

JAIL BULLETIN

Number 91

October, 1992

MEDICAL SERVICES - PART II

This Bulletin continues the discussion of key elements in jail health care programs. The elements contained in these two Bulletins represent minimum jail standards and those proscribed by the National Commission of Correctional Health Care. Developing medical protocols and practices consistent with these standards will provide jail administrators and county commissioners with some protection against liability exposure.

It may prove beneficial to examine existing medical policies and procedures after reviewing this material to see if any revision or updating is necessary.

D. Care and Treatment: Regular Services (continued)

- * **Handling of non-emergency medical requests:** All inmates should have the daily opportunity to request medical assistance for non-emergency medical problems. Such requests should be documented. Their requests should be acted upon by qualified health personnel or health-trained correctional personnel. Your policies and procedures should specify how inmates can make such requests, and how their requests are handled.
- * **Sick call:** Your policies and procedures should include a provision that sick call be conducted by a physician and/or other qualified health personnel, on a regularly-scheduled basis. That schedule will depend on the size of your facility. The NCCHC standards recommend the following: in jails with fewer than 50 inmates, at least once a week; in jails with 50-200 inmates, at least three times a week; and in jails with over 200 inmates, at least five times a week. All inmate sick call appointments should be documented.
- * **Medical orders:** There should be a provision for medical orders, written and signed by appropriate medical personnel, directing qualified health personnel, such as nurses or physician's assistants, in providing treatment to inmates.
- * **Medical instructions:** For common, less-serious health care situations in your jail, such as first aid or care for minor ailments such as colds, sore throats, or constipation, there should be a procedure in which a physician issues instructions to health and/or correctional staff about what to do. For example, such instructions might indicate that for headache or other pain, inmates may be

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given aspirin or Tylenol, up to a certain maximum dosage per day. All such treatments or administration of over-the-counter medications should be documented.

- * **Health education:** Your program should include a provision for educating or training inmates in basic health and hygiene issues. These might include such things as personal hygiene, nutrition, substance abuse, sexually-transmitted diseases, AIDS, and so on. This can be done either by the jail health care staff or by community resource people.
- * **Emergency services:** Your policies and procedures should specify that twenty-four-hour emergency medical and dental care services are available. All staff should be familiar with the procedures for obtaining such care. The names, addresses, and telephone numbers of people to be notified, ambulance services to be used, and hospitals to which inmates are to be taken, should be included in the policy and procedure.
- * **Dental care:** Inmates should have access to dental care, not just for dental emergencies but also for necessary non-emergency treatment. Such non-emergency treatment must be provided when a dentist determines that an inmate's health would be adversely affected if the treatment was not provided. Also, a dental screening should be performed as part of the health assessment done on inmates incarcerated for more than fourteen days. A dental examination should be done on inmates incarcerated for more than three months.
- * **Diet:** All inmates should be provided adequate diets, based on current Recommended Dietary Allowances. Copies of menus should be retained for specified periods of time, which may be addressed in state law or administrative rules. Also, inmates should be able to receive special diets for medical or dental reasons, as ordered by a physician or dentist. Your policies and procedures should indicate how inmates may be placed on such diets, and how provision of special diets is documented.

E. Care and Treatment: Special Services

In addition to regular care and treatment services, there are several elements concerning special health care services which ought to be part of your jail's overall health care program. These include:

- * **Health evaluation of inmates in segregation:** Your policies and procedures should include a provision that inmates in punitive or administrative segregation (including those segregated for their own protection) for any length of time are evaluated by qualified health care personnel at least three times a week. This evaluation should be documented. Inmates in segregation should have the right to request medical and health care services, just as other inmates do.
- * **Intoxication and withdrawal:** You should have guidelines for recognizing inmates who may be intoxicated by alcohol or drugs, or who may be undergoing withdrawal from alcohol or drugs. Inmates experiencing severe, potentially life-threatening intoxication (overdose) or withdrawal should be transferred to an appropriate health care facility. Inmates with less-severe symptoms should be observed carefully and treated as necessary in the jail. Any detoxification programs should be done under medical supervision.
- * **Communicable disease control:** Written policies and procedures should cover care of inmates with suspected or diagnosed communicable diseases. This should include a provision for isolation of such inmates if medically indicated.

- * **Skilled nursing and infirmary care:** If your jail has an infirmary (an area within the jail accommodating two or more inmates, for the purpose of providing skilled nursing care), policy and procedure should cover operation of the infirmary. There should be a manual of nursing care procedures.
- * **Use of restraints:** Policies and procedures should guide the use of physical restraints for medical reasons. These should specify the type(s) of restraints that may be used and where, when, how and for how long the restraints may be used. Use of restraints for medical reasons should be authorized by a physician.
- * **Prenatal care:** Pregnant women in your jail should receive regular pre-natal care, including medical examinations, advice on appropriate levels of activity, nutrition guidance, and counseling.

F. **Medical Records**

There should be medical record files for inmates receiving health care in your jail. These files should include all pertinent medical information, including records of diagnoses, treatments, and dispositions; medications prescribed and administered; progress notes; treatment plans; reports of referrals or consultations; and so on.

Medical records should be confidential, meaning that they are stored securely, separate from confinement records, and that access to them is controlled by the health authority.

Policy and procedure should require that when an inmate is transferred to another correctional facility, summaries or copies of his or her medical records are routinely sent to that facility. The inmate should authorize, in writing, transfer of medical records and information outside the correctional system - unless law or administrative regulations in your jurisdiction provide otherwise.

Inactive medical record files should be retained according to legal requirements of your jurisdiction. They should be re-activated if an inmate returns to the system.

G. **Medical-Legal Issues**

There are several legal issues regarding medical care in your jail, which should be covered in your policies and procedures. These include:

- * **Informed consent:** Your policies and procedures should contain a provision that the informed consent practices which apply in your jurisdiction will govern examinations, treatments, and other procedures for inmate care.
- * **Right to refuse treatment:** Inmates should be allowed to refuse medical treatment and care. Such refusal should be in writing, and may be done at the time of being offered evaluation, treatment, or care.

These are the key subjects and topics about which you should develop policies and procedures, in order to have a comprehensive and adequate jail health care program.

III. SUMMARY

Remember that the key element to the success of your jail health care program is a cooperative working relationship between jail administration, correctional officers, and health care providers. It is really a team approach.

Since it is correctional officers who spend the most time with inmates and are usually in the best position to observe their behavior, the health care staff depends on officers to be aware of potential medical or health care problems and to refer inmates for care. Thus, your policies and procedures should be very clear on the methods for making such referrals.

On the other hand, the jail staff should expect that health care staff (doctors, nurses, physician's assistants, etc.) will communicate with them, and will provide them with information that they may need about inmates and their conditions and needs. One of the main jobs of the jail administration is to be sure that both correctional officers and health care staff are aware of each other's needs, that they communicate effectively, and that everyone in fact works together as a team.

It definitely takes time to develop the policies and procedures for your health care program, and to set up the system for implementing them. But it is worthwhile to do so, not only for the reasons noted at the beginning of this Bulletin but also to help establish a more positive jail climate. If inmates feel that their health care needs are going to be taken care of, they are more likely to be cooperative while in jail and to cause fewer problems of all kinds. That makes everyone's job easier.

*This issue of the Jail Bulletin was prepared by
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The material was adapted from material presented in the

*"Small Jail Resource Manual"
National Institute of Corrections
and Standards for Correctional Health Care,
National Commission on Correctional Health Care.*

QUIZ

Nebraska Jail Standards require that jail staff receive (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 jail inspections.

SUBJECT: MEDICAL SERVICES - PART II

OCTOBER, 1992

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DATE _____

1. When handling non-emergency medical requests, the jail officers can act upon them with or without health training.
_____ TRUE _____ FALSE
2. In a jail that can hold 90 inmates, sick call should be conducted at least:
 - A. Once a week
 - B. Three times a week
 - C. Once a month
 - D. Quarterly
3. Inmates have the right to refuse treatment.
_____ TRUE _____ FALSE
4. It is advisable to provide inmates with a health education program in basic hygiene and health maintenance. Which of the following should be included in that education?
 - A. Sexually transmitted diseases
 - B. Personal hygiene
 - C. Nutrition
 - D. Substance Abuse
 - E. A, B, and C
 - F. All of the above
5. Non-emergency dental treatment must be provided when a dentist determines that an inmate's health would be adversely affected if the treatment was not provided.
_____ TRUE _____ FALSE
6. Which of the following types of inmates should be transferred to a health care facility?
 - A. Those suffering from severe drug and alcohol withdrawal.
 - B. Those who may be experiencing severe intoxication or overdose.
 - C. People who just can't handle being confined when they are intoxicated.
 - D. People arrested for possession of dangerous drugs and inhalants.
 - E. All of the above.
 - F. A and B above.

CREDIT: *One-half hour credit for Jail In-service Training Requirement.*

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