

# JAIL BULLETIN

NUMBER 12

DECEMBER, 1985

The Jail Bulletin is a monthly feature of the Crime Commission Update. The Bulletin may be used as a supplement to your jail inservice training program if officers study the material and complete the attached "open book" quiz. The Bulletin and quiz may be reproduced for use by your staff. We welcome any jail training material you would like to contribute to the Bulletin.

## MEDICAL SCREENING UPON ADMISSION

Medical care for inmates is an area of jail operations with the potential for problems involving both inmate lawsuits and costs incurred for treatment. Proper medical screening of all inmates who are being admitted to jail can help prevent some of these problems and provide information that is vital for the proper care and classification of inmates. Once an inmate is admitted to your jail, the responsibility for his/her medical care is your department's.

In one case an inmate with serious heart problems cost Lancaster County \$25,000 and Cass County \$62,000 for open heart surgery. Although this is an extreme case, it illustrates the possible financial liability that can occur when housing inmates with severe medical problems.

## INITIAL SCREENING

The medical screening process upon admission should be documented by the use of a printed questionnaire form. The American Medical Association Standards require the following procedures as part of the screening process.

### I. INQUIRY INTO:

Current illness and health problems including venereal diseases;  
Medications taken and special health requirements;  
Use of alcohol and other drugs which includes types of drugs used, mode of use, amounts used, frequency used, date or time of last use and a history of problems which may have occurred after ceasing use (e.g., convulsions);  
Other health problems designated by the responsible physician.

## II. OBSERVATION OF:

Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating;  
Body deformities, ease of movement, etc.;  
Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.

## III. DISPOSITION TO:

General population; or  
General population and later referral to appropriate health care service; or  
Referral to appropriate health care service on an emergency basis.  
(Prior to admission when possible)

## DOCUMENT, DOCUMENT, DOCUMENT

A medical screening form (such as the model Jail Standard's form) should cover all the areas suggested by the AMA Standards. This completed form should be maintained as part of the inmate's permanent record. Occasionally, inmates will not tell the truth regarding their medical status, especially regarding drug or alcohol abuse. Although there is no guarantee the information is accurate, it is important to document the effort made to gather the information. This can be done by completing the "officer observation" part of the form and writing "refused to cooperate" or something similar on the form. Another effort to gather the information should be made at a later time if the inmate is lodged in jail.

Remember to document any illness and injury observed or reported by the inmate. There have been cases where inmates were injured prior to admission and later claimed the injuries were inflicted by jail staff. Protect yourself and your agency by using thorough documentation.

## REFUSING ADMISSION

Seriously ill or injured inmates should not be admitted to jail. Since most Nebraska jails do not have full time medical staff available, the decision not to admit an inmate is usually made by the jail officer booking the inmate. A decision not to admit an inmate for medical reasons may upset the arresting officer because it will require that the inmate be examined by a physician to determine fitness to confine. If a sick or injured inmate is admitted to your jail, your department may assume the following responsibilities:

- 1) The cost of medical care
  - 2) Hospital security duty that could drain manpower
  - 3) Possible litigation due to inadequate medical care
  - 4) The inmate may infect staff and other inmates with a communicable disease.
  - 5) The inmate may die from the illness or injury.
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## PREGNANT WOMEN IN LABOR

Evidenced by: strong uterine contractions, contractions less than two minutes apart.

## PREGNANT WOMEN WITH OTHER SERIOUS PROBLEMS

Including: those bleeding from the vagina, having cramps or abdominal pains, headaches or blurred vision.

## INMATES WHO CLAIM THEY ARE TAKING MEDICINE BUT DO NOT HAVE THEIR MEDICATION WITH THEM

Inmates who are epileptics, diabetics, or heart patients and taking medicine should not be admitted without it.

## INMATES WHO ARE HAVING OR RECENTLY HAD CONVULSIONS

These inmates may have epilepsy, severe head injury, infection or drug/alcohol overdose.

## ANY SIGNIFICANT EXTERNAL BLEEDING

Including bleeding from the head or ears

## OBVIOUS FRACTURES (BROKEN BONES)

In an open fracture, a part of the bone has broken the skin, in a closed fracture, no skin is broken, but the inmate may have pain, deformity in the injured area, inability to use the limb, swelling or bruising. If an inmate's arm or leg is not working right, suspect a fracture.

## REFERRAL OF INMATES THAT ARE ADMITTED

Inmates who have less serious medical problems or injuries and are admitted to jail should be referred to the jail physician (or nurse if appropriate) as soon as possible after admission. Administrative isolation from the general population may also be necessary for those with a communicable disease.

The general rule is: **IF IN DOUBT, GET A MEDICAL OPINION PRIOR TO ADMISSION.**

--Some of the material was adapted from the National Institute of Correction's Small Jail Resource Manual by Rod Miller and Ralph Nichols.

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## FITNESS TO CONFINE

The following guidelines for determining fitness to confine are recommended by the American Medical Association. Inmates with the following symptoms may have severe health problems and should not be lodged in jail without a physician's examination and approval.

### SIGNS OF HEAD INJURY

This may be suspected by the following symptoms: serious cut or bruise on the head, clear or bloody fluid coming from nose or ears, one pupil larger than the other, dizziness or trouble walking, vomiting more than twice or very forcefully, very confused or forgetful, semiconscious, stuporous or unconscious. **BE VERY CAUTIOUS ABOUT HEAD INJURIES, NEVER ACCEPT AN UNCONSCIOUS INMATE**

### NECK OR SPINAL INJURIES

As evidenced by: trouble walking or unable to walk, pain in the spinal area, obvious deformity in the spinal area, loss of muscle function or numbness in arms or legs.

### ANY TYPE OF SERIOUS INJURY

Obvious signs such as severe bruises on the body or face, trouble walking or severe pain. If the inmate has trouble walking due to obvious intoxication, that could be an exception. However, if the inmate does not show signs of drug or alcohol intoxication, he should be referred for a medical exam, prior to admission.

### POSSIBLE INTERNAL BLEEDING

Symptoms include: paleness, cold, clammy skin (blue or grey in color at times), sweating, rapid pulse, dizziness or fainting, nausea, vomiting, weakness, confusion, agitation, restlessness, fright, or blood around the eyes or ears, any abdominal bleeding.

### SIGNS OF DRUG OR ALCOHOL ABUSE

Withdrawal from drugs or alcohol can be a very serious matter. A person can go into convulsions, leading to coma and possible death. Signs of possible drug/alcohol abuse include: Confusion and disorientation, hallucinations and delirium, inability to stand or walk, slurred speech, very rapid or shallow breathing, lethargy, severe agitation or depression, cramps, nausea, vomiting, diarrhea, sudden collapse, dilated or pinpoint pupils, restlessness, track or needle marks, feeling of being very hot or cold.

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Nebraska Jail Standards require that jail staff receive eighteen (18) hours of inservice training each year. The Jail Bulletin may be used to supplement inservice 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.

SUBJECT: MEDICAL SCREENING  
UPON ADMISSION

Name \_\_\_\_\_

Date \_\_\_\_\_

1. If an inmate refuses to give accurate information for medical screening upon admission, the booking officer should document the effort made to gather the information.

TRUE

2. List three symptoms of a neck or spinal injury.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

3. Who is usually responsible for paying inmate's medical bills for treatment received after they have been lodged in jail?

- A. The inmate
- B. The arresting agency
- C. The agency running the jail
- D. State Department of Social Services

4. List six symptoms of head injury.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

5. Inmates who are \_\_\_\_\_, or \_\_\_\_\_ and taking medication should not be admitted without it.

6. Three symptoms of a closed fracture are \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

CREDIT: 1/2 hour credit for jail inservice training requirement.

QUIZ

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SUBJECT: MEDICAL SCREENING  
UPON ADMISSION

Name \_\_\_\_\_

Date \_\_\_\_\_

1. If an inmate refuses to give accurate information for medical screening upon admission, the booking officer should document the effort made to gather the information.

TRUE

FALSE

2. List three symptoms of a neck or spinal injury.

(1) TROUBLE WALKING OR UNABLE TO WALK

(2) PAIN IN SPINAL AREA

LOSS OF MUSCLE FUNCTION OR NUMBNESS IN ARMS OR LEGS

3. Who is usually responsible for paying inmate's medical bills for treatment received after they have been lodged in jail?

A. The inmate

B. The arresting agency

C. The agency running the jail

D. State Department of Social Services

4. List six symptoms of head injury.

SERIOUS CUT OR BRUISE ON HEAD

CLEAR OR BLOODY FLUID COMING FROM NOSE OR EARS

(3) ONE PUPIL LARGER THAN ANOTHER

(4) DIZZINESS OR TROUBLE WALKING

VOMITING MORE THAN TWICE OR VERY FORCEFULLY

VERY CONFUSED/FORGETFUL OR SEMICONSCIOUS, STUPOROUS OR UNCONSCIOUS

5. Inmates who are EPILEPTICS, DIABETICS, or HEART PATIENTS, and taking medication should not be admitted without it.

6. Three symptoms of a closed fracture are PAIN

DEFORMITY

, and INABILITY TO USE LIMB, SWELLING, BRUISING

CREDIT: 1/2 hour credit for jail inservice training requirement.