

Nurse's role in health care in the prison system*El papel de la enfermera en la atención de la salud en el sistema penitenciario**Atuação do enfermeiro na assistência à saúde no sistema prisional***Carolina Pimentel Machado¹**

ORCID: 0000-0001-6883-8967

Ingrid Frazão Martins¹

ORCID: 0000-0003-1778-1520

Milena Conegundes Salvador de Souza¹

ORCID: 0000-0002-1416-5610

¹Universidade Veiga de Almeida.
Rio de Janeiro, Brazil.**How to cite this article:**

Machado CP, Martins IF, Souza MCS.

Nurse's role in health care in the

prison system. Glob Acad Nurs.

2021;2(Sup.3):e182.

[https://dx.doi.org/10.5935/2675-](https://dx.doi.org/10.5935/2675-5602.20200182)

5602.20200182

Corresponding author:

Carolina Pimentel Machado

E-mail: carolina.machado@uva.br

Chief Editor: Caroliny dos Santos

Guimarães da Fonseca

Executive Editor: Kátia dos Santos

Armada de Oliveira

Submission: 07-14-2021**Approval:** 08-30-2021**Abstract**

The aim was to evaluate the role of nurses in health care aimed at people deprived of liberty, with specific objectives to describe the care network and its flow in the context of nursing and to discuss the facilities and difficulties of nursing care for people deprived of liberty. The method was carried out through a literature review delimited by keywords and analysis of health policies and documents of the Ministry of Health. The conclusions highlight the importance of the role of nurses in the prison system and the limits that need to be broken for each assistance increasingly better, such as the excess of paradigms in the prison environment, fear of the hostile environment, less professional autonomy, and the organization of physical units.

Descriptors: Health; Nursing Care; Socioeconomic Factors; Prisoners; Nursing.**Resumén**

El objetivo fue evaluar el rol del enfermero en la atención de la salud dirigida a las personas privadas de libertad, con objetivos específicos para describir la red de atención y su flujo en el contexto de la enfermería y discutir las facilidades y dificultades de la atención de enfermería para las personas privadas de libertad. El método se llevó a cabo a través de una revisión de la literatura delimitada por palabras clave y análisis de las políticas y documentos de salud del Ministerio de Salud. Las conclusiones destacan la importancia del rol del enfermero en el sistema penitenciario y los límites que deben romperse para cada asistencia. Cada vez mejor, como el exceso de paradigmas en el ámbito penitenciario, el miedo al entorno hostil, la menor autonomía profesional y la organización de unidades físicas.

Descriptores: Salud; Atención de Enfermería; Factores Socioeconómicos; Prisioneros; Enfermería.**Resumo**

Objetivou-se avaliar a atuação do enfermeiro na assistência de saúde voltada as pessoas privadas de liberdade, como objetivos específicos descrever a rede de assistência e seu fluxo no contexto da enfermagem e discutir facilidades e dificuldades do cuidado de enfermagem para as pessoas privadas de liberdade. O método foi realizado por meio de uma revisão literária delimitada por palavras-chaves e análise das políticas de saúde e documentos do Ministério da Saúde. As conclusões destacam a importância da atuação do enfermeiro no sistema prisional e os limites que precisam ser quebrados para uma assistência cada vez melhor, tais como o excesso de paradigmas no âmbito prisional, o medo do ambiente hostil, a menor autonomia profissional, a organização das unidades físicas.

Descritores: Saúde; Cuidados de Enfermagem; Fatores Socioeconômicos; Prisioneiros; Enfermagem.

Introduction

According to Art. 6 of the Federal Constitution of 1988, health is a fundamental right for everyone, as well as a duty of the State, which must guarantee a reduction in the risk of diseases and injuries and equal access to promotion, protection, and recovery actions, as provided for in Article 196 of the same Constitution¹.

Despite this, the population deprived of liberty suffers, historically, from the abandonment of penitentiary institutions, with prejudice, the lack of government priority, the neglect of human rights, lack of interest in resocialization, with the scrapping of spaces and living conditions unhealthy^{2,3}.

Aiming to overcome this situation, the government has been creating strategies to improve this scenario through laws, national plans, health policies, professional integration, but still several problems are encountered, such as little professional autonomy and lack of investment in teams of health and a major blockage in the relationship between health and deprivation of liberty⁴.

In 2019, Brazil registered a total prison population of 752,274 people, with an average occupancy rate of 170%, with an average of 312 thousand fewer spaces, with 30.43% of the spaces occupied by provisional prisoners⁵.

When analyzing the alarming numbers that describe a scenario of overcrowding and consequent unhealthy conditions, it is necessary to see these environments as social spaces and, from this, observe public health issues, rethinking the entire work process, including nursing, recognizing the right to care, promote strategies, ensure that SUS principles are used, identify limits and possibilities, review health policies, understand their evolution and bring theory to the reality of this population⁶.

State and national policies implemented to improve health care for the population deprived of liberty made a timid advance, but there are still many flaws in the implementation of the system. Currently, the Federal Constitution together with the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP) and the National Policy for Comprehensive Care for Men's Health (PNAISH) guarantee health care for men deprived of liberty. The legislation of the Unified Health System ensures medical, pharmaceutical, and dental care to the population deprived of liberty, in addition to comprehensive health care at the primary care level⁷.

The role of the nurse in the health care of people deprived of liberty must be exercised in its entirety and in a continuous and integral manner, far beyond punctual actions, starting from the individual's entry into the system, understanding their needs, forming a greater bond, knowing, and respecting their context before prison⁸.

Faced with so many changes in the health and care system for the population deprived of liberty, some questions have arisen such as: how do nurses enter the prison system and exercise their role despite the limitations of intramural space? The practice corresponds to the theory present in health laws and policies.

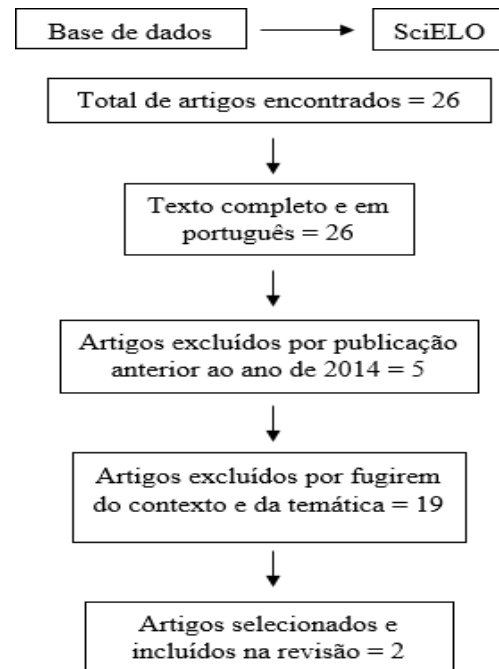
Thus, this study aims to evaluate the role of nurses in health care aimed at people deprived of liberty, with specific objectives to describe the care network and its flow in the context of nursing and to discuss the facilities and difficulties of nursing care to the people deprived of liberty.

Methodology

The present work is a scientific literature review carried out through bibliographical research in secondary sources to identify published articles and indexed in databases. The articles were selected from an advanced search in the Online Scientific Electronic Library (SciELO) and documentary research in the Ministry of Health, in addition to the collection of statistical data on the platform of the National Penitentiary Department (Infopen).

The following Health Science Descriptors (DeCS) were used: "Health", "Prison System", "Nursing Care", "Social Policies" "People deprived of liberty". The terms were searched within the title, abstract, subject, and subject descriptor. The criteria for selecting the studies were available scientific articles, complete and published in Portuguese (BR), published as of 2014, which included considerations on the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System in their discussion (PNAISP), Nursing Care in the Penitentiary System and Health in Prison. The data survey was carried out between the months of March and April 2020.

Figure 1. Search and selection flowchart. Rio de Janeiro, RJ, Brazil, 2020



An investigation was carried out on the Ministry of Health's Portal according to the study theme, identifying official documents (Laws, Booklets, Health Policies) that addressed the health of people deprived of liberty, regardless of the year of publication.

The most recent available statistical data on the Brazilian prison population were collected on the National Penitentiary Department (Infopen) platform, which were collected in December 2019.

Results

During the initial selection, 26 complete articles were found in Portuguese, 5 of which were excluded because they were very old publications. After careful reading of the other 21 articles, 19 were excluded because they escaped the context and theme sought, with only 2 being selected and included in the review. articles, as shown in Figure 1.

After the selection process of articles for this study, it appears that the role of nurses in the prison system is not widely discussed regarding its importance and actions, but rather with a specific focus on certain health problems (Chart 1).

Among the excluded articles, the vast majority deal with actions aimed at infectious diseases with an emphasis on HIV and among the selected articles, one analyzes public policies and the other analyzes nursing actions in the prison system.

For theoretical basis and references, the analysis of documents found on the Ministry of Health portal, brought the entire historical evolution of nursing care within the prison system, evidencing major milestones in the general history of prison health, as well as the importance of public policies that do not make distinctions and that they do not allow health problems to be part of the prisoner's punishment.

This study observed the importance of the nursing service for those deprived of liberty as Brazilian citizens, aiming at health as a right for all, without distinction and excluding health problems to the penalty, with a focus on men's health, considering the PNAISH and the Federal Constitution.

In addition, the study identified the need to strengthen health promotion and disease prevention actions, and not just an interventionist action in the face of so many problems, as well as the need for nurses to be protagonists and increasingly insert themselves in this scenario, making effective their actions with more autonomy.

The research led us to realize the importance of adapting to new public policies, always aiming at the common good and advancing as needed.

Chart 1. Characterization of publications according to title, year of publication, country of origin and database of studies included in this article. Rio de Janeiro, RJ, Brazil, 2020

ID	TITLE	YEAR	COUNTRY	BASE
E1	Ações de enfermagem para as pessoas privadas de liberdade: uma scoping review	2019	Brazil	SciELO
E2	Saúde no cárcere: análise das políticas sociais de saúde voltadas à população prisional brasileira	2014	Brazil	SciELO

Discussion

According to the December 2019 penitentiary census, Brazil has an average prison population 8.39 times greater than in 1990, with 755,274 people in prisons who are distributed in 1412 penal units throughout the country, with a deficit of 312,925 vacancies and an occupancy rate of approximately 170%, showing an overcrowding like that of non-developed countries. Of this entire population, about 95% are men and 30.43% are pre-trial prisoners.⁵

In view of the prison scenario presented, with such a large population deprived of liberty and in bureaucratically defined geographic spaces, the importance of extending and understanding the intramural space as a social space is highlighted, and it is imperative to understand that it is formed by people of different conditions social, educational and health.

Going against this thought, overcrowding is identified as the most serious problem in the Brazilian prison system, as it facilitates the spread of diseases and further aggravates the violent situation and the constant feeling of insecurity, deteriorating mental health^{3,6}.

As noted, in the studies carried out and in the public policies themselves, in recent years the government has tried to circumvent the scrapping of these spaces through

some social policies. According to a study⁴, this was influenced by factors such as: population growth in prison and issues related to social inequality, which made the institutions responsible for drawing up social policies that aim to improve living conditions in the prison system to be tense.

Study⁴ it also points out that over the years there has been a gap between social and prison policies, reflecting the inequality around this population and indirectly making the terrible conditions part of the penalty. Also emphasizing that the high imprisonment rates were not accompanied by improvements, violating the constitutional principle of human dignity, which considers the guarantee of minimum existential conditions for a healthy life¹.

However, society still carries prejudices and stigmas that, in a way, block a better guarantee of rights for those found guilty. In studies, this is highlighted, as a point that deserves attention, stating that meritocratic thinking still governs Brazilian social policies, and should be increasingly discussed^{4,9}.

According to Article 38 of the penal code, "[...] the prisoner retains the rights not affected by the loss of liberty, imposing all authorities to respect his physical and moral integrity [...]"¹⁰, corroborating the need to bring into



question the popular view that poor living conditions should be part of the penalty, as exposed by some authors.

Despite so many deadlocks recognized for years, social policies aimed at the prison system were only created by the State in 1984 from the Penal Execution Law (LEP) – Law No. 7210/1984 – which refers to the right of those who are in Brazilian penitentiaries, inmates or provisional, providing health care with preventive and curative aspects for those deprived of liberty, not yet contemplating nursing care⁷.

In addition to being a precursor of prison rights, the period of LEP regulation historically marks a time when society struggled for social rights and political opening, which directly reflects on this initial achievement, despite being a much more politicized achievement than focused on health⁴.

In 1988, we had another legal framework that lists social rights and reinforces citizenship without excluding any portion of Brazilian society. The Federal Constitution (CF) guarantees that health is a fundamental right for everyone, as well as the State's duty to guarantee a reduction in the risk of diseases and injuries and equal access to actions for the promotion, protection, and recovery of health¹.

This time, therefore, the achievement of rights gains a more careful look at health and being more inclusive, determining well the roles and what must be guaranteed, giving results even to a great good for the Brazilian population, being this a system of health that visualizes the individual as a whole and the environment in which he is inserted. Articles 196 to 200 of the Federal Constitution deal with issues related to health, providing for the obligations of the State and health services with universal and equal access, with principles and guidelines, creating the Unified Health System - SUS - in the national territory¹.

Also in the Federal Constitution, Law No. 8080/1990, known as the Organic Health Law, regulates health actions and services, their organization and operation throughout the country¹. With that, from the legislation implemented in the country, the health system begins to be universal, integral, and equitable, serving the individual in all his/her needs.

However, despite these advances, these services were still of greater interest to public security and not health policies, as they did not substantially include those deprived of liberty in the health system and were not exclusively aimed at health and inmates⁴.

Considering this, in 2003 the National Health Plan in the Penitentiary System (PNSSP) was instituted by Interministerial Ordinance No. 1777/2003, being the first legislation to deal exclusively with health in the prison system, establishing care according to SUS guidelines, but this still did not include those in an open and provisional regime, collected in public jails and police districts¹¹, showing once again a failure in the development of comprehensive policies that welcome everyone, since a policy made exclusively for the prison system did not include all involved in the system substantially.

In its discussion⁴, it highlights the insertion of nurses in the prison context from the institution of the

PNSSP, placing them as an extremely important member of the multidisciplinary teams established by the Plan. These teams work in prisons with more than 100 inmates, each team being responsible for up to 500 inmates. Units with less than 100 prisoners are served by professionals from the Municipal Health Department of the territory¹¹.

The main objective of the PNSSP was to contribute to the control and/or reduction of the most frequent health problems in this population, as well as to strengthen the scope of health promotion, disease prevention and care in prison units. Seeking to expand the access of those deprived of liberty to health policies with primary care actions present in several national policies, the plan also provides for basic pharmaceutical assistance, immunization, and collection of laboratories' tests¹¹.

As the studies show, the Plan comes with a more complete proposal for health care, strengthening primary actions, aiming to reduce the number of diseases to be overcome, theoretically generating a positive impact on the health scenario.

However, after ten years of implementation of the PNSSP, it was noted that the plan still does not guarantee the total inclusion of the population deprived of liberty in the SUS with its health care model⁸. This was precisely because of the failures in the preparation of the plan, leaving a portion of inmates uncovered, as explained in the description of the Plan.

With this, from the Interministerial Ordinance No. 1/2014, the National Policy for Comprehensive Health Care for People Deprived of Liberty in the Prison System (PNAISP) was created, also exposed in the study⁴.

The PNAISP aims to make prison units become gateways and point of attention for the Health Care Network⁸. Therefore, bringing a new concept to the prison system, as it starts working on the recognition and early diagnosis of injuries, in addition to creating a better dynamic with the extramural units.

Evidencing the full scope of the policy that contemplates everyone involved in the prison context and all the integrality of its actions, practicing the SUS principles in a humane way, in order to reduce the health impacts intensified by the prison and the context that usually precedes it.

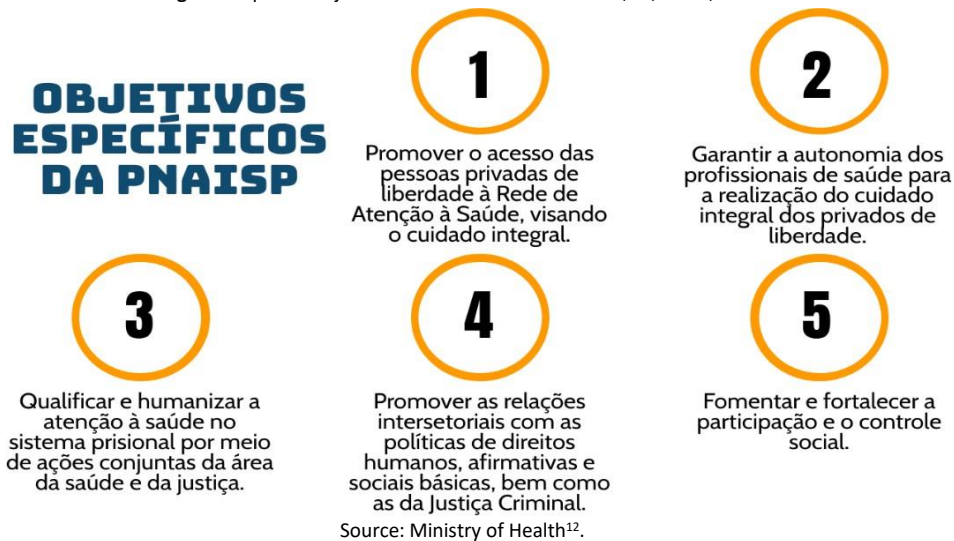
It is also important to emphasize that the PNAISP extends health services to all those in State custody, in a closed, semi-open, open, or complying with security measures in outpatient treatment, in addition to all prison service workers and family members of inmates. From this, finally, there is a view that prison affects not only those who are in prison, but everyone who, even more indirectly, surround this context, deserving attention that is also focused on the penitentiary system¹².

Access to the Network should start as soon as the individual enters police stations or districts and continue through public jails or provisional detention centers, prioritizing actions for early diagnosis, with a focus on communicable diseases, in addition to health promotion and disease prevention, thus creating a flow of care and



assistance from diagnosis to interventions, recovery and health education, creation of protocols⁸.

Figure 2. Specific objectives of PNAISP. Rio de Janeiro, RJ, Brazil, 2020



The health care of these people is developed by Primary Care Teams in the Prison System (EABp), which follow criteria in their training such as: number of inmates per prison unit, link of health services to a basic health unit in the territory and existence of demands aimed at mental health⁸.

Considering that not all prisons have EABp coverage and/or adequate physical structures⁵, the ESF becomes an important ally in the incarcerated health process, due to the importance of primary care in the health and community of this population.

By focusing on health care for men deprived of liberty, we can highlight the National Policy for Comprehensive Care for Men's Health (PNAISH), implemented in 2009 still during the PNSSP and which currently should be linked to PNAISP, making health actions more assertive and more focused on the needs of these individuals.

Implemented from Ordinance No. 1,944, of August 27, 2009, the PNAISH aims to promote the improvement of the health conditions of the male population¹³.

Having an exclusively male gaze, PNAISH elaborates its actions understanding all the paradigms that surround these individuals, understanding individuality, lifestyle habits, risk factors.

Among its objectives, we can highlight the promotion of a change in paradigms with regard to the perception of the male population in relation to care for their health and the health of their family, promoting the prevention and control of sexually transmitted diseases and HIV infection, promotion of comprehensive care to men's health in indigenous populations, blacks, quilombolas, gays, bisexuals, transvestites, transsexuals, rural workers, men with disabilities, at risk, and in prison situations, among others, to encourage, in the male population, taking care of your own health¹³.

After reading and understanding the health policies together with the details of their advances exposed in the study⁴, as well as the reading and brief exposition of the PNAISH, identifying the moment in which the nursing professional was inserted in the prison context, the nursing actions within intramural spaces, describing the care network and its flow in the context of nursing and discussing the facilities and difficulties of nursing care for people deprived of liberty.

According to a study⁶, the author emphasizes that by knowing the epidemiological characteristics of the prison scenario, the activities developed reflect on health individually and collectively, generating better results. His study makes it clear that it is essential to look at the determinants of health to make changes and bet on assertive proposals, and that is the only way to generate better results.

In Brazil we currently have 1412 penal units, in which 785 have a nursing station. Regarding the number of professionals, there are 1395 nurses and 2473 technicians and assistants in the EABp throughout the territory, signaling a very low coverage and the importance of the support of the ESF teams, adding strengths^{4,5}.

Understanding the conditions in which people deprived of liberty find themselves, it is important to consider the high risk for the potential acquisition and transmission of infectious diseases. According to the study⁵, in the Brazilian prison system, there are 9113 cases of tuberculosis, 8523 cases of HIV, 6920 cases of syphilis, 3030 cases of hepatitis and 4156 cases of other transmissible diseases in the Brazilian prison system, considering that a prisoner can have more than one injury.

The epidemiological characteristics of the Brazilian prison system are strongly associated with the stress caused by confinement and unhealthy conditions of intramural life⁶, directly impacting the health-disease process of those involved.

After knowing the epidemiological situation of penal units, it is necessary to think about quality care, which respects the individuality of each person deprived of liberty, fully addressing their needs, and generating better health outcomes in penal units.

Understanding and exposing the Brazilian penitentiary scenario, the study⁶ affirms the need to develop transversal and integral health actions that have their success guaranteed by guaranteeing respect for individuality, guaranteeing fundamental and primary actions such as providing adequate food and carrying out activities physical. This highlights the need for basic changes, with relatively low costs, even aimed at lifestyle habits, regardless of the limitations of prison, to prevent an even greater expense in the future with greater interventions and treatments.

In addition to the actions carried out, nursing must be able to ensure that health care among the PPL is carried out in a humane way, using the principles that form qualified listening⁶.

Once again emphasizing the need to identify problems at the root and reduce vulnerabilities, guaranteeing as much as possible the constitutional principle of human dignity, constitutional rights, and better health care.

According to the Scoping Review carried out by a study⁶, Brazil still lacks a lot in health research in the prison context, even with such a significant population deprived of liberty. On the other hand, the large number of research on the subject carried out in the USA (53.3%) and in European countries (33.3%) emphasizes, justifying this huge percentage of research, the USA has the highest number of PPL, surpassing 2.3 million people. These data show us a huge disparity in the way of dealing with the inmates, the investment in research and the interest in entering this universe.

As for the study focus of the research⁶, it is evident that "the approach to infectious and contagious diseases and aspects related to mental health stand out due to the incidence and prevalence, followed by reflections on actions aimed at meeting the various health needs." These results point to the deficit of activities related to education and health promotion that, in general, are associated with less autonomy of nursing professionals in this context and, on the other hand, reveal a greater concern with the spread of infectious diseases.

From the review⁶, understands the need for greater interaction between those deprived of liberty and health professionals inside and outside prisons, reducing the number of complications related to prison, but for this it is essential that investments be made in the training of nurses so that contribute to this scenario, says the text that alerts us to the low number of professionals who know about prison care and who are interested in joining efforts.

Regarding nursing actions, it is important that professionals and their team articulate their care actions, from screening to intervention on the problem. Among the practices developed, screening and qualified listening are essential tools for bonding and welcoming, which can

contribute to the referral to other services in the network, minimizing the silence imposed on those deprived of liberty⁶. It is worth noting that, even in an environment of hostile fame, bonding and humanized care contribute to better actions and results, as the individual feels comfortable raising their questions.

In addition, a study⁶ highlights health promotion actions as nursing actions in the prison context and emphasizes that these are still underdeveloped, making a direct connection with the lack of information that these inmates usually have in the extramural space, understanding that these individuals come from more disadvantaged situations.

Admission tests that help in early diagnosis and prevention of the spread of infectious diseases, as well as case management are also indicated as nurses' duties, contributing to better health care in an integral and resolute way, and may even generate care protocols that respond to diagnostic evidence, procedures, drug interventions, health education and individual monitoring, and may even make those deprived of liberty health promoters⁶.

The studies point to the great importance of nursing in the prison system and the importance of its insertion in this context, but the various barriers that still challenge it daily in the health care of those in prison situations are clear.

The Scoping Review⁶ highlights several nursing actions to be put into practice in the prison context, but also exposes the various challenges faced by these professionals, from the hostile and poorly structured environment, with little ventilation, with deficits in sanitation and access to drinking water, without offices and adequate equipment, the organization of prison units and the stigmatizing culture related to those deprived of liberty, the little investment in training nurses interested in the challenge.

Therefore, studies indicate that it is of great importance to think more and more about training health professionals to deal with and deal with the adversities present in the prison environment and thus be able to provide integral and complete care to prisoners. From this, it will be possible to develop new studies that discuss more about this reality, about possible measures and technologies that facilitate the care and care of this population, about how the interaction between prisoners and health professionals is given and how relevant this relationship is for the treatment and healing process of these patients.

Conclusion

When analyzing the Brazilian prison scenario, the numbers are alarming and reveal a context of overcrowding and unhealthy conditions that favor the appearance and spread of diseases, with the development of health practices being of extreme importance.

Over the years, there have been several advances in social policies aimed at the prison system to circumvent the scrapping of units. In addition, the State has also established specific health policies for the intramural population, always having to adapt them to be comprehensive and involve the constitutional rights.

To this day, it is a challenge to put social and health



policies into practice for those who live under a single sentence, since meritocratic thinking is still so ingrained in society, thus constituting the first barriers to be faced by nursing professionals: the lack of investments and the stigmatizing culture around the prison scenario.

Currently, the PNAISP is theoretically very resolute, going against the principles of the SUS, respecting the Federal Constitution, and working well together with the PNAISH, but in practice the challenges are obviously enormous.

Although the Brazilian population deprived of liberty is so large and the growth in the number of researches related to the prison context is a reality, studies focused on nursing practices are still very scarce, in general, studies are much more focused on Infectology and aspects related to mental health.

As for the main tasks and nursing practices, screening, qualified listening and reception, admission exams, early diagnosis, prevention of the spread of infectious diseases, health promotion and education actions,

clinical practices, drug interventions, individual monitoring, management of cases, and these actions are to be developed not only among inmates, but also among family members and prison officers.

Among the barriers found, it is worth highlighting the stigmas, the hostile environment, precarious physical spaces, less professional autonomy, confinement and unhealthy living conditions, deficiencies in sanitation, ventilation and access to drinking water and the lack of adequate and equipped offices for health care.

For this reason, it is extremely important that, in addition to studies, training is carried out with these professionals so that they can feel more and more secure and can feel autonomy even in fully controlled environments, providing better and better results. In addition, health professionals and society as a whole need to understand the intramural space as a social space and a public health issue capable of interfering even in extramural health.

References

1. Brasil. Constituição da República Federativa do Brasil de 1988. Assegurar o exercício dos direitos sociais e individuais, a liberdade, a segurança, o bem-estar, o desenvolvimento, a igualdade e a justiça [Internet]. Brasília (DF): Brasil; 1988 [acesso em 25 fev 2020]. Disponível em: http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm
2. Santis BM, Engbruch, W, D'elia FS. A evolução histórica do sistema prisional e a Penitenciária do Estado de São Paulo. *Revista Liberdades* [Internet]. 2012 [acesso em 25 fev 2020];11:141-160. Disponível em: https://aedmoodle.ufpa.br/pluginfile.php?file=%2F174595%2Fmod_resource%2Fcontent%2F1%2F1.%20A%20Evolucao%20historica%20o%20sistema%20prisional%20e%20a%20Penitenciaria%20do%20Estado%20de%20Sao%20Paulo.pdf
3. Oliveira LV, Barbosa ML. Curso de Atenção à saúde da pessoa privada de liberdade, Unidade Programa de educação permanente em saúde da família [Internet]. 2018 [acesso em 25 fev 2020]. Disponível em: <https://avusus.ufrn.br/local/avasplugin/cursos/curso.php?id=114>
4. Lermen HS, Gil BL, Cúnico SD, Jesus LO. Saúde no cárcere: análise das políticas sociais de saúde voltadas à população prisional brasileira. *Physis*. 2015;25(3):905-924. DOI: 10.1590/S0103-73312015000300012
5. Ministério da Justiça (BR). Departamento de Execução Penal. Sistema Integrado de Informações Penitenciárias. INFOPEN: relatórios estatísticos do Brasil [Internet]. Brasília (DF): Brasil; 2019 [acesso em 03 mar 2020]. Disponível em: <http://antigo.depen.gov.br/DEPEN/depen/sisdepen/infopen>
6. Barbosa ML, Medeiros SG, Chiavone FBT, Atanásio LLM, Costa GMC, Santos VEP. Nursing actions for liberty deprived people: a scoping review. *Esc. Anna Nery*. 2019;23(3). DOI: 10.1590/2177-9465-EAN-2019-0098
7. Brasil. Lei n.º 7.210, de 11 de julho de 1984. Institui a Lei de Execução Penal [Internet]. Brasília (DF): Brasil; 1984 [acesso em 25 fev 2020]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l7210.htm
8. Ministério da Saúde (BR). Institui a Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional (PNAISP) no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília (DF): Brasil; 2014 [acesso em 25 fev 2020]. Disponível em: https://bvsm.sau.gov.br/bvs/saudelegis/gm/2014/pri0001_02_01_2014.html
9. Cohn, A. O estudo das políticas de saúde: implicações e fatos [Monografia]. Graduação em Ciências Sociais pela Universidade de São Paulo [Internet]. São Paulo; 2006 [acesso em 26 fev 2020]. Disponível em: https://edisciplinas.usp.br/pluginfile.php/4290843/mod_resource/content/1/23-%20COHN.pdf
10. Brasil. Lei n.º 2848, de 07 de dezembro de 1940. Da aplicação da lei penal [Internet]. Brasília (DF): Brasil; 1940 [acesso em 25 fev 2020]. Disponível em: <https://www2.camara.leg.br/legin/fed/decllei/1940-1949/decreto-lei-2848-7-dezembro-1940-412868-publicacaooriginal-1-pe.html>
11. Ministério da Saúde (BR). Ministério da Justiça (MJ). Institui o Plano Nacional de Saúde no Sistema Penitenciário [Internet]. Brasília (DF): Brasil; 2003 [acesso em 25 fev 2020]. Disponível em: https://bvsm.sau.gov.br/bvs/saudelegis/gm/2003/pri1777_09_09_2003.html
12. Ministério da Saúde (BR). Ministério da Justiça (MJ). Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional. Brasília (DF): Brasil; 2014 [acesso em 25 fev 2020]. Disponível em: <http://www.as.sau.gov.br/wp-content/uploads/2016/06/Cartilha-PNAISP.pdf>
13. Ministério da Saúde (BR). Portaria n.º 1944/2009, de 27 de agosto de 2009. Institui no âmbito do Sistema Único de Saúde (SUS), a Política Nacional de Atenção Integral à Saúde do Homem [Internet]. Brasília (DF): Brasil; 2009 [acesso em 25 fev 2020]. Disponível em: https://bvsm.sau.gov.br/bvs/saudelegis/gm/2009/prt1944_27_08_2009.html

