<table>
<thead>
<tr>
<th>Country</th>
<th>Infected Prisoner</th>
<th>Infected Staff</th>
<th>Isolated / quarantine Prisoner</th>
<th>Isolated / quarantine Staff</th>
<th>Dead Prisoner</th>
<th>Dead Staff</th>
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<td>47**</td>
<td>15***</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*1 positive tested prisoner has recovered
**25 of the 61 are recovered and back at work
***on average 50 per day in quarantine
*1 in pre-trial detention prison hospital
**11 recovered
6 all recovered
83 total, 15 already recovered; 278 total, 2 already recovered
60 already recovered; 32 already recovered, total of 92
107 recovered fully
2 of them are hospitalized; 184 of them penitentiary police / administrative staff; 11 hospitalised
481 inmates tested negative until now
9 prisoners have recovered; 10 staff members have recovered
14 in prisons, of which 11 are recovered, 1 deceased and 1 released from prison; 6 in forensic care of which 5 are recovered
1 infected staff member that is in quarantine
5 already recovered
prisoners quarantined upon their arrival are not calculated. Every new detainee stays in isolation for 7 days before being transferred to regular sections.
1 prison is recovered
one staff member was quarantined immediately after returning from travelling abroad and has been on sick leave since then (never entered a prison). Newly admitted prisoners are isolated for reasons of precaution
10 awaiting testing (results); 337 cleared from isolation

Have you introduced technology as a replacement for rub down searches. If yes, what technology? How effective it is estimated to be? Could this become a replacement for close searching in the longer term?

Estonia: Estonian Prison Service has not replaced rub down searches.
Netherlands: No technology is introduced to replace rub-down searches.

Have you begun to lift COVID-19 restrictions? What impact has this had on the illicit economy / conveyance?

Estonia: All prisons in Estonia have resumed normal operations, while following hygiene and disinfection requirements, also social distancing when possible.
Netherlands: The Netherlands has begun to lift COVID-19 restrictions, no general statement can be made about the impact on the illicit economy / conveyance.

Have you seen an increase in staff corruption cases since lockdown?

Estonia: Lockdown has not increased staff corruption.
Netherlands: No general statement can be made about staff corruption.
How do you deal with multi-person cells?

Spain
We avoid the multi person cells. The number of inmates has decreased and we try to follow the philosophy of one inmate one cell.

Estonia
The cell-structure in Finnish prisons is concentrated mainly on single cells and two-person cells. Therefore, making the necessary arrangements for quarantine cases has not caused major difficulties.

Czech Republic
If one of the inmates shows symptoms of being infected both are tested and quarantined though separately from each other if the other seems healthy.

Sweden
If one of the inmates is showing symptoms both are tested and quarantined. There are no other cases of infection in the prison.

Austria
If an inmate shows symptoms the cell is isolated.

Scotland
In order to further reduce the risk of COVID-19 spread, SPS is actively seeking to provide single cell accommodation to everyone in our care. Currently around 85-90% of the Scottish prison population reside in a single cell. It is hoped that efforts to ensure a greater proportion of the prison population reside in single cell accommodation will be assisted by the implementation of Early Release legislation and greater provision of Home Detention Curfew (HDC). While it is clearly not possible to maintain a social distance within a shared cell, Health Protection Scotland’s interpretation is that a prison cell is considered a “household”. Further, SPS is not, at this time, transferring people in our care between areas of prison, unless absolutely necessary in order to limit the risk of any further cross contamination or introduction of COVID-19 to a new area. If an individual sharing a cell shows symptoms of Covid-19 they would be transferred to a single cell to isolate, as would the other occupant of that cell.

France
Only remand homes are affected by multi-person cells. The decreasing of overcrowding in these facilities had a big impact on the number of person/cell and helped to limit the spread of the virus in detention.

Netherlands
No measures are taken to temporarily increase prison capacity.

How have you dealt with multi-person cells?

Estonia
There has been no need to increase prison capacity, as Estonian prison density per 100 places is 77.5 (SPACE, 2019).

Sweden
In Sweden 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. Average number of inmates per one cell is 1.5 (SPACE, 2019).

Notes

**What is the estimated average spend (per person) on the management of individuals, in custody or under licence, that present a risk or vulnerability relating to extremism and radicalisation?**

**Have you taken any measures to temporarily increase prison capacity due to COVID e.g. temporary accommodation? What security threats have these measures created and how have they been dealt with?**

**How do you deal with multi-person cells?**
What is your test policy?

**Netherlands**
Detainees are placed in a one-person cell for two weeks and will then be guided to a regular department where multi-person cells can be involved.

**What is your test policy?**

**Spain**
- We are priority sector to be tested when a officer has some Covid symptoms.

**Finland**
- All prisoners who have symptoms of COVID-19 are tested. The test are carried out in the public health care system. The prisoner is transported to the testing point by the staff with a prison car. Tests are taken at the public test sites of each hospital district.

**Estonia**
- All people entering a prison are checked with a no-touch thermometer and for other possible symptoms of virus. All prisoners and staff members showing even the mildest symptoms are tested. In case, C-19 infection is tested positive, other staff members and prisoners who have been in contact with the infected person, will also be tested, and re-tested when necessary.

**Sweden**
- All staff who show signs of infections are given the opportunity to be tested. It is being implemented as of this moment in cooperation with the Swedish equivalent of the CDC.

**Czech Republic**
- We provide tests for all individuals (staff members and inmates) who have been in contact with someone tested positive. After each positive test, all people who have been in contact with the person are identified and tested. Due to a very low number of positive cases it has not been a complicated issue. Everyone potentially infected was placed in isolation (inmates) or quarantine (staff members).

**France**
- There is an instruction from the Minister of Health and the Interior on April 9, relating to the deployment of new screening test capacities which identifies prison staff and detainees among the priority populations while positioning the prefects, in conjunction with the regional agencies of health, on the preparation and support for the deployment of tests. The governor of the prison has to inform the health authorities of any suspicious case in the staff or in the detainees.

**Austria**
- Basically, the decision on testing lies with the health authorities. However, a recently purchased medical device enables rapid tests for inmates and staff and collective testing in prisons by the prison authorities.

**Scotland**
- If anyone in custody is displaying or develops signs of COVID-19, they must be referred to an NHS Healthcare Professional immediately. An NHS Healthcare Professional must assess the individual and determine if they require to be isolated.

**Italy**
- In accordance with the Local Health Authorities has been installed tense structures at the entries of penal institutions to carry out the necessary sanitary procedures (pre-triage). Thermo-scaner procedure is carried out to all the people who have access to the facilities (including employees). The swab test is performed to subjects who present symptoms related to pandemic infection. There is arrangement of dispensers of disinfectant solutions at the entrance of each wing. The penitentiary staff wears personal protection equipment (PPE: surgical masks, gloves and FF2P visors). In compliance with the directives of the Ministry of Health and in regional connection with the Local Health Authorities, serological tests are carried out on the penitentiary staff for the purpose of the epidemiological inquiry.

**Poland**
- The tests are made according to the indications of the Sanitary Agency.

**Slovakia**
- We test in case of symptoms. Prison staff does not ensure taking samples, we carry out escorts of inmates to hospitals (infectious clinic) in order to get them tested or we use a Mobile testing unit for testing. In case of inmates from abroad, it is necessary to ensure taking samples for the COVID-19 test (from 6th to 11th day after their arrival).

**Norway**
- If inmates are showing symptoms of Covid-19, they are tested. Over the last month this has become easier as test capacity in the municipalities has improved.

**Israel**
- Israel prison service has been recognized by the Ministry of Health the 3rd important organization in the country to get and perform test. We perform random tests to inmates and staff in all of our facilities. In case of staff or inmates who has symptoms we immediately test them. Before accepting new detainees from the police we ask the police to make sure they have been tested for the virus.

**Lithuania**
- The tests are made to all newly accepted inmates. Inmates showing symptoms are also tested. All prison staff were tested for COVID-19.

**Catalonia**
- Prisoners can receive high quality health care at any time of the day. During the working hours of the medical treatment institutions of 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 or in exceptional cases, informing the prisoner about the possibility to be isolated. 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.

**Latvia**
- When the health crisis started, PCR diagnostic tests were carried in inmates with symptoms compatible with Covid-19 and those who had been in close contact with inmates that had tested positive. Recently, the prison system (together with other population groups), has been included in the Orufe Programme, which is the Government of Catalonia’s mass coronavirus screening service. As a result, PCR tests are being conducted in all prison staff (total of 4.593 members of the staff) and all inmates (total of 7.894 including sentenced and on remand inmates). Although final results are not yet available due to the time required to process such number of samples, this testing policy brings to the surface a relevant number of asymptomatic Covid-19 positive cases.

**England & Wales**
- **Prisoner Testing:** There is currently work ongoing to introduce prisoner testing into HMPPS. It is expected that this will support the cohorting strategy, and be included in the discharge process from protective isolation back into general population. Prisoners leaving establishments to attend outside work are deemed to be at an increased risk of contracting the virus, and therefore is deemed advantageous to have systems in place to refer individuals for a healthcare assessment if they show signs of symptoms. Whilst HMPPS does not have a blanket policy to thermomeric check prisoners on admission, they may be made up of a Healthcare assessment. **Staff Testing:** All HMPPS staff or members of their immediate household with COVID-19 symptoms are eligible for priority testing as an essential worker. A detailed guidance document is issued which outlines how staff testing will work and what is expected of all HMPPS staff. Tests can be booked online or staff can book through their operational manager who will provide their contact details to HR Hubs, who will then contact them and book them a test. HMPPS staff are required to follow NHS guidelines surrounding testing. This means that individuals should self-isolate until they receive their test result. This test result will state whether the individual is either positive or negative for COVID-19. If the test result comes back negative, and do so the test results of everyone else in the household, the member of staff can return to work immediately as long as they are well enough and have not had a fever for 48 hours. If the test comes back positive, the test result of someone else in the household comes back positive, the staff member should continue to self-isolate. If the test result comes back positive, the staff member should continue to self-isolate for at least 7 days from when the symptoms started.

**Netherlands**
- With regards to testing, the guidelines of the National Institute for Public Health and the Environment are followed. As of the first of June anyone with symptoms related to the COVID-19 infection can call the Regional Health Service for a consultation. In the absence of symptoms related to COVID-19, the Regional Health Service can refer the patient to a Regional Health Service. Patients who have been in contact with a patient who has been tested positive can call the Regional Health Service for an appointment at a test screening point. The Regional Health Service can also refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test. If symptoms develop, the Regional Health Service can refer the patient to the Regional Health Service for a test.
**What is done with home leaves?**

**Spain**

We have started with leaves. After them, inmates have a 14 days quarantine.

**Netherlands**

Prisons: As of the second of June incidental leave is allowed in exceptional situations, such as attending a funeral of a family member. Forensic psychiatry and juvenile institutions: Leave is an essential part of the treatment in FPC’s and in correctional institutions for juvenile offenders. As of the second of June individuals in TBS clinics and juveniles in correctional institutions are therefore allowed to go on supervised leave once a week for a maximum of two hours, if this is part of their treatment plan and this is in the interest of their reintegration. A leave authorization is required for this leave. With supervised leave, the supervisor can identify whether and how the offender follows the guidelines provided by the National Institute for Public Health and the Environment (RIVM). If necessary, individuals can be quarantined if they have not followed the guidelines.

**Finland**

Decision about starting to allow home leaves will be made in mid-June.

---

**Does your prison staff wear face masks?**

**Spain**

Face masks are used when the staff is working with prisoners who have symptoms of acute respiratory infection (fever, cough and/or dyspnoea) or when taking an intoxicant test. According to the instructions, when working with asymptomatic prisoners and staff, it is not necessary to use protective equipment.

**Estonia**

There have been no infected prisoners in Estonia, therefore at the moment staff is advised (but not required) to wear a face mask – especially when in contact with people who don’t work in prison full time, also when escorting a prisoner outside the prison (e.g. to the hospital). Personal Protective Equipment is definitely required when a prisoner shows suspected infection or infection is detected; also in the isolation and quarantine units.

**Scotland**

In line with Health Protection Scotland the table below details what PPE must be worn depending on the task being carried out.

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<tr>
<th>TASK</th>
<th>GLOVES</th>
<th>MASK</th>
<th>SLEEVELESS APRON</th>
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<td>Contact with suspected/confirmed case (no symptoms)</td>
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<td>Handling prisoner’s property</td>
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</tbody>
</table>

**Italy**

The penitentiary staff wears personal protective equipment (PPE: surgical mask, gloves and FFP2 visor).

**Poland**

Prison staff which has a direct contact with the inmates is wearing face masks.

**Slovakia**

Wearing face masks by prison staff is compulsory wearing of masks or other protective equipment.

**Norway**

Only when they are in an environment with suspected infected inmates or inmates that have tested positive.

**Israel**

The instruction of the Ministry of Health in Israel is to wear masks everywhere in public. Our staff is obligated to wear mask and use gloves and sanitary precaution all the time. The inmates are obligated to wear masks everywhere at the public areas and outside of their cells. They are not obligated to wear masks in their cells.

**Lithuania**

All prison officers and staff, as well as medical staff, wear face masks.

**Catalonia**

All prison staff directly interacting with inmates, wear masks. When interacting with a suspected or a confirmed case, they will also wear gloves, protection glasses or the full PPE.

**Latvia**

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.

**England & Wales**

In line with Government guidelines, HMPPS policy currently does not require that staff wear face coverings or face masks in their day to day duties. A number of Safe Operating Procedures (SOPs) have been produced by the HMPPS Health and Safety team to instruct staff on when they should don PPE such as face masks, gloves and aprons, along with instructions on how to do this safely. This includes instructions and guidance for staff working on isolation units, who may come into contact with prisoners who are suspected/confirmed to be COVID-19 positive.

**Netherlands**

Surgical masks and other protective equipment (gloves, aprons and safety glasses) are used when in contact with (suspected) COVID-19 cases. Furthermore, employees who cannot prevent physical contact when searching and visiting a new arrival, wear a surgical mask and gloves.

---

**Decision about starting to allow home leaves will be made in mid-June.**

---

**England & Wales**

Yes. We generalized the wearing of the mask to all agents in contact with detainees, whether or not they are sick. 4 protective masks are given to each agent, allowing the use of a mask every 4 hours, regardless of the agent’s service life.

**Latvia**

In line with Government guidelines, HMPPS policy currently does not require that staff wear face coverings or face masks in their day to day duties. A number of Safe Operating Procedures (SOPs) have been produced by the HMPPS Health and Safety team to instruct staff on when they should don PPE such as face masks, gloves and aprons, along with instructions on how to do this safely. This includes instructions and guidance for staff working on isolation units, who may come into contact with prisoners who are suspected/confirmed to be COVID-19 positive.

**Catalonia**

Staff members wear face masks in all areas of prison, particularly when in contact with inmates.

---

**Finland**

It is compulsory to wear masks.

**Netherlands**

Yes. We generalized the wearing of the face mask to all agents in contact with detainees, whether or not they are sick. 4 protective masks are given to each agent, allowing the use of a mask every 4 hours, regardless of the agent’s service life.

**Czech Republic**

Yes. We generalized the wearing of the mask to all agents in contact with detainees, whether or not they are sick. 4 protective masks are given to each agent, allowing the use of a mask every 4 hours, regardless of the agent’s service life.

**Sweden**

Yes in some cases, they wear visors when dealing with high risk clients to minimize the risk that staff infect these inmates.

**Catalonia**

All prison staff directly interacting with inmates, wear masks. When interacting with a suspected or a confirmed case, they will also wear gloves, protection glasses or the full PPE.

**Poland**

Prison staff which has a direct contact with the inmates is wearing face masks.
Estonia
Home leave is an inmate benefit approved by the prison governor. Currently the home leaves are suspended upon recommendation of the prison service management.

Czech Republic
Home leave is not an inmate benefit approved by the prison governor. The home leaves are not imposed until the end of the sentence for remaining less than 2 months and exceptional additional sentence reductions for remaining 2 to 6 months in particular. The implementation of this ordinance strongly mobilizes, as you imagine, the prison service.

France
Home leaves are allowed. But they may present a risk to the health security of detentions; also, the opinions which the SPIP will have to formulate on requests for home leaves will take into account in particular the situation, in the green or orange zone, of the place of the permission to go out. Prior notice is given in particular to requests linked to major events, particularly family events. As a reminder, the holders are given a protective mask by the establishment upon their exit. Upon their return from home leaves, the detainee is directed to the arriving area or to a dedicated unit for a period of 14 days since this person may not have respected the barrier gestures when he was outside.

Austria
Home leaves are generally not permitted until June 30th. However, the Directorate-General approves exceptions in individual cases for non-deferrable, non-substitutable personal matters or to prepare for release. After returning from such leaves, the inmates must be accommodated separately from others in all areas for 14 days.

Scotland
There are no home leaves at present. Scotland faced with a gradual decrease in the prison population, but no extraordinary measures were undertaken. Scotland released some prisoners early and diverted some in the community.

Italy
Until 30 June 2020, with Law Decree nr. 18 of March the 17th 2020, the Italian Government has suspended the prison leaves for detainees. It has suspended the entrances of non-detained persons and also the re-entry of detainees in a semi-liberty regime, with the aim of limiting the chances of contagion.

Poland
At the moment the leaves are suspended. We don’t know when they will be restored.

Slovakia
As of 1 June 2020, prison governors can again allow walks outside prison and home leaves for prisoners.

Norway
The Correctional services has the last 3 weeks opened up for some unescorted leaves. The Directorate has lifted the bar for granting leaves because of Covid-19, so its only a few leaves that are granted at the moment.

Israel
As of now the home leaves are still suspended by the state emergency regulation. In case of emergency such as funeral from immediate family etc. the inmate has to submit a request to go out and it will be discussed. We did not have any request yet.

Lithuania
The leaves are suspended until the lockdown is lifted on 16 June (official).

Catalonia
Home leaves were suspended as of the start of the health crisis and have been resumed in those prisons located in health regions that have reached stage 3.

Latvia
According with the Order dated 9 June 2020 of the Latvian Prison Administration, as from 12 June 2020 inmates may leave the territory of an open prison in connection with employment (with the prior acceptance of the employer) and inmates serving a sentence in an open prison, in Cesis Correctional Institution for Juveniles, partly-closed prison sentences to the highest level, may leave the prison territory for a short-term (also in the framework of allocated incentives) from 10 July 2020.

England & Wales
Home leave is managed by HMPPS as part of ROTL (Release of Temporary Licence). In line with Government guidance surrounding COVID-19, on 24 March 2020, advice was issued to effectively curtail ROTL for most purposes except essential ‘key’ work and in compelling compassionate circumstances. This was an extraordinary measure that was taken to mitigate the risk of a large scale outbreak within an establishment. ROTL is a valuable resettlement tool but it also involves prisoners leaving and returning to prison from the community on a daily basis and so presents particular risks at this time. Consideration is currently being given to the re-commencement of ROTL and how this will be managed when it considered safe to recommence.

Netherlands
With regards to the procedure for home leaves, I will send an update on this soon. As of June 16, incidental leave can be granted. For example, detainees can receive leave for school or an exam. As of June 16 in FPC’s and correctional institutions for juvenile offenders supervised leave is gradually extended, of course under the above-mentioned reservations. Unsupervised leave (for example for school and work) can also be allowed where possible. Here, too, the aim is to resume leave as of August, in accordance with the leave authorization and step-by-step plan.

What measures were taken by Prison Services and judiciary to reduce overcrowding?

Spain
The main release measure has been the one of moving inmates from open regime prison facilities to their homes under electronic monitoring.

Finland
The Ministry of Justice first issued a decree on postponing the enforcement of prison sentences of a maximum six months and conversion sentences for unpaid fines during the time period from 19 March to 19 June 2020. The purpose of this decree was to lower the number of short-term prisoners and prevent the spreading of coronavirus among prisoners and staff. Subsequently, on 7 April 2020, an Act of Parliament postponing the enforcement of prison sentences and conversion sentences for unpaid fines during the time period from 10 April to 31 July 2020 was enacted. This act revoked the previous decree. In the judiciary the hearings of thousands of criminal cases have been suspended during the COVID-19 epidemic.

Estonia
Estonian Prison Service and judiciary did not take any measures to reduce overcrowding as the Estonian prison density per 100 places is 77.5 (SPACEI, 2019.).

Sweden
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.

Czech Republic
The entry into force of the ordinance of March 25 adapting the rules of criminal procedure on the basis of the emergency law which offers certain convicted persons exceptional prospects and, in the short term, in particular house arrest at the end of the sentence for remaining less than 2 months and exceptional additional sentence reductions for remaining 2 to 6 months in particular. The implementation of this ordinance strongly mobilizes, as you imagine, the prison service.

France
It has not been possible to apply long-term measures to address the issue of overcrowding. In short time perspective, the prison service has asked and agreed with the courts on postponing the orders to enter the prison sentences. This currently leads to small decrease in prison population, however, we expect a rise in the number of new admissions after the epidemic.

Austria
A staggered postponement of the orders to start serving the prison sentences was laid down by ordinance. Financial penalties will not be enforced until September 30th.

Scotland
The Coronavirus (Scotland) Act confers a power on the Scottish Ministers to provide for the early release of a class of persons from prison (to make regulations with immediate effect in order to release prisoners who would be released in any event in the following 180 days). The Scottish Ministers can only exercise this power if they are satisfied that it is a necessary and proportionate response to the effects of coronavirus on prisons. The early release of prisoners who are due to be released shortly is considered to present a much lower risk to the public, and that lower risk, coupled with the significant risk to the effective operation of prisons, justifies the use of such action. People serving 18 months or less sent who have only 3 months left to serve are eligible for early release, following the introduction of emergency legislation. Under the Coronavirus (Scotland) Act a number of categories of prisoners are excluded from early release (such as those convicted of sexual offences or terrorism related offences) and prison governors are able to veto the release of prisoners they deem to pose a risk of harm. The Release of Prisoners (Coronavirus) (Scotland)
Regulations 2020, laid before the Scottish Parliament on 4th May 2020, extended these exclusions to include those serving sentences for domestic abuse offences, those with non-harassment orders or those convicted of certain COVID-19-related offences. Scottish Government has also announced that the presumption against Home Detention Curfew being granted to people who have committed certain offences (including those with an index offence involving an act of violence) will now no longer apply. Decisions will be made on a case by case basis following an assessment of available information on relevant risk factors. The decision has been made in consultation with HMIPS and HMCS and was taken following the introduction of changes to HDC assessment practices and guidance and in light of challenges posed by the current COVID-19 outbreak.

**Italy**

Home Detention: derogating from the legislation currently in force, starting from the day of entry into force of Law Decree 17 March 2020, n. 18, the sentence to imprisonment shall be executed, upon request, at the sentenced person’s home or in other public or private healthcare center, where the sentence to be served is under 18 months, even if it is the remaining part of a longer sentence. The measure is effective until 30 June 2020. The following offenders are excluded from that measure: persons sentenced for serious crimes and social alarm, among which the inmates who participated in the recent riots in prisons.

All offenders who benefit from home detention and who have to serve a sentence or the remaining part of a sentence longer than six months shall undergo electronic surveillance, giving their consent to it. When the sentence remaining to be served falls under the threshold of six months, the electronic surveillance will no longer be applied. Semi-liberty: the offenders who are already benefiting from semi-liberty regime can have their prison leaves extended until 30 June 2020; this to prevent their re-entry into prison and thus limit the chances of contagion.

**Poland**

We don’t have overpopulation. At the moment the level of population in Polish prisons and remand prisons is 86%.

**Slovakia**

No special measures were taken.

**Norway**

Reduce and stop newly convicted inmates from entering our prisons (instead they are home awaiting for a calling to come). Now the prisons have opened up for new inmates again. Normal use of capacity is between 90-94%.

Israel

As mentioned above, in order to reduce the overcrowding, at early March we released around 540 inmates who had only one month or less to serve before their release from prison. They were sent home with restrictions. We did not release inmates who were sentenced for domestic violence and sex offenders. Through the state emergency regulation we increased the number of inmates who are being monitored by electronic surveillance unit with 250 more inmates.

**Lithuania**

We don’t have overcrowding.

**Catalonia**

With the aim of easing the occupancy in prisons to prevent the spread of covid-19 in prisons. 1,330 new inmates have been progressed to 3rd grade and granted art. 86.4 of the Prison Regulations so that they remain confined in their homes or in supervised apartments without having to spend the night in the prison, while being monitored (before the outbreak there were 325 inmates under art. 86.4 and now 1,655 in total). In order to be granted art. 86.4 the inmate has to meet the following criteria: presenting indicators that they will be able to strictly comply with the confinement restrictions and monitoring measures, having a place of residence where to comply with the confinement, having sufficient source of livelihood, low risk of reoffending and low risk of drug/alcohol consumption relapse. The prison multidisciplinary teams are closely monitoring these inmates through different means such as the electronic monitoring bracelet, alcoholometer, geolocation and videocall. Currently in addition to all of the above, in-person follow-up is also being conducted. Moreover, the situation of those inmates with a pre-existing health condition rendering them particularly vulnerable mentioned to covid-19 or those older than 70 years of age, has also been reviewed. Those who meet the 4 criteria mentioned above is also being conducted. In addition, the award of the different forms of conditional release foreseen by law, has been particularly promoted. The judiciary has not implemented any specific measure to reduce or postpone the issuance of new sentences, but the intake of inmate (including new admissions into prison although the number has slightly slow down due to the suspension of judicial and procedural activity during the lockdown, including the interruption of all procedural deadlines. It is expected that the number of new admissions will increase in the coming days as judicial and procedural activity has resumed.

**Latvia**

During the emergency situation in Latvia by 9 June 2020, it was cancelled and not allowed to plan the earlier arranged leisure and mental care activities for prisoners in which third persons are involved. Also the mental care and free time activities in which third persons are not involved, were organized individually. After the cancellation of the emergency situation in 9 June 2020 and according to the new order of the Latvian Prison Administration, it is allowed from 25 June to recommence the short-term meetings and inmates, who serve their sentence in the open prison, may receive guests. From 10 June employees of the state and local government institutions may attend prisons and prisoners may receive parcels. Third person may attend prisoners from 1 August 2020 and the long-term meetings may be recommenced as from 1 July 2020. Mental care and free time events where the third persons are involved, may be recommenced from 1 August, and the implementation of interest and non-formal education programs was started again from 10 June 2020.

**England & Wales**

In order to reduce overcrowding and create the required headroom to facilitate the HMPPS cohorting strategy, eligible prisoners approaching their release date were able to be considered for End of Custody Temporary Release on licence (ECTR) under statutory criteria set out in Rule 9A of the Prison Rules 1999, ‘Coronavirus Restricted Temporary Release’. This scheme was designed to release up to 4000 carefully selected prisoners (from an overall population of approximately 86000) to create headroom in sites with greatest population pressures. Unfortunately the scheme was not able to create the headroom expected. A new model was also introduced at the end of March governing Inter-Prison Transfers (IPT) in order to stabilise the population by reducing movements between prisons. All IPT’s were suspended except for cases that met exceptional circumstances. Under a further revision on 14th April 2020, additional transfers of small groups of prisoners (drafts) were reintroduced on a limited basis where such movements were required to alleviate population pressures in individual sites or regions. This has particularly supported Reception Prisons which continue to serve courts that remained open, therefore have continued to receive new prisoners on a regular basis, allowing them to transfer prisoners and create space to house new receptions in line with the cohorting guidance. This combined with natural wastage from the prison population has meant that we have been able to effectively manage the population and create headroom in the necessary areas of the estate. However, it is expected that as the wider criminal justice enters the recovery period from COVID-19, court activity will expand and operate on a wider scale. This, combined with new COVID-19 related charges it is expected will result in an increase in the prison population and we will again see a pressure to create headroom.

**Netherlands**

To reduce overcrowding related to C-19, several measures have been taken: 1) a category of inmates might be eligible for an extended leave of absence, given the COVID-19 virus. These are inmates who are residing in a very low security regime and are at the end of their prison sentence. During their leave they are monitored through electronic means. A very low security regime means that the inmate is only in the correctional facility during the night and must go to his job during the day. To constrain the influx of detainees, two groups of detainees have their execution of sentence postponed: 1) individuals who are currently awaiting, in freedom, the execution of their sentence. It concerns convicts of relatively minor offenses with a short sentence; 2) individuals who need to undergo their custody for an unpaid fine or for not wanting to perform community service. These penalties will be carried out as soon as the situation permits. It again.

**Luxembourg**

From the 11th of Mai 2020 onwards, the Luxemburgish Prison Administration proceeds to a gradual opening of the visits. Visits are being limited to 30 mins/visit, 2 persons above the age of 16/visit, max. 25 visits/week. Visits take place in secured individual rooms where visitors and detainees are separated by glass. All visitors must disinfect their hands and wear masks. Furthermore, the options provided to have conversations over Skype are being maintained and still available. So detainees (condemned and defendants under the community regime) still have the possibility to make use of the videochat facilities in order to get in touch with their families.
Northern Ireland

The Northern Ireland Prison Service (NIPS) have introduced a range of measures in response to the risks presented by COVID-19, this included the suspension of ‘in person’ visits to prisoners. These measures were introduced having considered the situation in detail and Government advice. To help people in our care to stay in contact with their family and friends during the suspension of visits, NIPS launched virtual online visits from 13 April. NIPS reviewed the measures in place on 24 April and decided that the suspension of visits would remain in place subject to a further review on or by 22 May. NIPS review of its measures (including the ongoing suspension of visits) will take cognizance of the prevailing operational and community context and Government advice.

Israel

No plans to open the visits.

Sweden

No steps have been taken to go back to normal rules and all regimes that have been put in place are still valid, for example no visits [legal visits and clergy exceptions] and no leave. However, in addition to free calls nationally (international calls are half the normal price) there are now tests ongoing with providing inmates contact with their children by using tablets. All decisions/actions taken to limit the spread of Covid-19 are under constant evaluation, regarding visits there is no set date for when this will happen. The cessation of special measures related to the Covid-19 virus will happen gradually, and in line with national health policies.

Latvia

In Latvia it is not planned to restore family visits for prisoners before 9 June (for now, the emergency situation in Latvia has been announced by this date).

Lithuania

Lithuanian Prison Department plans to restore family visits from 1 June, provided the lockdown is lifted. The conditions shall be set up in line with the national health policy.

Denmark

On the 18th May a limited reopening of visits will be introduced. Prisoners with underaged children will be granted one visit of up to two children and one accompanying adult pr. 14 days.

France

In France, the deconfinement started gradually from May 11. Visits are limited to one visit per inmate per month. The provision of laundry is not possible so far (these precautionsary measures will be reassessed on June 2, second step of the national deconfinement). Contacts between inmates and their visitor must strictly respect the barrier measures: washing hands before the visit, respect a sufficient distance, not allowance of any physical contact (kissing, hugging, etc.). Wearing of a personal mask is compulsory for all visitors from the entrance of the establishment, in order to maintain a maximum level of protection against the virus in detention. Wearing of a mask by detainees is also compulsory (provided by the administration). Each visit cabin is cleaned between two visits (which has an impact on the reduction of numbers of available: sometimes: 50% operational, 50% cleaned, and then a switch to allow time for cleaning).

Finnish prisons. The Preparedness group of RISE is working on a proposal for gradual removal of restrictions with prison directors. At the same time, the infectious status of the virus in society and the effects of alleviation in prisons will be assessed when to further open up visits in prisons.

The way forward for visits, is to gradually allow up to 2-3 visits per inmate monthly, for those relatives/friends who meet the entrance criteria set out by the Department. Special vinyl/plastic desk shields will be placed in all visiting rooms in order for the inmates and visitors not to come into physical contact. Moreover, as previously mentioned, the visitors will enter the Department, only if the entrance criteria are met and the relevant formal declaration is signed by the visitor. Visitors have to sign a statement that they do not have to be in home quarantine, they have not suffered from Covid-19 infection (or, if they have had, the last 2 test have been negative) etc.; In visiting rooms, tables are going to be equipped and his adult companion.

The protective rules in prisons are the same. The visit of prisoners with underaged children are also limited to one visit per inmate per month (maximum of 2 children). Visits take place in guarded rooms (other persons are not allowed). Visits have to be arranged through a telephone call and the visit can be fixed in the 15 days before the visit.

All sports and exercise rooms and saunas in prisons will be opened as of 1.6.2020. If the prison unit has its own sauna, its use can be started immediately. The maximum number of persons in sports halls is the same. The cleaning and ventilation of premises must be ensured after every instance of use. The use of prison libraries will normalize from 1.6, but the libraries will be visited by prison unit and maximum of 10 prisoners at a time. Remote lending will continue. Preparations are being made for the start of prison visits. At first, the visits would only concern the next of kin and the children of the prisoner. The opening of meetings requires special arrangements in prisons, as the occupational safety of staff is very important. The protection during the visits is ensured and respiratory masks are provided to the visitors. Skype meetings continue in prisons as usual. The expansion of work activities will begin as of 1.6.2020. The consequences of the easing of restrictions will be assessed and, if, for example, cases of Covid-19 occur in prisons, RISE will be prepared to decide on new restrictions. At the moment, there's no confirmed Covid-19 cases in Finnish prisons. The Preparedness group of RISE is working on a proposal for gradual removal of restrictions with prison directors. At the same time, the infectious status of the virus in society and the effects of alleviation in prisons will be monitored.

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Austria

Since 27 April we have a new regulation. This means that the restricted visitation of inmates will be possible again from 11.5. Several visitors may not be allowed to visit a prisoner at the same time, except for a visitor under 14 years of age and his adult companion.

Spain

The plan is to recover the ordinary penitentiary activity (visits, inmates outings, transfers, therapeutic activities), depending on the location of the prison and following the general sanitary instructions. Nevertheless, there are some specific rules. For example, visits are restarting, but limited to two people and avoiding physical contact.

Belgium

Yes, we intend to restore the family visits for inmates, gradually. We start at 25.05.2020. 1 visitor/inmate – once a week. In the first phase, visits will take place in visits rooms with separation device and protection equipment. We will have less tables because we have to guarantee the 1.5 m distance.

Romania

The Romanian Prison System intends to restore the family visits for inmates, gradually, in the near future, depending on the epidemiological Covid-19 evolution at national level. In the first phase, visits will take place in rooms with separation device and protection equipment.

Czech Republic

Since today, the emergency state in the Czech Republic is no longer in force. Family visits to prisons are going to commence (in a limited manner) this weekend (on Saturday 23 May). Currently, visiting forms (including instructions and restrictions for the visits) are being distributed and collected. The visits are not going to be realized within the “normal” “type Covid-19” framework. There are going to be some restrictions in force: One prisoner can only receive one visitor; Visitors have to sign a statement that they do not have to be in home quarantine, they have not suffered from Covid-19 infection (or, if they have had, the last 2 test have been negative) etc.; In visiting rooms, tables are going to be equipped
with plastic partitions; Visitors and prisoners (and staff in general) must wear personal protective equipment (face masks); No refreshments during visits; Thorough disinfection of the visiting rooms after each visit round.

**Catalonia**

The Spanish government is implementing a phased approach to ease lockdown which includes 5 stages. Stage 2 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 scores. On stage 1 the following will be resumed: Family visits on a glass partition 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 visit room will be done after every visit. On stage 2 the following will be resumed: Family visits and conjugal visits on regular rooms (without glass partition).

**Norway**

As of 20 May, inmates will, to some extent, be allowed to receive visits. From 13 March 2020, the Norwegian Correctional Service suspended all visits to Norwegian prisons. All visits to inmates were suspended until further notice. This decision was taken after the Norwegian government introduced national measures to prevent the spread of the Corona virus on 12 March 2020. As of 20 May, visitors will have access to the prisons and visitors’ premises. Under the current circumstances, access has only been given representatives of the prosecutor’s office, police and lawyers, as well as mentors involved in the work against radicalization and violent extremism. The current Corona-situation indicates that it is still not possible to offer an ordinary regime for visits in Norwegian prisons, as prescribed by law (The Law on Execution of Sentence § 31). The correctional service aims to provide for normal visits in accordance with Norwegian legislation, regulations and guidelines, unless: the visit represents a special risk of spreading the virus or health risk; absence of staff members because of illness makes it difficult to organize the visit. Easing of the restrictions will lead to challenges for the staff organizing visits. The challenges will vary from facility to facility (prisons). Opening up for visits presupposes that each prison has enough staff members who can ensure visits take place in line with the stipulated requirements.

**Estonia**

Prison visits in secured individual rooms where visitors and detainees are separated by glass in closed prisons, and visits in open prisons were resumed from 25.05.2020. Starting from 01.06.2020 all prison visits are set to resume as usual and in line with health guidelines and requirements regarding physical surroundings and cleaning.

**Luxembourg**

From the 11th of May 2020 onwards, the Luxembourgish Prison Administration proceeds to a gradual opening of the visits. Visits are being limited to 30 mins/visit, 2 persons above the age of 16/visit, max. 25 visits/week. Visits take place in secured individual rooms where visitors and detainees are separated by glass. All visitors must disinfect their hands and wear masks. Furthermore, the options provided to have conversations over Skype are being maintained and still available. So detainees (condemned and defendants under the community regime) still have the possibility to make use of the videocall facilities in order to get in touch with their families. As of today, 29th May 2020, the condition foreseeing that an inmate is only allowed to have visits from his/her relatives is abolished in Luxembourg. This means that from now on every inmate is allowed to have visits from any person (friends, lawyers, etc.) except for visitors under the age of 16. The current rules and measures concerning visits can be summarized as follows: The visits take place in secured parlors. In order to protect the inmates, physical contact is not allowed. The duration of the visit is still limited to 30 minutes and the number of visitors is limited to a maximum of 2 people per visit. In order to enter de prison, the visitors have to undergo a strict control (questionnaire and taking of the temperature). Every person who enters the prison has to disinfect their hands and to respect the general hygiene rules. Wearing a facemask is mandatory for the visitor and the inmate.

**Bulgaria**

1. The heads of the territorial services to establish an organization for control of the entrance of the prison / arrest regarding: The number of entrants in order to prevent crowding; Observing a physical distance between them of at least 1.5 m.
2. Only persons with a protective face mask or other means covering the nose and mouth (including a towel, scarf, helmet) should be allowed in the prison / detention center. For each visitor of the prison / detention center there will be: 
   - Obligatory thermometry; provided hand sanitizer. 4. Before and after each visit, the premises should be disinfected. 5. In the visiting rooms the physical distance between the persons of at least 1.5 m and frequent and regular air ventilation will be observed. 6. Information boards in visible places or other methods will be used to inform the visitors of the prison / detention center about: The obligatory observance of a physical distance of 1.5 m; Wearing a protective face mask or other means covering the nose and mouth (including a towel, scarf, helmet); The need for thermometry; Mandatory disinfection of the ridges at the entrance to the prison. 7. The heads of the territorial services to review and update the schedules for visits of the prisoners / detainees, with the possibility to hold them during the week in order to prevent the accumulation of many visitors and the observance of distance. 8. Meetings of prisoners / detainees with their relatives via “Skype” videoconferences will be preceded.

**Netherlands**

Prisons: As of the second of June three prisons will gradually open for visits. Detainees can receive one visitor a week for one hour. To minimize the risk of contamination, physical contact during visits must be avoided. Detainees and their visitors will be separated by plexiglass. Beforehand visitors will have to fill in a questionnaire to indicate if they have any signs of an infection. Forensic psychiatry and juvenile institutions: As of the second of June all FPC’s and the correctional institutions for juvenile offenders will gradually open for visits. A patient in a FPC can receive one visitor per week for one hour. The patient will receive medical treatment on a separate 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 visit room will be done after every visit. Requirements for entrance are the same as mentioned above.

**Netherlands update**

As of June 16 all prisons will gradually open for visits. Detainees can receive one visitor per week for one hour. The visit can take one child with them aged up to 4 years old. The child must remain on the lap of the visitor. Forensic psychiatric clinics (FPC) and correctional institutions for juvenile offenders. As of June 16, if there are no contra-indications, the visits are extended from one hour to two hours a week. Furthermore, it will be possible for juvenile offenders to receive visits from other people than parents or legal representatives. The aim is to have a normal visit regime as of August. Of course, only if the situation allows this and with due observance of the guidelines from the National Institute for Public Health and the 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 COVID-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 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 counselor/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 a case 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.
<table>
<thead>
<tr>
<th>Region</th>
<th>Description</th>
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<tbody>
<tr>
<td>Northern Ireland</td>
<td>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.</td>
</tr>
<tr>
<td>Finland</td>
<td>In Finland, health services for prisoners are still mainly done on site. In some cases, remote services can be used but not as a general practise. However, the remote health consultation has been recently introduced for the prison, probation and administrative staff concerning their health care services provided by the outside provider.</td>
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<tr>
<td>Czech Republic</td>
<td>Remote health consultation: its introduction was discussed within the Prison Service of the Czech Republic during the most severe months of the pandemic (March/April; Skype as the video tool). In the end, the remote health consultations were not applied in practice although we have the technical means for its realization (e.g. Skype video visits became common during the lockdown). Fortunately, Covid19 has not spread within the prison environment and we could supply medical services to the incarcerated population on a common scale without any substantial restrictions.</td>
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<tr>
<td>Romania</td>
<td>There were no remote health consultations applied as the medical staff was directly involved in monitoring/permanent consultation of inmates, during this pandemic time. Medical staff is employed by the prison system.</td>
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<tr>
<td>France</td>
<td>In France, there is a medical unit in each prison. Doctors and other medical personnel are available on site in each prison. For the record, these personnel belong to the Ministry of Health and are not employed by the Penitentiary administration. If the medical unit has the equipment, remote consultations are usually used for some specialized consultations such as dermatology. So, in this context of Covid 19, this is therefore not an exception.</td>
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<tr>
<td>Norway</td>
<td>In Norway, remote medical consultations have not been the normal practice. In the beginning of the Corona situation, telephone consultations were used by some health departments and psychologists, but this has gradually faded out with absence of infected inmates.</td>
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<tr>
<td>Catalonia</td>
<td>In Catalonia health care service provision in prisons is responsibility of the Department of Health. The health care service for inmates is provided in-person by qualified medical staff (general practitioner doctors and nurses) working at the Primary Health Care Units established inside every prison. In addition, pre-existing to the Covid-19 crisis, a remote health consultation system has been available to health care staff and inmates for specific cases. Fortunately during the Covid-19 crisis the health care staff assigned to every prison has been sufficient to fully respond to the inmates’ health care needs over this period, hence it has not been necessary to resort to the remote health consultation system more often than usual.</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Remote health consultation through videocalling is in a trial period in Dutch custodial institutions; this is not yet implemented in every prison. Also, detainees can consult a physician by phone outside of office hours; this is implemented in every prison.</td>
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