N E B R A S K A

JAIL BULLETIN

Number 65

June, 1990

SPECIAL NEEDS INMATES - PART ONE

One of the greatest challenges to jail managers and staff is posed by a variety of "special needs" inmates that must be detained. Each of these inmates brings unique needs and poses special challenges.

I. AIDS

The threat of Acquired Immune Deficiency Syndrome (AIDS) is a major health problem in the United States, as well as other countries. There is great fear about spread of the disease, not all of which is justified. Whether justified or not, the basis of this fear is the outcome of the disease: at this time, there is no known cure. Most people who develop AIDS die.

AIDS is a viral infection that destroys victims' immune systems, making them vulnerable to a wide range of other diseases. There is a blood test to determine whether the body had produced antibodies in response to the AIDS virus. The test determines whether a person has had the antibodies and been exposed to the disease. However, not everyone who tests positive actually develops the disease.

There are signs and symptoms that can indicate that an inmate <u>may</u> have AIDS, but the same signs and symptoms can indicate a variety of other diseases as well.

These include:

- o constant tiredness:
- o fever;
- loss of appetite and weight;
- o persistent diarrhea;
- o night sweats;
- o swollen lymph glands usually in the neck, armpits, or groin;
- o possibly, white spots or white coating or unusual blemishes in the mouth, and
- o Purplish blotches or bumps or rashes on the skin.

Inmates with these signs or symptoms should be medically evaluated.

The Jail Bulletin is a monthly feature of the Crime Commission Update. The Bulletin may be reproduced and used to supplement your jail staff in-service training program. 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.

It is critically important that you have a policy on AIDS, developed in conjunction with your jail medical staff and local or state health authorities.

This policy should reflect provisions of state law, as well as good correctional policy on this issue. The policy should include provisions for prevention as well as handling of inmates suspected of having the disease, and medical procedures. Here are some general guidelines to consider in developing your policy:

- o It may be a good idea to isolate inmates suspected of having AIDS until they have been medically evaluated and cleared for admission to general population. Such clearance should be documented.
- o Inmates suspected of having AIDS (or other communicable diseases) should be fed with disposable plates and utensils, and these should then be discarded in a separate plastic garbage bag.
- O Jail staff, as well as trustees, should wear disposable gloves at any time that they come into contact with body fluids of any inmate. Body fluids include blood, urine, feces, and saliva. This is particularly important if a person has any open cuts or sores.
- o After coming into contact with anyone's body fluids, a staff member or trustee should wash his or her hands afterwards, with soap and hot water, even if gloves were worn.
- o Inmates should never be allowed to share toothbrushes or razors with anyone else. These can become contaminated with blood. (Use of plastic disposable razors, issued individually to specific inmates, is best.)
- o Care should be taken in disposing of needles and syringes used by inmates. They should be disposed of immediately after use, placed in a hard container, such as a cardboard box, so that the needles cannot penetrate the container.
- o If blood or body fluids have been spilled on a floor or other area, the area should be properly cleaned and disinfected, by a person wearing disposable gloves. There are various germicidal solutions that can be used. Generally, a solution containing 10% common bleach is sufficient.
- o If any inmate has to be given artificial ventilation or cardio-pulmonary resuscitation (CPR), a ventilator mask or bag-mask resuscitator (sometimes referred to as an Ambu-bag) should be used. This prevents direct mouth-to-mouth contact. (NOTE: Although doctors believe that AIDS cannot be transmitted via saliva, an open cut or sore in the mouth could be problematic.)
- Extra precautions should be taken to be sure that an inmate suspected of having AIDS does not have sexual relations of any sort with other inmates. This includes kissing.
- All actions taken involving inmates who may have AIDS must be carefully documented.

o If a staff member accidentally gets pricked with a needle used by a possible AIDS victim, or gets an inmate's blood or body fluid splashed into any eye, mouth, or open wound or sore, or if bitten by an inmate, immediate medical advice should be sought. There should be a policy governing testing of staff for the virus.

These are some of the basic issues which should be addressed in your policies and procedures. There are others as well, such as distribution of condoms to inmates, upon request. That is an issue about which there are various opinions. Ideas and opinions change rapidly about this disease, and will continue to change as research findings are published, so it is important to stay abreast.

Staff training on AIDS is very important. Staff members tend to have well-founded concerns about exposure to the virus, and want to know what to do to protect themselves and their families. Good training is available from various sources, including the National Center for Disease Control in Atlanta and major national correctional organizations. The National Sheriff's Association (NSA) has prepared a comprehensive document, <u>AIDS: Improving the Response of the Correctional System</u> for the National Institute of Corrections (NIC). In addition, videotapes are available from NSA or NIC, addressing correctional officer questions and providing orientation for inmates.

Additionally, it is a good idea to plan educational sessions on AIDS for inmates, to give them information about needle usage, sexual practices, and so on. Local or state public health authorities can be asked to provide this health education. Several useful videotapes have also been developed.

II. MENTALLY RETARDED INMATES

Individuals who are mentally retarded sometimes end up in jail. Such people may be classified as either "borderline" or "mildly" retarded, meaning that their intellectual capacities — their ability to learn and retain information — are somewhat below normal. However, they are generally quite capable of caring for themselves and holding a job. Some such individuals end up in jail because they have poor judgment about right or wrong behavior, or about the consequences of their behavior. Also, some are easily influenced by others, and therefore may do things that they wouldn't necessarily do on their own.

Jail staff members may or may not be able to detect indications of mental retardation in an inmate. Some indications can include:

<u>Appearance</u> - possible fixed stare, or open-mouthed expression, possible slovenly or unkempt appearance;

<u>Intellectual ability</u> - apparent inability to fully understand questions or commands, or taking longer than normal to do so, unusually short attention span, possible language problems such as small vocabulary or poor articulation of words; or

<u>Personality characteristics</u> - may not take much initiative in making friends, may seem to have little self-confidence, may seem to depend on others a lot, may be highly-suggestible, may have an unusually great desire to please or be accepted by others, and may do almost anything to achieve that - even inappropriate behavior.

It is very important to provide proper supervision to such individuals ensuring their safety and well-being. Jail staff members should be trained to recognize and supervise mentally retarded inmates. When supervising such inmates, officers should keep the following general guidelines in mind:

- o Be patient such individuals may need more time to act and react than other inmates do;
- Speak slowly and clearly and, if necessary, repeat questions and orders;
- Don't be harsh, rude, sarcastic, abrupt or demeaning, and always respect an inmate's personal dignity;
- o Be sure that physical needs are met that he is eating properly, sleeping, is well-clothed, etc.;
- O Be sure that other inmates do not harass or exploit them, and if that happens, transfer the inmate to a different cellblock or area;
- o Make a point of praising them for positive achievement this is a key motivator; and
- o If necessary, help them to establish and maintain contacts with family and friends, as well as with attorneys, social workers, and other professionals.

Additionally, it is important to refer such inmates to professional community service providers. Too often, people with mental retardation have slipped through society's cracks and are not receiving services to which they are entitled. Be aware of the laws or administrative regulations in your community that apply to services for identifying and providing programs for people with mental retardation and other developmental disabilities, and do everything possible to link possibly-retarded inmates with such services. Your policies and procedures should specifically address the way in which this is to be done.

This issue of the "Jail Bulletin" is taken from the Small Jail Resource Manual, Fourth Edition, Rod Miller and Ralph Nichols, Authors, Sponsored by the National Institute of Corrections, U.S. Department of Justice.

For a copy of the manual contact:

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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 inspection.

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| Mentally retarded people are not able to | care for themselves or hold jobs. |
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CREDIT: 1/2 HOUR CREDIT FOR JAIL IN-SERVICE TRAINING REQUIREMENT.

ANSWER SHEET SHOULD BE RETAINED BY JAIL ADMINISTRATOR OR TRAINING OFFICER.

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