



Home Office

Guidance for Immigration Removal Centres (IRCs), Residential Short-Term Holding Facilities (RSTHFs) and escorts during the COVID-19 pandemic

Version 2.0

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About this guidance

This guidance tells Home Office staff and supplier staff in immigration removal centres (IRCs), residential short-term holding facilities (RSTHFs), pre-departure accommodation and on escort about the principles for managing COVID-19 in places of detention. It first came into force on 5 May 2020, was published on 5 June and this version was updated on 7 July.

Contacts

If you have any questions about the guidance and your line manager or delivery manager cannot help you, or you think that the guidance has factual errors then email Detention Policy.

If you notice any formatting errors in this guidance (broken links, spelling mistakes and so on) or have any comments about the layout or navigability of the guidance then you can email the [Guidance Rules and Forms team](#).

Publication

Below is information on when this version of the guidance was published:

- version **2.0**
- published for Home Office staff on **7 July 2020 (v1.0 was published on 5 June 2020 and in force on 5 May 2020)**

Related content

[Contents](#)

Instruction

Introduction

1. This guidance informs Home Office and supplier staff in IRCs, RSTHFs and on escort of the strategy for caring for people in their care and particularly those who may be vulnerable or extremely vulnerable to the effects of COVID-19. The Home Office continue to take the welfare of those detained under immigration powers very seriously and will maintain our position of following relevant Government, Public Health England and Public Health Scotland guidance on this matter.
2. All operational teams in the Home Office continue to consider Public Health England (PHE) advice in relation to their operational activity. The Detention Gatekeeper will have considered PHE guidance in relation to those vulnerable being more seriously affected by COVID-19 alongside Home Office detention policies, as part of any decision being made in relation to the use of immigration detention.
3. This guidance may be updated in line with the changing situation.

Who is clinically vulnerable?

4. For avoidance of doubt, the clinically vulnerable group is identified as per the factors noted in Public Health England (PHE) guidance:
 - aged 70 or older (regardless of medical conditions)
 - under 70 with an underlying health condition listed below (that is anyone instructed to get a flu jab each year on medical grounds):
 - chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS) or cerebral palsy
 - diabetes
 - a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets).
 - being seriously overweight (a body mass index (BMI) of 40 or above)
 - pregnant women

Who is clinically extremely vulnerable?

5. For the clinically extremely vulnerable group, this includes:
 - a) Solid organ transplant recipients.
 - b) People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
 - c) People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
 - d) People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
 - e) People on immunosuppression therapies sufficient to significantly increase risk of infection.
 - f) Women who are pregnant with significant heart disease, congenital or acquired.
 - g) Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.
6. For the purposes of this guidance document and to ensure alignment with relevant PHE and NHS England guidance, we refer to those that are extremely vulnerable to COVID-19 as requiring 'shielding' and those that have or are displaying symptoms, as requiring 'isolation'. In addition, however, those individuals in the detention estate falling within the clinically vulnerable group are also to be offered the chance to "shield", where appropriate.

7. We have also referred to relevant PHE and NHS guidance for ease in this document but please note this document is subject to change as government guidance evolves and it is strongly recommended that all staff always check and ensure they refer to the latest guidance on COVID-19 from the gov.uk website at: <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

General principles for managing COVID-19 in an IRC and RSTHF

8. We continue to take proactive steps to support our immigration custodial establishments to monitor, manage and mitigate the threat of large numbers of staff and people in detention becoming infected with COVID-19 and to reduce the likelihood of the infection spreading.
9. This document is informed by published Government guidance on COVID-19 and more detailed PHE and NHS England (NHSE) guidance on the management of COVID-19 in places of detention:

<https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>

Escorting

10. The Escort supplier should implement safer systems of work, which explains in clear terms how to reduce the risk of exposure of COVID-19 for both staff and the individuals while in transit. An escort van should have no more than two individuals being moved at one time. Facemasks should be issued to those being moved, and if required they should be guided verbally on how to apply the facemask. Individuals in detention should have access to hand sanitiser where hand washing is not available.
11. If an individual being moved is displaying signs or symptoms of COVID-19 they should not be moved and referred back to Detention and Escorting Population Management Unit (DEPMU). If an individual displays signs or symptoms of COVID-19 on route to an IRC/RSTHF or port of return the escort party should return to the point of origin, or transfer the individual to hospital as appropriate, contacting DEPMU as soon as possible.
12. If used, PPE for both staff member and detained individuals should be disposed of in designated areas as set out by the Supplier and in line with PHE guidance. Escorting vans are to be cleaned and if required quarantined for specialist cleaning.

Partnership working between Immigration Enforcement, NHS England and Public Health England (PHE)

13. There should be close working and liaison between the IRC supplier, healthcare provider and Home Office staff and management, ensuring guidance and updates are regularly shared and any updates, incidents or possible cases of COVID-19 are shared and jointly owned.
14. Confirmed cases of COVID-19 should be notified by IRC healthcare teams as soon as possible to local PHE Health Protection Teams.
15. In addition, all parties must ensure PHE guidance is adhered to and PHE are notified immediately of any possible cases of concern and their advice is followed.

Residential Short-Term Holding Facilities

16. Only non-symptomatic individuals should be accepted in to RSTHFs. New arrivals are not routinely separated from the rest of the population although an 'isolation wing' is available should it be required. The full range of facilities usually provided in an RSTHF should be made available.
17. All people in a RSTHF should be housed in single occupancy rooms and social distancing measures must be in place, including 2 metre marks on flooring, tables set 2 metres apart and only one person seated per table in dining room. All detained individuals should receive COVID-19 advice as part of their induction, with requirements around social distancing measures and PPE clearly explained.

Preventative measures to be undertaken

18. Appropriate guidance should be prominently displayed to ensure staff, detained individuals and visitors frequently wash their hands using soap for at least 20 seconds and to catch coughs and sneezes in tissues. This should include putting up copies of the Government isolation guidelines in prominent areas.
19. The IRC supplier should produce specific guidance for individuals in detention to explain in clear terms how to reduce the risk of an outbreak of COVID-19, including leaflets for new arrivals containing information regarding handwashing and PHE COVID-19 guidance. Detained individuals should be frequently reminded of the requirements to ensure thorough hand washing and hygiene. Appropriate guidance, translated into multiple languages where possible, should be prominently displayed (both posters and leaflets), and individuals reminded to immediately report any health or symptom concerns as per NHS guidance:

<https://www.nhs.uk/conditions/coronavirus-COVID-19/symptoms-and-what-to-do/>

20. All cleaning practices should be regularly reviewed by the IRC supplier to ensure they comply with PHE guidance. All IRC supplier staff should frequently clean and disinfect objects and surfaces that are touched regularly. PHE guidance is available at:

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

21. In addition to the standard cleaning processes, detained individuals should be provided on request with appropriate disinfectant cleaning materials for cleaning their bedrooms. IRC supplier staff should ensure that this cleaning takes place under supervision and all such cleaning materials are safely returned and accounted for.

22. All IRC suppliers should maintain social spacing for areas where people can congregate, including IT rooms, library and classroom seating areas/chair and tables, as well as waiting and reception/discharge areas and appropriate signage should explain the importance of social spacing. This is to ensure the government's recommended 2 metres space requirement is met.

23. All detained individuals should be accommodated in single occupancy rooms with en-suite toilet facilities (if the individual consents) and should be strongly encouraged not to visit other bedrooms.

24. The dining areas and meal time practices should be reviewed to ensure adequate social distancing between staff and those in detention, and between detained individuals, such as increasing the number of sittings where there is communal dining, stepped opening of rooms over the different floors on residential units when collecting food and eating in rooms only rather than the benches/tables on the residential units.

Initial healthcare screening

25. Following prioritisation of detained individuals who appear symptomatic, screenings of new arrivals (maximum two individuals per van in addition to staff to adhere to social distancing guidelines) should be prioritised in relation to the Adults at Risk (AAR) rating the individual holds (screenings of those at level 2 and 3 should be conducted first).

26. An initial healthcare screening should take place on the escorting van by a healthcare representative, using the full range of PPE available (mask, apron, goggles and gloves). Masks should be issued to the individuals being screened and if required, they should be guided verbally on how to apply the mask. Where possible, the detained individual and staff member should stand a minimum of 2 metres apart from each other, and the staff member must ensure that the detained individual understands what is happening and why at the start of the engagement and throughout.

27. The initial healthcare screening should look to identify people who have healthcare vulnerabilities or conditions that may heighten the risk of them becoming severely ill from COVID-19, in particular those with conditions covered in the lists included in PHE guidance updated on 4 June - and again on 24 June and 3 July - (vulnerable) and 5 June – and again on 23 June and 7 July - (extremely vulnerable) (and referenced above in this document):

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

28. If someone is identified as vulnerable or extremely vulnerable, an IS91RA (Part C) should be completed and forwarded via email to the respective Detention Engagement Team (DET) and DEPMU without delay. The DET team will then inform the responsible casework team who should consider all circumstances around continued detention and complete a detention review.

29. The initial healthcare screening should also look to identify if any or all of the symptoms are present with the individual (a new, continuous cough and/or high temperature and/or a loss of, or change to, his/her sense of smell or taste). If this is the case, an IS91RA (Part C) should be completed and forwarded via email to the respective DET and the DEPMU without delay. The DET team will then inform the responsible casework team who should consider all circumstances around continued detention and complete a detention review.

30. The initial healthcare screening should ensure any vulnerable or extremely vulnerable individuals or symptomatic individuals are thoroughly assessed. Any concerns should result in individuals being housed separately overnight in separate isolation areas, as referred to later in the document, for examination by a doctor and ongoing assessment of suitability to join the normal population within the centre. The detained individual should not be allowed to return to normal population until a doctor has conducted this assessment. The person should wear a surgical face mask while being transferred to an isolation room. It is noted that in RSTHFs GP access is not usually readily available. However, if a detainee presents with coronavirus symptoms, all efforts must be made to secure a doctor's attendance within 24 hours. If this is not possible, the case should be escalated to the Head of Escorting Services or Head of Detention Operations. The individual must remain isolated until a decision on their future placement has been made.

31. Healthcare teams should identify and share generalised details of any individual who may have healthcare vulnerabilities or conditions that may cause concern, in particular those with conditions covered in the lists included in PHE social distancing guidance last updated on 3 July and advice for the extremely vulnerable updated on 7 July:

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing>

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

32. If healthcare staff deem the individual to be asymptomatic with no healthcare vulnerabilities or conditions that may heighten the risk of them becoming severely ill from COVID-19, business as usual screening should take place by the IRC supplier staff, without the use of PPE as long as the two metre personal distancing guidelines can be maintained at this point.

33. If used, PPE for both staff member and detained individual should be disposed of in designated areas as set out by the Supplier and in line with PHE guidance.

34. R35 appointments should continue to be conducted in person wherever it is possible to do so. If, however, it is not possible to conduct a face to face R35 appointment because of logistical difficulties due to the impact of COVID-19, the reasons should be clearly detailed within the R35 report which should be completed to the best of the healthcare professional's ability to do so. A follow up 'in person' appointment should then be arranged as soon as the reason for being unable to conduct a face to face assessment has been resolved.

Ongoing Monitoring and Reporting of cases

35. The Home Office has established a single comprehensive COVID-19 vulnerable individual spreadsheet that is used and updated weekly with regard to those cases that remain in detention and who fall into the COVID-19 PHE risk categories.

36. All IRC supplier and Healthcare staff should record any vulnerability factors, as set out in PHE's guidance, which are likely to influence a change in the individual's Adult at Risk (AAR) rating in the form of an IS91RA (Part C) which should be completed and forwarded via email to the respective DET and DEPMU teams without delay. The DET team will then inform the responsible casework team who should consider all circumstances, including the supplementary AAR guidance which refers to PHE guidance around continued detention (<https://www.gov.uk/government/publications/adults-at-risk-in-immigration-detention>), and complete a detention review.

37. All new cases should be submitted to respective DET teams who will forward to the relevant Detained Casework Teams. In addition, the DET team will liaise with the DET SPOC to ensure the details are included in the weekly central return.
38. If the individual remains in detention, they should be placed into isolation as a protective measure and this is detailed later in the guidance.
39. Where healthcare staff identify any person who has healthcare vulnerabilities or conditions that may cause concern, particularly those with conditions covered in the lists included in PHE social distancing guidance updated on 24 June or guidance for shielding the extremely vulnerable updated on 23 June then an IS91RA (Part C) should be produced. Where the individual's vulnerability is considered high DET will inform the Detained Casework Team and continued detention will be reviewed, as referenced in DSO 08/2016 (management of adults at risk in detention). All those falling within either of the PHE Vulnerabilities lists should be considered as being AAR Level 3 cases for the purposes of assessing detention.
40. If an individual who is identified as having a COVID-19 vulnerability (clinically vulnerable or clinically extremely vulnerable) is not to be released or, if they are pending such a release, appropriate steps should be taken to reduce contact between that person and others (staff and other detained individuals) in accordance with the PHE guidance. This should include ensuring that these individuals are accommodated in single occupancy rooms and separation as set out below. These detained individuals should be given a face mask to wear and should be encouraged to wear it when out of their room.

Cohorting the IRC population

41. To reduce the risk of COVID-19 spreading through IRC establishments and to minimise the chances of new receptions bringing COVID-19 into the IRCs. All IRC suppliers are to follow a reverse cohorting process outlined below.
42. New male admissions in the IRCs in England will be directed by turn, to one of the three larger sites for a weekly duration. This is the Heathrow IRCs, Morton Hall and Gatwick IRCs.
43. Dungavel and Yarl's Wood IRCs will need to follow these principles of reverse cohorting but operate separately to the rest of the IRCs.
44. During that week all admissions, both HMP transfers and the very few other admissions occurring (should there be any) will be directed solely to that IRC by DEPMU. The other two sites should not have any admissions scheduled during that week. An exception to this may occur if this arrangement would require a long transfer for a short duration stay, followed by a further long transfer for removal the following day – for example a move from a prison in Kent for removal from Heathrow the following day when Morton Hall is the scheduled receiving IRC. In

such cases DEPMU will, where possible, make arrangements with another IRC closer to the departure airport. But in all such cases reverse cohorting arrangements must be observed until the individual's departure.

45. All new arrivals will be placed into one area or wing where they will be kept separate and without contact with the existing population (described as a reverse cohorting unit and referenced below in the table). They will remain in that area for at least 14 days and no more than 21 days. All arrivals should be placed in single occupancy accommodation. Regime access should be facilitated to the extent possible; separate internet and gym provision needs to be maintained for the new arrivals, separate from that used by the existing population and where possible within the reverse cohort accommodation to prevent unnecessary movement within the centre.
46. Should COVID-19 infection occur in these cohorts either during the week of arrivals, or in the following week, that group will need to be further isolated and the infection dealt with in line with PHE handling advice, with the symptomatic detainee placed in isolation for 7 days.
47. Transfers between centres will be kept to a necessary minimum, in the interest of risk reduction. Any suggested exceptions in instances of need such as flight positioning need to be agreed by the Head of Detention Operations.
48. Those individuals arriving in an IRC from residential STHFs should be included within the above reverse cohorting arrangements. Northern Ireland prison moves are to continue to go into Larne before being transferred onto Dungavel. Manchester Short Term Holding Facility (STHF) is to operate as is and then moves from there are to go to the rotating IRC that is taking receptions.
49. Any receptions from locations other than prison should be included within the reverse cohorting process. However, thorough risk assessment should identify any issues that such an individual may experience living within that group. If that assessment indicates that such an individual would be uncomfortable within this group, the IRC should identify alternative arrangements which are consistent with the reverse cohorting principles.
50. Each IRC should create designated areas/units for the protection of specific cohorts within their population. We therefore ask all to utilise the following cohorting guidance:

Name	Description
Reverse Cohort Unit (RCU)	<p>Unit for the temporary separation of newly received individuals for 14 days each; allowing the IRC to verify that each individual does not present an infection risk.</p> <p>If a detained individual shows symptoms during this time, they should be moved to isolation for 7 days. This should be in a discrete unit/wing/area and there should be a limited on-wing regime with social distancing rules applied. If detainees are unable or unwilling to maintain social distancing, then R40 should be considered.</p>
Protective Isolation Unit (PIU)	Unit or area for the temporary isolation of symptomatic individuals for up to 7 days.
Shielding Unit (SU)	Unit or area for the temporary isolation of those individuals within the NHS England extremely vulnerable or, as per para 6, vulnerable persons cohort for 12 weeks; reducing the likelihood of this susceptible group contracting the virus.

51. The locations of these units are local decisions and it is essential that the healthcare provider at each IRC takes the lead in decisions relating to each individual case in terms of referral and discharge of these detainees to and from the units.

52. Those in detention with a new, continuous cough and/or a high temperature and/or loss of, or change to, his/her sense of smell or taste should be placed in protective isolation for 7 days; housed on a separate wing or separated area with no contact with the general population. For RSTHFs, where detained individuals cannot be accommodated for over 5 days (unless removal directions are set) and an individual is identified as being within this group, the case is to be escalated to the Head of Detention Operations for potential transfer to an IRC for isolation or next steps.

53. In accordance with paras 39-40, those in detention with healthcare vulnerabilities or conditions that may heighten the risk of them becoming severely ill from COVID-19 should be shielded if possible and practical. IRC suppliers should seek signatures on disclaimers, from people in the vulnerable groups that refuse to comply with the request to relocate for shielding purposes. This will need to evidence that the option of shielding was offered and fully record where individuals do not wish to take up this offer and for what reason.

54. Regular assessment should be made by healthcare staff and any individuals continuing to deteriorate or show substantial symptoms should be kept as separate as possible from those considered only mildly affected or seemingly improving.

55. If necessary, separate areas should be used for this. Additionally, care should be taken not to house new cases with those that have already been separated for some days and are not showing ongoing signs as set out in PHE guidance to further mitigate the spread of COVID-19.
56. Those in detention who have a new, continuous cough or a high temperature or loss of, or change to, their sense of smell or taste but are clinically well enough to remain in the IRC following thorough assessments by Healthcare staff, do not need to be transferred to hospital.
57. Staff should wear specified PPE for activities requiring sustained close contact with symptomatic cases. Staff should practise social distancing and everyone in the IRC should be routinely reminded of the importance of this. Suppliers should, where possible, avoid cross deploying staff between areas in which separate cohorts are accommodated.
58. IRC suppliers must draw up plans in partnership with local health teams to (wherever possible) minimise contact between symptomatic people with underlying conditions and those who are symptomatic but without underlying conditions. This could include the use of different landings or areas of a unit.
59. IRC suppliers, with input from local Home Office managers, should consider removal from association of those who ignore advice and either recklessly or deliberately endanger other individuals in detention and staff, in accordance with DSO 02/2017 on Rule 40/42. For the avoidance of doubt, removal from association would only be justified/needed if the level of non-compliance warrants it; so, an individual in isolation who refuses to see Healthcare staff and makes it clear verbally that he/she doesn't want to stay in their room would not be subject to Removal from Association. Alternatively, an individual who actively resists; attempts to push out of the door whenever it is opened, tries to assault staff or causes damage to the room should be considered for removal from association.
60. STHFs should only accept non-symptomatic individuals. New arrivals will not be routinely separated from the rest of the population, although an 'isolation wing' should be made available if required (for people developing symptoms or arriving from facility with confirmed Covid-19 outbreak). Should an individual become symptomatic while at the STHF they should either be taken to hospital or discussed with the Head of Detention Operations as to a potential move to an IRC.
61. All detained individuals are to receive COVID-19 advice as part of induction, where social distancing measures and use of PPE explained. Vulnerable people should be encouraged to wear PPE and symptomatic people will be required to wear PPE. Single occupancy and social distancing measures should be put into place at both facilities. This includes 2 metre markings on floors, tables moved apart, access to outside areas/association room strictly controlled and meals to be taken in rooms.

Regime for detained people in isolation or shielding units

62. Those in detention identified for accommodation in the isolation unit should not have access to the IRC's general regime. Access to an on-unit regime should be provided as appropriate. Outreach services from welfare and World Faith should be offered by telephone and / or by skype where possible. Those who are shielding should have comparable regime access to individuals detained in normal accommodation.
63. All IRC suppliers are asked to ensure that they undertake a Policy Equality Statement (PES) for each regime change that is approved by the on-site Home Office Delivery Managers. This is part of the Public Sector Equality Duty, (PSED) introduced by the Equality Act 2010.
64. The HO Delivery Managers are to then share all PES documents with the Head of Detention Operations.
65. Those detained in isolation or shielding units should be offered the option of requesting DVDs, books, and console games from normal regimes.
66. In terms of shop access, shop purchases should be offered to people on these units. This can be completed on a shop order which IR supplier staff can collect on behalf of the detainee.

Visitors

67. All social visits to the IRCs ceased following guidance issued on 24 March, with detainee notices and signposting to clearly explain the reasons for this, emphasising the need for public safety (theirs and their families) in the UK. While most external visits should be cancelled, in exceptional circumstances social/family visits may be accommodated if other means of contact are not feasible or appropriate or there are compelling compassionate reasons. Any such visits can be held in closed visits and should follow wider Government guidance on social interactions.
68. Legal visits can continue in exceptional circumstances where other means of contact (Skype, telephone, email) are not feasible, and for individuals facing imminent removal from the UK (ie. those issued with removal directions for the next seven days). Suppliers will need to develop safe systems of work (SSOW) for face to face legal visits and, from 13 July, access to face to face legal visits should be available for all those facing imminent removal from the UK (ie those issued with removal directions for the next seven days).

69. Arrangements for external medical practitioners to attend IRCs for the purpose of conducting medico-legal, or other formal medical examinations will continue to be permitted where no other means of undertaking the consultation is feasible. Requests should be made in writing to the relevant IRC. Visiting medical professionals will be required to observe, for the purposes of consultation and examination, all reasonable precautions to prevent COVID-19 infection.
70. Detainees should be given an additional £10 phone credit per week and continue to have access to the internet, mobile phone services and video calling facilities.
71. Handwashing facilities should be available for **all** visitors and they should be advised of the requirements to wash their hands and maintain social distancing as per PHE guidance and relevant SSOWs. Where available, all visitors should have a temperature check before being granted access to the IRC/RSTHF.

Staff

72. If a member of staff becomes unwell on site with a new, continuous cough or a high temperature or loss of, or change to, his/her sense of smell or taste, they should go home and self-isolate in line with Government guidance for the general population.
73. Staff forums and notices to staff should remind staff to be vigilant and to immediately engage healthcare should any detainee show symptoms or complain of feeling unwell.
74. Non-operational staff should work from home or in separate areas from detainees.
75. Testing for COVID-19 is now available and staff should use the gov.uk self-referral portal

<https://self-referral.test-for-coronavirus.service.gov.uk/>

when they meet the below criteria:

- you have coronavirus symptoms – a new continuous cough or high temperature or loss of, or change to, your sense of smell or taste and are following government guidelines on self-isolating and are currently on sick leave or
- a member of your household has coronavirus symptoms meaning you are self-isolating in line with government guidelines and are on paid special leave.

Related content

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