations including storage, handling, use, signage, training, information, emergency procedures and disposal, the Titan Chlor Safety Data Sheet (Ref Sealed Air – Diversey Care 6087338) is attached below and must be referred to, in association with the OCT, for the identification and development of any necessary local controls additional to those specified below

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<sup>19</sup> Prevention of infection and communicable disease control in prisons and places of detention  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/329792/Prevention\\_of\\_infection\\_communicable\\_diseases\\_control\\_in\\_prisons\\_and\\_places\\_of\\_detention.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/329792/Prevention_of_infection_communicable_diseases_control_in_prisons_and_places_of_detention.pdf)

## Guidance for general cleaning and action required to limit the further spread of infection

Micro-organisms causing illness can be spread:

- from person to person
- from infected food
- from contaminated water supplies
- from other contaminated drinks (milk, fruit juices etc.)
- from a contaminated environment
- through all these means

On detection of an outbreak, cypse sites should urgently seek advice from their local public health england centre health protection team (HPT).

Actions to take in response to an outbreak:

- children who are ill should be isolated in their rooms, usually until free of symptoms for 48 hours
- room-mates of children who are ill may be incubating the illness themselves and should be similarly isolated
- if there are no in-room sanitation facilities, make sure to reserve some toilet facilities for the use of symptomatic children only (eg all those with symptoms and up to 48 hours after symptoms have disappeared)
- place appropriate and clear signage on the toilet areas, such as 'for D&V patients only' and make sure the signs are clear for children with learning difficulties to understand
- where toilet seats are present, make sure they are down before flushing
- make sure cleaner(s) cleaning affected areas do not visit other parts of the secure setting
- clean regularly and frequently throughout the day all hand-held surfaces in affected areas with a Titan bleach-containing agent or other appropriate product as advised by the OCT,
- toilet seats, flush handles, wash-hand basin taps, surfaces and toilet door handles should be cleaned at least daily or more often, depending on use.
- disposable gloves and cloths will be used for cleaning. These may be disposed of by placing them in yellow bio hazard bags and safely disposed of via an approved contractor
- If reusable rubber gloves and non-disposable cloths are used by cleaners, these should be thoroughly washed in hot water and Titan Chlor bleach solution after use, rinsed and allowed to dry

- ideally mops with disposable heads should be used and mop heads should be either cleaned as above, or safely disposed of at the end of cleaning via yellow bio hazard bags
- all mop heads used should be disposed of at the end of the episode of illness, via yellow bio hazard bags and an approved contractor.
- no cleaning of soiled items should take place in food preparation areas
- contaminated bedding should be handled with care and attention paid to the potential spread of infection. Personal protective equipment (PPE) such as plastic aprons and suitable gloves should be worn for handling dirty or contaminated clothing and linen. The washing process should have a disinfection cycle in which the temperature of the load is either maintained at 65°C for not less than 10 minutes or 71°C for not less than 3 minutes when thermal disinfection is used
- hand washing is crucial for effective control: ensure that hand-cleaning facilities (liquid soap and warm water, paper towels, pedal-bins for the paper towels) are available and encourage people (both children and staff) to wash hands often and every time they use the toilet and before eating
- personal protective equipment (PPE). Follow advice of the OCT on use of appropriate PPE such as single-use gloves and aprons when using bleach products. These products should be available within the prison/place of detention. If not, contact your PPE suppliers and place an urgent order for next day delivery
- the OCT will declare when the outbreak is over
- before resumption of normal regime, deep cleaning (terminal cleaning) may be needed (especially in norovirus outbreaks). The OCT will provide detailed advice. Where available, consideration should be given to the use of prisoners specifically trained in cleaning procedures for this task

## Guidance on the Use of Titan Chlor tablets/diluted solution

Although primarily written to advise supervising residential/care staff, the guidance below is equally applicable to any trained person employed in using Titan Chlor products:

- supplies of Titan Chlor tablets are to be securely stored at all times and may ONLY be used on the direction of an Outbreak Control Team (OCT) Senior Manager in response to an infection outbreak
- very large bulk volumes should not be stored without a review of fire risk and control
- Never issue Titan Chlor tablets to children for unsupervised use
- before using Titan Chlor tablets ensure that all requirements arising from the supplier's instructions, this guidance and additional local assessment are in place and understood by those concerned.
- supervising officers must ensure that appropriate personal protective equipment (PPE) (gloves – vinyl/waterproof as a minimum) is utilised for all staff and children using Titan tablets

- never handle Titan tablets with wet unprotected hands
- ensure Titan dilution levels are as specified by the manufacturer and that any child or young person
- cleaners employed in its use are correctly risk assessed and are directly supervised at all times
- Titan Chlor tablets, must never be used with or mixed with anything other than water to make a cleaning solution, they fizz when added to water to speed up the reaction but this is not the release of chlorine gas. However, mixing with any other liquid or adding any other solid substance to the solution may well release dangerous chlorine gas
- if mixed with water (or worse, anything acidic) and then confined in a container a build-up of pressure can be achieved, with a risk of the container rupturing/exploding. Titan Chlor tablets should only be mixed with water and in an open container/bucket
- if chlorine gas is released by mixing, the source solution should be discarded and flushed copiously down a sink, sluice or WC. Vents / windows to the outside should be opened if viable, internal doors closed and those in the room should seek medical advice
- Titan bleach solution is harmful if swallowed and is irritating to the eyes and respiratory system if contact is made. Immediate medical attention should be sought if accidental contact occurs
- supervising staff need to be vigilant at all times in the deployment of Titan Chlor solution and be aware of the potential for its use in attacking others/aiding self-harm
- Any instance of misuse of Titan Chlor should be managed appropriately and reported via IRS and H&S channels
- once cleaning is complete, ensure that COSHH directions for the controlled, safe and secure disposal of used diluted Titan bleach solution are followed
- once cleaning is complete, ensure that all contaminated cleaning equipment and materials (eg mop heads/cleaning cloths/ disposable PPE) is cleaned as per the guidance above, or is placed in yellow bio hazard bags and safely disposed of via an approved contractor
- ensure that any unused Titan tablets are securely stored/ideally returned to store and are kept in a clean and dry environment to prevent cross contamination with other chemicals

## Appendix 4

### Information for CYPSE staff on use of antiviral medication in treatment and prevention of seasonal flu

Dear colleague,

You are being provided with this information leaflet because PHE have identified that there is an outbreak of seasonal flu in the place where you work and are working with HMPPS YCS, Department for Education and NHS England and NHS Improvement, to protect vulnerable children and staff who may be in clinical risk groups for complications of infection.

Staff in clinical risk groups are normally offered vaccination through their GP or Occupational Health Services but even if you have been vaccinated recently, it is still possible to get flu.

Therefore, PHE are recommending that residential/care staff that are in a risk group who work in children-facing roles should be considered for post-exposure prophylaxis with antiviral medication (AV PEP). The most commonly prescribed antiviral for this purpose is called Oseltamivir (Tamiflu). A list of clinical risk groups is provided at the end of this leaflet.

Oseltamivir (Tamiflu) is used for influenza (flu) virus A and B infections. It treats flu by preventing the viruses from spreading once they are inside your body. This reduces the symptoms of the influenza infection or prevents you catching the flu from other people.

Important: You are being offered Tamiflu to prevent infection. If you develop symptoms of flu you will need to be assessed by your GP and may require a 'treatment dose' to be prescribed following clinical assessment. You should advise your GP in this case that you work in a secure setting with a confirmed outbreak of flu and have been on prophylaxis with Tamiflu.

#### **Before taking oseltamivir**

Some medicines are not suitable for people with certain conditions, and sometimes a medicine can only be used if extra care is taken. For these reasons, before you start taking oseltamivir it is important that the healthcare professional knows:

- if you are pregnant, trying for a baby or breast-feeding; although you can take oseltamivir if you are expecting or feeding a baby, it is important that your

healthcare professional should know about this so that you can be made aware of the benefits and any risks of treatment

- if you have any problems with the way your kidneys work – this is because your dose may need adjusting
- if you are taking or using any other medicines – this includes any medicines you are taking which are available to buy without a prescription, such as herbal and complementary medicines
- if you have ever had an allergic reaction to a medicine

### **How to take oseltamivir**

Before you start the treatment, read the manufacturer's printed information leaflet from inside the pack. It will give you more information about oseltamivir and it will provide you with a full list of side-effects which you may experience from taking it.

Oseltamivir should be taken exactly as your healthcare professional tells you to.

Oseltamivir is a course of treatment. It is important that you **finish the whole course** (even if you do not feel unwell).

If you are taking it because you have been in contact with someone with flu but do not have any symptoms yourself then you will be prescribed 1 dose a day for at least 10 days. Start taking the capsules (or medicine) as soon as you collect it, and from then on, take 1 dose a day, preferably in the morning with breakfast.

Swallow oseltamivir capsules with a drink of water. You can take your doses either before or after meals, although taking the doses after food can often reduce the risk of feelings of queasiness.

If you forget to take a dose, take it as soon as you remember (unless it is nearly time for your next dose, in which case leave out the missed dose). Do not take 2 doses together to make up for a forgotten dose.

### **How to store oseltamivir**

Keep all medicines out of the reach and sight of children.

Store in a cool, dry place, away from direct heat and light.

## List of high-risk groups

The Department of Health and Social Care, Public Health England and NHS England: Flu plan (winter 2018 to 2019) lists people with the following conditions as clinical risk groups for complications of infection with flu:

- people aged 65 years or over (including those becoming age 65 years by 31 March 2019)
- people aged from 6 months to less than 65 years of age with a serious medical condition such as:
  - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease at stage 3, 4 or 5
  - chronic liver disease
  - chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability
  - diabetes
  - splenic dysfunction
  - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment) morbidly obese (defined as BMI of 40 and above)
- all pregnant women (including those women who become pregnant during the flu season)
- all children aged 2 to 9 (but not 10 years or older) on 31 August 2018
- all primary school aged children in former primary school pilot areas
- those in long-stay residential care homes or other long stay care facilities
- carers
- frontline health and social care workers

## Appendix 5



Public Health  
England

XXXX Health Protection Team  
Public Health England  
INSERT ADDRESS

T +44 XXXXXXXXXXXXX  
F +44 XXXXXXXXXXXXX

[www.gov.uk/phe](http://www.gov.uk/phe)

Protecting and improving the nation's health

Dd/MM/2019

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

Dear member of staff,

There is currently a confirmed/possible [DELETE AS APPROPRIATE] outbreak of seasonal influenza ('flu) among children in [INSERT INSTITUTION]. Staff members who have influenza like symptoms should remain off work until fully recovered (people with flu/other respiratory infections are considered to be infectious to others for the duration of their respiratory symptoms).

Staff members in clinical risk groups (see below) should have the flu vaccine every year, available for free via GPs: this helps to protect staff members, their families, and children in their care.

**Antiviral medication** can be offered to those staff members who are at high risk of complications from 'flu (see below) *and* have either:

- developed symptoms of 'flu in the last 48 hours
- or have had close contact with cases of 'flu in the last 48 hours (and either not vaccinated or vaccinated less than 14 days).

People at high risk of complications from 'flu (i.e. in clinical risk groups) are those with the following conditions:

- Chronic nerve, liver, kidney, liver, lung and heart disease
- Diabetes
- Reduced immune system
- Age over 65 years
- Pregnancy (including up to 2 weeks after the birth)
- Morbid obesity (BMI  $\geq 40$ )

If you have 1 of these conditions and either have symptoms of influenza or are currently working in an area with an influenza outbreak:

- **Please contact the occupational health department or your GP so that you can be assessed for antiviral medication. Please note-** if you have symptoms, you are infectious to other people (you can pass the infection on to others), so please phone ahead before attending the GP practice, this will allow the GP practice to put measures in place to minimise the risk of infection to others.

Please contact us with any queries. GPs can obtain specialist advice on antiviral medication from PHE virologists on [INSERT AS PER LOCAL PROTOCOLS]

Sincerely,

XXXXXXXXXXXXXXXXXXXXXX

## Appendix 6: The operational dynamic risk assessment template

### Public Health Advice from an Outbreak/Incident Control Team (OCT/ICT)

Guidance notes for completion:

1. This form is to be completed jointly by the PHE lead and the secure setting Governor/Director/Manager following an OCT meeting and updated by them at any subsequent OCT.
2. Once completed the form is sent to National Health & Justice PHE by the CCDC/CHP leading the response to: [Health&Justice@phe.gov.uk](mailto:Health&Justice@phe.gov.uk) (also copy in the PHE Respiratory Diseases Centre: [Respscidsc@phe.gov.uk](mailto:Respscidsc@phe.gov.uk)) with subject line "Risk assessment [insert specific infectious disease] Outbreak HMP [insert prison or institution name]"
3. Additionally, the Governor/Director/Manager should send the completed assessment to HMPPS YCS at the email addresses below, with the subject line 'Outbreak at X [Name of secure setting]

Email to:

- HMPPS NATIONAL INCIDENT MANAGEMENT UNIT: [NIMU@hmpps.gsi.gov.uk](mailto:NIMU@hmpps.gsi.gov.uk)
- HMPPS POPULATION MANAGEMENT UNIT: [PMS@hmpps.gsi.gov.uk](mailto:PMS@hmpps.gsi.gov.uk)
- HMPPS HEALTH & WELLBEING [health.co-comissioning@noms.gsi.gov.uk](mailto:health.co-comissioning@noms.gsi.gov.uk)

**Please note that this document, once completed, is subject to the Data Protection Act and patient confidentiality protocols - please do not refer to patients by name or provide any other patient identifiable information (PPI).**

### OFFICIAL SENSITIVE ONCE COMPLETE

Required information for risk assessment - please complete as much as possible but do not delay sending report while awaiting further information eg laboratory results		Additional Notes:
<b>Date of Form Completion</b>	PHE d/mm/yyyy	<b>Governor/Director/Manager:</b> dd/mm/yyyy
<b>Date of meeting of OCT/ICT</b>	dd/mm/yyyy:	Time of first meeting (00:00)
<b>Name of Secure setting</b>		
<b>Name of PHE Lead and email address</b>		
<b>Name of Governor/Director/Manager and email</b>		
<b>Nature of incident:</b>	Gastrointestinal disease <input type="checkbox"/> Respiratory disease <input type="checkbox"/>	Specify causative agent if known (eg norovirus, influenza A/B, TB etc.)

<p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p>Chemical incident <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	
<p><b>Date of onset of incident or date of first case</b></p>	<p>dd/mm/yyyy</p>	
<p><b>People's affected</b></p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p><b>Child:</b></p> <p>Suspected [ <input type="checkbox"/> ]</p> <p>Confirmed [ <input type="checkbox"/> ]</p> <p><b>Staff:</b></p> <p>Suspected [ <input type="checkbox"/> ]</p> <p>Confirmed [ <input type="checkbox"/> ]</p> <p>Are cases confined to 1 Wing/Area? <b>Y/N</b></p>	<ul style="list-style-type: none"> <li>• Has an active case-finding programme been recommended? <b>Y/N</b></li> <li>○ Does case finding include <b>staff</b>? <b>Y/N</b></li> <li>• Are any staff on sick leave currently? <b>Y/N</b></li> <li>○ If <b>Yes</b>, how many [ <input type="checkbox"/> ]</li> <li>• Have any (prisoner) cases been transferred to hospital for care? <b>Y/N</b></li> <li>○ If <b>Yes</b>, how many: [ <input type="checkbox"/> ]</li> <li>• Any other information:</li> </ul>
<p><b>Public Health Advice from OCT</b></p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p><b>Has OCT provided recommendation to:</b></p> <ul style="list-style-type: none"> <li>• Isolate/cohort cases <b>Y/N</b></li> <li>• Provide separate toilet/washing facilities <b>Y/N</b></li> <li>• Restrictions on internal prisoner movements <b>Y/N</b></li> <li>• Stop transfers out <b>Y/N</b></li> <li>• Stop transfer in <b>Y/N</b></li> </ul>	
<p><b>Movement of Children</b></p> <p><i>Transfer information to be completed by the Governor/Director/Manager</i></p>	<p>Have children at risk of infection been transferred to other secure setting prior to quarantine? <b>Y/N (Note 2)</b></p> <p>If <b>Yes</b>, estimate of numbers transferred:[ <input type="checkbox"/> ]</p> <p>List of establishments receiving prisoners:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol> <p>Any other information:</p>	
<p><b>Staff Health &amp; Safety</b></p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<p><b>Has OCT recommended any specific actions to protect staff:</b></p> <ul style="list-style-type: none"> <li>• PPE <b>Y/N</b></li> <li>• Vaccinations <b>Y/N</b></li> <li>• Testing <b>Y/N</b></li> <li>• Prophylaxis <b>Y/N</b></li> <li>• Treatment <b>Y/N</b></li> </ul>	<p>Specify nature of advice to protect staff:</p>

	<ul style="list-style-type: none"> <li>Restrictions on activities for vulnerable staff <b>Y/N</b></li> </ul>	
<p><b>Assessment of mortality risk</b></p> <p><i>To be completed by the PHE Centre consultant in communicable disease control/consultant in health protection</i></p>	<ul style="list-style-type: none"> <li>Has OCT provided mortality risk assessment <b>Y/N</b></li> <li>Is there a significant risk of multiple mortalities as result of outbreak at this time <b>Y/N</b></li> </ul>	<p>Provide specific information on assessment provided by OCT (eg critically ill child(s) in hospital):</p>
<p><b>Additional Information from Governor/ Director/Manager</b></p> <p>Please report any additional relevant information which can assist YCS placements in undertaking a dynamic risk assessment:</p>		