

Checklist to evaluate preparedness, prevention and control of COVID-19 in prisons and other places of detention



This checklist is intended for use by policy-makers and prison administrators to evaluate their level of preparedness to prevent and control COVID-19 in prisons and other places of detention. It has been developed as an additional resource to support countries in implementing the interim guidance issued by the World Health Organization (WHO) in *Preparedness, prevention and control of COVID-19 in prisons and other places of detention*.¹

The expected relevance to the various stakeholders of the information given in the checklist is indicated at the start of each section by one tick (✓= relevant) or two ticks (✓✓= highly relevant).

The checklist includes some items that are specifically designed or adapted to deal with the current COVID-19 pandemic, while others apply more broadly to various aspects of service planning and delivery. WHO's interim guidance, mentioned above,¹ provides further explanation and advice on most items in the checklist.

The checklist is structured according to WHO's health systems framework.² It is intended as a guide and is not necessarily exhaustive in its coverage.

A. Human rights

Aim *To ensure that good principles and practice in prisoner treatment and prison management, as indicated by the United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules), are adhered to in the presence of a possible epidemic outbreak. To remind Member States that protective measures must never result in inhuman or degrading treatment of persons deprived of their liberty.*

Relevance Providers ✓ Policy-makers ✓✓

	Yes	No	Not relevant/comments
A1. Are the standards of health care available for people in prison similar to those in the outside community?			
A2. Are basic living standards observed (enough space, fresh air, light and sanitation)?			
A3. Are people in prison allowed at least one hour of outdoor activities per day?			
A4. Are any non-custodial measures for the administration of criminal justice being used (e.g. electronic tagging)?			

B. Risk assessment and management

Aim *To prevent COVID-19 from entering prisons and to manage the associated risks.*

Relevance Providers ✓✓ Policy-makers ✓

B1. Is there a detailed registry of all people moving in and out of prison?			
B2. Are risk assessments undertaken on all people entering the prison (visitors, staff, new arrivals, etc.)?			
B3. Are such assessments carried out in the case of prison staff entering the facility, at each access?			

¹ Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance (15 March 2020). Copenhagen: WHO Regional Office for Europe; 2020 (http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf).

² Everybody's business – strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: World Health Organization; 2007 (https://www.who.int/healthsystems/strategy/everybodys_business.pdf).



B. Risk assessment and management contd

	Yes	No	Not relevant/comments
B4. Is there a dedicated area for these risk assessments?			
B5. Is information on symptoms over the previous seven days collected as part of this risk assessment?			
B6. Is information collected on recent contact with possible cases (over previous 14 days)?			
B7. Is information on travel restrictions and emergence of symptoms provided to prison staff so that they can inform the designated health-care officer?			
B8. Is advice on contact restrictions and presence of symptoms provided to visitors well in advance of their arrival at the prison?			
B9. Are asymptomatic individuals prevented from visiting if they meet any of the criteria for exclusion (i.e. contact with symptomatic person or travel history that indicates risk)?			
B10. Are symptomatic visitors excluded from visits?			
B11. Has some arrangement to allow non-contact visits (e.g. Skype or phone) been set up?			

C. Referral system and clinical management

Aim <i>To Ensure that identified cases are appropriately managed and receive adequate health care.</i>			
Relevance Providers ✓✓ Policy-makers ✓✓			
C1. Do suspected cases have quick access to laboratory tests?			
C2. Do laboratory-confirmed cases have access to isolation and management (either onsite or in a medical facility)?			
C3. Do contacts of laboratory-confirmed cases have access to places for adequate quarantine according to national protocols?			
C4. Do health-care teams dealing with the collection of biological samples (including respiratory samples, stools and blood) have access to the necessary preventive protective equipment (PPE) as described in WHO prison guidance?			
C5. Are prison authorities made aware of the hospitals (e.g. respiratory support or intensive care units) to which they can transfer those requiring admission?			
C6. Are there clear criteria for transferring severely ill patients to hospital?			
C7. Are there protocols in place to manage patients onsite (if they do not meet the criteria for transfer to hospital)?			
C8. Are there any measures in place to avoid concentration of people in prison (e.g. food delivered to cells)?			



D. Contingency planning

Aim <i>To check that contingency planning is in place and adequately communicated.</i> Relevance Providers ✓ Policy-makers ✓✓	Yes	No	Not relevant/comments
D1. Are there any contingency plans for managing the impact of an infectious disease outbreak in prisons? D1.1 If yes to D1 : Have contingency plans been shared with prison administrators? Have contingency plans been shared with prison staff? Have contingency plans been shared with people in prison?			
D2. Was a national comprehensive risk assessment of the prison system conducted?			
D3. Was an assessment of the need for PPE and other essential supplies carried out?			
D4. Has sufficient PPE for use by prisons been available during the COVID-19 pandemic?			

E. Training

Aim <i>To evaluate if prison staff are adequately trained to deal with COVID-19.</i> Relevance Providers ✓✓ Policy-makers ✓			
E1. Have prison staff received any training on basic COVID-19 disease knowledge, including pathogen, transmission route, signs and clinical disease progression?			
E2. Have prison staff received any training on hand hygiene practice and respiratory etiquette?			
E3. Have prison staff received any training on appropriate use of PPE?			
E4. Have prison staff (including cleaning personnel) received any training on environmental prevention measures, including cleaning and disinfection?			
E5. Has any action been taken to disseminate information broadly among people in prison, visitors and staff family members?			

F. Risk communication

Aim <i>To assess coordination between teams involved in risk communication and to evaluate if key messages are clearly communicated in the prison setting.</i> Relevance Providers ✓ Policy-makers ✓✓			
F1. Is there a communication strategy/office to deal with public and risk communication about disease outbreaks in prison?			
F2. Is there a mechanism to gather and integrate the risk perception of people in prison, staff and visitors in strategy/message development?			
F3. Are key messages communicated in a clear, accurate and relevant manner to people in prison, staff and visitors about preventive measures, especially hand hygiene practices and respiratory etiquette?			



F. Risk communication contd

	Yes	No	Not relevant/comments
F4. Are key messages communicated in a clear, accurate and relevant manner to people in prison, staff and visitors about disease signs and symptoms, including warning signs of severe disease requiring immediate medical attention?			
F5. Is information on COVID-19 accessible through relevant channels and tools and as conveyed by trusted influencers/mediators?			
F6. Are the items detailed in F2–4 available in formats that take account of possible language and cultural barriers (versions in translation and at different literacy levels, including versions using pictograms only) and disabilities?			

G. Prevention measures

Aim <i>To assess prevention and control facilities in prison.</i>			
Relevance Providers ✓ Policy-makers ✓✓			
G1. Are there protocols in place to manage staff who meet the definition of a suspected or confirmed case?			
G2. Are there routines and facilities that allow hands to be washed with soap and water and dried using single-use towels (or cleaned with alcohol sanitizer, with at least 60% alcohol)?			
G3. Are wall-mounted liquid-soap dispensers available in communal areas (toilets, showers, gyms, canteens)?			
G4. Are paper towels available in these areas?			
G5. Are there routines and facilities in place that allow appropriate physical distancing?			
G6. Are there medical masks available for confirmed cases or suspected cases with symptoms (e.g. a cough)? G6.1 If yes to G6 , are people informed about the proper use of such masks, including disposal procedure?			
G7. Are there facilities that allow any person in prison suspected of having COVID-19, based on risk assessment, to be placed in quarantine, in single accommodation, according to national protocols? G7.1 If no to G7 , are people in prison with similar risk factors and exposures housed together to undergo quarantine?			
G8. When isolated, are people in prison medically observed at least twice a day (including checking and recording of symptoms and temperature)?			
G9. Are staff with COVID-19 symptoms encouraged to stay at home and seek medical attention as necessary?			

H. Case management

Aim <i>To ensure that cases are appropriately managed.</i>			
Relevance Providers ✓✓ Policy-makers ✓			
H1. Are data on COVID-19 that are collected in the prison system integrated in the local/national epidemiological surveillance system?			
H2. When COVID-19 cases are identified, are they isolated and placed in single accommodation, according to national protocols? H2.1 If no to H2 , are there options to group patients with confirmed infections in one place?			



H. Case management contd

	Yes	No	Not relevant/comments
H3. If suspected cases are identified, is a health-care professional designated to care for them exclusively?			
H4. Do staff use PPE when caring for suspected cases?			
H5. Are there facilities (kitchen, bathroom, etc.) designated exclusively for suspected cases? H5.1 If no to H5 , are facilities used by suspected cases disinfected before they are used by others?			
H6. If a suspected case is transferred, are there procedures in place to ensure that the room is not used before it has been appropriately decontaminated?			
H7. When a person is released from prison, do prison administrators check if an active COVID-19 case (or the contact of a COVID-19 case) has a place to go to maintain quarantine?			
H8. When a released individual is transferred to a hospital or medical facility while still in quarantine, has the receiving facility been notified of the person's status (confirmed or suspected)?			