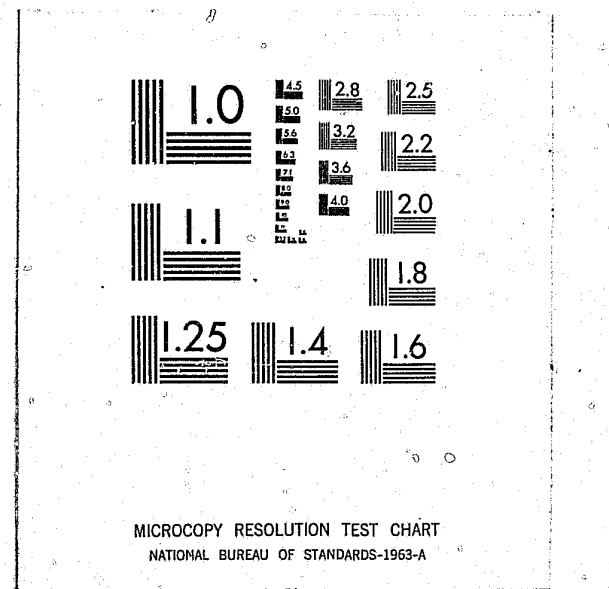


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RECEIVING HEALTH SCREENING
BY JAIL PERSONNEL
A TRAINING AND REFERENCE MANUAL

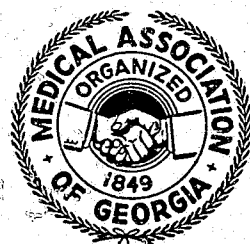
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February, 1978

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ACQUISITIONS



Medical Association of Georgia
Committee on Prison Health Care

Introduction

This manual has been prepared to be used in conjunction with a two day course in receiving screening. The manual is not a substitute for the course; it should be used as a reference by jail personnel who have completed the course.

The authors wish to express their appreciation to the following people who have assisted in preparing the course and manual: J. Rhodes Haverty, M.D., Chairman, Medical Association of Georgia Committee on Prison Health Care; Ms. Dorothy Parker, Pilot Project Director; Ms. Day Ann Doak, Assistant Pilot Project Director; Ms. Vickie Frush, Secretary; and the members of the MAG Committee on Prison Health Care: Charles Allard, M.D.; James Baugh, M.D.; Walter Harrison, M.D.; Bob Maughon, M.D.; Ken Walker, M.D.; Joseph Wilber, M.D.; Joseph Hertell, M.D.; and Walker McGraw, M.D.

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Purpose

Once a person has been taken into full custody arrest, the arresting officer is responsible and liable for the health and well being of the prisoner until he is placed in care of the jail. After the prisoner is booked into the jail, this health responsibility is transferred to the detention officers. Since very few jails have health personnel on duty 24 hours a day, it is imperative that the officer in charge of the booking procedure have some criteria for accepting or rejecting persons who may be in need of immediate medical attention before they become the responsibility of the jail.

The purpose of this course is to provide the training necessary for non-medical personnel to perform adequate health screening and to establish basic screening forms and procedures. Completion of the course will give detention officers the knowledge to perform a very basic health examination and complete a screening form. The information derived from this examination will direct the course of action for the booking officer as to accepting the prisoner into the jail's custody or requiring that the prisoner first be seen by a physician. Properly utilized, the health screening process can serve to protect the prisoner, the jail personnel, the other inmates and the jail itself.

Goals

By the end of this two day course, you should have accomplished the following:

1. Understand the need for receiving health screening
2. Be thoroughly familiar with the general principles for performing the screening
3. Understand how to use a receiving screening form
4. Be ready to ask the questions indicated on the form (see pages 18 and 19) using this manual
5. Be able to ask further appropriate questions indicated by responses to the initial questions
6. Perform a general physical assessment, including:
 - a. Description of general appearance (consciousness, walking, etc.)
 - b. Detection of breathing difficulty
 - c. Recording pulse and temperature
 - d. Description of skin appearance
 - e. Description of behavior
 - f. Recognition of signs of drug and alcohol use and withdrawal
7. Be able to perform a urine dipstick test for sugar
8. Using the above data be able to make appropriate decisions concerning the need for medical clearance, detoxification, or special housing needs.

As you finish the course and as you do receiving screening in your jail, you should ask yourself if you are accomplishing these goals.

This course is not designed for:

1. First Aid. This is not a First Aid course, but all the students taking it should already be certified by the Red Cross in basic first aid, since this is a requirement under the Georgia Mandate Law, and the Police Academy gives 24 hours of first aid training as a part of the basic Recruit School.
2. Not a substitute for health personnel. The jail personnel receiving this training will be able to perform as receiving officers more effectively as a result of this course, but they in no way take the place of trained health personnel. Many of the decisions to be made accepting a person into jail must be made by a physician, a physician's assistant, or a nurse practitioner.
3. Receiving health screening is a separate part of the book-in procedure. Questions pertaining to charges, bonds, property, and sexual orientation, for example, are not included.
4. The course does not prepare the jail personnel to provide for care of long term prisoners, who need blood pressure, VD, TB, and pregnancy tests and complete medical exams.

Receiving Screening

Receiving screening is a general health status survey, taken at the time the prisoner is admitted to the jail, to determine if the prisoner has any major physical or psychological problems and to eliminate or "screen out" those persons not considered suitable for immediate incarceration. Receiving screening is essential for at least seven (7) reasons.

1. Protection of the Prisoner

Receiving health screening may detect potential serious health hazards for the prisoner. Deaths caused by untreated trauma, especially head trauma and trauma to alcoholics which has gone undetected, can possibly be prevented. Alcoholics and persons on drugs can be treated for potentially life-threatening withdrawal. The medical history might indicate the necessity for special treatment in cases of heart trouble, respiratory disorders and potential suicides.

2. Protection of Jail Population and Personnel

Receiving screening cannot eliminate the potential danger to jail personnel and other inmates, but it can make those concerned aware that problems exist. People with contagious diseases, such as hepatitis and TB, and those with body lice can be isolated and treated. Special housing arrangements can be made for potentially violent detainees.

3. Legal Obligation

Health care is considered to be a basic human right. Since a prisoner is no longer capable of providing his own care, it must be provided by the facility administrators.

Medical problems which are undetected or untreated can lead to serious legal problems. Failure to examine for injuries or treat for illness could easily be considered negligence by the courts.

4. Persons with Limits to Normal Function

A jail is like a small city in itself. Therefore, it is inevitable that the jailer will have to deal with every facet of society, including those people who are mentally or physically handicapped, such as stroke victims, amputees, and people who are mentally retarded. These people will have to have special handling, and that handling should start at receiving screening.

5. Security

Most jails operate with staff which is barely sufficient. By detecting major health problems before a person is accepted into the jail, emergency situations which put additional stress on the jail staff may be prevented. Potentially violent prisoners may also be identified and housed separately.

6. Expense to the Jail

Most detention facilities operate on a budget which is already inadequate. Detecting and treating health problems before they become more serious can save the facility a considerable amount of money. A diabetic, for example, may have to be hospitalized for several days at a cost of \$1000 to \$2000 if he does not receive adequate medical attention. Immediate treatment might only cost from \$1 to \$50.

7. Jailer-Inmate Relations

Since the detention personnel are not usually responsible for the arrest of the prisoners, relations between the two groups are usually on a tolerant level. The general idea is that some mutual cooperation is necessary so that the jail can function. All jails operate with the consent of the inmate population. Health care generally indicates a certain amount of concern by one person for the well being of another. Anything that is done by the jail staff which demonstrates concern for the well being of the inmates should improve the working relationship between them.

The book-in desk is generally the jailer's first encounter with the prisoner. What happens here will determine whether or not the prisoner will be accepted and, if he is accepted, where and how he will be housed. Health screening must be a priority part of this original reception to insure that the health and well being of all concerned are protected.

Meeting the Need

There are three things necessary to insure adequate receiving health screening. First are the proper forms and procedures needed to insure that critical health needs are detected. Second are the trained personnel to do the screening. Third is equipment and outside resources in the community.

1. Screening Procedure and Forms

Screening forms may have to be modified to meet the needs of each jail. The forms illustrated here (see pages 18-19) were developed for this course from experience gained at the Riker's Island Jail in New York City and the DeKalb County Jail in Decatur, Georgia.

These and similar forms already in use have evolved over the past few years and have been condensed to cover only pertinent information without being too complicated for non-medical personnel to understand. The questions used cover only those areas considered vital. The forms and questionnaires should always be used with a statement, both verbal and written, that the answers will be used only to provide health care and will not be used against the prisoner in court.

2. Trained Personnel

Everyone completing this course will have this "Receiving Health Screening Manual". It can be used to help the officer decide what is the best course of action in each case. It cannot do the job for the officer, but, used with caution and a lot of common sense, it can make his job much easier and lend support to well made decisions. However, this training course is not designed to produce doctors, and any time there

is doubt in the mind of the officer, either a doctor or his designated representative (physician's assistant or nurse practitioner) should be contacted.

3. Resources and Equipment Needed

Each jail must have its own written plan to make the health receiving screening process work. The jailer must know where and how to contact the people necessary to help him make decisions he is unable to make himself. There must also be facilities to receive those considered unacceptable at the jail. The written plan will cover three areas.

A. Community Resources

1. Written agreements with local physicians who will be available on a 24 hour basis via the telephone.
2. An emergency room which operates on a 24 hour basis and is prepared to receive and give treatment to prisoners.
3. 24 hour transportation for prisoners other than patrol cars. This can be accomplished through written agreements with a local emergency medical service, an ambulance service, or the fire department.

B. Equipment

1. The necessary equipment, as outlined in the Red Cross Basic First Aid course, to render first aid to those needing it until they can be placed in the care of a physician or hospital emergency room. Also the first aid training necessary to use the equipment.
2. Urine dipsticks to check diabetics.

C. Books

Each jail will have an up to date First Aid manual, this "Receiving Health Screening Manual", and a Physicians' Desk Reference available for use by the book-in officers and the health personnel.

Decision Making

After the health screening has been completed, the detention facility has several options. This course and the training manual have been designed to aid in the selection of options. There is no substitute, however, for common sense. Whenever there is any doubt about the proper course of action, contact a local physician. The possible decisions after screening include:

1. Admit to the Jail

The majority of people will have no major health problems and may safely be admitted to the general jail population.

2. Seek "Medical Clearance"

"Medical Clearance" means that a physician (or his designated physician's assistant or nurse practitioner) has given his written opinion that there are no health reasons why someone may not be accepted as a prisoner in jail. When the results of the receiving screening evaluation indicate the need for immediate attention by a physician or for transfer to an emergency room, this must be done before the prisoner is admitted to the jail. If the prisoner were admitted before receiving the indicated medical clearance and injury to his or someone else's health resulted, the jail and its personnel might be held liable for failing to follow accepted guidelines. Obtaining medical clearance immediately relieves the jail of this liability. Written documentation is essential for legal purposes.

Medical clearance does not relieve a jail of its responsibility for providing health care for new health problems that arise. In some instances the physician may write certain

provisions for acceptance of the prisoner. These may include medications, special diets, special accommodations (such as a single cell), close observation (suicide watch, wake up every hour and bring to the emergency room if not coherent, check temperature every three hours and bring to the emergency room if above 100°, etc.). The jail may then admit the prisoner, but is responsible for fulfilling the physician's orders. In other instances the physician may refuse medical clearance by stating the need for immediate hospitalization. Arrangements should then be made for proper transportation to the designated hospital. Note that if the results of the screening evaluation do not indicate that the prisoner needs to be seen by a physician immediately, medical clearance is implied, since the receiving health screening evaluation form and instructions have been approved by a committee of licensed physicians.

3. Put in a Separate Cell Until Seen by Jail's Health Workers

This option may be elected by the jailer in certain instances, such as someone with a past history of TB. In other cases a physician may indicate the need for a separate cell as part of his medical clearance, such as in the case of someone with hepatitis.

4. Detoxification

If the drug history and physical assessment indicate intoxication or potential drug or alcohol withdrawal, the detainee should be housed separately from the general population. Every jail must have written policies for drug and alcohol detoxification.

A suggested policy is contained in the section on "Drug and Alcohol Use." It should be reviewed by local physicians who may modify it in their written plans. Remember that drug and alcohol detoxification are potentially life-threatening.

5. Infirmary

Many larger jails have infirmaries. If there are no health personnel on duty, it is better to seek medical clearance before admitting someone to the infirmary. Often the physician who gives medical clearance may indicate that the prisoner should be admitted to the infirmary.

6. Mental Observation

Some jails have special areas for closer observation of prisoners with suspected psychiatric problems. If the jailer suspects psychiatric problems during the health screening, however, he must seek medical clearance first. Remember that many jail suicides occur shortly after incarceration.

General Principles

In order for receiving health screening to work effectively, several principles must be remembered. These principles are as important to the screening process as the health data collection and the decision making.

1. THE INFORMATION COLLECTED DURING RECEIVING SCREENING IS HEALTH DATA; IT MUST NOT BE USED AS EVIDENCE AGAINST THE PRISONER.

Example: Prisoner X is arrested for alleged possession of heroin and barbiturates. He has been a long time user of large quantities of both substances and may suffer drug withdrawal if he does not receive detoxification. Barbiturate withdrawal may result in death; heroin withdrawal can be so uncomfortable that some addicts attempt suicide. The need for the jail to know about these potential problems and seek appropriate medical attention is obvious. It is equally obvious that the prisoner will not divulge his drug habits if he believes you are gathering evidence. You should explain at the outset that the information you are gathering is for the prisoner's benefit and may not be used as evidence. There is a statement to this effect on the screening form; show it to the prisoner. The prisoner's health information sheet should also contain a brief statement of the purpose of receiving screening.

2. ALL HEALTH DATA COLLECTED ARE CONFIDENTIAL.

The only people with whom you may share the information are health workers associated with the jail (for example you may need to call the local physician to discuss whether or not the prisoner should be sent to the emergency room) and the duty commander if special action is required (such as segregation, detoxification, or transfer). This confidential

information is not to be discussed with other officers or prisoners. The principle of confidentiality is similar in the rest of your job; you should not go home and report to your wife everything that prisoner X did in the jail today. The dangers of breaching confidentiality include:

- a. Loss of confidence in you by prisoners and other staff. Prisoners will be less likely to deal with you honestly, and fellow officers will think less of you professionally if you are the kind of person who lacks discretion and passes on information which should remain confidential.
- b. The prisoner may suffer harm from other prisoners who think they may be in danger if they are around him.

Example: During intake screening you discover that prisoner X was treated for TB five years ago. If you mention this to the other prisoners, they may feel threatened by his presence in the same cell block, even though you have determined through a call to the local physician that he has been cured. Other prisoners have threatened, beaten, or killed prisoners because they felt their own health threatened.

- c. A breach of confidence may result in a lawsuit against you. If you have questions concerning confidentiality, ask your local physician and discuss them among the jail staff. If at all possible, the receiving health form should be completed in privacy.

3. THE RECEIVING SCREENING FORM MUST BE FILLED IN COMPLETELY.

Each question has been chosen to meet an important need to determine if

someone may be safely admitted to the jail. Completing the questionnaire takes only a few minutes; omitting a question may result in a critical error in judgment. If you are unable to complete a question, write out the reason why.

4. YOU MUST ASSUME THE INMATE IS TELLING THE TRUTH. If, for example, he states he has a heart condition which requires medication, you must assume that he does and act accordingly. It is the responsibility of the health personnel associated with the jail to determine the validity of his complaints.

5. YOUR ROLE IS DECIDING WHETHER OR NOT THE PRISONER IS HEALTHY ENOUGH TO BE ADMITTED TO THE GENERAL POPULATION IN THE JAIL; IT IS NOT TO MAKE A DIAGNOSIS.

Example: Prisoner X exhibits unusual behavior during screening and has been in psychiatric hospitals in the past. You should seek medical clearance before admission. Labeling the prisoner possibly schizophrenic, however, may make you liable to a lawsuit.

6. WHENEVER YOU HAVE ANY DOUBTS ABOUT ADMITTING A PRISONER, CALL YOUR LOCAL PHYSICIAN. It is far better to make a dozen unnecessary phone calls or to seek medical clearance a few extra times than it is to admit someone who dies two hours later because you did not take the time to be certain about his health status.

Receiving Screening Forms

The following form is suggested for use in jail receiving screening by non-medical personnel. It has been developed from experience in receiving screening in several jails. Only those problems which may pose a significant immediate health threat are considered. Follow these instructions:

1. Record the prisoner's name and number, date, and time.
2. Sign the form.
3. Read the statement "The following information is being collected for your health record. It is confidential and may not be released without your consent." If the prisoner has any questions about the screening procedure, show him the form and explain the purpose of receiving health screening.
4. Ask each question separately. Check the appropriate box "Yes" or "No." Most questions will be answered "No." If there is a "Yes" answer, refer to this manual (the page numbers on the form refer to this manual) to determine any additional course of action. Write out answers to any further questions in the blank space on the right side of the form.
5. To obtain the drug and alcohol history, it may be necessary to reassure the prisoner that this information is confidential and cannot be used in court. If the prisoner has used any of the substances listed in the last week, obtain the other information listed on the sheet. Consult the sections of this manual on drug history and signs of drug abuse to determine what course of action is necessary.

6. Perform the indicated physical assessment. Check normal if everything appears normal; abnormal if there appears to be something wrong. Describe abnormalities and refer to this manual to help determine the course of action.
7. Every item must be completed. If you are unable to complete the form, write the reason why. Failure to cooperate by a prisoner may indicate that he has a medical or psychiatric problem. Consider these possibilities and call a physician or seek medical clearance if you have any questions.
8. Check the box to indicate the decision you made based upon the information you have collected.

JAIL RECEIVING SCREENING

Prisoner's Name _____ Number _____

Date _____ Time _____ AM PM Signature of Booking Officer _____

Read this statement: "The following information is being collected for your health record. It is confidential and may not be released without your written consent."

Yes	No	Question	Give Details on All "Yes" Responses (See Receiving Screening Manual)
		1. Have you had heart trouble? emphysema or asthma? seizures (epilepsy, convulsions)? diabetes? TB (tuberculosis)? (pages 20-22)	
		2. Are you allergic to anything? (page 22)	
		3. Have you been in the hospital anytime during the last three months? (page 24)	
		4. Have you had surgery in the last three months? (page 24)	
		5. Have you seen a doctor for any problem in the last month? (page 25)	
		6. Are you currently taking any medication? (pages 26-27)	
		7. Do you have any injuries? (page 28)	
		8. Have you ever been in a psychiatric or mental hospital? (page 29)	
		9. Are you under the care of a psychiatrist currently? (page 29)	
		10. Women only: Are you pregnant? Have you had a baby or an abortion in the last month? (page 30)	
		11. Do you have any other health problems? (page 31)	

Drugs Used During Last Week	Yes	No	Last Used	How Much (Daily)	Length of Current Use (Consecutive Days)	Withdrawal Symptoms
Alcohol (pages 34-37)						
Barbiturates or Downs (page 38)						
Heroin or Methadone (pages 39-40)						
Speed or Ups (page 41)				XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXX
Psychedelics (LSD, etc.) (page 42)				XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXX

Normal	Abnormal	Physical Assessment	Describe All Abnormalities
		General appearance (consciousness, gait, signs of trauma, speech, general health and hygiene, breathing difficulty) (pages 43-45)	
		Old trauma with limit to function (pages 46-47)	
		Signs of recent trauma (especially head) (pages 46-47)	
		Skin (jaundice, rash) (page 48)	
		Behavior (pages 49-50)	
		Signs of drug use or withdrawal (page 51)	

(page 52) Pulse _____/60 Seconds Ht. _____ In. Wt. _____ Lbs.

Optional: Temperature _____ °F. Urine Dipstick _____

Disposition: General population _____ Medical clearance _____ Call physician _____
 Detox _____ Segregation _____ Infirmary _____ Medication _____
 Other (describe action): _____

Major Problems and Allergies

The majority of prisoners will not have any major health problems. For those who do, however, it is critical to ask a few additional questions to determine if they need special attention. If the prisoner states he has the following problems, ask the questions below.

A. Heart

1. What kind of heart problem do you have?

- a. If a heart attack in the last six months, seek medical clearance.
- b. If angina or chest pains, ask if he is having any chest pain now. If so, send to the nearest hospital for medical clearance.
- c. If high blood pressure, proceed under "medications."
- d. If heart failure, proceed under "medications."
- e. For other heart problems, call a physician.

2. Are you taking medication for the problem?

If yes, proceed under "medications."

3. Have you been in the hospital in the last three months for this problem?

If yes, seek medical clearance.

4. Do you have any special limitations because of this problem?

If yes, attempt to accommodate the prisoner's needs until the jail health staff can evaluate them, or seek medical clearance.

Assign the prisoner to a cell as close as possible to the jailer's station or admit to the infirmary.

B. TB (tuberculosis)

1. Are you taking medicine for it?

If yes, proceed as under "medications."

2. Have you been coughing recently?

If yes, segregate until the health staff can examine or seek medical clearance.

3. Record the temperature.

If greater than 100° F, seek medical clearance.

C. Asthma or Emphysema

1. Are you taking medication for it?

If yes, proceed as under "medications."

2. Are you having an attack now or are you much worse than usual?

If yes, seek medical clearance.

3. Record the temperature.

If greater than 100° F, seek medical clearance.

4. Look for signs of breathing difficulty. If the lips or fingertips look blue, if he is breathing rapidly (greater than twenty times a minute), if his breathing is audible, or if his nostrils flare with each breath, seek medical clearance.

Assign the inmate to a cell as close as possible to the jailer's station or admit to the infirmary.

D. Diabetes

1. Do you take medicine or injections for it?

If yes, proceed as under "medications."

2. Did you take medicine today?

If no, attempt to get the medication as soon as possible.

3. Have you eaten today?

If no, arrange for a meal.

4. Have you vomited today? Do you feel abnormally hungry or thirsty? Are you urinating a lot more than usual?

If yes to any, seek medical clearance.

5. Test the urine for sugar.

If it shows 3+ or 4+ sugar, get medical clearance.

6. Do you feel weak or jittery? Are you breaking out in a cold sweat? Do you have a severe headache?

If yes and the urine showed no glucose, give sugar (candy, orange juice, etc.) immediately and arrange for a meal.

Assign the prisoner to a cell as close as possible to the jailer's station or admit to the infirmary.

E. Seizures (epilepsy, convulsions)

1. Do you take medicine for seizures?

If yes, proceed as under "medications."

2. When was the last time you took your medication?

If longer than 24 hours ago, contact a physician for instructions.

3. When was your last seizure?

If within the last 24 hours, seek medical clearance.

Assign the prisoner to a lower bunk as close as possible to the jailer's station or admit to the infirmary. Be certain that "seizure sticks" (padded tongue blades) are available and that jailers on each shift understand what to do in case of a seizure (see first aid manual).

F. Allergies

1. What are your allergies?

Note allergies to medications and other substances. Avoid exposure to those substances to which the prisoner is allergic. If a medication log is begun, write the drug allergies at the top.

Surgery and Hospitalization

Use the arbitrary time period of three months for surgery or hospitalization. If the prisoner had either, ask the following questions:

1. When?

If in the last month, seek medical clearance.

2. For what?

If for a heart attack in the last three months, seek medical clearance.

If for a problem which may be continuing, such as "ulcers," seek medical clearance.

If there is any question about whether or not the problem requires immediate or special attention, contact a physician.

3. Do you have any current limitations to activity or diet?

If yes, note the limitation and attempt to accommodate the prisoner until he is seen by the jail health staff. If unable to do so, contact a physician for advice.

4. Are you taking medication for this problem?

If yes, proceed as under "medications."

5. Do you have a follow-up appointment?

If yes, notify the jail health personnel.

Seen a Physician

If a prisoner has seen a physician in the last month, ask:

1. What for?

Some problems, such as TB, heart disease, diabetes, or psychiatric problems, may be continuing. Be certain to ask the questions indicated under those sections. If there is any question about accepting the prisoner, contact a physician.

2. Are you still having this problem?

If yes, contact a physician or seek medical clearance.

3. Do you have any current limitations in diet or activity?

If yes, note the limitation and attempt to accommodate the prisoner until he is seen by jail health personnel. If unable to do so, contact a physician for advice.

4. Are you taking medication for this problem?

If yes, proceed as under "medications."

5. Do you have a follow-up appointment?

If yes, notify the jail health personnel.

Medications

If the prisoner is currently taking any medication, ask:

1. Was it prescribed by a physician, osteopathic physician, physician's assistant, nurse practitioner, or psychiatrist?
(Record his name.)
2. What is it for? What is it? (Record.)
3. How often do you take it? When did you last take it? (Record.)

4. Do you have it with you?

If the prisoner has a vial with medication, it is important to verify that the medicine in the vial is that on the label (the prisoner may have put other medication in the vial). This may be done by calling the pharmacy or physician on the label, checking the "Product Identification" section of the PDR (Physicians' Desk Reference), or calling another physician.

5. When do you need to take it again?

If the medication was prescribed by a physician, it may be necessary for the prisoner to take it again before the jail's health staff can evaluate the need for it or contact the physician. This is particularly true for heart, asthma, diabetic, seizure, anti-TB, psychiatric, and anti-infection (antibiotics) medications. If the prisoner has the medication or can get someone to bring it in, the medication may be administered on schedule after verification. If it is impossible to obtain the needed medication from the prisoner, call your local physician to obtain a limited prescription. No more than one day's supply should be left in the prisoner's possession, since, under the stress of being jailed, there is danger of an overdose. All

medication given or removed from a prisoner must be recorded. When there is any doubt or question, call a local physician or seek medical clearance.

Every jail should have its own medication procedures. It is not in the scope of this course to go into these procedures other than during screening.

History of Trauma

Questions concerning recent trauma are a must. Not all trauma leaves signs visible to the eye, so the book-in officer cannot assume that a person is uninjured because he looks all right. Head injuries are sometimes impossible to see, especially in people with long hair or Afros. The person should be asked if he has been in a fight or accident. The officer can also get some idea of the possibility of trauma from the copy of charges. Operating under the influence, public drunk, simple battery and affray automatically suggest the possibility of trauma. Recent trauma of any nature must be treated by a physician or at a hospital emergency room before the person is admitted to the jail. Many people will refuse to be treated, but they must make this refusal to the physician or at the emergency room, not at the book-in desk. Old injuries must be watched also since they might impair the person's normal function and limit his ability to care for himself under jail conditions. This includes people who suffer from birth defects and diseases of a crippling nature such as polio, stroke, amputations, etc.

Psychiatric Care

1. If under the care of a psychiatrist currently, ask his name, address, and phone number. If there is any question about whether or not to admit the prisoner to the jail, contact his psychiatrist or seek medical clearance.
 2. Ask when the prisoner was released from the psychiatric hospital. If within the last 3 months, seek medical clearance.
 3. Are you on any medications?
If yes, proceed as under "medications."
 4. Ask the arresting officer about unusual behavior or depression. If the arresting officer suggests either, seek medical clearance.
 5. Certain crimes suggest the possibility of severe psychiatric problems or possible depression. Examples are someone who has killed a family member or someone who has been arrested for walking around naked through a department store. Seek medical clearance.
- Remember that suicide is very common in jails and occurs most frequently shortly after arrest. If there is any question about potential suicide or violent behavior, seek medical clearance.

Women Only

If the woman states she is pregnant, ask:

1. How many months? If six or more months pregnant, seek medical clearance. If less than six months, notify the jail health staff the next day.
2. Ask if she is in pain or bleeding.
If so, seek medical clearance.
3. Ask if she is taking medication. If yes, proceed as under "medications."

If the woman states she had a baby or abortion in the last month, seek medical clearance.

Other Problems

If the inmate indicates other problems, ask what they are. Judgment is necessary to determine how soon health care is needed; the problem is similar to the everyday situation in jails where there is not health staff present 24 hours a day. Certain problems, such as bleeding, stomach pain, and chest pain demand immediate medical attention. Other problems, such as "cold," athlete's foot, etc., do not. Itching suggests a need for segregation.

When in doubt, call a physician or seek medical clearance.

Drug and Alcohol Use

Questions concerning the use of alcohol and drugs are important for three reasons:

1. The presence of certain drugs and alcohol in the body may significantly alter his behavior and pose a threat to the safety of other prisoners or jail staff.
2. People taking large quantities of alcohol, barbiturates (or other "downs"), or narcotics (heroin, methadone) for extended periods of time who suddenly stop taking them experience a drug or alcohol withdrawal syndrome which can result in death.
3. People can die after taking an overdose even though they may have seemed normal shortly before.

In order to obtain the drug history, you may have to remind the prisoner that the information you are collecting may not be used against him. One way to ask about drug use is to ask, "Have you used alcohol or any drugs in the past week?" If the person answers "yes," ask how much they have used, when they last used it, and how long they have been using it on an uninterrupted daily basis. Quantitate the use in quarts of alcohol, pints of wine, number of pills, times a day used, etc. Alcoholics have a tendency to underestimate their drinking, so you may have to be persistent. If drug or alcohol use has been discontinued at least one week before booking, there is little danger of withdrawal or intoxication. Chronic alcoholics, however, may suffer a withdrawal syndrome even after more than one week's abstinence.

Many drug dependent people use several different drugs at a time.

If someone has taken several drugs or a large amount of one drug or alcohol just prior to being brought to jail, there is a possibility of an overdose. The person may seem all right when initially interviewed, but could lapse into a coma and die shortly afterwards. People who are obviously still under the influence of drugs or have just taken some drugs must be observed continuously. They must be housed separately from other prisoners. If they cannot remain awake or answer questions, get them to the hospital immediately. Take any pills or medication found on them to the hospital.

Alcohol

A. Intoxication

Persons under the influence of alcohol are generally very obvious. They may show exhilaration, excitement, loss of restraint, irregular behavior, slurred speech, incoordination of movement and gait, irritability, drowsiness, and, in advanced cases, stupor and coma. Occasionally you will have to deal with what is known as "pathologic intoxication" where the person becomes combative or destructive. In extreme cases a person may drink so much that he lapses into a coma.

If the prisoner is intoxicated, he may not be able to give an accurate medical history. It becomes even more important to look for signs of trauma, since he may not be aware of any injuries himself. Head trauma could be the main cause of his "intoxicated" behavior and result in death if not detected.

Intoxicated prisoners should be housed separately from other prisoners for everyone's protection. Seek medical clearance under any of the following circumstances:

1. The prisoner cannot be kept awake long enough to answer questions.
2. The prisoner cannot be awakened.
3. There are any signs of recent trauma to the head, limbs, or body.
4. There are old injuries which have not received treatment.
5. There is doubt that the behavior of the prisoner is due to alcohol ingestion.

B. Alcohol Withdrawal Syndromes

Alcohol withdrawal syndromes may take several forms. They occur after someone has been drinking heavily for several days and suddenly stops drinking. The milder forms of alcohol withdrawal syndromes may progress to DTs (delirium tremens), which is potentially fatal even in hospitals. If a prisoner exhibits any alcohol withdrawal symptoms, medical clearance must be obtained. Four types of alcohol withdrawal syndromes are described below:

1. Tremulousness

Tremulousness or "the shakes" is the most common withdrawal syndrome. It generally occurs in the morning after several days of steady drinking. The symptoms usually reach their peak 24 to 36 hours after the total cessation of drinking. Symptoms may include: very shaky hands, hesitating speech, nausea or vomiting, startling easily, a deeply flushed face, and insomnia. This syndrome may progress to DTs. Medical clearance must be obtained.

2. Hallucinosiis

Hallucinosiis (hearing or seeing things which are not there) occurs in approximately 25% of the tremulous alcoholics. The person may complain of nightmares and uneasy sleep or disturbed sleep. Familiar objects may assume unreal forms and become distorted, and sounds and shadows are misinterpreted. Hallucinations may be visual or auditory or both. Hallucinations may take the form of human, animal, or insect life. Voices may speak directly to the person but most generally will speak of the person in the

third person. The voices are usually threatening and are disturbing to the person. These persons may attempt suicide to avoid what the voices threaten. These prisoners must be under the care of a physician.

3. Alcoholic Epilepsy (Seizures)

This syndrome occurs usually 12 to 48 hours after the cessation of drinking, but may occur up to two weeks later in chronic alcoholics. The seizures occur in a short burst of two to six seizures or even more. The person falls down and has jerking of the limbs. Generally, one third of the persons with seizure activity go on to develop delirium tremens. These seizures are generally known as "Rum Fits" and will be called such by the alcoholic. Medical clearance must be obtained.

4. Delirium Tremens

This is the most dramatic and grave of all the alcoholic complications. It is characterized by a state of profound confusion, delusions, vivid hallucinations, tremor, agitation, sleeplessness, dilated pupils, fever, rapid pulse and profuse perspiration. Delirium tremens occurs in excessive and steady drinkers of many years' duration. The syndrome usually occurs three to four days after the cessation of drinking. About 15% of delirium cases end fatally even in hospitals. Delirium tremens becomes manifest only after several days of abstinence. These people must be hospitalized.

Summary

Medical clearance must be obtained for alcoholics under any of the following conditions:

1. The prisoner cannot be awakened.
2. He cannot be kept awake long enough to answer questions.
3. There are signs of recent trauma to the head, limbs, or body.
4. There are old injuries which require treatment.
5. There is doubt that the behavior exhibited is due to alcoholic intoxication alone.
6. He is shaky.
7. He has hallucinations (hears or sees things which are not there).
8. He has seizures or convulsions.
9. His temperature is greater than 100°F.
10. His pulse is greater than 110 per minute.
11. He is a steady habitual drinker who has stopped drinking during the last week. (These people may be examined by the jail health staff the next day if they exhibit none of the first ten problems.)

Barbiturates and Downs

Barbiturate (and other "downs," such as qualudes, valium, etc.) intoxication results from the ingestion of large amounts of the drug. Some alcoholics will use barbiturates to relieve their nervousness, so you may encounter a prisoner who is under the influence of both. The symptoms of barbiturate intoxication are similar to those of alcohol. The person thinks slowly, shows increased and changing emotion and becomes untidy in his dress. Severe abstinence or withdrawal syndrome occurs in the persons on large doses (8 or more pills) for a period of two weeks or more. The symptoms of withdrawal usually occur 8 to 12 hours after the last dose. The symptoms are nervousness, tremor, and weakness. Generalized seizures with loss of consciousness may occur, usually between the second and fourth days of abstinence and occasionally as long as six or seven days after withdrawal. He may have hallucinations or a full blown delirium exactly like delirium tremens in alcoholics. Death may occur under these circumstances. Follow the same guidelines for seeking medical clearance listed under "Alcohol."

Heroin and Methadone

The drugs included in this section are morphine, opium, heroin, Dilaudid, codeine, Demerol, and methadone. The symptoms of intoxication are nausea, vomiting, constipation and loss of sexual interest. In cases of overdose the pupils are contracted and there is a bluish tint to the lips and fingertips. A cardiorespiratory arrest may occur.

The abstinence or withdrawal syndrome occurs when use of the drug is terminated. This syndrome is only prevalent in use of "addicting" drugs such as opiates, alcohol, and barbiturates and is absent in the "habit forming" drugs such as bromides, amphetamine, cocaine, and marijuana. The intensity of the abstinence syndrome is dependent mainly on the dose of the drug and the duration of addiction.

Symptoms of abstinence syndrome occur after 8 to 16 hours of abstinence. The symptoms consist of yawning, runny nose, sweating, and tearing of the eyes. These symptoms are, at first, mild but increase in severity after several hours and then remain constant for several days. The person will be able to sleep at first but then insomnia becomes a prominent feature. Dilation of pupils, recurring waves of gooseflesh, and twitchings of the muscles appear. The person complains of severe aches in the back, abdomen, and legs, and of hot and cold "flashes." By the end of 36 hours the restlessness becomes more extreme, and nausea, vomiting and diarrhea may develop.

Determination of the use of these drugs is usually made from the person's statement that he is addicted to and needs drugs. If he attempts to conceal his addiction it may be difficult. Needle marks, emaciation, or abscess scars are suggestive but not specific signs.

Although the withdrawal syndrome is not life-threatening, it causes so much discomfort that some addicts have attempted suicide. Medical clearance should be obtained if the addict complains of withdrawal symptoms.

Speed and Ups

Speed and ups consist of the stimulant class of drugs such as amphetamine (Benzedrine). They are better known as diet pills and are used for weight or by some people in order to stay awake. Because of the ease of access to stimulant drugs, the instances of acute intoxication are frequent. The signs of use are sleeplessness, restlessness, speech and movement over-activity and shaking. In severe cases, a schizophrenia-like effect may occur, with hallucinations, delusions. The person may become psychotic or violent.

Since amphetamine and other forms of speed are not addictive, no withdrawal syndrome will occur. The patient will be very tired and will often show signs of depression, but withdrawal is not life threatening. Intoxication, however, must be treated by a physician. Seek medical clearance if the prisoner has used speed, ups, or cocaine in the last 24 hours.

Psychedelics (Hallucinogens)

The primary effect of psychedelics is to alter perception, mood, and thinking. Addiction does not occur although the person may become dependent upon them for emotional support. The most common psychedelics are LSD, mescaline (peyote), and psilocybin. The symptoms of use are dizziness, nausea, drowsiness, blurring of vision and perceptual abnormalities. The perceptual abnormalities consist of vivid visual hallucinations, alternation in the shape and color of objects, unusual dreams, and feelings of depersonalization. The person may seem like he is in a dream world. Dilated pupils, goosebumps, elevated temperature, and rapid pulse are prominent, and the user may show incoordination.

Even though there is no abstinence syndrome, persons suspected of being intoxicated on psychedelics must be treated by a doctor or at a medical emergency facility because of hallucinations and because further medical evaluation is not possible without the cooperation of the prisoner. Seek medical clearance if the prisoner has used psychedelics within the last 24 hours.

General Appearance

The most immediate and most important part of any physical examination is the assessment of a person's general appearance. When you first see someone, what kinds of things can you say about him immediately? Write "healthy" or any of the adjectives below which apply:

1. Level of consciousness
 - a. Unconscious: you are unable to wake the person by applying a painful stimulus (shouting, pinching, knuckling the sternum, etc.). It is not necessary to keep trying to awaken the person; he must be seen immediately by a physician or transported to a hospital emergency room.
 - b. Drowsy: the person cannot remain awake or is unable to respond to questions. Medical clearance should be obtained; the person may have suffered head trauma, taken an overdose, suffered a stroke, etc. He may only be drunk, but even if drunk, may have one of the above conditions and could die if medical attention is not promptly sought.
 - c. Confused or disoriented: the prisoner cannot state his name; the time of day, day of week, month, or year; or name the place he is in. The person may have psychiatric problems or have taken an overdose. Medical clearance must be obtained.
2. Gait
 - a. Limp: if limping is due to a recent (one week or less) injury and the prisoner has not been evaluated by a physician, medical clearance should be obtained. This is especially important if the prisoner was injured while being arrested to avoid later complaints that injury occurred in jail. The prisoner may require special accommodations if he experiences great difficulty walking.

- b. Stumbling or uncoordinated: This may be due to intoxication, overdose, or head trauma. Medical clearance should be obtained.
- c. "Cloud walking": This may be due to drugs or psychiatric problems. Either may result in potential harm to the prisoner or others. Medical clearance is necessary.

3. General Health

- a. Looks healthy: strong, robust.
- b. Looks sick: if someone looks as if they are very weak, sick, on their death bed, etc., medical clearance should be obtained.

4. Shaky

If the prisoner has the "shakes," note this under general appearance and see the sections pertaining to drugs and alcohol.

5. Signs of trauma

If there are signs (other than minor scrapes or bruises) of recent trauma, such as bleeding or dried blood, bruises, or cuts, medical clearance should be obtained. Slight blows to the head, stomach, or back may be enough to cause death hours or days later.

6. Hygiene

- a. Clothing: ripped clothing suggests a further need to look for signs of trauma. Dirty clothing suggests the possibility of poor hygiene.
- b. Dirty: if the prisoner is especially dirty or unkempt, there is a greater likelihood of infestation with crabs or lice. Ask about itching; if the prisoner has itching he should be separated from other prisoners until medical clearance is obtained.

7. Speech

- a. Rapid: extremely rapid speech suggests anxiety or agitation. Medical clearance must be obtained.

- b. Confused: if the person makes no sense, medical clearance is necessary.

8. Breathing Difficulty

Rapid breathing (greater than 20 breaths per minute) or labored breathing (nostrils flaring, lifting shoulders with each breath) suggest heart or lung problems or may be due to psychiatric problems. Medical clearance is necessary.

Signs of Trauma

Any recent trauma must be treated or checked by competent medical personnel before accepting the prisoner into the facility. Close attention must be paid to any sign of trauma and to arrest conditions which suggest the possibility of trauma, such as automobile accidents, fights and resisting arrest.

1. Head Trauma

Trauma to the head does not always result in bleeding. If trauma is suggested, check the head, especially under the hair, for lumps or discoloration. All head injuries can be dangerous; and the degree of danger is not always indicated by the surface appearance. If there is sufficient reason to believe that a head injury exists, then there is sufficient reason to insist that the person be seen by a doctor or taken to a medical emergency facility.

2. Trauma to Limbs

Very often persons brought to jail from the scene of accidents or fights are suffering from injuries of which they are unaware. Due to shock or the presence of large amounts of alcohol or drugs, these people can sustain severe injuries without knowing it. Broken bones are no exception. The limbs of the prisoner should be checked for any discoloration, disfigurement, or swelling. If there is a suggestion of trauma to the limbs, seek medical clearance.

3. Blows to the Back and Stomach

Injuries to the stomach are easily sustained from the steering wheel of cars in accidents. Blows to the stomach and back are

received in fights and other violent arrests. Either one can be fatal hours or days later. Persons who have received blows to the back and stomach must receive competent medical attention immediately. Such blows can cause injuries to the liver, spleen or kidneys and can result in the death of the prisoner.

Skin and Mouth

A brief look at the face and upper body may reveal any of the following:

1. Jaundice is a yellowish tint to the skin and whites of the eyes. If there is a suspicion of jaundice, ask the prisoner to look up while pulling down his lower eyelid. If there is any question of jaundice, medical clearance must be obtained. Jaundice may be a sign of contagious hepatitis, but it is often associated with other diseases.
2. Pallor: extreme paleness may be a sign of extensive bleeding, which could be internal. Medical clearance is necessary.
3. Rashes, other than acne (pimples) may be a sign of a contagious disease. Medical clearance, or isolation until it is obtained, is necessary.
4. Mouth: a special diet will be needed for someone lacking teeth.
5. Bruises, cuts, and dried blood indicate recent trauma. Proceed under the section "Signs of Trauma."

Behavior

Observing a prisoner's behavior is extremely important to pick out those people who are potentially suicidal or a threat to other prisoners or jail personnel. People who have had previous psychiatric problems (see history) are more apt to have current problems. If there is any question of psychiatric problems, medical clearance must be obtained. Certain criminals, such as a sniper or someone who murdered a member of his family, are more likely to have serious psychiatric problems.

1. Hyperactive behavior, agitation, irritability, and aggressive behavior may be indicative of severe psychiatric problems and a potential for violence. Speech may be very rapid. Medical clearance is necessary.
2. Hallucinations are an altered perception of reality; the person may hear or see things which are not real. They may be due to psychiatric problems or drug or alcohol use or withdrawal. Medical clearance is necessary.
3. Disorientation (not knowing his name, the day, the place), poor memory, and confusion may reflect a serious problem with the brain. Often it may be due to a process which is reversible if caught in time. Medical clearance is necessary.
4. Severe depression may be displayed by expressions of hopelessness, despair, guilt, or not caring what happens. The person may look dejected and talk slowly and take little interest in his personal appearance. These people are potentially suicidal. Jail populations have a much higher incidence of suicide than normal, and many of the suicides occur shortly after arrest. Most suicide victims have had previous psychiatric problems or previous suicide attempts. Many have had extensive drug use in the past. By observing behavior for

signs of depression, the jailer may be able to prevent a potential suicide. If there is any question of severe depression, medical clearance must be obtained.

5. Mentally retarded prisoners experience more than the usual problems in jail. They may not be able to follow simple instructions. They may be used by other prisoners to cause trouble. There are varying degrees of mental retardation. If significant retardation is suspected by an inability to follow simple instructions or answer questions appropriately, the prisoner may require separate accommodations to protect him from others or added attention to help him adjust to jail.

Observing behavior involves judgment and common sense. Ask yourself what is normal for the situation. It is reasonable to be unhappy when arrested, to be hostile toward the arresting officers, and to be nervous about being in jail. Use your experience as a guideline for what is normal versus what is unusual. Observing receiving behavior is essential to avoid serious problems later. If there is any question about abnormal behavior, seek medical clearance.

Signs of Drug Use

The majority of people brought into jail are either on drugs or alcohol. The alcoholics are usually easy to detect. Their gait will be wobbly and unsteady, and there is usually an odor of alcohol. Those brought in for operating under the influence of alcohol will usually have had an intoximeter test, and the results of this test will tell approximately how much alcohol they have in their system. Those persons known to be alcoholics must be observed closely for signs of withdrawal. (See section on "Alcohol.")

Drug addiction can be spotted by looking for the proper signs:

1. Runny nose - possible use of cocaine or heroin withdrawal.
2. Pupils - dilation indicates the possible use of "downers" or heroin withdrawal. Contracted pupils may indicate recent use of heroin.
3. Disoriented - people on any type drug might become disoriented or lethargic.
4. Unprovoked belligerence - people on "uppers" may be violent or uncooperative. They may have a very real feeling of persecution.
5. Needle tracks - needle tracks (small scars or puncture wounds on the inside of the elbow or forearm), either fresh or old, not only indicate the use of drugs but indicate the possibility of hepatitis.

If there are signs of drug use, refer to the section on "Drug and Alcohol Use" for guidelines for medical clearance.

Pulse, Temperature, Height, and Weight

1. Pulse

The pulse is taken by gripping the person's wrist so that the first two fingers of your hand press against the inside of the prisoner's wrist just above the bend of the wrist and on the thumb side of the wrist. The pulse should always be taken with the tips of the fingers and not the thumb. (The thumb has a small pulse of its own and an accurate count is not always possible.) Once the pulse has been located, count the number of beats in a timed 15 second period. Multiply this number times four (4), and record the total figure. If the pulse rate is greater than 110 beats per minute or less than 60, seek medical clearance.

2. Temperature

The temperature may be checked orally and preferably with disposable thermometers. This is accomplished by placing the thermometer under the tongue and waiting three minutes for glass thermometers and approximately 30 seconds for disposable thermometers. The temperature is required only if there are other problems (see previous pages). Seek medical clearance if the temperature is greater than 100°F.

3. Height and Weight

Height and weight should be recorded in street clothes and stocking feet.

Urine Dipstick

The urine of all diabetics must be checked for sugar (glucose). There are several different suitable dipsticks available; follow the directions on the bottle or box for each type. The most important point to remember is that the color code must be timed exactly. If not, the urine may show too much sugar.

See the section on "Diabetes" for a discussion on when to seek medical clearance. If a new prisoner has 3-4⁺ sugar in his urine, always seek medical clearance.

Summary

Having completed this two day course, you should now review the goals section (pages 2-3) of this manual to see if you have accomplished the goals. You should now possess the knowledge to institute a receiving health screening program in your local jail.

No course can cover all situations which arise. Pay close attention to the general principles (pages 13-15). Screening procedures should be discussed with the health workers involved in your jail. With the institution of this program, those health workers will have a solid base upon which to build a sound program of jail health care.

END