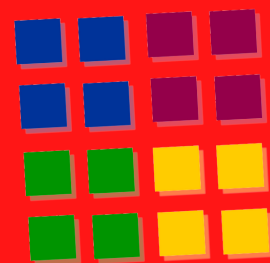


COVID-19 in European prisons: Tracking preparedness, prevention and control

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AND JUSTICE STUDIES**



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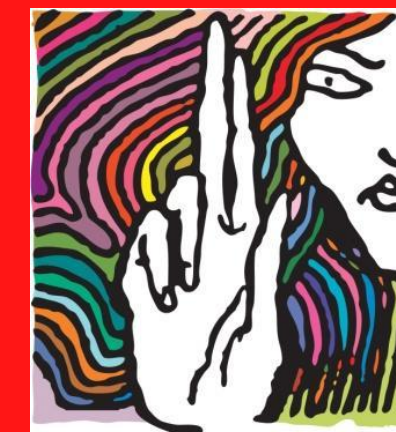
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Data presented in this report is the responsibility of respondents, not the Centre for Crime and Justice Studies.



BULGARIAN
HELSINKI
COMMITTEE



Background

This report presents the raw data from a set of questions asked to representatives from institutions in a selection of European countries about how the COVID-19 pandemic in prisons in their respective jurisdictions was being managed. The questions were based on a checklist developed by the World Health Organisation (WHO) to help support policy-makers and prison administrators implement the WHO's interim guidance on preparedness, prevention and control of COVID-19 in prisons and other places of detention. The interim guidance contained measures recommended to prevent the virus entering prisons, to limit its spread in prisons, and to prevent transmission from within prisons to the outside community. It was published on 15 March 2020, and is based on the evidence about COVID-19 available at that time. Whilst prison services will use a variety of sources of guidance to develop their strategies to deal with COVID-19, we have assumed that the WHO guidance is the international standard and therefore is appropriate for international research such as this. The WHO do make clear that their checklist is not exhaustive.

The WHO questions formed one module of a larger survey that the Centre for Crime and Justice Studies (from here on in referred to as 'the Centre') circulated to members of the European Prison Observatory, an international coalition of non-governmental organisations and educational institutes, to complete. The survey also contained questions about the prison populations, prison healthcare arrangements, incidence and prevalence of COVID-19 infection in prisons, and emerging problems and responses in prisons as a result of COVID-19.



INTRODUCTION

The overall aim of the project was to produce a knowledge-base, for use by prison administrators and decision-makers, to help inform their evolving approaches in what remains a very fluid, unpredictable situation.

To reflect the fast-moving situation, we have endeavoured to release information as soon as it is in a publishable form, rather than follow a conventional approach to a research project where data is collected, analysed and a final report published. You can view a series of infographics we have published so far at <https://www.crimeandjustice.org.uk/tags/coronavirus-infographic>.

It was originally intended that the responses for different countries in this table could be compared to understand the extent to which each had implemented the WHO checklist. Due to the time constraints of data collection, and the fact that respondents were a mixture of European NGOs and prison administrations, data is not comparable across the board (the WHO is conducting its own data collection exercise to produce a report into the response to COVID-19 in prisons, but is only asking prison administrations for the information, which has its own limitations). The data in this table should instead be read as a summary of what can be known, based on the source of the information and the date it was received by the Centre or collected by respondents (specified on page 9), about how each prison administration was dealing with the pandemic by a particular point in time. The period the data was received by the Centre or collected by respondents roughly covered the peak of the pandemic in the European epicentres (i.e. mid-April 2020). The situation will have now changed in many places.



INTRODUCTION

We are publishing the information to form the basis for scrutiny and accountability, as well as part of developing our understanding about the various responses to the pandemic, rather than as the final word on what has happened. The table therefore provides a starting point from which questions can be posed and routes of inquiry begun. The table is part of an evolving story that should be seen in the whole.

The Centre aims to develop this work through the rest of 2020 and beyond. Our current plans include two main aspects. Firstly, we will hold a series of webinars to get a better, more detailed sense of the key issues which have emerged in different jurisdictions throughout the pandemic. Secondly, we will carry out further, ongoing quantitative data collection to track more closely how the virus has progressed through prison systems in the UK, and how prison populations have been affected. Through these routes of inquiry we hope to get a fuller picture of how COVID-19 is impacting prisons from which we can make a series of critical interventions to scrutinise and hold decision-makers to account, and influence the development of their approaches.

This table will be of particular interest to policy-makers, civil servants, practitioners, public health specialists, researchers, prisoner advocacy organisations and scrutiny bodies such as inspectorates.



Data in this report

The table is organised according to the sections of the WHO checklist:

- **human rights** - to ensure good principles and practice in prisoner treatment and prison management;
- **risk assessment and management** - to prevent COVID-19 from spreading in prisons and to manage the associated risks;
- **referral system and clinical management** – to enable identified cases to be appropriately managed and receive adequate health care;
- **contingency planning** – to check that contingency plans are in place and are adequately communicated;
- **training** – to equip prison staff with skills to deal with COVID-19;
- **risk communication** – to ensure message coordination and consistency, as well as their accuracy, clarity and relevance in prison settings;
- **prevention measures** – to assess prevention and control facilities in prison;
- **case management** – to ensure that cases are appropriately managed.



INTRODUCTION

There are over 60 questions in the table and we asked respondents to reply with one of four options based on the information they had about the extent to which a recommendation had been implemented: 'Fully', 'Partly', 'Not' or 'No information'. There are a number of limitations to this method to be aware of. As with any standardised survey questions, there is sometimes a level of ambiguity about which response most closely approximates reality. There may also be divergences between what is official policy or guidance and the actual implementation or consistency of implementation. As it was not in the scope of this piece of work to triangulate different sources of information, we have indicated the type of source respondents used to provide an answer to each question. Footnotes provided by respondents are reproduced beneath the tables and often give an explanation of how they interpreted sources.

We circulated the survey to the European Prison Observatory group which includes representatives from institutions in Italy, Romania, Bulgaria, the UK, Greece, Germany, Poland, Hungary, Portugal, Latvia, Austria, France, and Spain. A number of respondents were unable to complete the survey due to a lack of transparency from prison administrations compounded by the short timeframe for data collection.



We received responses to the WHO module of the survey for prisons in:

- Austria from Philipp Hamedl of the Ludwig Boltzmann Institute for Human Rights
- Bulgaria from Krassimir Kanev of the Bulgarian Helsinki Committee
- England and Wales from Vikki Levick of Her Majesty's Prison and Probation Service
- Hungary from Dora Szegő of the Hungarian Helsinki Committee
- Italy from Frederica Brioschi of Antigone
- Northern Ireland from Gavin Greenlees of the Northern Ireland Prison Service
- Portugal from Nuno Pontes of ISCTE - University Institute of Lisbon
- Scotland from Emma Jardine of Howard League Scotland
- Spain from Monica Aranda Ocana of the University of Barcelona - Observatory of Penal System and Human Rights

Due to the time constraints for data collection, most respondents answered the questions using publicly available official information such as published operational policies and guidance, direct observation, corroborated anecdotal evidence and media reporting. The Centre approached representatives of prison administrations in England and Wales and Northern Ireland to complete the WHO module of the survey. See the table below for details for each jurisdiction.



Summary information on dates of data collection and sources.

	AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
Date information received by the Centre or period data collected by respondents	Data collected 9-20 April	Data received 27 April	Data received 27 May	Data received 17 April	Data received 17 April	Data received 5 May	Data received 4 May	Data received 20 May Updated 2 July	Data received 23 April
Sources used by respondents to complete survey	Publicly available official sources & media reports	Official sources collected through freedom of information	Official response	Official sources	Publicly available official sources and direct observation	Official response	Publicly available official sources & media reports	Publicly available official sources, direct observation, media reports	Publicly available official sources, media, union & family reports

HUMAN RIGHTS

Are the standards of health care available for people in prison similar to those in the outside community?

Are basic living standards respected (enough space, fresh air, light and sanitation)?

Are people in prison receiving at least 1 hr/day exposure to outdoor activities?

Are the authorities resorting to any non-custodial measures for the administration of criminal justice (e.g. electronic tag)?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
Using official sources respondent inferred partly	Using official sources respondent inferred not	Official source claims fully	Respondent inferred partly	Through direct observation respondents ¹ inferred partly	Official source claims fully	Respondent inferred not	Using official sources respondent ² inferred partly	Using official sources & media reports respondent inferred partly
Using official sources respondent inferred fully	Using official sources respondent inferred partly	Official source claims fully ³	Using direct observation & prisoner reports respondent ⁴ inferred not	Through direct observation respondents ⁵ inferred partly	Official source claims fully	Respondent inferred not	Using official sources respondent ⁶ inferred partly	Using media reports respondent inferred partly
Using media reports respondent ⁷ inferred partly	Using official sources respondent inferred fully	Official source claims partly	Using official sources respondent ⁸ inferred partly	From direct observation & official sources respondents inferred fully	Official source claims partly ⁹	Respondent inferred partly	Using official sources respondent ¹⁰ inferred partly	Using media reports respondent inferred fully
Using official sources respondent inferred not	Using official sources respondent inferred partly	Official source claims partly	Respondent inferred not	Using official sources respondent ¹¹ inferred partly	Official source claims partly ¹²	Using official sources respondent ¹³ inferred partly	Using official sources respondent inferred partly	Using official sources & media reports respondent inferred partly

¹ Even if in theory healthcare is under the jurisdiction of the Ministry of Health and has the same standards as healthcare provided to the general public, it is more difficult to receive treatment in prison due to, for instance, the practicalities of transferring detainees to hospital for specialist treatments or for further examination. At times this has lead to even mild problems turning into chronic diseases with long-term effects or resulting in death.

- 2** The Nelson Mandela Rules state that healthcare should be equivalent to that in the outside community, however, publicly available official documentation such as Her Majesty's Inspectorate of Prisons Scotland Prison Inspections demonstrate that this is not always so.
- 3** Some prisons do still have some wings that operate with night sanitation, but all prisoners have access to sanitation.
- 4** Before the termination of the cooperation agreement between the Hungarian Prison Service and the Hungarian Helsinki Committee (HHC) in 2017, HHC's past experiences of prison monitoring visits identified serious problems regarding the lack of proper ventilation of cells, natural air and lighting, invasion of bed bugs, the lack of compliance with the officially prescribed open-air time, etc. Actual complaints from inmates reflect that the same problems are still persisting.
- 5** The most serious problem is overcrowding, which affects living space. In some instances Antigone have found mould on the walls and ceilings and other sanitary issues and infestations.
- 6** Publicly available official documentation such as Her Majesty's Inspectorate of Prisons Scotland Prison (HMIPS) Inspections and Committee for the Prevention of Torture (CPT) reports demonstrate that there are parts of the estate, such as HMP Barlinnie and HMP Grampian, where prisoners are accommodated in areas with less space than the minimum required by human rights legislation.
- 7** According to media reports that cite staff representatives and lawyers, one-hour outdoor activities were partially cancelled, reduced or limited to a minimum.
- 8** According to the information that the Hungarian Helsinki Committee received, besides all training and educational activities the one-hour outdoor walk was suspended in some prisons as part of the preventive measures.
- 9** A full in-house regime is being offered for the vast majority of the prisoner population. Outdoor activity is not being offered for prisoners being held in COVID-19 isolation units as a precaution. Northern Ireland Prison Service is working on an ongoing basis to provide in-cell activities and distractions for this cohort of prisoners during their period of isolation. Gym equipment is available on all landings and prisoners are being supported, where possible, to be involved in a wide range of activities within the social distancing requirement.

- 10** Publicly available official documentation such as Her Majesty's Inspectorate of Prisons Scotland Liaison Visit Reports detail that there are some prisoners who are not receiving at least one hour per day exposure to outdoor activities.
- 11** In the Decree-Law issued by the government containing extraordinary measures to tackle the challenges posed by the virus there were two provisions that provided for home detention with the use of electronic monitoring. However, data indicates that between 29th February and 15th April the number of detainees reduced by 6,000, suggesting that surveillance judges were applying the already-existing legislation along with the new one with the aim of sending home those who qualify for home detention.
- 12** The minister of justice gave her approval for the temporary early release of suitably assessed sentenced prisoners. A smaller prisoner population, and close management of available accommodation, has allowed Northern Ireland Prison Service to reduce doubling up, that is the number of individuals who are sharing cells. Over 140 prisoners were temporarily released from prison custody, with a small number returned to prison.
- 13** There is an officially recognised shortage of monitoring equipment and personnel.

RISK ASSESSMENT AND MANAGEMENT

Is there a detailed registry of all people in and out of prison?

Are risk assessments undertaken on all people entering the prison (visitors, staff, new receptions, etc.)?

Is the previous assessment carried out to prison staff entering the facility, at each access?

Is there a dedicated area for these risk assessments?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	Using official sources respondent inferred fully	Official source claims fully	Respondent inferred partly	Using official sources respondent inferred fully	Official source claims fully	No information	Using official sources respondent ¹⁴ inferred partly	Using official sources & media reports respondent inferred partly
Using official sources respondent ¹⁵ inferred fully	Using official sources respondent inferred partly	Official source claims partly ¹⁶	Using official sources respondent ¹⁷ inferred partly	Using official sources respondent ¹⁸ inferred fully	Official source claims partly ¹⁹	No information ²⁰	Using official sources respondent ¹⁴ inferred partly	Using official sources & media reports respondent inferred partly
No information	Using official sources respondent inferred not	Official source claims not	No information	Using official sources respondent ²¹ inferred partly	Official source claims not ²²	No information	From direct observation respondent ²³ inferred partly	Using official sources respondent inferred not
Using official sources respondent inferred fully	Using official sources respondent inferred partly	Official source claims partly	No information	Using official sources respondent ²⁴ inferred partly	Official source claims fully ²⁵	No information	No information	Using official sources respondent inferred fully

14 The Scottish Prison Service (SPS) website provides guidance for contractors, suppliers and/or external partners carrying out essential work within, or delivering essential supplies to prison establishments. It does not stipulate that a registry of such visitors is taken, however, it is assumed that official visitors and staff movements are registered.



RISK ASSESSMENT AND MANAGEMENT (CONTINUED)

- 15** Visits of family members, relatives and others were suspended from 15 March until 10 May 2020. Before that, from 27 March, visits were to be held behind glass or with masks, if possible. Visits of lawyers and other representatives of public bodies or institutions were allowed at all times. Risk assessments had to be undertaken, including stays in risk areas, contact with suspect cases and temperature measuring, but the respondents from the Ludwig Boltzmann Institute of Human Rights are not aware of the full assessment that was carried out. Prison staff were also advised to carry out a personal risk assessment before going to work.
- 16** Healthcare staff undertake individual risk assessments for those classed as vulnerable and managers undertake risk assessments on vulnerable staff. Individual risk assessments are not carried out on all prisoners, staff and visitors.
- 17** Certain information is available on risk assessment procedures prescribed by a government decree passed on 5 April 2020. This decree introduced tighter measures, including a risk assessment that covers temperature testing, and health assessments at point of entry into all institutions.
- 18** All visits were suspended on 8 March. In some prisons even visits with lawyers were suspended. Risk assessments are carried out by measuring the temperature of all people entering the prison. In some prisons visitors were required to sign a document in which they list the places where they had been recently, state if they were symptomatic, and state that to their knowledge they had not been in contact with any person with COVID-19 nor had it themselves.
- 19** There are full assessments carried out on all prisoners entering custody. Guidance on infection control and the use of personal protective equipment (PPE) has been agreed with the healthcare provider's infection control officer and implemented across the service. Staff have received ongoing and updated advice about the signs and potential symptoms of COVID-19, and that they should attend work and should isolate. Testing is available for prison staff and members of their household and the Northern Ireland Prison Service have introduced a "Test, Track and Trace" procedure.
- 20** Reported policy is that all individuals being newly admitted to prison are placed on a 14-day quarantine.
- 21** Temperature is taken at each entrance. Respondents from Antigone do not know if staff have to sign the aforementioned document every time they enter the prison.



RISK ASSESSMENT AND MANAGEMENT (CONTINUED)

22 Staff have received ongoing and updated advice about the signs and potential symptoms of COVID-19, and that they should not attend work and should isolate. Testing is available for prison staff and members of their household and the Northern Ireland Prison Service have introduced a “Test, Track and Trace” procedure.

23 Based on direct observation, respondents from Howard League Scotland have assumed that a health risk assessment is undertaken on prison staff entering the facility, but they have no way of knowing whether this is carried out “at each access” or in every instance, in every establishment.

24 Tents for triage were set up at the entrance of many prisons, so the assessment takes place there. Respondents from Antigone do not know where the assessment takes place in prisons that did not set up triage tents.

25 There are dedicated units at each prison establishment to manage individuals who are either symptomatic, or who are newly committed, separate from the rest of the prison population.

RISK ASSESSMENT AND MANAGEMENT (CONTINUED)

Is information on symptoms in the previous 7 days collected as part of this risk assessment?

Is information collected on recent contacts with possible cases (previous 14 days)?

Is information on travel restrictions and emergence of symptoms provided to prison staff so that they can inform the designated healthcare officer?

Is advice to visitors on contact restrictions and presence of symptoms provided well in advance to arriving at the prison?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	Using official sources respondent inferred partly	Official source claims fully	Respondent inferred fully	Using official sources respondent inferred fully	Official source claims ²⁶ fully	No information	Using official sources respondent ²⁷ inferred fully	Using official sources & media reports respondent inferred not
Using official sources respondent inferred fully	Using official sources respondent inferred partly	Official source claims fully	Respondent inferred fully	Using official sources respondent inferred fully	Official source claims ²⁸ partly	No information	Using official sources respondent ²⁹ inferred partly	No information
Using official sources respondent inferred fully	Using official sources respondent inferred partly	Official source claims fully	Respondent inferred fully	Using official sources respondent inferred fully	Official source claims fully	No information	Using official sources respondent ³⁰ inferred fully	Using official sources respondent inferred fully
Using official sources respondent ³¹ inferred partly	Using official sources respondent inferred partly	Official source claims fully	Respondent inferred fully	Using official sources respondent ³² inferred fully	Official source claims fully	No information	From direct observation & official sources respondent inferred fully	Using official sources respondent inferred not applicable ³³

26 Prisoners are asked if they are symptomatic by prison staff and also by healthcare as part of their committal assessment. All prisoners are swabbed for COVID-19 within 24 hours of arrival.

27 Core Information Requested from the Scottish Prison Service Headquarters (By Establishment) Appendix 1 of Her Majesty's Inspectorate of Prisons Scotland Remote Monitoring Framework, collects this data.



RISK ASSESSMENT AND MANAGEMENT (CONTINUED)

- 28** Information is only collected on recent contacts if the person tests positive for COVID 19 as part of contact tracing procedures.
- 29** Frequently Asked Questions section on the Scottish Prison Service (SPS) website and in the publicly available SPS 'COVID-19 Regime For Those In Isolation Guidance', advises that if someone reports or appears to have COVID-19 symptoms they are assessed by National Health Service staff and isolated. This also applies to their cellmate, although we do not know if it also includes other contacts.
- 30** COVID19-related staff absence rates are collated and reported to Her Majesty's Inspectorate of Prisons Scotland by the Scottish Prison Service. Respondents from Howard League Scotland have made the assumption that in order to be able to do this and in line with full pandemic plans, information on travel restrictions and emergence of symptoms would have been provided to all prison staff.
- 31** As visits resumed on 11th May 2020, information on contact restrictions is provided via the web-pages of prisons and the Ministry of Justice. Advice on the presence of symptoms cannot be found. Visits have to be booked in advance via telephone.
- 32** This applies only to lawyers, since all other visits were suspended.
- 33** There is no possibility of visits.

RISK ASSESSMENT AND MANAGEMENT (CONTINUED)

Are asymptomatic visitors excluded from visits if they meet the criteria of the risk assessment for completeness (i.e. contact with symptomatic person or travel history indicates risk)?

Are symptomatic visitors excluded from visits?

Have non-contact visits been established (e.g. skype or telephone)?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information ³⁴	Using official sources respondent inferred partly	Official source claims fully ³⁵	Respondent inferred fully	Using official sources respondent inferred fully	Official source claims fully ³⁶	Respondent inferred fully ³⁷	From direct observation & official sources respondent inferred fully	Using official sources respondent inferred not applicable ³⁸
No information ³⁴	No information	Official source claims fully ³⁵	Respondent inferred fully	Using official sources respondent inferred fully	Official source claims fully ³⁶	Respondent inferred fully ³⁹	From direct observation & official sources respondent inferred fully	Using official sources respondent inferred not applicable ³⁸
Using official sources & media reports respondent inferred partly	Using official sources respondent inferred partly	Official source claims fully	Using official sources respondent inferred partly ⁴⁰	Using official sources respondent inferred fully	Official source claims fully	Respondent inferred fully ⁴¹	Using official sources respondent inferred partly ⁴²	Using official sources respondent inferred fully

34 Visits of relatives were suspended until 10 May 2020. There is no information on the situation after this date available.

35 All prison visits were suspended from 24 March to comply with government advice on social distancing. Reintroduction is being considered as part of the Her Majesty's Prison and Probation Service's medium term plan.

36 Visits to Northern Ireland prisons are currently suspended.

37 Prisoner visits have been suspended nationally.

38 There is no possibility of visits.

39 Prisoner visits have been suspended nationally.



RISK ASSESSMENT AND MANAGEMENT (CONTINUED)

40 According to the data provided to the Hungarian Helsinki Committee by the Hungarian Prison Service, Skype calls were substituted for personal visits in all institutions. Between 20 and 26 April, the total number of Skype calls in institutions conducted with non-legal personnel was 3,145, and the number of Skype calls with defence counsels was 12. In the opinion of respondents from the Hungarian Helsinki Committee, that is a small amount as the total prison population was 16,560 at that time. The prison service did allow an extra 15 minutes to be added to weekly phone call allowances for all inmates, regardless of regime. Between 20 and 26 April, 7,072 free phone calls were provided for inmates in need.

41 Telephone calls have been extended to 3 per day per prisoner.

42 Virtual visits and mobile phones have been introduced in some establishments and are currently being rolled out across the estate.

REFERRAL SYSTEM AND CLINICAL MANAGEMENT

Do suspect cases have access to laboratory tests rapidly?

Do laboratory-confirmed cases have access to isolation and management (either on-site or in a medical facility)?

Do contacts of laboratory-confirmed cases have access to places for adequate quarantine according to national protocols?

Do healthcare teams dealing with the collection of biological samples* have access to the necessary preventative protective equipment – PPE – as described in WHO guidance? [*biological samples include respiratory samples, stools and blood]

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	No information	Official source claims partly	Using official sources respondents ⁴³ inferred partly	Through direct observation respondents not ⁴⁴	Official source claims fully	Using official sources respondent ⁴⁵ inferred fully	Official source claims fully ⁴⁶	Using media reports & respondent inferred partly
Using official sources respondents inferred Fully	No information	Official source claims fully	Using official sources respondents ⁴⁷ inferred partly	From direct observation & official sources respondents ⁴⁸ inferred fully	Official source claims fully	Respondent inferred fully	Using official sources respondent inferred fully	Using official sources respondent inferred fully
No information	No information	Official source claims fully	No information	From direct observation & official sources respondents ⁴⁹ inferred fully	Official source claims fully	Using official sources respondent ⁵⁰ inferred fully	Using official sources respondent inferred fully	Using official sources & media reports respondent inferred partly
No information	No information	Official source claims partly	No information	Using official sources respondent ⁵¹ inferred partly	Official source claims fully	Respondent inferred fully	Using media reports & official sources respondent ⁵² inferred partly	Using media & trade union reports respondent ⁵³ inferred not

43 According to the data provided by the Hungarian Prison Service to respondents from the Hungarian Helsinki Committee, 94 tests were taken to 23 April 2020. The number of inmates who have been tested is 47, which equals the number of suspected cases. Based on these figures, the Hungarian Helsinki Committee has assumed that all suspected and quarantined cases were tested, some of them more than once.

44 This also applies to the general population.



REFERRAL SYSTEM AND CLINICAL MANAGEMENT

- 45** Respondents from the ISCTE - University Institute of Lisbon have no direct reports, but the Portuguese government says that testing is available as needed.
- 46** The frequently asked questions section of the of the Scottish Prison Service (SPS) website (COVID-19 Hub pages) state that all National Health Service Health Boards will test anyone in custody who is showing symptoms associated with COVID-19 and that results are being returned within 6 and 48 hours. It also says that testing is also available for SPS staff, as key workers, if they report COVID-19 symptoms.
- 47** Since there were no confirmed cases according to the data provided by the Hungarian Prison Service, there is no precedent for isolation of confirmed cases. But the prison service claimed that even suspected cases were quarantined in single accommodation for 14 days. From that protocol respondents from the Hungarian Helsinki Committee assumed that confirmed cases will also be isolated.
- 48** The intention was to set up quarantine wards for prisoners who tested positive. From the information received by respondents from Antigone, it is likely that in most places this was achieved, but they do not know if that was the case everywhere.
- 49** An internal prison administration regulation from 25 February states that it is the responsibility of doctors to evaluate whether to isolate prisoners who come into contact with prisoners who have tested positive.
- 50** Stated policy is to ensure that this is so, but respondents from ISCTE - University Institute of Lisbon do not know if it happens in practice.
- 51** The internal prison administration regulation from 25 February states that the directions of the Ministry of Health have to be followed in the collection of biological samples. Health staff have to use protective equipment, however respondents from Antigone have no information on the availability of PPE for this purpose.
- 52** In the initial phases of the pandemic, media reports claimed that there was a shortage of PPE but subsequently media has reported that there is no longer a shortage of PPE. A publicly available letter from the Scottish Prison Service to the Scottish Parliament Justice Committee confirmed that “initially, like many organisations, access to PPE was restricted, however, there was sufficient and appropriate PPE available before the organisation was required to deal with the first person in our care who reported symptoms”.
- 53** Professionals report scarcity in relation to the availability of PPE.

REFERRAL SYSTEM AND CLINICAL MANAGEMENT (CONTINUED)

Are prison authorities made aware of the hospitals to which they can transfer those requiring admission (e.g. for respiratory support or intensive care units)?

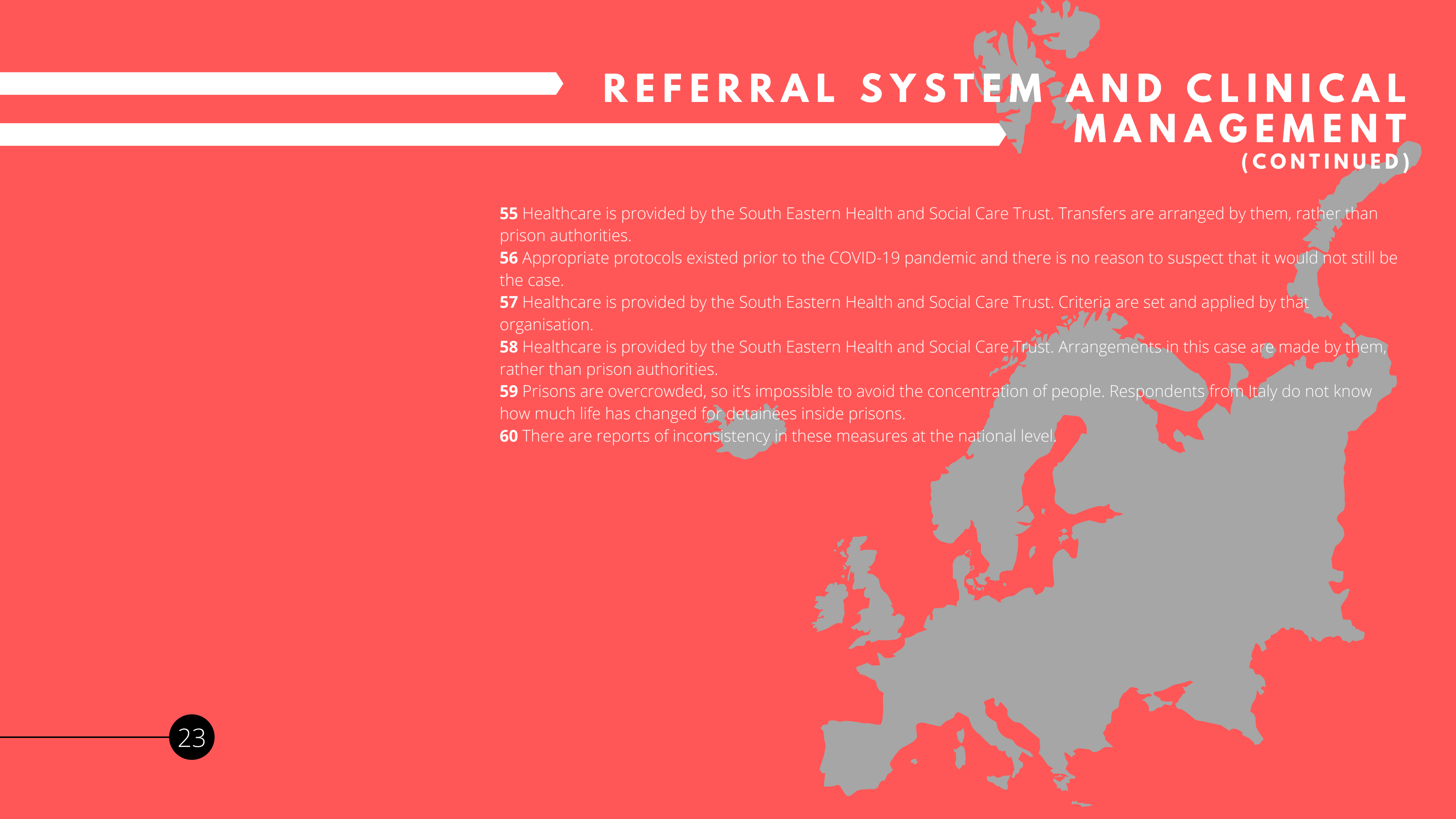
Are there clear criteria for transferring severely ill patients to hospital?

Are there protocols in place to manage patients on site (if they do not meet the criteria for transfer to hospital)?

Are there any measures in place to avoid concentration of people in prison (e.g. food delivered in cells)?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	Using official sources respondent inferred fully	Official source claims fully	No information	Using official sources respondent ⁵⁴ inferred partly	Official source claims ⁵⁵ fully	Respondent inferred fully	Using official sources respondent ⁵⁶ inferred fully	Using official sources respondent inferred fully
No information	Using official sources respondent inferred fully	Official source claims fully	No information	Using official sources respondent inferred fully	Official source claims ⁵⁷ fully	Respondent inferred fully	Using official sources respondent ⁵⁶ inferred fully	Using official sources respondent inferred fully
No information	No information	Official source claims fully	No information	Using official sources respondent inferred fully	Official source claims ⁵⁸ fully	Respondent inferred fully	Using official sources respondent inferred fully	Using official sources respondent inferred fully
Using official sources respondent inferred fully	Using official sources respondent inferred fully	Official source claims fully	No information	Through direct observation respondents ⁵⁹ inferred partly	Official source claims fully	Respondent ⁶⁰ inferred partly	Using media reports & official sources respondent inferred fully	No information

54 Under normal circumstances, there is a specific hospital ward for prisoners, but now if they need to be admitted to intensive care it is likely that they will be transferred to any unit that the National Health System has available. In various internal regulations, the Penitentiary Administration has urged the Penitentiary Institutes to contact the Territorial Health Offices to coordinate the interventions to fight COVID-19 and to establish which hospital will host detainees in case of need. Also, transfers to hospitals for COVID-19 need to be carried out via ambulance and coordinated between the prison and the hospital of arrival.



REFERRAL SYSTEM AND CLINICAL MANAGEMENT (CONTINUED)

- 55** Healthcare is provided by the South Eastern Health and Social Care Trust. Transfers are arranged by them, rather than prison authorities.
- 56** Appropriate protocols existed prior to the COVID-19 pandemic and there is no reason to suspect that it would not still be the case.
- 57** Healthcare is provided by the South Eastern Health and Social Care Trust. Criteria are set and applied by that organisation.
- 58** Healthcare is provided by the South Eastern Health and Social Care Trust. Arrangements in this case are made by them, rather than prison authorities.
- 59** Prisons are overcrowded, so it's impossible to avoid the concentration of people. Respondents from Italy do not know how much life has changed for detainees inside prisons.
- 60** There are reports of inconsistency in these measures at the national level.

CONTINGENCY PLANNING

Are there any contingency plans for managing the impact of an infectious disease outbreak in prisons?

Have contingency plans been shared with prison administrations?

Have contingency plans been shared with prison staff?

Have contingency plans been shared with people in prison?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
Using official sources respondent ⁶¹ inferred fully	Using official sources respondent inferred partly	Official source claims fully	No information	Using official sources respondent ⁶² inferred partly	Official source claims fully	Respondent inferred fully	Using official sources respondent inferred fully ⁶³	No information
Using official sources respondent ⁶¹ inferred fully	Using official sources respondent inferred partly	Official source claims fully	No information	Using official sources respondent inferred fully	Official source claims fully ⁶⁴	Respondent inferred fully	Using official sources respondent inferred fully ⁶³	No information
Using official sources respondent ⁶¹ inferred fully	Using official sources respondent inferred partly	Official source claims fully	No information	Through direct observation respondents inferred fully	Official source claims fully ⁶⁵	No information	Using official sources respondent ⁶⁶ inferred partly	No information
No information	No information	Official source claims partly	No information	Through direct observation respondents ⁶⁷ inferred partly	Official source claims fully ⁶⁸	Respondent inferred not	Using official sources respondent ⁶⁹ inferred partly	No information

61 In 2006, contingency plans were developed and shared with prison administrations and staff in response to the avian influenza. Furthermore, according to a publicly available document on COVID-19 measures, plans were made for the isolation of infected prisoners.

62 The Penitentiary Administration has issued several internal regulations to avoid the spread of the virus in prison.



CONTINGENCY PLANNING

63 Whilst this has not been made publicly available, the Scottish Prison Service has repeatedly referred to their 'Pandemic Plan' which is continually updated to reflect the latest Public Health advice.

64 The Northern Ireland Prison Service has established a team fully focused on the response to COVID-19. Contingency arrangements are reviewed on a daily basis and any changes or updates are provided to the governors of each prison establishment.

65 Specific function/role based contingency arrangements are shared with prison staff teams or the prison staff generally to ensure that the Northern Ireland Prison Service response is consistent and joined-up

66 Howard League Scotland have made the assumption that the full 'Pandemic Plan' will not have been shared with all prison staff, but that relevant parts will have been.

67 In some prisons, meetings were held between detainees (or representatives) and the staff, whereas in other prisons the communication of measures that were to be implemented were left to prison officers.

68 Regular and up to date guidance and advice is provided to prisoners in respect of the Northern Ireland Prison Service contingency response.

69 Howard League Scotland have had sight of communication provided to prisoners, which details some although not all, of the 'Pandemic Plan'.

CONTINGENCY PLANNING

(CONTINUED)

Was there a national comprehensive risk assessment made to the prison system?

Was there an assessment made of the need for PPE and other essential supplies?

Have there been enough PPE available for prisons to use during the COVID-19 pandemic?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	Using official sources respondent inferred not	Official source claims fully	No information	No information	Official source claims fully ⁷⁰	Respondent inferred fully ⁷¹	No information	Using media reports respondent inferred not
Using official sources respondent inferred fully	No information	Official source claims fully	No information	Using official sources respondents inferred partly	Official source claims fully ⁷²	Respondent inferred fully	Using official sources respondent inferred fully ⁷³	Using media reports respondent inferred not
No information ⁷⁴	Using official sources respondent inferred partly	Official source claims fully ⁷⁵	Respondent inferred partly	No information	Official source claims fully	Using staff reports respondents inferred not ⁷⁶	Using media reports & official sources respondent inferred partly ⁷⁷	Using media, union & prisoner family reports respondent inferred not

70 Risks are analysed on an ongoing basis and mitigation put in place. Given the dynamic situation risks identified and mitigation in place have evolved to match the prevailing circumstances and are kept under review.

71 There was a risk assessment made, but there are questions over how one defines 'comprehensive'.

72 An initial and ongoing assessment is made of the requirement for PPE and other essential supplies. This is managed by the team responsible for procurement and monitored by the Northern Ireland Prison Service COVID-19 response team.

CONTINGENCY PLANNING

(CONTINUED)

73 In answer to publicly available written requests from the Scottish Parliament Justice Committee to the Scottish Prison Service (SPS), it was advised that “[t]hroughout this pandemic SPS has been in full consultation with Health Protection Scotland and all PPE deployed is in line with their guidance”. Howard League Scotland have therefore made the assumption that this was preceded by an appropriate PPE requirements assessment.

74 There is no information that there was any shortage, and several prisons started to produce masks for themselves and other institutions.

75 There has been sufficient PPE available for prisons during the COVID-19 outbreak; however due to levels of demand for PPE across the system, there were some shortfalls in stock availability in the first few weeks of the pandemic whilst supply lines were established.

76 According to reports from staff.

77 In the initial phases of the pandemic, media reports claimed that there was a shortage of PPE but subsequently media has reported that there is no longer a shortage of PPE. A publicly available letter from the Scottish Prison Service to the Scottish Parliament Justice Committee confirmed that “initially, like many organisations, access to PPE was restricted, however, there was sufficient and appropriate PPE available before the organisation was required to deal with the first person in our care who reported symptoms”.

TRAINING

Have prison staff received any training on basic COVID-19 disease knowledge, including pathogen, transmission route, signs and clinical disease progression?

Have prison staff received any training on hand hygiene practice and respiratory etiquette?

Have prison staff received any training on appropriate use of PPE?

Have prison staff (including cleaning personnel) received any training on environmental prevention measures, including cleaning and disinfection?

Has there been any action taken so that information is widespread to reach people in prison, visitors and staff family members?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information ⁷⁸	Using official sources respondent inferred partly	Official source claims partly	No information	From experience respondents inferred partly ⁷⁹	Official source claims fully ⁸⁰	No information ⁸¹	Respondent inferred fully ⁸²	Using media reports & official sources respondent inferred partly
No information ⁷⁸	Using official sources respondent inferred fully	Official source claims fully	No information	From experience respondents inferred partly ⁷⁹	Official source claims fully ⁸³	No information ⁸¹	Using official sources respondent inferred fully	Using official sources & trade union reports respondent inferred partly
No information ⁷⁸	No information	Official source claims fully	No information	From experience respondents inferred partly ⁷⁹	Official source claims fully ⁸⁴	No information ⁸¹	Using official sources respondent inferred fully	Using trade union reports respondent inferred partly
Using official sources respondent inferred partly ⁷⁸	Using official sources respondent inferred partly	Official source claims fully	No information	From experience respondents inferred partly ⁷⁹	Official source claims fully ⁸⁵	No information ⁸¹	Using official sources respondent inferred fully	Using official sources, media & union reports respondent inferred partly
Using official sources respondent inferred fully ⁸⁶	Using official sources respondent inferred partly	Official source claims fully	Respondent inferred partly	From experience respondents inferred partly ⁷⁹	Official source claims fully	Respondent inferred not	Using official sources respondent inferred partly ⁸⁷	Using official sources respondent inferred partly

78 The regulations by the General Directorate for Prisons dictated that guidance has to be made available for prison staff. It is not known whether formal training was provided.



TRAINING

- 79** It is likely that no formal training on these issues was provided, but that staff were informed about safety procedures in meetings with prison directors.
- 80** Guidance has been made widely available to prison staff about COVID-19. Role-based training has been provided for specific staff.
- 81** The regulations set out for prisons by the General Directorate of Health require that staff receive such training.
- 82** Howard League Scotland made the assumption, based on other available information, that prison staff would have received this training.
- 83** Guidance has been made widely available to prison staff.
- 84** Role-based training has been provided for specific staff who are required to wear PPE.
- 85** Role-based training has been provided for staff on cleaning and disinfection. Industrial cleaning staff and prisoners are accredited to complete this function.
- 86** Guidance has been made widely available to prison staff. Furthermore, the Ministry of Justice held several press conferences on measures taken to protect staff and prisoners. Prisons were informed about where to download flyers translated into several languages, as well as pictograms. If and how flyers were distributed is not known in detail, but media reports indicate that several prison directors informed their inmates with personal letters. Social services staff were also advised to provide information to relatives of inmates.
- 87** Howard League Scotland have had sight of communication provided to prisoners, which details some although not all, of the 'Pandemic Plan'. Again, there is also information provided on the Scottish Prison Service website for visitors and staff family members.

RISK COMMUNICATION

Is there any communication strategy / office to deal with press and other external communications about prison outbreaks?

Are there key messages available for people in prison, staff and visitors about preventive measures, especially hand hygiene practices and respiratory etiquette?

Are there key messages available for people in prison, staff and visitors about disease signs and symptoms, including warning signs of severe disease requiring immediate medical attention?

Is information on COVID-19 available through videos or flyers in common use areas?

Are any of the former available considering potential language barriers (appropriate literacy level and translated versions, including versions using solely pictograms)?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	No information	Official source claims fully	No information	Using official sources respondents inferred fully ⁸⁸	Official source claims fully ⁸⁹	Respondent inferred not	Using media reports respondents inferred partly ⁹⁰	Using official sources respondent inferred not
Using official sources respondent ⁹¹ inferred fully	Using official sources respondent inferred fully	Official source claims fully	Respondent inferred partly	Using official sources respondents inferred partly	Official source claims fully	No information	Through direct observation respondents inferred fully	Using official sources & union reports respondent inferred partly
Using official sources respondent ⁹¹ inferred partly	Using official sources respondent inferred fully	Official source claims fully	Respondent inferred partly	Using official sources respondents inferred partly	Official source claims fully	No information	Through direct observation respondents inferred fully	Using official sources respondent inferred partly
Using official sources respondent ⁹¹ inferred partly	Using official sources respondent inferred partly	Official source claims fully ⁹²	Respondent inferred partly	Using official sources respondents inferred partly ⁹³	Official source claims fully	No information	From direct observation & official sources respondent inferred partly ⁹⁴	No information
Using official sources respondent ⁹¹ inferred partly	No information	Official source claims partly	Respondent inferred not	No information	Official source claims fully ⁹⁵	No information	From direct observation & official sources respondent inferred not ⁹⁴	No information



RISK COMMUNICATION

- 88** All communications about prison outbreaks are centrally controlled and released weekly. The National Preventive Mechanism also abides by this rule.
- 89** There have been no prison outbreaks. External communications are managed centrally through well-established mechanisms and through the Department of Justice Press Office.
- 90** A Scottish Prison Service spokesperson has been quoted in the media. Howard League Scotland do not know any details of the communication strategy
- 91** Guidance has been made widely available to prison staff. Furthermore, the Ministry of Justice held several press conferences on measures taken to protect staff and prisoners. Prisons were informed about where to download flyers that had been translated into several languages, as well as pictograms. If and how flyers were distributed is not known in detail, but media reports indicate that several prison directors informed their inmates with personal letters. Social services staff were also advised to provide information to relatives of inmates.
- 92** Information to prisoners is provided using flyers and posters as well as prison radio and the prison TV channel.
- 93** Respondents from Antigone do not know what kind of information the prison administrations decided to provide to detainees, but prisoners have access to television channels, so it is likely that they can obtain much of the information from those sources.
- 94** Howard League Scotland have observed signage and flyers within establishments, and this been confirmed by Her Majesty's Inspectorate of Prisons Scotland Liaison Visits. It was pointed out however, that these were not available in all languages.
- 95** COVID-19 information, symptoms, social distancing and hygiene messages have been made available in 12 different languages.

PREVENTION MEASURES

Are there protocols in place to manage staff meeting the definition of a suspected or confirmed case?

Are there routes and facilities that allow for hand washing with soap and water and dried using single-use towels or alcohol sanitizer (>60%)?

Are wall-mounted liquid soap dispensers available in communal areas (toilets, showers, gyms, canteens)?

Are paper towels available in communal areas (toilets, showers, gyms, canteens)?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	Using official sources respondent inferred fully	Official source claims fully	No information	Using official sources respondents inferred fully	Official source claims fully	Respondent inferred fully	Using official sources respondent inferred fully	Using official sources respondent inferred fully
No information	Using official sources respondent inferred fully	Official source claims fully	No information	Using official sources respondents ⁹⁶ inferred partly	Official source claims fully	No information ⁹⁷	Through direct observation respondents inferred fully	No information
No information	Using official sources respondent inferred partly	Official source claims partly	No information ⁹⁸	No information	Official source claims fully	Respondent ⁹⁹ inferred partly	Through direct observation respondents inferred fully	No information
No information	No information	Official source claims partly	No information ⁹⁸	No information	Official source claims fully	Respondent ⁹⁹ inferred partly	Through direct observation respondents inferred fully	No information



PREVENTION MEASURES

96 Staff have routine access to these facilities. Access to these facilities is usually more limited for prisoners, but efforts are being made to meet demand.

97 The regulations set out for prisons by the General Directorate of Health require that these are available.

98 The Hungarian Helsinki Committee (HHC) were informed about the availability of masks, protective equipment and disinfectants in prisons. From the data provided by the Hungarian Prison Service, all facilities are provided with a great number of masks and disinfectants. Nevertheless, HHC do not have information about the distribution and use of these protective tools. HHC gained information from inmates' family members that in some facilities inmates carry out regular disinfection of cells and common areas, and that in situations where they are in contact with other people outside of their cells they sometimes wear masks (E.g. non-contact Skype calls).

99 Not consistently.

PREVENTION MEASURES

(CONTINUED)

Are there routines in place or facilities available that allow for physical distancing?

Are there medical masks available for confirmed cases or suspect cases with symptoms (e.g. cough)?

If so are people informed on its proper use, including disposal procedure?

Are there facilities that allow for any detainees suspected to have COVID-19 based on risk assessment, to be placed in quarantine, in single accommodation, according to national protocols?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
Using official sources respondent inferred fully	Using official sources respondent inferred fully	Official source claims partly	No information ⁹⁸	No information	Official source claims fully	Respondent inferred partly ¹⁰⁰	Using official sources respondents inferred partly ¹⁰¹	No information
Using official sources respondent inferred fully ¹⁰²	No information	Official source claims partly	Respondent inferred partly ⁹⁸	No information	Official source claims fully	No information ¹⁰³	Official source claims fully ¹⁰⁴	Using media & union reports respondent inferred partly
No information	Using official sources respondent inferred fully	Official source claims fully	No information ⁹⁸	No information	Official source claims fully	No information	Using official sources respondents inferred fully ¹⁰⁵	No information
Using official sources respondent inferred partly	Using official sources respondent inferred not	Official source claims partly	No information	From direct observation & official sources respondents inferred partly ¹⁰⁶	Official source claims fully	Respondent inferred fully	Using official sources respondents inferred partly ¹⁰⁷	Using media reports respondent inferred partly

100 Reports are that this is very difficult to do due to the physical and space limitations of the prisons.

101 Her Majesty's Inspectorate of Prisons Scotland Liaison Visits Inspection Reports detail that whilst physical distancing in generally adhered to, there are areas of some establishments where this is not possible.

102 The regulations dictate that masks have to be made available for prisoners.



PREVENTION MEASURES

(CONTINUED)

103 Reports are that there are not enough masks. Respondents from ISCTE - University Institute of Lisbon do not know if those which are available are being prioritised for such cases.

104 The Scottish Prison Service website states prisoners "do not routinely require to have PPE as they are able to maintain a safe physical distance at all times. If someone is self-isolating due to having symptoms or has had a positive result for COVID-19, they are provided with a mask to wear when accessing the telephone or attending outdoor exercise."

105 In answer to publicly available written requests from the Scottish Parliament Justice Committee to the Scottish Prison Service (SPS), it was advised that "SPS staff have been provided with the appropriate PPE, information on how and when to use this, along with information on how to keep themselves and people in our care safe."

106 All newly-arrived detainees are quarantined for 14 days and should be able to be separated. Respondents from Antigone know that in practice, in some cases they are not. On the other hand, suspected cases are likely to be held separately from other detainees.

107 In an earlier stage of the pandemic, many prisoners were still sharing cells – hence answer, 'partly'. Those sharing cells were considered to be a "household" and therefore the cellmate of someone suspected to have COVID-19, was also placed in quarantine, although this would not be in single accommodation.

PREVENTION MEASURES

(CONTINUED)

If that is not possible, are people in prison with similar risk factors and exposures housed together to undergo quarantine?

When isolated, is prisoner medically observed at least twice a day (including checking and recording of symptoms and temperature)?

Are staff with symptoms of COVID-19 encouraged to stay at home and seek medical attention?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	Using official sources respondent inferred not	Official source claims fully	No information	From direct observation & official sources respondents inferred partly	Not applicable	No information	Using official sources respondents inferred partly ¹⁰⁸	No information
No information	Using official sources respondent inferred not	Official source claims fully	No information	No information	Official source claims fully ¹⁰⁹	No information	No information	No information
Using official sources respondent inferred fully	No information	Official source claims fully	No information	Using official sources respondents inferred fully	Official source claims fully ¹¹⁰	Respondent inferred fully	Using official sources respondents inferred fully	No information ¹¹¹

108 In an earlier stage of the pandemic, many prisoners were still sharing cells – hence the answer, ‘partly’. Those sharing cells were considered to be a “household” and therefore the cellmate of someone suspected to have COVID-19, was also placed in quarantine, although this would not be in single accommodation.

109 Healthcare is provided by the South Eastern Health and Social Care Trust. Medical input, including medical observation is provided by them, rather than prison authorities.

110 Testing is also offered for staff and family members who are symptomatic.

111 Complaints from professionals say not due to a shortage of staff.

CASE MANAGEMENT

Is data collected on COVID-19 in the prison system integrated in local/national epidemiological surveillance system?

When COVID-19 cases are identified, are they placed isolated in single accommodation according to national protocols?

During an outbreak, if individual isolation is not possible, are there options to group patients with confirmed infections in one place?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	No information	Official source claims fully	Respondent inferred partly ¹¹²	No information	Official source claims fully	Respondent inferred not	Official source claims fully	Using official sources respondents inferred partly ¹¹³
Using official sources respondent inferred fully	Using official sources respondent inferred fully	Official source claims partly	No information	Using official sources respondents inferred fully	Official source claims fully	Respondent inferred fully	Using official sources respondents inferred partly ¹¹⁴	Using official sources respondents inferred fully
No information	No information	Official source claims fully	No information	Using official sources respondents inferred fully	Official source claims fully	No information	Using official sources respondents inferred fully ¹¹⁴	No information

112 The Hungarian Helsinki Committee do not have information about whether the data is integrated in the national epidemiological surveillance system, but there is a case-documentation system established by the government, which collects information on all registered cases. The prison system has to provide data to the governmental database.

113 Only during the first weeks of the pandemic.

114 In an earlier stage of the pandemic, many prisoners were still sharing cells – hence answer, ‘partly’. Those sharing cells were considered to be a “household” and therefore the cellmate of someone suspected to have COVID-19, was also placed in quarantine, although this would not be in single accommodation.

CASE MANAGEMENT

(CONTINUED)

If suspect cases are identified, is a healthcare professional designated to exclusively care for them?

If suspect cases are identified, do staff use PPE when caring for them?

If suspect cases are identified, are there facilities designated exclusively for them (kitchen, bathroom, etc.) or if that is not possible are facilities disinfected before use by others?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	No information	Official source claims not	No information	No information	Official source ¹¹⁵ claims partly	No information	Official source ¹¹⁶ claims fully	No information
No information ¹¹⁷	No information	Official source claims fully	No information	Using official sources respondents inferred fully	Official source claims fully	No information ¹¹⁸	From media reports respondents inferred fully	Using trade union reports respondents ¹¹⁹ inferred partly
No information	No information	Official source claims partly	No information	Using official sources respondents inferred fully	Official source claims fully	No information	Using official sources respondents inferred fully	No information

115 Healthcare is provided by the South Eastern Health and Social Care Trust (SEHSC). This case is arranged by them, rather than prison authorities. There is a team of SEHSC healthcare workers who manage the isolation area.

116 The Scottish Prison Service (SPS) state that under Rule 41, there is a care plan for each suspected case and they would be cared for by National Health Service staff working in SPS.

117 The regulations advise staff to wear PPE when caring for suspect cases.

118 The state has affirmed publicly that medical staff will have required PPE even as security staff complain of a lack of PPE. The regulations set out for prisons by the General Directorate of Health require that proper PPE be issued to both staff and patient.

119 There is a material shortage.

CASE MANAGEMENT

(CONTINUED)

If a suspect case is transferred, are there procedures in place to ensure the room is not used before having been appropriately decontaminated?

When a person is released from prison, do administrations check if the person has a place to go to maintain quarantine in the case of being an active COVID-19 case or the contact of a COVID-19 case?

When a discharged individual is transferred to a hospital or a medical facility, while in quarantine, do you notify the receiving facility of the person's status (confirmed or suspected)?

AUSTRIA	BULGARIA	ENGLAND AND WALES	HUNGARY	ITALY	NORTHERN IRELAND	PORTUGAL	SCOTLAND	SPAIN
No information	No information	Official source claims fully	No information	Using official sources respondents inferred fully	Official source claims fully	No information	Using official sources respondents inferred fully	No information
No information	No information	Official source claims partly	No information	Using official sources respondents inferred partly ¹²⁰	No information	Respondent inferred partly ¹²¹	Using official sources respondents inferred fully ¹²²	Using official sources respondents inferred not ¹²³
No information	No information	Official source claims fully	No information	Using official sources respondents inferred fully	Official source claims fully	Respondent inferred fully	Using official sources respondents inferred fully ¹²⁴	Using official sources respondents inferred fully

120 If the person is released to home detention, the living accommodation is checked by the police to assess if it is adequate, otherwise respondents from Antigone do not know if any control is made.

121 There are conflicting reports.

122 Howard League Scotland have had sight of correspondence to local authorities confirming that this is the case.

123 No checks additional to normal procedures occur when a subject is released.

124 Howard League Scotland have assumed this to be the case as per the 'Pandemic Plan'.