



DETENTION CENTER INSPECTION REPORT

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

MAY 2022

REPORT COMPILED BY THE HUMAN RIGHTS UNIT

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

Tanumalala Prison Facility



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OVERVIEW

The Samoa Ministry of Police and Prison Services (MPPS) currently manages three prison facilities in Samoa – 2 in Upolu at Tanumalala and Mulifanua and 1 in Savaii at Vaiaata. The Office's Preparedness, Prevention and Control Assessment of COVID-19 in places of detention (COVID-19 Assessment) was conducted for the main prison facility at Tanumalala only.

Tanumalala Facility prison population as of the date of the Office's COVID-19 Assessment on 28 April 2022 – total of 321 prisoners^[1] and custodies^[2].

- 250 of the prisoners are inside the facility, 15 of those prisoners are female and 235 are male.
- 19 prisoners are outside of the facility, 14 have been put on early release, 3 on temporary release, 1 admitted to the hospital, 1 escapee.
- 52 male, are held in custody

In relation to prison staff, there are 54 prison officers (32 male and 22 female) who are scheduled to work in a day to manage the site. Apart from the staff rostered to man the cells in a day (day and night) it also includes those who work a day shift only.

The Office commends efforts undertaken by the MPPS to prepare, prevent, and control COVID-19 in prison thus far including the development of its comprehensive COVID-19 Response Plan. However, there were several issues observed during the Office's COVID-19 Assessment that require attention to ensure effective management of COVID-19 and any future public health emergency in places of detention. It is important to note that the issues identified in this Report are discussed within the context of COVID-19 preparedness, control and prevention in places of detention only and not in relation to general inspections of places of detention. Discussions of issues (including those that are systemic) in relation to the latter context will be explored in the Office's upcoming general inspections of places of detention in Samoa.

Some of the key issues observed during the Office's COVID-19 Assessment include:



Overcrowding: overcrowding especially for cell blocks where male inmates are housed continues to be a major issue ^[3]. On the day of the Office's COVID-19 Assessment, 5 of the cell blocks for male inmates did not meet the social distance requirements with excess holdings of between 5-17 inmates per cell. For male custodies out of the three holding cells, one did not meet the social distance requirement with an excess holding of 17 custodies in the one cell – refer to *Table 1 regarding the Occupancy based on Social Distancing Requirements*. In the context of COVID-19 and public health emergencies, this is a serious health concern and inmates are at greater risk of getting infected due to congestion and the lack of social distancing space. Overcrowding is also a security concern especially for prison staff as they would not be able to manage a cell which has around 40+ inmates in them especially in situations of an attempted escape which according to prison staff interviewed is what happened during the lockdown in March 2022. Police had to be called in to assist prison guards. It is important to note that measures were implemented by MPPS to reduce overcrowding which is explained further below.



Poor communication: One of the reasons for the attempted escape that took place during the lockdown in March 2022 was because inmates did not receive timely information from prison staff regarding lockdown measures and restrictions which made them concerned for their families.

^[1] The words prisoner and inmate will be used interchangeably throughout this Report. It refers to individuals who have been charged and convicted before a court of law.

^[2] Custodies refers to individuals who have been charged with a crime and are awaiting trial to confirm a conviction or not.

^[3] Overcrowding at the prison facilities has been a major issue since the Office began its inspection of prisons in 2015 and one that is systemic. Several proposals in the past to address this issue have been on infrastructural changes, however there are several factors that contribute to this which if addressed can help reduce overcrowding. Some of these factors include the facilitating of bail hearings and reviewing of bail conditions.

Absence of risk assessment, screening and testing: While it was relayed to Office staff by both prison staff and inmates interviewed that risk assessments were conducted during the lockdown in March, this was not done for Office staff on the day of the COVID-19 Assessment. The easing of national restrictions also saw restrictions and protocols at the prison facility being relaxed. Testing however was only conducted for those who were in isolation cells and for prison staff due to lack of supply of testing kits.



Under-staffed: While contingency plans are in place to consider auxiliary workers/security companies to assist in cases of reduced prison staff (especially if they get infected with COVID-19) serious considerations for adequate and properly trained staff must still be taken into account to ensure continued safety of everyone as well as to avoid issues such as burnout, fatigue and mental stress especially on staff who have to cover shifts of those who have been infected and isolating. It is important to note that MPPS implemented a rostering system to ensure that prison staff were able to get enough rest as well as utilizing police officers to assist.



Prison COVID-19 response plan and measures: While plans were relayed verbally to inmates in Samoan there was no written version of the plan that inmates could have access to and also there were no information posters about the plan and health measures at entry points and cell blocks.



Lack of psychosocial support for inmates and staff: the restrictions imposed by the Government for the whole country meant that rehabilitation programmes had to be put on hold. According to prison staff and inmates interviewed, having someone to talk to was really helpful during the lockdown as it helped relieve mental stress. This was not readily available for them and therefore it was a great challenge.



No opportunity for participation: the risk perception of inmates were not regularly sought and integrated into planning and strategy development. All of what was developed was informed by advice from the national health authorities.



While the Office's COVID-19 Assessment was only conducted for the Tanumalala Prison, recommendations made are relevant for all three prison facilities managed by the MPPS to ensure consistency in measures applied. This is especially essential for the Juvenile Detention Centre at Olomanu where young offenders must be provided with the necessary support in accordance with Samoa's obligations under the Convention on the Rights of the Child.

INTRODUCTION

BACKGROUND

People deprived of their liberty, such as people in prisons and other places of detention, are more vulnerable to the COVID-19 outbreak. People in prison live in settings in close proximity and thus may act as a source of infection, amplification and spread of infectious diseases within and beyond prisons.

As the pandemic spreads, the response to COVID-19 in prisons and other places of detention becomes more challenging and requires a whole-of-society approach. Efforts to control COVID-19 in the community are likely to fail if strong infection prevention and control measures, testing, treatment and care are not carried out in prisons and other places of detention as well.

Prison health is part of public health so that nobody is left behind [4]. According to international human rights laws and standards, it is the state's legal obligation to provide adequate care to people deprived of their liberty [5].

As a result of the extreme risks posed by COVID-19 to these individuals, the Office on the 28 April 2022, undertook its COVID-19 Assessment for the Tanumalala Prison Facility.

From its COVID-19 Assessment, the Office observed several good practices such as having dedicated isolation cell blocks for positive cases, testing for staff when they come in and leave shifts, distributing of sanitizers, soaps and face masks for inmates and staff, granting temporary release for prisoners who were 55 years and have underlying health conditions, and early release for inmates who have already served over 50 per cent of their total term and have 6 months remaining, as well as breastfeeding mothers. However, there were also deep concerns especially in relation to overcrowding, anxiety and mental stress, delays in handling court cases due to court shutdown, as well as lack of resources such as testing kits to conduct comprehensive surveillance for all inmates as well as visitors to the facility. These issues will be explored further below.

PREPARATION WORK & ASSESSMENT STANDARDS/CRITERIA

In advance of the Office's COVID-19 Assessment, an internal assessment of the necessary requirements to evaluate preparedness, prevention and control of COVID-19 in places of detention was carried out.

The requirements were contained in the guidance issued by the World Health Organization (WHO) in Preparedness, prevention and control of COVID-19 in prison and other places of detention (WHO Guide)[6] and a resource developed by the WHO Regional Office for Europe (ROE Resource)[7] to support countries in implementing of the WHO Guide.

Based on the information from these sources, 2 checklists were developed – 1 for prison staff and management, and 1 for inmates – adapting information from the WHO Guide and ROE Resource assessment. The Checklists contained various questions on various areas that assisted to evaluate preparedness, prevention and control of COVID-19 of the detention facility. These areas include: Human rights; Risk assessment and management; Referral system and clinical management; Contingency planning; Training; Risk communication; Prevention measures; and Case management.

[4] See Adria Cots Fernández and Marie Nougier, "Punitive Drug Laws: 10 Years Undermining the Bangkok Rules" (London, United Kingdom, 2021), <https://idpc.net/publications/2021/02/punitive-drug-laws-10-years-undermining-the-bangkok-rules>; HRI, "COVID-19, Prisons and Drug Policy," Harm Reduction International, 2020, <https://www.hri.global/covid-19-prison-diversion-measures>; HRI, "COVID-19, Prisons and Drug Policy" (London, United Kingdom, 2020), <https://www.hri.global/covid-19-prison-diversion-measures>; UNODC et al., "UNODC, WHO, UNAIDS AND OHCHR JOINT STATEMENT ON COVID-19 IN PRISONS AND OTHER CLOSED SETTINGS," 2020, https://www.unodc.org/documents/Advocacy-Section/20200513_PS_covid-prisons_en.pdf.

[5] See PRI, "Preventing Harm and Human Rights Violations in Criminal Justice Systems" (London, United Kingdom, 2020), <https://www.penalreform.org/resource/coronavirus-preventing-harm-and-human-rights-violations/>.

[6] 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).

[7] Checklist to evaluate preparedness, prevention and control of COVID-19 in prisons and other places of detention, <https://apps.who.int/iris/bitstream/handle/10665/336527/WHO-EURO-2020-1406-41156-55956-eng.pdf?sequence=1&isAllowed=y>.

AUTHORITY TO VISIT AND CONDUCT ASSESSMENT

The Office is mandated under the Ombudsman Act 2013 (OMB Act) section 33(e), to visit all public and private places of voluntary and involuntary confinement or detention in Samoa to ensure they are compliant with international standards of detention and treatment of prisoners and persons held in custody. Section 24 of the Prisons and Corrections Act 2013 (PC Act) also gives the Ombudsman the power to visit prisons and prisoners for the purposes of the OMB Act.

COVID-19 ASSESSMENT OBJECTIVE

The main objective of the Office's COVID-19 Assessment was to evaluate preparedness, prevention and control of COVID-19 in places of detention in Samoa, and identify areas that require attention where recommendations have been made for the MPPS to favorably consider. It is important to note that the issues discussed in this report are discussed within the context of COVID-19 and places of detention only and not in relation to general inspections of places of detention.

INSPECTION PROCESS

During the Office's COVID-19 Assessment, Office staff spoke to the Deputy Commissioner (Prisons) and interviewed 1 prison staff and 4 inmates (2 females and 2 males). From the 4 inmates, 2 had contracted the virus and have recovered and 2 have not been infected as of the date of the Office's COVID-19 Assessment [8]. The Office also inspected the isolation cells and sighted cells where inmates were housed. Finally the Office inspected the facility's COVID-19 Plan and COVID-19 Register.

REPORT STRUCTURE

The report is organized by theme as listed above where each issue will be assessed against the standards outlined in the WHO Guide and ROE Resource.

HUMAN RIGHTS

The aim of assessing human rights is 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[9]), are complied with in the presence of a possible epidemic outbreak and that any protective measures to respond to the pandemic must never result in inhuman or degrading treatment of persons deprived of their liberty[10].

Standards of health care

From discussions with the inmates interviewed, the standards of health care they received during the lockdown and when they tested positive (for two of them) were still available similar to those outside the community. For example, all prisoners and custodies still received medical care throughout the emergency period. Prisoners and custodies who tested positive for COVID-19 were given supplies of paracetamols and also taken to hospital for treatment in serious cases. There was also screening and testing conducted especially for those who showed symptoms. Testing however was not conducted for every inmate due to limited testing equipment. For those who tested positive the 10 day protocol was adhered to where they would be tested consistently every 3 days until they completely recovered. Prisoners or custodies who needed to see the doctor were allowed to be taken to the hospital. It was relayed by prison staff interviewed that the facility has secured an in-house doctor who will commence work soon after his contract has been finalized.

[8] In following with the safety measures at the facility and to avoid exposure of prisoners, the Office interviewed only 4 inmates. The 4 inmates were all subject to the same COVID-19 measures imposed by the facility similar to the rest of the prison population who were not interviewed, thus this was used as the sample.

[9] UNODC, Nelson Mandela Rules, https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf

[10] Samoa signed up to the UN Convention Against Torture in 2018.

Basic living standards

The issue of overcrowding was a major challenge that made it difficult to enforce social distancing in cells. During the Office's COVID-19 Assessment on the 28 April 2022, some cell blocks housed between 35-50 inmates in one cell. The table below highlights the occupancy Based on Social Distancing Requirements (2meters apart) as of the date of the Office's COVID-19 Assessment.

Out of the nine cell blocks for male inmates, five did not meet the social distance requirement with excess holdings of between 5-17 inmates per cell. For male custodies, out of the three holding cells, one did not meet the social distance requirement with an excess holding of 17 custodies in the one cell. Female inmates and custodies had adequate spacing for social distancing [11] - (See Table 1).

During the COVID-19 outbreak in prison, 4 cell blocks were designated for isolation (Room 8, Med. Block 01, Med. Block 02, Block 9) - 2 for male prisoners, 1 for female prisoners, and 1 for custodies.

From the Office's tour of the isolation cell blocks it observed that there was enough spacing for those who were isolated especially given that only 15 people were allowed in one block which would normally house 40-60 inmates. However, in the case of a peak in infections the four cell blocks designated for isolating positive inmates would not be sufficient.

Isolation and normal cell blocks had sufficient ventilation and lighting. Sanitizers and soaps were also distributed and were sighted during the tour of the facility.

Outdoor activities were, however, banned in order to contain the spread of the virus. Noting public health reasons, it is important that the prison facility mitigate physical and mental health impacts by facilitating physical activity, low-risk social interactions and continued psycho-social support.

The attempted prison escape over the lock-down period in March 2022 led to the management imposing further restrictions on the movement of inmates within the prison facility where those who tried to escape were held in maximum security cells.

According to the Deputy Commissioner (Prisons) in charge of the facility, since the attempted escape by some inmates arrangements have been made to ensure that there would be no further risk of another escape. For example, the maximum security cell has been used for the "likely to be dangerous" prisoners or the ones likely to breakout again. They receive the same entitlement as everyone else. Housing these inmates in the maximum security cell is not to punish them but is to prevent and avoid them from conspiring and organizing any future breakouts and influencing other prisoners.

The move to hold the escapees in the maximum cells has resulted in several complaints against the Deputy Commissioner (Prisons) regarding the action to keep them in the maximum cells being disproportionate. Two inmates affected by this measure have lodged formal complaints to the Office and are currently being investigated by the Office's Special Investigations Unit. At the date of the Office's COVID-19 Assessment, 18 inmates (all male) were held in the maximum cells.

Inmates were still served with three meals a day according to staff and inmates who were interviewed. They were also provided with extra snacks such as bread etc. for when they have to take medicine. Water supply was uninterrupted and some of the cells had portable drinking water. Backup water supply tanks were placed around the vicinity of the facility[12]. A backup power generator was also installed to ensure uninterrupted power supply to the facility.

Visitations and contact with families

During the nation-wide lock-down in March, visitations to the facility were banned. While inmates were not able to physically see families, all inmates were entitled to one phone call a week to speak to family.

[11] While the Olomanu and Vaiaata Facilities were not assessed, records provided by MPPS also highlighted excess holdings of 9 for Olomanu Juvenile Centre and 17 for the Vaiaata Prison in Savaii.

[12] Water tanks were also installed for Olomanu Juvenile Centre and Vaiaata Prison.

Moreover, inmates were still able to receive parcels from their families. This was confirmed by inmates who were interviewed. Families were able to drop off parcels twice a week at the Faleata Police Station during the nation-wide lock-down in March 2022. These parcels were searched and disinfected before being delivered to the inmates. When restrictions eased, families were able to drop off parcels at the facility but were still not able to see and speak to their relatives in prison.

Other matters

a) Delay in Court Hearings

It was also raised by one of the inmates interviewed that the lock-down in March resulted in a delay in their hearing despite video link being available. From the date of the Office's COVID-19 Assessment, the inmate's hearing has been delayed for a month and a new date was yet to be communicated to them. Prison staff interviewed provided that they had no control over the case hearings as they had to follow the courts COVID-19 protocols.

b) Mental Health & Anxiety

Another major challenge was in relation to mental health and anxiety. The pandemic led to heightened anxiety among inmates not only due to concerns about their own health but also the health and safety of their children and families and the risk of getting infected. It was noted that many found comfort in guards coming around regularly to talk to them.

c) Overcrowding

The overcrowding of cells where one cell housed 40+ inmates instead of the 30 person capacity requirement to enable social distancing was another major concern. This has a grave impact on health and safety especially in the context of COVID-19 – see *Table 1: Occupancy based on Social Distancing Requirements* below. According to prison staff interviewed, overcrowding is a huge problem as it not only heightens the risk of exposure of inmates to the virus due to the lack of social distancing, but it is also difficult and dangerous for prison staff to control especially in situations of an attempted escape which took place during the community outbreak of the virus on the 18 March 2022.

d) Limited Office space

There is also limited office space for prison staff especially during the lock-down where staff had to camp onsite to avoid contact with the outside population and contracting the virus. Makeshift tents were set up to cater for prison staff accommodation and working space.

Table 1: Occupancy based on Social Distancing Requirements

	DESIGN HOLDING CAPACITY	SOCIAL DISTANCE REQUIREMENT (2m)	CURRENT OCCUPANCY (as of 28.4.22)	EXCESS HOLDING
Block 1 (male)	57	33	36	3
Room 2 (male)	65	33	18	
Room 3 (male)	65	33	40	7
Room 4 (male)	65	33	38	5
Room 5 (male)	40	20	37	17
Room 6 (male)	65	33	44	11
Room 8 (male): ISOLATION	20	10	2	
Special Block – high risk (male)	40	20	1	
Block 11 max cell (male)	60	30	18	
Block 12 (custody male)	60	30	47	17
Med. Block 01 (custody M): ISOLATION	10	5	0	
Med. Block 02 (custody M): ISOLATION	10	5	6	
Block 9 (custody F): ISOLATION	20	10	0	
Block 10 (female)	60	30	15	
Olomanu (Juvenile Centre)	50	25	34	9
Vaiaata (Savaii)	50	25	42	17

RISK ASSESSMENT AND MANAGEMENT

Evaluating risk assessment and management has the aim to ensure prevention of COVID-19 from entering prisons and to manage the associated risks.

The Office's COVID-19 Assessment took place after the virus had already entered prison. According to the prison staff, the virus was introduced into the facility by prison guards and also police personnel who were called in to assist with the attempted escape by some inmates during the lockdown period in March. Police who were called to respond to the attempted escape did not undergo any screening and testing due to the urgent nature of the situation.

Inquiries were made regarding the reasons for the attempted escape of some inmates and these were said to include the fact that some prisoners were upset with the delay in receiving information from prison staff regarding lock-down measures and restrictions including when or if their families can still visit. Some also wanted to go home because the lock-down meant that they would not be able to receive any more visits from their families. Inmates were also worried about not knowing about their family and children's health and safety. These reasons highlights gaps in relation to timely and effective information sharing on COVID-19 measures, despite prison staff and some of the inmates interviewed stating that there was clear communication. The reasons for the attempted escape also highlight issues of anxiety and stress among inmates being concerned about their families.

Non-contact visit arrangements

Inmates who were interviewed provided that they were allowed one phone call a week to get in touch with their families.

Register and risk assessments for visitors

The facility has a Register of all people moving in and out of prison including name, organization the person is from, date and time as well as contact details.

Since the start of the lock-down, risk assessments were conducted for everyone who came in and left the facility including prison staff. Prison staff were tested before entering and were also consistently tested every 3 days. A dedicated area was set up during the lock-down to conduct such assessments which at the time of the Office's COVID-19 Assessment had been removed. Prison staff who tested positive during screening was not allowed to enter and was encouraged to isolate at home or at a government managed isolation facility.

For inmates, once they are presented with flu-like symptoms they were tested straight away. If tested positive, they were immediately transferred to the isolation cells. The cells were disinfected including all inmates items.

According to the prison staff interviewed, information on travel restrictions and emergence of symptoms were relayed to staff and prisoners, and radios were given to inmates keep them updated on public announcements.

During the Office's COVID-19 Assessment which was when most restrictions were eased, there was no registration done for Office staff. Advice on contact restrictions and presence of symptoms were also not relayed to Office staff in advance of arrival at the prison. There was also no risk assessment or testing conducted. Office staff however, conducted their own testing which were all returned negative results prior to the prison visit.

Special measures for staff/ inmates at risk

Special measures were put in place to cater for staff and inmates that were at high risk especially if exposed to the virus. For prison staff, pregnant women were placed on special leave while some staff were allowed to take care of families if need be, especially those with children and elderly parents/relatives.

For inmates, those who were 55+ years and had health related illnesses were eligible for temporary release due to them being at high risk. As of the day of the Office's COVID-19 Assessment, four older prisoners were placed on temporary release[13] with one being monitored in hospital. Those placed on temporary release were still subject to regular monitoring and strict conditions such as staying with and supported by their families. For those whose families did not want them to be released at all, they were not eligible for temporary release.

Inmates who had served more than 50 per cent of their total term with 6 months remaining of their sentence were eligible for early release [14]. Other conditions included being a first time offender, confirmation of family support and residence (family & village) for release (no support no release), and release based on conditions to be adhered to for a 12 months period. This applied to all types of crimes with the exception of those charged with murder. On the date of the Office' COVID-19 Assessment around 16 inmates were placed on early release.

The Court Registrar working with the lawyers of those held in custody were able to negotiate and obtain bail – especially for those who were detained for minor offenses. On the date of the Office' COVID-19 Assessment, 14 custodies were released on bail.

The imposition of the above measures for early and temporary release and bail has helped reduce overcrowding and has provided safety for high risk inmates and prison staff [15].

REFERRAL SYSTEM AND CLINICAL MANAGEMENT

The aim of evaluating the facility's referral system and clinical management is to ensure that identified cases are appropriately managed and receive adequate health care.

Testing, isolation and transferal system

At the start of the lock-down in March, rapid antigen tests (RAT) procured by the Police Headquarters were made available for testing. Those who tested positive were isolated onsite at designated isolation cell blocks.

Inmates who had severe symptoms were taken to the hospital. On the day of the Office's COVID-19 Assessment, there was one inmate who was monitored at the hospital while 6 positive cases were managed and monitored onsite – two male inmates in male isolation ward, four males isolated in the custody cell block. There were no positive cases for female inmates.

Prison staff interviewed stated that there was noticeable discrimination by other prisoners towards those who contracted the virus and tested positive – blaming them for infecting others as well as distancing themselves despite positive inmates having fully recovered.

Access to preventative protective equipment (PPE) for prison staff and monitoring of positive cases

Prison staff responsible for conducting testing and screening had access to the necessary PPE. For inmates who were managed onsite, they were regularly monitored by designated prison staff and meals were delivered to them. This was confirmed by the two inmates interviewed had the virus and have since recovered.

[13] Temporary release means that inmates were only allowed to be released due to COVID-19 health safety reason and were to return back to the facility when the temporary release period expires.

[14] Early release means that inmates will be released from the facility and serve the remainder of their sentences outside of prison.

[15] In addition to COVID-19 prevention measures, measures imposed by MPPS for release of inmates to reduce overcrowding was also based on the provision in the Prisons and Corrections Act 2013 section 16, (5), (b); there is an outbreak of any disease at any Prison which constitutes a health risk to the members and prisoners at that prison.

CONTINGENCY PLANNING

The aim of evaluating the facility's contingency planning is to confirm that such plans are in place and are adequately communicated.

A response plan was developed following national protocols. Upon inspection of the Plan, it provides comprehensive measures and considerations of different areas from preparation (prior to COVID-19 entering the prison) to managing and controlling an outbreak of COVID-19 in prison. Some of the measures include among others the following:

- Coordination of Prisons' COVID-19 response committee, their roles and responsibilities
- Awareness, hygiene & Sanitation
- Full Cleaning for all Prison Facilities
- Policies for early and temporary Release to minimize overcrowding
- Policies for imposing alternatives to imprisonment such as diversion/community sentence
- Policies and Practices to cater for needs of prison staff including a roster Schedule
- Identification of buildings for isolation
- Having backup water & power supply, as well as ration and medical supplies
- Assessment regarding holding capacity versus prison population & social distancing requirements
- COVID-19 case management framework
- COVID-19 Risk assessment matrix
- COVID-19 sectional report reporting template

See **Annex 2**, regarding the *Prisons & Corrections Service, Preparedness & Response Management Plan for COVID-19 2022 - Overview of COVID-19 risk based on national alert levels and actions to be taken.*

According to the Deputy Commissioner (Prisons) and prison staff interviewed, the plan was communicated to staff and inmates. Prisoners interviewed provided that the Deputy Commissioner (Prisons) was the one that came around to communicate the plans and measures for the prison facility verbally.

Assessment of the need for PPE and other essential supplies was carried out and these were communicated to the Police HQ for procurement. During the COVID-19 outbreak in the prison facility, sufficient PPE were available for use. The Ministry of Health (MOH) greatly assisted in providing the necessary equipment for prisons to protect staff and inmates.

According to information provided by MPPS, the Plan was successfully implemented during the lock-down for COVID-19 and continues to be the guideline for the all of Prison's COVID-19 operation.

TRAINING

The aim of evaluating training is to assess if prison staff were adequately trained to deal with COVID-19.

Training for prison staff on COVID-19 prevention measures

The Deputy Commissioner (Prisons) provided that a designated team of prison staff were trained by the MOH in various areas to deal with COVID-19. These include administering tests, appropriate use of PPE as well on hand hygiene practice. This information was relayed to prison staff.

Inmates interviewed provided that prison staff wore PPE when they came around to monitor those who had contracted the virus and were in isolation. Prison staff also came around to disinfect rooms. Information was also communicated to them regarding hand hygiene and keeping distance.

During the Office's COVID-19 Assessment on the 28 April 2022, these measures were not communicated to Office staff as there was reliance on the fact that most of the information is common knowledge by the time of our visit.

RISK COMMUNICATION

The aim of evaluating risk communication is to assess coordination between teams involved in risk communication and to evaluate if key messages are clearly communicated in the prison setting.

All communication about disease outbreak in prison was carried out by the Deputy Commissioner (Prisons). Information about the virus as well as measures to undertake during an outbreak was communicated. However, there is no mechanism to gather and integrate risk perception of people in prison, staff and visitors in strategy/message development.

According to inmates interviewed, information was communicated to them clearly in Samoan about disease signs and symptoms, including warning signs of severe disease requiring immediate medical attention. The same was done for prison staff.

However as noted above, one of the reasons for the attempted escape by some inmates was a result of the delay in communicating information regarding COVID-19 measures and restrictions. A written version of the Prison COVID-19 Plan was not made available to inmates and posters on health measures were not sighted at the entry points and cell blocks.

PREVENTION MEASURES

The aim of evaluating prevention measures is to assess prevention and control facilities in prison

Protocols were and continue to be in place to manage staff that test positive including either isolating at home or at a government arranged managed isolation facility. Positive prison staffs are tested every 3 days and upon returning a negative result, can return to work.

Prison cell blocks have sanitizers or soaps for washing hands. While physical distancing is possible for the female cell blocks due to the small number of female prisoners, this is impossible for male inmates. At the date of the Office's COVID-19 Assessment there were 52 held in custody (47 IN NORMAL CELL, 4 IN ISOLATION & 1 IN MAXIMUM CELL), 19 outside of prison due to early release or isolated at the hospital, and 235 (15 FEMALE & 220 MALE INMATES) in cells with around 20-45+ inmates in most cells.

All inmates have been vaccinated and boosted with those who tested positive yet to receive their booster shot. The MOH conducted vaccinations for all inmates and prison staff.

Surgical masks were distributed to all prisoners. Women prisoners made almost 1,000 cloth masks and these were also distributed to all prisoners, custodies and staff. On the day of the Office's COVID-19 Assessment, inmates and prison staff who interacted with Office staff wore masks while in the cells blocks not all inmates were wearing masks.

Inmates who tested positive were not isolated in single accommodation cells as these are not available at the facility. However, 4 designated cell blocks are currently used for quarantine with each cell block only housing 15 inmates to ensure adequate social distancing. The cell blocks normally holds a capacity of 40-60 inmates.

According to two of the inmates that were interviewed who tested positive, those who were isolated in the isolation cell blocks are monitored and observed twice a day and were tested at least 4-5 times within a 10 day period until confirmed negative. Once negative they are returned to the other cells where the rest of the prison population was housed.

With some prison staff testing positive for the virus, this had a huge impact on the facility's manpower and human resource. Prison staff that were able to still work did 24 hour long shifts and had a break for the next 24 hours before returning.

CASE MANAGEMENT

The aim of evaluating case management is to ensure that cases are appropriately managed.

All data on COVID-19 that are collected in the prison regarding positive cases and those tested were recorded in the Prisons' COVID-19 register and relayed to the MOH for integration into the national epidemiological surveillance system. The COVID-19 Register contained information including name, gender, village, contact, test site, COVID-19 status, isolation location, and retesting date.

The table below indicates the number of positive cases (both inmates and prison staff) at the facility (including Olomanu and Vaiaata) as of the date of the Office' COVID-19 Assessment.

Table 2: COVID-19 status - inmates, custodies and prison staff as of 28 April 2022

	Tanumalala	Olomanu	Vaiaata
Inmates	52	12	35
Custodies	21		
Prison staff	54	9	n/a

Designated isolation cell blocks have access to bathrooms and showers while food is delivered to the cells. Staffs who monitor positive cases all wear PPE. Isolation cell blocks are disinfected after positive cases are released back into the general prison population. For cases that are referred to the hospital the hospital is notified of their COVID-19 status and further testing is conducted upon arrival.



Prison Facility



Interview between Office staff and female inmate during the Assessment



Kitchen area for female inmates



Inside one of the isolation cell blocks



Toilets and sanitary sinks in one of the isolation cells for inmates who test positive for the virus



Showers in one of the isolation cells for inmates who test positive for the virus

RECOMMENDATIONS

Overcrowding

1. MPPS must address the systemic causes of overcrowding in prison including working with the courts and lawyers to facilitate more bail hearings and seek review of bail conditions especially for those who are likely to spend a longer period in custody awaiting trial.

Staffing and facilities for staff

2. MPPS should look at the proper utilization of available space in the facility to set up rooms and facilities onsite for prison staff and guards for taking breaks especially when they are on 24 hour shifts in times of need such as during a public health emergency.

3. MPPS should consider hiring more prison staff to manage inmates for safety and security reasons.

Communication of risks and plans

4. MPPS should ensure that there is timely communicating of information regarding plans and risks of COVID-19 in a way that is user friendly for all inmates.

5. MPPS should develop and display at all cell blocks and entry points COVID-19 related information on prevention and health measures including – what is COVID-19, symptoms, when to ask for help, hand hygiene etiquette etc. for inmates and visitor's information to allow for greater protection from the virus.

Risk assessment and management

6. MPPS should continue to conduct risks assessments, screening and testing for inmates, staff and those who come in and out of the facility even if restrictions have been eased nationally until there is concrete evidence that the risk posed by the virus has subsided.

7. MPPS should continue to ensure that it maintains an up to date register of everyone visiting the prison facility during the pandemic to assist with tracing purposes even if national restrictions have been eased.

8. MPPS working in collaboration with the Ministry of Health and/or international donor partners should ensure that it has an adequate supply of PPE for use in prison by staff as well as testing kits.

9. For any future public health emergency, MPPS should conduct with the assistance of the Ministry of Health and the Office of the Ombudsman, a national comprehensive risk assessment of the prison system to ensure prevention and to adequately manage associated risks.

Participation

10. MPPS should put in place a system or mechanism to gather and integrate risk perception of people in prison (especially those most vulnerable including pregnant female inmates, older prisoners and inmates with underlying health conditions as well as young inmates), staff and visitors in planning and message development.

Psychosocial support

11. MPPS in the absence of contact rehabilitation activities and noting public health reasons should continue to provide low-risk social interactions and continued psycho-social support inmates especially young offenders (in accordance with Samoa's obligations under the Convention on the Rights of the Child) to assist with concerns of anxiety and mental stress. The same support must also be provided for prison staff. In relation to providing psycho-social support, MPPS where necessary should work with counseling services NGOs to provide such support.

Right to health

12. Without limiting it to inmates who contract the virus, MPPS must continue to ensure that all inmates are provided with continuous access to health care including doctor visits, medicines and vaccines.

13. MPPS must accelerate without further delays the finalization of prison's in-house doctor's contract and have them commence work immediately to ensure that prisoners have access to a doctor for any medical concerns.

Restrictions on movement

14. Any measures to further restrict movement of inmates within prison apart from measures to contain the virus must be necessary, legitimate and proportionate.

Access to justice

15. MPPS must continue to work closely with the Ministry of Justice and Courts Administration and the Office of the Attorney General to facilitate hearings of inmates whose cases are due for hearing. Alternative methods for conducting non-contact hearings such as video links must be fully utilized.

Discrimination

16. MPPS must ensure that instances of discrimination especially against inmates who test positive for the virus are adequately addressed. Awareness to dispel such stereotypes must be communicated to inmates.

FOLLOW-UP ACTION

The following are follow up actions on the recommendations:

1. The Office will share this report with the Commissioner and Deputy Commissioner (Prisons) of MPPS and work together to determine how to approach the different issues raised in the recommendations; and
2. The Office will have follow up inspections on specified timeframes to ensure that the recommendations are addressed.

RESOURCES

Information for prisoners – Preparedness, prevention and control of COVID-19 in prisons and other places of detention

Below are resources extracted and adapted from various sources that can be used by MPPS to assist with its COVID-19 response in prison. The Office can assist in designing and developing some of these resources and have them displayed at all prison facilities.

Resource: COVID-19 AND YOUR RIGHTS

What is COVID-19?

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases. The novel coronavirus responsible for the current pandemic is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and it causes coronavirus disease COVID-19.

The most common symptoms of COVID-19 infection are fever, tiredness and a dry cough. Some people may also have aches and pains, nasal congestion, a runny nose, a sore throat and/or diarrhoea. Others may become infected but not exhibit any symptoms.

About 80% of patients recover from this disease without needing any special treatment. Individual's ≥ 60 years old of age and those with underlying medical problems such as high blood pressure, heart problems and diabetes, and smokers are at higher risk of developing severe illness.

You can become infected by breathing in exhaled/coughed-out droplets from a nearby person who has the virus; or by touching contaminated surfaces and objects or shaking hands with an infected person, and then touching your eyes, nose or mouth.

What to do in the case of an outbreak and your rights

In a case of an outbreak, it may be necessary that your rights will be temporarily restricted for public health concerns. For example, visits of family and friends will be restricted; freedom of movement within the prison facility will be restricted etc. Rules restricting such rights will be kept in place as long as necessary.

Please note that if you have a fever, a cough and/or difficulty breathing, you should report it and seek medical assistance straightaway.

If you develop the COVID-19 disease, for your safety and the safety of others, you will be put into medical isolation until there can be further medical evaluation and testing. If any specialized care is required, be assured that you will be transferred to the appropriate units. Your help and understanding of these and other necessary measures are essential.

Despite these restrictions, you can still be entitled to the following rights:

Right to health

The right to health care is a human right and applies to every citizen, regardless of their legal status.[1] When governments deprive people of their liberty, they assume responsibility to provide them with the health care they need and deserve. The principle of equivalence provides that people in prison should enjoy the same standards of health care and equitable health outcomes compared to those available in the outside community, based on assessed needs and evidence-based guidelines. There must be universal health coverage in relation to vaccinations, access to medicines and to hospital in severe cases, and psychosocial support must also be made available.



[1] Abbing HR. Prisoners right to healthcare, a European perspective. Eur J Health Law. 2013;20(1):5-19. doi:10.1163/15718093-12341251.



Food and safe drinking water

The right to food and access to safe drinking water are important rights that contribute to the right to health and most importantly right to life. Like the right to health, governments are obligated to ensure that prisoners right to food and water are continuously fulfilled.



Hygiene and sanitation, light and fresh air

In times of public health emergencies, hygiene and sanitation are crucial to ensure safety. Furthermore having access to light and fresh air is also important to staying healthy both physically and mentally. Inmates must be able to have access to necessary resources such as soaps and sanitisers and running water to maintain good hygiene and sanitation. They must also be able to have well ventilated cells where light and fresh air can come in especially if they are not allowed to go outside of their cells.



Contact families using non-contact means such as through phone or video links

The ban on families and friends to visit relatives in prison although necessary for public health reasons, can lead to issues of anxiety and mental stress. Therefore, prisoners must be provided with alternative means of contacting their families at least once a week using non-contact means such as phone or video links.



Right to complain to authorities

Imposing of restrictions in prison as a result of COVID-19 can create the risk of further mistreatment (as well as torture and inhumane treatment) of prisoners by prison staff. Inmates must still be able express concern or complain to authorities including the Office of the Ombudsman NHRI Samoa about such instances which must be investigated and addressed promptly.



Special measures and vulnerable groups

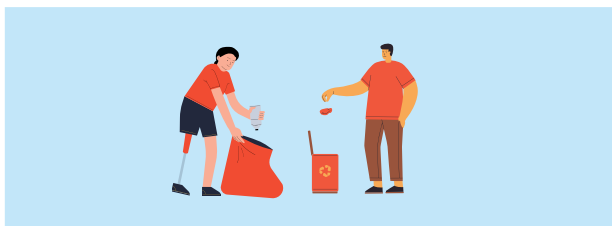
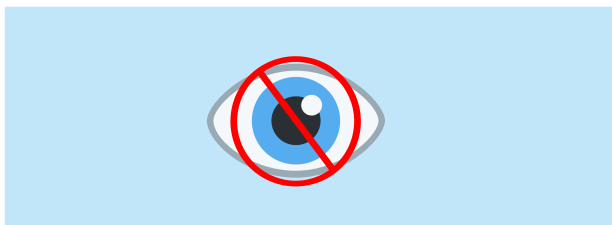
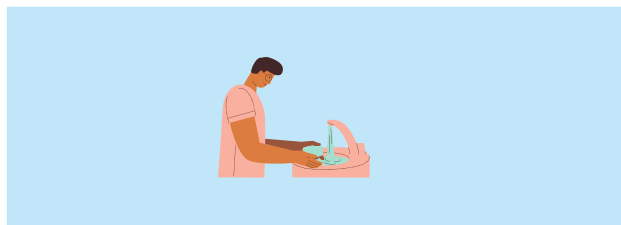
To control and manage the spread of the virus within the prison facility inmates who test positive must be isolated either onsite or at a secure offsite location. Isolation units must still adhere to the principle of separation with women, men as well as other gender groups having their own isolation units. The same should be done for other vulnerable groups especially children and young offenders. The health needs of the elderly and those with underlying health conditions must also be seriously considered.

Source: Gregory Bernstein, Stephanie Guzman, Maggie Hadley, Rosalyn M. Huff, Alison Hung, Anita N. Yandle, Alexis Hoag & Bernard E. Harcourt, *COVID-19 and Prisoners' Rights*, LAW IN THE TIME OF COVID-19, KATHARINA PISTOR, ED., COLUMBIA LAW SCHOOL, 2020 (2020).
https://scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=3686&context=faculty_scholarship; See also <https://previous.ohchr.org/EN/ProfessionalInterest/Pages/TreatmentOfPrisoners.aspx>.

Resource: STAYING SAFE AND HEALTHY

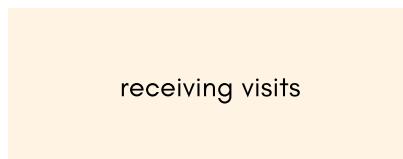
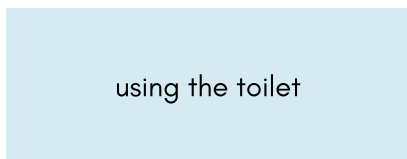
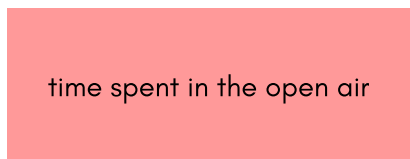
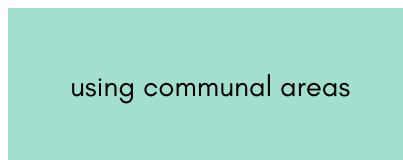
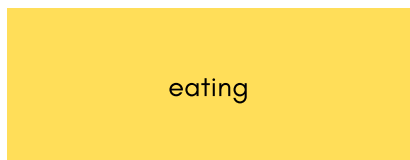
To stay safe and healthy during the COVID-19 pandemic, remember to:

- wash your hands frequently with soap and water and dry with single-use towels;
- avoid touching your eyes, nose or mouth if you are not sure that your hands are clean;
- keep a distance of at least 1 metre between yourself and anyone who is coughing or sneezing;
- use a disposable tissue (or your bent elbow) to cover your mouth and nose when coughing or sneezing, then throw the tissue in a bin with a lid and wash your hands.



A fabric mask can act as a barrier to prevent the spread of the virus where there are many cases of COVID-19 in the community, and physical distancing of at least 1 metre is not possible. But if you are aged 60 or over or having an underlying health condition such as heart or lung diseases, cancer, diabetes, cerebrovascular disease, or immunosuppression you are advised to wear a medical mask. In any case, combine the use of mask with other important preventive measures, such as hand washing.

Make sure that you **wash your hands before and after** any activity, including:



Source: <https://apps.who.int/iris/bitstream/handle/10665/336669/WHO-EURO-2020-1497-41247-56126-eng.pdf?sequence=1&isAllowed=y>.

Resource: CORRECT PROCEDURE TO WASH YOUR HANDS

Be aware of the **correct procedure** to wash your hands

CLEAN HANDS REGULARLY WITH WATER AND SOAP OR HANDRUB. Duration of the entire procedure: minimum 40 seconds for Hand washing and minimum 20 seconds for Hand rubbing

1. Wet hands with water



2. Apply enough soap to cover all hand surfaces.



3. Rub hands palm to palm.



4. Right palm over left back of hand with interlaced fingers, and vice versa.



5. Palm to palm with fingers interlaced.



6. Backs of fingers to opposing palms with fingers interlocked.

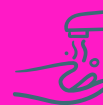
7. Rotational rubbing of left thumb clasped in right palm, and vice versa.



8. Rotational rubbing, backwards and forwards, with clasped fingers of right hand in left palm, and vice versa.



9. Rinse hands with water.



10. Dry hands thoroughly with a single-use towel.



11. Use towel to turn off tap, if applicable.

12. Your hands are now safe.



FREQUENTLY ASKED QUESTIONS ABOUT PREVENTION AND CONTROL OF COVID-19 IN PLACES OF DETENTION

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

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

Should all convicted individuals newly admitted to prison be screened?

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

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

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

Should prison staff be screened?

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

What about visitors – should they be screened?

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

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

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

Should bodies of inspection be denied access to prisons?

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

Should people in prisons who show symptoms be isolated?

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

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

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

Do prisons have enough protective equipment?

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

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

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

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

Eight main measures are recommended:

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

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

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

How should prison overcrowding be addressed?

Public authorities should take immediate steps to address prison overcrowding, including measures to respect World Health Organization (WHO) guidance on physical distancing and other health measures.

Release of individuals, particularly those detained for offences not recognized under international law, should be prioritized; priority should also be given to conditional release, particularly for older persons, ill people, and others (including pregnant women) with specific risks related to COVID-19.

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

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

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

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

Source: <http://www.euro.who.int/en/health-topics/healthdeterminants/prisons-and-health>

ANNEXES

Annex 1a – Checklist to evaluate preparedness, prevention and control of COVID-19 in places of detention: **INTERVIEW WITH PRISON MANAGEMENT/STAFF**

Annex 1b – Checklist to evaluate preparedness, prevention and control of COVID-19 in places of detention: **INTERVIEW WITH PRISON INMATES**

***Disclaimer:** The checklists were taken and adapted from a resource developed by the World Health Organization (WHO) Regional Office for Europe[16] to support countries in implementing of the WHO Guide in Preparedness, prevention and control of COVID-19 in prisons and other places of detention [17].*

Annex 2 – Samoa Prisons & Corrections Service, Preparedness & Response Management Plan for COVID-19 2022: **Overview of COVID-19 risk based on national alert levels and actions to be taken**

[16] See Checklist to evaluate preparedness, prevention and control of COVID-19 in prisons and other places of detention, <https://apps.who.int/iris/bitstream/handle/10665/336527/WHO-EURO-2020-1406-41156-55956-eng.pdf?sequence=1&isAllowed=y>

[17] 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).

Annex 1a - Checklist to evaluate preparedness, prevention and control of COVID-19 in places of detention: INTERVIEW WITH PRISON MANAGEMENT/STAFF

A	Human rights			
	<p><i>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.</i></p> <p>NOTE: inspectors to observe this during prison tour</p>	Yes	No	Comments
	1. Are the standards of health care available for people in prison similar to those in the outside community?			
	2. Are basic living standards observed (enough space, fresh air, light and sanitation)?			
B	Risk assessment and management			
	<p><i>AIM: To prevent COVID-19 from entering prisons and to manage the associated risks.</i></p> <p>NOTE: inspectors to observe this during prison tour</p>	Yes	No	Comments
	1. Is there a detailed registry of all people moving in and out of prison?			
	2. Are risk assessments undertaken on all people entering the prison (visitors, staff, new arrivals, etc.)?			
	3. Are such assessments carried out in the case of prison staff entering the facility, at each access?			
	4. Is there a dedicated area for these risk assessments?			
	5. Is information on symptoms over the previous seven days collected as part of this risk assessment?			
	6. Is information collected on recent contact with possible cases (over previous 14 days)?			
	7. Is information on travel restrictions and emergence of symptoms provided to prison staff so that they can inform the designated health-care officer?			
	8. Is advice on contact restrictions and presence of symptoms provided to visitors well in advance of their arrival at the prison?			
	9. 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)?			
	10. Are symptomatic visitors excluded from visits?			
	11. Has some arrangement to allow non-contact visits (e.g. Skype or phone) been set up?			
C	Referral system and clinical management			

	<i>AIM: To Ensure that identified cases are appropriately managed and receive adequate health care.</i>	Yes	No	Comments
	1. Do suspected cases have quick access to laboratory tests?			
	2. Do laboratory-confirmed cases have access to isolation and management (either onsite or in a medical facility)?			
	3. Do contacts of laboratory-confirmed cases have access to places for adequate quarantine according to national protocols?			
	4. 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)?			
	5. Are prison authorities made aware of the hospitals (e.g. respiratory support or intensive care units) to which they can transfer those requiring admission?			
	6. Are there clear criteria for transferring severely ill patients to hospital?			
	7. Are there protocols in place to manage patients onsite (if they do not meet the criteria for transfer to hospital)?			
	8. Are there any measures in place to avoid concentration of people in prison (e.g. food delivered to cells)?			
D	Contingency planning			
	<i>AIM: To check that contingency planning is in place and adequately communicated.</i>	Yes	No	Comments
	1. Are there any contingency plans for managing the impact of an infectious disease outbreak in prisons? <ul style="list-style-type: none"> If yes to D1: Have contingency plans been shared with prison administrators? <ul style="list-style-type: none"> Have contingency plans been shared with prison staff? Have contingency plans been shared with people in prison? 			
	2. Was a national comprehensive risk assessment of the prison system conducted?			
	3. Was an assessment of the need for PPE and other essential supplies carried out?			
	4. Has sufficient PPE for use by prisons been available during the COVID-19 pandemic?			
E	Training			
	<i>AIM: To evaluate if prison staff are adequately trained to deal with COVID-19.</i>	Yes	No	Comments
	1. Have prison staff received any training on basic COVID-19 disease knowledge, including pathogen, transmission route, signs and clinical disease progression?			
	2. Have prison staff received any training on hand hygiene practice and respiratory etiquette?			
	3. Have prison staff received any training on appropriate use of PPE?			

	4. Have prison staff (including cleaning personnel) received any training on environmental prevention measures, including cleaning and disinfection?			
	5. Has any action been taken to disseminate information broadly among people in prison, visitors and staff family members?			
F	Risk communication			
	AIM: To assess coordination between teams involved in risk communication and to evaluate if key messages are clearly communicated in the prison setting.	Yes	No	Comments
	1. Is there a communication strategy/office to deal with public and risk communication about disease outbreaks in prison?			
	2. Is there a mechanism to gather and integrate the risk perception of people in prison, staff and visitors in strategy/message development?			
	3. 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?			
	4. 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?			
	5. Is information on COVID-19 accessible through relevant channels and tools and as conveyed by trusted influencers/mediators?			
	6. 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: To assess prevention and control facilities in prison NOTE: inspectors to observe this during prison tour	Yes	No	Comments
	1. Are there protocols in place to manage staff who meet the definition of a suspected or confirmed case?			
	2. 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)?			
	3. Are wall-mounted liquid-soap dispensers available in communal areas (toilets, showers, gyms, canteens)?			
	4. Are paper towels available in these areas?			
	5. Are there routines and facilities in place that allow appropriate physical distancing?			

	6. Are there medical masks available for confirmed cases or suspected cases with symptoms (e.g. a cough)? <ul style="list-style-type: none"> • If yes to G6, are people informed about the proper use of such masks, including disposal procedure? 			
	7. 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? <ul style="list-style-type: none"> • If no to G7, are people in prison with similar risk factors and exposures housed together to undergo quarantine? 			
	8. When isolated, are people in prison medically observed at least twice a day (including checking and recording of symptoms and temperature)?			
	9. Are staff with COVID-19 symptoms encouraged to stay at home and seek medical attention as necessary?			
H	Case management			
	AIM: To ensure that cases are appropriately managed	Yes	No	Comments
	1. Are data on COVID-19 that are collected in the prison system integrated in the local/national epidemiological surveillance system?			
	2. When COVID-19 cases are identified, are they isolated and placed in single accommodation, according to national protocols? <ul style="list-style-type: none"> • If no to H2, are there options to group patients with confirmed infections in one place? 			
	3. If suspected cases are identified, is a health-care professional designated to care for them exclusively?			
	4. Do staff use PPE when caring for suspected cases?			
	5. Are there facilities (kitchen, bathroom, etc.) designated exclusively for suspected cases? <ul style="list-style-type: none"> • If no to H5, are facilities used by suspected cases disinfected before they are used by others? 			
	6. 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?			
	7. 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?			
	8. 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)?			

Annex 1b - Checklist to evaluate preparedness, prevention and control of COVID-19 in places of detention: INTERVIEW
WITH PRISON INMATES

	Human rights	Yes	No	Comments
1.	Do you still receive health care? How adequate is this?			
2.	Are you allowed leisure time?			
3.	Are your basic living standards still observed e.g. food, light, sanitation, water?			
4.	Are arrangements to allow non-contact visits (e.g. Skype or phone) still allowed?			
	Risk assessment and management	Yes	No	Comments
5.	Are risk assessments carried out for inmates e.g. screening?			
6.	Is this conducted in a dedicated risk assessment area?			
	Referral system and clinical management	Yes	No	Comments
7.	Do you receive testing?			
8.	What happens for positive cases?			
	Contingency planning	Yes	No	Comments
9.	Have plans to manage the outbreak of the virus in prisons been communicated to you?			
	Communication	Yes	No	Comments
10.	Information about basic covid-19 knowledge communicated?			
11.	Are key messages communicated in a clear, accurate and relevant manner about preventive measures, especially hand hygiene practices and respiratory etiquette?			
12.	Are key messages communicated in a clear, accurate and relevant manner about disease signs and symptoms, including warning signs of severe disease requiring immediate medical attention?			
	Prevention measures <i>NOTE: inspectors to observe this during prison tour</i>	Yes	No	Comments
13.	Are there routines and facilities that allow hands to be washed with soap and water (or cleaned with alcohol sanitizer, with at least 60% alcohol)?			
14.	Are there routines and facilities in place that allow appropriate physical distancing?			
15.	Are there medical masks available for confirmed cases or suspected cases with symptoms (e.g. a cough)? If yes to G6, are people informed about the proper use of such masks, including disposal procedure?			
16.	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? If no, are people in prison with similar risk factors and exposures housed together to undergo quarantine?			
17.	When isolated, are people in prison medically observed at least twice a day (including checking and recording of symptoms and temperature)?			
18.	Have you been vaccinated and boosted?			

Annex 2 – Samoa Prisons & Corrections Service, Preparedness & Response Management Plan for COVID-19 2022: Overview of COVID-19 risk based on national alert levels and actions to be taken

Levels	Level 0 – normal	Level 1 – proceed carefully	Level 2 – extreme caution	Level 3 – stay home, stay safe
Phases	PREPARATION PHASE	LOW RISK	MODERATE RISK	HIGH RISK
Prison and Corrections Response Actions	<p>Procure pre-supplies (6 months advance Aug 2020 – Jan 2021) of goods for all prison sites.</p> <ul style="list-style-type: none"> • Ration • Hygiene & Sanitation goods • Uniform & protective gears <p>Proceed with normal duties & daily operations</p> <ul style="list-style-type: none"> • Custodial Operations • Programs • Support Services 	<p>Activate Prison COVID Response Plan in line with the current situation and direction from Government.</p> <p>Continue to abide by conditions of Government’s State of Emergency (SOE)</p> <ul style="list-style-type: none"> • <u>Limit/control “number of people” per visit.</u> • <u>Limit/control number of prisoners for hospital & court escorts unless there is an emergency.</u> <p>Foster implementation of Prisoner Classification System to prep for temporary release purposes.</p> <p>Trial Social Distancing</p>	<p>Activate Prison COVID Response Plan in line with the current situation and direction from Government.</p> <p>Continue to abide by conditions of Government’s State of Emergency (SOE)</p> <ul style="list-style-type: none"> • <u>Limit number of “people & visits” per week.</u> • <u>Limit number of hospital & court escorts unless there is an emergency.</u> <p>Foster implementation of Prisoner Classification System to prep for temporary release purposes.</p> <p>Arrange and prep for Social Distancing</p>	<p>Activate Prison COVID Response Plan in line with the current situation and direction from Government.</p> <p>All Prison Sites COMPLETE LOCKDOWN.</p> <ul style="list-style-type: none"> • <u>Cease all visitations.</u> • <u>Cease all hospital & court escorts.</u> • <u>Cease all internal & external movements unless there is an emergency.</u> <p>Implement Social Distancing.</p> <p>Implement prisoner classification for temporary release – liaise with MJCA, AG.</p> <p>Part 1: Staff will camp on site and activate the special roster when the number of positive cases reaches 10</p> <p>Part 2: For all positive and active cases that are in isolation, the Prison staff will operate on a normal roster schedule</p>



DETENTION CENTER INSPECTION REPORT

COVID-19 preparedness, prevention and control in places of detention assessment
Tanumalala Prison Facility

May 2022