#### IN THE SUPREME COURT OF INDIA CIVIL ORIGINAL JURISDICTION

**I.A. No. of 2020 IN**

**SUO MOTU WRIT PETITION (CIVIL) NO.1/2020**

**IN THE MATTER OF: -**

**IN RE: CONTAGION OF COVID 19 VIRUS IN PRISONS**

**AND IN THE MATTER OF:-**

**NATIONAL FORUM ON PRISON REFORMS THROUGH ITS CONVENOR AJAY VERMA**

**PT-62/26, Kalkaji**

**New Delhi – 110019 ..APPLICANT/INTERVENOR**

PAPER BOOK

**I.A. No of 2020: Application for Directions**

[FOR INDEX KINDLY SEE INSIDE]

**ADVOCATE FOR THE APPLICANT/ INTERVENOR: HARMEET SINGH**

**RUPRAH**

**INDEX**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Particulars** | **Page Nos.** | **Internal page no** |
| 1. | Application for Directions on behalf of the applicant withAffidavit | 1-21 |  |
| 2. | **Annexure A-1**:True copy of the press note of the State Govts. of Maharashra and U.P. declaring the release ofprisoners. | 22-24 |  |
| 3. | **Annexure A-2**:True copy of the guidelines and measures as enumerated by the World Health Organisation entitled ‘Preparedness, prevention and control of COVID-19 in prisons and other places of detention’ dated 15th March2020 | 25-64 | 1-40 |

New Delhi

Date: 28.03.2020

**SYNOPSIS**

The instant applications seek urgent directions from this Hon'ble Court for safe passage of released prisoners and related directions, in view of the impending release of a large number of jail inmates around the country due to the Covid-19 pandemic and the 21-day national lockdown. In the instant matter, Suo Motu Writ Petition (Civil) No.1/2020 In Re: Contagion Of Covid-19 Virus In Prisons, this Hon'ble Court had passed certain directions dated 23.3.2020 to *inter alia* constitute a High Powered Committee at State/UT level to determine which class of prisoners can be released on parole or interim bail, in order to reduce overcrowding in the jails during the Covid-19 epidemic. Further, the Undertrial Review Committees (UTRCs), were directed to meet every week and take such decisions in consultation with the concerned authority.

Since these directions were passed, the Central Government has issued orders imposing an extended nationwide lockdown period of 21 days

w.e.f. midnight of 24.3.2020. As a result, public transportation, personal mobility and means of livelihood are severely curtailed throughout the country. As such, prisoners being released from custody would be hard pressed to deal with the situation on their release, and severely constrained from reaching their homes or other place of shelter and from earning for their subsistence.

In view of the current situation, the Applicant seeks certain further and urgent directions from this Hon'ble Court, not covered in the order dated 23.03.2020, with regard to providing safe transit to the released prisoners such as police escorts or home guards, including a subsistence allowance, travel allowance, issuing of passes as well as a medical / ration / essential supply kit; and also be given an option of staying in temporary shelters for the period of lockdown or an address and phone no. of at least one shelter home in the district, especially for women, elderly, sick, destitute, etc. Without these facilities, the released prisoners would be completely stranded and may starve / die. Hence the urgency in these applications.

1

**IN THE SUPREME COURT OF INDIA CIVIL ORIGINAL JURISDICTION**

**I.A. No. of 2020 IN**

**SUO MOTU WRIT PETITION (CIVIL) NO.1/2020**

**IN THE MATTER OF: -**

**IN RE: CONTAGION OF COVID 19 VIRUS IN PRISONS**

**AND IN THE MATTER OF:-**

**NATIONAL FORUM FOR PRISON REFORMS THROUGH ITS CONVENOR AJAY VERMA**

**PT-62/26, Kalkaji**

**New Delhi – 110019 ... Applicant/ Intervenor**

**APPLICATION FOR DIRECTIONS**

**TO,**

**THE HON’BLE CHIEF JUSTICE OF INDIA**

**AND COMPANION JUSTICES OF THE HON’BLE SUPREME COURT OF INDIA**

**THE APPLICATION OF THE APPLICANT/ INTERVENOR ABOVENAMED**

2

**MOST RESPECTFULLY SHOWETH THAT:**

* 1. The above Petition is a suo-motu writ petition under Article 32 of the Constitution of India taken up by this Hon’ble Court in view of the Corona Virus Pandemic that has gripped the world and is likely to affect the prison population, as the virus is highly contagious.
	2. That this Hon'ble Court has passed certain directions in the present case dated 23.3.2020 to *inter alia* constitute a High Powered Committee at State/UT level comprising of (i) Chairperson of State Legal Services Committee, (ii) the Principal Secretary (Home/Prison) by whatever designation is known as, and (iii) Director General of Prison(s), to determine which class of prisoners can be released on parole or interim bail for such period as may be thought appropriate. Further, the Under Trial Review Committees (UTRCs) contemplated by this court in Re Inhuman Conditions in 1382 Prisons, WP(C) 406 of 2013, shall meet every week and take such decision in consultation with the concerned authority.
	3. That since these directions were passed, there have been further orders issued by the Central and State Governments extending the lockdown period from a week to 21 days in the entire country. That as a result, no public transportation is currently available in any part of the country for people to travel to and from their homes.

3

* 1. That in view of the prevailing circumstances, and further keeping in mind that it is critical to decongest the prisons keeping in view the threat to the lives of the inmates in case the virus spreads, as well as maintaining proper hygiene, sanitation, social distancing, etc., the Applicant herein prays that this Hon'ble Court consider the additional suggestions being put forth by the Applicant.
	2. That the Applicant, i.e. the 'National Forum on Prison Reforms' is a non-registered forum of 6 organisations. That the Applicant was also an Intervenor in the case Re-Inhuman Conditions in 1382 Prisons, WP(C) 406 of 2013, and its members have worked closely with the Amicus Curiae in the above case, in order to assist this Hon'ble Court in contemplating the various measures to address various issues including overcrowding, medical negligence, and custodial deaths in prisons. That the Antecedents of the Applicant have been listed in detail in the accompanying Application on Intervention and are not being repeated herein for the sake of brevity. That the said IA be read as part and parcel of the present IA.
	3. That in view of the outbreak of the communicable respiratory disease, Novel Corona Virus (COVID-19), and in order to contain the spread of the virus among the prison population, this Hon’ble Court vide its order dated 23.03.2020 has directed as follows:

4

* + - Physical presence of all the under trial prisoners before the Courts must be stopped with immediate effect and recourse to video conferencing may be taken for all purposes;
		- Transfer of prisoners from one prison to another for routine reasons must not be resorted except for decongestion to ensure social distancing and medical assistance to an ill prisoner;
		- Sick person be immediately shifted to a Nodal Medical Institution in case of any possibility of infection;
		- Preparation of readiness and response plan in consultation with medical experts, taking into account report of Inter agency Standing Committee published by United Nations on 17 March 2020;
		- Monitoring team be set up to ensure the scrupulous compliance of directives with regard to prison and remand homes;
		- Constitution of High Powered Committee at State/UT level comprising of Chairperson of State Legal Services Authority, Principal Secretary Home/Prison and DG Prisons to determine which class of prisoners can be released on parole/ interim bail for such period as may be thought appropriate. For instance, the State/ Union Territory to consider the release of prisoners who have been convicted or under trial for offences punishable up to seven years or less with or without fines and to those who have been

5

convicted and sentenced for less number of years than the maximum. The committee may decide on its discretion the release of any person depending upon the nature of offence, sentence awarded and severity of the offence;

* + - Under Trial Review Committees (UTRCs) contemplated by this court ***In Re Inhuman Conditions in 1382 Prisons, WP(C) 406 of 2013*** shall meet every week and take decisions as per the mechanism provided in view of directions passed by this Hon’ble Supreme Court and may consider the release of the prisoners with or without surety;
		- The High Powered Committee shall take into account the directions contained in ***Arnesh Kumar Vs State of Bihar & Anr, 2014 (8) SCC 273;***

That after the above directions passed by this Hon’ble Court, the Central Government as well as the State Governments vide various oral and written orders, have announced a lockdown in the entire country for a period of 21 days w.e.f. midnight of 24.3.2020. That in view of the said orders, the entire inter-State, and inter-city transportation has been stopped, including railways, buses, taxi services, etc.

* 1. That further most of the prison inmates come from very poor and destitute backgrounds. That under the circumstances if they are released, the families may not be able to support the extra member.

6

* 1. That this is further in view of the fact that pursuant to this Hon’ble Court’s orders, various State Governments have declared that they would be releasing large number of prisoners. The State Government of Maharashtra and U.P. have declared that they would be releasing 11,000 prisoners, while the State Government of Punjab & Haryana has declared that they would be releasing 5000 prisoners. The press notes of the State Govts. of Maharashtra and U.P. declaring the release of prisoners are attached herewith as **Annexure A-1.**
	2. That in view of the present conditions, the members of the National Forum of Prison Reforms felt that there is a need for additional guidelines for the prison authorities as well as the High-Powered Committees. That the additional suggestions as deliberated by the members of the National Forum are therefore put forth as follows for the consideration of this Hon’ble Court:
1. The High-Powered Committee or UTRC or Competent Authority may consider that:
	* The officer-in-charge of prison or sub-jail should prepare a list of all eligible convicted or under trial prisoners for the offence punishable up to seven years or less with or without fines, people of vulnerable categories, persons who already been granted bail/parole/ furlough in the past and persons eligible for premature release.

7

* + This list should be shared with the District & Sessions Judge, DLSA Secretary and the High Powered Committee.
	+ The District & Sessions Judge may forthwith issue directions to the concerned court or constitute a special court to adjudicate all the matters expeditiously, with the assistance of the public prosecutor and defense lawyers/legal aid lawyers. This special court may function via videoconferencing or if possible, be held inside the prison premises, wherein eligible prisoners can also be given the opportunity to be heard. These hearings should be completed within **a week** of the receipt of the list from the high powered committee/ UTRC. Unless there are specific objections to release on bail by the public prosecutor with reasons which must be put in record by the Court, the Court may pass orders of release on ‘interim bail’ on the same day and ensure that the release warrants are sent to the prison on the same day.
1. Once the release/ bail orders are issued by the competent authority, the prison authorities should ensure as follows:
	* The released prisoners should be given **safe transit** to his/her residence, which may include deploying home guards or police to escort the prisoners to their homes.

8

Alternatively, police vehicles may transit prisoners to the district headquarters, and from there to their respective police stations with the help of the local policemen, can escort them to their homes.

* + Alternatively, the released prisoners may be given certificates/e-passes from prison or competent authority to enable them to travel during lockdown.
	+ Prisoners may be given a subsistence allowance, travel allowance, issuing of passes as well as a medical / ration

/ essential supply kit (like soap, toothpaste, brush, at least one set of fresh clothes, towels, etc.); and also be given an option of staying in temporary shelters for the period of lockdown.

* + Women may be escorted to the nearest One Stop Centre

/ shelter home if they cannot go home.

* + Address and phone no. of at least one shelter home in the district should be provided at the time of release of the prisoner, especially for women, elderly, sick, destitute released inmates.
	+ In case there is a problem with regard to transportation or lack of facilities, alternate temporary shelter arrangements may be made in the city till the lockdown is over for prisoners released on bail or parole. The open

9

prisons, semi-open prisons, and half way homes may also be used as temporary shelters for such inmates.

* + Wages earned by them during their period in custody be handed over to them at the time of release.
	+ Health screening of prisoners prior to release: Strict screening of prisoners for the symptoms of COVID-19,

i.e. fever (high temperature), cough and problem in breathing be conducted before release. No prisoner with these symptoms should be released without a proper diagnosis of the ailment. Such prisoners should be confined in the quarantine. Those who are not found with any such symptoms should be issued a ‘fit certificate’ by the medical officer so that they are not refused admission to a shelter home or face harassment by the community when they reach their homes.

* + Consent of prisoner: No prisoner should be released without their consent.
	1. That in addition to the directions issued by this Hon’ble Court, priority may also be given to the following categories of prisoners as they would be at higher risk of contracting the disease:-
1. UTPs/ Convicts who are medically fragile and older may be released with or without surety. Release of these persons will reduce the need to provide complex medical care or transfer to hospitals. Persons who are sick or

10

infirm or require specialized medical treatment or are vulnerable to the virus on account of age, pre-existing health conditions such as:

* + People above 60 years
	+ Have terminal medical conditions
	+ Have more than 40% physical disability
	+ HIV Positive or TB patients
	+ Have a debilitated medical condition
	+ Suffer from chronic medical condition
	+ Blood disorder
	+ Chronic kidney Disease
	+ Chronic liver disease
	+ Immuno-suppression
	+ Endocrine disorder
	+ Metabolic disorder
	+ Heart disease
	+ Lung disease
	+ Neurological and neurologic and neurodevelopment conditions
	+ Hypertension
	+ Pregnant or lactating women
	+ Women with children inside the prison or have young children living outside
	1. **Release of Under Trial Prisoners**

11

That the High Powered Committee/ Under Trial Review Committees **(**UTRCs) may on priority consider the release of under trials on Bail/Interim Bail on Personal Bond of the 14 categories, as already enumerated vide orders dated 24.4.2015, 5.2.2016 and 6.5.2016, passed by this Hon’ble Court in ***Re- Inhuman Conditions in 1382 Prisons, WP(C) 406 of 2013,*** and mentioned under NALSA’s Standard Operating Procedures on the functioning of Under Trial Review Committees***.*** That these categories include:

1. UTPs falling under Section 436 A Cr.P.C.
2. UTPs released on bail by the court, but have not been able to furnish sureties;
3. UTPs accused of compoundable offences;
4. UTPs eligible under Section 436 of Crpc;
5. UTPs who may be covered under Section 3 of the Probation of Offenders Act, namely accused of offence under Section 379, 380, 381,404,420 IPC or alleged to be an offence not more than 2 years imprisonment;
6. UTPs become eligible to be released on bail u/s 167 (2)(a)(i) & (ii) of the Code read with Section 36A of the Narcotic Drugs and Psychotropic Substances Act, 1985 (Where persons accused of Section 19 or Section 24 or Section 27 A or for Offences involving commercial quantity) and where investigation is not completed in 60/90/180 day;

12

1. UTPs who are imprisoned for offences which carry a maximum punishment of 2 years;
2. UTPs who are detained under Chapter Cr.P.C .i.e. u/s 107,108,109 and 151of Cr.P.C.;
3. UTPs who are sick or infirm or require specialized medical treatment or are vulnerable to the virus on account of age, pre-existing health conditions such as diabetes, hypertension, respiratory problems etc.
4. UTPs women offenders, particularly those who are pregnant, or with children or have young children living outside;
5. UTPs who are first time offenders between the ages 19 and 21 years and in custody for the offence punishable with than 7 years of imprisonment and have suffered at least 1⁄4 of the maximum sentence possible;
6. UTPs eligible for release under Section 437(6) of Cr.P.C. Where in a case triable by a Magistrate, the trial of a person accused of any non-bailable offence has not been concluded within within a period of 60 days from the first date fixed for taking evidence in the case.
	1. **Release of convicts**

That further to the above directions the High-Powered Committees / respective State Governments may release the convicts on ‘temporary release’ by exercising the powers

13

conferred under S.432 of the Code of Criminal Procedure, 1973 (CrP.C.).

* + - Convicts who have completed their sentence however due to non-payment of fine are still in prison.
		- Convicts who are serving a sentence of not more than seven years and have served at least one third of their sentence.
		- Convicts who do not fall in the above categories, but their sentence would get over within next two months may be considered for commutation/permanent release.
		- Convicts who are in semi open or open prisons and may soon be released.
		- Old, sick, infirm, women with children, etc.
		- Convicts who have been shortlisted or whose files are currently being processed for premature release across all states.
	1. That in view of the serious outbreak of the COVID-19 in some prisons in UK and US, which is posing a grave problem for the prison administration in these countries to contain the outbreak, and to prevent such a situation in the prisons across the country, a Nodal Medical Committee be constituted in each prison, to advise the prison staff and the para-medical staff on the precautions and sanitisation procedures to be put in place inside the prisons, as well as on preparedness in case of an outbreak in

14

the prison or sub-jail.

* 1. Further adequate medical facilities, doctors and medical staff, hospitals equipped with proper facilities, maintain proper hygienic conditions, as well as follow proper health screening tests as developed by WHO entitled **'Preparedness, Prevention And Control of Covid-19 In Prisons and other places of detention'** dated 15th March 2020 be followed. The following measures may be taken to protect the prison population.

#### Health, Sanitation, Drinking Water and Hygiene

* 1. Weekly Visits by Doctors from Civil Hospitals to Prisons
	2. Setting up additional Mobile Toilets (if required) and Improve Drinking and Bathing Water Facilities
	3. Sufficient Supply of Sanitary Pads to Women Prisoners
	4. Improving Diet for Pregnant Women and Children in Prisons
	5. Improving Supply of Bathing Soap and soaps/hand wash in toilets inside the barracks to encourage inmates to wash their hands frequently, especially before eating anything
	6. Cloth masks/ *gamchas* to all prisoners to encourage prisoners to cover their mouth as far as possible
	7. Sanitisers for prisoners and prison staff, where access to water is not easily available and work involves close

15

interaction with prisoners/staff/office files etc - like in factory areas, administrative areas, hospitals, legal aid clinics etc

* 1. Newcomers in the prison to be thoroughly screened and kept in isolation ward for 14 days;
	2. All wards, barracks and all common areas to be cleaned with water and disinfectants once every day.
	3. Supply of Thermal Thermometers to Prisons
	4. Wash Basins and Hand Wash Facilities at Entry Points
	5. Ensuring regular supply of water especially in prisons where water scarcity is a problem
1. Recording of travel history and possible contact with COVID infected person at the time of admission.
2. **Awareness of Prisoners & Prison Staff -** Awareness of Prisoners and prison staff may be conducted through Posters, Awareness sessions and Use of informative audio or videos.
3. **Contact with Family** - Communication through Phone Calls/ Video Skype/ E-mulakaat with Family Members
4. **Contact with Lawyers -** Communication through Phone Calls/ Video Skype/ E-mulaqat with lawyers be permitted.
5. **Recreation and education activities -** Vocational training, factory work and yoga or any other activity that may de-

# 16

stress the prison inmates may continue subject to social distancing.

True copy of the guidelines and measures as enumerated by the World Health Organisation entitled ‘Preparedness, prevention and control of COVID-19 in prisons and other places of detention’ dated 15th March 2020 is annexed as **Annexure A-2.** The link of the WHO guideline is available at:

[http://www.euro.who.int/ data/assets/pdf\_file/0019/434026/Pr](http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1) [eparedness-prevention-and-control-of-COVID-19-in-](http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1) [prisons.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1)

* 1. That all the above guidelines, directions be also extended to juvenile homes, child care institutions, beggar homes, detention centers, homes for women, and institutions housing mentally ill and destitute women.
	2. The applicant further wishes to bring to the notice of this Hon’ble court that due to the lockdown many High Courts and Lower courts have suspended their work and the prisoners not falling in the categories as decided by HPC or UTRC in view of the order dated 23.3.2020, are unable to get the hearings on emergent/ Medical grounds. This issue also requires consideration by this Hon’ble Court so that appropriate orders may be passed to constitute Special Courts for hearing through video conferencing or any other mode as deemed fit on the basis of urgency in the interest of justice.

17

* 1. In view of the abovementioned facts and circumstances, the hearing of this application is sought on an urgent basis during the lockdown, and the applicant is unable to file a signed affidavit, court fee and vakalatnama besides the attestation of affidavit. However, the same has been forwarded by the authorized person from his email, the applicant undertakes to file the same immediately after the lockdown is over.

**PRAYER**

* 1. It is therefore, prayed that this Hon'ble Court may be pleased to:
1. Pass an order directing all States and Union Territories to adhere to the guidelines as enumerated by this Hon’ble Court vide its orders dated 24.4.2015, 5.2.2016 and 6.5.2016, passed in ***Re- Inhuman Conditions in 1382 Prisons, WP(C) 406 of 2013,*** for decongesting prisons;
2. Pass an order directing all states and UTs to release convicts who have completed their sentence, or nearing completion, or are housed in open prisons/semi open prisons, or are sick, elderly and infirm;
3. Pass an order directing all States and Union Territories to provide safe transit facilities to released prisoners, including a subsistence allowance, travel allowance, issuing of passes as well as a medical / ration / essential supply kit; and also be given an option of staying in temporary shelters for the period of lockdown or an address and phone no. of at least one shelter home in the district, especially for women,

18

elderly, sick, destitute, etc..

1. Pass an order directing all States and Union Territories to ensure adequate medical facilities, doctors and medical staff, hospitals equipped with proper facilities, maintain proper hygienic conditions, as well as follow proper health screening tests as enumerated by the World Health Organisation entitled Preparedness, prevention and control of COVID-19 in prisons and other places of detention dated 15th March 2020;
2. Pass an order directing all States and Union Territories to constitute a Nodal Medical Committee to advise the prison staff and the para-medical staff on the precautions and sanitisation procedures to be put in place inside the prisons, as well as on preparedness in case of an outbreak in the prison;
3. Pass an order directing all States and Union Territories to implement the above directions in all places of detention, including sub-jails, child care institutions, juvenile homes, beggars’ homes, detention centres, homes for destitute women, and homes for mentally ill;
4. Pass an order directing all the high court and its subordinate court to consider hearing of cases on emergent/ Medical grounds which are not falling in the categories as decided by HPC/UTRC of UT and States as advised in order dated 23.3.2020 passed by this Hon’ble

19

court through video conferencing or any other mode in view of the lockdown in the interest of justice;

1. Pass an order to constitute Special Courts for hearing cases through video conferencing or any other mode as deemed fit on the basis of urgency in the interest of justice.
2. Pass any other or further directions as this court may deem fit or proper in the circumstances of the case.

**Filed by:**

**Harmeet Singh Ruprah**

**Advocate for the Applicant/ Intervenor**

**Ph: 9999439109**

**Email id: harmeetruprah@gmail.com**

**Drawn by:**

**Ritu Kumar**

**Advocate for the Applicant Ph: 9958827916**

**Email: k14ritu@hotmail.com**

**Dated: 28.3.2020**

**Place: New Delhi**





22

ANIL DESHMUKH

Home Minister Government of Maharashtra

Press Note

There are 45 prisons in Maharashtra, in which about 60,000 prisons are imprisoned. This is a red flag and potential flashpoint for rapid spread of COVID-19, as prisoners are living in congested space.

Hence it is decided to release:

1. Undertrial prisoners
2. Prisoners convicted upto 7 years imprisonment

Approximately upto 11,000 prisoners will be released on Emergency Parole, initially for 45 days.

Before their release, they will be subjected to thorough required medical check-up and will be issued the necessary passes which will facilitate them to go to their native places.

Sg/d (Mr Anil Deshmukh)

23

Live Mint

Coronavirus update: UP to release 11,000 prisoners on bail to decongest prisons

1 min read . Updated: 29 Mar 2020, 09:43 AM ISTIANS

There are around 8,500 under-trials and 2,500 convicts in the jails of the state

This was in order to decongest prisons in the wake of Corona virus pandemic

Topics [Coronavirus](https://www.livemint.com/topic/coronavirus)

LUCKNOW : In keeping with the directives of the Supreme Court, the Uttar Pradesh government has decided to release over 11,000 prisoners lodged in 71 jails in the state, in view of the [COVID-19](https://www.livemint.com/news/india/covid-19-india-registers-179-fresh-cases-highest-in-single-day-11585413587272.html) outbreak in the country.

The Supreme Court, last week, had directed all states and union territories to constitute high-level committees to consider releasing on parole or interim bail, prisoners and under-trials for offences entailing up to 7-year jail term. This was in order to decongest prisons in the wake of coronavirus pandemic.

A statement issued by the Uttar Pradesh government said, "In compliance with the orders of the Supreme Court, a committee was formed by the state government, which held its sitting on March 27 under the chairmanship of Justice Pankaj Kumar Jaiswal. The committee

24

directed that under-trials lodged in 71 jails of the state in crimes, whose maximum punishment is of 7 years, be given 8-week interim bail on a personal bond, and immediately freed from the jail."

The statement further said, "Convicts who have been booked for crime that entails punishment for 7 years or less, are being released on 8-week parole on a personal bond, and will be freed form Sunday onwards."

There are around 8,500 under-trials and 2,500 convicts in the jails of the state.

In Kanpur alone, 303 prisoners, including 70 convicts, will be released on parole or interim bail for eight weeks.

Preparedness, prevention and control of COVID-19 in prisons and other places of detention

Interim guidance 15 March 2020






# Preparedness, prevention and control of COVID-19 in prisons and other places of detention

### Interim guidance 15 March 2020

**This document is based on the latest available evidence on the COVID-19 outbreak as of 15 March 2020. The World Health Organization (WHO) continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update.**

Address requests about publications of the WHO Regional Office for Europe to:

Publications

WHO Regional Office for Europe UN City, Marmorvej 51

DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website [(h](http://www.euro.who.int/pubrequest%29)t[tp://www.euro.who.int/pubrequest).](http://www.euro.who.int/pubrequest%29)

**© World Health Organization 2020**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Acknowledgements iv

[Abbreviations v](#_TOC_250011)

1. [Introduction 1](#_TOC_250010)
2. Rationale 2
3. Planning principles and human rights considerations 3
4. [Scope and objectives 6](#_TOC_250009)
5. [Target audience 7](#_TOC_250008)
6. General approach 8
7. COVID-19 virus: pathogen characteristics, signs and symptoms, transmission 10
	1. [Pathogen characteristics 10](#_TOC_250007)
	2. [Signs and symptoms of COVID-19 10](#_TOC_250006)
	3. [Transmission of COVID-19 10](#_TOC_250005)
	4. [How long can the virus survive on surfaces? 11](#_TOC_250004)
8. Preparedness, contingency planning

and level of risk 12

1. Training and education 14
2. Risk communication 15
3. Important definitions: suspect case, probable case, confirmed case, contacts, case reporting 16
	1. Definition of a suspect case 17
	2. [Definition of a probable case 17](#_TOC_250003)
	3. [Definition of a confirmed case 17](#_TOC_250002)
	4. [Definition of a contact 17](#_TOC_250001)
	5. [Case reporting 18](#_TOC_250000)

**CONTENTS**

1. **Prevention measures** 19
	1. Personal protection measures 19
	2. Use of masks 19
	3. Environmental measures 20
	4. Physical distancing measures 21
	5. Considerations for access restriction and movement limitations 21
	6. Staff returning to work following travel to affected areas or with a history of potential exposure 22
	7. What to do if a member of staff becomes unwell and believes they have been exposed

to COVID-19 22

1. **Assessing suspected cases of COVID-19**

**in people in prison/detention** 24

* 1. Advice on use of PPE and other standard precautions for health-care staff and

custodial staff with patient-facing roles 24

* 1. Advice for policing, border force and

immigration enforcement activities 26

1. **Case management** 27
	1. Clinical management of severe acute respiratory infection (SARI) when COVID-19

is suspected 27

* 1. Additional precautions 28
	2. How to undertake environmental cleaning following a suspected case in a prison or

other place of detention 28

* 1. Discharge of people from prisons and other places of detention 28
1. **Information resources** 29

**Annex 1. Environmental cleaning following a suspected case of COVID-19 in a place of**

**detention** 31

**III**

## IV ACKNOWLEDGEMENTS

The development of this document was coordinated by Carina Ferreira-Borges, Programme Manager, Alcohol, Illicit Drugs and Prison Health, WHO Regional Office for Europe, who was also part of the core group for the development of this publication. The work was developed under the leadership of Dr João Breda, head of

the WHO European Office for the Prevention and Control of Noncommunicable Diseases, and in consultation with the Incident Management Team of the WHO Health Emergencies Programme, WHO Regional Office for Europe, and WHO headquarters, Geneva, Switzerland.

Contributions were received from Masoud Dara, Coordinator, Communicable Diseases, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe; Jeffrey Gilbert, IMT\_COVID-19, Information Management, WHO, Beijing, China; Filipa Alves da Costa, WHO European Office for the Prevention and Control of Noncommunicable Diseases; Fahmy Hanna, Department of Mental Health and Substance Abuse, WHO headquarters; Kanokporn Kaojaroen, Health and Migration Programme, WHO headquarters; Teresa Zakaria, Elizabeth Armstrong Bancroft, Rudi Coninx, Adelheid Marschang and Maria Van Kerkhove, Health Emergencies Programme, WHO headquarters.

WHO is very grateful to the following experts, who constituted the core group for the development of this publication (in alphabetical order):

* Daniel Lopez-Acuña, Andalusian School of Public Health, Granada, Spain
* Éamonn O’Moore, National Lead for Health and Justice, Public Health England, and Director, UK Collaborating Centre for WHO Health in Prisons Programme
* Lara Tavoschi, Senior researcher in public health, University of Pisa, Italy
* Marc Lehmann, Medical adviser, Ministry of Justice State of Berlin, Berlin, Germany
* Stefan Enggist, Federal Department of Home Affairs, Federal Office of Public Health, Department of Communicable Diseases, Switzerland
* Sunita Sturup-Toft, Public Health Specialist, Public Health England, and UK Collaborating Centre for WHO Health in Prisons Programme.

**WHO is also grateful for the insights and contributions provided by the following reviewers:** Elena Leclerc, Health Programme Coordinator, Health Care in Detention, Health Unit, Assistance Programme, International Committee of the Red Cross, Geneva, Switzerland

Erika Duffell, Air-Borne, Blood-Borne and Sexually Transmitted Infections, DPR, European Centre for Disease Prevention and Control

Hans Wolff, Service de médecine pénitentiaire, Hôpitaux universitaires de Genève, Switzerland

Fadi Meroueh, Chef de Service Unité Sanitaire CHU de Montpellier, France, Health Without Barriers (HWB) President

Gary Forrest, Chief Executive, Justice Health and Forensic Mental Health Network, Australia

Hanna Hemminki-Salin, Chief Physician of Outpatient Services, Health Services for Prisoners, National Institute for Health and Welfare, Finland

Laurent Getaz, Division of Prison Health, Hôpitaux universitaires de Genève, Switzerland **V**

Michel Westra, Medical adviser, Dienst Justitiële Inrichtinge (Custodial Institutions Agency), Netherlands Ruggero Giuliani and Roberto Ranieri, Infectious Diseases Service, Penitentiary Health System, San Paolo University Hospital, Milan, Italy

Robert B. Greifinger, Professor of Health and Criminal Justice, John Jay College of Criminal Justice, New York, USA

Robert Charles Paterson, Health Care in Detention, Health Unit, Assistance Programme, International Committee of the Red Cross, Geneva, Switzerland

Roberto Monarca, Infectious Diseases Specialist, Maximum Security Prison of Viterbo, Lead of Territorial Department of Infectious Diseases, Viterbo, Italy

Philipp Meissner, Justice Section, Division for Operations, United Nations Office on Drugs and Crime Claudia Baroni, Justice Section, Division for Operations, United Nations Office on Drugs and Crime Sven Pfeiffer, Justice Section, Division for Operations, United Nations Office on Drugs and Crime Tracey Flanagan, Manager, Justice Health and Forensic Mental Health Network, Australia.

Images were provided by the Ministry of Health of Kyrgyzstan from a simulation exercise and are included with their permission for illustrative purposes only.

This publication was developed with financial assistance from the Finnish Ministry of Social Affairs and Health.

## ABBREVIATIONS

**ARDS** acute respiratory distress syndrome

**COVID-19** coronavirus disease 2019

**ECDC** European Centre for Disease Prevention and Control

**HCID** high-consequence infectious disease

**IPC** infection prevention and control **MERS** Middle East respiratory syndrome **nCoV** novel coronavirus

**PHE** Public Health England

**PPE** personal protective equipment

**SARI** severe acute respiratory infection

**SARS** severe acute respiratory syndrome

**SARS-CoV-2** severe acute respiratory syndrome coronavirus 2

**UNODC** United Nations Office on Drugs and Crime

**WHO** World Health Organization

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**VI**

**1**

**1**

## INTRODUCTION

People deprived of their liberty, such as people in prisons and other places of detention,1 are likely to be more vulnerable to the coronavirus disease (COVID-19) outbreak than the general population because of the confined conditions in which they live together for prolonged periods of time. Moreover, experience shows that prisons, jails and similar settings where people are gathered in close proximity may act as a source of

infection, amplification and spread of infectious diseases within and beyond prisons. Prison health is therefore widely considered as public health. The response to COVID-19 in prisons and other places of detention is particularly challenging, requiring a whole-of-government and whole-of-society approach, for the following reasons:2,3

* 1. Widespread transmission of an infectious pathogen affecting the community at large poses a threat of introduction of the infectious agent into prisons and other places of detention; the risk of rapidly increasing transmission of the disease within prisons or other places of detention is likely to have an amplifying effect on the epidemic, swiftly multiplying the number of people affected.
	2. Efforts to control COVID-19 in the community are likely to fail if strong infection prevention and control (IPC) measures, adequate testing, treatment and care are not carried out in prisons and other places of detention as well.
	3. In many countries, responsibility for health-care provision in prisons and other places of detention lies with the Ministry of Justice/Internal Affairs. Even if this responsibility is held by the Ministry of Health, coordination and collaboration between health and justice sectors are paramount if the health of people in prisons and other places of detention and the wider community is to be protected.
	4. People in prisons and other places of detention are already deprived of their liberty and may react differently to further restrictive measures imposed upon them.

1 Places of detention, as defined for the purposes of these guidelines, include prisons, justice-related detention settings and immigration removal centres.

2 2019 Novel Coronavirus (2019-nCOV): Strategic Preparedness and Response Plan. Geneva: World Health Organization; 2020 (https:/[/w](http://www.who.int/docs/default-source/)w[w.who.int/docs/default-source/](http://www.who.int/docs/default-source/) coronaviruse/srp-04022020.pdf?sfvrsn=7ff55ec0\_4&download=true).

3 Good governance for prison health in the 21st century: a policy brief on the organization of prison health. Copenhagen: WHO Regional Office for Europe/Vienna: United Nations Office on Drugs and Crime; 2013 ([http://www.euro.who.int/\_\_data/assets/pdf\_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf).](http://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

## 2 2. RATIONALE

People deprived of their liberty, such as people in prisons, are likely to be more vulnerable to various diseases and conditions. The very fact of being deprived of liberty generally implies that people in prisons and other places of detention live in close proximity with one another, which is likely to result in a heightened risk of person-to-person and droplet transmission of pathogens like COVID-19. In addition to demographic characteristics, people in prisons typically 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 prevalence of coexisting diseases, such as bloodborne viruses, tuberculosis and drug use disorders.

The COVID-19 outbreak, which was first detected in Wuhan, China, in December 2019, has been evolving rapidly. On 30 January 2020, the WHO Director-General declared that the current outbreak constituted

a public health emergency of international concern, and on 12 March 2020 the COVID-19 outbreak was declared a pandemic.4

In these circumstances, prevention of importation of the virus into prisons and other places of detention is an essential element in avoiding or minimizing the occurrence of infection and of serious outbreaks in these settings and beyond.

Depending on the COVID-19 situation of the specific country, the risk of introducing COVID-19 into prisons and other places of detention may vary. In areas with no local virus circulation, the risk of virus introduction into closed settings may be associated with prison staff or newly admitted individuals who have recently stayed in affected countries or areas or who have been in contact with people returning from affected countries or areas. However, as several countries in Europe are now experiencing widespread sustained community transmission, the risk of transmission has substantially increased.

In all countries, the fundamental approach to be followed is prevention of introduction of the infectious agent into prisons or other places of detention, limiting the spread within the prison, and reducing the possibility of spread from the prison to the outside community. This will be more challenging in countries with more intense transmission.

Prisons and other places of detention are enclosed environments where people (including staff) live in close proximity. Every country has a responsibility to increase their level of preparedness, alert and response to identify, manage and care for new cases of COVID-19. Countries should prepare to respond to different public health scenarios, recognizing that there is no one-size-fits-all approach to managing cases and outbreaks

of COVID-19. Four transmission scenarios that could be experienced by countries at the subnational level have been defined for COVID-19, and countries should therefore adjust and tailor their approach to the local context.5

4 WHO Director-General’s opening remarks at the mission briefing on COVID-19 (12 March 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19](http://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19) 12-march-2020).

5 Critical preparedness, readiness and response actions for COVID-19: interim guidance (16 March 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19).](http://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19%29)



## PLANNING PRINCIPLES AND HUMAN RIGHTS CONSIDERATIONS 3

Contingency planning is essential in ensuring an adequate health response and maintaining secure, safe and humane detention settings. Generally, plans are available for local, short-lived emergency and resilience actions. However, the evolving nature of infectious outbreaks of epidemic or pandemic proportions, locally,

nationally and globally, go beyond such plans, having a potential impact on security, the wider judicial system and, in extreme cases, civil order.

In addition, business continuity plans should be in place for ensuring the security and safety functions inherently associated with prisons and other places of detention.

It is of paramount importance to work in partnership across public health agencies, health-care services and places of detention, bringing together community services and prison/detention services.

The human rights framework provides guiding principles in determining the response to the outbreak of COVID-19. The rights of all affected people must be upheld, and all public health measures must be carried out without discrimination of any kind. People in prisons and other places of detention are not only likely to be more vulnerable to infection with COVID-19, they are also especially vulnerable to human rights violations.

For this reason, WHO reiterates important principles that must be respected in the response to COVID-19 in prisons and other places of detention, which are firmly grounded in human rights law as well as the international standards and norms in crime prevention and criminal justice:6

* + The provision of health care for people in prisons and other places of detention is a State responsibility.
	+ People in prisons and other places of detention should enjoy the same standards of health care that are available in the outside community, without discrimination on the grounds of their legal status.
	+ Adequate measures should be in place to ensure a gender-responsive approach in addressing the COVID-19 emergency in prisons and other places of detention.
	+ Prisons and other detention authorities need to ensure that the human rights of those in their custody are respected, that people are not cut off from the outside world, and – most importantly – that they have access to information and adequate healthcare provision.7

6 Cf. CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000 (Contained in Document E/C.12/2000/4) (<https://www.refworld.org/pdfid/4538838d0.pdf>); United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). United Nations General Assembly Resolution A/RES/70/175, adopted 17 December 2015 ([https://undocs.org/A/](https://undocs.org/A/RES/70/175) [RES/70/175](https://undocs.org/A/RES/70/175)); High Commissioner updates the Human Rights Council on human rights concerns, and progress, across the world. Human Rights Council 43rd Session, Item 2, Geneva, 27 February 2020. United Nations

Human Rights Office of the High Commissioner ([https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.](https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25621&amp;LangID=E) [aspx?NewsID=25621&LangID=E](https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25621&amp;LangID=E)); Advice from the SPT [Subcommittee on Prevention of Torture] to the UK

NPM [National Preventive Mechanism] regarding compulsory quarantine for Coronavirus ([https://s3-eu-west-2.](https://s3-eu-west-2.amazonaws.com/npm-prod-storage-19n0nag2nk8xk/uploads/2020/02/2020.02.25-Annexed-Advice.pdf) [amazonaws.com/npm-prod-storage-19n0nag2nk8xk/uploads/2020/02/2020.02.25-Annexed-Advice.pdf](https://s3-eu-west-2.amazonaws.com/npm-prod-storage-19n0nag2nk8xk/uploads/2020/02/2020.02.25-Annexed-Advice.pdf)).

7 Coronavirus: healthcare and human rights of people in prison. London: Penal Reform International; 2020 (https://[www.penalreform.org/resource/coronavirus-healthcare-and-human-rights-of-people-in).](http://www.penalreform.org/resource/coronavirus-healthcare-and-human-rights-of-people-in%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**4** • Enhanced consideration should be given to resorting to non-custodial measures at all stages of the administration of criminal justice, including at the pre-trial, trial and sentencing as well as post-sentencing stages. Priority should be given to non-custodial measures for alleged offenders and prisoners with

low-risk profiles and caring responsibilities, with preference given to pregnant women and women with dependent children.

* Similarly, refined allocation procedures should be considered that would allow prisoners at highest risk to be separated from others in the most effective and least disruptive manner possible and that would permit limited single accommodation to remain available to the most vulnerable.
* Upon admission to prisons and other places of detention, all individuals should be screened for fever and lower respiratory tract symptoms; particular attention should be paid to persons 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 there can be further medical evaluation and testing.



* The psychological and behavioural reactions of prisoners or those detained in other settings are likely **5**

to differ from those of people who observe physical distancing in the community; consideration should therefore be given to the increased need for emotional and psychological support, for transparent awareness-raising and information-sharing on the disease, and for assurances that continued contact with family and relatives will be upheld.

* Adequate measures should be in place to prevent stigmatization or marginalization of individuals or groups who are considered to be potential carriers of viruses.
* Any decision to place people in prisons and other places of detention in conditions of medical isolation should always be based on medical necessity as a result of a clinical decision and subject to authorization by law or by the regulation of the competent administrative authority.
* People subjected to isolation for reasons of public health protection, in the context of prisons and other places of detention, should be informed of the reason for being placed in isolation, and given the possibility to have a third party notified.
* Adequate measures should be in place to protect persons in isolation from any form of ill treatment and to facilitate human contact as appropriate and possible in the given circumstances (e.g. by audiovisual means of communication).
* The COVID-19 outbreak must not be used as a justification for undermining adherence to all fundamental safeguards incorporated in the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) including, but not limited to, the requirement that restrictions must never amount to torture or other cruel, inhuman or degrading treatment or punishment; the prohibition of prolonged solitary confinement (i.e. in excess of 15 consecutive days); the requirement that clinical decisions may only be taken by health-care professionals and must not be ignored or overruled by

non-medical prison staff; and that while the means of family contact may be restricted in exceptional circumstances for a limited time period, it must never be prohibited altogether.8

* The COVID-19 outbreak must not be used as a justification for objecting to external inspection of prisons and other places of detention by independent international or national bodies whose mandate is to prevent torture and other cruel, inhuman or degrading treatment or punishment; such bodies include national preventive mechanisms under the Optional Protocol to the Convention against Torture,9 the Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment,10 and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.11
* Even in the circumstances of the COVID-19 outbreak, bodies of inspection in the above sense should have access to all people deprived of their liberty in prisons and other places of detention, including to persons in isolation, in accordance with the provisions of the respective body’s mandate.

8 United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). United Nations General Assembly Resolution A/RES/70/175, adopted 17 December 2015 (https://undocs.org/A/RES/70/175).

9 Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. United Nations General Assembly Resolution A/RES/57/199, adopted 18 December 2002 (https://[www.ohchr.org/EN/ProfessionalInterest/Pages/OPCAT.aspx).](http://www.ohchr.org/EN/ProfessionalInterest/Pages/OPCAT.aspx%29)

10 Optional Protocol to the Convention against Torture (OPCAT) Subcommittee on Prevention of Torture. The SPT in Brief (https://[www.ohchr.org/EN/HRBodies/OPCAT/Pages/Brief.aspx).](http://www.ohchr.org/EN/HRBodies/OPCAT/Pages/Brief.aspx%29)

11 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment [website]. Strasbourg: Council of Europe (https:/[/w](http://www.coe.int/en/web/cpt%29)w[w.coe.int/en/web/cpt).](http://www.coe.int/en/web/cpt%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**6**

**6**

## SCOPE AND OBJECTIVES

#### Scope

This document is based on the international standards and norms in crime prevention and criminal justice related to prison management and non-custodial measures as well as international guidance on prison health, including the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),8 the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules),12 the Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules),13 the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules),14 and WHO guidance on *Prisons and health* (2014).15 The document aims to assist countries in developing specific plans and/or consolidating further action for prisons and other places of detention in response to the international

COVID-19 outbreak, with consideration of preparedness plans, prevention and control strategies, and contingency plans to interface with the wider health and emergency planning system.

#### Objectives

* + 1. To guide design and implementation of adequate preparedness plans for prisons and other detention settings to deal with the COVID-19 outbreak situation in such a way as to:
			- protect the health and well-being of people detained in prisons and other closed settings, those who work there (custodial, health-care and other staff), and people who visit prisons and other places of detention (legal visitors, family and friends of prisoners, etc.);
			- support the continued safe operation of prisons and other detention settings;
			- reduce the risk of outbreaks which could place a considerable demand on health-care services in prisons and in the community;
			- reduce the likelihood that COVID-19 will spread within prisons and other places of detention and from such settings into the community;
			- ensure the needs of prisons and other detention settings are considered in national and local health and emergency planning.

12 United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders. United Nations General Assembly Resolution A/RES/65/229, adopted 21 December 2010 (https://[www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN\_Rules\_Treatment\_Women\_Prisoners\_Bangkok\_Rules.pdf).](http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/UN_Rules_Treatment_Women_Prisoners_Bangkok_Rules.pdf%29)

13 Standard Minimum Rules for the Administration of Juvenile Justice. United Nations General Assembly Resolution A/RES/40/33, adopted 29 November 1985 (https://[www.ohchr.org/Documents/ProfessionalInterest/beijingrules.pdf).](http://www.ohchr.org/Documents/ProfessionalInterest/beijingrules.pdf%29)

14 United Nations Standard Minimum Rules for Non-custodial Measures. United Nations General Assembly Resolution A/RES/45/110, adopted 14 December 1990 (https://[www.ohchr.org/Documents/ProfessionalInterest/tokyorules.pdf).](http://www.ohchr.org/Documents/ProfessionalInterest/tokyorules.pdf%29)

15 Prisons and health. Copenhagen: WHO Regional Office for Europe; 2014 ([http://www.euro.who.int/\_\_data/assets/pdf\_file/0009/99018/E90174.pdf).](http://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf%29)



* + 1. To present effective preventive and response mechanisms for: **7**
	+ preventing the introduction of COVID-19 into prisons and other places of detention;
	+ preventing the transmission of COVID-19 in prisons and other places of detention;
	+ preventing the spread of COVID-19 from prisons and other closed settings to the community.
		1. To outline an appropriate approach to dovetailing the prison health system and the national and local health and emergency planning system for:
	+ preventive measures, including physical distancing and hand hygiene facilities;
	+ disease surveillance;
	+ identification and diagnosis, including contact tracing;
	+ treatment and/or referral of COVID-19 cases requiring specialized and intensive care;
	+ wider system impacts (including impact of other measures on workforce, e.g. need for home isolation, etc.).

## TARGET AUDIENCE

This guidance is intended to assist health-care and custodial staff working in prisons and other places of detention to coordinate public health action in such settings; it provides information on:

* + the novel COVID-19 virus;
	+ how to help prevent spread of COVID-19;16
	+ what to do if a person in prison/other place of detention or a staff member with suspected or confirmed COVID-19 infection is identified;
	+ what advice to give to people in prison or in another place of detention and their family members, or to staff members, travelling from affected areas within the last 14 days.

The information given here will also be useful for prison authorities, public health authorities and policy- makers, prison governors and managers, health-care professionals working in prison settings, detention centre employees, people in detention, and the social contacts of people in detention.

The following large, institutional, residential establishments are included within the definition of places of detention used in this guidance:

* + prisons (public and privately managed)
	+ immigration detention settings
	+ the children and young people’s detention estate.

16 This applies to respiratory infections that are transmitted mainly via droplets. For aerosol-transmitted diseases such as tuberculosis, refer to: WHO guidelines on tuberculosis infection prevention and control. Geneva: World Health Organization; 2019 (https://[www.who.int/tb/publications/2019/guidelines-tuberculosis-infection-prevention-2019/en).](http://www.who.int/tb/publications/2019/guidelines-tuberculosis-infection-prevention-2019/en%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

## 8 6. GENERAL APPROACH

Controlling the spread of infection in prisons and other places of detention is essential to preventing outbreaks of COVID-19 in such settings, protecting the health and well-being of all those who live and work in them

and those who visit them, and protecting the outside community. Establishing such control is dependent on the coordinated efforts of health-care and custodial staff, working with local and national public health

agencies and with justice and interior ministries and their local counterparts, in applying the general approach summarized below.

1. Actions need to be taken to enable and support coordinated, collaborative efforts across organizations to achieve IPC, following national guidance. Such actions should be commensurate with the level of emergency at the time to avoid panic and to ensure implementation of the most appropriate response at the appropriate time.
2. Joint planning
	* Custodial/detention staff should work together with health-care teams in prisons and other places of detention, following existing national protocols and country arrangements, to enable identification of suspected cases among employees and their subsequent management in accordance with national guidelines.
	* Custodial/detention staff should work together with health-care teams in prisons and other places of detention to enable identification of suspected cases among prisoners/detainees, their subsequent isolation in single accommodation and a subsequent clinical assessment.
3. Risk assessment/risk management
	* Screening at point of entry to prison should be available: health-care and public health teams should undertake a risk assessment of all people entering the prison, irrespective of whether or not

there are suspected cases in the community; information should be collected on any history of cough and/or shortness of breath, patients’ recent travel history and possible contact with confirmed cases in the last 14 days.

* + Persons checked should include prisoners/detainees, visitors and prison staff.
	+ Clear messaging is important so that staff with recent travel history or coming from affected areas who develop COVID-19 symptoms can home-isolate and managers can provide a high level of vigilance and support of their staff. Advice to visitors should also be provided well in advance

of their attending the prisons/other detention facilities so that those who have to travel are not disadvantaged. Those who are symptomatic should be excluded from visiting.

* + For asymptomatic visitors with recent travel history or coming from affected areas, there should be protocols in place to permit entry (e.g. for legal advisers), but additional measures, such as non- contact visits, should be considered.
	+ Decisions to limit or restrict visits need to consider the particular impact on the mental well-being of prisoners and the increased levels of anxiety that separation from children and the outside world may cause.
	+ A detailed daily registry of people moving in and out of the prison should be maintained.



* + - Prison/detention management should consider implementing measures to limit the mobility of **9**

**9**

people within the prison/detention system and/or to limit access of non-essential staff and visitors to prisons and other places of detention, depending on the level of risk in the specific country/area. The psychological impact of these measures needs to be considered and mitigated as much as possible, and basic emotional and practical support for affected people in prison should be available.17

* + - Prison/detention management should increase the level of information on COVID-19 proactively shared with people in detention. Restrictions, including a limitation of visitors, need to be carefully explained in advance and alternative measures to provide contact with family/friends, e.g. phone or Skype calls, should be introduced.
1. Referral system and clinical management
	* + In the context of the current COVID-19 outbreak, the containment strategy includes the rapid identification of laboratory-confirmed cases, and their isolation and management either on site or in a medical facility. For contacts of laboratory-confirmed cases, WHO recommends that such persons be quarantined for 14 days from the last time they were exposed to a COVID-19 patient.18
		+ Health-care teams, using recommended personal protective equipment (PPE) including eye protection (face shield or goggles), gloves, mask and gown, should ensure that appropriate biological samples are taken, on advice from their public health agency, from any suspected cases and sent for analysis to local microbiology services as per local protocols, in a timely manner and in compliance with clinical and information governance procedures. PPE stocks should be maintained and kept secure to ensure their availability under the indicated circumstances.
		+ Prison authorities should be informed and made aware of the hospitals to which they can transfer those requiring admission (respiratory support and/or intensive care units). Appropriate actions need to be taken for any confirmed cases, including transfer to specialist facilities for respiratory isolation and treatment, as required; appropriate escorts should be used and advice on safe transfers followed. However, consideration should be given to protocols that can manage the patient on site with clear criteria for transfer to hospital, as unnecessary transport creates risk for both transport staff and the receiving hospital.
		+ Environmental and engineering controls intended to reduce the spread of pathogens and contamination of surfaces and inanimate objects should be in place; this should include provision of adequate space between people,19 adequate air exchange, and routine disinfection of the environment (preferably at least once daily).
		+ Consideration should be given to measures such as distributing food in rooms/cells instead of a common canteen; or splitting out-of-cell time, which could be divided by wing/unit to avoid

concentration of prisoners/staff even in open spaces. With these caveats, access of prisoners to the open air should be maintained and not fall below a minimum of one hour per day.

1. Prison/detention management and health-care staff should work alongside local public health agencies to implement the IPC recommendations described in this document; at all times, they must balance public health risk against any operational pressures on prisons and other places of detention and the wider secure and detained estate.

17 Psychological first aid: guide for field workers. Geneva: World Health Organization; 2011 (https://[www.who.int/mental\_health/publications/guide\_field\_workers/en).](http://www.who.int/mental_health/publications/guide_field_workers/en%29)

18 Considerations for quarantine of individuals in the context of coronavirus disease (COVID-19): interim guidance (29 February 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)).](http://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-%28covid-19%29%29)

19 A minimum space of 1 metre is recommended.

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

## 10 7. COVID-19 VIRUS: PATHOGEN CHARACTERISTICS, SIGNS AND SYMPTOMS, TRANSMISSION

**10**

#### Pathogen characteristics

Coronaviruses are a large family of viruses found in both animals and humans. Some infect people and are known to cause illnesses ranging from the common cold to more severe diseases, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). A novel coronavirus is a new strain of coronavirus that has not previously been identified in humans. The latest novel coronavirus, now called COVID-19 virus, had not been detected before the outbreak reported in Wuhan, China, in December 2019. So far, the main clinical signs and symptoms reported in people during this outbreak include fever, coughing, difficulty in breathing, and chest radiographs showing bilateral lung infiltrates.

Although the current outbreak of COVID-19 is still evolving, infection may present with mild, moderate or severe illness and can be passed from human to human, primarily (as in other respiratory viruses) by droplet spread. While about 80% of cases manifest as a mild illness (i.e. non-pneumonia or mild pneumonia), approximately 20% progress to a more severe illness, with 6% requiring specialist medical care, including mechanical ventilation. Situation reports on the outbreak, updated daily, are available on the WHO website.20

Most estimates of the incubation period of COVID-19 range from 1 to 14 days, with a median of 5–6 days.21 This means that if a person remains well 14 days after exposure (i.e. contact with an infected person), they may not have been infected. However, these estimates may be updated as more data become available.

#### Signs and symptoms of COVID-19

The most common symptoms of COVID-19 are fever, tiredness and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea. These symptoms are usually mild and begin gradually. Some people become infected but do not develop any symptoms and do not feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around one out of every five people who are infected with COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems such as high blood pressure, heart problems or diabetes, are more likely to develop serious illness. Based on the latest data, about 3–4% of reported cases globally have died, but mortality varies according to location, age and existence of underlying conditions.22 People with fever, cough and difficulty breathing should seek medical attention.23

#### Transmission of COVID-19

Respiratory secretions, formed as droplets and produced when an infected person coughs, sneezes or talks, contain the virus and are the main means of transmission.

20 Coronavirus disease (COVID-19) situation reports. Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>).

21 Coronavirus disease 2019 (COVID-19): situation report 30. 19 February 2020. Geneva: World Health Organization; 2020 (<https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200219-sitrep-30-covid-19.pdf?sfvrsn=3346b04f_2>).

22 WHO Director-General’s opening remarks at the media briefing on COVID-19. 3 March 2020. Geneva: World Health Organization; 2020 (https://[www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19](http://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19) 3-march-2020).

23 Q&A on coronaviruses (COVID-19). 23 February 2020. Geneva: World Health Organization; 2020 (<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>).



**11**

There are two main routes by which people can spread COVID-19:

* + infection can be spread to people who are nearby (within 1 metre) by breathing in droplets coughed out or exhaled by a person with the COVID-19 virus; or
	+ people may become infected by touching contaminated surfaces or objects (fomites) and then touching their eyes, nose or mouth (e.g. a person may touch a doorknob or shake hands and then touch their own face). This is why environmental disinfection is so important.

According to current evidence, transmission may start just before symptoms become visible. However, many people infected with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill. WHO is assessing ongoing research on the period of transmission of COVID-19 and will continue to share updated findings.

#### How long can the virus survive on surfaces?

How long any respiratory virus survives will depend on a number of factors, including:

* + the type of surface the virus is on
	+ whether it is exposed to sunlight
	+ differences in temperature and humidity
	+ exposure to cleaning products.

Under most circumstances, the amount of infectious virus on any contaminated surface is likely to have decreased significantly within 48 hours.

Once such viruses are transferred to hands, they survive for very short lengths of time. Regular cleaning of hands and frequently touched hard surfaces with disinfectants will therefore help to reduce the risk of infection.

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

## 12 8. PREPAREDNESS, CONTINGENCY PLANNING AND LEVEL OF RISK

To manage a COVID-19 outbreak, there need to be effective planning and robust collaborative arrangements between the sectors (health and justice or interior, as applicable) that have responsibility for the health and well-being of people in prisons and other places of detention. Such collaboration will be critical in ensuring a sustainable health-care delivery system within prisons and places of detention.

Important steps in setting up such collaborative planning include the following:

* Appropriate contingency plans,24 including checklists,25 should be established to help prison and detention systems to self-assess and improve their preparedness for responding to COVID-19.
* Close collaboration/direct links with local and national public health authorities and other relevant agencies (e.g. local crisis units, civil protection) should be established; regular contact should be maintained throughout the planning period to share information, risk assessments and plans.
* A comprehensive risk assessment should be undertaken at the beginning of the planning phase and reviewed regularly; it should have input from (or be led by) the public health authority and include an up-to-date evaluation of the epidemiological situation. It is crucial to identify the different levels of risk and what impact they may have on the prison system and other places of detention (e.g. imported cases in the country; local but circumscribed circulation in the country; local circulation, including in the area where the prison institution is located; circulation within the prison system).
* Action plans in a given country/custodial institution should be developed to mitigate all risks identified in the assessment. Some actions will be the responsibility of the national public health authority to deliver; some will be the responsibility of the local health service provider; and prisons and other places of detention will be responsible for others. Each action plan should specify who is responsible for delivering a particular action, the timescale for delivery, and how and by whom delivery will be ensured. Action plans should include:26
	+ integration with national emergency planning and response plans for infectious diseases;
	+ command and control arrangements to facilitate rapid communication of information and efficient situation analyses and decision-making;
	+ disease surveillance and detection (for example, who will be screened for COVID-19 symptoms? Will there be an initial screening for symptoms for all on entry (staff/visitors)? How will the disease be diagnosed and confirmed? How will cases and contacts of confirmed cases be managed?);
	+ case management (for example, how will suspected cases of COVID-19 within the detained population be treated? Is there an appropriate place for rapid health assessment and isolation, in the event of detecting a potential COVID-19 case? Can units to house suspected cases or contacts be created? Is there a mechanism for safely transporting ill travellers to designated hospitals, including identification of adequate ambulance services? What response will be available in the event of

24 Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England. Second edition. London: Public Health England; 2017 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/585671/ multi\_agency\_prison\_outbreak\_plan.pdf).

25 Correctional facilities pandemic influenza planning checklist. Atlanta (GA): Centers for Disease Control and Prevention; 2007 (https://[www.cdc.gov/flu/pandemic-resources/pdf/correctionchecklist.pdf).](http://www.cdc.gov/flu/pandemic-resources/pdf/correctionchecklist.pdf%29)

26 Adapted from: Key planning recommendations for mass gatherings in the context of the current COVID-19 outbreak: interim guidance (14 February 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak).](http://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak%29)



a health-care emergency involving people in prisons and other places of detention? Are there **13**

standard operating procedures in place for environmental cleaning and disinfection, including for linens and utensils?);

* + - staffing contingency planning with a special focus on (a) staff availability and business continuity, including local minimum service (e.g. essential medications, diabetic checks, wound dressings, etc.); and (b) health-care needs and provision – discuss the possibility/feasibility of providing care

within prison versus the need to transfer patients to community health-care services for specialized/ intensive care, as well as the expected impact on custodial staff contingency planning.

An essential element to be carefully considered in any preparedness plan for respiratory infectious diseases such as COVID-19 is availability and supply of essential supplies, including PPE and products for hand hygiene and environmental sanitation and disinfection. It is therefore recommended that prison governors, in collaboration with health-care professionals in prisons and other places of detention, assess the need

for PPE and other essential supplies in order to ensure continuity of provision and immediate availability. It should be noted that, in order to avoid inappropriate use and misuse of PPE,27 staff and people in prison should be adequately trained (for further information on training, see section 9 below). In some countries,

the proportion of the population in detention that meets the criteria for influenza vaccination has been used as a basic proxy measure of the potential demand on health-care services in the case of COVID-19 outbreak in detention settings.

Given the possibility that some common disinfectants, such as those containing alcohol, may be misused, soap and water, together with personal towels, should be considered as a first option for hand hygiene. These should be supplied in rooms/cells night and day. Chlorine-based gels may be used by prison guards and by people in prison or in other places of detention in common spaces and/or if soap and water are not available. In the case of environmental disinfection, however, it is necessary to ensure that chlorine-based products are kept locked up when not being used by service providers.

27 Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19): interim guidance (27 February 2020). Geneva: World Health Organization; 2020 (https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\_use-2020.1-eng.pdf).

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**14 9. TRAINING**

Training of staff is a key element of any preparedness plan for prisons and other places of detention. Training activities should be appropriately planned and targeted towards custodial and health-care staff operating in prison settings. Such activities should, at a minimum, cover the following areas:

* + - * basic disease knowledge, including pathogen, transmission route, signs and clinical disease progression
			* hand hygiene practice and respiratory etiquette
			* appropriate use of, and requirements for, PPE
			* environmental prevention measures, including cleaning and disinfection.

In response to the COVID-19 outbreak, WHO has developed several resources that may be useful in prisons and other places of detention.

* + - * Online training courses on IPC and clinical management of severe acute respiratory infection (SARI) are available, free of charge, from OpenWHO, WHO’s web-based knowledge platform. These basic courses give a general introduction to COVID-19 and emerging respiratory viruses; they are intended for public health professionals, incident managers and personnel working for the United Nations, international organizations and nongovernmental organizations.28
			* A risk communication package for health-care facilities provides health-care workers and health-care facility management with the information, procedures and tools required to work safely and effectively. The package contains a series of simplified messages and reminders based on WHO’s more in-depth technical guidance on IPC in health-care facilities in the context of COVID-19 and can be adapted to local context.29
			* In addition, there is a range of technical guidance covering many topics, such as case management, operational support and logistics advice on use of masks.30

Finally, before embarking on any initiative, it is absolutely essential to engage the prison population in widespread information and awareness-raising activities, so that people in prison/detention and visitors are informed in advance and understand the procedures to be adopted, why they are necessary, and how they are to be carried out. It is especially important that any potential restrictive measures are explained and their temporary nature emphasized.

Regrettably, as a consequence of stigma or fear, some health-care workers responding to COVID-19 in places of detention may experience avoidance by their family or community. This can make an already challenging situation far more difficult. Health-care personnel should be advised to stay connected with loved ones and have access to mental health and psychosocial support.

28 Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control [OpenWHO online course]. Geneva: World Health Organization; 2020 (https://openwho.org/courses/introduction-to-ncov).

29 The COVID-19 risk communication package for healthcare facilities. Manila: WHO Regional Office for the Western Pacific; 2020 (https://iris.wpro.who.int/handle/10665.1/14482).

30 Country and technical guidance: coronavirus disease (COVID-19) [resource portal]. Geneva: World Health Organization (https://[www.who.int/emergencies/diseases/novel-](http://www.who.int/emergencies/diseases/novel-) coronavirus-2019/technical-guidance).



## RISK COMMUNICATION 15

In an event such as the COVID-19 outbreak, it is crucial that there is good coordination between the teams at national and subnational levels involved in risk communication. Close contacts must be established to ensure rapid clearance of timely and transparent communication messaging and materials in such crisis situations.

Key messages for people in prison and other places of detention, custodial staff, health-care providers and visitors must be coordinated and consistent. To address language barriers, translation or visual material may been needed. Information resources for custodial and health-care staff, visitors, vendors and

detained persons, such as short information sheets, flyers, posters, internal videos and any other means of communication, should be developed and placed in prison common areas and in areas designated for legal visits and family visits.

Consideration should be given to how messages about risk can be delivered quickly; this should include:

1. an overall assessment of the local risk (community risk and risk within the prison);
2. advice on preventive measures, especially hand hygiene practices and respiratory etiquette;
3. advice on what measures to adopt if symptoms develop;
4. information about disease signs and symptoms, including warning signs of severe disease that require immediate medical attention;
5. advice on self-monitoring for symptoms and signs for those travelling from or living in affected areas, including checking their temperature;
6. advice about how to access local health care if necessary, including how to do so without creating a risk to health-care workers;
7. information that wearing a face mask is recommended for people who have respiratory symptoms (e.g. a cough); it is not recommended for healthy people.31

WHO’s advice for the public about COVID-19, including information about the myths that surround it, may also be consulted.32,33

31 Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (2019-nCoV) outbreak. 29 January 2020. Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-](http://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-) settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak).

32 Coronavirus disease (COVID-19) advice for the public [website/portal]. Geneva: World Health Organization; 2019 (https://[www.who.int/emergencies/diseases/novel-](http://www.who.int/emergencies/diseases/novel-) coronavirus-2019/advice-for-public).

33 Coronavirus disease (COVID-19) advice for the public: myth busters [website]. Geneva: World Health Organization; 2019 (https://[www.who.int/emergencies/diseases/novel-](http://www.who.int/emergencies/diseases/novel-) coronavirus-2019/advice-for-public/myth-busters).

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION


## IMPORTANT DEFINITIONS: SUSPECT CASE, PROBABLE CASE, CONFIRMED CASE, CONTACT, CASE REPORTING

WHO guidance for global surveillance of COVID-19 disease should be consulted for updated definitions. The WHO case definitions given below are based on information available as of 27 February 2020 and are being revised as new information accumulates.34 Countries may need to adapt these case definitions depending on their own epidemiological situation.

34 Global surveillance for human infection with coronavirus disease (COVID-19): interim guidance (27 February 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)).](http://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-%282019-ncov%29%29)



#### Definition of a suspect case 17

A suspect case is:

* + 1. a patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g. cough, shortness of breath) AND no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 during the 14 days prior to onset of symptoms;35 OR
		2. a patient with any acute respiratory illness AND who has been in contact with a probable or confirmed COVID-19 case (see 11.2 and 11.3 below) in the last 14 days prior to onset of symptoms; OR
		3. a patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease, e.g. cough, shortness of breath) AND who requires hospitalization AND who has no other aetiology that fully explains the clinical presentation.

If it is determined that there is a suspect case of COVID-19, the local prison outbreak management plan should be activated. The suspect case should be immediately instructed to wear a medical mask and follow respiratory etiquette and hand hygiene practices. IPC measures, such as medical isolation, should be applied.

In this regard, it is recommended that, within each prison and other place of detention, according to the indications of health-care staff on duty and relevant national/international guidelines, a space is identified where suspect cases or confirmed cases not requiring hospitalization can be placed in medical isolation.34,36 The creation of housing units may also be considered, as not everyone who is a suspect case, a probable case or a contact requires hospitalization.

#### Definition of a probable case

A probable case is a suspect case for whom testing for COVID-19 is inconclusive (that is, if the result of the test reported by the laboratory is inconclusive).

#### Definition of a confirmed case

A confirmed case is a patient with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms. Laboratory confirmation needs to be made according to an appropriate method.37

#### Definition of a contact

A contact is a person who is involved in any of the following:

* providing direct care without proper PPE for a COVID-19 patient;
* staying in the same closed environment (e.g. a detention room) as a COVID-19 patient;
* travelling together in close proximity (within 1 metre) with a COVID-19 patient in any kind of conveyance within a 14‐day period after the onset of symptoms in the case under consideration.

35 For update on latest situation refer to: Coronavirus disease (COVID-19) situation reports. Geneva: World Health Organization; 2020 (https://[www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports).](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports%29)

36 Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: interim guidance (25 January 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-](http://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-%28ncov%29-infection-is-) suspected-20200125).

37 Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases: interim guidance (2 March 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117).](http://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**18** Monitoring of contacts of suspect, probable and confirmed cases

* Contacts should be monitored for 14 days from the last unprotected contact.
* External contacts should self-limit travel and movements. In prison settings, monitoring should be done by prison health-care or custodial staff with regular visits to see if symptoms have developed (this is important as people in prison may have a disincentive to admit to developing symptoms as they could be put in isolation).
* Any contact who becomes ill and meets the case definition becomes a suspect case and should be tested.
* Any newly identified probable or confirmed cases should have their own contacts identified and monitored.

Contact tracing should begin immediately after a suspect case has been identified in a prison or detention facility, without waiting for the laboratory result, in order to avoid delays in implementing health measures when necessary. This should be conducted by prison health-care or custodial staff under the supervision of the competent national health authority and according to national preparedness plans. Every effort should be

made to minimize exposure of the suspect case to other people and the environment and to separate contacts from others as soon as possible.38 Contacts outside the prison (visitors, etc.) should be followed up by the health authorities.

#### Case reporting

COVID-19 has been added to the list of notifiable diseases that doctors have a duty to report to public health authorities. COVID-19 is a high-consequence infectious disease (HCID) with outbreak potential in prisons

and other detention settings; possible cases in such settings should therefore be notified straightaway to responsible public health authorities, who will then report to national and international authorities.

38 Operational considerations for managing COVID-19 cases/outbreak on board ships: interim guidance (24 February 2020). Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/331164>).



## PREVENTION MEASURES 19

There is currently no vaccine to prevent COVID-19. All staff and people in prisons and other places of detention should have comprehensive awareness of COVID-19 prevention strategies, including adherence to hand hygiene measures, respiratory etiquette (covering coughs and sneezes), physical distancing (maintaining

a distance of at least 1 metre from others), being alert to signs and symptoms of COVID-19, staying away from ill people, and (in the case of staff) staying home when ill. Staff should also comply with any screening measures put in place by local authorities.

In alignment with local health authorities, a workplace protocol should be developed to determine how to manage any personnel who meet the definition of a suspected or confirmed COVID-19 case or their contacts.

#### Personal protection measures

It is recommended that the following general precautions for infectious respiratory diseases are taken to help prevent people (staff, visitors, vendors, detainees, etc. in prisons) from catching and spreading COVID-19:

* + - hands should be washed often with soap and water and dried with single-use towels; alcohol hand sanitizer containing at least 60% alcohol is also an option if available (for further guidance on hand hygiene, see section 13.1 below);
		- physical distancing should be observed;
		- a disposable tissue should be used to cover mouth and nose when coughing or sneezing, then thrown in a bin with a lid;
		- touching of eyes, nose or mouth should be avoided if hands are not clean.

If possible, wall-mounted liquid soap dispensers, paper towels and foot-operated pedal bins should be made available and accessible in key areas such as toilets, showers, gyms, canteens and other high-traffic communal areas to facilitate regular hand hygiene. Security staff should assess whether such fixtures pose a security and safety risk to people in prisons and places of detention prior to their installation.

#### Use of masks

It is important to create a general understanding of what measures should be taken by, and on behalf of, each person in prison when infection by COVID-19 is suspected. It is very important to train people in prison as soon as possible to understand general hygiene and ways of transmission and to make it clear that, if masks are to be used, this measure must be combined with hand hygiene and other IPC measures to prevent human-to-human transmission of COVID-19.

Patient use of a medical mask is one of the prevention measures that can be taken to limit spread of certain respiratory diseases, including COVID-19, in affected areas. However, use of a mask alone is insufficient to provide an adequate level of protection and other equally relevant measures should also be adopted.

WHO has developed guidance for home-care and health-care settings on IPC strategies for use when infection with COVID-19 is suspected.36 WHO has also issued guidance on the use of masks in the community, during home care and in health-care settings in the context of the COVID-19 outbreak.31

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**20** Wearing medical masks when not indicated may incur unnecessary cost, cause procurement burden and create a false sense of security that can lead to neglecting other essential measures such as hand hygiene practices. Furthermore, using a mask incorrectly may hamper its effectiveness in reducing the risk of transmission.27

Management of masks

If medical masks are worn, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in risk of transmission associated with incorrect use and disposal. The following advice on correct use of medical masks is based on standard practice in health-care settings:31

* place mask carefully to cover mouth and nose and tie securely to minimize any gaps between face and mask;
* while in use, avoid touching the mask;
* remove the mask by using an appropriate technique (i.e. do not touch the front but remove by the headband from behind);
* after removal or whenever you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub (if available) or soap and water;
* replace masks with a new clean, dry mask as soon as they become damp/humid;
* do not reuse single-use masks;
* discard single-use masks after each use and dispose of them immediately upon removal (consider a central place in the ward/cell block where used masks can be discarded).

Cloth (e.g. cotton or gauze) masks are not recommended under any circumstances.

#### Environmental measures

Environmental cleaning and disinfection procedures must be followed consistently and correctly. Cleaning with water and household detergents and with disinfectant products that are safe for use in prison settings should be used for general precautionary cleaning.

Cleaning personnel should be made aware of the facts of COVID-19 infection to ensure that they clean environmental surfaces regularly and thoroughly. They should be protected from COVID-19 infection and wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves.

As the COVID-19 virus has the potential to survive in the environment for several days, premises and areas that may have been contaminated should be cleaned and disinfected before they are reused, with regular household detergent followed by disinfectant containing a diluted bleach solution (e.g. one part liquid bleach, at an original concentration of 5.25%, to 49 parts water for a final concentration of about 1000 ppm or 0.1%).

For surfaces that do not tolerate bleach, 70% ethanol can be used. If bleach or ethanol cannot be used in the prison for security reasons, ensure that the disinfectant used for cleaning is able to inactivate enveloped viruses. Prison authorities may have to consult disinfectant manufacturers to ensure that their products are active against coronaviruses.



To ensure adequate disinfection, janitorial and housekeeping personnel should take care to first clean surfaces **21**

with a mix of soap and water, or a detergent. Then they should apply the disinfectant for the required contact time, as per the manufacturer’s recommendations. The disinfectant may be rinsed off with clean water after the contact time has elapsed.

Clothes, bedclothes, bath and hand towels, etc. can be cleaned using regular laundry soap and water or machine-washed at 60–90 °C with common laundry detergent. Waste should be treated as infectious clinical waste and handled according to local regulation. Guidance on environmental cleaning in the context of the COVID-19 outbreak is available from the European Centre for Disease Prevention and Control (ECDC);39 see also Annex 1 below.

#### Physical distancing measures

All staff should be alert to the enhanced risk of COVID-19 infection in people in prisons and other places of detention who have a history of potential exposure, having travelled to, transited through or lived in high-risk areas in the last 14 days.

Any detainee who has (a) travelled from or lived in an identified high-risk area,40 or (b) had contact with a known case of COVID-19, should be placed in quarantine, in single accommodation, for 14 days from the date of travel or last possible day of contact.18 If it is not possible to house the detainee in medical isolation, then detainees with similar risk factors and exposures may be housed together while they undergo quarantine. The patient should wear a medical face mask while being transferred to an isolation room. During isolation, the isolated person should be under medical observation at least twice a day, including taking body temperature and checking for symptoms of COVID-19 infection.

An assessment of any language or communication issues should be made and access to a language interpretation/translation service must be provided as soon as a possible case enters the facility so that an accurate history can be taken.

#### Consideration of access restriction and movement limitation

An assessment of each case and setting should be undertaken by prison staff in conjunction with the local public health agency. Advice on the management of staff or people in prison or places of detention will be based on this assessment.

A temporary suspension of on-site prison visits will need to be carefully considered in line with local risk assessments and in collaboration with public health colleagues, and should include measures to mitigate the negative impact such a measure is likely to have on the prison population. The specific and disproportionate impact on different types of prisoners, as well as on children living with their parent in prison, must be considered. Measures to restrict movement of people in and out of the detention setting, including restricting transfers within the prison/detention system and limiting access to non-essential staff and visitors, need to be

39 Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2. ECDC technical report. 18 February 2020. Stockholm: European Centre for Disease Prevention and Control; 2020 (https://[www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf).](http://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf%29)

40 Situation updates are available at: Coronavirus disease (COVID-19) situation reports. Geneva: World Health Organization; 2020 (https://[www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports).](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**22** considered carefully in line with appropriate risk assessments, as such restrictions will have a wider impact on the functioning of the detention system. Measures that may be considered include, as appropriate, restriction of family visits, reducing visitor numbers and/or duration and frequency of visits, and introduction of video conferencing (e.g. Skype) for family members and representatives of the judicial system, such as legal advisers.

In particular:

* screening may be considered at entrance with self-reporting questionnaire to exclude those with symptoms;
* visitors who feel unwell should stay at home and not attend the establishment;
* staff must stay at home and seek medical attention should they develop any relevant signs and symptoms.

A workplace protocol for how to manage such situations, including a suspected or confirmed COVID-19 case or their contacts, should be in place.

#### Staff returning to work following travel to affected areas or with a history of potential exposure

Custodial/detention staff working in places of detention should consult occupational health services in their respective organization if they have travelled or live in a high-risk community/area where COVID-19 is

spreading; they should also keep up to date on the latest information on the COVID-19 outbreak, available on the WHO website40 and through the national and local public health authority, to familiarize themselves with any possible restrictions/quarantine periods in place.

Prisons should review their continuity and contingency plans and update them to ensure that they can perform critical functions with reduced numbers of personnel, in a manner that does not have a negative impact on the security of the prison.

#### What to do if a member of staff becomes unwell and believes they have been exposed to COVID-19

If a member of staff becomes unwell in the prison and has travelled to an affected area or lives in an area where COVID-19 is spreading, they should be removed to a location which is at least 1 metre away from other people. If possible, a room or place where they can be isolated behind a closed door, such as a staff office, should be made available. If it is possible to open a window for ventilation, do so.



Prison health-care professionals (or the individual who is unwell) should call health services or emergency **23**

services (if they are seriously ill or their life is at risk) and explain their current clinical symptoms and their epidemiological and travel history (this may not be necessary if the prison is located in affected area). If the person affected is not able for any reason to call a doctor themselves, then another staff member should call on their behalf.

While the unwell individual waits for advice or an ambulance to arrive, they should remain at least 1 metre from other people, and if possible be isolated behind a closed door. They should avoid touching people, surfaces and objects, and they should be provided with a medical mask. If a medical mask is not available, they should be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, then put the tissue in a bag and throw it in a bin. If they do not have any tissues available, they should cough and sneeze into the crook of their elbow.

If the unwell individual needs to go to the bathroom while waiting for medical assistance, they should use a separate bathroom, if available. This will apply only to the period of time while they wait for transport to

hospital. Given the possible risk of environmental contamination, it is important to ensure that the bathroom is properly cleaned and disinfected after the suspected case has used it; the area where they were sitting should also be cleaned and disinfected.

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**24**

**24**

**24**

## ASSESSING SUSPECTED CASES OF COVID-19 IN PEOPLE IN PRISON/DETENTION

Case identification should be performed in accordance with available national/supranational guidance for primary care and community settings.

Suspected cases among people in prison may be identified by notifications received from custodial/detention staff, other prisoners/detainees, self-referral, and screening at reception, or by other means. For case definitions, see section 11 above.

Depending on the local level of risk, additional procedures to assess new arrivals in prison may be needed. Measures to consider are:

* creating a dedicated screening area at the facility entrance
* establishing a procedure for immediate isolation of suspected cases.

#### Advice on use of PPE and other standard precautions for health-care staff and custodial staff with patient-facing roles

Health-care professionals in prisons and other detention settings are most likely to work directly with patients with a possible diagnosis of COVID-19, but custodial staff and transport services may also be engaged, especially at initial presentation. This means that all staff (custodial and health-care workers) should be educated about standard precautions such as personal hygiene, basic IPC measures and how to deal with a person suspected of having COVID-19 as safely as possible to prevent the infection from spreading.

IPC management includes wearing the appropriate level of PPE according to risk assessment, and ensuring safe waste management, proper linens, environmental cleaning, and sterilization of patient-care equipment.

PPE for custodial staff

For activities that involve close contact with a suspected or confirmed case of COVID-19, such as interviewing people at a distance of less than 1 metre, or arrest and restraint, it is advised that the minimum level of PPE that custodial/escort staff should wear is:



* disposable gloves **25**
* medical mask
* if available, a disposable full gown and disposable eye protection (e.g. face shield or goggles).

PPE for health-care staff

It is advised that the minimum level of PPE for health-care staff required when dealing with a suspected or confirmed COVID-19 case is:

* medical mask
* full gown
* gloves
* eye protection (e.g. single-use goggles or face shield)
* clinical waste bags
* hand hygiene supplies
* general-purpose detergent and disinfectant solutions that are virucidal and have been approved for use by the prison authorities.

Health-care staff should use respirators only for aerosol-generating procedures; for further details on use of respirators, see section 14 below and WHO guidance on PPE use.27

For all staff, PPE must be changed after each interaction with a suspected or confirmed case.

Removal of PPE

PPE should be removed in an order that minimizes the potential for cross-contamination. Before leaving the room where the patient is held, gloves, gown/apron, eye protection and mask should be removed (in that order, where worn) and disposed of as clinical waste. After leaving the area, the face mask can be removed and disposed of as clinical waste in a suitable receptacle.

The correct procedure for removing PPE is as follows:

1. peel off gloves and dispose of as clinical waste
2. perform hand hygiene, by handwashing or using alcohol gel
3. remove apron/gown by folding in on itself and place in clinical waste bin
4. remove goggles/face shield only by the headband or sides and dispose of as clinical waste
5. remove medical mask from behind and dispose of as clinical waste
6. perform hand hygiene.

Further WHO guidance, with illustrations, on putting on and taking off PPE is available online.41,42 All used PPE must be disposed of as clinical waste.

41 How to put on and take off personal protective equipment (PPE) [information sheet]. Geneva: World Health Organization; 2008 (https://[www.who.int/csr/resources/publications/PPE\_EN\_A1sl.pdf).](http://www.who.int/csr/resources/publications/PPE_EN_A1sl.pdf%29)

42 Steps to put on personal protective equipment (PPE) [poster]. Geneva: World Health Organization (https://[www.who.int/csr/disease/ebola/put\_on\_ppequipment.pdf).](http://www.who.int/csr/disease/ebola/put_on_ppequipment.pdf%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

**26** Hand hygiene

**26**

Scrupulous hand hygiene is essential to reduce cross-contamination. It should be noted that:

* hand hygiene involves cleansing hands either with an alcohol-based hand rub or with soap and water;
* alcohol-based hand rubs are preferred if hands are not visibly soiled;
* if an alcohol-based hand rub is used, it should be at least 60% alcohol;
* always wash hands with soap and water when they are visibly soiled.

All staff should apply the “My five moments for hand hygiene” approach to cleaning their hands:

1. before touching a patient
2. before any clean or aseptic procedure is performed
3. after exposure to body fluid
4. after touching a patient
5. after touching a patient’s surroundings.

More information on how to wash hands properly, in the form of a poster that can be adapted to the prison facility, is available on the WHO website.43

#### Advice for policing, border force and immigration enforcement activities

For police, border force and immigration enforcement officers, there may be situations where an individual who needs to be arrested or is in custody is identified as potentially at risk of COVID-19.44

If assistance is needed for an individual who is symptomatic and identified as a possible COVID-19 case, the person should, wherever possible, be placed in a location away from others. If there is no physically separate room, people who are not involved in providing assistance should be asked to stay away from the individual. If barriers or screens are available, they may also be used.

Appropriate IPC measures should be implemented. In activities that involve close contact with a symptomatic person who is suspected of having COVID-19 (such as interviewing at a distance of less than 1 metre, or arrest and restraint), staff should wear:

* + - disposable gloves
		- medical mask
		- long-sleeved gown
		- eye protection (e.g. face shield or goggles).

43 How to handwash? [poster]. Geneva: World Health Organization; 2009 (https://[www.who.int/gpsc/5may/How\_To\_HandWash\_Poster.pdf).](http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf%29)

44 For further information, see: Guidance for first responders and others in close contact with symptomatic people with potential COVID-19. London: Public Health England; 2020 (https://[www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-](http://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-) contact-with-symptomatic-people-with-potential-2019-ncov).


## CASE MANAGEMENT

Case management should be performed in accordance with available national/supranational guidance for primary care and community settings.

#### Clinical management of severe acute respiratory infection (SARI) when COVID-19 is suspected

WHO has issued guidance intended for clinicians involved in the clinical management and care of adult, pregnant and paediatric patients with or at risk of SARI when infection with the COVID-19 virus is suspected.45 It is not meant to replace clinical judgement or specialist consultation but rather to strengthen clinical management of these patients and to provide up-to-date guidance. Best practices for IPC, triage and optimized supportive care are included.

The WHO guidance is organized in the following sections:

1. Background
2. Screening and triage: early recognition of patients with SARI associated with COVID-19
3. Immediate implementation of appropriate IPC measures
4. Collection of specimens for laboratory diagnosis
5. Management of mild COVID-19: symptomatic treatment and monitoring
6. Management of severe COVID-19: oxygen therapy and monitoring
7. Management of severe COVID-19: treatment of coinfections
8. Management of critical COVID-19: acute respiratory distress syndrome (ARDS)
9. Management of critical illness and COVID-19: prevention of complications
10. Management of critical illness and COVID-19: septic shock
11. Adjunctive therapies for COVID-19: corticosteroids
12. Caring for pregnant women with COVID-19
13. Caring for infants and mothers with COVID-19: IPC and breastfeeding
14. Care for older persons with COVID-19
15. Clinical research and specific anti-COVID-19 treatments.

45 Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: interim guidance (13 March 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected).](http://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-%28ncov%29-infection-is-suspected%29)

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION

#### 28 14.2 Additional precautions

Patients should be placed in adequately ventilated space. If more suspected cases are detected and if individual spaces are not available, patients suspected of being infected with COVID-19 should be grouped together. However, all patients’ beds should be placed at least 1 metre apart whether or not they are suspected of having COVID-19 infection.

A team of health-care workers and custodial/detention staff should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission.

#### How to undertake environmental cleaning following a suspected case in a place of detention

Once a suspected case of COVID-19 has been transferred out of the prison or other place of detention to a hospital facility, the room where the patient was placed and the room where the patient was residing

should not be used until appropriately decontaminated; the doors should remain shut, with windows open and any air conditioning switched off, until the rooms have been cleaned with detergent and disinfectant that is virucidal and approved for use in the prison setting. Detailed information on cleaning and disinfection is provided on the WHO website 46 and in Annex 1.

Once the cleaning process has been completed, the room can be put back in use immediately. Medical devices and equipment, laundry, food service utensils and medical waste should be managed in accordance with the medical waste policy at the facility.

A disease commodity package for COVID-19 outlines the supplies needed for surveillance, laboratory analysis, clinical management and IPC.47

#### Discharge of people from prisons and other places of detention

If a person who has served their sentence is an active COVID-19 case at the time of their release, or is the contact of a COVID-19 case and still within their 14-day quarantine period, the prison health authorities should ensure that the person discharged has a place to go where they can maintain quarantine, that the local authority is notified that the person has been discharged, and thus that follow-up is transferred from the prison authorities to the local authorities.

If a discharged individual is transferred to a hospital or other medical facility after their prison term is over, but they are still under quarantine/medical care for their COVID-19 infection, the receiving facility should be notified of the person’s COVID-19 status (confirmed or suspected) so that it is ready to provide proper isolation.

46 Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts: interim guidance (4 February 2020). Geneva: World Health Organization; 2020 (https://[www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-](http://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-%28ncov%29-infection-presenting-) with-mild-symptoms-and-management-of-contacts).

47 Disease commodity package: novel coronavirus (COVID-19). Geneva: World Health Organization; 2020 (https://[www.who.int/emergencies/what-we-do/prevention-readiness/disease-commodity-packages/dcp-ncov.pdf).](http://www.who.int/emergencies/what-we-do/prevention-readiness/disease-commodity-packages/dcp-ncov.pdf%29)



## INFORMATION RESOURCES 29

#### WHO general guidance on COVID-19

COVID-19 information portal: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> Daily situation updates on the COVID-19 outbreak <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

#### Mental health and social issues

Coping with stress during the COVID-19 outbreak

https://[www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf?sfvrsn=9845bc3a\_2](http://www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf?sfvrsn=9845bc3a_2) Helping children cope with stress during the COVID-19 outbreak

https://[www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.](http://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print) pdf?sfvrsn=f3a063ff\_2

Mental health considerations for different groups (including health workers) during the COVID-19 outbreak https://[www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af\_10](http://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_10) Addressing social stigma associated with COVID-19

https://[www.epi-win.com/sites/epiwin/files/content/attachments/2020](http://www.epi-win.com/sites/epiwin/files/content/attachments/2020) 02-24/COVID19%20Stigma%20

Guide%2024022020\_1.pdf

IASC briefing note on mental health and psychosocial support (MHPSS) aspects of COVID-19 https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support- emergency-settings/briefing-note-about

#### European Centre for Disease Prevention and Control

COVID-19 information portal: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

#### United Nations Office on Drugs and Crime

Assessing compliance with the Nelson Mandela Rules: a checklist for internal inspection mechanisms (2017) https://[www.unodc.org/documents/justice-and-prison-reform/17-04946\_E\_ebook\_rev.pdf](http://www.unodc.org/documents/justice-and-prison-reform/17-04946_E_ebook_rev.pdf)

Handbook on strategies to reduce overcrowding in prisons (2013) https://[www.unodc.org/documents/justice-and-prison-reform/Overcrowding\_in\_prisons\_Ebook.pdf](http://www.unodc.org/documents/justice-and-prison-reform/Overcrowding_in_prisons_Ebook.pdf)

Policy brief on HIV prevention, treatment and care in prisons and other closed settings (2013) https://[www.unodc.org/documents/hiv-aids/HIV\_comprehensive\_package\_prison\_2013\_eBook.pdf](http://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf) Handbook on prisoners with special needs (2009)

https://[www.unodc.org/pdf/criminal\_justice/Handbook\_on\_Prisoners\_with\_Special\_Needs.pdf](http://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf)

#### Public Health England

Public Health England (PHE) – Public health in prisons and secure settings (collection of resources) <https://www.gov.uk/government/collections/public-health-in-prisons>

COVID-19: prisons and other prescribed places of detention https://[www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-](http://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-) guidance

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION


#### 30 Robert Koch Institute

Information portal (in German) https://[www.rki.de/DE/Home/homepage\_node.html](http://www.rki.de/DE/Home/homepage_node.html)

#### National Commission on Correctional Health Care

What you need to know about COVID-19

https://[www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections](http://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### Penal Reform International

Briefing note on COVID-19, health care, and the human rights of people in prison https://[www.penalreform.org/resource/coronavirus-healthcare-and-human-rights-of-people-in](http://www.penalreform.org/resource/coronavirus-healthcare-and-human-rights-of-people-in)



## [ANNEX 1](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) 31

**[ENVIRONMENTAL CLEANING FOLLOWING A SUSPECTED CASE OF](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [COVID-19 IN A PLACE OF DETENTION](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)**[\*](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[Infection prevention and control (IPC) measures are essential to reduce the risk of transmission of](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [infection in prisons and other places of detention. Environmental cleaning of health-care rooms, or cells,](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [where a suspected case has been managed is an essential intervention to control infection as well as](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[to enable facilities to be put back into use quickly. Once a possible case has been transferred from the](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [prison or detention setting, the room where the patient was placed should not be used, the room door](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [should remain shut, with windows opened and the air conditioning switched off (if relevant), until it has](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [been cleaned with detergent and disinfectant. Once this process has been completed, the room can be](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [put back in use immediately.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### [Preparation](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [these processes and procedures:](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

* + [collect all cleaning equipment and clinical waste bags before entering the room](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [dispose of any cloths and mop heads as single-use items](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [perform hand hygiene, then put on a disposable plastic apron and gloves.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### [On entering the room](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

* + [keep the door closed with windows open to improve airflow and ventilation while using detergent and disinfection products](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [bag all items that have been used for the care of the patient as clinical waste – for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [remove any fabric curtains or screens or bed linen and bag as infectious linen](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [close any sharps containers, wiping the surfaces with either a combined detergent/disinfectant solution with a virucidal label claim, or a neutral-purpose detergent followed by disinfection with a virucidal product that has been approved for use in the facility.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### [Cleaning process](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[Use disposable cloths/paper roll/disposable mop heads to clean and disinfect all hard surfaces/floor/chairs/](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the two](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [options below:](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

* + *[either](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)* [use a combined detergent/disinfectant solution with a virucidal label claim](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ *[or](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)* [use a neutral-purpose detergent, followed by a virucidal disinfectant approved by the prison authority.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[Follow manufacturer’s instructions for dilution, application and contact times for all detergents and](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [disinfectants. Any cloths and mop heads used must be disposed of as single-use items.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

* COVID-19: interim guidance for primary care (updated 25 February 2020). London: Public Health England; 2020 (<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>).

PREPAREDNESS, PREVENTION AND CONTROL OF COVID-19 IN PRISONS AND OTHER PLACES OF DETENTION


#### 32 [Cleaning and disinfection of reusable equipment](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

* + [clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers and glucometers, that are in the room prior to their removal](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [clean all reusable equipment systematically from the top or furthest away point.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### [Carpeted flooring and soft furnishings](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[If carpeted floors/items cannot withstand chlorine-releasing agents, consult the manufacturer’s instructions](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [for a suitable alternative to use, following or combined with detergent cleaning.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### [On leaving the room](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

* + [discard detergent/disinfectant solutions safely at disposal point](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [all waste from suspected contaminated areas should be removed from the room and discarded as medical waste as per the facility guideline for medical waste](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [clean, dry and store reusable parts of cleaning equipment, such as mop handles](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [remove and discard personal protective equipment (PPE) as medical waste](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)
	+ [perform hand hygiene.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### [Cleaning of communal areas](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[If a suspected case spent time in a communal area, then these areas should be cleaned with detergent and](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [disinfectant (as above) as soon as practicably possible, unless there has been a blood/body fluid spill, which](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [back in use.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

#### [Decontamination of vehicles following a transfer of a possible case](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

[Any vehicle used to transport a possible case should be cleaned and disinfected (using the methods outlined](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [above for environmental cleaning following a possible case) as soon as possible before it is brought back into](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [service.](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections)

**The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

**Member States**

Albania Andorra Armenia Austria Azerbaijan Belarus Belgium

Bosnia and Herzegovina Bulgaria

Croatia Cyprus Czechia Denmark Estonia Finland France Georgia Germany Greece Hungary Iceland Ireland Israel Italy

Kazakhstan Kyrgyzstan Latvia Lithuania Luxembourg Malta Monaco Montenegro Netherlands

North Macedonia Norway

Poland Portugal

Republic of Moldova Romania

Russian Federation San Marino

Serbia Slovakia Slovenia Spain Sweden Switzerland Tajikistan Turkey Turkmenistan Ukraine

United Kingdom Uzbekistan

**World Health Organization Regional Office for Europe**

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Tel: +45 45 33 70 00 Fax: +45 45 33 70 01

Email: eurocontact@who.int Website: [www.euro.who.int](http://www.euro.who.int/)