

Frequently asked questions about prevention and control of COVID-19 in prisons and other places of detention

Why are people in prison especially vulnerable to COVID-19?

People in prisons and other places of detention live in a closed environment and in close proximity with one another – conditions that facilitate transmission of diseases. They also have a greater underlying burden of disease and worse health conditions than the general population, and frequently face greater exposure to risks such as smoking, poor hygiene and weak immune defence due to stress, poor nutrition or existing diseases. All these factors make people living in prison more susceptible to infections.

Should all convicted individuals newly admitted to prison be screened?

All newly admitted individuals should be screened for fever and lower respiratory tract symptoms; particular attention should be paid to people with contagious diseases. If they have symptoms compatible with COVID-19, or if they have a prior COVID-19 diagnosis and are still symptomatic, they should be put into medical isolation until further medical evaluation and testing are possible.

Should all individuals newly admitted to prison be put in quarantine for 14 days?

It is more cost-effective to have newly admitted individuals screened. Unnecessary medical isolation has negative impacts on mental health.

Should prison staff be screened?

A triage system to assess individual risks and screening for fever and lower respiratory tract symptoms should be set up for people working in prison, including custodial and health-care staff. The rationale must be to prevent or limit the entry of COVID-19 into prisons.

What about visitors – should they be screened?

Triage, risk assessment and/or screening at point of entry to prison should include visitors and all people entering the prison, irrespective of the existence of suspected cases in the community. Risk assessment consists of collecting information on any history of cough and/or shortness of breath, recent travel history or provenance from affected areas, and possible contact with confirmed cases in the last 14 days.

Should visitors be allowed in prisons during the COVID-19 outbreak?

Decisions to limit or restrict visits should take into account the impact on the mental well-being of people in prisons and the increased levels of anxiety that separation from friends and family and the outside world may cause. Banning of visitors to protect the setting from COVID-19 may result in violence, so other measures that facilitate non-contact visits, such as the introduction of video conferencing (e.g. Skype), should be considered.

Should bodies of inspection be denied access to prisons?

Even in the circumstances of the COVID-19 outbreak, bodies of inspection whose mandate is to prevent torture and other cruel, inhuman or degrading treatment or punishment should have access to all people deprived of their liberty in prisons and other places of detention (including persons in isolation), in accordance with the provisions of the respective body's mandate.

Frequently asked questions about prevention and control of COVID-19 in prisons and places of detention

Should people in prisons who show symptoms be isolated?

Any individual with symptoms must be put into medical isolation until there can be further evaluation and, if necessary, testing. Initial isolation within prisons is important, but cases should be evaluated and channelled to hospitals if severe.

What should be done if a sentence comes to an end during an individual's quarantine period?

Prison health authorities should ensure that the person discharged has a place to go where they can maintain quarantine. Local authorities should be notified that the person has been discharged to ensure follow-up.

What should be done when a person in prison who has tested positive (or is waiting for test results) is transferred to a hospital (or other medical facility)?

The receiving facility should be notified of the person's COVID-19 status (confirmed or suspect) so that it is ready to provide proper isolation.

What are the main preventive measures that may be adopted in prisons?

Eight main measures are recommended:

1. screening and risk assessment should be set up for all individuals entering prison;
2. similar measures should be adopted when people are released from prison;
3. environmental cleaning and disinfection should take place at least once daily;
4. individual hygiene and hand washing should be promoted, including provision of the necessary materials (for all people in prison, including staff) to make this possible;
5. education and communication on respiratory hygiene should be put in place;
6. prison overcrowding should be addressed;
7. an action plan, specifying who is responsible for delivering a particular action, the timescale for delivery, and how and by whom delivery will be ensured, should be in place to deal with suspected and confirmed cases;
8. all those involved should be informed about contingency planning.

Do prisons have enough protective equipment?

Personal protective equipment (PPE) is in short supply everywhere, and it is important that it is used appropriately in all settings so that it can be prioritized where required. Governments should consider giving appropriate priority to prisons and other detention settings, given the high vulnerability of this population, and ensure availability and delivery of essential supplies.

Is the sole purpose of all these measures to prevent people in prison from becoming ill?

These measures are recommended to prevent COVID-19 from entering prisons, to limit the spread of infection within prisons, and to reduce the possibility of spread from prisons to the outside community. Prison health is part of public health, so failure to prevent COVID-19 from reaching prisons will adversely affect all society.

Frequently asked questions about prevention and control of COVID-19 in prisons and places of detention

Why should society be concerned with the health of convicted individuals?

The rights of all people affected by the COVID-19 outbreak must be upheld, and all public health measures must be carried out without discrimination of any kind. According to international human rights law, it is the responsibility of the State to ensure that people in prisons and other places of detention enjoy the same standards of health care that are available in the outside community, without discrimination on the grounds of their legal status.

How should prison overcrowding be addressed?

Public authorities should take immediate steps to address prison overcrowding, including measures to respect World Health Organization (WHO) guidance on physical distancing and other health measures. Release of individuals, particularly those detained for offences not recognized under international law, should be prioritized; priority should also be given to conditional release, particularly for older persons, ill people, and others (including pregnant women) with specific risks related to COVID-19.

Should knowledge of contingency planning be restricted to the ministries responsible for prisons?

Contingency plans should be shared with all involved, including staff members and people living in prisons, in order to minimize unnecessary fear and anxiety.

What would be the potential impact of COVID-19 surging through prisons?

A sudden eruption of COVID-19 in prisons would put intense pressure on the health-care system. As a result, the system's capacity would be overwhelmed by the needs of hundreds or thousands of individuals currently living in prisons.

