

N E B R A S K A

JAIL BULLETIN

SEPTEMBER/OCTOBER 1998

NUMBER 143

The *Jail Bulletin* may be used as a supplement to your jail in-service training program. If officers study the material and complete the attached "open book" quiz, they may receive **one hour of credit**. The bulletin and quiz may be reproduced for staff use as necessary. ***We welcome any material you would like to contribute to the "Jail Bulletin".***

MEDICAL ISSUES AND THE CORRECTIONAL OFFICER

Corrections Officers Responsibilities

I. Medical Clearance

Before any person is booked into the jail, a brief health assessment must be performed. The booking officer must be able to make a decision to either refuse or accept a person into the jail. The purpose of this health assessment is done to determine if the person should be placed in the general jail population. There are valid reasons why some persons should be refused to be admitted. A person may have a serious physical injury or a serious physical or mental illness.

- A. The jail is not a medical facility and cannot be expected to care for the ill or injured person as a medical facility.
- B. Once the person is accepted into the jail, the jail then must provide for the health care and its related costs.
- C. Some individuals need to be seen by a medical professional so a plan of treatment can be developed.

There are times when an arresting officer will bring an individual to the jail who should not be admitted because of that person's health status. If you have any doubts about the person's health, let an M.D. take the responsibility to decide if the jail is the proper place to house that person. The jail should accept that person only after obtaining a medical clearance, preferably in writing.

Medical clearance is a written notice from the physician that the person was examined and it is his/her judgement that the person is medically fit to be placed in jail. Included on the clearance should be any special orders that direct how the jail should care for that person.

II. REFUSING ADMISSION

There are specific circumstances that dictate when you should refuse to accept a person until a medical clearance is obtained:

- A. Someone who is unconscious. Only a medical professional can determine the reason why a person is unconscious or what the significance of the condition means.
- B. Someone who is having or recently had a convulsion. Seizures can be caused by epilepsy, severe head injury, infection, overdose, or some other nervous system condition that can lead to coma and possibly death.
- C. Someone who is bleeding and the bleeding cannot be controlled. This is especially true of head injuries.
- D. Someone who is suspected of having internal injuries or internal bleeding.
- E. Someone with obvious broken bones.
- F. Someone with signs of a head injury. With any head injury, the non-medical person must always suspect a spine injury or brain injury.
- G. Someone suspected of a neck or spine injury.
- H. Someone who appears to be in severe pain. This is especially important with pain associated with any deformity of a limb or if the pain is in the chest or abdomen.
- I. Someone who cannot walk under their own power. The only exception might be someone who is intoxicated.
- J. Someone who is going into shock. Shock can be caused by a number of things; pain, loss of blood, fear, trauma, allergic reaction, heart problems, and blood clot, to name a few.
- K. Someone who is too unstable to answer any questions asked. This could be caused by a mental or emotional condition, alcohol or drug reaction, head injury, or some other illness that makes it impossible for the correctional officer to obtain information to react to their needs.
- L. Someone experiencing drug or alcohol overdose or withdrawal. A person overdosed on alcohol and or drugs can go into a seizure that can lead to coma and eventually, death.
- M. Pregnant women who are having problems. If a woman is having cramps, abdominal pain, bleeding or vaginal discharge, she should be admitted.
- N. Persons who indicate they are on a medication, but do not have that medication with them. If you cannot obtain the needed medication and the condition being treated is serious, then that person should be seen by a medical professional so that the necessary medication or treatment can be received.

Remember, **YOU ARE NOT A MEDICAL AUTHORITY**. If you have any doubts about a person's medical condition, seek a medical opinion.

III. Medical Screening

Medical screening can be defined as a system of orderly observation and interview of each new inmate in order to assess that person's general medical and health status. It should be done before booking because information it yields may be the means to determine if that person should be admitted or referred to a physician. The sample form shown starts with a series of observations that the booking officer should make of the person. These observations should include an explanation, if necessary. It is followed by a series of questions asked of the person.

- A. Benefits of doing a medical screening and the importance of being aware of them:
1. It might uncover conditions that could require rapid medical treatment or evaluation, and in doing so, helps to avoid a more serious situation if treatment is delayed.
 2. It can also identify on-going conditions such as diabetes, epilepsy, high blood pressure, or heart disease, this can alert the jail staff to any special needs of the person.
 3. It can also identify those inmates who are taking medication.
 4. It becomes a written record of the inmates medical condition at the time of admission.
 5. It is a valuable tool to counter any claims that a condition was ignored. Inmates do have a tendency to claim that they were injured in jail, when in fact the injury may have occurred before admission. The courts look favorably on a good system of records.
 6. Medical screening at admission also indicates to the inmate that the jail staff is concerned about their health, which boosts their morale.
 7. It also provides a means to note if the person displays signs and symptoms of alcohol or drug abuse and if there are signs of withdrawal or overdose.
 8. It also provides some insight into the basic emotional or mental health status of the person.
- B. Medical screening will normally be done the same for every person. The booking officer fills out the form and then makes the decision, based on some established procedure, to place the person in a housing assignment dictated by their medical and mental condition.
- C. In doing medical screening, the booking officer needs to have two basic skills. The booking officer must be able to visually assess the person's condition. This means being familiar with signs and symptoms. The booking officer must also be able to interview a person in a manner that will yield answers to health conditions. It also means being able to ask follow-up questions, when necessary.
- D. As indicated, your job is to recognize signs and symptoms, not diagnose a condition. In fact, most medical people do not appreciate being told by a non-medical person or even the patient what they think is wrong with them.
1. A sign is something that can be seen by the person who is doing the screening. Examples:
 - a. Sweating
 - b. Pale skin
 - c. Restlessness
 - d. Bloodshot eyes
 - e. Bleeding
 - f. Deformity
 - g. Bruising or lumps
 2. A symptom is something that the person being interviewed tells you they feel. Examples:
 - a. Feels weak
 - b. Feels like vomiting
 - c. Pain
 - d. Tells you they see things

IV. Passing Medications

Every inmate has a right to have access to medications that are legally prescribed for the treatment of a health condition.

Jails should have defined procedures for handling and administering medications. They will vary from jail to

jail, but the procedures will have been approved by a competent health authority.

There are a number of ways that medications may be brought into the jail. The prisoner may carry them in; someone may deliver them to the jail or the inmate; or the jail staff may obtain them from a pharmacy for the inmate.

It is important for the jail staff to know what information should be on each medication label so that a medication may be identified, verified, and given correctly.

The label should contain:

- A. Patients name
- B. The name of the medication
- C. Dosage
- D. Instructions

There are four ways that medication may be taken: Ingestion-taken by mouth or inhaled; injection-taking medications by needle and syringe; insertion-placing the medicine into a body cavity, like suppositories; application-spreading a cream, lotion, or ointment on the skin.

Special orders may also accompany a certain medication. Examples of special orders may include:

- A. Take with food or milk
- B. Take on an empty stomach
- C. Take 2-3 hours after a meal
- D. Finish all medication unless otherwise directed
- E. Medication should be taken with plenty of water
- F. Shake well

Other special orders may refer to storage of the medication. Some medications may need to be refrigerated or stored out of the sunlight.

Many medications can produce side effects. These warnings will usually be a small colored sticker on the container. Examples include:

- A. May cause drowsiness
- B. May discolor the urine or feces
- C. May cause nausea

The important thing to remember is that there are sound reasons for these warnings. The warnings should alert the jail staff for possible side effects that the person taking the medication may show.

The final concern is that the person who is given any drug might have an allergic reaction. If at all possible, find out if an inmate has any known allergies at medical screening. Be aware that allergic reaction can develop at any time and may be caused by the most common drug, even aspirin.

The correctional officer must be sure that any medication given to an inmate is in fact the medication that was prescribed for him. Regardless of the means by which a medication entered the jail, there should be a standard procedure to verify any medication that is to be given.

Refer all unknown medications to the medical staff for verification.

Once you have verified the medication and it is in your control, you should store all medications in a locked cabinet or drawer. This applies for all medications, both prescription and non-prescription. There may be certain medications that an inmate should keep in his cell, but this should be limited to an amount that the

prescribing physician deems necessary. One common example may be nitroglycerin tablets for chest pains.

In administering medications, the most important thing to remember is to follow instructions. There should be no question as to how much a person should receive and when he or she should receive it. In giving the medication, you should be sure that the inmate actually did take the medication and that the right person did take the medication.

The final point in administering medications is that you record the fact that the medication was taken or refused. It is vital that there be a record of medication administration. Records should have, as a minimum:

- A. The inmates name
- B. Date and time of administration
- C. Type and amount of medication
- D. Initials of person administering

In addition, there should be a record of whether or not the inmate refused the medication. Ideally, there is a medication log sheet for each inmate receiving medication. This will become a part of the inmate's health record.

Following orders given by physicians regarding the administration of medications is one example of what you need to be able to do to assure inmates rights to health care. There may be other orders that a physician may ask you to follow

The physician may ask you to observe the inmate's health condition; in other words, look for signs and symptoms.

The physician may order some specific treatment like applying ice packs, bed rest, extra pillows, or exercise. Physicians may order special diets, or may ask you to explain to an inmate the proper way to maintain good health such as proper washing, teeth brushing, hair care, and so on.

If you have any reservations about following any medical orders, check with the medical staff and explain the situation.

Material prepared by staff of the Nebraska Commission on Law Enforcement and Criminal Justice. If you or your agency wish to contribute to the *Jail Bulletin* or have a special subject to be addressed through the bulletin, please contact: Jail Standards Division, P.O. Box 94946, Lincoln, Nebraska 68509-94946, Telephone 402-471-3710, FAX 402-471-2837.

The contents of the *Jail Bulletin* represent the views of the author(s) and do not necessarily reflect official views or policies of the Nebraska Crime Commission or the Nebraska Jail Standards Board.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in service training each year. The Jail Bulletin may be used to supplement in service training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections. **CREDIT: One Hour credit for jail in service training requirement.**

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**SUBJECT: MEDICAL ISSUES AND THE
CORRECTIONS OFFICER**

NAME: _____

DATE: _____

Medical Scenario A

Slick Bottom has been complaining of stomach cramps and diarrhea since this a.m. It is Sunday and he will not be able to see a doctor till Thursday. He claims that he has never had this problem before, 'it is different', and he is sure there is something 'really wrong'. You recall that during his intake screening he noted that he had a history of colonitis. No other inmates in his living unit have complained of any problems.

Plan of Action

What specific actions will you pursue immediately? later?

Are there any possible negative consequences to your actions? If so, what are they?

What further information do you need?

What policies and procedures or standing orders provide guidance in this situation?

Do any Jail Standards issues come into play?

Medical Scenario B

Ivan Tododrugs has been brought into your facility and appears to be under the influence of some medication or drug. He has denied any drug use when questioned following his arrest for intoxicated driving. The longer he sits in your holding cell the more you notice that he seems to be losing energy and color. You ask him if he is doing OK and he states that he is fine, however his speech is slow and he appears very tired.

Plan of Action

What specific actions will you pursue immediately?

Are there any possible negative consequences to your actions? If so, what are they?

What further information do you need?

What policies and procedures or standing orders provide guidance in this situation?

Do any Jail Standards issues come into play?

Medical Scenario C

You are passing medications. When you get to Jose Gonzales cell you obtain his meds from your pocket, check the envelope and give the meds to Jose. He looks at them for a second then takes them with water. Later you arrive at Joe Gonzales cell and you obtain his meds from your pocket, check the envelope and give the meds to Joe. He looks at them for a second and then states that those are not his meds, his are pink. You look at the med envelope and note that both envelopes say Joe Gonzales even though the cell numbers are different.

Plan of Action

What specific actions will you pursue immediately?

Are there any possible negative consequences to your actions? If so, what are they?

What further information do you need?

What policies and procedures or standing orders provide guidance in this situation?

Do any Jail Standards issues come into play?

The following quiz is not the variety that has been supplied in previous jail bulletins. This is not a true and false or multiple choice quiz as you have completed in the past. This quiz is intended to prompt you do a little research at your facility using your policy and procedure manual, this training material and your knowledge regarding acceptable jail practice concerning inmate medical care. To complete the quiz you simply fill out your answer to each questions following the scenarios described. The jail administrator should have the staff members complete this training independently of each other and compare answers. The goal is to ensure that all staff can accurately answer each question and refer to the policy and procedure manual to confirm accuracy and consistency. Facility

administrators will have to evaluate each completed quiz and provide additional training when necessary. Good luck!