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Public Health England

Guidance

# Flu in the children and young people's secure estate

Updated 15 October 2020

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## 1. Introduction

Influenza (also known as flu), is an acute viral infection of the respiratory tract, which includes the nose, mouth, throat, bronchial tubes and lungs. It is characterised by:

- a fever
- chills
- headache
- muscle and joint pain
- fatigue

For otherwise healthy people, 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 flu is higher among children under 6 months of age, older people, pregnant girls and women and people with underlying health conditions. This includes conditions such as respiratory disease, diabetes, cardiac disease or immunosuppression.

Maintaining the operational effectiveness of prisons and other secure settings is essential to preserve a fully functional criminal justice and immigration removal system. So, minimising the impact of seasonal flu within these settings is important.

> The 2020 to 2021 winter season will be different from previous years due to coronavirus (COVID-19). Given the similarities in symptoms between flu and COVID-19, the children and young people's secure estate should manage potential outbreaks as acute respiratory viral illness, with quick testing to determine the diagnosis.

## 1.1 Background

The children and young people's secure estate (CYPSE) runs the risk of significant and potentially serious flu outbreaks, with large numbers of cases and a higher rate of complications. This is because:

- of the enclosed nature of the CYPSE and fact that children and young people are often living close together, with social mixing during activities
- of movement of children and young people within the estate
- access to healthcare could be limited if demand is high and care is complicated
- children in the CYPSE have a higher prevalence of respiratory illness (including asthma) and other long-term conditions such as diabetes than their peers in the community

An important principle in managing seasonal flu is that children in the CYPSE should receive the same healthcare as their peers in the community. This includes access to antiviral treatment, although delivering such healthcare may differ from community models.

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

## 1.2 COVID-19

On 5 March 2020, illness resulting from COVID-19 was added to the list of notifiable diseases in England. Shortly afterwards it was included on the list of reportable diseases in prisons and other secure settings, such as immigration removal centres and the children and young people's secure estate.

COVID-19 symptoms are like other influenza-like illnesses so appropriate diagnostic testing is needed to ensure the correct diagnosis is made. Public Health England (PHE) and the Ministry of Justice published information and guidance on preventing and controlling outbreaks of COVID-19 in prisons.

The flu vaccination programme for the 2020 to 2021 flu season has been extended, with more groups eligible to receive a flu vaccine than in previous years. This includes school children in Year 7, which was planned for as part of the expected expansion of children who receive the flu vaccine routinely.

Since COVID-19 is likely to be circulating together with flu, protecting young people and staff at high risk of flu, who are also those most vulnerable to hospitalisation as a result of COVID-19, is vitally important.

Control measures to prevent the spread of the COVID-19 virus such as shielding and social distancing will mean that delivering the flu vaccine this year will be more challenging. This is because flu vaccines are likely to be delivered in a very different way than in previous years and you should consider a range of different ways for delivering the programme this year.

Flu immunisers are also likely to need to wear personal protective equipment (PPE) in keeping with the current advice on delivering the flu vaccine. Health Education England's e-Learning for Healthcare has produced a flu-specific, e-learning programme that is available free of charge. Anyone who gives or advises on flu vaccines can do this e-learning programme, which consists of a core module and separate sessions on the inactivated and live flu vaccines.

### 1.3 Last year's flu season

The 2019 to 2020 flu season saw fewer confirmed outbreaks of seasonal flu reported in prisons across England and Wales than in 2018 to 2019. In total, prisons reported 7 confirmed outbreaks of flu A or B compared with 13 in the year before. Most of the reported outbreaks occurred in adult prisons in England, but one outbreak occurred in a prison in Wales and 2 outbreaks were reported in immigration removal centres in England. In the CYPSE, 15 confirmed cases were reported in 6 settings (11 service users, 4 staff) and 1 death of a staff member.

As well as fewer reported outbreaks than the year before, there were fewer cases reported, on average, in each outbreak. There were 6.4 cases per outbreak in 2019 to 2020 compared with 10.6 cases per outbreak in 2018 to 2019.

A smaller proportion of cases had serious complications secondary to their infection which required hospitalisation. There were no prisoners or detainees hospitalised in 2019 to 2020 compared to 7.1% in the year before.

No prisoners died as a result of complications secondary to their flu infection.

## 2. Preparation and vaccination

## 2.1 Preparation

The public health principles guiding action within the CYPSE are the same as those in the wider community. This includes:

- appointing a flu lead to oversee preparations including the seasonal flu vaccine campaign
- vaccinating everyone in clinical risk groups (refer to the influenza chapter in the Green Book)
- vaccinating healthcare staff working in the CYPSE in line with national guidance in the Green Book
- vaccinating young offender institution custodial staff and Youth Custody Service (YCS) headquarters staff, who are eligible for flu vaccine via their employer through Her Majesty's Prison and Probation Service (HMPPS) business hub (this is beyond the Green Book guidance)
- vaccinating for secure training centre custodial staff, who are eligible for flu vaccine via their operator (this is beyond the Green Book guidance)
- vaccinating secure children's homes residential staff
- collecting respiratory specimens to obtain quick diagnosis, including assessing whether it is an outbreak
- making sure there is effective and appropriate care available, including access to antivirals for people who are ill or to prevent infection in those at risk of complications
- good infection control practice and resources

The CYPSE should agree clear arrangements with their PHE health protection team (HPT) and NHS England and Improvement health and justice children's commissioners to make sure they know how to:

- order vaccine supplies in good time before the annual vaccination period
- plan and coordinate vaccination of eligible individuals (staff and children)
- record and monitor (and make available on request) local information on numbers and percentages of staff and residents who have received a vaccination
- recognise possible outbreaks and report them quickly (see the PHE guidance on managing outbreaks in prisons)
- access public health advice and support, in and out of office hours
- rapidly access viral testing (and processing of swabs) to support the need for quick diagnosis and careful consideration for early treatment for clinical risk groups
- provide antiviral medication
- ensure there is enough PPE in stock

## 2.2 Vaccination for children and young people

The immunisation programme protects people who are at risk of serious illness and reduces transmission. Healthcare teams should make a register of children who are recommended to receive the flu vaccine. They can then order enough vaccine in advance and invite individuals to planned immunisation sessions or appointments.

The recommended flu vaccines for children and young people are detailed in the annual flu letter.

Healthcare teams should offer vaccinations before flu viruses start to circulate in late September and early October to the defined clinical risk groups outlined in the annual flu letter.

All children aged 2 to 11 years old (but not 12 years or older) on 31 August 2020 should be given the flu vaccination. There are a large number of children in secure settings who might not have been in mainstream education and so could have missed the opportunity to receive routine childhood vaccinations.

Children and young people between 12 and 18 years old who are in a clinical at-risk group as set out in the chapter on influenza in the Green Book.

This list is not exhaustive. The healthcare practitioner should apply clinical judgement to consider the risk of flu making worse any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. In these cases, the young person should be offered a flu vaccine, even if they are not in a clinical risk group.

## 2.3 Specific groups to be considered for vaccination

### Shielded patients

If a child is a household contact of someone on the NHS shielded patients list, or an immunocompromised person, they should also be offered the vaccination.

In the CYPSE, any child who is sharing a room (or is in a unit similar to a household setting) with a shielding child, long term or over the winter, should be offered the flu vaccine.

### Pregnant young women

Any girls in the CYPSE who are pregnant should be encouraged to have the flu vaccination. Healthcare staff should consider vaccinating their babies, who are eligible if they are in a risk group when they are born.

### CYPSE staff

Different settings across the CYPSE will have different occupational health arrangements for residential, care and healthcare staff, so it's important to include staff vaccination as part of flu preparation planning. It is important that the CYPSE flu strategy contains clear information on vaccine coverage for all appropriate staff groups.

All healthcare staff in direct contact with children and young people should be offered a flu vaccination by their employer, similar to healthcare staff in the community. This should form part of the establishment's policy for preventing flu transmission and should link directly to their occupational health policy. This will help protect patients, and service users, as well as staff and wider groups.

The NHS Specialist Pharmacy Service has published guidance for healthcare providers on vaccinating their own staff. The written instruction uses a peer-to-peer approach to maximise access to the vaccine for their employees.

All staff working in the CYPSE are eligible for the flu vaccine. Non-healthcare staff working with children in the CYPSE who have close contact with children and young people affected by flu are recommended to receive the seasonal flu vaccine. This includes staff who:

- check children in their rooms
- undertake searches
- provide food and drink
- provide medication
- provide other close personal care

Staff who are in clinical risk groups 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).

## 2.4 Vaccination targets, coverage and recording

The national flu immunisation programme for 2020 to 2021 has a number of uptake ambitions, including:

- vaccinating at least 75% of primary school-aged children
- vaccinating at least 75% of children and young people in all clinical risk groups
- offering vaccination to 100% of healthcare workers and other non-healthcare staff providing close personal care

Healthcare providers should record the offer and the uptake of the flu vaccine to children and young people. 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 coordinating the local flu vaccination programme.

Risk group status should also be recorded on SystmOne or equivalent clinical IT system. Providers should pay attention to including girls and young women who could become pregnant and individuals who enter as risk groups during the flu season.

For staff groups, healthcare workers should be included in their employers' seasonal flu vaccination programme, in line with the national flu immunisation programme. There is an uptake ambition of 100% given the additional concern about flu outbreaks in closed secure settings.

For non-healthcare staff who have close contact with children and young people, individual employers should tell them about the need to be vaccinated and how to access vaccination through occupational health or other services.

Staff in clinical risk groups should receive a vaccine through their GP or a local pharmacy participating in the NHS seasonal flu programme. This is free of charge. Those not eligible through their employer or GP can access vaccination privately if they want to, and they should be encouraged to consider this.

## 2.5 Accessing vaccine supplies

Healthcare providers access flu vaccines in the same way as GP practices, as detailed in the chapter on influenza in the Green Book.

### Vaccine supplies

Healthcare providers, or organisations that provide childhood vaccination programmes to the CYPSE, should order flu vaccine supplies directly through PHE's ImmForm website.

Enough vaccine should be ordered based on past and planned performance and expected demographic increase to make sure that everyone at risk is offered a 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 PHE's vaccine update newsletter and on the ImmForm website.

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

- ImmForm (providers will need to explain the basis of the increased need, as this will exceed estimates for the current season or the outbreak could happen outside the normal flu season)
- pharmacy service providers contracted to provide pharmaceutical services to the CYPSE
- vaccine manufacturers

### Administrating flu vaccines

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 PGD must be used in line with legislation and National Institute for Health and Care Excellence (NICE) guidance on PGDs.

PGDs should be in place all the time and reviewed in advance of the flu season. This is 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.

NHS England commissioners within individual regions or localities usually authorise a flu vaccine PGD that can be shared and used by GP practices and health and justice providers in that locality or region. Where providers cannot access a local NHS England authorised PGD, the PHE template PGD for the vaccine 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).

# 3. Diagnosis and recognising a case

## 3.1 Flu symptoms

It is important that all staff (residential care as well as healthcare) are aware of the symptoms of flu-like illness and of the need to quickly report possible cases to healthcare.

Residential care staff often have the most contact with children and young people, so are well-placed to recognise an increasing number of cases.

Staff with signs and flu-like symptoms should seek advice from their GP and inform their line manager and occupational health provider.

If a young person is suspected of having flu, healthcare teams should assume it is COVID-19. This means isolating them in line with the COVID-19 guidance for prisons and secure settings, until laboratory testing confirms flu, or an outbreak of flu has been confirmed by the outbreak control team (OCT).

The World Health Organization provides a useful case definition for flu cases: an acute respiratory infection with a fever of 38°C or over and a cough, beginning in the last 10 days.

People with COVID-19 may have similar symptoms to flu. PHE has published information on case definitions for COVID-19.

## 3.2 Swabbing to confirm infection

CYPSE healthcare teams should swab the first few (up to 5) presenting cases, requesting a full respiratory screen to include COVID-19 and flu as soon as possible. Multiplex platforms that include both flu and COVID-19 are not currently available, so 2 swabs are needed for every case – 1 for COVID-19 testing and 1 for flu or respiratory virus panel. These tests should be taken at the same time, and put into separate tubes of viral transport media, with the appropriate lab request forms.

While awaiting results implement COVID-19 infection prevention and control measures. If the test results confirm COVID-19, staff will need to take action by following COVID-19 guidance on investigation and initial clinical management of possible cases.

If flu is confirmed and the OCT agrees, all other cases meeting the clinical case definition can be regarded as suspected flu and no further testing is advised. However, the OCT may consider further testing in particular parts of the establishment towards the end of the outbreak. This might be because the situation is complex, or to discount any possible new cases. It will also be important to consider and test for COVID-19.

It is possible that laboratories will include tests for flu and COVID-19 in their testing panel for respiratory infections but if multiplex platforms remain unavailable, 2 swabs will be required as described above.

# 4. Population management and preventing transmission

## 4.1 Isolating cases

CYPSE staff should isolate children presenting with flu symptoms in single room accommodation and they should be clinically assessed as soon as possible by the healthcare team. Initially, suspected cases should be assumed to be COVID-19 cases and they should remain isolated until they have had a healthcare assessment or had test results confirmed.

If there is a suspected case, CYPSE staff should continue to keep them isolated until their symptoms resolve. This usually takes 5 days from the first sign of flu symptoms but may be longer in people with underlying medical conditions.

Different guidance applies to COVID -19, so it's important that the correct diagnosis is sought and the appropriate COVID-19 guidance followed. COVID-19 guidance on preventing and controlling outbreaks in prisons is available.

## 4.2 Cohorting cases

Where demand for single room accommodation exceeds capacity, cases may be 'cohorted' or paired together in a shared room (doubling up).

Where cases are concentrated in a particular unit or part of the secure setting, the OCT can consider cohorting all other cases in the same place, but this may not be possible. Healthcare teams should cohort cases of flu separately from suspected or confirmed cases of COVID-19.

## 4.3 Asymptomatic contacts

Where there are 2 or more young people in a room and one is suspected or confirmed as having flu, the other cellmates can pose an infection control risk. This is because they could be asymptomatic (show no signs of being infected). Where children and young people stay in small groups or 'bubbles', the same may apply to the whole group or bubble.

These young people should be isolated for 48 hours starting from their last contact with the suspected or confirmed case. However, this should be reviewed if a COVID-19 test result is known.

Practical operational considerations, such as the number of spare rooms available, will inform any decisions about whether the young person stays where they are or are moved to another location away from the ill roommate.

## 4.4 Visiting

CYPSE staff should exclude symptomatic visitors until they are no longer symptomatic. They should also discourage visitors with underlying health conditions and those at risk of more severe infection from visiting during an outbreak.

To protect patient welfare, CYPSE staff should keep visitor access to symptomatic children and young people to a minimum. They should also provide any visitors with hygiene advice. Non-urgent visits should be rescheduled until after the outbreak is over.

# 5. Treatment and care

Children with symptoms should be offered bed rest and oral fluids with paracetamol or ibuprofen as clinically indicated.

Healthcare staff can use antivirals for prophylaxis and treatment of influenza according to NICE guidance for preventing flu and NICE guidance for treating flu. These guidelines remain an integral part of flu control measures for closed secure settings.

PHE has also published guidance on the use of antivirals.

Healthcare staff should consider treating children and young people with suspected flu that are in clinical risk groups with antivirals. This is usually oseltamivir, or more commonly known as Tamiflu. PHE recommends considering antiviral treatment even in vaccinated children and young people.

## 5.1 Antiviral post-exposure prophylaxis of close contacts

Healthcare staff should use antivirals for post-exposure prophylaxis (AV-PEP) for those contacts of cases that are in clinical risk groups. This is regardless of their seasonal flu vaccine status (although this lies outside of NICE guidance).

Where there is an extensive outbreak, the OCT should consider offering AV-PEP to all children and young people in clinical risk groups in affected parts of or throughout the secure setting.

## 5.2 Accessing supplies of antivirals

CYPSE flu plans should include details of the ordering process and supply of antivirals. These plans need to consider the need for patients to start antivirals within 36 to 48 hours of symptoms beginning, as appropriate.

Healthcare staff should record all supplies of antivirals given to children in their clinical records. They can give Tamiflu 'in-possession' unless the child or young person is unable to manage their medicines. This means the child or young person keeps their medication in their room.

Alternative antivirals are available for patients who are unable to take Tamiflu.

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

1. Individual prescriptions or a patient specific direction.

Healthcare staff can access antivirals by sending the prescription or patient-specific direction to the pharmacy for dispensing. This will be the pharmacy contracted to provide medicines to the CYPSE or an out-of-hours pharmacy.

Healthcare staff can also use 'over-labelled' stock supplies that allow the prescriber or registered healthcare professional to add the patient's name and date to the pack. This means they can give the antivirals directly to the patient without waiting for them to come from the pharmacy. This should be completed using standard operating procedures developed and approved by the healthcare provider.

2. A patient group direction.

Healthcare staff should only use a PGD in line with legislation and NICE guidance on PGDs. PGDs can help healthcare staff quickly access the flu vaccine and antivirals.

PHE has produced 2 PGD templates for flu AV-PEP and treatment. The templates were designed for use in care homes only, but they can be adapted for secure settings. The 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

The healthcare professional who assesses the child or young person must hand

The healthcare professional who assesses the child or young person must hand them the in-possession medication supplied under a PGD. For non-in-possession supplies, the healthcare professional who assesses the child or young person can supply the antiviral to healthcare staff 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.

During an outbreak, PHE may recommend considering post-exposure prophylaxis with antiviral medication for staff in clinical risk groups. This would usually be provided by a GP. Some outbreaks may need a longer duration prophylaxis option for high-risk people.

A healthcare professional can give a high-risk person Tamiflu for prophylaxis for up to 42 days according to the product licence.

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 fast track the development and authorisation of PGDs for flu vaccine and Tamiflu.

Non-NHS providers cannot authorise their own PGDs, but they should have a mechanism to write the PGD and submit it for authorisation by the NHS England local commissioner. Health and justice commissioners need to identify who the PGD authoriser is for their local team and help the rapid PGD authorisation through this local process.

## 5.3 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 and 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. The healthcare professional will then need to give verbal instructions to the patient about the dose, advising them to read the patient leaflet in the pack and to contact healthcare staff if they have any queries while taking it. You can find more information on PGDs on the Specialist Pharmacy Service website.

In an outbreak, commissioners should check and confirm they have access to enough antiviral stock. They may need support to access urgent stock, which PHE can help with.

Emergency regional stocks are a last resort. The pharmacy would need to hold the supply of antivirals and all costs for replacing them and pharmacy charges would be directly reimbursed by the commissioner.

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

- agreed minimum stock levels based on the previous year's use with plans to amend this during an outbreak
- processes to check the antiviral stock regularly to ensure appropriate storage and expiry dates, audit the supplies made and reorder stock should this fall below minimum levels

# 6. Outbreaks in the CYPSE

If staff suspect or confirm a seasonal flu outbreak, the PHE health and justice team strongly recommends that local PHE health protection teams arrange an OCT meeting. You can find more information on managing outbreaks in the Multi-agency contingency plan for disease outbreaks in prisons guidance.

The OCT will:

- review information with partners on the extent and severity of infection (including information on patients requiring transfer out to hospital)
- 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
- consider role of antiviral treatment or prophylaxis for cases or contacts including staff

You should invite the national PHE health and justice team who can provide expert support. You can contact them by email at health-justice@phe.gov.uk.

You should also consider inviting representatives from PHE's field epidemiology services team and the National Infection Service as contributors to the OCT.

The HMPPS health liaison service should also be routinely invited to join OCT meetings. You can contact them by email at health@justice.gov.uk.

During an OCT meeting, the following questions need to be considered:

1. Has testing for seasonal flu, COVID-19 and other respiratory infections been carried out (see section on swabbing)?
2. Is there a need to offer vaccination to the children and young people, as well as staff?
3. Is antiviral prophylaxis needed and who should receive it and how? This includes confirming that a current in-date PGD is in place.
4. What is the operational status of the secure setting? This includes any restrictions that are in place, such as a temporary stop to transfers in and out of the establishment.
5. Should children and young people be isolated or cohorted as part of wider infection control practice?

6. Are the appropriate staff either dealing with children who are symptomatic or asymptomatic but not both?
7. Is there a process for managing hospital admissions if needed?
8. Is there a process for dealing with communication and media issues?

Specific infection control considerations:

1. Re-emphasise hand and respiratory hygiene measures to help minimise the spread of the infection (for young people and staff).
2. Use chlorine-based bleach products to disinfect and deep clean contaminated areas for infection control purposes. HMPPS has approved Titan Chlor tablets.
3. If a symptomatic case needs to pass through areas where other people are waiting, then they should wear a fluid repellent surgical mask.
4. Residential healthcare staff who are assessing children with suspected flu and coming into close contact (less than 1 metre) to provide care should wear appropriate PPE.
5. During any outbreak, residential and healthcare staff and custodial staff with flu-like symptoms should be excluded from work and be managed by their GP if they are in specific clinical risk groups. They may also need to seek COVID-19 testing in line with local testing pathways.
6. If staff become ill at work, they should be sent home immediately or isolated until they can be sent home.
7. Report cases among staff and children and young people to the health protection team.

Specific considerations about communications during an outbreak:

1. PHE may recommend that staff in clinical risk groups should be considered for post-exposure prophylaxis with antiviral medication. You can download an information leaflet for staff about using antiviral medication to treat and prevent seasonal flu.
2. Issuing a letter to staff to inform them of the outbreak and provide relevant advice.

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

Where an outbreak has been declared, the governor, director or manager and the PHE consultant in health protection leading the OCT should complete a dynamic risk assessment form.

The OCT may consider recommending:

1. Restricting transfers out to other secure settings.

This is to avoid ‘seeding’ or starting an outbreak in other secure settings. Where it’s required for security reasons, notify the receiving secure setting of the outbreak. Avoid transferring symptomatic children as a priority. If a transfer is required, follow all infection control advice.

Recommendations to restrict transfers in and out of an establishment will require consideration by HMPPS at a national level.

2. Restricting new receptions.

This is to avoid 'feeding' or making an outbreak worse by introducing new vulnerable cases to the establishment. If it is not possible to restrict new receptions completely, they should be:

- assessed to determine if they are in a risk group and considered for AV-PEP and vaccine
- assessed for signs and symptoms of flu and symptomatic children who have just arrived at the secure setting should be isolated or cohorted immediately
- swabbed and considered for a treatment dose of antivirals and isolation or cohorting if they are symptomatic and in a risk group, and it's clinically appropriate

## 6.2 Restricting arrivals and transfers

When a secure setting is considering limiting movement to arrivals and transfers in the CYPSE, the decision will be taken by the OCT working with the YCS or individual secure children's homes (SCH) using the following steps.

1. The OCT should consider whether limiting movement should be to arrivals or transfers out of the CYPSE only, for instance working out if there is an unaffected part of the secure setting that can be used. This is so it can continue to accept new children and maintain HMPPS' service to the youth or family courts, placing local authorities and also the Police and Criminal Evidence Act 1984 and directors of children's services' directives.
2. The OCT should consider whether full or partial movement limitation is necessary. They should obtain (via the governor, director or manager) from the YCS placement team or an impact assessment of change in ability to receive new children or make transfers.
3. The impact assessment will consider how restrictions on reception or discharge will affect surrounding CYPSE, and how long the restrictions are sustainable.
4. The OCT must consider the impact assessment before they decide whether to recommend to the YCS head of placements to change activity, limit movement or close. The secure welfare coordination unit (SWCU) should be notified where any decisions will have an impact on the secure welfare estate.
5. Only the YCS director or deputy director, or the HMPPS gold commander should take decisions on closing a young offender institution, secure training centre or SCH to receptions and transfers. This is because they have oversight of a greater proportion of the children and young people's estate and will understand how a decision to close will have on the wider young offender population. The registered SCH manager will be responsible for

deciding to close to new admissions or transfers, consulting with the YCS where relevant and notifying the SWCU about any decision taken on new welfare admissions.

6. The OCT, YCS director or deputy director or SCH registered manager may want to limit movement, change activity or close the secure setting for a longer period than the YCS placement team, WCU, or placing authority thinks is sustainable (in some circumstances, these actions might not be deemed sustainable for any time at all). In this situation, their recommendation must be escalated to the YCS director or HMPPS gold commander for a final decision.
7. If an urgent out-of-hours decision is required, it should be made by appropriate senior director on duty.
8. If a decision to limit movement, change activity or close is taken, a further impact assessment of continuing closure must be obtained from the YCS placement team or SCH registered manager at least every 3 days.
9. The assessment should be provided to the YCS director along with up-to-date information about the current status of the outbreak.
10. The YCS director or registered manager should then maintain or withdraw their decision to limit movement, change activity or close the establishment to receptions and transfers.
11. If the YCS placement team or SCH registered manager's assessment says 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 an urgent out of hours situation).

## 6.3 Transfers to court

In an outbreak situation, symptomatic children and young people may not be suitable for court due to clinical needs and infection control considerations. Courts should be told that a child or young person is ill with flu and so may not be suitable for a court appearance.

If a symptomatic child or young person needs to attend court, a video link to the court should be considered as an alternative to a personal appearance.

If a personal appearance is required, appropriate infection control measures should be implemented following COVID-19 guidance on courts and tribunals planning and preparation.

## 6.4 New allocations from court

Consideration should be given to redirecting new children and young people who have been allocated to an infected site. However, this may only be sustainable for a few days at most.

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