



COVID-19  
Feedback Collection  
22 May 2020



Supported by the Justice  
Programme of the European Union

	Infected Prisoner	Staff	Isolated / quarantine Prisoner	Staff	Dead Prisoner	Staff	
Slovenia	2	1	28	14			
Poland	2*	6	59	52			*pre-trial detainees that came to prison with COVID-19 infection
Slovakia	0	0	4	8			
Belgium	14	61*	50**				*25 of the 61 are recovered and back at work; **on average 50 per day in quarantine
Czech Republic	1*	11**	3	8			*in pre-trial detention prison hospital; ** 10 of them recovered
Israel	1	1*	24	45			*6 staff members recovered
Spain	40*	62**	285	267	2	4	*80 total, 15 already recovered; ** 269 total, 206 already recovered
Catalonia	1*	60**					*60 already recovered; **32 already recovered, total of 92
Sweden	52*	**	20-30	0			*out of them 17 recovered from COVID-19 ** on sick leave for positive Covid-19, symptoms, and other illnesses (7% prison&probation)
Italy	132*	192**			1	2	* 2 of them are hospitalized; **184 of them penitentiary police / 8 administrative staff; 11 hospitalised
Austria*	0	7**	43	250			*tested negative staff 91 and inmates 42 **6 recovered
Norway	9*	10		69			*6 from prison, 3 from probation – 1 of the three is recovered
Netherlands	20*				1		*14 in prisons, of which 10 are recovered, 1 deceased and 1 released from prison; 6 in forensic care of which 5 are recovered
Hungary	0	1*	0	1*			*1 infected staff member that is in quarantine
Finland	0	0*	6	1			*5 already recovered
Lithuania	0	0	0	0			
Georgia	0	0	0	0			
Latvia	0	0	0	0			
Luxembourg	1	0	2*	0			*prisoners quarantined upon their arrival are not calculated. Every new detainee stays in isolation for 7 days before being transferred to regular sections.
Malta*	0	0	0	0			
Bulgaria	1*	0	0	0			*pre-trial detainee that went directly from court to civil hospital
Romania	0	9					
Estonia	0	2*	some	some			*1 of the two is recovered and back t work
Denmark	0*	0					*1 prisoner is recovered
Moldova	1	7	9	28	0	0	
Croatia	0	2*	138**	27	0	0	*one staff member was quarantined immediately after returning from travelling abroad and has been on sick-leave since then (never entered a prison), **all newly admitted prisoners are isolated for reasons of precaution
France	35	51	127	312	1	1	
Portugal	0	7					
Ireland	0*	45**	27***				*6 awaiting testing **another 30 awaiting testing ***288 cleared from isolation

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	<p><b>Regime changes (a selection):</b> 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.</p> <p><b>Impact on prisoners:</b> 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.</p>
Spain	<p>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.</p>
Lithuania	<p>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,</p>

Latvia	<p>on the other hand the regime changes are in place for 3 months only which is too short a period to see the outcomes.</p> <p>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 prison Medical department and the inpatient health care – by the Olaine Prison (the Latvian Prison Hospital). In prisons, a prisoner informs the Medical department doctors 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, are isolated and their health 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 behavior during a pandemic of COVID-19 infection in order to protect themselves from COVID-19 infection. The text is in an understandable format, but not in all places of imprisonment 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, disinfectants 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-people 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 provided. 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. Resocialisation measures for prisoners are implemented as far as possible, only individually</p>
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.
Estonia	For the regime changes in Estonian prisons, please see: <a href="https://icpa.org/wp-content/uploads/2020/03/Estonia_Estonian_Prison_Service.pdf">https://icpa.org/wp-content/uploads/2020/03/Estonia_Estonian_Prison_Service.pdf</a> In Estonia 28% of prisoners live in single-occupancy cells, all other prisoners live in double-occupancy cells (there are no cells for more than two people in Estonian prisons). Prisons did not notice security concerns or incidents related to Covid-19 or measures taken to curb the spread of the virus. The movement of prisoners was 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 prisoners 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 places) 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: <a href="https://icpa.org/wp-content/uploads/2020/03/Austrian_Prison_Service.pdf">https://icpa.org/wp-content/uploads/2020/03/Austrian_Prison_Service.pdf</a> . There has been no ascertainable 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.
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**Overall, which approach/es do you think have been the most and least successful in managing Covid-19 in prisons and/or for supporting a) staff and b) prisoners and why?**

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 remand prisons 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.
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.
Norway	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.
Estonia	a) staff: most successful – 5 day shifts for prison wards (12h 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

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#### 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. The transition throughout the stages is taking place unevenly across the country because it depends on how well a given health care administrative region (health services areas in which every autonomous community is divided into) scores on different aspects (degree of preparedness of its health establishments for a new outbreak, infection rates in that very region amongst other). The lifting of measures in Catalan prisons and juvenile justice centres will also be done by stages in accordance with 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 0 and others on stage 1.

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:

- Prison leaves to which inmates that have been granted art.100.2 and 3rd grade are entitled
- 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 facemasks

On stage 1 the following will be resumed:

- 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 facemasks 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

On stage 3 the following will be resumed:

- 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. Timeline of the exit strategy will take into consideration the development of epidemic in society overall.

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 (on a glass partition room complying with health safety standards). As of June 1st, many areas will be back in normal operation (special

Romania forms of prison leaves, transfers of inmates, workshops, canteen, etc.) while retaining the special health and safety measures.  
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**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 Not applicable. The SPPS have stricter measures than the general society in Sweden, comparable to nursing homes etc.  
 Lithuania The prisons received more requests for family visits that are still not allowed.  
 Latvia 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.  
 Norway Nothing has changed so far. The challenging issue is how 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 cautions 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 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.  
 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.

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

Sweden It is too early to answer how the prison system will change as a consequence of the pandemic.  
 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. What we already have implemented, is that we will always have 3-month supply of personal protection equipment for every prison. Also, we are ready to implement the same procedures and regulations used in the Covid-19 situation, in similar future cases.  
 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.  
 Austria 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.  
 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.

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

Poland In Polish prisons during the time of epidemia 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.