



POSITION STATEMENT

on the management of suspected COVID-19 cases in police custody

March 2020

Duty of Care

Healthcare professionals have a duty of care to their patients regardless of the setting they see them in. It should be remembered that detainees in police custody may be particularly vulnerable and have difficulty accessing health advice at other times.

The FFLM is aware that in some cases HCPs have been refusing to see detainees based on suspicion of COVID-19. This is not appropriate, or acceptable, and would fall far below the standards of care expected by regulatory bodies.

Detainees in police custody are entitled to the same standards of care expected in any other healthcare setting.

It may, however, be appropriate to modify usual procedures to accommodate and minimise risk. This might include giving medications at the cell hatch rather than taking patients to the clinical room. Equally, it may be prudent to assess suspected cases in the cell rather than the medical room. To reduce cross contamination.

Management of acute and chronic illness in the custody suite should not suffer.

Basic Precautions

Providers should ensure that robust infection control policies are both available and adhered to. This should happen anyway but is particularly relevant in the current situation.

Hygiene precautions, although simple, must be done well:

- Regular handwashing, at least 20 seconds using soap and water
- Bare below the elbows
- Frequent use of alcohol gel (wherever practical)
- No food or drink in clinical areas
- Avoid wearing uniforms outside of the work environment (consider use of alginate bags to take uniforms home to wash)
- Ensure a change of clothes available

Criteria

Criteria will evolve as situation changes. Clinicians should ensure they keep up to date with latest guidance published via Public Health England.

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#guidance-for-health-professionals>

In view of community transmission, travel history/exposure is unlikely to be relevant and clinicians should be alert to the possibility of COVID-19 infection in detainees presenting with:

- Acute Respiratory Distress Syndrome
- OR**
- Clinical Pneumonia
- OR**
- Influenza like illness (temperature >37.8 C and new onset of at least one of the following:
 - Persistent Cough
 - Hoarse voice
 - Nasal discharge or congestion
 - Shortness of breath
 - Sore throat
 - Wheeze
 - Sneezing

Simple cough and/or high temperature is unlikely to need any intervention other than reassurance and advice to stay at home.

PPE

Suspected patients should be asked to wear a surgical facemask whilst moving between areas.

As front-line healthcare workers clinicians should seek specific PPE guidance from their employer. However, based on current guidance the following would appear reasonable:

Suspected or confirmed COVID

Fluid repellent surgical mask, visor, plastic apron (ideally with sleeve protection to reduce droplet transmission risk to bare skin or clothes) and gloves

Suspected or confirmed COVID for resuscitation or aerosol generating procedures

FFP3 respirator mask, visors, long sleeved gown and gloves

Clinicians should be consult with their employer regarding fit testing for FFP3 respirator masks and be aware that face shape and presence of stubble may mean that masks do not seal adequately to provide protection. Ideally clinicians should also be trained in [donning](#) and [doffing](#) technique of PPE to minimise risk of contamination.

See guidance at

<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/>



Diagnostic Swabs

These should only be performed if you have had training and may take days to come back so are unlikely to be of use in the custody setting.

Intoximeter Usage

Part of the specification for Home Office type approval means that air flow is one way so theoretically, although contaminated air may be blown into the machine it should not be able to come back. This is analogous to previous concerns with HIV and hepatitis.

However, in view of the potential need to deep clean intoxicimeter rooms where a high risk or confirmed case of COVID-19 has been seen there may be an increase in requests for blood samples from detainees. Clinicians and providers should be aware of this and have contingency plans for this increased demand.

Clinician Infection

Guidance is continually evolving on this and providers will need to make decisions based on the latest Public Health Guidance as well as internal workforce planning.

At present the consensus is that simple exposure to a case with confirmed or suspected COVID-19 with or without PPE can carry on working as normal unless they develop symptoms. Line managers should, however, be informed of any potential exposure via normal incident reporting systems.

Clinicians who develop symptoms consistent with COVID of any degree of severity should self-isolate immediately (usually for 7 days). It may be prudent for providers to liaise with local public health teams to access staff testing in order to allow them to come back to work more quickly.

Please note that the above guidance has been maintained in [PHE](#) and [HSCNI](#) guidance despite the wider 14 day isolation period suggested for the general public. We will update if this changes.

Hospital Transfer/ED Referral

If it is felt clinically necessary to transfer a detainee to hospital, staff must liaise with both nurse-in-charge of the emergency department as well as the local ambulance trust.

It is imperative that if a detainee is suspected of having COVID-19 both the receiving and transporting services are made aware.

It would be prudent for local clinical leads to liaise with clinical leads at their nearest emergency department to ascertain what, if any, changes there are to local protocols. It may be that cases need to be diverted to alternate sites.

Reporting to Public Health England

The local health protection team should be informed of any case which occurs in a prison or place of detention. Providers should ensure that procedures are in place to support staff in this duty.

Useful Sources of information

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

<https://www.england.nhs.uk/coronavirus/>

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

<https://www.publichealth.hscni.net/news/covid-19-coronavirus>

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

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