TITLE: SUBSTANCE ABUSE

POLICY: The Pima County Adult Detention Complex (PCADC) contracted medical provider performs medical screening on all new arrestees. Any inmate suspected of having a chemical dependence and/or exhibiting symptoms of withdrawal will immediately be referred to the Medical Unit. Healthcare services will be provided as directed by the Contracted Medical Provider (referred to as the Medical Unit).

See Corrections Bureau Policies and Procedures –
Booking Medical Screening
Medical Care
Voluntary Programs
See Contracted Medical Provider Policies

I. GENERAL PROCEDURES

A. New arrestees will be screened by medical staff during the Booking and Intake medical screenings.

B. Staff members observing inmates experiencing symptoms of substance abuse, chemical dependence or withdrawal will notify the medical unit of any medical or mental health related observations made immediately.

C. The observations and notification shall be documented.

D. The Medical Unit will take appropriate action for those inmates identified as withdrawing from substance abuse (i.e., withdrawal protocol).

E. Eligible inmates may request substance abuse counseling and/or programs related to his/her dependency by submitting a Programs Request form.
TITLE:  MEDICAL CARE

POLICY:  Medical, mental health, and dental care will be available to inmates in the custody of the Pima County Adult Detention Complex (PCADC). These healthcare services will be clinically provided and directed by the current Pima County Contracted Medical Provider (referred to as the Medical Unit).

See Corrections Bureau Policies and Procedures –
All Healthcare Policies – Chapter 2
Housing and Direct Supervision of Inmates
Security, Movement and Medical Restrictions
Use of Restraints
See PCSD Rules and Regulations – Exposure Control Plan
See Pima County Contracted Medical Provider Policies

I. DEFINITIONS

Contracted Medical Provider: Refers to the Healthcare provider currently contracted to provide medical, mental health and dental care to inmates at the PCADC.

Occupational Safety and Health Administration (OSHA): The Federal agency which establishes standards to assure safe and healthful working conditions.

Medical Alert (PCSD 837): A form used to indicate any medical condition or situation that applies to an individual inmate in the custody of the Corrections Bureau.

II. GENERAL PROCEDURES

A. Medical Experiments or the use of inmates for medical, pharmaceutical or cosmetic research is prohibited.

B. Inmates are not permitted to participate in the sale or donation of blood while in custody of the PCADC.

C. Confidentiality

1. All PCADC staff members must maintain confidentiality of any medically related conversations heard between a medical provider and an inmate as these conversations are considered confidential, privileged medical information.

   a. This applies to conversations related to the inmate's medical condition, information, treatment, or related issues only; any conversations that involve potential security or safety issues shall be documented and reported to a Shift Supervisor.

D. Personnel Security

1. All security regulations that apply to Pima County personnel will apply equally to the Medical Unit staff, including full time, part time, and agency personnel.

2. Facility Rules and a Security Orientation for Medical Staff will be provided by PCADC staff.

3. All Contracted Medical staff must be cleared for entry to the PCADC by Administration before employment begins.

E. Security of Medical and Dental Instruments, Supplies and Equipment

1. Equipment and supply items will be accounted for by the on-duty healthcare services personnel, as assigned by the Healthcare Services Manager, on a daily basis.

2. Items that cannot be accounted for will immediately be reported to the Healthcare Services on-call Administrator, on-duty Facility Shift Supervisor, and Medical Services Commander.

3. Dental instruments brought into the PCADC by the dentist or a dental assistant shall be are controlled by the users.

   a. Used instruments are routinely taken out of the PCADC by the dentist or the assistant for specialized sterilization that cannot be accomplished by healthcare services.
b. All dental instruments are kept under surveillance by the users and are never to be left unattended with an inmate in the Dental Office.

c. Items must be under the control of dental staff at all times while in the PCADC.

4. The assigned Medical Officer or Escort Officer will inspect all areas for contraband and ensure inmates do not have access to medical/dental instruments supplies or equipment.

F. Medical Unit and Treatment Room Security

1. A corrections officer shall be present when there are any inmates anywhere in the Medical Unit. This does not include inmates who are in the secured Medical Unit waiting areas. During those periods when an officer is not specifically assigned to the Medical Unit duty post, these duties shall be performed by an escort officer(s).

2. Treatment rooms shall be searched at the beginning of each shift by medical staff to ensure there are no unsecured items which could be acquired by an inmate and removed from the treatment room.

   a. An inmate will not be allowed access to or control of any sharp items (needles, syringes, scalpels, lancets, scissors, or other medical instruments), medications (oral/topical etc), tape, bandages, unsecured sharps containers, or other unauthorized items.

   b. An inmate shall never remain unattended in a treatment room or any other unsecured area within the Medical Unit.

3. An officer will provide security within the Medical Unit. This includes, but is not limited to:

   a. Controlling movement to and from the Medical Unit for treatment.

   b. Monitoring inmate activity while in the Medical Unit.

4. Medical staff members may move/escort inmates (except inmates on Administrative Segregation status) from the secured waiting area to a treatment or exam room as needed and return the inmate to the waiting area after treatment/exam. Medical staff members will ensure an inmate is not afforded unattended access to a treatment room or access to medical equipment or supplies.

5. Any inmate who may have had unmonitored access to a treatment room shall be searched by the assigned corrections officer(s). If reasonable suspicion can be established, this will include a body cavity inspection, before the inmate is returned to the waiting area or housing unit.

III. HEALTH SERVICES REQUESTS AND TRIAGE

A. Information on accessing health services is provided to every inmate held in custody after initial appearance court as part of the Inmate Classification interview.

B. Sick Call Requests (also known as Health Services Request forms), are available in each inmate housing unit and on the Inmate Communication Devices.

C. Where possible, triage and treatment of inmates on Administrative Segregation status, Juvenile inmates and MHU inmates shall be performed in the housing unit by the medical staff, to the extent possible, to eliminate movement of these inmates.

D. Inmates needing referral to a specialty clinic outside the PCADC will be scheduled by the Contracted Medical Provider and transported by PCADC staff to the appropriate clinic.

E. Refusals of Treatment or Sick Call

   1. All refusals of medical care must be received directly from the inmate by a medical staff member and witnessed by another staff member. If an inmate refuses to sign the Refusal of Services form, two witnesses should countersign the staff notation of the refusal.

   2. If the inmate refuses treatment/medication and refuses to sign the form, the nurse will indicate on the form the inmate’s refusal. The unit officer will sign the form as witness to the inmate’s medication refusal.
F. Ajo Inmates

1. The Ajo Correctional staff will notify the Contracted Medical Provider immediately of any Health Services Request received from their inmates. A copy of the request should be e-mailed to the Medical Unit.

2. For Ajo inmates, video conferencing may be used to evaluate certain Health Services Requests as deemed medically appropriate.

3. As directed by the medical provider, the Ajo inmate will be transported to the Tucson Complex (PCADC) clinic or area hospital.

4. Treatment and medication refusals are documented and faxed to the Contracted Medical Provider.

5. Inmates, prescribed medications approved by the Contracted Medical Provider are dispensed by Ajo Correctional staff.

6. As approved by the Contracted Medical Provider, some Ajo inmates are approved to bring in and take prescribed medications not provided directly by the medical provider.

IV. MEDICAL ASSESSMENTS FOLLOWING A SIGNIFICANT INCIDENT

A. Staff members shall request the Medical Unit perform a medical assessment of any inmate who was injured or possibly injured.

B. Staff members will request the Medical Unit perform a medical assessment of any inmate involved in a staff Use of Force incident.

C. Staff members will request the Medical Unit perform a medical assessment of any inmate placed into any type of point restraint (e.g., restraint chair) this does not include routine use of restraints to move or transport inmates.

D. Assessments may be performed in the inmate’s housing unit/cell or in the Medical Unit. Staff members will have the contracted medical provider perform an assessment any time an inmate is placed on an Administrative Segregation (AS) status. **Ajo Inmates**

1. After a significant event, Ajo Corrections Officers will contact the Contracted Medical Provider for a medical assessment.

2. If injuries sustained warrant immediate medical attention, the Ajo staff will make transportation arrangements.

V. EMERGENCY MEDICAL AND DENTAL CARE

A. Provider.

B. If an inmate requires transport to a hospital, the Medical Unit will determine the transportation urgency and notify an on-duty sergeant.

Reference: Corrections Bureau Policy and Procedure Ch. 2, Sec. 4 - Medical Emergencies

VI. INFIRMARY HOUSING

A. The Medical Observation Unit (Unit-7) will be used to house inmates who require close medical management, observation and treatment of an illness, injury, non-ambulatory condition, or inmates with medical appliances in his/her possession which are not allowed in housing units (general population or Administrative Segregation) for safety, security or other related reasons, and other medical conditions that do not require admission to a licensed hospital.

B. Four of the cells are specially constructed with negative pressure air flow and may be used for housing inmates with airborne communicable diseases.

C. The Medical Observation Unit will have a nurse assigned twenty-four hours a day, seven days a week.

D. Corrections staff will oversee and manage the Medical Observation Unit and assigned inmates consistent with the inmate’s Administration Segregation housing status.
E. Male and female juveniles may be housed in the Medical Observation Unit for medical reasons. Proper segregation will be maintained to ensure privacy, and sight and sound requirements.
   1. Staff will assign inmates to cells, as needed, to prevent inappropriate behavior and exposure to the extent possible.
   2. Different genders will not have dayrooms at the same time.

F. While assigned to the Medical Observation Unit, inmates will have access to outside recreation and PCADC programs based on medical mobility and the inmate’s general population or Administration Segregation housing status.

G. When female inmates are housed in the Medical Observation Unit, at least one female officer will be assigned unless exigent circumstances dictate otherwise.

H. Inmates shall be returned to their appropriate housing unit as soon as the medical condition allows.

I. Housing in the Medical Observation Unit and release from the Infirmary is at the direction and approval of the Contracted Medical Provider unless an inmate is housed in the unit solely for security needs.

J. Ajo inmates requiring medically based housing, (per the Contracted Medical Provider), will be transported to the PCADC and housed in the Medical Observation Unit until cleared by the Contracted Medical Provider.

K. Inmates on suicide watch may be housed in the Medical Observation Unit as an overflow if other housing is not available.
   1. Additional officers may be utilized to provide coverage for proper safety and security rounds.
   2. When space becomes available in the MHU units, inmates on suicide watches will be moved out of the Medical Observation Unit.
   3. The Medical Observation Unit is the primary location for Juvenile inmates on 5 minute suicide watches.

L. Medical staff will notify the Unit Officer when an inmate is medically discharged from the unit.

M. Movement of inmates housed in the Medical Observation Unit solely for security needs will be at the direction of the Housing Operations Shift Supervisor.

References: Corrections Bureau Policy and Procedure Ch. 2, Sec. 8 - Suicide Watches; Corrections Bureau Policy and Procedure Ch. 3, Sec. 9 - Housing and Direct Supervision of Inmates

VII. HOSPITALIZED INMATES

A. Inmates Released from Custody During Hospitalization
   1. Inmate processing staff will notify the on-duty sergeant of the release.
   2. The on duty sergeant will ensure proper delivery of property and inmate account balances to the inmate.
   3. The On-duty sergeant will notify the medical unit of the hospitalized inmate’s release from custody.

B. Inmates Returned to the PCADC
   1. The inmate must be taken to the Medical Unit/ for evaluation prior to re-housing, to determine proper medical follow-up and housing needs.
   2. Upon the inmate’s return, the on-duty sergeant will notify Inmate Processing staff of the inmate’s return from the hospital, so that the temporary release status and housing location may be updated.
VIII. PREGNANT INMATES

A. At the direction of the Contracted Medical Provider, pregnant inmates may be transferred to the Infirmary at the onset of labor and remain there until hospital transport is appropriate.

B. Any pregnant inmate who will be in custody at the time of birth must sign a Guardianship Power of Attorney designating a responsible person to care for the newborn child upon discharge from the hospital.
   1. The notarized Power of Attorney is forwarded to the Medical Unit Supervisor for forwarding to the hospital with the inmate.
   2. A Corrections Specialist may assist (upon request of the inmate), with referrals to appropriate public agencies to arrange for care of the infant while the mother is in PCADC custody if the inmate has no other private care resource.

C. Requests to Terminate Pregnancy
   1. Inmates may request to initiate the termination of her pregnancy by submitting a Specialist Assistance Request form (PCSD 858) stating the request to terminate her pregnancy.
   2. The specialist will
      a. Give a copy to the Medical Unit Supervisor who will set up the appointments with the Planned Parenthood Clinic.

Reference: Corrections Bureau Policy and Procedure Ch. 4, Sec. 21 – Pregnant Inmates

IX. MEDICAL AND DENTAL PROSTHETIC DEVICES

A. Personal medical and dental prosthetics will be admitted for inmate use as determined by the medical provider.

B. Inmates Arriving with a Prosthetic Device
   1. The prosthetic device will be examined by medical staff to determine the extent of the need for the device.
   2. Authorization for inmates determined to have a valid medical need for the item will be made on a Medical Alert (PCSD 837), by the medical staff.
   3. The Medical Alert shall identify the type of prosthetic device the inmate is authorized to use, and reason for need. The Medical Alert shall be placed in the inmate’s medical file and a copy of the Medical Alert shall be provided to the inmate’s assigned housing unit to ensure medical needs of the inmate are accommodated.

C. To ensure the safety of the inmate and to preserve PCADC security, any item that may pose a problem in general population must be approved by a Supervisor.
   1. This evaluation and approval must occur before the inmate is assigned to a general population housing unit.
   2. If the item is determined to pose a security hazard, the inmate may be temporarily denied the item and provided an alternative accommodation.
      a. If the item is rejected for security reasons, the sergeant will write an incident report documenting the decision and reason.

D. Eyeglasses, as a prosthetic device, will be approved for inmate possession only if determined to have prescription lenses.
   1. Sunglasses (without medical prescription lenses), will not be permitted. Eyeglasses (as above) and soft (no metal or hard plastics) glass cases may be brought to the PCADC for an inmate.
   2. Contact lenses may be kept in the inmate's possession. Contact lenses may be brought to the PCADC for an inmate.
a. Contact lens care products may be purchased from the commissary.
b. Contact lens care products are available via Indigent Services for those who qualify.

References: Corrections Bureau Policy and Procedures Ch. 1, Sec. 32 – Indigent Services; Corrections Bureau Policy and Procedures Ch. 1, Sec. 12 - Inmate Property

X. CONSENT TO TREATMENT/PARENTAL CONSENT

1. For juveniles remanded as adults, the corrections specialist(s) will contact the parent(s) or legal guardian(s) of juvenile inmates as soon as possible after intake.
   a. The parent or legal guardian will be asked to provide their witnessed signature on Consent to Treatment form, and provide the information necessary to complete the Parent Information form.
   b. The original copy of the signed Consent to Treatment form will be given to the Medical Unit for placement in the inmate's medical file.

Reference: Corrections Bureau Policy and Procedure Ch. 2, Sec. 4 - Medical Emergencies

XI. NOTIFICATION OF INMATE ILLNESS, INJURY OR DEATH

A. In instances of grave illness, injury or death of an inmate, specific procedures will be followed to notify the inmate's next of kin and any officials or agencies required by law and applicable policy.
   1. The next of kin or person to notify in case of emergency is on each Booking Form.
   2. If at the time of illness or injury, a name and phone number to contact is not known, a staff member will ask the inmate whom he or she wants contacted.
   3. Prior to contacting family members, approval must be given by the Bureau Chief or designee.
   4. All adult inmates will be asked to consent to PCADC contact with next of kin or other person to be notified. Adult inmates may refuse consent to contact.
      a. If consent is not given, the wishes of the inmate will be respected and no contact will be made by medical or PCADC staff.
      b. Consent or denial of consent will be written, if possible, or witnessed by two staff members.
      c. Contact will be made based on the Bureau Chief’s directive.
      d. Documentation will be placed in the inmate's medical file.
      e. Should the inmate be unable to make the decision (because unconscious or diagnosed as mentally ill and not responsive) the Bureau Chief may authorize notification.

5. Juveniles Do Not have the right to refuse consent to contact.

B. Contact with any other correctional agency, court, department, or other non-medical authority is the responsibility of Corrections Bureau Chief or Inmate Processing Division Commander.

Reference: Corrections Bureau Policy and Procedure Ch. 2, Sec. 4 - Medical Emergencies

XII. BLOODBORNE PATHOGEN AND EXPOSURE CONTROL PLAN

A. Every PCADC duty post or workplace where there is a reasonable possibility of exposure to blood borne pathogens or infectious materials will have a supply of personal protective equipment for staff use.

B. Each inmate housing unit and the Medical Unit will have a sharps disposal container available.
   1. Medical syringes and needles will not be disposed of in the housing unit sharps disposable container.
   2. The pod container is under the control of the pod officer and will hold used disposable razors pending lawful destruction according to the OSHA Bloodborne Pathogen Standard.

Reference: PCSD Rules and Regulations, Chapter 4 – Exposure Control Plan
CHAPTER 2

MEDICAL EMERGENCIES

POLICY: The Pima County Adult Detention Complex (PCADC) will maintain specific procedures for responding to inmate medical emergencies and providing medically required inmate transports.

PCADC inmates injured or becoming ill shall be provided medical attention by the PCADC staff and the Contracted Medical Provider (referred to as the Medical Unit) staff.

See Pima County Sheriff Department Rules and Regulations
Administrative Policies and Procedures
See Corrections Bureau Policies and Procedures
Major Incidents, Command Post and Staging Area
Hospitalized Inmate Security
Inmate Transportation
Inmate Work Programs/Minimum Security Facility Housing

I. DEFINITIONS

Chemical Restraint: A form of medical restraint in which a drug is used to sedate patients in cases where a court order has dictated the use of a chemical restraint, and situations where all other less intrusive means have been exhausted to prevent the inmate from hurting themselves or others.

Emergency Medical System (EMS): A system designed to request immediate medical assistance from an outside source.

II. GENERAL PROCEDURES

A. When an in-custody inmate is injured or an injury is suspected, the involved inmate(s) will be sent to the Medical Unit for a medical examination.

B. When requesting the assistance of the Medical Unit, the requesting party will:

1. Use plain language (avoid using codes).
2. Describe the emergency to assist emergency responders with preparation for an appropriate response.

C. An Incident Report will be generated by the person observing and/or reporting the incident.

D. Based on the evaluation by the Contracted Medical Provider, inmates may be transported off-site for treatment. PCADC Uniformed staff will be responsible for assisting with the transportation as needed.

III. MEDICAL EQUIPMENT

A. Medical Emergency Response Equipment

1. Medical emergency response carts will be stocked with the medical equipment necessary to provide immediate treatment for wound care, airway/ventilation, and specific abnormal cardiac rhythms by medical staff.
2. The Medical Unit shall be responsible for determining the contents, stocking the supplies, and conducting periodic inspections on to the response carts to ensure required supplies and equipment are available and functioning properly.
3. Medical emergency equipment response carts will be pre-positioned at designated locations throughout the PCADC.
   a. Carts should be pushed (not pulled) to prevent injury or damage to the cart.
b. These equipment carts will not be opened or accessed by any staff members except Medical Staff when responding to medical emergencies.

c. Locks will be installed to prevent unauthorized access.

d. All nursing staff will have access to the key that opens the carts. Nursing staff will have this key when responding to medical emergencies.

4. At initiation of a medical emergency response, and as soon as possible:
   a. Responding officer(s) will move the emergency response cart to the emergency location and as near the individual involved in the medical emergency as possible.
   b. In the event of the cart being in the vicinity of inmates, the cart will always be monitored by a staff member (Medical or Corrections) to prevent theft.

5. When medical staff is not available in an emergency situation, the Shift Supervisor may authorize access to the carts (the lock will be cut if necessary) to render immediate aid, pending arrival of responding Medical Staff.

6. At the conclusion of the emergency:
   a. Medical Staff will perform an inspection and inventory of the cart’s contents, restock supplies (as needed), lock the cart and return it to the designated location.
   b. If any of the equipment or supplies on the cart are unaccounted for, Medical Staff will immediately notify a Shift Supervisor.

B. Automatic External Defibrillators (AED’s)

1. AED’s will be pre-positioned throughout the PCADC for immediate access and use.

2. If an AED is used, a Pima County Sheriff Department (PCSD) AED Use Form must be completed and forwarded to PCSD Risk Management. This form is available at each AED location.

3. If an AED must be removed from a location for any reason, Risk Management must be notified immediately (a spare defibrillator is kept in stock for immediate replacement).

IV. MEDICAL EMERGENCIES AT THE M.S.F.

A. Management of any medical emergency occurring at the MSF will be as follows:

1. Immediately activate the Emergency Medical System (EMS) by calling 911 (first dial 9 from an inside line).

2. If someone from the medical department is available to speak with EMS, allow them to do so as they will be able to provide detailed information about the medical emergency.

3. If Medical Personnel are not available;
   a. Identify yourself by name and title,
   b. Request an ambulance to the Minimum Security Facility (M.S.F.) at 1801 S. Mission Road.

4. EMS may ask for the following information:
   a. A brief description of the problem (nature of illness or injury),
   b. The age of the inmate,
   c. Number of persons ill or injured,
   d. The current medical status of the inmate (e.g., bleeding, not breathing, etc.),
e. Do not hang up until told to do so.

5. The responsible shift supervisor will notify the Section Commander of the emergency as soon as possible.

6. If Medical Staff is not able to respond to the MSF, advise them of the inmate’s name, booking number, condition and destination (if transported out of the PCADC).

7. Designate an officer to meet the medical response and/or EMS team at the front of the MSF for escort to the incident area.

B. Response and documentation responsibilities of staff are the same as previously detailed.

Reference: Corrections Bureau Policy and Procedure Ch. 1, Sec. 16 - Inmate Work Programs/Minimum Security Facility Housing

C. Medical Clearance is required of all inmates that return to the PCADC from a hospital emergency room.

1. All inmates that return to the PCADC from a hospital must be taken to the Medical Unit for clearance prior to returning to his/her housing unit (except for scheduled appointments).

V. TRANSPORTATION AND ACTIVATION OF THE EMERGENCY MEDICAL SYSTEM

A. Any inmate with an acute illness or serious injury will be immediately transported to a medical facility or institution, if it is determined by competent medical authority that care beyond the Medical Unit’s resources and capability is needed.

1. In a non-emergency situation, transport of an inmate to other facilities for additional medical care or diagnosis will be ordered or approved by Medical Unit designated staff members.

2. An emergency transport may be ordered by the Shift Supervisor.

3. If appropriate, the reasons or presumptive diagnosis as well as other available related medical information (e.g., prior treatment, prescribed medications, x-rays, etc.) will be provided by medical staff to the transporting or accompanying officer(s) for delivery to the emergency or referred health care provider.

B. In case of a potentially life-threatening emergency, when outside assistance or ambulance service is needed; Medical Staff will contact a Shift Supervisor or the Central Control Room and advise them of the assistance needed.

C. If Medical Staff is not available, the Shift Supervisor will make the determination.

D. After being advised of the need for an emergency medical transport; the Central Control Room staff, or a designated member of PCADC security staff, will activate the Emergency Medical System (EMS) by calling 911 (first dial 9 from an inside line) to request an ambulance.

1. It is important for EMS to know whom they are speaking with and what your level of knowledge is as it pertains to the incident. Clearly identifying yourself will assist EMS in determining which types of questions to ask and what level of emergency response is needed.

a. If someone from the medical department is available to speak with EMS, allow them to do so as they can provide detailed information about the extent of injury or illness.

b. If Medical Personnel are not available, identify yourself by name and title.

2. Request a medical response to the Pima County Adult Detention Complex (PCADC) at 1270 W. Silverlake Road. EMS may ask for the following information:

a. A brief description of the problem (nature of illness or injury),
b. The age of the inmate,
c. Number of persons ill or injured,
d. The current medical status of the inmate (e.g., bleeding, not breathing, etc),
e. The type of care being provided (e.g., CPR, AED, or other first aid measures),
f. Do not hang up until told to do so.

3. Notify the Section Commander of the emergency as soon as possible.

4. If Medical Staff is not able to respond to the incident, advise them of the inmate’s name, booking number, condition and destination (if transported out of the PACDC).

E. Response and documentation responsibilities of staff are the same as previously detailed.

References: Corrections Bureau Policies and Procedures Ch. 4, Sec. 7 – Hospitalized Inmate Security, Ch. 4, Sec. 24 – Inmate Transportation

VI. INVOLUNTARY EMERGENCY MEDICAL CARE

1. Immediately notify the Bureau Chief via chain of command that the inmate has refused medical treatment for a condition that is life threatening for instructions on how to proceed.

2. Have the inmate sign the Contracted Medical Provider’s Medical Refusal form detailing their refusal of medical treatment.

3. Complete an Incident Report detailing the inmate’s decision and record the inmate stating their refusal of medical treatment for a life threatening condition.

B. Any decision to administer Chemical Restraints shall be made by the Contracted Medical Provider.

1. Security staff will be present to provide any necessary assistance.

2. An incident involving Chemical Restraints shall be recorded and documented in an Incident Report and a Use of Force Summary.

VII. STAFF INJURY OR ILLNESS

A. Medical Response for an Employee

1. Medical Unit staff will respond to the PCADC location of a seriously injured or ill employee to determine the extent of injury and need for emergency transport for trauma care.

2. The Shift Supervisor or designee will immediately respond to the location and, if ambulance transport is necessary, will contact the Central Control Room to request emergency medical transport.

   a. Emergency transport of staff members to a medical treatment facility shall be by emergency transport vehicle.

   b. For minor injuries or illnesses, an employee may be transported to a medical facility by a fellow employee in a county vehicle.

B. Notification of the employee’s Emergency Contact will be made by the employee’s Section Commander or above, as soon as possible.

C. Work related injury follow-up care is provided by the contracted industrial injury care provider.
TITLE: MEDICATION ADMINISTRATION AND DISPENSING

POLICY: Specific procedures will be followed at the Pima County Adult Detention Complex (PCADC) to ensure that medication is carefully controlled and administered to the correct inmate, and that precautions are followed to prevent inmate misuse of medication. This healthcare service will be clinically provided and directed by the Contracted Medical Provider, (referred to as the Medical Unit).

See Corrections Bureau Policies and Procedures -
Medical Care
Medical Records
Keep On Person (KOP) Medication Program
Inmate Work Programs/Minimum Security Facility Housing

I. GENERAL PROCEDURES

A. Medication Refusal

1. When an inmate refuses his/her prescribed medication, the refusal will be made directly to the nurse who will document the refusal. The nurse will complete a Medical Refusal form. The inmate and nurse sign the form. If the inmate refuses medication and refuses to sign the form, the nurse will indicate on the form the inmate’s refusal. The unit officer will sign the form as witness to the inmate’s medication refusal.

2. Physical force will not be used to force an inmate to take medication, go to the Medical Unit for medications, or verbalize medication refusal to the nurse. In these instances, the officer may convey the inmate’s refusal to the nurse. Appropriate documentation will be completed and the inmate may be served with in-house charges.

B. Pod Medication Line

1. Prior to arriving in a housing unit, medical staff will advise the housing unit officer. The officer will advise the inmates to prepare for medication pass. The officer will ensure that PCADC ID 109 cards are available to medical staff for identity verification. An officer will escort nursing staff during medication pass. In the event that an escort officer is not available, inmates in general population housing units will be instructed to lock down while the Contracted Medical Provider is in the housing unit. Uniformed staff will escort medical staff to the cells of all inmates requiring medication.

2. For Administrative Segregation/Disciplinary Status housing units, medical staff may pass medication to the inmate through the feeding trap door.

3. Each inmate who will be taking oral medication will have a Styrofoam-type cup of water (no other type of cup or liquid may be used). Overhead pod lights will be turned on before medical staff enters the unit.

4. Medical staff may collect Health Services Request forms from each pod when in the pod administering medication.

C. Medication Administration by Medical Staff

1. Medication is given to one inmate at a time. The inmate's appearance will be checked against his/her PCADC ID 109 card by medical staff prior to administering the medication to ensure the correct inmate is receiving the medication.

2. The housing unit officer will check the inmate’s mouth, hands and cup after the inmate has taken oral medication to ensure he/she has swallowed the medication. For Administrative
Segregation/Disciplinary Status housing units, this may be done by viewing the inmate through the cell window.

3. If the inmate attempts to deceive the officer (e.g., cheeking of medications) while taking medication, the inmate may be charged in-house and the on-duty Shift Supervisor will forward a copy of the Incident Report to the Director of Nursing. Based on the Incident Report the medical/behavioral health provider will evaluate the need for the inmate’s medications and/or order alternative dispensing.

4. Inmates will not be permitted to keep medication cups.

5. Uniformed staff (Except Ajo) will not dispense medication.

D. Ibuprofen and Antacids

1. Pre-packaged ibuprofen and antacids are available for purchase from the Inmate Commissary. Inmates are expected to purchase these items.

2. The amount of ibuprofen and antacids an inmate may order is limited; specific allowable amounts can be found in the Inmate Handbook.

3. When an inmate and/or his/her housing area is searched by staff, any ibuprofen and antacids in excess of the weekly order limit will be considered contraband, confiscated, and disposed of out of the housing unit. The inmate will be subject to disciplinary action.

4. Indigent inmates may order these items when the indigency criteria are met.

Reference: Corrections Bureau Policy and Procedure Ch. 1, Sec 32 - Indigent Services

E. Work Furlough and Work Release Inmate Medications

Reference: Corrections Bureau Policy and Procedure Ch. 1, Sec. 16 - Inmate Work Programs/Minimum Security Facility Housing

1. If, during out of custody time, an inmate visits an outside medical provider for a work related injury or other injury or illness, the inmate’s medical provider may contact the Medical Unit (520-351-8145) to coordinate the inmate’s medical care.

2. The inmate’s medical provider should fax (520-351-8142) any prescriptions given to the inmate, to the Medical Unit for evaluation/approval to ensure the prescribed medications are acceptable in the PCADC.

3. If the medications are approved by the Medical Unit:

   a. The prescription will be filled and issued to the inmate.

   b. The Medical Unit may allow the inmate to fill the prescription from an outside pharmacy; these will be managed as KOP medications.

4. If the Medical Unit allows the inmate to fill the prescription from an outside agency and allows the inmate to bring the medications into the Minimum Security Facility (MSF):

   a. The Medical Unit will provide a memo to the MSF Front Desk staff identifying the inmate and medications allowed into the MSF.
b. The inmate will take the medications to the MSF Front Desk and front desk staff will have the inmate wait until the Medical Unit is notified and comes to retrieve the medications from the inmate.

c. The medical unit will initiate a Medical Alert (PCSD 837) and deliver it to the inmate’s housing unit during the next medication line.

5. Except as noted above and in section G # 6 Work Furlough/ Work Release inmate medications will not be accepted at the PCADC/MSF by any staff member unless approved by the medical staff.

6. Staff members receiving questions from an inmate about his/her medications shall contact the medical staff.

F. Book to Serve Time Inmate Medications

1. Prior to reporting to custody to serve a sentence the inmate will be instructed to contact the Medical Unit (520-351-8344) to ensure proper medication dispensation and continuity of care during the incarceration. The person’s medical provider may contact the Medical Unit (520-351-8344) to discuss the inmate’s care.

2. During this contact the Medical Unit will discuss, approve or disapprove of the inmate’s medications or discuss alternative medications.

3. The inmate (or their medical care provider) may fax (520-351-8142) a copy of any prescriptions to the Medical Unit at least a week prior to reporting to custody so the Medical Unit can determine whether the medication will be continued during incarceration.

4. Medications pre-approved by the Medical Unit will be accepted during the booking process. The Medical Unit will provide a memo to the Inmate Booking Supervisor on any pre-approved medications to accept for a specific inmate.

5. Medications accepted during the booking process will be given to the medical staff conducting the booking medical screenings.

6. These medications will be managed as KOP medications, if approved.

7. Medications not pre-approved by medical will not be accepted from Book to Serve Time inmates unless the inmate reports for booking with the medications and does not have any means of properly securing them. The inmate will be allowed to give the medication to whoever dropped him/her off, to make a phone call to have someone pick up the medication, or go home and drop off the medication within a prescribed time. If the inmate has no reasonable means of securing the medication or transferring the medication off of PCADC property, the medication will be accepted by staff in accordance with the following: (see step # 8)

8. Accepting Medication Not Pre-Approved by Medical

   a. Medication will be listed on a property form in simple terms (e.g., two bottles of pills, one inhaler etc.) and the inmate will sign the Inmate Property Transaction form to confirm accuracy.

   b. If the inmate is sentenced to more than ten days as an inmate worker, an MSF Escort will pick up the medication and place it into the inmate’s property at the MSF Property Unit.
c. If the inmate is on the Work Furlough/Work Release program or the sentence is ten days or less, the medication will be placed into a designated medications locker located at the front desk area and notated on an Inmate Property Transaction form (PCSD 810) as such.

d. When the inmate on the Work Furlough/Work Release Immediate program is released to their specific program; the inmate will receive his/her medication and be told to take it out of the facility, properly secure the medications off of the facility premises, and not return with the medications.

G. Retrieving Medication from an Inmate’s Property

References: Policy and Procedure Ch. 1, Sec. 12 - Inmate Property
Policy and Procedure Ch. 1, Sec. 28 - Inmate Booking

H. Medications accepted from a newly arrested inmate during the initial booking into custody process may be retrieved from the inmate’s Personal Property Bag (PPB) or Property Section if needed by the medical staff. To retrieve the medication:

1. The medical staff will request the inmate to complete an Inmate Property Transaction form (PCSD 810), to release the medication to the medical staff. The form is delivered to the Inmate Property Unit (or to the Booking Supervisor if medications are still in the booking area in a PPB).

2. The property technician (or booking staff) will retrieve the medications for the medical staff. The medical staff member will sign the form indicating receipt and receive the yellow copy of the form for file in the inmate’s Medical File.

3. The Medical Unit will administer the medications as appropriate.
TITLE: MEDICAL RECORDS

POLICY: The Pima County Adult Detention Complex (PCADC) will work with the contracted medical provider concerning matters related to inmate medical records. All inmate medical records are the property of the Pima County Health Department. Archived data storage will be in coordination with Pima County Records Management.

I. GENERAL PROCEDURES

A. Medical Record Access

1. Inmate medical records will be completely separated from the inmate's custody or classification files/records.

2. Inmate medical information and records will be considered confidential documents and will be controlled by the contracted medical provider and the designated Section Commander.

3. Access to medical records shall be limited to the contracted medical staff, Pima County Health Department, Corrections Division and Section Commanders, Bureau Chief or Designee, Department Legal Advisor, and Criminal Investigations Division.

4. Access will be based on a “need to know” basis via contracted medical provider.

5. Any other individual requesting access to a specific inmate medical record may be afforded access with:
   a. Written authorization of the Medical Administrator,
   b. A court order, or
   c. By providing a request form signed by the inmate.

B. Medical Record Content, Storage, and Retention

1. All inmate medical records are the property of the Pima County Health Department. Archived data storage will be in coordination with Pima County Records Management.

C. Copying/Transferring/Releasing Medical Records/Information

1. For Continuity of Care, a copy or summary of the inmate's medical status will be forwarded to the facility or jurisdiction assuming legal custody of the inmate.
   a. For confidentiality purposes, the Medical Transfer Summary will be placed in a sealed envelope or delivered on a secure server (if electronic).
   b. If medical paperwork is not ready upon pick-up of the inmate, it may be faxed or mailed securely to the Agency’s medical provider directly.

2. An inmate may authorize a copy of his/her medical record or medical information for release to a designated person by completing a Release of Information (ROI) form.

3. Juvenile inmates are required to have a parent, guardian, or custodian consent to the release of a copy of his/her medical record or medical information to a designated person by completing a ROI form.

4. An inmate may request and receive a copy of his/her own medical record by following Public Records law procedures.
TITLE: BOOKING MEDICAL SCREENING

POLICY: Most defendants being processed into the Pima County Adult Detention Complex (PCADC) through the Booking and Intake area will require an initial Medical/Mental Health Screening. Defendants presenting to the PCADC with more urgent medical and mental health issues will receive additional screening and evaluations.

See Corrections Bureau Policies and Procedures -
Intake and Identification Area Management
Inmate Booking
Medication Administration and Dispensing
Suicide Watches
Use of Restraints
Custody Releases

I. DEFINITIONS

Book-ID-Release (BKIDRLS) Inmates: This term refers to defendants who are court-ordered to report to the PCADC for non-custodial fingerprinting, photographing and identification purposes related to out-of-custody criminal matters.

Book-To-Serve Inmates: This term refers to defendants who are court-ordered to report to the PCADC to serve a jail sentence after conviction of a crime.

Bridging (of Medication): The process by which medication is instituted or started in the PCADC based on verification from an outside source.

Receiving Screening: This is a process of structured inquiry and observation, conducted by an EMT or personnel possessing a broader scope of practice, of all detainees upon initial presentation at PCADC to quickly assess detainees for health conditions requiring urgent or emergent care, and to isolate those with communicable diseases as appropriate.

Intake Assessment: This is a more in-depth medical and mental health assessment, conducted by a Registered Nurse or personnel possessing a broader scope of practice, to review information obtained during the Receiving Screening and to gather additional information for the detainee’s health record, including identification of chronic health conditions.

Booking Process: This term is used to describe the tasks associated with the actual assignment of a booking number and creation of the current booking sheet. This refers to the creation of arrest, booking and property tables; tasks completed by Inmate Processing Section staff only.

Initial Health and Mental Health Screening: This is a structured interview with the inmate that includes an inquiry into outpatient treatment, chronic illnesses, medication review, current and historic suicidal ideation, trauma, current and historic mental health status and alcohol and drug use. Inmates with positive Mental Health Screenings get referred to a MH professional for a MH Evaluation.

Intake Process: This is the term used to describe the entire booking and intake process, to include the creation of the booking number, and the tasks associated with searching the defendant and capturing fingerprints and photographs.

Medical Clearance: A clinical assessment of physical and mental status conducted before an individual is admitted into the facility. This is used to triage and identify individuals who may be too ill to wait for routine screening or for admission to a jail (Conducted by an EMT within 90
minutes of arrival to the facility). This is a term used only when determining Medical rejection from Booking.

**Medical Rejection:** The term utilized when an individual presented for booking by a law enforcement agency has been screened and determined to be too ill to be booked into the jail.

**Mental Health Screening:** The portion of the Intake Assessment and Initial Health and Mental Health Screening that focuses on current and historic mental health and associated medication issues.

**Mental Health Evaluation:** The process of an inmate being evaluated further by a Mental Health professional. This is usually triggered by a positive MH Screening in Intake or at the 14-day Initial Health Assessment.

## II. GENERAL PROCEDURES

**Reference:** Corrections Bureau Policy and Procedure Ch. 1, Sec. 28 - Inmate Booking

A. All defendants, with the exception of those identified as Book-ID-Release, will receive a Medical Clearance, Receiving Screening and Intake Assessment as part of the Intake Process.

B. At the PCADC all medical and mental screenings conducted during the Intake Process will be conducted by the Contracted Medical Provider.

C. At the Ajo Detention Center, Medical Clearance, Receiving Screening and the Intake Assessment will be conducted by Ajo District staff. Documentation of these assessments will be reviewed within 60 minutes of the booking.

D. During the Receiving Screening, individuals with immediate and potentially serious medical issues will be medically rejected for booking into custody. These individuals will require a medical clearance by a licensed physician prior to returning to the PCADC for booking into custody.

E. The Medical Clearance, Receiving Screening and the Intake Assessment content and criteria shall be determined by the Contracted Medical Provider.

F. In general, inmates should not be removed from the booking area until the Receiving Screening has been completed. ID staff should check with the Medical staff assigned to this function before removing inmates from this area.

G. An inmate should not be moved to any PCADC housing unit from the ID/Intake area until the Receiving Screening and Intake Assessment are completed. Exigent circumstances may dictate otherwise.

H. Booking, Intake and Identification staff shall immediately refer any questionable behavior or statements regarding health or suicide issues made by the inmate, to the medical staff assigned to the Intake area for evaluation.

I. Inmates placed in restraints in the ID/Intake area will be checked by an Intake Medical staff as soon as possible and will perform the required restraint checks on the inmate. All other checks will be conducted per PCADC Restraint policy.
III. RECEIVING SCREENING

A. The Receiving Screening of defendants presented for booking at the PCADC will occur within 30 minutes of the defendant’s booking process.

1. This screening may be started before or during the booking process, as determined by workflow.

B. A medical and mental health triage of defendants presented for booking at the PCADC will be conducted as soon as possible to determine the person’s eligibility for booking into the PCADC.

C. Based on the results of this triage, a defendant may be medical rejected prior to being accepted for booking.

D. Receiving Screening will include processes and questions that, at a minimum, fulfill the following purposes:

1. Appropriately obtain a medical clearance for booking, and

2. Obtaining a written release of information for PreTrial Services, and

E. The Ajo District staff completing the Receiving Screening will adhere to the same rules as applicable to the Contracted Medical Provider regarding this task.

1. Questions or concerns of the Ajo District staff must be communicated to the PCADC Medical Staff as soon as possible.

2. All documentation must be forwarded to the Medical Contractor within the first 30 minutes of the Booking Process.

F. Screening Combative and Intoxicated Inmates in Secure Parking

1. When available, a member of the Intake Medical staff will accompany uniformed staff to the secure parking area to perform the Receiving Screening on combative and intoxicated individuals who refuse to exit the arresting agencies patrol car, prior to the individual being forcibly removed from the transport vehicle.

2. The medical clearance/rejection will be completed at that time.

G. Screening Combative, Intoxicated or Combative Inmates

1. When an incoming individual is accepted for booking but is too intoxicated, combative or uncooperative to respond/participate in the Receiving Screening and Intake Assessment (but does not meet rejection criteria) the following will apply:

   a. The individual will be taken to the ID area and placed in a cell (restrained if necessary) until cooperative and capable of responding to the screenings.

   b. The medical and ID area staff shall communicate hourly to determine when the individual is compliant and capable of participating in the screenings.

2. The non-participative inmate may be sent to a Medical Housing Unit for observation.

IV. MEDICAL REJECTION
A. Any individual determined not medically suitable for booking into custody will be rejected and the arresting/transporting officer/agency will be advised that the individual must be taken to a licensed medical treatment facility for evaluation, treatment and clearance by a licensed physician.

B. Medical rejection must be completed within 90 minutes of the start of the booking process.

C. Per Intergovernmental Agreement (IGA) with the cities/towns of Tucson, South Tucson, Oro Valley, Marana, Sahuarita and Adult Probation (APO); within 90 minutes after the booking and departure of the arresting officer. If medical staff determines the arrested person will be rejected the following applies:
   1. Notify the Booking staff of the rejection immediately.
   2. Booking staff will notify the arresting agency (including P.C.S.D. arrestees).
   3. The arresting agency will be requested to have an officer dispatched to the PCADC to transport the inmate to the appropriate treatment facility as soon as possible.

D. For medical problems discovered after 90 minutes from time of booking, the Corrections Bureau assumes responsibility for transport to a treatment facility.

E. Medical rejections should be documented. Documentation should be maintained by the Contracted Medical Provider and documented in the inmate’s electronic medical record (once created).

F. The following types of bookings/Inmates are not eligible for medical rejection:
   1. Inmates being returned to the PCADC from prison on a court order (writ),
   2. Inmates extradited back to Pima County for Pima County charges,
   3. Inmates transported by PCSD personnel from other jurisdictions for Pima County Warrants,
   4. Inmates remanded to custody by the Judge during a Justice or Superior Court proceeding.

G. Inmates previously rejected must have clearance from a hospital or a licensed physician.

H. Previously rejected inmates must go through a new Receiving Screening each time they are presented for booking.

I. **Medical Rejection of Persons Sentenced to Serve County Time**
   1. Individuals reporting to serve county time may be medically rejected for booking into custody based on the results of the Receiving Screening and Intake Assessments.
      a. The Medical staff member will notify the Booking Supervisor immediately of the medical rejection.

V. **INTAKE ASSESSMENT**

A. The Intake Assessment must be conducted within 90 minutes of the completion of the Booking Process.
   1. This is a more in-depth medical and mental health assessment, conducted by a Registered Nurse or personnel possessing a broader scope of practice.
2. Since this is conducted within 90 minutes, there is still an opportunity to medically reject a person at this interaction.

B. The Ajo District staff completing the Intake Assessment will adhere to the same rules as applicable to the Contracted Medical Provider regarding this task.

1. Questions or concerns of the Ajo District staff must be communicated to the PCADC Medical Staff as soon as possible.

2. All documentation must be forwarded to the Medical Contractor within the 90 minutes of the Booking Process.

3. An RN, or personnel possessing a broader scope of practice, will consult with Ajo District staff on any outstanding issues.

4. For positive Mental Health screenings, a Mental Health professional must assess the Ajo defendant within 30 minutes of receipt of the paperwork to conduct a Mental Health Evaluation.
   a. Ajo District staff must provide continuous supervision over the defendant until this evaluation has taken place.
   b. This MH Evaluation will be accomplished through the use of the video conferencing.
   c. Ajo District staff may be required to bring the defendant to the PCADC for further treatment and observation.

VI. MENTAL HEALTH EVALUATION

A. A Mental Health Evaluation may be triggered by direct observations of staff or input from the arresting or transporting law enforcement agency.

B. Mental Health Evaluations required for defendants housed in Ajo may initially be completed using video conferencing equipment; however, a face-to-face follow-up evaluation will be required upon arrival to the PCADC.
CHAPTER 2
MENTAL HEALTH UNITS

TITLE: MENTAL HEALTH UNITS

POLICY: The Pima County Adult Detention Complex (PCADC) will maintain special housing units (Mental Health Unit and Mental Health Step-Down Unit) to provide for the special needs of inmates exhibiting signs and/or symptoms of mental illness, acute suicidal ideation, or acute crisis, are in need of mental health intervention, and are unable to live safely and harmoniously in general population because of an emotional problem or mental illness.

Mental health clinical services for inmates shall be provided and directed by the Contracted Medical Provider (referred to as the Medical Unit).

See Corrections Bureau Policies and Procedures -
Medical Care
Suicide Watches
Housing and Direct Supervision of Inmates
Use of Restraints
See Arizona Revised Statutes – Title 36, Article 4, Court Ordered Evaluation

I. DEFINITIONS

Psychotropic Medication: A psychoactive drug, or psychoactive pharmaceutical is a chemical substance that crosses the blood-brain barrier and acts primarily on the cerebrum of the brain in the central nervous system where the goal is affecting higher brain function, by attempting correction of perception, improvement and stabilization of mood, clarity of consciousness and cognition, and control of behavior (e.g., Celexa, Depakote, and Risperdal).

Bridging (of Medication): When used in this policy, the process by which medication is instituted or started based on verification from an outside source.

Rule 11: Refers to Arizona Rules of Criminal Procedure and states, a person shall not be tried, convicted, sentenced or punished for a public offense, except for proceedings pursuant to Arizona Revised Statutes (A.R.S.) § 36-3707(D), while as a result of a mental illness, defect, or disability, the person is unable to understand the proceedings against him or her or to assist in his or her own defense.

Title 36: Refers to A.R.S. § 36, Article 4, Court - Ordered Evaluation; and the procedures for applications and evaluations of those individuals with a possible mental health issue.

II. GENERAL PROCEDURES

A. Delegation of Authority

1. The Contracted Medical Provider shall provide oversight and management of the medical and mental health treatment aspects of all PCADC Units designated for housing inmates within medical or mental health units.

2. The PCADC uniformed staff shall provide all safety, security and inmate supervision aspects within all housing units and clinic areas.

B. Mental Health Records

1. The Contracted Medical Provider will maintain a file for every inmate treated by the mental health clinical staff.

2. PCADC Staff will maintain a Classification File in MHU Housing Units for all authorized personnel to access when on duty at a MHU post.
C. Mental Health Screening Process

1. General Staff Observations
   a. Any staff member observing unusual inmate behavior, actions, or comments indicating suicidal ideation or other mental health problems will contact the medical or MHU clinical staff immediately and request an assessment.
   b. Staff observations will be documented on an Incident Report or memorandum and forwarded to the MHU Mental Health clinical staff.
   c. Any staff member observing unusual behaviors that do not appear detrimental to the inmate or facility or does not appear to require immediate attention may request via telephone, a scheduled assessment from the Mental Health clinical staff.

III. MENTAL HEALTH UNIT

A. Criteria for Admission

1. Inmates may be housed in the MHU with approval of the Medical or MHU clinical staff.
2. Supervisors and Commanders may also house inmates in the MHU on a short term basis prior to a Mental Health assessment. This may happen if the inmate’s behavior poses a threat to maintaining the safety and security of the facility.
3. Typically, inmates with behavioral issues will be housed in the MHU only if they have associated mental health issues.
4. Newly arrested inmates, not released from court, who report a history of either a mental illness or taking psychotropic medications may be housed in the MHU for up to forty-eight hours for the bridging of their medications.
5. Developmentally delayed inmates may be housed in the MHU based on a determination from the medical or mental health staff.
6. If there is no room in the Infirmary, inmates who are on a Medical Hold (Med/Hold) may be housed in the MHU until the hold is released.
7. Inmates on a suicide watch will be housed in the MHU, unless capacity or age prohibits this housing.
   a. Segregated housing by gender will be provided to ensure proper separation between male and female inmates.
   b. If it is necessary to house both genders on the same side of the MHU; a privacy screen will be utilized to minimize visual contact between them.
   c. Male and female inmates will not have contact with each other.

B. MHU Security Staff Responsibilities

1. Each staff member is responsible for the same duties and responsibilities of other housing units with regard to inmate management and documentation requirements.
2. MHU Staff duties include, but are not limited to:
   a. Supervising, monitoring and documenting activities of inmates on suicide watches and other special observations.
   b. Assisting the mental health treatment staff.
   c. Using incentives (e.g., extra food, commissary, hygiene products, etc.) not available to other PCADC inmates as an aid to gain inmate compliance with rules, improve personal hygiene; interact with others, or for other reasons which support the inmate’s treatment plan.
   d. Documenting any unusual or significant inmate behavior, activities, observations, or inmate statements in the Classification File.
i. Elevated housing unit temperature may require increased ventilation (fans), providing inmates with ice and liquids, additional opportunities for showers, or as directed by the MHU clinical staff.

e. Maintaining inmate classification Files.

f. Interacting with and assisting inmates with requesting additional services.

3. Restraints will only be used as required for safety and security measures and for medical and/or Mental Health reasons at the direction of the contracted medical staff.

Reference: Corrections Bureau Policy and Procedure Ch. 3, Sec. 18 - Use of Restraints.

C. Mental Health Grievance System

1. Staff members shall assist inmates with filing Mental Health Grievances.

2. Inmates will not be retaliated against for writing a grievance.

Reference: Corrections Bureau Policy and Procedure Ch. 1, Sec. 8 - Inmate Grievance Procedure

D. Discharge from the MHU Criteria

1. The inmate will be eligible for discharge from MHU under any of the following conditions:

   a. When discharged by Mental Health Staff.

   b. Inmates will not automatically be placed in the MHU based on the last incarceration.

IV. COURT ORDERED TREATMENT AND REFUSAL OF COURT ORDERED TREATMENT

A. Court orders requiring Mental Health examination of an inmate will follow regular official examination protocols of Rule 11 and psychiatric and psychological examinations.

1. If the order requires immediate examination, the Inmate Records Section will immediately notify the Contracted Medical Provider who should contact the requested examiner.

2. A copy of the order will be forwarded to the MHU or Medical Unit and will be placed in the inmate's Medical Record.

3. All court orders should specify examination by a specific Mental Health care professional.

B. Inmates Who are Unresponsive to Court Ordered Treatment or Who Refuse Care

   a. If it is agreed that an emergency exists, the MHU nurse will complete the proper paperwork and notify an on- duty supervisor of the pending transport need of the inmate.

Reference: Corrections Bureau Policy and Procedure Ch. 4, Sec. 24 – Inmate Transportation

V. MENTAL HEALTH UNIT TRAINING (MHU TRAINING)

A. Corrections Officers, Classification Officers and Supervisors throughout the Bureau will receive Mental Health training to learn the skills necessary to supervise, counsel, and appropriately interact with mentally ill inmates.

B. Every effort will be made by the scheduling sergeants to ensure that the Mental Health Units are staffed with appropriately trained staff members.

C. Training will be provided by the Contracted Medical Provider.

VI. DISCHARGE PLANNING

A. Upon release from the PCADC an inmate may request medication equivalent to one week, to facilitate easier transition to alternate healthcare.
TITLE: SUICIDE WATCHES

POLICY: The Pima County Adult Detention Complex (PCADC) will have a procedure for initiating, modifying and monitoring inmates who are on Suicide Watch protocols. In addition, the PCADC will maintain a Suicide Prevention Plan. A Suicide Prevention Committee will meet regularly to update and make changes to the plan as necessary.

See Corrections Bureau Policies and Procedures-
Intake and Identification Area Management
Inmate Segregation and Statuses
Booking Medical Screening
Use of Restraints
Housing and Direct Supervision of Inmates
Medical Care
Mental Health Unit
See Pima County Contracted Medical Provider Policies

I. DEFINITIONS

Suicide Prevention Plan: A specific outline of procedures which are designed to minimize the behaviors and actions of inmates housed at the PCADC, which are likely to result in self-harm or death.

Suicide Prevention Committee: A panel comprised of Security and Medical Staff members, who meet regularly to review and revise the Suicide Prevention Plan to meet the current needs of the inmate population at the PCADC.

Suicide Watch: A level of increased supervision and observation of inmates believed to be at risk of suicide.

Constant Observation: A level of Suicide Watch that requires constant, uninterrupted observation of the inmate’s activity.

5-Minute Suicide Watch: A level of Suicide Watch indicating a higher risk of suicide that requires monitoring and documentation of inmate activity every five minutes.

15-Minute Suicide Watch: A level of Suicide Watch indicating a lower risk of suicide. This level requires observation and documentation of the inmate’s activity every 15 minutes.

Mental Health Professional: Any Master’s level, or higher, professional, who is licensed by the State of Arizona to provide mental health services.

Automated External Defibrillator (AED): Portable electronic device that automatically diagnoses life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in patients/inmates, and is able to treat them through defibrillation

Defibrillation: The application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

II. GENERAL PROCEDURES

A. Any staff member suspecting or being made aware of an inmate contemplating suicide or self-harm shall immediately:
   1. Place the inmate on constant supervision,
   2. Request a suicide risk assessment by the Medical Unit, and
   3. Report the issue to a supervisor.
   4. If the inmate is currently off-site (i.e. being transported or at Court), the inmate will be under constant observation until returned to the Medical Unit for an assessment. Suicide Watch Rounds will be documented.

B. The medical and mental health policies and procedures related to Suicide Watches will be provided and directed by the Contracted Medical Provider.
C. Inmates are considered to be a suicide risk when their behavior or words appear to indicate the intent (or the definite potential) of self-injury.

D. All new arrestees will be assessed for suicide risk during the initial medical screening and classification process.

E. All inmates found guilty on their court charges and receiving prison sentences will be re-assessed for suicide risk factors upon notification of such events.

III. RECOGNIZING AND REPORTING SUICIDAL BEHAVIOR

A. Suicide Risk Factors

1. Inmate behavior or the presence of risk factors can warrant assessment by the medical unit to determine if placement on a Suicide Watch is necessary.

2. Suicide risk factors may include but are not limited to:
   a. Written or verbal threats, or visual gestures (i.e., miming a means of self-harm);
   b. Written goodbye letter or suicide note;
   c. Saving or storing medication;
   d. History of Suicide attempts (including scars/other marks from previous attempts);
   e. Alcohol or drug withdrawal/influence,
   f. Recent changes in behavior (e.g., apparent depression sadness, crying, withdrawal, silence, insomnia, excessive sleeping, lethargy, moodiness, agitation or sudden change to euphoria, etc.);
   g. Gives away their possessions, including food;
   h. Excessive feelings of guilt or shame;
   i. Noticeable weight gain or loss;
   j. Recent conviction or sentencing;
   k. Recent emotionally disturbing events;
   l. First arrest or highly publicized crime;
   m. Unrealistic expectations in the individual's current situation;
   n. Placement or releasing of all personal items into property;
   o. Arrested on charges of incest or child molestation;
   p. Inability to cope with present circumstances;
   q. Severe medical condition, newly diagnosed or extreme in severity;
   r. Within "High Risk" age bracket of 18 to 24.

B. Document the inmate's actions, comments, and staff actions taken in an Incident Report.

C. Suicide Attempts

1. Any staff member observing an inmate making a suicide attempt or gesture shall take the following actions immediately:
   a. Lock down all other inmates and call for appropriate assistance, if necessary.
   b. Notify the supervisor and medical staff, requesting a response to the housing unit for treatment or suicide assessment. Housing and follow-up action will be determined by medical staff.
c. If it is determined the attempt requires additional medical treatment, assist as necessary to prepare the inmate for transport and continuously observe the inmate to prevent further attempts at self-harm.

d. If the attempt does not require an emergency medical response, remove risk factors and upon the arrival of assisting staff, place the inmate in handcuffs and shackles, to ensure the inmate’s continued safety.

2. Preserve and photograph the scene.

3. Document the inmate’s actions, comments and staff actions taken in an Incident Report.

D. Initiation of a Suicide Watch and Associated Documentation

1. Classification Alert
   
a. The MHU staff (or pod officer if the inmate is not housed in the MHU) will be notified immediately if the inmate will be placed on Suicide Watch.

b. A Classification alert will be created by the Medical staff placing the inmate on Suicide Watch. The alert will be verified by the pod officer, then attached to the inmate’s 109 card to follow the inmate to the housing unit to be placed in the inmate’s file.

c. When a Suicide Watch is modified or cancelled;
   
i. A new Classification Alert will be issued by Medical staff removing the inmate from Suicide Watch.

ii. Notation will be made on the Classification Alert of the modification.

iii. Classification Alerts that are no longer needed, or replaced, shall be forwarded to the Classification Section for filing.

d. All Suicide Watch changes will be noted in the creation of a new Classification Alert.

2. To assist the MHU clinical staff, officers shall document any unusual or significant inmate behavior, activities, observations or inmate statements in an incident report.

E. Documentation of Suicide Watch Rounds

1. Only under exigent circumstances, Suicide Watch observations may be briefly interrupted to deal with more acute interventions elsewhere within the unit. In such cases, these circumstances must be documented and Suicide Watch observations must be resumed as soon as possible.

2. To conduct a round:
   
a. The staff member will physically walk to the inmate’s cell, look inside the window and visually observe the inmate at intervals specified for the Suicide Watch level that the inmate is on (Constant, 5 Minute, or 15 Minute) to ensure the welfare of the inmate.

b. The inmates’ activity will be documented on the Suicide Watch Log.

c. All physical rounds may be confirmed by the video system, reinforcing the documentation made by staff members.

IV. LEVELS OF SUICIDE WATCH AND OBSERVATION PROCEDURE

A. Constant Observation

1. Typically used for inmates who have just been discovered or felt to be suicidal prior to an official assessment.

2. This level requires constant, uninterrupted supervision of the inmate until directed otherwise by a Supervisor or mental health assessment.

3. Inmates will not be placed on this observation level except for emergency conditions.
4. Inmates on this level of Suicide Watch have the same level of restrictions as inmates placed on a 5-Minute Suicide Watch.

B. 5-Minute Suicide Watch

1. Based on an assessment by mental health staff or with the approval of a supervisor, inmates, who are actively suicidal and/or express suicidal ideation and/or has a recent history of self-destructive behavior, will be placed on a 5-Minute Suicide Watch.

2. Inmates on a 5-Minute Suicide Watch will be supervised as follows:
   a. Inmate activity will be observed and documented at five (5) minute intervals on a Suicide Watch Rounds sheet.
   b. All medical and mental health unit alerts and restrictions will be followed.
   c. Access to clothing, property and activities will be restricted as follows:
      i. Inmates will be permitted a canvas smock and a canvas blanket based on a medical assessment.
      ii. All other clothing, property and materials will be removed from the cell to ensure the inmate’s safety.
      iii. Inmates shall be permitted access to hygiene items and religious and entertainment reading materials during dayroom times under supervision.
      iv. Inmates will not be given a razor under any circumstances.
      v. Inmates may use hair clippers for hygiene purposes, with an officer present maintaining direct supervision. This will require approval from a supervisor or above.
      vi. Inmates will not be given sporks or other potentially harmful utensils during meal time.
      vii. Inmates will be restricted to lower floor housing, unless otherwise permitted by facility design or specifically approved by the Medical Section Commander.
      viii. Inmates may be double-bunked with like status, if approved by medical staff.
      ix. Inmates may have restricted, supervised use of exercise yards during dayroom.

3. New Arrestees in the Intake/I.D. Unit
   a. Inmates placed on a Suicide Watch during the Booking, Medical Assessment and Intake/I.D. process may remain in the Intake/I.D. Unit pending their initial court appearance or moved to the Mental Health Unit (MHU). This decision will be made by the medical staff and the Intake/I.D. supervisor.
   b. For inmates on a Suicide Watch remaining in the Intake/I.D. the following guidance applies:
      i. The inmate will be thoroughly searched and potentially harmful property will be removed and stored.
      ii. The inmate will be dressed in a dark forest green Jail shirt (with all personal clothing on the upper body removed) for easy identification.
      iii. The inmate will only be allowed to use restrooms in the holding cells, not the private facilities.
      iv. The inmate will remain in the Lower Level Area in clear view of staff.
      v. Any inmate on a Suicide Watch who needs to be placed in a holding cell, to control their activity, will be moved to the MHU for appropriate housing.
   c. The Intake/I.D. shift supervisor shall ensure all assigned officers are advised of the inmate on a Suicide Watch and the supervisor will designate one of the assigned officers to monitor and document the inmate’s activity on a 24 Hour Unit Activity Log at intervals not greater than every five (5) minutes.
C. 15-Minute Suicide Watch

1. Based on an assessment by mental health staff, inmates may be placed on, or downgraded to, a 15-Minute Suicide Watch with fewer restrictions and the following conditions:

2. Inmate activity will be observed and documented at fifteen (15) minute intervals in the Tie-in-Log.

3. Items such as clothing, mattresses, linen, hygiene items and reading materials may be allowed as specified by mental health staff and classification alerts.

4. Inmates going to court may be allowed to shave prior to the court appearance under the direct supervision of an officer.

5. All medical and mental health unit alerts and restrictions will be followed.

6. If observation or actions of the inmate indicate an increased suicide risk, the status may be reviewed and upgraded. Further restrictions may be imposed while a new assessment is requested.

7. Juvenile Inmates on a 15-Minute Suicide Watch:
   a. The juvenile inmate will be allowed to attend school, have peer group interaction, and have dayroom and recreation time with other juvenile inmates in the juvenile housing unit. All Disciplinary and Administrative Segregation protocols will be followed.
   b. Juvenile inmates will not be moved from the juvenile housing to the Medical Observation Unit (Unit-7) based on an alert that excludes the inmate from having certain items (e.g. sharps, plastic items, etc.)

V. HOUSING FOR SUICIDE WATCHES

A. Adult Inmates

1. All adult inmates requiring a Suicide Watch will be housed in the MHU, or the Medical Observation Unit.

2. Exceptions may be made by the Section Commander:
   a. Inmates who present a safety and security risk, may be housed in the Disciplinary or Administrative Segregation pods
   b. A new arrestee may be housed in the PCADC Intake area;
   c. All Suicide Watch provisions will be adhered to as if they were housed in the MHU.

B. Juvenile Inmates

1. Juvenile inmates on 5-Minute Suicide Watches will be housed in the Medical Observation Unit.

2. Juvenile inmates on a 15-Minute Suicide Watch will be housed in the Juvenile Administrative Segregation unit.

VI. MEDICAL AND MENTAL HEALTH ASSESSMENTS

A. All inmates placed on a Suicide Watch will have a documented assessment by a mental health professional within twenty four (24) hours after initiation of the Suicide Watch.

B. Changes to the risk level of a Suicide Watch must be based on an evaluation by a mental health professional.

C. The mental health professional specifies the items the inmate may or may not have in their possession while on Suicide Watch.

VII. SUICIDE PREVENTION TRAINING

A. All staff members who supervise/interact with inmates will receive training in suicide prevention.

B. Suicide Prevention Training will include the following:
1. General information on suicide, to include the signs and symptoms of suicidal behavior.
2. Factors that increase the risk of suicide while incarcerated and for specific inmates.
3. Introduction to the PCADC Suicide Prevention Plan.

VIII. EMERGENCY TOOLS

A. Sufficient pairs of medical shears will be kept available for staff use to cut material an inmate may use to attempt suicide.

B. Medical shears will not be used for any other purpose.

C. Medical shears will be placed in every inmate housing unit, in ID and in each sergeant’s office, stored in a locked drawer or storage area and inventoried at the start of each duty shift.

D. Pocket Resuscitator Masks will be placed in housing units as a preventative measure in the event it is required for use.

E. AED devices will be placed in easily accessible areas of the facility, and will be used accordingly.
CHAPTER 2  TUBERCULOSIS/INFECTIOUS DISEASE EXPOSURE CONTROL PLAN

TITLE:  TUBERCULOSIS/INFECTIOUS DISEASE EXPOSURE CONTROL PLAN

POLICY:  The Medical Unit staff is responsible for inmate screening, testing and treatment of infectious diseases. These services will be provided and directed by the contracted medical provider (referred to as the Medical Unit).

See Pima County Sheriff Department Rules and Regulations – Chapter 4, Section XVII, Exposure Control Plan

I. DEFINITIONS

National Institute for Occupational Safety and Health (NIOSH): The federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness.

N95 Respirator: A term used to describe the class of respirators which use N95 filters to remove particles from the air that is breathed through them. The NIOSH respirator approval regulation defines the term N95 to refer to a filter class that removes at least 95% of airborne particles.

High Efficiency Particulate Air (HEPA) Filter: A type of air filter that satisfies certain standards of efficiency set by governmental agencies like NIOSH.

II. GENERAL PROCEDURES

A. Containment of Tuberculosis and Infectious Diseases

1. Inmates identified by medical staff as exhibiting symptoms of tuberculosis or other infectious diseases or suspected of having active tuberculosis shall be immediately masked and segregated in such a manner that contact with employees and/or law enforcement officers who are not wearing respiratory protection is eliminated or minimized until the inmate is transferred to a negative pressure cell in the Medical Observation Area (Unit-7) or 1 Delta.

2. All traffic into or out of the affected area(s) shall be stopped immediately until the affected inmate is removed and the risk of contamination in the area no longer exists.

3. Medical staff shall evaluate the risk of possible exposure on inmates/staff/public in the area to determine further action necessary.

4. When inmates exhibiting symptoms of tuberculosis or other infectious diseases or those suspected of having active tuberculosis are being moved to the Medical Unit, released from custody or transported to a medical facility, the escorting/transporting officer(s) must wear respiratory protection (at a minimum, an N-95 respirator).

B. Work Practices and Engineering Controls

1. Corrections Bureau employees shall comply with the provisions of Pima County Sheriff's Department Rules and Regulations, Chapter 4, Section XVII, Exposure Control Plan.

2. Negative pressure isolation cells shall be maintained in the Medical Observation Area (Unit-7) for treatment of patients with signs or symptoms of tuberculosis or other infectious diseases.

3. Negative pressure shall be maintained at all times in the isolation cells when occupied by an inmate with, or suspected of having, tuberculosis or an infectious disease.

   a. Negative pressure shall be demonstrated daily while being used for tuberculosis isolation.
b. Testing shall be documented.

4. The gauge on the negative pressure isolation cells shall be monitored on a monthly basis by Pima County Facilities Management (PCFM) to determine that the accurate level of negative pressure is being maintained.
   
a. The negative pressure ventilation system shall be inspected, maintained and have its performance monitored for filter loading and leakage every six (6) months or whenever filters are changed.
   
b. Pre filter changes shall be done in six (6) month intervals or when necessary to maintain adequate performance of the negative pressure ventilation system.
   
c. The HEPA filters shall be changed every two (2) years or when necessary to maintain adequate performance of the negative pressure ventilation system.

5. Maintenance records shall be kept for a minimum of three (3) years.
   
a. Records must include readings, the date the system was checked, whether filters were changed, identifying pre/post filters and HEPA filters.
   
b. Written documentation must be provided to the Medical Unit for inspections no less than every six (6) months.

C. Respiratory Protection Devices

1. Personnel identified as being at high risk for exposure to tuberculosis during performance of their job tasks shall be fit tested for an N95 respiratory protective device with a HEPA filter that is approved by NIOSH.

2. Employees shall be educated on tuberculosis prevention, trained in the wearing, maintenance, and storage of the respiratory protective devices and fit tested for the respirator provided on an annual basis.

3. A supply of one size fits all, one-time-use, respirators shall be pre-positioned in the Sergeant’s offices throughout the facility.

4. Staff members shall not knowingly have contact with a symptomatic inmate without an appropriate protective mask.

D. Staff Tuberculosis Screening

1. Pima County Risk Management, in conjunction with the PCSD Risk Management Section and the Corrections Bureau Support Services Division Commander, shall be responsible for arranging annual tuberculosis screenings for all Corrections Bureau employees who have inmate contact.

2. Staff members must comply with Tuberculosis screening.
TITLE: MEDICAL SERVICES FEES

POLICY: Per Arizona Revised Statute (A.R.S.) § 31-161 and Resolution 2003-280 of the Pima County Board of Supervisors, inmates will be charged for medical/health care services and prescriptions (under specific conditions).

See Corrections Bureau Policies and Procedures –
Indigent Services
Inmate Accounts
Medical Care

I. DEFINITIONS

Health Care Service Charge Form: A form provided and completed by the contracted medical provider to charge an inmate for medical care services or prescriptions provided.

Health Services Request Form: A form provided by the contracted medical provider and completed by an inmate to request a medical service, including mental health and dental services.

Inmate Initiated Health Care Service: Each medical, dental, or mental health care service requested by the inmate via a Health Services Request form.

Prescription: A written direction by the physician to the pharmacist for the preparation and use of a medicine or remedy.

II. GENERAL PROCEDURES

A. Fees/Co-Pays

1. A fee/co-pay of $10.00 will be charged for each inmate initiated medical service.

2. A fee/co-pay of $10.00 will be charged for each inmate prescription.

3. Medical care will not be denied based on the inmate’s ability to pay the fee/co-pay.

4. Fees/co-pays will not be imposed on the inmate for the following medical services and conditions:
   a. Conditions (including testing for) that may pose a threat to public health or safety if left untreated (e.g., tuberculosis, sexually transmitted diseases, etc.).
   b. Substance withdrawal.
   c. Pre-Booking, Intake.
   d. Physicals.
   e. Injuries sustained while in custody or while on an inmate work crew.
   f. Mental health screening and evaluations.
   g. Pre-natal and obstetrical care.
   h. Follow up visits ordered by the medical provider or other medical staff.
   i. Medical emergencies (as determined by the medical provider or other medical staff).

B. Accounting, Billing, and Collection

1. Medical staff will complete and sign an Inmate Health Care Service Charge Form, indicating each chargeable medical service or prescription written, at the time of the service or prescription is provided.

2. The inmate will be required to initial/sign the Inmate Health Care Service Charge Form indicating acknowledgement of the charges for the services.

3. If an inmate turns in a Health Services Request form requesting a medical service then refuses treatment, the inmate will be charged the medical fee/co-pay for that appointment.
4. The Pima County Health Department will implement these provisions for collecting medical fees/co-pays for the Corrections Bureau:
   a. Inmates will be exempt from health service fees/co-pays when their Inmate Account balance remains under ten dollars ($10.00) for thirty (30) consecutive days, and will continue to be exempt as long as their Inmate Account remains in that status.
   b. Inmates will be charged health service fees/co-pays if; within thirty (30) consecutive days from the date of services rendered, their Inmate Account has a balance of ten dollars ($10.00) or more.

5. Each chargeable service will be entered into the Spillman system by designated staff.
   a. The Spillman system will be used to deduct any amount due that can be collected from the inmate’s account and generate a transaction receipt.
   b. A copy of the transaction receipt and the charge form will be maintained by the Health Department.
   c. If the inmate’s account is less than ten dollars and the inmate does not meet the exempt criteria, portions of the medical fees/co-pays will be deducted from the inmate’s account until all fees/co-pays are collected.

6. The Health Department will maintain a file of Inmate Health Care Service Charge Forms with outstanding, non-exempt, medical service or prescription charges. This file will be reviewed as required and attempts made to collect outstanding medical service charges during the current or future incarcerations.

7. When an inmate’s account is frozen but has sufficient funds to pay for the medical service or prescription, the Health Department staff will contact the Inmate Processing Supervisor, to temporarily unfreeze the account so that the medical charges can be collected. After collection, the account will be re-frozen.

8. Each week the Support Services staff will generate a Commissary Purchases Summary Report (rpcmicsps) listing the total charges collected for medical services during that week, and will complete a Pima County Deposit Permit reflecting deposit of those funds into the appropriate Health Department account and cost center; and forward a copy of the permit to Pima County.
TITLE: KEEP ON PERSON (KOP) MEDICATION PROGRAM

POLICY: The Pima County Adult Detention Complex (PCADC) may operate a program by which certain inmates, on applicable prescribed medications, are allowed to keep the prescription on their person and self-administer as prescribed by the Contracted Medical Provider (referred to as the Medical Unit).

I. DEFINITIONS

Keep On Person (KOP) Medication Program: A program designed to allow inmates to keep certain prescribed medications with them in their housing units and self-administer as prescribed by the Contracted Medical Provider.

II. GENERAL PROCEDURES

A. The KOP Medication Program will only be made available to inmates who are deemed eligible by both the Contracted Medical Provider and the PCADC.

B. Participation in the KOP Medication Program

1. Inmates housed in the Mental Health Units (MHU) and in Administrative Segregation/Disciplinary housing units may be allowed to participate in the KOP Medication Program; however, they will not have their medications stored on their person.

2. While housed in an MHU or Administrative Segregation/Disciplinary housing unit, KOP medications will be kept at the officer’s desk and administered to the inmate based on request.

3. Any inmate determined ineligible on an individual basis by the Contracted Medical Provider will not be allowed to participate in the KOP Medication Program:

III. MEDICATIONS

A. Inmates housed at the Minimum Security Facility (MSF) may be prescribed additional KOP medications, outside the normally allowable listing, based on their ability to take medications off-site.

B. Inmates wishing to take medications off-site, prescribed by their personal physician, must clear this with the PCADC Medical Unit staff prior to self-administration.

C. Medications packaged in glass containers, metal (hard/heavy foil) packaging, and those in hard plastic containers are not allowed as KOP.

D. Medications administered as injections are not allowed in the KOP Medication Program.

E. Certain classifications of medications are strictly excluded from the KOP Medication Program.

F. A Contracted Medical Provider staff member will educate the participating inmate on the KOP Medication Program requirements and medication instructions.

G. Eligibility for participation in this program is a privilege and can be revoked at any time that it is determined the inmate is not complying with the program rules, or if there is a change in his/her housing or medical condition.

IV. PROGRAM ADMINISTRATION RESPONSIBILITIES

A. The health care provider who writes the medication prescription order will determine eligibility to participate in the KOP Medication Program.

B. The Contracted Medical Provider staff will:

1. Deliver medication to the inmate.

2. Provide inmate education at time of initial medication delivery.

3. Obtain the inmate’s signature on forms regarding rules and receipt.

4. Ensure the inmate understands the use of his/her medication.
C. Medical staff must notify the Corrections Shift Supervisor any time an inmate reports lost or stolen medications so that appropriate searches may be completed.

D. Uniformed staff will:
   1. Examine medication containers or blister packs/cards of medication.
   2. Verify the medication is in the possession of the inmate who was prescribed the medication.
   3. Conduct searches, as necessary, upon reports of lost or stolen medications.
   5. Confiscate any medications not meeting these examination and search criteria.
   6. Inmates violating program rules will be subject to in-house charges for misuse of medication when these infractions occur.
   7. Return confiscated medications to the medical staff immediately with a copy of all documentation regarding confiscation of the medication.

V. RULES APPLICABLE TO INMATES ON THE KOP PROGRAM

A. Inmates placed on the KOP Medication Program must acknowledge and comply with the following:
   1. Understand that they are being extended the privilege of having some or all of their prescribed medications KOP.
   2. Understand that the medication card/container must have the appropriate inmate name, inmate name number, and dosing information on it.
   3. Understand that the medication is for the specific inmate it is prescribed to and no one else.
   4. Understand that medications will not be given away, sold, or traded.
   5. Understand that the dosing instructions will be followed correctly.
   6. Understand that access is only granted to the inmate the medications are prescribed to and will be held responsible should others be given access to medication.
   7. Understand that inmates violating KOP rules will be subject to disciplinary action, and possible cancellation of the medication abused.
   8. Understand that if inmates are found to have loose pills on their person or out of date medications, confiscation of that medication will occur and the inmate(s) will be subject to disciplinary action.
   9. Understand that it is the inmate’s responsibility to care for their prescribed medication and the medication card/container. Inmates are personally responsible for the security of prescribed medications.

B. When the issued medication card has four (4) days of medication left, the inmate must submit a Health Services Request form to have the medication refilled.
   1. Health Services Request forms must state the exact medication that is needed.
   2. Refilled medication will be issued on the date that the current card runs out.
   3. All refill requests are verified by the Medical Unit for type, dose, and date that the medication can be refilled to prevent any possible misuse of medications.

C. It is the inmate’s responsibility to keep track of all KOP medications.

D. All empty cards/containers must be returned to the Medical Unit.

E. By signing for their medications, the inmate is acknowledging and agreeing to the conditions of the KOP Medication Program and requesting to participate in said program.