**COVID-19**

**Feedback Collection**

22 May 2020

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**Impact on prisoners:** Only a few incidents that can be directly related to the regime changes, but overall great understanding among inmates and good relations between staff and inmates. Rates of self-harm are a bit lower for the period (1st March to 12th May) 2020 compared to 2019. Rates of treats and violence towards staff, as well as rates of threats and violence among inmates, are a bit higher for the period (1st March to 12th May) 2020 compared to 2019. Rates of absconding from open regime prisons are a bit higher for the period (1st March to 12th May) 2020 compared to 2019.

**What regime changes have you had to make and have any of these affected prisoner wellbeing and prison safety? (e.g. changes in self-harm; violence, drug use; mental health problems; relationships between staff and prisoners?)**

**Sweden**

Regime changes (a selection): No visits (applies to friends and relatives, not lawyers etc.), no leaves from prison, isolation of infected or suspected infected. Persons sentenced to prison that are not incarcerated are denied of entering any prison or remand prison to start serving time if they show symptoms of Covid-19. Basic training for staff is postponed and the staff is instead deployed to prisons and remand prisons. Precautionary measures have also been imposed within the Probation Service. Physical meetings between the Probation Officers and the clients are, to the extent possible, avoided and replaced by other means of communication, such as Skype or Facetime. The Probation Officers will no longer visit inmates at remand, prisons or treatment facilities. Compensatory measures: free of charge domestic phone calls for inmates and remand prisoners (to approved numbers). International calls were initially free of charge but are now half the normal price. In order to ensure children’s need for contact with their parents, tests are initiated to enable and provide video calls.

**Spain**

It is difficult to evaluate the situation in this moment, because we are still dealing with it. Nevertheless, one of the main measures undertaken - the increased use of electronic monitoring - has helped a lot in reducing the number of prisoners in closed regime and groups of inmates living together. Also, the use of mobile phones and video calls has been a significant change in our security regime. Maybe this changes have come to stay, but it is too early to know.

**Lithuania**

No family visits, no prison visits, no large-scale events, no prison leaves, restriction of unguarded inmates’ movement outside prison, restriction or temporary cancelling of incoming parcels, no group sports activities in gyms, restriction or temporary cancelling of inmates visits to libraries or barber’s, restriction of resocialization programs. The regime changes improved the safety in prison, the above-mentioned measures didn’t affect inmates’ wellbeing or mental health,

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*Note: *The data is based on the information provided by the countries and may not be exhaustive. The table includes the number of infected, isolated/quarantine, and dead prisoners/staff as of May 22, 2020. The data may not be fully accurate due to the ongoing pandemic and rapid changes in policies. Additional information and updates are recommended for a comprehensive understanding.*
The Administration has developed the Guidelines on hygiene and anti-epidemic regime requirements in prisons in order to prevent the spread of COVID-19 infection. An Action Plan has been introduced in all administration imprisonment places for the prevention of COVID-19 infection spread in prisons which determines the measures to be observed in case any prisoner has complaints about the acute upper respiratory disease. Prisoners, including the persons with disabilities, can receive high quality health care at any time of the day. During the working hours of the medical treatment institutions of Administration prisons, the outpatient health care is provided by the doctors of Administration Medical department and the inpatient health care—by the Olaine Prison Hospital. In prison, a Prisoner informs the Medical department about the complaints on the acute upper respiratory infection. The doctor shall immediately assess the health condition of the prisoner and, if necessary, isolate the prisoner in a cell isolator. Further measures are taken by the doctor, either by prescribing further monitoring and treatment, taking the test for COVID-19 infection, or, in more severe cases, by calling an emergency team to hospitalize the sick prisoner. From the day the state of emergency is declared in the country, the Administration monitors acute upper respiratory diseases, as well as all detainees, who are placed in prisons, and their isolation is monitored for 14 days. A special attention is paid to elderly prisoners and those suffering from chronic diseases, especially, lung, cardiovascular and diabetic patients. Outside the working hours of the Administration medical institutions, a prisoner shall inform the supervisor of complaints related to acute upper respiratory infection, as well as of any acute illness. The supervisor shall inform the on-call assistant of the Head of the prison, who in turn shall call an ambulance. The Administration Medical units and Olaine Prison (Latvian Prison Hospital) have developed action plans for the institution’s hygiene and anti-epidemic regime, which include a section on action in case of an outbreak of COVID-19 infection in the prison, which also provides training for medical staff. The leading infectologists of the Latvian Center for Infectious Diseases work in the prisons, who consult the medical practitioners of the prisons. As a result, all doctors are trained to recognize the signs of COVID-19 infection. Information materials have been distributed in all prisons of the Administration, both among prisoners and in cells and common areas, on behavioral and protective measures in case of COVID-19 infection. The COVID-19 epidemic is in an understandable format in Braille or sign language. According to the Guidelines, in the prisons of the Administration, supervisors ensure that prisoners maintain a distance of two meters, sanitizers are available in all common areas, face masks are used by officials, staff and medical staff in contact with prisoners, in accordance with the recommendations of the Center for Disease Prevention and Control of Latvia. The number of prisoners is decreasing every year. There is no overcrowding in prisons, prisoners are placed in multiple-person cells. As already mentioned, an Action Plan has been developed in each of the prisons in case of a COVID-19 outbreak, and Olaine Prison (the Latvian Prison Hospital) is also ready to receive COVID-19 infected patients (prisoners). The 4th floor of the hospital has been completely vacated, 30 beds have been prepared for the reception of patients, of which 25 patients can be placed in wards, 5 - in intensive care wards. All 30 patients can be provided with medical oxygen for respiration, 3 patients can be provided with artificial lung ventilation. The hospital is provided with oxygen, necessary medical supplies and protective equipment. Visits to the imprisonment place for third parties are restricted, except for the provision of the basic functions of the Administration. Prisoners’ meetings with relatives or other persons in person are restricted. In contrast, additional telephone and video calls are allowed. Meetings with a lawyer are provided through a glass wall using a telephone handset. Similarly, meetings are held with the employees of the State Probation Service, when it is necessary to prepare an Evaluation Report for the court in case the convict claims for the conditional early release. Currently, there is no escorting of prisoners at the request of the processors, including for court hearings, as far as possible, court hearings are organized in videoconference mode. The transfer of prisoners between imprisonment places has been suspended, except for the transfer of prisoners to the Latvian Prison Hospital in Olaine Prison and the commencement of the sentence execution of convicts.

**Estonia**

Samples to the National Laboratory for analysis. Such cooperation proved to be very effective and enabled to execute a well-planned testing strategy in prisons.

Estonian prisoners continued their general-, vocational and additional educational programmes distantly—less interruption to everyday life and studies. Prisoners were provided extra TV channels, newspapers and journals. Also, different connections (e.g. virtual conferencing systems were overloaded), but the problems were fixed within a week.

B) prisoners: Timely restrictions of movement inside the prisons and physical communications with the outside society; prisons and physical communications with the outside society; Clear, strict and adequate hygiene requirements, together with necessary equipment (PPE and disinfection products) are least successful—Temporary poor-quality ICT, Distributing iPads to prisoners so they can have contact with family have been a success. A key issue for staff wellbeing is to have sufficient protective gear and management support. So far it is hard to tell what has been least successful.

**Norway**

The inmates are less in contact with other inmates than before, visits are cancelled and so on. We have so far no indications that the measures taken to prevent Covid 19 in our prisons have led to more drug use (less drugs in prisons right now) or that the climate between staff and inmates have worsened. Some inmates have stated that less human contact have worsened their mental health, which is natural under these circumstances.

Prisons in Norway have limited and we monitored the situation daily, so that in case of need, we could react and prevent the situation from escalating. There has been no noticeable increase in the above listed prison safety or prisoner wellbeing issues. Estonian prisons continued their general-, vocational and additional educational programmes distantly—as all other students in Estonia. Prisoners were provided extra TV channels, newspapers and journals. Also, different games (chess, domino, logic games, board games), sudokus, crosswords, mandalas, drawing materials, stationery and simple guidance materials for yoga and physical exercises.

**Romania**

In order to deal with COVID-19, the Romanian penitentiary system has taken some temporary measures like temporary suspending some rights (for example: visits, permissions for leaving the penitentiary, limiting transfers between penitentiaries, limiting activities, stopping work activities outside of the detention place) or supplementing some rights (for example: increasing the number and length of phone calls, supplementing on-line communications and so on). Taking this measures did not affect the wellbeing of inmates or the penitentiaries safety because we have a constant connections between staff and inmates, based on empathy and mutual understanding.

**Austria**

With regard to regime changes in Austrian prisons please see: https://iccpa.org/wp-content/uploads/2020/03/Austrian_Prison_Service.pdf. There has been no ascertained increase in the prison safety or prisoner wellbeing issues enumerated in your question, such as an increase in self-harm, violence, drug use or mental health problems among inmates. There is no indication so far that the health and safety measures taken by the Austrian Prison Administration in managing COVID-19 in our prisons have had any negative effects on the known good relationships between staff and inmates.

**Lithuania**

The first restrictions were introduced on 28 February 2020. The Lithuanian Prison Department considers all the measures implemented to be positive, safe and in due time to prevent COVID-19 in prisons (no cases of infection inside prisons).

**Latvia**

All previously established restrictions were introduced to prevent the spread of COVID-19 in prisons without causing inhuman or degrading treatment to prisoners. The main aim of the activities was to protect the health and safety of prisoners as much as possible, without forgetting the prison staff.

**Sweden**

No visits and no leaves from prison are likely the decisions that have contributed to limiting the spread of Covid-19 in the prisons and remot prisinos to the largest extent. a) Continuous information to staff regarding Covid-19, measures taken and why. b) Compensatory measures to ensure contact with families as well as good relations between staff and inmates, focus on dynamic security.

**Estonia**

a) staff: most successful – 5 day shifts for prison wards (12 shifts working and not leaving prison territory for rest periods); Randomised C-19 testing to detect asymmetric spread of the virus; Timely restrictions of movement inside the prisons and physical communications with the outside society; Clear, strict and adequate hygiene requirements, together with necessary equipment (PPE and disinfection products) least successful – Temporary poor-quality ICT
connections (e.g. virtual conferencing systems were overloaded), but the problems were fixed within a week. b) prisoners: Timely restrictions of movement inside the prisons and physical communications with the outside society; Estonian prisoners continued their general, vocational and additional educational programmes distantly – less interruption to everyday life and studies. Prisoners were provided extra TV channels, newspapers and journals. Also, different games (chess, domino, logic games, board games), sudokus, crosswords, mandalas, drawing materials, stationery and simple guidance materials for yoga and physical exercises. Prison medical department performs C-19 tests and sends the samples to the National Laboratory for analysis. Such cooperation proved to be very effective and enabled to execute a well-planned testing strategy in prisons.

Romania
Even though it is really hard to say which one of the measures was the most effective, we appreciate that efficient communication between staff and inmates, keeping risks under control, the availability of information, and explaining why some measures when they are taken.

Austria
All health and safety measures implemented by the Austrian Prison Administration so far are from today’s perspective equally considered necessary, useful, sufficient and timely to prevent and combat COVID-19 successfully. It is almost impossible to identify approaches to be the most or least successful ones. A key issue for staff wellbeing is certainly to keep staff continuously informed, to give them full management support and provide them with the necessary hygiene and protective equipment. With regard to the inmates and the many restrictions from which they suffer, internal measures and benefits ensure the necessary atmospheric balance.

What are your plans for how you ease restrictions and move your prison into a programme of recovery?

Sweden
The Swedish Prison and Probation Service is still in the very early planning phase for the situation after Covid-19. However, the cessation of special measures related to the Covid-19 virus will happen gradually, and in line with national health policies.

Lithuania
The Lithuanian Prison Department is planning to gradually ease the restrictions but the final decision on the schedule has not been taken yet. Top priorities shall be the renewal of contactless family visits, resocialization programs and sports activities.

Latvia
Depending on the situation, the restrictions are being reviewed and reduced, for example, the ban on the implementation of resocialisation programmes has now been cancelled, provided that mutual distance with up to 25 participants can be respected. The processing of identity documents has been renewed.

Norway
We start by making room for more prisoners, we start to ease up on family visits. In our half-way houses the prisoners have started to go back to work on the outside. Necessary escorted leaves is possible again.

Catalonia
The Spanish government is implementing a phased approach to ease the lockdown which includes 5 stages. Every stage allows to lift a set of the restrictions imposed since 14 march when the state of alarm was declared for the first time.

Estonia
Estonian Prison Service plans the opening process of prisons to be gradual: in the first phases restrictions concerning movements inside prisons and physical communications with the outside world. In what follows some of the measures applicable to prisons on the 3 first stages are described.

In what follows some of the measures applicable to prisons on the 3 first stages are described. Prisons in a health care region still on stage 0 the following will be resumed:

- Extraordinary prison leaves (hospital visits to relatives in a serious condition, births, funerals)
- Gyms, using towels and gloves, disinfection after every session
- Hairdressing salons, only by appointment, one inmate at the time, wearing face masks
- Family visits on stage 1: family visits on a glass partition room complying with health safety standards: visitors’ temperature will be measured upon arrival at the prison premises, 2 meters distance, visitors must wear face masks and gloves, disinfection of the visiting room will be done after every visit
- Intake of parcels for inmates
- Transfers of inmates among prisons within Catalonia without placing them in quarantine
- In-person support service to families of inmates

On stage 2 the following will be resumed:

- Family visits and conjugal visits on regular rooms (without glass partition)
- Activities carried out by volunteers, religious representatives and community agencies inside the prisons
- Activities in indoor sports courts and pitches
- All kinds of regular and scheduled prison leaves
- Regular activity in prison swimming pools and libraries
- New arrivals of inmates without quarantine.

Estonia
Estonian Prison Service plans the opening process of prisons to be gradual: in the first phases restrictions concerning movements inside prisons and individual activities will be eased, and in subsequent phases movements between prisons and the outside world. The lifting of measures in Estonian prisons will also follow the stages according to the stage reached by the health care region where each prison is located. Nevertheless, depending on how the number of positive cases among inmates and staff evolves, health authorities might decide that a given prison cannot move on to the stage of its health care region. Currently, massive PCR testing is being conducted among prison staff. By now (20/05/20), some prisons are on stage 1 and others on stage 2.

Romania
As in easing restrictions, we are trying to gradually restart the suspended activities taking in consideration the national regulations. We have already started some activities that were suspended and we have adapted to the new regulations in the epidemiological evolution. We are now allowing visits and conjugal visits, but only by respecting some additional measures for prevention and protection (in spaces designed for visit there are dispensers with disinfectant, after each visit the spaces are disinfected, epidemiological triage and Covid-19 questionnaire). Permissions for leaving the penitentiaries and transfers between penitentiaries are to be gradually started while respecting the prevention and protection measures.

Austria
The Austrian Prison Administration implemented a restart plan to ease the lockdown step by step, whereby timeline of the exit strategy is taking into consideration the easing measures taken by the federal government and the development of epidemic in society overall. The APS started from April 27th to ease up on family visits (in a glass partition room complying with health safety standards). As of June 1st, many areas will be back in normal operation (special
forms of prison leaves, transfers of inmates, workshops, canteen, etc. while retaining the special health and safety measures.

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Sweden
Not applicable. The SPPS have stricter measures than the general society in Sweden, comparable to nursing homes etc.

Lithuania
The amendments to the Penal Sanctions Enforcement Code of the Republic of Lithuania were initiated as a result of COVID-19. Provided the amendments are approved the Director General of the Prison Department will be delegated the powers to restrict the inmates’ rights in case of the national emergency.

Latvia
To use more technologies for the remote organization of meetings, sessions etc. as much as possible. Thus, optimizing the work.

Norway
Not yet decided upon

Estonia
It is too early to answer how the prison system will change as a consequence of the pandemic.

Romania
As in the change from the emergency state to the alert state we would like to mention that this represents the premises for returning to the initial state in which we were before of Covid-19.

Austria
Because of the gradual transition plan of the Austrian Prison Administration restrictions are lifted step by step which enables a largely trouble-free, smooth transition to the normal order in prison.

Are there any changes you have made as a result of COVID-19 that you intend to implement permanently? Why

Romania
We have not identified measures that can be permanently applied. All the measures that we have taken were only took to prevent the spreading of COVID-19 in the penitentiary environment.

It is too early to decide about possible permanent changes as a consequence of the pandemic. Currently the (temporary) maintenance of teleworking in the administrative area is planned.

Sweden
Restrictions in prisons are lifted gradually and so far, this has allowed a smooth transition to the normal order in prisons.

Norway
The challenging issue is how to an when to ease up on restrictions. The prisoners and their families see the development in the news and want the prisons to ease down quickly. We still need to take precautions while we are easing our restrictions.

Estonia
We have not identified measures that can be permanently applied. All the measures that we have taken were only took to prevent the spreading of COVID-19 in the penitentiary environment.

Romania
As in the change from the emergency state to the alert state we would like to mention that this represents the premises for returning to the initial state in which we were before of Covid-19.

How have things in your prisons changed as wider public lockdown restrictions are lifted? What’s worked to manage or respond to that change?

Sweden
As in easing restrictions, we are trying to gradually restart the suspended activities taking in consideration the national regulations. We have already started some activities that were suspended and we have adapted to the new regulations in the epidemiological evolution. We are now allowing visits and conjugal visits, but only by respecting some additional measures for prevention and protection (in spaces designed for visit there are dispensers with disinfectant, after each visit the spaces are disinfected, epidemiological triage and Covid-19 questionnaire). Permissions for leaving the penitentiaries and transfers between penitentiaries are to be gradually started while respecting the prevention and protection measures.

Lithuania
The public opinion on the cancellation of restrictions on movement and gathering is quite positive. Prisoners and their relatives are also waiting for the cancellation of face-to-face meetings.

Latvia
The prisons received more requests for family visits that are still not allowed.

Norway
Nothing has changed so far. The challenging issue is how to an when to ease up on restrictions. The prisoners and their families see the development in the news and want the prisons to ease down quickly. We still need to take precautions while we are easing our restrictions.

Estonia
Restrictions in prisons are lifted gradually and so far, this has allowed a smooth transition to the normal order in prisons.

Romania
As in the change from the emergency state to the alert state we would like to mention that this represents the premises for returning to the initial state in which we were before of Covid-19.

Austria
As in the change from the emergency state to the alert state we would like to mention that this represents the premises for returning to the initial state in which we were before of Covid-19.

Have you used already or did you introduce now remote health consultation?

Poland
In Polish prisons during the time of epidemic were introduced remote health consultations

Latvia
The Latvian Prison Administration has not introduced the remote health consultations. Doctors and other medical personnel are available on site at each prison.

Estonia
In every Estonian prison telemedicine video conferencing was available already before C-19 situation and will be used in the future. Also, every prison has a Medical Department and health consultations are usually delivered in-person, but in case there is a need for a medical specialist who is located in another prison, or outside hospital – the consultation can take place via video conferencing.

Lithuania
In Lithuania medical professionals provide remote health consultations, general practitioners/family physicians provide both remote and physical consultations. A general practitioner is free to decide whether he/she needs physical examination of a patient or not. For example, provided a patient ill with a chronic disease addresses a general practitioner to continue medical treatment and indicates no health changes, a general practitioner may continue the medical treatment without a patient’s medical examination. This way the physical contacts are limited. Remote health consultations: at the appointed time, the general practitioner or the general practitioner together with the patient contacts the counsellor/medical professional. The general practitioner explains the situation, provides his/her observations and answers the medical professional’s questions. Provided the situation is clear to the medical professional he/she provides his/her recommendations to the general practitioner for the medical treatment and medical tests to be taken. Later on he/she provides a written conclusion of the remote medical consultation. In case a medical professional needs to examine a patient or wants to make a medical test him/herself, he/she asks for that patient to be directed to him/her. Challenges: remote medical consultations are possible via telephone only. Medical doctors are not sufficiently provided with technologies therefore they are not able to use teleconsultations.

Northern Ireland
Web cams have been implemented in all three Northern Ireland prison establishment healthcare suites and all GP consultations are being done using this remote method. There has been a small number of remote consultations with hospitals and this is something that we want to explore further with our healthcare partners.