Southern Health Partners
Your Partner In Affordable Inmate Healthcare

INMATE MEDICAL SERVICES INFORMATION AND RESOURCE GUIDE FOR CORRECTIONAL OFFICERS

For use in providing information to correctional officers for certain and general medical conditions and procedures which may arise within the jail setting.

TABLE OF CONTENTS

Introduction

Security, in a jail, primarily falls upon the shoulders of the security staff. Healthcare is primarily the responsibility of the medical staff. SHP is founded upon the idea of a somewhat shared responsibility and partnership with the officers. Appropriate, customary inmate care can be provided through the cooperation of the medical and security officers.

Most of SHP contracted jails do not provide 24/7 on site medical staff coverage. As most of you know, inmates become ill or injured anytime: day or night. In the past, inmates were taken to the hospital to handle any and all medical problems. This practice can be very costly for the county through increased medical costs, officer workload, and escape risk.

Yes, there are situations in which an inmate may still require direct hospital care. It is our goal that when these situations arise, we are able to work together to do what is appropriate on behalf of the inmate and the county.

The purpose of this manual is to distinguish the appropriate actions for an inmate to receive medical attention while the medical staff is on duty and what can be done when the medical staff is not present.

It is imperative Correctional Officers be inserviced as to the services the medical department provides, as well as basic instructional information in relation to medical services overall.

Please utilize these materials as instructional and reference information. The Jail Administrator may at any time request a more formal training session with a representative from the Medical SHP team. Please do so by calling the Group Vice President assigned to your state (noted later in this manual).

SHP looks forward to working with the Jail and its officers in the provision of on-site medical care services. If you have any questions, concerns, etc., please feel free to communicate directly with our Medical Team Administrator at the site. Also, you can always call the corporate office with concerns and or comments.

Thank you for this opportunity.

CORPORATE OFFICE INFORMATION

Corporate Office Address:	Southern Health Partners, Inc. 2030 Hamilton Place Blvd., Ste. 140 Chattanooga TN 37421
Main Phone / Fax Numbers:	423-553-5635 / Fax 423-553-5645
Website:	www.southernhealthpartners.com
Chief Executive Officer:	Jeff Reasons, 704-583-9515 ext. 102 Jeff.reasons@southernhealthpartners.com
President and Chief of Operations:	Jennifer Hairsine, 423-553-5635 ext. 11 Jennifer.hairsine@southernhealthpartners.com
Executive Vice President, Sales and Marketing	Wes Williamson, 256-467-3461 Wes.williamson@southernhealthpartners.com
Vice President, Human Resources:	Katie Utz, 423-553-5635 ext. 17 Katie.utz@southernhealthpartners.com
Vice President, CFO:	Susan Bryson, 423-553-5635 ext. 12 Susan.bryson@southernhealthpartners.com
Controller:	Lacey LaFuze, 423-553-5635 ext. 21 Lacey.lafuze@southernhealthpartners.com
Sr. Vice President, Operations – Alabama, Georgia, Mississippi, South Carolina, Tennessee, and Texas	Jennifer Brazier, RN, 270-775-2180 Jennifer.brazier@southernhealthpartners.com
Vice President, Operations – Kentucky, Pennsylvania, North Carolina, Ohio, Virginia, and Wisconsin	Jason Young, RN, 270-452-9393 Jason.young@southernhealthpartners.com

COMMUNICATION

Communicating involves knowing how to listen. It is part of a process: the taking in and the giving out of information. In other words, good communication is an exchange of information. Communication is a two-way process involving the sender of the message and the receiver of the message.

Effective communication is necessary to build mutually beneficial relationships and to resolve conflicts early. Corrections officers and medical staff must work as partners towards a common goal. With good communication, we can better understand each other's goals, develop respect for each other, collaboration becomes more natural and each appreciates the contributions of the other.

Also, we should avoid arguments, focus on the issue and don't overreact. Effective communication enhances interpersonal relationships. We can work toward understanding each other's responsibilities thereby creating a safe and effective environment for corrections officers, medical staff and inmates.

ACUTE CONDITIONS

Acute conditions are those that are severe with a sudden onset and short course. Acute conditions should always be immediately referred to a health professional. Chronic conditions may become acute very quickly and for many different reasons. For example: non-compliance with medication or not receiving medication.

Some chronic conditions are (but not limited to): Asthma; Diabetes; High Blood Pressure/Hypertension; Seizure disorder; Pregnancy; verified Mental Illness, and Tuberculosis.

Some acute conditions are (but not limited to): Convulsions; significant external bleeding; obvious fractures; serious head injuries; alcohol / drug abuse signs.

BOOKING SICK OR INJURED INMATES

Occasionally, a sick or injured person will be brought to the jail for admission. If the jail has round-the-clock professional medical staff on duty, the medical staff should be called to booking/intake to assist in the decision of whether or not to accept the inmate in the jail at booking. The arresting officer may be required to take the individual to receive proper treatment and medical clearance from a local hospital or physician before they will be booked into the jail. Though the jail intake officer may find it difficult to refuse to accept a person from the arresting officer, he/she should remember that once he/she accepts an inmate into the jail, the jail then becomes responsible for providing adequate medical care to the inmate. Legally, the jail and its employees are liable for the inmate's physical well being.

The American Medical Association recommends the following cases not be accepted into the jail:

1. Unconscious Inmates: The intake officer has no way of knowing why the inmate is unconscious or what the unconsciousness signifies. The inmate may be seriously ill or injured. Every unconscious person must receive an immediate medical evaluation.

2. Having, or recently had Convulsions: There are a number of very serious conditions that could cause convulsions, including: Epilepsy; severe head injury; infection; and drug or alcohol overdose. In some instances, a person who is convulsing could lapse into a coma and die if he doesn't receive proper medical attention.

3. Significant External Bleeding: If the new inmate is bleeding profusely, or has more than a simple wound, he should not be admitted. A wound which is bleeding a lot may need sutures. If the inmate is bleeding from the head or ears, he/she should not be admitted. There could be a serious head or brain injury.

4. Obvious Fractures / Broken bones: All fractures must be x-rayed and treated. In an open fracture, a part of the bone has broken the skin. In a closed fracture, the bone has not broken the skin, but there are other signs of a fracture: pain; deformity in the injured area; inability to use the limb; swelling; bruising.

5. Signs of a Head Injury: A head injury may be suspected if the following symptoms are present:

    a. Serious cuts or bruises on the head;
    b. Clear or bloody fluid coming from the nose or ears;
    c. One of the pupils of the person's eyes is much larger than the other;
    d. Inmate is very dizzy or having trouble walking;
    e. Inmate has vomited more than twice or is vomiting very forcefully;
    f. Inmate is very confused or forgetful;
    g. Inmate is semi-conscious, stuporous; or unconscious.

6. Neck or Spinal Injuries: The intake officer should not accept inmates that have trouble walking, is unable to walk, or has pain in the spinal area. Furthermore, if there is an obvious deformity in the spinal area or obvious loss of muscle function, the inmate should not be accepted into the facility.

7. Possible Internal Bleeding: The following are signs and symptoms of internal bleeding from severe blows:

    a. Paleness;
    b. Cold, clammy skin (blue or gray in color);
    c. Sweating;
    d. Rapid pulse;
    e. Dizziness or fainting;
    f. Nausea and possible vomiting
    g. Weakness;
    h. Feelings of confusion, agitation, restlessness, and/or fright;
    i. Blood around the eyes or ears (this may be a sign of the later stages of internal bleeding).

8. Possible Abdominal Bleeding: The inmate should be referred to a physician before being admitted. Abdominal bleeding can be a result of the following serious problems:

    a. Food poisoning;
    b. Alcohol poisoning (such as from drinking turpentine)
    c. Bleeding ulcer
    d. Allergic reaction;
    e. Acute appendicitis;
    f. Drug overdose or withdrawal.

9. Serious signs of Drug or Alcohol Abuse: Withdrawal from drugs or alcohol can be a very serious matter. A person can go into convulsions which can lead to coma and possibly death. The central nervous system can become depressed, leading to breathing difficulties and other related problems. Some signs of possible drug or alcohol abuse include:

a. Confusion and disorientation;
b. Hallucinations and delirium;
c. Inability to stand or walk;
d. Slurred speech;
e. Very rapid or shallow breathing;
f. Lethargy (abnormal drowsiness);
g. Severe agitation or depression;
h. Cramps, nausea, vomiting, or diarrhea;
i. Sudden collapse;
j. Dilated or pinpoint pupils;
k. Restlessness;
l. Track or needle marks on arms, legs, or buttocks.

When drug or alcohol abuse is noted on the Medical Screening, the Medical Unit should be notified as soon as possible in order for a more thorough assessment.

10. Pregnant Women in Labor: It is very unlikely a police officer would bring a woman who is in labor to the jail for admission. It is possible, however, that soon after admission, a pregnant woman could go into premature labor which can be brought about by stress. A pregnant woman should not be accepted if she is having strong uterine contractions and those contractions are less than 2 minutes apart. Further, a pregnant woman who is bleeding from the vagina, having cramps, or abdominal pains should not be accepted.

Sometimes, even though the medical symptoms described above might be present, the intake officer will accept the inmate into the jail. Remember, when you accept the sick or injured inmate, the jail assumes responsibility. Therefore, any cost of medical care becomes the responsibility of the jail; and depending upon the circumstances, there could be a threat of costly litigation if the inmate is not properly treated in a timely manner. If at all possible, for inmates in questionable medical circumstances, the inmate should be medically cleared prior to booking into the jail.

MEDICAL SCREENING / INTAKE INFORMATION FORMS

It is proven that to reach maximum efficiency in any medical program continuity and a systematic approach must be in place. If there is a deficit or break in continuity or order, a poor outcome is more likely. The Intake Screening Form and subsequent medical screening form is the map and start of the process. If the Intake Screening Form is not completed accurately, a poor outcome may result. Medical Staff use the information provided by the officers on the Intake Screening form to direct them to the next steps in a patient's care.

Every jail is required to have in place a system of inmate screening. It may be computerized, or as a questionnaire type, or even a list type. Within that screening, the following issues must be addressed and questioned:

Current illness and health problems:
History of suicide
History of substance abuse
Possibility of pregnancy
Observation of behavior

Obvious body deformities
Injuries
Skin condition
Medications

Reminders

* In the event of a booking where an inmate claims to have a serious medical history and the nurse is not present, place the patient in observation and contact the Nurse promptly so the inmate will receive the appropriate care. Serious medical history may include but not be limited to: History of DTs; Diabetic condition; etc. Keep in mind when the nurse is to next arrive at the facility – can the patient wait to be seen?

SUICIDE PREVENTION

Suicide is often the single most common cause of death in a correctional setting. Correctional facilities are not only charged for protecting the public from the inmates they house, but also to protect the inmate from themselves. For inmate suicide, this is an all too common occurrence.

Typical Suicide Victims:
- Young Males (20-35 years of age)
- Persons with some form of Mental Illness and/or Depression
- Persons with chronic alcohol and/or substance abuse problems
- Previous history of suicide attempts
- First Time Offenders
- And those inmates who just received a lengthy sentence to state prison

Consider the impact of Incarceration; it brings about its own type of stress:
- Victimization by other inmates
- Conflicts between inmates and staff
- Legal frustrations
- Physical inactivity
- Health problems
- Emotional breakdowns
- Isolation from family and friends

Some common risk factors are situational, meaning what is currently happening in the facility. For example, most suicides are accomplished by hanging, which usually occurs when the inmate is isolated or in segregated cells. It happens when staffing is at the lowest, or at the busiest of times (holidays – short staffed; Trial days – lots of movement, therefore very busy).

Jails must protect the patient even from themselves. The reason for suicide watch is to monitor the patient who has shown action(s) or voiced threats of suicide. Screening a patient upon intake is the first step to possibly identify a suicide risk of the patient. If the patient answers YES to one or more of the questions, this can be considered an INCREASED risk of suicide (do you have these screening questions on your intake questionnaire?):

A. Intoxicated?
B. Expressed shame or guilt at charges? Or being in jail?
C. Admits to thoughts of suicide?
D. Previous suicide attempts in the past year?
E. No family support
F. Currently being treated for a mental health problem? Depression?

Have a plan for notifying your Shift Commander (if medical staff is not on-site at the time) if you believe this patient is a suicidal risk.
Have a plan for placing the patient in suicide prevention and monitoring regimen (suicide watch).
Have a plan to have medical staff follow up and meet with the patient for further assessment of risk, and to implement a treatment plan for this patient.

Only medical staff, or trained mental health staff should remove a patient from the suicide monitoring regiment, to protect the patient, and your liability.

Sometimes assessment is tricky – patient's can answer NO to all the questions but maybe their ACTIONs speak louder than words. Consider their behavior and appearance. Note your "gut" feelings or general impressions. We don't think anybody can be faulted for trying to prevent a suicide if they truly felt the person was at risk. Consider these behaviors:

A. Crying inappropriately
B. Change in Sleeping Habits (too little or too much)
C. Sudden change in mood, often total opposite of usual demeanor
D. Change in eating habits
E. Giving away possessions
F. Refusal to take medications

Screening for suicide risk is a must. Basically, the SHP screening questionnaire is a checklist tool our medical staff uses in assessment of the patient. The checklist provides a structured question list in an organized manner, and it doubles as a memory aide of what to ask for busy staff. It also provides legal documentation an inmate was screened for suicidal risk.

The level of monitoring increases with Risk. Inmates with high risk must be under continuous observation with staged checks every 10-15 minutes. You should use special clothing (paper gown, suicide smock) with these patients. Most times, these individuals are on watch for up to 72 hours. Remember to alert medical staff if the patient is placed on watch when medical staff is not on-site. Medical staff will then follow up and assess the patient.

Some important points to remember:
1. Suicide prevention is an on-going process and must be continued and reviewed consistently.
2. Any strange inmate behavior must be reported to the medical staff
3. A good suicide prevention plan requires a team effort, and good communication between officers and medical staff.

4. Officers may start a patient on suicide watch, but it is then left up to the medical staff to release the patient from suicide watch.
5. Officers may have the best insight and info on a patient since they see them the most while incarcerated, or may know the patient from previous incarcerations. Share information with medical staff accordingly as to the patient's demeanor or past history.
6. Officers should consider placement of the patient by the best visualization area (where can patient be monitored frequently and consistently?).
7. Isolation is not always the "right option. Consider placement with other inmates, as they may "watch" the patient as well and alert officers quickly if the patient is preparing to harm self (sees the inmate tying up a noose, or patient has kept a razor, etc.).
8. Medical staff needs to ensure Officers are made aware of a patient's status when placed on suicide watch so watches and monitoring is taking place.
9. All statements regarding suicide are to be taken seriously.

To release a patient from suicide watch, it is important to include the patient in the exit process. This increases the likelihood the patient is complying with the rules and regulations. Explain what is expected from the Individual ("please alert the officers or medical staff if you have continued suicidal feelings, we want to help you.").

Unfortunately suicides happen. If a suicide attempt occurs, secure the area, Call 911, remove the inmate from danger.
If the attempt is by hanging, cut them down. Provide first aid until help arrives.
If the attempt is due to cutting themselves, apply dressings to stop the flow of bleeding.
If the attempt is due to ingestion of poison(s), do NOT give anything to eat or drink.

Once the incident is over, review the process and reconstruct the events leading up to the incident. Identify factors that may have lead to the attempt and then assess – what could have been done differently? Assess the emergency response as well – did everyone involved know what to do? What could have been done differently? What needs to be changed and how to change it?

MEDICATIONS

Please turn in all medications to the medical department, even if the medication is one you feel we do not generally administer. The medical staff will verify the validity of the prescription and condition for which the medication was originally prescribed.

(PLEASE DO NOT TELL INMATE OR FAMILY THAT WE CANNOT ADMINISTER CERTAIN MEDS. VERY RARELY DO WE GIVE NARCOTICS OR BENZO'S, BUT IT IS ALWAYS AT THE DISCRETION OF THE SITE PHYSICIAN.)

Also, be aware the patient may claim they have certain illnesses and injuries when indeed they don't. Patients may at times purposefully withhold information. Either way, providing the patient is not presumed intoxicated or under the influence of altering agents, the patient is held responsible for the accurate completion of the intake screening and medical screening form. It is very important to have the inmate sign the completed form. If the patient refuses to sign the form, document their actions in the presence of a witness.

In the event an inmate is alert and oriented, and gives false or withholds information, we will not be liable.

There are certain conditions inmates will claim to have in order to get attention. Again, medical staff will verify these conditions with previous medical services the patient may have accessed. Here are some examples of what inmates may say to get what they want.

For Example:

Seizures – to get a low bunk
Heart disease- sympathy from staff, hospital trips
Hepatitis and other debilitating diseases – nutritional support, separated out of population, fear in the event of discipline.
Diabetes- notorious snack bag.
Recent head injury- amnesia as well as behavioral changes.
Weight loss- extra food
STD- road trips
Ulcers- pills. Remember extra pills and food is money is a jail setting. Inmates will sometimes sell pills and also negotiate with food for favors.
Pregnancy- extra food and sympathy

MEDICATION PASS

At the time of medication pass within the jail, only meds will be passed. Sick Call will not be done during the medication pass time. These situations can result in medication errors, slowing the med pass, and general disturbance among the inmates. Help from correctional officers in the timeliness of passing medications is appreciated. It is preferred that only inmates receiving medication be allowed to approach the med cart. Inmates who become belligerent or using profane language against the medical staff during the time of med pass, may be denied their medication at that time. The medical staff will follow up with security as to the passing of medication to such an inmate at a later time.

During medication pass, it is recommended that the nurse and the officer have some type of signal advising each team member of situations where they do not believe the inmate has swallowed the pill. This will prevent confrontations between the inmate and the staff. If an inmate is not swallowing pills and it becomes a problem, we can resort to floating medications. An inmate who becomes belligerent or causes a disturbance during the medication pass, may be denied medication during the pass at that time. The medical staff will follow up with the officers as to the passing of the medication to that inmate at a later time.

An inmate has the right to refuse a medication. The medical team may then request the inmate be placed in isolation, providing the medical team and security team are in agreement. The reason for isolation is to monitor the inmate's health condition. In situations when the officers give the meds, the officer shall not be responsible for the contents of the meds, but must make sure the inmate takes the meds.

DOCUMENTATION / REFERRAL TO MEDICAL

What to document?

1. All references to medications, medical history, current medical conditions, diseases, etc.

2. Document adverse situations. Patient states "he has pain in left foot, hard to walk." DO document reports of patient playing basketball and being the pod leader in jump shots. Further, if patient complaints of falling and jamming his wrist, you can assume he did not hit his head and lose consciousness. By documenting "patient denies other injuries" or "patient voices no other complaints" allows for any other caregiver to follow the previous care assessed.

3. Document refusals of medicine, treatment, or services. It may be worth documenting an officer's last name as a witness – "Patient agitated, verbally abusive, refused treatment, escorted back to cell by Officer Smith".

Documentation is our best key. If it isn't documented, it didn't happen. In reviewing good documentation, a whole story is told from beginning to end. Remember, document, document, and document.

Based upon the information gathered through the screening process, refer the patient to medical for follow-up and treatment. If patient has a serious and/or severe condition, or requires immediate medical attention, please notify the nurse in a timely manner.

After the medical staff has left for the day, all medical requests should be categorized as follows:

- Obvious medical emergency situations (obvious heart attacks, severe blood loss, protruding bone fractures, etc.) – Call EMS first and transport to the ER. The jail nurse can be notified after the transport has occurred. Please make sure the nurse receives any discharge sheets or summaries from the hospital visit;

- Moderate medical situations (lacerations, falls, seizures, etc.) – Call the jail nurse. The nurse will advise as to whether the inmate will be seen the next morning, or if he/she will be coming out to the jail to see the inmate, or if the inmate should be transported to the ER for treatment. Please notify the jail nurse prior to an inmate being sent out to the ER. If the nurse doesn't respond in a timely manner, the officer should use prudent judgment as to whether the inmate should be sent out or not.

- Other non-threatening medical situations (sinus problems, strains, headaches, fevers, etc.) – Have the inmate complete a sick call slip and the nurse will see the inmate the next scheduled day. The nurse may also ask that you supply the inmate with Ibuprofen/Motrin, or another type of over-the-counter medication.

INMATE SICK CALL SERVICES

Any inmates who have requested to see the jail medical staff must complete a sick call slip. The sick call slips will be gathered in a timely manner by correctional officers and placed in an area for the nurse to review. The jail nurse will alert the correctional officers of those inmates to be seen for sick call. Sick call slips which are completed on the weekends will also be reviewed by the medical staff, but those deemed non-emergent may be referred to the sick call clinics set up for Monday. For emergency situations, the officers may notify the nurse of the inmate's condition and/or illness.

In the event that an inmate is illiterate or unable to fill out a sick call request, the officer should assist in completion of the sick call form.

There may be an inmate co-pay in place at your facility. The primary reason for co-pay is not to accumulate charges, it is to reduce unnecessary visits to the medical staff. Please note an increase in inmates to the medical staff is also an increase of workload for the security staff. Also, some inmates use sick call and medical attention as a manipulative tool.

Conduct during sick call visits:

An atmosphere of mutual respect should exist when the inmate is in the medical unit. At that time, he or she is considered a patient. Your input and observation in regard to the patient's complaint is an extremely valuable tool in the medical department's effective treatment of the inmate. However, both the nurse and the officer should resist discussing any pertinent information concerning the visit in the presence of the inmate. Patients are not to be told dates and times of outside service visits either. Remember, inmates plan escapes.

All the rules of confidentiality, privacy, and a non-intimidating environment must be maintained. Also, there is behavior component between the nurse and the officer. If the officer disagrees with the medical staff findings or treatment, this situation should not be discussed in the presence of the inmate. We must always maintain the integrity of the team at all times in the presence of inmates. This includes non-verbal messages.

**An Important Reminder: NO INMATE WILL BE DENIED CUSTOMARY MEDICAL CARE REGARDLESS OF THEIR ABILITY TO PAY A CO-PAY.

FAMILY CONTACT / CALLS TO THE FACILITY

If an inmate's family has requested to speak with the medical department regarding an inmate's course of medical treatment, feel free to give them our corporate phone number as well (423) 553-5635. Please be aware, due to medical confidentiality, we will listen to their concerns and/or questions, follow-up with other medical staff, and supply the family with only a response such as: "*Unfortunately I cannot release any medical information as it is deemed confidential. But I can assure you that I have listened to your concerns and will follow up appropriately. I can assure you that he/she is receiving consistent and quality medical care while incarcerated."*

Further, corrections officers are also required to keep medical information confidential and private under the current HIPAA Privacy Act. Therefore, information cannot be released to a family member,

friends, lawyers, etc., unless under the direction of the medical department and under the policies and procedures as established therein.

**Note: No family member or inmate is to know when or where the inmate has an outside medical appointment. This policy addresses risk of escape/security for the inmate.

COMMON MEDICAL PROBLEMS ENCOUNTERED BY THE STAFF

Diabetes:
Two things happen with uncontrolled diabetics.

1. High blood sugar may get too high with the extreme result of a diabetic coma. Classic signs of high blood sugar: extreme thirst, excessive urination, blurred vision, abnormal fruity breath and dry mouth.
2. Low blood sugar in a diabetic may result in insulin shock. Classic signs of insulin shock: hunger, sweats, confusion, shakiness, and behavior somewhat like being drunk or high. Not all diabetic situations require hospitalization.

Seizures:
When you witness or suspect an inmate is having a seizure, stay calm (although it may be a very frightening experience).
DO NOT try to restrain the inmate.
Clear the surrounding area so that inmate will not injure himself or fall.
Do not force anything between the teeth.
Place a blanket, pillow, coat, etc. under the neck and turn him to his side in case the inmate vomits.
A grand mal seizure is considered a true emergency. A grand mal seizure is suspected when the person injures himself during the seizure, it lasts more than 10 actual minutes, or the inmate has a repeat seizure within two hours.

Note: Seizures may be used by the inmate to manipulate their present situation. If a person has a true seizure, they do not just snap out of it. They may lose control of bowels or bladder. They usually have an aura (What's that smell?)

AFTER HOURS CARE

Moderate Medical Situations

- Lacerations
- Falls
- Seizures
- Change in level of consciousness
- Vomiting

Call the nurse and they will advise as to whether the inmate will be seen the next morning or if the nurse will be coming to the jail to see the inmate or if the inmate should be taken to the hospital. No inmate that is in this category should be sent to hospital without being notified first. But if the nurse does not respond in a timely manner, the officer should use prudent judgment as to whether the inmate should be sent out to the ER for further evaluation.

Emergent Situations

Call EMS and transport to the ER. The jail nurse can be notified after the transport occurred. Please make sure the nurse receives any discharge sheets or summaries from the hospital.

Obvious Medical Emergencies
Chest pain with obvious heart attack
Breathing distress
Severe blood loss
Bone injury with protruding bone/fractures
Attempt hanging with dangling
Amputations
Vomiting of bright red blood
Falls or altercations with head injury that has a change in consciousness

Other non-threatening Medical Situations - Instruct Inmate to fill out a sick call form for:

Colds
Sinus issues
Strains and sprains
Headaches
Fever
Toothaches
General Aches and Pains
Earaches
Diarrhea
Constipation
Indigestion
Minor abrasions or lacerations

UNIVERSAL PRECAUTIONS

What are universal precautions? It is an infection control guide developed by the CDC to protect people from the spread of diseases via blood and other body fluids. Always assume that all blood and body fluids are infectious with Hepatitis B, Hepatitis C, and HIV.

Should universal precautions apply to you? Yes, if you are in danger of exposure to blood or body fluids. (Semen, vaginal secretion, amniotic fluid, and body tissues.)

The following are less likely to transfer specific germs of HIV, etc., unless blood noted:

- Saliva
- Nasal secretions
- Sputum
- Sweat
- Tears
- Urine

WHEN IT IS DIFFICULT TO IDENTIFY THE SPECIFIC BODY FLUID OR WHEN BODY FLUIDS ARE VISIBLY CONTAMINATED WITH BLOOD, THEN UNIVERAL PRECAUTIONS MUST ALWAYS BE APPLIED.

SAFE WORK PROCEDURES:

*Use personal protective equipment: gloves, protective glasses or goggles, face mask or shields, CPR barrier devices.

- Clean up spills promptly.
- Use effective waste containers.
- If exposure occurs:
  Wash thoroughly with soap and water.
  Allow cuts to bleed.
  If splashed in the face, wash face thoroughly with soap and water.

How to clean up blood and body fluids? Put on disposable gloves, use absorbent paper towels, place paper towel in contaminated bin, clean and rinse the area with usual disinfectant, wipe the surface with a 1:10 solution of household bleach and water.

Note: The shelf life of a bleach solution is 8-12 hours.

Dispose of all items into a biohazard bag.

MRSA

What is MRSA? MRSA is a staph infection. Germs are not "criminals" as long as they stay where they are supposed to be. We all have heard about e-coli. E-coli in the urinary tract is the usual cause of what is commonly referred to as a UTI (urinary tract infection). This type of infection occurs frequently in females because the bacteria has less distance to travel. Remember, the problem occurs when the bacteria is found in a place where it does not occur naturally. E-coli is normally found in the GI tract (stomach). Without e-coli we could not utilize vitamin K. We would have severe bleeding problems. Staph is normal in the throat and Strep is normal on the skin. However, when strep gets in the throat, strep throat occurs. Why? Because the bacteria strep is somewhere it is not supposed to be. When a particular staph bacteria is found on an open lesion, an infection can occur.

So when germs (bacteria) are where they are supposed to be, we have “normal flora” and that’s they way it should be.

We treat bacterial infections with antibiotics. Unfortunately, when we treat the infection with an antibiotic, it not only kills the “bad” bacteria but also the “good” or normal bacteria found in the area. This form of treatment is a very important aspect of the problem because germs have the ability to resist and adapt. Doctors have treated infections and situations without infections with antibiotics for several years. Adaptation has “taught” some bacteria to resist current antibiotic therapies. MRSA is simply one of many strong resistant infections that lie ahead.

What MRSA is not! MRSA is not the hideous flesh eating virus!

How is MRSA spread? MRSA can be spread among people having close contact with infected people. MRSA is almost always spreads by direct physical contact and not through the air. The infection may also spread through indirect contact by touching objects contaminated by the infected skin of a person with staph bacteria or MRSA. MRSA can be carried on the skin or in the nose without the person even knowing it. Not everyone has symptoms.

Treatment. MRSA will be treated with specific antibiotic regimens by the medical staff. However, it is of extreme importance in the event the nurse is not administering the medications that a full regimen be completed. Missed doses could jeopardize the entire treatment of this infection.

How the officer can be of assistance? All inmates undergoing intake screening should be carefully evaluated for skin infections. The correction officer should advise the medical staff and the jail administrator if any inmate has draining sores, wounds, boils, insect or spider bites.

Inmates with confirmed MRSA infections can be housed together if separate isolation cells are not available. Inmates should be educated as to the importance of hand-washing and good personal hygiene and instructed to report any worsening of their infection.

Officers should alert all medical staff and the Jail Administrator of suspected inmates so proper universal precautions are taken upon contact with these inmates.

For proven cases, disinfecting living quarters 3 times per week is very important. Hibiclens showering 3 times per week followed with Clorox disinfectant (mixture 1:10) of shared items is needed.

Uncooperative inmates should be considered contagious and housed in a single cell unit until fully treated.

Infected inmates must be restricted from work assignments, and use of common areas where skin or sweat could spread infection. Access to visitation should be determined on a case-by-case basis.

Hand hygiene is the simplest, effective infection control measure for preventing and containing MRSA infections. Hands should be washed for at least 15 seconds using warm water and soap.

Inmate housing areas and bathrooms should be regularly cleaned with a detergent disinfectant. Equipment and furniture with torn surfaces that cannot be adequately cleaned should be repaired, covered, or discarded. All washable surfaces prior to cell occupancy should be cleaned. Recreational equipment, (weight benches), should be wiped after each use with a clean dry towel.

All shared laundry, including sheets, blankets, clothing should be washed regularly with a detergent using a hot water cycle for at least 25 minutes. The laundry should be hot dried—not air dried.

How is MRSA spread from person to person	How can I prevent becoming infected with MRSA?
*Direct physical contact with an infected person. *Contact with contaminated objects or surfaces.	*Wash your hands thoroughly with soap and water throughout the day, particularly every time you use the toilet and before every meal. * Never touch another person's wounds, infected skin, or bandages. * Don't share personal hygiene items (including towels). *Clean off exercise equipment (weight benches) before direct contact with your body. * Shower whenever possible. * Clean your living space, including regular laundering of linens and clothes.

HEALTH INSURANCE PORTABILITY AND ACOUNTABILITY ACT (HIPAA)

What is HIPAA? HIPAA is the Health Insurance Portability and Accountability Act (Public Law 104-191) established August 21, 1996.

The law, enacted by Congress, is designed to encourage national standards for the protection and privacy of health information. The law affects electronic transmissions of health information, but also includes issues of confidentiality and privacy n all aspects of health care communication (verbal or written). Health care communication is considered to be any health information oral or recorded in any form that is created by a health care provider, health plan, public health authority, employer, life insurer, school, university or health care clearinghouse relating to past, present, or future physical or mental condition of an individual is covered under this law.

The HIPAA law's intent was to improve the efficiency and effectiveness of the healthcare system by standardizing format, content, and data elements in electronic transmissions of healthcare

information. The Congress also believed that the act would lower the administrative overhead cost of healthcare and protect privacy.

Who must implement HIPAA?

1. Any Health Plan- Medicare, Medicaid, employee benefit plans, etc.
2. Health care providers who use computers or telephones to transmit health information.
3. Health Care Clearinghouses- Hospitals, Doctor's Offices, Schools, Education Programs, Jails, Employee Benefit Plans, Private and Public Health and health oversight organizations.

Covered electronic transactions include health care claims, status, payment, and remittance advice. Any enrollment, unenrollment, eligibility, referral certification or authorization is included under this act. The coordination of benefits, as well as the payment of health plan premiums, is also covered under this act if electronically processed.

HIPAA guarantees individuals specific privacy rights. These guarantees create new obligations and responsibilities for health care providers, plans and business partners. Health information that is created or received by a covered entity that relates to a person's physical or mental health treatment, their identification, or their method of payment for that care is considered protected under this act. The protected information may be electronic, paper, or oral.

Why is HIPPA a "Big Deal"? The disclosure of health information can be very damaging to any individual. People are constantly alarmed by media reports detailing how personal information is being exchanged illegally. Besides HIPAA, there are many federal, state, and local laws already in place to protect the transfer of personal information.

Failure to comply can result in pricey violation fines.

What is HIPPA Security?

HIPAA Security involves that ability to control access and protect personal health information (PHI) from accidental or intentional disclosure.

A covered entity may not use or disclose personal health information unless the individual has granted specific permission for that disclosure. The individual, upon his or her request, may ask for disclosure of his own health information. The other form of disclosure may be the result of otherwise required (mandatory) or permitted disclosures such as DHHS in connection with enforcement and compliance review, other federal law, or non-preempted state law.

Security Standards Compliance

1. Procedures should be in place to ensure security plans, policies, training and contractual agreements exist.
2. Physical safeguards should provide assigned security responsibility and controls over all media and devices.

3. Technical security services should provide specific authentication, authorization, access and audit controls to prevent improper access to electronically stored information.
4. Technical security mechanisms should establish communications/network controls to avoid interception or alteration of information during electronic transmission of private health information.

How do we maintain privacy?

The Intake Screening Form
The Intake Health Screening Form (ISF) is considered health information. During the ISF caution should be taken to maintain privacy. No inmate medical information should be discussed in front of other inmates or staff. During the intake interview, any communicable disease or sensitive health information should be placed in a sealed envelope and addressed to the nurse. Jail records are a matter of public access. Medical information is always protected and should be part of the medical record only.

The Sick Call Screening Form
When sick call forms are collected, it is acceptable for that officer to read and review the complaint to ascertain urgency. Sick call forms are then to be placed in a designated area- not accessible to inmates, general staff, or the public.

Pill Pass
During pill pass, if an inmate stresses to an officer that they have a medical issue in front of other inmates, that inmate has waived his or her expectation of privacy. Their action, however, does not give the officer the right to discuss the inmate's health in the presence of others.

Telephone Calls
No information is to be revealed by telephone to any friend, relative, or press. NO EXCEPTIONS! However, "the person on the other end" is permitted to tell you medical information. You are not to share or reply to any information specific to medical.

Outside Consultations
In the event of an outside consultation, applicable HIPAA rules must be followed.

Transfer to another facility
It is considered appropriate for the officer or agent who is responsible for the transfer of the inmate to also transfer medical information deemed necessary for the benefit of the inmate's health.

Remember, HIPPA is very important, but there is a clause for correctional services in that information may be shared if the information is helpful in a continuity of care issue. Also, SHP is only the custodian of the records…the records are the actual property of the County Jail system.

WORKING TOGETHER – OFFICERS AND MEDICAL STAFF

In the workplace, some people or teams seem to gel flawlessly, while others seem to flounder endlessly. At one time or another, we have all experienced people or teams that either "fit" or "don't fit".

Conflict: To better understand the reasons or the origin of conflict, let's take a look at some of the reasons for discord. Let' start by looking at the differences in the profile of a nurse and an officer.

NURSE	OFFICER
Training environment: Caring, emphasizes compassion.	Training environment: Emphasizes control and security
Trust patient communication	Questions inmate communication
Little contact with personalities of individuals who are incarcerated	Frequent contact with personalities of those who are incarcerated
Taught to be the patient advocate	Puts themselves in harms way to protect others

Now, let's take a look at the facility itself. The basic goal of most correctional facilities is to detain individuals in a safe, secure environment as ordered by the court. The facility provides food, clothing, shelter, proper security, and healthcare.

Factors that adversely affect attaining and maintaining goal:

- Inadequate facility (i.e. overcrowding, age)
- Inadequate number of security staff
- Inadequate number of support staff
- Inadequate number of health care staff
- Poor communication between individuals/departments

Not meeting the facilities goals may lead to an increased level of stress for the individuals working at the facility.

What can be done to improve the workplace situation and help decrease stress levels?

Improve communication!

Something to think about: How do the nurses and officers communicate at your facility? Regularly scheduled meetings? Crisis meetings? Passing in the hallway?

What is the general attitude at your facility? "Your side and the other side" … Positive? Negative? Mixed?

Do your (members of your staff) actions maintain this attitude?
Gossip? Negative attitude? Telling "tales out of school"?
Talking about the "other side" instead of to them?

Do you strive to improve communication with the other side?
Stick with the issue at hand (not every issue for the past 20 years!)?
Choose your battles?

Are you sensitive to dynamics of the team?
The team leader's influence?
Make-up of the team?

Team members may tend to emulate and internalize the philosophy and values of the Team Leader. In reality, that is the mark of a leader. Whether good or not so good – it's simple! We want to believe our people in charge are experienced and will be able to provide a reliable resource in certain situations.

The Game Plan

Communications is like a football game. In all communication, you have a deliverer (quarterback), a receiver, and a message (football). Unfortunately, we also have fumbles (message not concise) and interceptions (the wrong person gets the message).

- Know your message
- Know your receiver
- Throw the message to a direct person
- Have a plan to minimize the interceptions

Communication Tips

- Begin communicating with those you are most comfortable
- Remember non-verbal gestures, eye contact, facial expressions, etc.
- Don't forget listening (its as important as talking)
- Look to outside sources for self-help information on communication issues.

The Snake that Poisons Everyone

It topples Governments, wrecks marriages, ruins careers, destroys reputations, causes nightmares, spawns suspicion and generates grief. Even its name hisses!

"GOSSIP"

Before you repeat a story, ask yourself" Is it true? Is it fair? Is it necessary?
If NO, forget it!

SHP / CUSTOMER WORKING TERMS

In every SHP contract, we have inserted the following SHP/Customer Working Terms. Please give us a call if you need further explanation on any of the items.

1. SHP medical staff has 24 hours (or until the next day a nurse is available) to see inmates with non-urgent complaints.

2. A formal sick call request form is required from the inmate unless it is an emergency.

3. Officers must be present when an inmate is with the nurse, and close security will be provided for any nurse in the housing areas. We must leave it to the nurse to judge whether it is secure.

4. Special diets will be given only if a medical need is confirmed, or if ordered by our physician.

5. Medical co-pay system must be in place.

6. SHP takes no responsibility for health or treatment of officers, and we will not treat officers as a condition of our contracting.

7. We will offer to inoculate officers of the jail with any vaccine if supplied by the County. We do not keep records on this, but will complete any required forms to be returned to the County's records.

8. We will have a nurse on-call to the facility at all times, but only for a phone consultation, not for a return trip to the jail.

9. Staffing Schedules for holidays will be the same as a weekend day.

10. SHP may substitute for certain nursing positions and licensure requirements (LPN for RN) on a short-term basis.

This is information can be communicated to the inmates of your facility as to SHP's services:

MEDICAL PROCEDURES FOR INMATES

Southern Health Partners, Inc. has contracted with your Facility to provide inmate healthcare services within the jail. Medical duties will include ordering and passing of all medications, regular sick call clinics for the inmates, weekly physician sick call and coordination of outside specialty services and or clinics. The medical staff will alert the officers of any need for inmate transport for outside services to regularly scheduled appointments that have been made by the medical staff. You will NOT be told of your appointment dates/times. Medical duties do not include diet requests, commissary requests, and/or requests for extra mattresses, special shoes, etc. (unless medically warranted). For these requests, please follow instruction from your handbook.

INMATE REQUESTS TO SEE MEDICAL STAFF - All inmates requesting to see the medical staff must complete a sick call slip. This includes: medical; dental; and mental health services. The sick call slips will be gathered in a timely manner. The nurse will alert the correctional officers of those inmates to be seen for sick call, and they will be brought to medical for assessment at the scheduled sick call times. Inmates will be charged a co-pay for services requested, as well as for medications, in accordance with jail policy.

MEDICATION PASSES - Medical staff passing medication will only be performing those functions, and not regular sick call during those times. If you have a medical request, please complete a sick call form so you may be triaged accordingly. Medication pass times will be based on medication orders, and therefore dosages may be changed to accommodate medication pass times. Further, medications may change in appearance due to generic substitutions being made.

INMATE REQUESTS TO SEE OWN PRIVATE PHYSICIAN AND/OR REQUESTS TO GO TO THE HOSPITAL - Any inmate who requests to see their own private physician and/or requests to go the hospital will be responsible for the **prior** payment of those services. This must be cleared by the Medical Staff and Jail Administration first. Further, any prescription received from a private physician and/or the hospital will be responsibility of the inmate to pay **prior** to the inmate receiving the medications. Also, please note the County Jail will have a limited narcotic usage policy and therefore any narcotic medications will be reviewed by medical staff and may be changed by the physician/medical staff to a non-narcotic substitute and/or a generic substitution.

MEDICAL EMERGENCY - In the event of a medical emergency, inmates should notify the correctional officers immediately. The correctional officer(s) will contact the medical staff to handle the medical emergency.

MEDICAL CO-PAY CHARGES - There is a medical co-pay in place within this facility whereby the inmate's commissary account will be charged. The inmate will be charged for medical services, medications, etc. as outlined in the Inmate Handbook or the sick call slip, in accordance with jail policy. Keep in mind, the commissary has several over-the-counter medications available to you.

HISTORY AND PHYSICAL / TB SCREENING AND/OR TESTING - If an inmate has any special medical conditions, he/she should be sure to inform the medical staff at the time of his/her medical interview. Previous treatment records from the inmate's physician will be required and therefore the inmate will be required to sign an authorization release of records form. Without receipt of the treatment records, and/or verification of previous medical history, medications will not be distributed to the inmate (unless ordered by the physician).

FAMILY REQUESTS / MEDICAL CONFIDENTIALITY - Under the HIPPA and medical confidentiality rules, no medical information will be released to family members, friends, etc. A formal request may be made upon the inmate's consent and authorization, and fees will be charge according to rules and regulations.

RIGHT TO REFUSE TREATMENT - A patient has the right to refuse medical treatment. Upon patient's refusal, the patient will be asked to sign a Refusal of Treatment and Release of Responsibility form. The patient will then assume all personal responsibility for the conditions that may occur as a result of his/her refusal of treatment. If the patient later decides to seek medical treatment, the patient must notify the medical staff immediately.

INFORMATION THE NURSE WILL NEED TO KNOW WHEN YOU CALL:

The following pages contain information you can provide about a patient's condition before calling the nurse on-call. This will help the nurse in their information gathering about the patient.

ABDOMINAL PAIN (Indigestion, Nausea, Vomiting)

The nurse will need to know this information about the patient:

- Inmate Name
- Age
- Intake Date
- Any medication allergies?
- Where does it hurt?
- When did it start?
- Constipated? Or Loose Stools?
- Last Bowel Movement?
- Please ask the inmate the following questions:
- Any nausea or vomiting? How often? Witnessed by officers?

The nurse will need to know the following from the officer's observation of the patient:

- Is the patient holding his/her stomach/abdomen area?
- Are they doubled over with pain?
- Have you witnessed them Vomiting? And if yes, what does it contain (blood, mucus, food)
- Is the patient sweating?
- What is the patient's vital signs?

BREATHING PROBLEMS (Asthma, Cough, Wheezing, SOB)

The nurse will need to know this information about the patient:

- Inmate Name
- Age
- Intake Date
- Any medication allergies?
- When did it start?
- Ask the patient: Have you ever had this happen before, and if yes, when?

The nurse will need to know the following from the officer's observation of the patient:
If a patient is in true respiratory distress, they more than likely will not be able to talk enough to answer questions. So your observations will be of great importance. SOB can be the result of anxiety, however, SOB can be a symptom of heart attack, blood clots, lung injury, asthma, and many other serious situations. True SOB emergencies do not get better by waiting.

CHEST PAIN

Chest pain with heart attack is not usually pain with movement or breathing. The pain is not usually associated with tenderness. However, some patients may not experience severe pain and be having a heart attack.

The nurse will need to know this information about the patient:

- Inmate Name
- Age
- Intake Date
- Any medication allergies?
- When did it start?
  Ask the patient:
  - Where does it hurt?
  - Do you feel weak?
  - Does it hurt to take a deep breath?
  - Does your chest hurt more when you press on it?

The nurse will need to know the following from the officer's observation of the patient:

- Does the patient look to be in pain?
- Is the patient sweating?
- Is the patient short of breath, panting?
- Is the inmate holding his/her chest?
- What are their vital signs?

SEIZURE / SYNCOPE (PASSING OUT) / EXTREME DIZZINESS

The nurse will need to know this information about the patient from the officer:

- Inmate Name
- Age
- Intake Date
- Any medication allergies?
- Is the patient conscious?
- When did it start?
- How long was the event (seizure, passed out)?
- Any loss of bowels or bladder?

HEADACHE / HEAD PAIN

The nurse will need to know this information about the patient:

- Inmate Name
- Age
- Intake Date
- Any medication allergies?
- When did it start?

  Ask the patient:
  - Where does it hurt?
  - Have you had a recent head injury?
  - Have you had this happen before?
  - Any nausea or vomiting?
  - Any dizziness?

The nurse will need to know the following from the officer's observation of the patient:

- Does the patient look to be in pain?
- Is the patient dizzy or stumbling?
- Has the patient had any vomiting?
- Has the patient had any unexpected behavior?
- What are their vital signs?

LACERATIONS / ABRASIONS / SPRAINS / STRAINS / POSSIBLE BROKEN BONES

The nurse will need to know this information about the patient:

- Inmate Name
- Age
- Intake Date
- Any medication allergies?

  Ask the patient:
  - Where does it hurt?
  - When did it happen?

The nurse will need to know the following from the officer's observation of the patient:

- Does the patient look to be in pain?
- Is there any blood and if yes, how much?
- Is the bleeding controlled?
- Is there swelling?
- Is the patient dizzy or stumbling?

Southern Health Partners
Your Partner In Affordable Inmate Healthcare

OFFICER TRAINING CLASS

Date of Officer Training:_____

Facility Name/State:_____

Instructor Name:_____

Type of Training/Name of Class:_____

Class Time began at:_____ Length of Training Class:_____hours

Officer Sign In, then Print Name:

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____
11._____
12._____
13._____
14._____
15._____

Instructor's Signature/Date:
By my signature below, I attest training was given as indicated above to those individuals listed on this form.

_____

Instructions: Give one copy of this completed form to the Jail Administrator. Send the original form to the corporate office, Attn: Jennifer Hairsine. Thank you.