

COVID-19 PREVENTION AND CONTROL AMONG PEOPLE WORKING IN PRISON

People in prison should enjoy quality health care that is at least equivalent to that available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

COVID-19 is an infectious disease caused by the most recently discovered coronavirus.

COVID-19 has the potential to cause outbreaks in prisons and other closed settings, because of the confined condition where people live in close proximity for a prolonged period of time.

In prisons with no local virus circulation, the risk of virus introduction into the prison may be associated with newly admitted individuals, prison staff, service providers and visitors, who might be infected in the community.

MAIN ROUTES OF TRANSMISSION

- Infection can be spread to people who are nearby (within 1 metre) by breathing in droplets coughed out or exhaled by a person with the COVID-19 virus, or
- People may become infected by touching contaminated surfaces or objects and then touching their eyes, nose or mouth.

SYMPTOMS OF COVID-19

The main symptoms are:

- FeverCough
- Shortness of breath/difficulty breathing

Some people may begin with other symptoms, such as aches and pains, nasal congestion, runny nose, sore throat, inability to smell or taste, or diarrhoea. Some people become infected and are contagious without yet having developed symptoms and feeling unwell.

For many people, COVID-19 infection can be mild and they make a full recovery with minimal intervention. However, it can be much more serious for people with underlying health conditions, and people with weakened immune systems.

KEEP ABREAST OF THE LATEST GUIDANCE FOR COVID-19 IN PRISON AT THE UNODC WEBSITE: WWW.UNODC.ORG/UNODC/EN/HIV-AIDS/NEW/INDEX.HTML

This infographic was developed by Karima Benamara (Consultant) and Yu Zhang (Intern) with technical guidance from Ehab Salah (UNODC), Monica Ciupagea (UNODC), Edith Riegler (Consultant), Philipp Meissner (UNODC), Annette Verster (WHO), Emily Christie (UNAIDS) and David Chipanta (UNAIDS).



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ALL STAFF

Protect vourself and others:

- Use personal protective equipment (PPE) disposable gloves, a fluid repellent surgical face mask.
- Screen the health of all people entering prison including by taking their temperature, collecting information on any history of cough and/or shortness of breath, recent travel history and possible contact with confirmed cases in the last 14 days.
- Follow preventive hygiene measures by keeping all areas of the prison clean and ventilated, under the overall guidance of the health service.
- Communicate COVID-19 prevention and control measures to all prisoners, ensuring they understand and addressing any fears and concerns they may have.
- Regularly wash your hands for at least 20 seconds with soap and water or an alcohol-based rub (at least 60% alcohol), if available.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Prevent transmission by catching coughs and sneezes in your elbow or in a tissue if available; then throw the tissue in a bin with a lid.
- Maintain at least 1 metre (3 feet) distance between each other at all times.
- Be alert to prisoners with a new, continuous cough, high temperature or other symptoms of concern.
- Medically isolate for 14 days prisoners with suspected COVID-19 infection in single occupancy accommodation (cell, detention room), if possible, as well as contacts of suspect, probable and confirmed cases.
- Minimize non-essential contact with suspected COVID-19 cases.
- If you become unwell with even a mild cough or low-grade fever (37.3 °C / 99.14 °F or more) stay at home and contact testing services for COVID-19.

Ensure humane treatment:

Decongest prison cells and improve prison sanitation where possible.



- Maintain prisoners' access to open air as much as possible and for a minimum of one hour per day, using a rotating system to limit numbers.
- Continued interaction with the outside world is necessary for the mental health and well-being of people in prison. If visits are stopped, provide alternatives to visits such as telephone or Skype calls.



Grant continued access to legal advisors of people in prison as well as to representatives of external inspection bodies.



- Do not stigmatize or discriminate against
- suspected cases or people who have had contact with suspected/confirmed cases.
- Ensure continuity of services and commodities for people with special needs, e.g. women, the elderly, children, non-nationals, the illiterate, and people with physical and mental disabilities.
- All of the above apply equally to persons in medical isolation.



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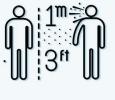
HEALTH CARE STAFF

Use PPE when attending patients: disposable aloves, a fluid repellent surgical face mask, and if available, disposable plastic aprons and eye protection.



Change gloves and masks after each patient.

Physically distance yourself from patients during interviews.



Frequently clean and disinfect objects and surfaces that are touched regularly and strictly follow infection control measures.



Request a functioning and consistent supply chain for personal protective equipment (PPE) and essential medications.

Case reporting. COVID-19 has been added to the list of notifiable diseases that physicians have a duty to report to public health authorities.

For patients who require admission to hospital, follow the guidance of local prison and health authorities about whether to transfer to the community or manage in prison.





Ensure uninterrupted health services for prevention, treatment and care services for HIV/AIDS, TB, HCV and other health conditions.

Screen people for symptoms of COVID-19 pre-release.





Ensure linkages with health facilities when people are released from prison.

