

Managing Jails at the Height of Covid 19 Pandemic: Jail Officers in Focus

Rose Jean R. Calacar, Nestor C. Nabe, Phd

Davao City Philippines

DOI: <https://dx.doi.org/10.47772/IJRISS.2025.905000154>

Received: 09 May 2025; Accepted: 16 May 2025; Published: 04 June 2025

ABSTRACT

The COVID-19 pandemic posed unprecedented challenges to jail personnel, affecting their safety, well-being, and ability to perform their duties effectively. This study explored the impact of the pandemic on jail officers, focusing on their experiences, coping strategies, and insights on jail management. The study employed a qualitative phenomenological design using in-depth interview with the twelve (12 participants composing the jail warden, jail officer III, assistant warden, and district jail warden who manage jails. The data was gathered through in-depth interview, using a researcher-made interview guide questionnaire and analyzed using the thematic analysis. Findings revealed that in study objective number one there were three themes emerged; vulnerability and overcrowding, impact on well-being, and challenges in adaptation. In the second objective, the findings revealed three themes; strict implementation of protocols, keeping one's sanity, and self-care and hygienic measures. Lastly, the third objective revealed three themes; strict hygiene and protocol compliance, medical training and upskilling of jail personnel, and collaboration and delivery of service. The study emphasized the need for improved policy measures, including enhanced hygiene compliance, medical training for personnel, and stronger interagency collaboration to ensure the well-being and safety of jail officers and inmates during future public health crises. These insights contribute to the growing discourse on jail management and underscore the need for a more adaptive and health-conscious correctional system.

Keywords: criminal justice, jail management, jail officers, covid-19, phenomenology, thematic analysis, Davao del Sur, Philippines

SDG Indicator: #16 (Peace, Justice, and Strong Institutions)

INTRODUCTION

There are a lot of problematic issues that need to be presented in this study in managing the prisons at the peak of COVID-19 focusing solely on the jail officers. Due to close quarters and high population density, people were susceptible to COVID-19. When someone contracts the virus, the jail system becomes a breeding ground for concentrated infections. PDLs are especially vulnerable in countries with overcrowded criminal justice systems like the Philippines (Cahapay, 2020). Since infection risk and expected in-custody mortality are a concern, researchers estimate how jail dynamics contribute to spillover hazards that harm inmates and increase exposure, infection, and death rates for correctional officials and the general population. This study must also discuss their problems and solutions to jail management issues (Lofgren et al., 2020).

The research conducted by Facer-Irwin et al. (2019) evaluated pandemic-related problems for prison staff, particularly jail officials. These people oversaw and helped a vulnerable population prone to violence, self-harm, and PTSD. There is consensus that the COVID-19 epidemic has hampered worldwide jail system improvements. The epidemic-related limitations have disproportionately hurt jail populations, especially in terms of access to critical commodities and services and human rights. It also affects the inmates' and staff's mental and physical health (Wainright et al., 2023).

Correctional staff at prisons and jails have increased mobility restrictions within and between facilities. Novisky et al. (2021) state that visitors are banned, buildings or housing complexes are locked down, and people are quarantined or medically sequestered.

The Covid-19 pandemic has had a profound impact on nearly all facets of jail healthcare in the United Kingdom. This includes the provision of healthcare services by personnel, the utilization of such services by incarcerated individuals, and the oversight, strategizing, and allocation of resources by policymakers (Wainright et al., 2023). Moreover, prison healthcare in England and Wales purportedly encountered a comparable clash, characterized by extensively documented challenges in staffing and resource allocation compounded by inadequate funding (National Audit Office, 2020). Upon the declaration of the initial nationwide lockdown, correctional facilities used "Command Mode" and employed "Exceptional Delivery Models" (Brennan, 2020) in order to significantly limit prisoner mobility as a means of containing the spread of the virus.

In some provincial systems, correctional officers are instructed to work their regular schedule during COVID-19 outbreaks while isolating during their off hours. The COVID-19 pandemic threatens the health and well-being of residents and employees in these establishments worldwide (Kinner et al., 2020). Numerous global and national studies have examined prison management. However, Davao del Sur Provincial Jail research on prison administration during the COVID-19 pandemic has ceased. This study is necessary to understand the challenges correctional officials encounter due to prisoners' vulnerability to viral infections and other illnesses.

This study sought to understand jail officers' struggles, strategies, and perspectives on managing prisons during the COVID-19 pandemic. Examined the impact of COVID-19 pandemic on jail management. It also examined how jail officers cope with pandemic-related impacts on health, safety, and operational issues. Finally, discovered jail guards' insights on prison management including best practices and lessons amidst COVID-19 pandemic.

Overseeing jails during the peak of the COVID-19 pandemic presented major challenges, such as overcrowding, personnel shortages, insufficient healthcare systems, and deteriorating mental health among inmates. The Manila City Jail, exhibiting a congestion rate of 463%, encountered significant challenges in implementing social separation and quarantine protocols (Dizon, 2021). The U.S. jail institutions experienced considerable staffing challenges and operational stress when COVID-19 proliferated among staff and convicts (Schoenfeld et al., 2023). Numerous facilities were deficient in healthcare resources, hindering the execution of testing, isolation, and treatment protocols (Cloud et al., 2020). Mental health issues were exacerbated by the cessation of programs and heightened isolation (Nowotny et al., 2022). In response, many initiatives were implemented worldwide, including shared governance models in which staff and detainees collaboratively formulated and enforced health policies—an approach that resulted in the Manila City Jail reporting no COVID-19 infections or violence during that period (Dizon, 2021). U.S. counties implemented decarceration by releasing non-violent and medically vulnerable inmates to alleviate overcrowding (Schoenfeld et al., 2023). Moreover, penal institutions instituted improved screening, testing, quarantine measures, and ultimately vaccination initiatives; nonetheless, resource constraints impacted their consistency and efficacy (Schoenfeld et al., 2023). Certain correctional facilities exploited the crisis to implement enduring operational enhancements, such as enhanced admission assessments and medical housing units (Saloner et al., 2024). These empirical studies underscore the importance of collaborative governance, infrastructural investment, and consistent policy execution in managing carceral environments during public health crises.

Although current studies have recorded many strategies employed by correctional facilities during the COVID-19 pandemic, a significant research gap remains in assessing the long-term effectiveness and sustainability of these interventions beyond the immediate crisis phase. Furthermore, the majority of empirical information focuses on high-resource environments such as the United States, with few data regarding the management of similar difficulties in jails within low- and middle-income nations, especially under situations of severe overcrowding and resource deprivation. Moreover, although innovative strategies like shared governance models exhibit potential, there remains inadequate investigation into their psychological and

organizational effects on both inmates and staff, particularly in cultivating trust, compliance, and institutional resilience during public health crises.

Moreover, the purposive of this study was to know the experiences of jail officers at the height of COVID 19 Pandemic in jail management. Specifically, it sought to answer the following questions;

1. What are the impacts of COVID-19 on Jail Operations?
2. What are the Psychological and Emotional Impacts on COVID 19 on Jail Officers?
3. What are the Lessons Learned and Recommendations for Future Preparedness?

This study used the Agnew's 1992 Strain Theory. Strain theory, originally developed to explain crime and delinquency, now includes negative stimulus interactions. Three strain sources can generate undesirable behavior, according to general strain theory. Prisoners are frequently exposed to unpleasant stimuli, much of it from management decisions, making strain theory relevant. Negative interactions underpin strain theory. A guidebook states that abused relationships are bad. The impression comes from one of three strains. "Others may (1) prevent one from achieving positively valued goals, (2) remove or threaten to remove positively valued stimuli, or (3) present or threaten to present noxious or negatively valued stimuli". Strain theory explains prisons well. Prisoners often experience all three strains. Lack of rehabilitation services and reform push can cause the first. Second is the widespread use of privilege deprivation as a punishment alongside incarceration (Agnew, 1992). The third noxious stimuli are punishment or confinement for violation. Inmates who defy order may put management under pressure (Agnew, 1992).

This study would benefit the following people/organizations; the researchers could learn additional tactics and approaches and share them with the Bureau of Jail Management and Penology to help them control convicts more peacefully and synchronized. This study could also help the Bureau evaluate their operations, both good and bad. This study could also assist the school learn more about the Bureau of Jail Management and Penology and teach students about jail management during COVID-19.

This study could also help correctional officials share their COVID-19 experiences, obstacles, and coping techniques. This study may also assist future academics discover research gaps and other jail management topics. This research will support UN Sustainable Development Goal 16 as implemented by the Philippines. The study delimits the participants and their research locale. This delimits the other tri-bureau officers, the outside-Davao-del-sur jail officers, those who were not hired or not in service yet during the COVID-19 pandemic, and those who were not yet five (5) years in service.

METHOD

This section presented the discussions of study participants, materials and instruments, and the design and procedure, which further explained this study's processes.

Study Participants

The participants of this study were twelve (12) individuals, including jail wardens, jail officers III, assistant wardens, and district jail wardens who managed jails, selected for an in-depth interview. Creswell and Poth (2018) provided a comprehensive qualitative research manual. They argued that phenomenology studies required 5 to 25 participants to capture profound, lived experiences. Phenomenology emphasized rich, in-depth data over generalizability; therefore, a sample of 12 people was considered sufficient. Participants who were not assigned to Davao del Sur jails and those who had not reached their fifth year of service were omitted from this study.

This study used a purposive sampling technique. According to Etikan et al. (2016), purposive sampling, which is also referred to as judgment sampling, was utilized in order to pick participants based on the unique criteria that they possessed. Participants in the study who refused to give their informed consent were not included in the analysis.

Also, participants were allowed to withdraw from the study at any time. If a participant decided to withdraw, the researcher immediately ceased using their responses. However, the researcher also reserved the right to terminate a participant's involvement in the study if deemed necessary, regardless of their preference.

Materials and Instrument

The researcher used interview guide questions to elicit qualitative data from selected participants about their experiences. This researcher-made interview guide or procedure was tested for consistency, validity, and reliability by experts. The expert validator was PMAJ Jeffmar T. Tercero a registered criminologist and a chief of police in Matanao Police Station, Matanao, Davao del Sur. The study used a researcher-made interview guide question. The nature of the questions was more on the impacts of COVID-19 on jail operations, also, there were three general questions and each of them varies on the number of guide questions. The purpose of the questions was to get the best answers from the participants, to get incredible ideas turned to core ideas to themes.

Design and Procedure

This study employed a qualitative phenomenological research design. A qualitative study on phenomenology examined the human experiences. The primary goal of this approach was to describe the lived experiences of the participants. The approach and process of studying a phenomenon involved long-term research on specific issues to establish meaning patterns and linkages. To better understand the study subjects, the researcher set aside her personal experiences. The qualitative methods enhanced and allowed the researcher to apply her interpersonal skills in conducting exploratory research (Morrow, 2015).

In phenomenological research, the researcher designed the study, conducted interviews, transcribed, translated, analyzed, interpreted, and wrote the findings. The researcher sought technical guidance from the thesis adviser, advisory committee, panelists, and higher-degreed specialists. These experts ensured the accuracy of manuscript assertions and the authenticity of the data. With the assistance of the panelists, the researcher was able to supplement the data, which enhanced the researcher's interpretation and understanding of the phenomenon.

The researcher formally requested authorization from the Graduate School Dean to collect data. Upon approval, the researcher sought informed consent from the study participants. After securing consent, data collection immediately commenced. The researcher sincerely explained the purpose and significance of the study and humbly requested the participants' generous involvement.

During the data collection, the participants were thoroughly briefed regarding the study's aim, importance, and objectives. They were also given detailed instructions on how to respond to the interview guide questions. Signing the Informed Consent Form signified their voluntary participation in the study. Participants were assured of their rights to confidentiality and privacy, and it was emphasized that the collected data would only be utilized for research purposes. The participants were also informed of their right to terminate the interview at any point if it became uncomfortable or harmful. A schedule for the in-depth interview (IDI) was then established. Initial organizational notes were taken during the audio-recorded interview sessions. Upon completion of the interviews, the participants were allowed to review and verify the accuracy of the final transcripts to ensure the authenticity of their statements, which were treated with utmost confidentiality.

The researcher transcribed all IDI data in its original form to analyze the gathered information. All statements, whether in Bisayan, Tagalog, or English, were captured verbatim. The data were then analyzed using Colaizzi's (1978) seven-step framework (Morrow, 2015).

The first step involved gaining a general understanding of each transcript. The researcher conducted one-on-one interviews and listened to the audio recordings three to four times to develop a comprehensive understanding of the participants' responses. Colaizzi (1978) emphasized the importance of repeated listening

to enhance comprehension. To ensure the accuracy of the translations, the researcher consulted a transcript analyst. The second step involved extracting significant statements. The researcher identified and extracted key phrases or statements from the transcripts that directly related to the phenomenon being studied. To validate these statements, a trusted peer was asked to review the findings.

The third phase focused on formulating meanings from the significant statements. The researcher carefully coded and categorized the extracted meanings, which were subsequently submitted to experts for accuracy verification. To avoid misinterpretation of the participants' viewpoints, bracketing was strictly observed (Husserl, 1960). The fourth phase involved organizing the formulated meanings into themes and clusters. The researcher grouped related meanings under emerging themes and sought the validation of professional researchers to ensure accuracy.

The fifth phase focused on developing a comprehensive description of the phenomenon based on the emerging themes. The experts validated the synthesized description to confirm its alignment with the participants' experiences. The sixth phase aimed to describe the fundamental structure of the phenomenon by minimizing repetitive findings and simplifying the final description. Lastly, the seventh phase involved returning to the participants to verify the accuracy of the study's findings. This process ensured that the participants' experiences were accurately represented.

Prior to the data collection, ethical issues and considerations were strictly observed. Research ethics primarily concern the interaction between researchers and study participants (Mack et al., 2005). The researcher ensured that no misinterpretation or exploitation of the participants' responses occurred and that all information was accurately represented to avoid any form of plagiarism. Additionally, the study underwent a thorough evaluation conducted by the Ethics Review Committee. After a series of reviews, the study was granted ethical clearance and was officially approved by the UM Ethics Review Committee under protocol number UMERC-2024-343.

RESULTS AND DISCUSSION

This section dealt with the results and discussion of qualitative interviews. Interpretations include the emerging themes relating to the experiences, coping strategies, and insights of the jail personnel on jail management 1 during COVID-19.

Impact of COVID 19 Pandemic on Jail Management

The COVID-19 pandemic has had a significant impact on jail management in the exacerbating existing challenges and creating new ones. When the participants were interviewed, they reminisced the impacts of COVID pandemic in performing their duties in managing the jail. The responses of the participants were analyzed and the themes that flourished: Vulnerability and overcrowding, Impact on Well-being, and Challenges in Adaptation.

Vulnerability and Overcrowding

With the number of inmates in each assigned prison cell, it was a challenge for the inmates and the jail personnel to manage things well. The fear of getting the virus was high as it was difficult to impose distancing. The participants shared:

“Actually lisod jud kay dili ka maka duol duol og bisan kinsa nga tao tapos likay jud ka, oo likay jud ka kay kanang daghan man gyud sakit ato naa gani mi kauban nga kuan namatay jud duh kabuok . “- P4

(Actually, it was difficult as you cannot just easily get close with anybody, you need to keep the distance especially that illness are everywhere. In fact, we had a companion who really died.)

“Naay mga personel nga gasulod gawas diri, risky kayo.” – P6

(There are personnel going in and out here, so it's risky.)

A study found that fear of spreading the virus to family/friends was one of the top five responses (Raposa et al., 2023). Thus, multiple sectors must be integrated to safely guide people through the pandemic. The COVID-19 pandemic may worsen anxiety illnesses and self-medication concerns; therefore, we shouldn't ignore them (DeBerry, 2021).

Table 1. Impact of COVID 19 Pandemic on Jail Management

Themes	Core Ideas
Vulnerability and overcrowding	Actually, it's really difficult because you can't just approach anyone. -P4
	Feeling of having low morale. - P5
	There are personnel going in and out here, so it's risky. - P6
	There's no hearing, so there's no reduction in the number of inmates. -P8
	There is a cell with many people inside. -P11
Impact on Well-being	The challenge, ma'am, is taking care of yourself to stay healthy. - P10
	We can't go out; we're just stuck in here like prisoners. The challenge is to keep our minds okay. - P8
	I feel sorry for the other inmates; you can see that they have no visitors because of the protocols. -P11
	It's difficult for us who are assigned inside because we can't go home easily. - P10
	It's worrying to think about how to avoid the virus.- P3
Challenges in adaptation	It really has a big impact because there are so many restrictions.- P4
	No hearing, we're just here within the perimeter, and we're not allowed to go home. - P3
	It was challenging to be compelled to follow the protocol
	Sometimes, the implementation of protocols makes it hard to avoid situations that aren't ideal P10
	It's a hassle, ma'am, because there are so many protocols to follow.

Impact on Well-being

The challenge for jail officers is not only staying physically healthy but also keeping their minds in check, especially when they're isolated and unable to go home easily. It's worrying for them to be stuck with no visitors and constantly thinking about how to avoid the virus. Below show the sample responses of the personnel:

“The challenge, ma'am, is taking care of yourself to stay healthy.”- P10

(The challenge, ma'am, is taking care of yourself to stay healthy.)

“Lisud samua ng assigned sa sulud kay dili mi makauli basta-basta.”- P10

(It's difficult for us who are assigned inside because we can't go home easily.)

“Dili na kagawas naa ra mi diri sulodmura namig priso niya among kuan ang challenge at okay among hunahuna.” – P8

(We can't go out; we're just stuck in here like prisoners. The challenge is to keep our minds okay.)

Correctional officers face significant physical and mental challenges due of the COVID-19 outbreak. Studies show that escalating workloads, health risks, and the need to adapt to rapidly changing protocols have

increased stress, anxiety, and burnout in correctional staff (Gonzalez & Connell, 2021). Also, the Centers for Disease Control and Prevention (CDC) recommends managing COVID-19 in correctional and detention facilities to protect inmates, staff, and visitors (CDC, 2020).

Challenges in Adaptation

The adaptation to new protocols during the pandemic has been challenging, with many restrictions and the inability to leave the facility causing significant impacts on daily life. Officers have found it difficult to follow all the rules, as the constant need to comply with various protocols sometimes leads to less-than-ideal situations. Below are the sample responses of the personnel:

“Dako gyud kaayo siyag epekto kay kuan daghn kaayo ang gipang bawal.”- P4

(It really has a big impact because there are so many restrictions.)

“Kanang pag pa implementar sa mga protocol kay usahay dili ta maka likay nga naay dili kaangay.”- P10

(Sometimes, the implementation of protocols makes it hard to avoid.)

Correctional facilities worldwide have had to adapt to new protocols and maintain operations due of the COVID-19 outbreak. A US study examined how the epidemic affected jail operations and prison staff’s regular duties. The researchers found daily operations difficult, especially staffing, public health standards, and correctional programs. (Novisky et al., 2023).

Strategies to Address the Impacts of COVID 19 Pandemic

In the conduct of the interview, the participant shared as they reminisced as jail officers on duty during the COVID 19 pandemic shared their strategies and coping mechanisms they had during the COVID 19 Pandemic. The result of the interviews had three themes; Strict Implementation of Protocols, Keeping One’s Sanity, and Self-Care and Hygienic Measures.

Table 2. Strategies or Mechanism were Implemented to Address the Impacts of COVID 19 Pandemic on Jail Management

Themes	Core Ideas
Strict Implementation of Protocols	Implementing strict health and safety protocols. -P1
	Social Distancing and Frequent handwashing were imposed. -P2
	Checking of temperature every morning before the start of each activity for the day.- P4
	They've been implemented, like handwashing, sanitation of the cells, and constant temperature checks. -P12
	Very strict on wearing masks
Keeping One’s Sanity	I've also strengthened my mental health. -P5
	Talking to my family through social media, like Facebook.- P6
	Sometimes I entertain myself by watching videos on YouTube or watching movie. -P8
	The implementation of virtual visitation. - P11
	To temporarily forget the stress, I take shots and eat
Self-Care and Hygienic Measures	Eating nutritious food, regular exercise, and taking vitamins. -P12
	The distribution of food and medicine is also done with strict monitoring. -P11
	Getting enough sleep and rest whenever possible to strengthen the immune system.- P5
	The effort to stay healthy through exercise. -P7

During the interview, the jail officers shared their coping strategies despite their different experiences in the workplace. In this section, there are three coping strategies shared by the participants. The following themes were drawn from their actual responses: Strict Implementation of Protocols, Keeping One's Sanity, and Self-Care and Hygienic Measures.

Strict Implementation of Protocols

The firm implementation of health and safety rules has been a significant tactic in addressing the COVID-19 issue in correctional facilities. Officers are needed to implement measures such as social distancing, frequent handwashing, temperature checks before daily activities, and sanitation of cells to minimize the transmission of the virus. Staff and convicts must wear masks to guarantee their safety.. Below shows the sample responses for this theme:

“Social distancing and frequent handwashing were imposed.” -P2

“Implementing strict health and safety protocols”.- P1

“Checking of temperature every morning before the start of each activity for the day.” -P4

“Gipatuman, sama sa handwash, sanitation sa mga celda, kating temperature check.”-P12

(They've been implemented, like handwashing, sanitation of the cells, and constant temperature checks.)

Addressing the COVID-19 crisis in correctional facilities requires strict health and safety enforcement. To reduce virus transmission, officers must practice social distancing, handwashing, daily temperature checks, and cell sanitation. To protect personnel and convicts, mask-wearing is strictly enforced (Centers for Disease Control and Prevention, 2020).

The Occupational Safety and Health Administration (OSHA) has provided guidelines for correctional facility workers and employers, highlighting the necessity of enforcing rigorous health and safety protocols to safeguard staff against COVID-19 exposure (Occupational Safety and Health Administration, 2020).

Keeping One's Sanity

Many prioritize mental health at difficult times like the COVID-19 pandemic. Facebook has helped individuals feel normal and supported by connecting with family. Others release tension by viewing YouTube videos or movies. Virtual visitation allows people to stay in touch with loved ones while being safe. Some have also taken shots or eaten to temporarily escape the pressures. Below are some of the responses of the participants:

“Gipalig-on usab nako ang akong mental health.”- P5

(I've also strengthened my mental health.)

“Paglingaw-lingaw usahay, tanaw ug videos sa youtube, or watch movies.”- P8

(Sometimes I entertain myself by watching videos on YouTube or watching movie.)

COVID-19 has challenged modern civilization. Self-perception and problem-solving affect mental health. Positive thinking that rejects pessimism and validates oneself, life, events, and the future is essential for challenge management. Positive people handle the pandemic better and are more hopeful (Dymecka et al., 2023).

Self-Care and Hygienic Measures

Self-care and hygiene are essential for well-being, especially during the COVID-19 epidemic. Healthy eating, exercise, and vitamin supplementation boost immunity and maintain health. In order to provide basic needs,

food and medicine distribution is strictly monitored. Additionally, regular sleep and rest boost the immune system. The dedication to exercise emphasizes self-care in addressing daily obstacles. Below are the sample responses of the participants:

“Pagkaon og masustansya nga pagkaon, regular nga pag-ehersisyo, ug pag-inom og bitamina.”- P12

(Eating nutritious food, regular exercise, and taking vitamins.)

“Pagkatulog ug sau ug nay higayun para mabaskug ang immune system.”- P5

(Getting enough sleep and rest whenever possible to strengthen the immune system.)

“Ang pagpaningkamot na ma healthy through exercise.” - P7

(The effort to stay healthy through exercise.)

Regular physical activity was the essential habit for correctional officers to manage stress and maintain physical fitness during COVID 19. Also, proper nutrition plays a vital role in supporting the health of correctional officers. Implementing wellness programs that include behavioral management strategies and exercise components further assist in managing weight and improving overall health (Moore, 2025).

Insights on Policy and Process on Jail Management during COVID-19 Pandemic

From the conducted interviews, the participant shared some policy and processes recommended in view of the impacts of COVID 19 Pandemic on jail management. From the interviews, three themes were drawn; Strict Hygiene and Protocol compliance, Medical Training and Upskilling for jail personnels, and Collaboration and quality delivery of service.

Table 3. Insights on the Policy and Process on Jail Management during COVID-19 Pandemic.

Themes	Core Ideas
Strict Hygiene and Protocol compliance	The compound health safety is always our top priority.-P2
	Strict implementation of the protocols must be enforced.- P5
	Communication mechanism must be in place for a better protocol compliance.- P6
	Continue hygienic measures. -P9
Medical Training and Upskilling of jail personnels	Training on emergency preparedness and disaster response. P4
	Seminars on leadership and also more valuable seminars specifically about health.- P5
	Healthcare training so that we, as jail officers, can also gain knowledge.- P8
	The most important thing is that our jail officers are well-versed and knowledgeable about health and safety protocols.- P10
Collaboration and quality delivery of service	Enhancing interagency collaboration is crucial to ensure effective coordination and communication among law enforcement agencies . -P1
	Enforcing public health measures, managing potential outbreaks within custodial facilities, and collaborating with healthcare professionals. -P2
	Collaborating with healthcare professionals ensures informed decision-making appropriate medical and care. -P1
	There is a need to formally institutionalize decongestion programs through legal policies.-P12

Strict Hygiene and Protocol Compliance

Health and safety in prisons depend on proper hygiene and regulation. Ensuring compound health safety requires strict COVID-19 standards, including sanitation, social distance, and PPE use. Clear instructions, regular updates, and staff and inmate training improve procedure compliance. Hygienic activities including handwashing, facility sanitation, and health monitoring reinforce safety and reduce infection risk. These actions improve facility safety for everyone. Below are sample responses:

“Ipatuman ang strikto nga pag implentar sa mga protocol.” -P5

(Strict implementation of the protocols must be enforced.)

“Communication mechanism must be in place for a better protocol compliance”.-P6

“The compound health safety is always our top priority”. -P2

“Continue hygienic measures”. -P9

Correctional facilities must follow hygiene and protocol to prevent COVID-19 spread. The CDC has offered thorough guidelines on health safety measures include sanitation practices, social distance, and PPE use. These precautions are crucial in crowded prisons, where viral transmission is more likely (Centers for Disease Control and Prevention, 2020).

Medical Training and Upskilling of Jail Personnel

Medical education and training for jail staff improves their ability to handle health emergencies. Jail officials receive emergency preparedness, leadership, and healthcare education to implement safety protocols and respond to medical emergencies. Health and safety knowledge improves facility security and staff and inmate well-being. Below are some of the sample responses of the participants:

“Seminars, leadership og kuan sad kanang mas nindot gyud nga seminar regarding gyud sa health.” -P5

(Seminars on leadership and also more valuable seminars specifically about health.)

“Training sa emergency preparedness ug disaster response.” P4

(Training on emergency preparedness and disaster response.)

“Mga healthcare training para at least makabalo pud mi as a jail officer.” -P8

(Healthcare training so that we, as jail officers, can also gain knowledge.)

Inmates need correctional officials for safety and welfare. This profession requires extensive medical training and ongoing upskilling. The National Commission on Correctional Health Care (NCCHC, 2025) states that correctional officials must be trained to identify health issues that require referral to healthcare professionals and provide emergency care until they arrive. Every two years, training should be provided through classroom instruction, roll-call in-services, or online learning platforms.

Collaboration and Quality Delivery of Service

Correctional facility efficiency and safety depend on collaboration and service delivery. Improved interagency collaboration helps law enforcement agencies coordinate and respond to difficulties. Collaboration with healthcare professionals improves decision-making and medical care, especially for custodial epidemics. The introduction of public health measures and legal decongestion initiatives improve living circumstances and the well-being of convicts and staff. Below are sample responses from the participants:

“Kinahanglan nga pormal nga i-institutionalize ang mga decongestion programs pinaagi sa legal nga polisiya.”
-P12

(There is a need to formally institutionalize decongestion programs through legal policies.)- P2

“Enhancing interagency collaboration is crucial to ensure effective coordination and communication among law enforcement agencies.” -P1

“Enforcing public health measures, managing potential outbreaks within custodial facilities, and collaborating with healthcare professionals.” -P2

Interagency collaboration brings together multiple entities to achieve a goal, increasing public value. Collaboration enhances resource sharing, information exchange, and coordinated solutions to difficult situations in law enforcement. A comprehensive scoping assessment stressed the importance of established interagency relationships between law enforcement and healthcare agencies for mental health patients. Healthcare experts in correctional facilities ensure that medical decisions are evidence-based and tailored to the jailed population. Collaboration improves public health and prison health crisis management (Parker et al., 2018).

IMPLICATION AND CONCLUDING REMARKS

Implication for Practice

The qualitative interviews reveal the significant effects of the COVID-19 pandemic on jail management, especially regarding vulnerability, well-being, and adaptation challenges faced by jail personnel. Overcrowding and resource limitations exacerbated the risk of virus transmission, resulting in heightened fear and stress among both officers and inmates. The mental and emotional impact was considerable, as officers faced challenges related to isolation, health issues, and the rigorous demands of their duties. In response to these challenges, they adopted several coping strategies, such as enforcing strict protocols, providing mental health support, and promoting self-care measures to effectively manage the crisis. The study emphasizes the need for improved policy measures, including enhanced hygiene compliance, medical training for personnel, and stronger interagency collaboration to ensure the well-being and safety of jail officers and inmates during future public health crises.

Implication for Future Research

Future research ought to explore long-term strategies for enhancing jail management during public health crises, emphasizing sustainable policies for infection control, mental health support, and operational resilience. Research may assess the efficacy of existing interventions, including virtual visitation, stringent hygiene protocols, and staff training, in alleviating the adverse effects of pandemics on correctional facilities. Future research should explore innovative approaches, particularly the application of technology for monitoring inmate health and improving communication among jail personnel. Comparative studies of various correctional systems can yield important insights into effective crisis management practices that prioritize the welfare of both officers and inmates.

Concluding Remarks

The COVID-19 pandemic has significantly affected jail management, revealing weaknesses in overcrowding, inmate well-being, and the implementation of new protocols. Correctional staff encountered considerable difficulties in maintaining their own safety and that of the inmates while complying with stringent health protocols. The absence of physical distancing, heightened risk of virus transmission, and the psychological impact of isolation highlight the necessity for enhanced policies and preparedness within correctional facilities. Despite these challenges, jail officers employed various coping mechanisms, including strict protocol

enforcement, mental well-being maintenance, and self-care prioritization. These strategies facilitated navigation of the crisis and underscored the significance of institutional support in enhancing the resilience of jail personnel during public health emergencies.

In the future, the insights gained from this pandemic should inform the enhancement of jail management policies, the elevation of health and safety standards, and the investment in the welfare of jail personnel. Ongoing medical training, improved collaboration with healthcare professionals, and the institutionalization of decongestion programs are essential for adequately preparing correctional facilities for future crises. Addressing these key areas enables correctional institutions to establish a more adaptive, health-conscious, and supportive environment that protects both personnel and inmates. A proactive approach to jail management, emphasizing preparedness and interagency cooperation, will mitigate challenges posed by future public health threats.

REFERENCES

1. Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30(1), 47–88.
2. Cahapay, M. B. (2020). National responses for persons deprived of liberty during the COVID-19 pandemic in the Philippines. *Victims & Offenders*, 15(7–8), 988–995.
3. Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi's descriptive phenomenological method. *The Psychologist*, 28(8), 643–644.
4. Ricciardelli, R., & Bucerius, S. (2020). Canadian prisons in the time of COVID-19: Recommendations for the pandemic and beyond. *The Globe and Mail*. <https://www.theglobeandmail.com/opinion/article-canadian-prisons-in-the-time-of-covid-19-recommendations-for-the/>
5. Herring, J. (2020). Infected inmates allowed to mingle, spreading virus throughout Calgary jail: Union. *Calgary Herald*. <https://calgaryherald.com/news/local-news/inmateswith-covid-19-symptoms-in-calgary-jail-allowed>
6. Pyrooz, D. C., Labrecque, R. M., Tostlebe, J. J., & Useem, B. (2020). Views on COVID-19 from inside prison: Perspectives of high-security prisoners. *Justice Evaluation Journal*, 3(2), 294–306. <https://doi.org/10.1080/24751979.2020.1777578>
7. Kinner, S. A., Young, J. T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C., & O'Moore, É. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet Public Health*, 5(4), e188–e189. [https://doi.org/10.1016/S2468-2667\(20\)30058-X](https://doi.org/10.1016/S2468-2667(20)30058-X)
8. Adom, D., Yeboah, A., & Ankrah, A. K. (2016). Constructivism philosophical paradigm: Implication for research, teaching and learning. *Global Journal of Arts, Humanities and Social Sciences*, 4(10), 1–9.
9. Stephenson, J. (2020). COVID-19 pandemic poses challenge for jails and prisons. *JAMA Health Forum*.
10. Reinhart, E., & Chen, D. (2020). Incarceration and its disseminations: COVID-19 pandemic lessons from Chicago's Cook County Jail. *Health Affairs*, 39(8), 1–5. <https://doi.org/10.1377/hlthaff.2020.00652>
11. Novisky, M. A., Narvey, C. S., & Semenza, D. C. (2021). Institutional responses to the COVID-19 pandemic in American prisons. In *The Global Impact of the COVID-19 Pandemic on Institutional and Community Corrections* (pp. 425–442). Routledge.
12. National Commission on Correctional Health Care. (n.d.). Health training for correctional officers (2025). <https://www.nchc.org/spotlight-on-the-standards/health-training-for-correctional-officer>
13. Peters, L., Pressey, A., Vanharanta, M., & Johnston, W. (2013). Constructivism and critical realism as alternative approaches to the study of business networks: Convergences and divergences in theory and in research practice. *Industrial Marketing Management*, 42, 336–346. <https://doi.org/10.1016/j.indmarman.2013.02.003>
14. Wainwright, L., Senker, S., Canvin, K., & Sheard, L. (2023). “It was really poor prior to the pandemic. It got really bad after”: A qualitative study of the impact of COVID-19 on prison healthcare in England. *Health & Justice*, 11(1), 6.

15. Brennan, P. K. (2020). Responses taken to mitigate COVID-19 in prisons in England and Wales. *Victims & Offenders*, 15(7–8), 1215–1233. <https://doi.org/10.1080/15564886.2020.1832027>
16. Canvin, K., & Sheard, L. (2021). *Impact of COVID-19 on healthcare in prisons in England: Early insights*. York: University of York.
17. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
18. DeBerry, T. (2022). *Pandemic anxiety: Federal government employees' perceptions of teleworking stress related to COVID-19* (Doctoral dissertation).
19. Durcan, G. (2021). *The future of prison mental health care in England*. Centre for Mental Health. <https://www.centreformentalhealth.org.uk/publications/future-prison-mental-health-care-england>
20. Edge, C., Hard, J., Wainwright, L., Gipson, D., Wainwright, V., Shaw, J., ... Mehay, A. (2021). Centers for Disease Control and Prevention. (2020). *Interim guidance management of COVID-19 in correctional and detention facilities*. <https://stacks.cdc.gov/view/cdc/107037>
21. Health Foundation. (2022). *COVID-19 and the prison population* (Working paper). <https://www.health.org.uk/publications/covid-19-and-the-prison-population>
22. Cloud, D. H., Ahalt, C., Augustine, D., Sears, D., & Williams, B. (2020). Medical isolation and solitary confinement: Balancing health and humanity in US jails and prisons during COVID-19. *Health & Justice*, 8(1), 1–5. <https://doi.org/10.1186/s40352-020-00119-1>
23. Dizon, R. T. (2021). COVID-19 in the Manila City Jail: Shared governance and the struggle for human rights during a pandemic. *Asian Journal of Criminology*, 16(3), 345–364. <https://doi.org/10.1007/s11417-021-09343-3>
24. Dymecka, J., Gerymski, R., Machnik-Czerwik, A., & Rogowska, A. M. (2023). Does positive thinking help during difficult pandemic times? The role of positive orientation in the relationship between fear of COVID-19 and perceived stress. *European Journal of Investigation in Health, Psychology and Education*, 13(1), 151–160.
25. Johnson, L., Gutridge, K., Parkes, J., Roy, A., & Plugge, E. (2021). Scoping review of mental health in prisons through the COVID-19 pandemic. *BMJ Open*, 11, e046547. <https://doi.org/10.1136/bmjopen-2020-046547>
26. Maycock, M. (2021). 'Covid-19 has caused a dramatic change to prison life'. Analysing the impacts of the Covid-19 pandemic on the pains of imprisonment in the Scottish prison estate. *The British Journal of Criminology*, 62(1), 218–233. <https://doi.org/10.1093/bjc/azab031>
27. Moore, T. (2025). Rikers opens wellness center, including 'serenity room,' for correction officers.
28. Novisky, M. A., Harris, M., & Huebner, B. M. (2023). Challenges in adapting to COVID-19 protocols in U.S. prison systems: Impact on operations and staff. *Health & Justice*, 11(1), 1–12. <https://doi.org/10.1186/s40352-023-00253-6>
29. Nowotny, K. M., Bailey, Z., Omori, M., & Brinkley-Rubinstein, L. (2022). COVID-19 exposes need for progressive criminal justice reform. *Frontiers in Public Health*, 10, 854343. <https://doi.org/10.3389/fpubh.2022.854343>
30. Occupational Safety and Health Administration. (2020). *Guidance on COVID-19 prevention in correctional facilities*. <https://www.osha.gov/coronavirus/control-prevention/correctional-facility>
31. O'Moore, E. (2020). *Briefing paper: Interim assessment of impact of various population management strategies in prisons in response to the COVID-19 pandemic in England*. London: Her Majesty's Prison and Probation Service. Retrieved from <https://assets.publishing.service.gov.uk/gover>
32. O'Shea, N. (2020). *COVID-19 and the nation's mental health: Forecasting needs and risks in the UK: October 2020*. Retrieved June 8, 2022, from <https://www.centreformentalhealth.org.uk/>
33. Parker, A., Scantlebury, A., Booth, A., MacBryde, J. C., Scott, W. J., Wright, K., & McDaid, C. (2018). Interagency collaboration models for people with mental ill health in contact with the police: A systematic scoping review. *BMJ Open*, 8(3), e019312. <https://doi.org/10.1136/bmjopen-2017-019312>
34. Prison Reform Trust. (2021). *COVID-19 action prisons project: Tracking innovation, valuing experience*. Briefing #3. The prison service's response, precautions, routine health care, disabilities, wellbeing, mental health, self-harm, and what helped. London: Prison Reform Trust. Retrieved June 8,

- 2022, from <https://prisonreformtrust.org.uk/publication/captive-prisoners-health-during-the-covid-19-pandemic/>
35. Raposa, M. E., Mullin, G., Murray, R. M., Shepler, L. J., Castro, K. C., Fisher, A. B., ... & Taylor, J. A. (2023). Assessing the mental health impact of the COVID-19 pandemic on U.S. fire-based emergency medical services responders: A tale of two samples (The RAPID Study I). *Journal of Occupational and Environmental Medicine*, 65(4), e184.
 36. Reingle Gonzalez, J. M., & Connell, N. M. (2021). COVID-19 and correctional facilities: A critical review of the impact on the well-being of correctional officers. *Journal of Police and Criminal Psychology*, 36(1), 1-9. <https://doi.org/10.1007/s11896-021-09469-4>
 37. Saloner, B., Parish, K., Ward, J. A., DiLaura, G., & Dolovich, S. (2024). COVID-19 cases and deaths in federal and state prisons. *Emerging Infectious Diseases*, 30(13). <https://doi.org/10.3201/eid3013.230776>
 38. Schoenfeld, H., Puglisi, L., & Jennings, W. G. (2023). Policy responses to COVID-19 in U.S. prisons: A mixed-methods study of challenges and innovations. *Health & Justice*, 11(1), 1-17. <https://doi.org/10.1186/s40352-023-00253-6>
 39. Suhomlinova, O., Ayres, T. C., Tonkin, M. J., O'Reilly, M., Wertans, E., & O'Shea, S. C. (2021). Locked up while locked down: Prisoners' experiences of the COVID-19 pandemic. *The British Journal of Criminology*, 62(2), 279–298. <https://doi.org/10.1093/bjc/azab060>
 40. Wainwright, L., & Gipson, D. (2020). The impact of lockdown on mental health: A summary of patient views. *EPIC*.
 41. Wainwright, L., Senker, S., Canvin, K., & Sheard, L. (2023). “It was really poor prior to the pandemic. It got really bad after”: A qualitative study of the impact of COVID-19 on prison healthcare in England. *Health & Justice*, 11(1), 6.
 42. User Voice. (2022). Coping with COVID in prison. Retrieved from <https://www.uservice.org/consultations/coping-with-covid/>
 43. Pont, J., Enggist, S., Stöver, H., Baggio, S., Gétaz, L., & Wolff, H. (2021). COVID-19—the case for rethinking health and human rights in prisons. *American Journal of Public Health*, 111(6), 1081-1085.
 44. Lofgren, E., Lum, K., Horowitz, A., Madubonwu, B., Myers, K., & Fefferman, N. H. (2020). The epidemiological implications of jails for community, corrections officer, and incarcerated population risks from COVID-19.
 45. World Health Organization. (2020). Coronavirus disease (COVID-19) pandemic. Retrieved from <https://www.who.int/emergencies/>