House Of Correction – Treatment of Medical Conditions

PURPOSE

To ensure that all inmates have access to medical, dental and mental services.

DEFINITIONS

HOC:	House of Correction
HSU:	Health Services Unit
Shift Commander:	Captain in charge of jail operations of each shift
Assistant Superintendent:	Ranking person serving as Jail Administrator/Commander
Armor:	Armor Correctional Health Services

References
DOC 350
Armor Correctional Health Services Policy and Procedures

3.1 Routine Care

Health status of inmates is reviewed at an established frequency. Inmates will receive annual tuberculosis screening as directed by an armor medical professional.

Procedure:

- The Health Information Manager or designee will generate a list of inmates incarcerated for more than 12 months using the facility's inmate management system.
- Inmates incarcerated for more than 12 months will be scheduled for an annual health examination.
- Tuberculosis screening will be included in the annual health examination.
- The annual health examination will be conducted by Armor JE04.

3.2 Chronic care

Inmates with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

Clinical protocols are established and annually reviewed by the Medical Director consistent with national clinical practice guidelines.

3.3 Pregnancy

Pregnant inmates receive timely and appropriate prenatal care, specialized Obstetrical services when indicated, and postpartum care.

Pregnancy management includes the following:

- Pregnancy confirmation;
- Routine and high risk prenatal care;
- Management of chemically addicted pregnant inmates;
- Comprehensive counseling and assistance;
- Appropriate nutrition; and,
- Post-partum follow-up.

Procedure:

All female inmates medically screened at intake shall have a urine pregnancy test performed. The results of this testing shall be available prior to administration of medications or radiographic procedures. Inmates may also have urine pregnancy testing upon request, or upon order of the clinician.

Inmates less than 32 weeks gestation with a documented positive urine pregnancy test and no significant complaints (such as significant bleeding and/or cramping), shall be housed in general population. Inmates over 32 week's gestation shall be admitted to the infirmary on observation status, or medical housing unit, until evaluated by the Health Care Provider (HCP) usually within 24-48 hours. The HCP will then provide further direction/orders re management and housing of the inmate. JG07

Mental Health Issues

Inmates' mental health needs are addressed on site or by referral to appropriate alternative facilities. They are addressed by a range of mental health services of differing levels and focus, including residential components when indicated.

Services include:

- Identification and referral of inmates with mental health needs;
- Crisis intervention services;
- Psychotropic medication management, when indicated; and,
- Individual counseling, group counseling, psychosocial/psycho-educational programs, and treatment documentation and follow-up.

When commitment or transfer to an inpatient psychiatric setting is clinically indicated, required procedures are followed and the transfer occurs in a timely manner. Until such transfer can be accomplished, the inmate is safely housed and adequately monitored.

Procedure

- Inmates are screened for mental health problems on intake, during the Receiving Screening process
- A psychiatric evaluation of inmates on the Mental Health Unit will be conducted by the Psychiatrist, ARNP, or licensed Behavioral Health Practitioner within 48 hours (72 hours on weekends) of intake or referral to the Behavioral Health Department
- Post admission mental health mental health evaluation will be conducted for all inmates within 14 days of arrival and documented on the "Mental Health Screening" form Armor JG04

Intoxication and withdrawal (detox)

Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using recognized standard assessments at appropriate intervals until symptoms have resolved.

Detoxification is done under physician supervision.

The pregnant inmate is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician is contacted so that the opioid dependence can be assessed and appropriately treated.

The facility has a policy that addresses the management of inmates, including pregnant inmates on methadone or similar substances. Inmates entering the facility on such substances have their therapy continued, or a plan for appropriate treatment of the methadone withdrawal symptom is initiated.

Procedure:

Screening:

- All persons entering the facility are questioned regarding current drug and alcohol use, quantity and time of last use, and history of any withdrawal syndromes.
- All persons are observed for signs and symptoms of alcohol and drug intoxication and withdrawal and examined for physical signs of alcohol or drug withdrawal. Vital signs, mental status, neurological signs will be assessed.
- Persons at high-risk will, based on the nurse screen, be assessed as acuity level 1 and be assessed by advanced by advanced level provider within 24 hours or less. If, as a result of the screening, the inmate is determined to be experiencing withdrawal or is at high risk for severe withdrawal, the HCP will be contacted to begin detox treatment and monitoring as an admission to the infirmary or designated observation cells.
- If the inmate's condition deteriorates during the detoxification process, nursing staff will notify the clinician; inmates will be transferred to a community hospital as indicated.
- Inmates who are admitted to the facility while undergoing methadone treatment, or who have chronic dependency on opioids, will be referred to the clinician.

Armor JG06

Special Needs

During the receiving screening process, health care staff will identify inmates with special health care needs and refer them for appropriate treatment planning.

Special needs inmates are those inmates who, because of a physical or mental health condition require special accommodations or therapeutic intervention in order to function adequately and maintain health in the correctional environment.

Special needs inmates include:

- Chronically ill inmates (e.g. inmates with diabetes, hypertension, seizure disorders, etc.);
- Inmates with communicable diseases (e.g. TB, HIV, etc.);
- Physically handicapped inmates;
- Frail and/or elderly inmates;
- Inmates with special mental health needs;
- Developmentally disabled individuals;
- Juveniles; and,
- Transgender individuals.

A qualified clinician will assess the inmate and develop a treatment plan Armor JG02

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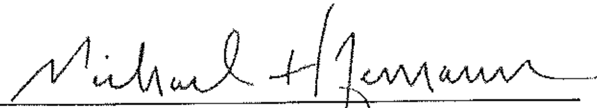

Michael Hafemann, Superintendent
Milwaukee County House of Correction

Signature Date: 03/22/2017

MILWAUKEE COUNTY HOUSE OF CORRECTION ADMINISTRATIVE MANUAL OF POLICIES & PROCEDURES		
CHAPTER NO.: 7	**SECTION NO.:** 702	**REVISION DATE:**
CHAPTER: MEDICAL_MENTAL HEALTH		**ORIGINAL ISSUE DATE:** 03/21/2017
POLICY: Non-Emergency Health Care		

House of Correction – Inmate Requests for Health Services

PURPOSE

The Milwaukee County House of Correction will provide trained medical staff to ensure that inmate medical, dental and mental health needs are properly addressed.

DEFINITIONS

HOC: House of Correction

HSU: Health Services Unit

Shift Commander: Captain in charge of HOC operations of each shift

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References
- DOC 350
- Armor Correctional Health Services Policy and Procedures

Inmate Requests for Medical/Mental Health Services

House of Correction inmates may request health services (medical, dental, mental health) by completing an "Inmate Non-Emergency Health Care Request" form. Inmates will complete the form and place it in a locked "sick call" box in the housing unit.

- All inmates have the opportunity to request daily health care. Their requests are documented and reviewed for immediacy of need an intervention required. Qualified health care professionals respond to health services requests and conduct clinicians' clinics on a timely basis, in a clinical setting.
- Oral or written requests for health care are picked up daily by qualified health care professionals and triaged within 24 hours. When a request describes a clinical symptom, a face-to-face encounter between the inmate and qualified health care professional occurs within 48 hours (72 hours on weekends).
- When responding to health service requests, qualified health care professionals make timely assessments in a clinical setting. Qualified health care professionals provide treatment according to clinical priorities or, when indicated, schedule inmates as clinically appropriate.

Officers will keep inmate requests for health services confidential and when necessary, will help inmates complete the necessary forms

Officers will radio Master Control for inmates requiring immediate emergency care.

All medical care is provided in accordance with the standards of practice for medical professionals. Armor audits and provides case reviews on a regular basis.

Housing Sick Call Procedure

Housing Unit Officer:

- The Housing Unit Officer will be informed, usually via phone by the Health Services Unit (HSU) Officer, of which inmates have been scheduled for sick call.
- The Housing Unit will report to the Health Services Unit any inmates who refuse to attend, or must be seen in the housing unit due to behavior and/or security status.
- The Housing Unit Officer will call the scheduled inmates to the officer workstation, verifying the name on the wristband and have them waiting for the Movement Officer to escort them to the Health Services Unit.
- The Housing Unit Officer will send all requested inmates as a group with the Health Center Runner/Movement Officer to be seen individually in the Health Services Unit.

Nurse/Medical Assistant/Dentist:

- When the Nurse/Medical Assistant/Dentist is ready, he/she will notify the Health Services Officer, with the names of inmates who need to be seen.
- The Nurse/Medical Assistant will advise the Health Services Officer as to when an inmate can be escorted into the sick call room.

Health Services Unit Officer:

- When the inmate arrives at the Health Services Unit, they will be secured in the temporary holding cells located in the rear of the Health Center (male and female inmates are secured in separate cells). The Health Services Officer will monitor the inmate(s) by conducting 30 minute cell inspections and monitoring the cell(s) cameras located at the Health Services Unit Workstation.
- The Health Services Runner Officer/Movement will pat search the inmate for contraband before returning him/her to their assigned Housing Unit.
- Male officers will pat search male inmates and female officers will pat search female inmates.

Security

An Officer may provide security inside the Sick Call Room in the Health Center when requested by the Nurse/Medical Assistant/Dentist or when required due to an inmate's behavior.

When a Special Needs inmate must have sick call at his/her cell, the officer will accompany medical staff and /or Doctor or other health care professional to the cell or bunk of the inmate.

When an indirect supervision inmate must have sick call at his/her cell the assigned Officer will request an additional Officer to accompany the Nurse, Doctor, or other health care professional to the cell or bunk of the inmate.

Health care professionals shall not be allowed into the housing units or inmate cell without an escort officer. Other inmates waiting to be seen or after having been seen by medical/dental professional in the Health Services Unit will be locked in the temporary holding cell.

Documentation

The Housing Unit Officer and Health Services Unit Officer will record the inmate visit to the Health Services Unit for sick call in the Jail Log.

Clinic Security Procedures

Health Services Unit Officer:

The Health Services Unit Officer may request a Movement Officer to escort the inmates scheduled for Sick Call to the Health Center. The Health Services Unit Officer will coordinate the completion of sick call appointments in cooperation with the Health Center Nurse, Doctors and other health care professionals providing services in the Health Center.

Inmates who have completed their Health Center visit will be searched (males search males/females search females) **prior to** leaving the Health Center area to be returned to their Housing Unit.

When inmates are ready to be escorted back to their housing units, the Health Services Unit Officer will advise Master Control to request an escort.

No inmate(s) will be left unattended in the Health Center area. Inmates will be secured in the temporary holding cells while waiting to see health care providers or waiting to be escorted back to their Housing Unit. HSU Officer will conduct 30 minute cell inspections and log the inspections in Jail Log.

Documentation:

The Health Services Unit will provide medication rounds in the housing units of the House of Correction as necessary to dispense medications.

Housing Unit Security

The Housing Unit Officer will maintain order at all times.

The Housing Unit Officer will remain with the nurse at all times.

- Only inmates scheduled to receive medication will be allowed in the medication dispensation area.
- In-direct supervision and Huber inmates will form a single file line in (A-Z) alphabetical order approximately 6 feet from the medication cart.

Documentation

Housing/Segregation Unit Officer(s):

The Housing/Segregation Unit Officer will document the name (First initial, Last name) of the nurse doing medication rounds and the time medication rounds begin and end in the Housing Unit Jail Log.

The Housing Unit Officer will document in Jail Log any individual inmate refusal of their medication and the time.

General/Huber Population Housing Unit(s):

- Medical staff will notify the assigned housing unit officer via radio when in route to for medication distribution.
- In General Population and Huber housing units, the nurse will stage the medication cart inside the housing unit near the officer workstation.
- Inmates will form a line approximately 6 feet from the housing unit door.
- Only one inmate at a time will approach the med cart.

- No movement or talking will be allowed during med pass.
- Any inmate not participating will remain on assigned bunk.

Huber Housing:

- Inmates granted court order medical release will be allowed Huber access to outside providers after documentation is verified confirming said inmate has private medical insurance.
- Any inmate granted ordered medical release that cannot provide verification of private medical insurance, will only be permitted treatment provided by Armor Correctional Health Services staff.

Segregation Housing:

- All inmates in Segregation (A2/B2/O2) will be locked in their cells during medication rounds.
- All inmates on "Keep-In" status in Segregation Housing (A2/B2/O2) will stand approximately 2 feet inside their cell door. The cell chute door will be opened just enough for the medication to be given to the inmate.
- When restraints must be removed to administer an inmate's medications, the Segregation Housing Unit Officer will request a Movement Officer to assist and will advise the housing Shift Commander prior to doing so.
- In the Segregation Unit (O2), the nurse will distribute medication through the food chute while a Segregation Officer remains at their side.
- In the Segregation Unit (O2), if an inmate's cell door must be opened to administer medication, the inmate will be placed into RIPP restraints and two officers will be present.

Booking Room Nurse:

The Booking Room Nurse will generate a list of inmates to be seen. The Booking Officer will call the inmates by name, verifying the inmate wristband to ensure the correct inmate is being seen by the medical staff.
Inmates will be seen one at a time by the Booking Room Nurse staff. Upon being seen the inmate will return to the open Booking Room waiting area or a cell.

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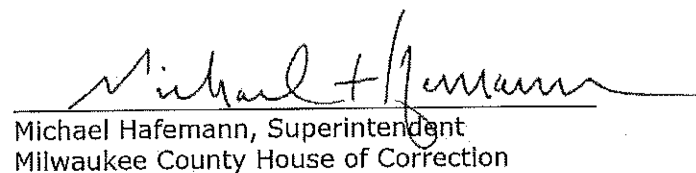

Michael Hafemann, Superintendent
Milwaukee County House of Correction

Signature Date: 03/22/2017

MILWAUKEE COUNTY HOUSE OF CORRECTION ADMINISTRATIVE MANUAL OF POLICIES & PROCEDURES		
CHAPTER NO.: 7	**SECTION NO.:** 706	**REVISION DATE:**
CHAPTER: MEDICAL_MENTAL HEALTH		**ORIGINAL ISSUE DATE:** 03/27/2017
POLICY: Transportation Of Inmates outside the Secured Facility		

House of Correction – Hospital Intensive Security Directed Mission/Hospital Security Transport

PURPOSE

The medical needs of inmates housed in the Milwaukee County House of Correction will be met as directed by state statue and the assigned medical staff.

DEFINITIONS

HOC: House of Correction
HISDM: Hospital Intensive Security Directed Mission
Shift Commander: Jail Captain in charge of jail operations of each shift

PROCEDURE

Jail Medical Staff

An HOC nurse or doctor will make the determination whether an inmate is transported to the hospital. If in the opinion of the medical staff, a hospital admission is likely to follow the inmate's conveyance to the hospital, preparations will begin immediately to initiate a HISDM.
When the inmate returns to the HOC, the Pre-Book nurse shall medically clear the inmate to a housing unit or the Infirmary.
The Classification Unit shall be notified by the Booking Officer or Pre-Book nurse of the return of the inmate to arrange a housing assignment.

Shift Commander

The Shift Commander will determine whether a hospital watch is necessary, or if the duty judge should be requested to modify the inmate's bail to personal recognizance.
Factors that may contribute to this decision include:

- The potential for flight to avoid prosecution;
- The inmate's criminal record;
- The seriousness of the current charges;
- The inmate's physical, mental and medical conditions; and,
- Holds from other jurisdictions.

Operations Captain

The Transporting Officer must inform the Shift Commander or, if not available, the Lieutenant when a HISDM is initiated.
The Supervisor will contact the Patrol Division who will dispatch a deputy to follow the transport and will work with courts in scheduling coverage during the admission.

Officer

Officers assigned to hospital watches or runs will:

1. Report directly to the hospital, in full duty uniform, properly equipped.
2. Notify Master Control of arrival at the hospital watch via telephone.
3. Call the dispatcher via radio to begin and end tour of duty.
4. Discuss the watch and any special circumstances with the officer being relieved. Immediately report any unusual incidents to the Supervisor.
5. Immediately inspect and verify the inmate's restraints.
6. Read the booking packet and be familiar with the inmate's charges, behaviors and criminal history.
7. Review the hospital watch logbook.
8. Maintain a hand-written log of the following activities:
    - Date, time, shift and 30 minute checks to communications;
    - Professional visitors to the inmate's room;
    - Inmate activity (meals, bathroom, shower, medication, etc.);
    - Unusual activities;
    - Inmate movement out of the room (x-ray, exercise, therapy, etc.); and,
    - All equipment/supplies.
9. Escort and remain with the inmate during all hospital activities and treatment.
10. Notify Master Control at the end of the shift.

Equipment/Supplies

All officers will be uniformed and properly equipped**with a briefcase containing the following:

- Information sheet/packet on the inmate;
- Policy and Procedure regarding hospital watches/runs;
- Logbook and extra pens;
- Field interview cards;
- Extra handcuffs (1);
- Leg irons (2);
- Offense and Incident reports; and
- Radio, extra battery and charger (assigned to the post).

**The briefcase will be left in the hospital room until the inmate is discharged.
The briefcase will be maintained in the operations Office at the House of Correction.

Room Security

All inmates will be hospitalized in a private room.
If assigned a secure room, the officer will remain inside the room with the door closed. Only persons with proper hospital photo ID will be allowed into the room.
If the inmate is in a non-secure room, the officer will sit near the door in such a way as to view the door and the inmate simultaneously. No one will be allowed into the room without proper hospital identification.

Restraints

Inmates in the hospital will be restrained by a handcuff and leg iron attached to the side rail of the bed. Prior to the inmate being removed from the bed for any reason, leg irons shall be applied to both ankles. Once the legs are secure, the unsecured hand is placed in a belly chain cuff. The secured hand is removed from the cuff securing the hand to the bed rail and placed in the remaining belly chain cuff. All cuffs are double locked.

A second officer must be present anytime an inmate is removed from the bed until the inmate is re-secured to their hospital bed.

Visits

Adequate security must be enforced.

Family and/or friends are not allowed to visit an inmate during a hospital watch without prior approval from the Shift Commander.

If the inmate's family or friends attempt to visit, the officer will contact the Shift Commander to verify if permission for the visit has been obtained. If necessary, the officer will call for assistance to prevent unauthorized contact or breach of security involving citizens.

Approved Visits

The Captain may approve visits for HISDM inmates who are receiving "critical care." These visits will be restricted to immediate family members (spouse, parents, and siblings) unless otherwise approved by the Captain.

Hospital visiting rules will be observed and the following will apply:

- All visitors must present photo identification.
- Only 2 visitors will be allowed to visit at one time.
- The HISDM officer will supervise all visits.
- The HISDM officer will record the times of visits and names of visitors in the Hospital Watch Log.

Surgery

If surgery is needed, the restraints should not be removed until the inmate is anesthetized. If the restraints must be removed sooner, the officer will advise the Shift Commander or designee and request assistance from the Institution Deputies. The officer will wait in an adjacent room until the surgery is over. The restraints will be re-applied by the assigned officer during recovery.

If the surgery is likely to result in the recovery of evidence such as bullets, the officer will immediately advise the Shift Commander or designee. The Shift Commander or designee will contact the agency conducting the investigation, advise a responsible agency representative, and relay necessary instructions to the assigned officer.

Relief

Any officer will leave the hospital post only when properly relieved by another uniformed on duty officer. An officer may request relief by contacting Institutions Security or Communications.

Gender Issues

Assignments to hospital watches will be made on a gender-neutral basis.

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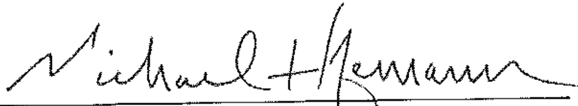

Michael Hafemann, Superintendent
Milwaukee County House of Correction

Signature Date: 03/22/2017

MILWAUKEE COUNTY HOUSE OF CORRECTION ADMINISTRATIVE MANUAL OF POLICIES & PROCEDURES		
CHAPTER NO.: 7	**SECTION NO.:** 712	**REVISION DATE:**
CHAPTER: MEDICAL_MENTAL HEALTH		**ORIGINAL ISSUE DATE:** 03/21/2017
POLICY: Medical Screening		

Medical/Mental Health Services
House of Correction-Inmate Health Screening

PURPOSE

The Milwaukee County House of Correction will provide trained medical staff to ensure that inmate medical, dental and mental health needs are properly addressed. Inmates will have access to all onsite medical mental health services and any necessary off-site services. Agreements shall be in place for external providers to perform necessary services. All agreements for external services exist between Armor Correctional Health Services and the providers.

POLICY

All inmates in the Milwaukee County House of Correction shall have unfettered access to medical, dental and mental health care. Inmates may refuse medical care in accordance with WI Statute 302.84.

(2) The health care professional informs the inmate of the availability of appropriate care or treatment.

(3) The health care professional indicates on records kept by a Superintendent, Sheriff, jailor, keeper or officer that appropriate care or treatment was offered and that the inmate refused that care or treatment.
All medical staff shall be certified and or licensed to perform their assigned duties at the House of Correction. They shall, at all times, be in compliance with state and federal licensure certification and registration. Verification of certifications and job responsibilities will be kept in the Health Service Unit.

ADMINSTRATION

Medical, Dental and Mental Health Services are provided by Armor Correctional Health Services (Armor). The contract is administered by the Milwaukee County House of Correction.
Armor provides all medical staff. The medical, dental and mental health decisions made are based on the Armor chain of command and authorities outlined in the Armor procedure manual, the contract and state and Federal certification and licensure regulations.

DEFINITIONS

HOC: House of Correction

HSU: Health Services Unit

Shift Commander: Captain in charge of HOC operations of each shift

Assistant Superintendent: Ranking person serving as Jail Administrator/Commander

Armor: Armor Correctional Health Services

References

DOC 350
WI Statute 302.384
Statute 302.384
Armor Correctional Health Services Policy and Procedures

PROCEDURES

Health Screening

All inmates entering the House of Correction will be medically screened in the Booking area by a medical professional prior to acceptance by the House of Correction. The health screening form is developed by the medical providers and approved by the Medical Director. Inmates shall be refused admission to the HOC if medically unstable, or not suitable to be housed at the HOC and sent to the hospital for evaluation and treatment.
The medical professional will assess the inmate for medical, mental health and dental conditions, physical and developmental disabilities, alcohol or other drug abuse problems, and suicide risk. Inmates are screened for suicidal tendencies, chronic medical problems, and potentially infectious inmates are isolated.
The electronic screening is designed to alert medical, mental health or medical supervisory staff of identifiable concerns that need to be addressed. The concerns are leveled based on urgency and severity. Time frames for follow up are assigned to the severity levels. Urgent concerns are addressed immediately. Non-urgent concerns are reviewed within 72 hours of admission. Armor JE-02

Inmate Medical Record

The documentation of the inmate's screening and all subsequent medical, dental and mental health encounters are retained in a separate confidential electronic medical record.
Armor JH-02

Follow-up Appraisals

All inmates receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission into the facility.
If an inmate has documented evidence of a health assessment within the previous ninety (90) days, it is not necessary to complete a new health assessment when the inmate's new screening shows no change in health status. When appropriate, histories, physical examinations and tests are updated on readmitted inmates.
Armor JE04
The Armor Medical Director established the protocols driving the health appraisal in accordance with the level of acuity.

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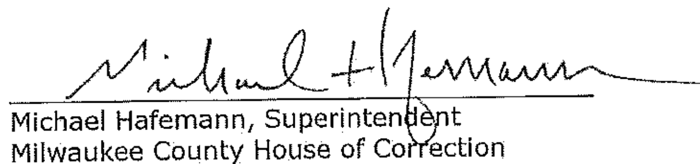

Michael Hafemann, Superintendent
Milwaukee County House of Correction

Signature Date: 03/22/2017

MILWAUKEE COUNTY HOUSE OF CORRECTION ADMINISTRATIVE MANUAL OF POLICIES & PROCEDURES		
CHAPTER NO.: 7	**SECTION NO.:** 716	**REVISION DATE:**
CHAPTER: MEDICAL_MENTAL HEALTH		**ORIGINAL ISSUE DATE:** 03/21/2017
POLICY: Communicable Diseases		

House of Correction-Infection Control

POLICY

The Milwaukee County House of Correction will provide trained medical staff to ensure that inmates, medical, mental health needs are property addressed.

DEFINITIONS

HOC:	House of Correction
HSU:	Health Services Unit
Shift Commander:	Captain in charge of jail operations of each shift
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References
DOC 350
Armor Correctional Health Services Policy and Procedures JB 01

PROCEDURES

Infection control follows the guidelines and recommendations of the Centers of Disease Control, Occupational Health and Safety Administration, and other pertinent and current documents related to infection control.

The infection control plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment follow-up, isolation (when indicated), and reporting requirements to applicable state, local and federal agencies.

All sanitation workers are trained in appropriate methods for handling and disposing of bio hazards materials and spills. Active tuberculosis inmates are transferred to designated negative pressure rooms.

Inmates who are released from custody with communicable or infectious diseases are given community referrals.

Effective ectoparasite control procedures shall be used to treat infected inmates and to disinfect bedding and clothing.

- Inmates, bedding, and clothing infected with ectoparasites are disinfected.
- Prescribed treatment given to infected inmates considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by clinicians.

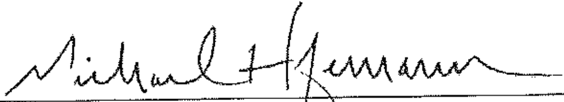
Monthly environmental inspection is conducted of areas where health services provided to verify that:

- Equipment is inspected and maintained;
- The unit is clean and sanitary; and,
- Measures are taken to ensure the unit is occupationally and environmentally safe.

Health Services Administrator or designee will complete and file all reports consistent with local, state and federal laws and regulations. Annual statistics will be maintained bimonthly completion of Infectious Disease Report.

JB01

REVIEWED AND APPROVED:



Michael Hafemann, Superintendent
Milwaukee County House of Correction

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MILWAUKEE COUNTY HOUSE OF CORRECTION ADMINISTRATIVE MANUAL OF POLICIES & PROCEDURES		
CHAPTER NO.: 7	**SECTION NO.:** 725	**REVISION DATE:**
CHAPTER: MEDICAL_MENTAL HEALTH		**ORIGINAL ISSUE DATE:** 03/21/2017
POLICY: Suicide Prevention and Intervention		

House of Correction-Suicidal Inmate

POLICY

All staff who work with inmates shall be trained to recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately.

A suicide prevention program is in place and includes the following outcomes.

- Facility staff identify suicidal inmates and immediately initiate precautions.
- Suicidal inmates are evaluated promptly by the designated health professional who directs the intervention and assures follow-up as needed.
- Actively suicidal inmates are placed on constant observation.
- Potentially suicidal inmates are monitored on an irregular schedule with no more than 15 minutes between checks. If, however, the potentially suicidal inmate is placed in isolation, constant observation is required.

Armor J-G-05

PURPOSE

Any member of the HOC Staff may be the first to recognize a potentially suicidal inmate. It is a primary responsibility and it is vital that all HOC Staff remain alert to identify potentially suicidal inmates. Suicidal thoughts or attempts can occur at any time during incarceration. All HOC Staff have the responsibility for **observation**, **intervention**, **notification** and **documentation** of suicidal inmates.

DEFINITIONS

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References
- DOC 350
- Armor Correctional Health Services Policy and Procedures

Identification of Potentially Suicidal Inmates by Jail Staff

Recognition May Occur Through:

- Initial Medical Screening by Health Services Unit, (HSU);
- Psych Social Worker interviews;
- Telephone notification from family or others;
- Written notification from inmate, another facility or others;
- Verbal statement by inmate or others;
- Personal observations by staff member ;
- Suicide attempt; and,
- Other means.

Notifications

The Nursing Supervisor, Director of Nursing, housing Lieutenant and Shift Commander shall be notified of any inmates meeting the criteria or exhibiting suicidal tendencies or ideations.

Potentially Suicidal Inmate

The staff member who discovers a potentially suicidal inmate shall immediately notify the Psych Social Worker (PSW) via telephone or in person and take immediate precautions to protect the inmate from self-harm. This information will be documented in the jail log for that area and also on the inmate rotor card.

Suicide Attempt

The staff member who discovers an attempted suicide shall ensure that Master Control is immediately notified. Master Control must be advised of the location of the suicide attempt, the method of suicide attempted, and of the medical and/or psychological condition of the inmate.
Master Control will dispatch additional officers and notify the Nurse, assigned Floor Lieutenant and the Psych Social Worker who will respond to the scene. Master Control will cancel responding officers when advised by the by security staff that enough help is on the scene.
Officers will stabilize the scene, secure the other inmates, and assure the area is accessible for responding staff. Staff on the scene will intervene and administer the appropriate first aid until qualified medical help arrives. The Nursing Staff or Paramedics will take over medical intervention upon arrival at the scene.
The first responder to the scene will advise Master Control of the condition of the inmate. If/When advised that the inmate has a life-threatening injury or is a pulse-less non-breather, Master Control will telephone the Fire Department to summon the Paramedics.
If the injuries do not appear life threatening and the inmate is breathing, the nurse on the scene will determine whether additional medical attention is required or if responding units are unnecessary. Master Control will be advised to make the appropriate notifications.

Assessment by Psych Social Worker:

Prior to Assessment

Officers will closely monitor the potentially suicidal inmate until the subject is assessed by the PSW.
The PSW will be notified about the suicidal inmate as soon as he/she arrives in the facility. The Lieutenant has the authority to place an inmate on suicide watch if there is no PSW on the scene. If the inmate is solely a "keep in open waiting (KIOW)" status the inmate may be kept in booking for the duration of third shift until the PSW makes an assessment upon arrival for duty on first shift.

Assessment

The PSW will assess potentially suicidal inmates as soon as possible after notification.
The PSW will determine whether an inmate will be placed on a "Suicide Watch." The determination will be based upon the history of the inmate, staff statements, inmate interview, and observations.
The assessment will dictate one of the following:

- No watch initiated;
- "Suicide Watch" - no restraints or restraints/restraint bed; and,
- Referral to off-site mental health facility; Milwaukee County Mental Health Complex Psych Crisis Service, (PCS).

Only a Law Enforcement Officer has the authority to commit a subject for evaluation at the Mental Health Complex under Chapter 51 Emergency Detention. In the event of a referral to PCS, the Lieutenant will assign an officer to complete the Chapter 51 Emergency Detention Form and an incident report. If requested, the HSU Staff, a PSW, and/or Nurse will assist in the preparation of the Chapter 51 Form to explain the rationale for the referral.
A physician may order an inmate be placed on a "Suicide Watch." The order must be in writing and include a written evaluation by the physician writing the order. After receiving such an order and evaluation, the inmate will be placed on a "Suicide Watch" by a PSW. This inmate will then continue on "Suicide Watch" until it is terminated or the inmate is transferred to another facility. Inmates who are placed on "Suicide Watch" in this manner will not be released until their "Suicide Watch" is terminated by one of the Jail's psychiatrists or the inmate is Chapter 51'd.
If an outside physician requests procedures that are contrary to those established by Milwaukee County House of Correction "Suicide Watch" procedures in this policy, the ordering physician will be contacted by the Booking Nurse completing the Initial Intake Assessment form with the inmate. Attempts will be made to resolve the differences into a mutually agreeable plan that will be documented on a physician's order form and incorporated in the treatment plan. If mutually agreeable plan cannot be decided on, Chapter 51 procedures may be initiated.
Based on the procedures established above in this assessment section, prior to any inmate leaving the HOC on Chapter 51 proceedings, the Shift Commander will review the source of the request and the reason for the inmate's incarceration including the severity of the charges.

Notification to Staff by Psych Social Worker

Log Entries

The PSW will notify the officer of the inmate's housing unit of the results of the Suicide Assessment. The officer will make the appropriate jail log entry.

Suicide Watch Forms

When a "Suicide Watch" is initiated, the officer assigned to Special Needs or Segregation will fill out the "Suicide Watch" Packet, which consists of:

- A "Suicide Watch" initiation form kept at the housing location's officer workstation.
- The Fifteen (15) Minute Suicide Watch Observation Log.
- An RMS report (suicide watch) will be written and turned in prior to the end of the shift.
- A copy of the report will remain with the initiation form and the 15-minute watch form.

In addition, the Special Needs, or the Segregation Officer(s) will place a "House of Correction Suicide Watch" hold on the inmate for "Suicide Watch."
This hold will be placed by taking a copy of the **Suicide Watch Form to HOC Records where a HOC Records Officer will place a hold on the inmate,** using the Hold Reason Code of "SW" on the CJIS/BK 45 screen.
The copy of the Suicide Watch Form will be kept in the ADR packet.
Cancellation of the hold must be documented on the Suicide Watch Form terminating the hold and resolution, i.e. cancelled by psychiatrist; release approved by PSW; inmate transferred to another institution; or inmate transported to Psych Crisis Services (PCS).
This copy also will be placed in the inmate's ADR packet. The HOC Records Officer will then cancel the hold in the computer.
Charge Nurse in the Health Services Unit, Ext. 6041/6042 will be notified that the "Suicide Watch" is cancelled and initiate documentation in the inmate's medical record.
Note: The Milwaukee County House of Correction hold on an inmate on "Suicide Watch" is not designed to prevent the release of an inmate from the House of Correction custody. It is designed to allow the staff of the House of Correction to evaluate an inmate's current mental condition and to determine, whether or not, the inmate is appropriate for release to the street.
If available, the Psychiatrist, Psychiatric Advanced Nurse Practitioner or the head of the Health Services Unit (a doctor) can approve the inmate on Suicide Watch for release. The hold must be cancelled, and the inmate can be released from custody. If not the appropriate for release from custody due to his/her current mental condition, the inmate will be transported to Psych Crisis Services (PSC) under a Chapter 51.

Further Documentation

The following documentation will be completed when appropriate:

- Suicide Assessment Tool By: Psych Social Worker;
- Behavioral Report Form (15 Minute Watch) By: Officer;
- Fifteen (15) Minute Suicide Watch By: Officer;
- Observation Log or Behavior Restraint Log, if appropriate; and,
- RMS report By: Officer.

Note: If the officer witnesses the inmate's behavior, the officer's initial report should describe, in detail, the inmate's behavior that indicates that the inmate is a danger to him/herself or others. This is especially important if the inmate's current condition requires the use of the restraint bed or a restraint chair.
The initial report must be completed and attached to the Suicide Watch Form and/or Behavior Restraint Form before the end of the shift of the officer completing the report.

- Inmate Locator Card By: Officer or Psych Social Worker.
- List of inmates on Suicide or Restraint By: Nurse.
- Progress Note in Health Record By: Nurse.
- Death Investigation Format By: Officer.
- When a death is the result of a suicide at the discretion of the Shift Commander, based upon the severity of the suicide attempt.

Intervention/Prevention

Housing
An inmate who has been placed on a "Suicide Watch" will be transferred, as soon as possible, to Special Needs.
If Special Needs is not able to accommodate the inmate a designated housing location will be assigned – Segregation (O2).

An officer will be present at all times where "Suicide Watch" inmates are housed. "Suicide Watch" inmates will not be placed in general housing units.
Upon a transfer to Special Needs or (O2), the officer assigned to this location will affix the inmate rotor cart to the front of the packet of papers, to include the suicide initiation form, the 15-minute observation form and the incident report. The packet, with the inmate rotor card, will remain in place until the Suicide Watch is terminated. The wristband for the suicidal inmate is held at the officer workstation until the inmate is removed from suicide watch.

Monitoring

If housed in O2, Suicide Watch inmates will remain locked in at all times. Inmates on Suicide Watch in O2 will be escorted into the secured Dayroom area of O2 for one hour of recreation time daily.
Officer: The 15-Minute Suicide Watch Observation Log will document the current Inmate Location and "Officer with Custody"

This will allow HOC staff to track the exact movement of the inmate on suicide watch and witch officer had custody of the inmate. This creates a "chain of custody" for the inmate on suicide watch.
Officers being relieved are responsible for getting the relieving officer to "sign off" for custody of the inmate on Suicide Watch.
Rounds will be conducted every 15 minutes on "Suicide Watch" inmates to monitor their physical and psychological welfare.
The Officer with custody and the officer making the 15 minute rounds will be documented on the 15-Minute Watch Observation Log with the officer's initials and badge number.
Officers assigned to areas where Suicide Watch inmates are housed are also required to document the notification of relieving officers in the log Jail Log/Logbook at that location.
The 15-minute suicide watch observation Log will accompany the inmate on suicide watch wherever the inmate goes while in custody of the Milwaukee County House of Correction including court appearances, sick call, hospital runs, etc..
If the inmate on Suicide Watch leaves the jail for any reason while in custody, the officer with custody will sign off for custody of the inmate on Suicide Watch on the 15-minute suicide watch observation log. The officer will then make a copy of the log that will be left with the booking lieutenant. The original log will accompany the inmate on suicide watch.
Upon return to the jail, the copy of the 15-minute suicide watch observation log will be placed into the ADR packet and the original 15-minute suicide watch observation log will accompany the inmate on suicide watch to his/her housing unit.
The officer with custody of the inmate outside of the HOC is responsible for maintaining the 15-minute suicide watch observation log. The officer who signs the 15-minute suicide watch observation log and takes it out of the jail (House of Correction) is responsible for both the inmate on "suicide watch", and the 15-minute suicide watch observation log.

- **Nurse:** The Nurse will monitor the welfare of "Suicide Watch" inmates by conducting a check on the inmates at least once per shift. The inspection will be documented on the 15-Minute Suicide Watch Observation Log and on the Progress Note in the Health Record by the Nurse.
- **PSW Staff:** The PSW assigned to the area the inmate is housed will interact with "Suicide Watch" inmates at least once a day. The rounds will be documented on the 15 Minute Suicide Watch Observation Log by the PSW.
- **Lieutenant:** The shift lieutenant will monitor the welfare of "Suicide Watch" inmates by conducting a check on the inmates at least once per shift. These inspections shall be documented on the 15 minute suicide watch observation log by the lieutenant.

Communication

Mental health staff shall conduct a daily evaluation of inmates on suicide watch and document the encounter in the inmate's health record. Corrections and medical staff shall be notified of any change in the inmate's status. Inmates on suicide watch shall be monitored at least once per day by the health care staff to ensure that the inmate's medical needs are met. This encounter will be documented in the inmate's health record.

Daily communication shall be maintained between medical, mental health and correctional staff regarding any inmate on a suicide watch.

Search/Property

Upon the arrival of the "Suicide Watch" inmate to the housing unit, the Housing Unit Officer will search the inmate and his/her property. Inmates on "Suicide Watch" will not be allowed to have any property in their cells while they are on suicide watch. When the inmate is allowed to shower, all hygiene items must be given back to the officers before the inmate returns to their cell.

All exceptions will be documented on the Inmate Rotor Card and Housing Unit Log.

The following are guidelines for authorized property for inmates who are on a "Suicide Watch":

AUTHORIZED PROPERTY:

Eyeglasses – per written direction by medical staff Medical Supplies (with written approval by the Medical Director).

The only clothing authorized to be worn:

- Suicide watch gown;
- Women may have underwear if the medical staff determines she is on her menstrual cycle; and,
- The Jail Commander may authorize clothing on a case by case basis. This authorization must be in writing.

Medical Restraints

Medical Restraints are defined as: soft restraints used to restrain an individual's freedom of movement and ability to harm self or others.

Restraints for "Suicide Watch" inmates will be used when it is necessary to protect the inmate from harming him/herself.

Restraints **will not** be used for punishment, and only applied to prevent the inmate from harming him/her from self-harm or harm to others. The inmate will not be kept in restraints for more time than is absolutely necessary.

Once the restraints are applied by HOC officers, a qualified Armor healthcare personnel shall assess the inmate for proper circulation, movement and sensation in extremities, respiratory functions and mental status, as outlined in Armor J101

Termination of "Suicide Watch"

Only a **Licensed Clinician** may terminate a Suicide Watch for incarcerated inmates in the Milwaukee County House of Correction. This specifically includes the Psychiatrist and a Psychiatric Nurse Practitioner.

Once the Psychiatrist or Psychiatric Nurse Practitioner has terminated the "Suicide Watch", the "Suicide Watch" packet ("Suicide Watch" Form, 15-minute Suicide Watch Observation Log, copy of Incident Report) will be forwarded to the Classification office. Classification will maintain a file of all suicide watch paperwork.

Release or Transfer of "Suicide Watch" Inmates

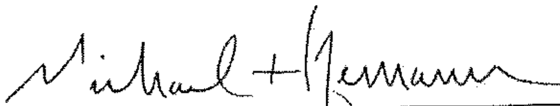
Release of "Suicide Watch" Inmates

The Housing Officer will notify the PSW that the inmate on "Suicide Watch" is being scheduled for release.
The PSW will assess whether the inmate is appropriate for release or requires transportation to Psych Crisis Services (PCS) for evaluation prior to release.
Note: Inmates on "Suicide Watch" on third shift are a special circumstance. Special Management Inmates are not released between the hours of 2300 hours (11pm) – 0700 hours (7am). Therefore, inmates on "Suicide Watch" will be evaluated by the PSW when he/she comes on duty at 0700 hours. It should be noted that the Shift Commander has the authority to make the decision to Chapter 51 the inmate on "Suicide Watch" at any time.
The Housing Officer will document the action take on the "Suicide Watch" Form. In addition, the Housing Officer must take a copy of the "Suicide Watch" Form terminating the "Suicide Watch" to Jail Records so the hold can be cancelled. The Housing officer will make Jail Log and Rotor Card entries. The "Suicide Watch" packet will be forwarded to Medical Records with the medical chart. These records will eventually be stored in Classification.

Transfer of "Suicide Watch" Inmates

The Health Transfer Summary form, completed by medical, will be sent with the transportation officers to notify the receiving facility of the transfer of an inmate on "Suicide Watch."
The Housing Unit Officer must take a copy of the "Suicide Watch" Form (with the Termination of 15 Minute Watch section filled out indicating transfer of inmate) to the Jail Records Officer to inform him/her of the transfer/turnover to another jurisdiction. The Jail Records Officer will then cancel the hold.
The "Suicide Watch" Packet will be forwarded to Classification. These records will eventually be stored in Classification.
Inmates are not transferred to another jurisdiction or Chapter 51'd in a suicide watch gown. The gowns do not leave the facility. The inmate is given his/her clothing and custody of the inmate is transferred to the agency making the pick- up.

REVIEWED AND APPROVED:



Michael Hafemann, Superintendent
Milwaukee County House of Correction

Signature Date: 03/22/2017

MILWAUKEE COUNTY HOUSE OF CORRECTION ADMINISTRATIVE MANUAL OF POLICIES & PROCEDURES		
CHAPTER NO.: 7	**SECTION NO.:** 737	**REVISION DATE:**
CHAPTER: MEDICAL_MENTAL HEALTH		**ORIGINAL ISSUE DATE:** 03/21/2017
POLICY: Pharmaceutical Operations		

House of Correction – Inmate Medication

POLICY

Health care staff who administer or deliver prescription medications to inmates are permitted by state law to do so and are trained as needed in matters of security, accountability, common side effects, and documentation of administration of medications.

Health care professionals shall monitor inmates receiving prescribed medications.

Medication training is approved by a clinician designated by the responsible health authority and facility administrator or designee.

Documentation of completed training and testing is kept on file for staff who administer or deliver medications.

Medication administration and security issues related to medication administration are included in the health care orientation program.

DEFINITIONS

HOC: House of Correction

HSU: Health Services Unit

Shift Commander: Captain in charge of jail operations of each shift

Assistant Superintendent: Ranking person serving as Jail Administrator/Commander

Armor: Armor Correctional Health Services

References
DOC 350
Armor Correctional Health Services Policy and Procedures

Authority

- Pharmaceutical services in the institution adhere to required State and Federal regulations, standards, and community practice, and are sufficient to meet the needs of inmates in the institution.
- The facility complies with all applicable state and federal regulations regarding prescribing, dispensing, administering, and procuring pharmaceuticals. The facility maintains a formulary for clinicians.
- The facility maintains procedures for the timely procurement, dispensing, distribution, accounting, and disposal of pharmaceuticals.
- The facility maintains records as necessary to ensure adequate control of and accountability for medications.

- The facility maintains maximum security storage of, and accountability for Drug Enforcement Agency (DEA) – controlled substances.

Prescribing Practices

- Medications are prescribed by a licensed practitioner only when clinically indicated as one facet of a program of therapy.
- Prescribing provider re-evaluates prescriptions prior to renewal.
- Pharmaceutical practices adhere to state and federal regulations.
- Providers utilize a formulary.
- The pharmacy will maintain a reference library as required for licensure and current texts relative to the practice of pharmacy.
- The pharmacy will have on hand emergency reference information and the telephone number of a poison control center.
- All drug deliveries shall be made directly to medical personnel.

Storage of Medications

- All drugs will be stored in a sanitary, dry, properly lighted and ventilated medicine area within the Health Services Unit. Drugs that require cooler temperatures will be maintained in a temperature-monitored refrigerator, not to be used for food, laboratory specimens or any other purpose.
- A refrigerator log will be maintained. Temperature shall be maintained between 4°- 8°C (39°- 46° F).
- All drugs will be maintained in a locked medicine area with access restricted to authorized health care personnel.
- All controlled substances will be maintained in a locked cabinet within the locked medicine area.

Personal Medications

Personal medications will not be utilized unless approved by the Medical Director. The House of Correction discourages Agencies from gathering inmate medications to bring to the House of Correction upon incarceration.

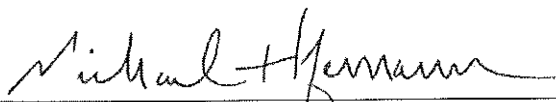
Personal medications will be inventory by container count. The containers will be placed in a sealed bag and placed in a locked cabinet as a part of the inmate's property.

Personal medications will be returned to the inmate as a part of the release process. Unclaimed medications will be disposed of consistent with State and Federal Licensing or Board of Pharmacy Regulations.

Dispensing Medications

- Security staff shall not dispense or handle medications. Only licensed medical staff shall dispense medications at the House of Correction.
- A medication administration record documenting who prescribed the medication, who administered the medication, the date and time the medication was administered.
- All inmate refusals shall be documented in the medication administration record.

REVIEWED AND APPROVED:



Michael Hafemann, Superintendent
Milwaukee County House of Correction

Signature Date: 03/22/2017

MILWAUKEE COUNTY HOUSE OF CORRECTION ADMINISTRATIVE MANUAL OF POLICIES & PROCEDURES		
CHAPTER NO.: 7	**SECTION NO.:** 724	**REVISION DATE:** 11-2-2015
CHAPTER: MEDICAL-MENTAL HEALTH		**ORIGINAL ISSUE DATE:** xx-xx-xxxx
POLICY: Suicidal Inmates		

POLICY

In accordance with Department of Corrections Standard 350.17, the House of Correction ensures a safe and secure environment in all areas of the facility. Any HOC staff member may be the first to recognize a potentially suicidal inmate. It is vital that all staff remain alert to recognize and identify the signs of a potential behavior problem and to observe, intervene, notify and document any suicidal inmates.

DEFINITIONS

HOC: House of Correction
LIEUTENANT: Correction Officer Lieutenant
PCS: Psych Crisis Service
PSW: Psych Social Worker
WCS: Wisconsin Community Services
RMS: Report Management System – incident reporting

FORMS

CCFS-168 - Behavioral Report Form
HOC-111 - "15" Minute Watch Log
Protective Custody Form (PC)
Behavior Restraint Form
Suicide Prevention Screening
ADR - Arrest Detail Sheet

PROCEDURES

A. Identification of potentially suicidal inmates may come to the attention of HOC staff through the following means:

1. ADR
2. Telephone notification from family or other
3. Written notification from inmate, WCS, another facility, or other
4. Verbal statement by inmate or other
5. Personal observations by staff member
6. Suicide attempt
7. Other means

B. Notifications of potentially suicidal inmates will be done as follows:

1. Any staff member who discovers a potentially suicidal inmate will notify their immediate supervisor.

2. The Supervisor shall notify the PSW or a Nurse if it is after 1700 hours, via phone or crisis pager.

3. This information will be documented in the logbook or jail log for that area.

4. Documentation of actions and decisions regarding inmates who are at risk will include the following:

    a. Individual Initiating the suicide watch
    b. Date and time watch initiated
    c. Reason watch was initiated
    d. Name of supervisor contacted
    e. Date and time supervisor contacted
    f. Name, date and time of referral to mental health professional
    g. Written documentation from the mental health professional removing an inmate from a suicide watch including name date and time.

5. The inmate shall be kept under direct observation until they are screened for suicidal behavior.

6. In the event the inmate is in a cell, the officer is to maintain direct visual contact until assistance arrives.

7. If a PSW or Nurse places an inmate on "Suicide Watch", inmate shall be transferred to O2 and placed on a ""Suicide Watch". The watch will consist of a "15" minute watch log for documentation of inspections and a Behavioral Report form, used to initiate and end a suicide watch.

8. In the event a PSW or Psych Nurse is unavailable, a Corrections Captain or his/her designee will be authorized to institute a "Suicide Watch" and ensure a PSW responds within 12 hours.

C. Suicide Attempt

1. The staff member who discovers an attempted suicide will notify Master Control by radioing a "medical emergency – suicide attempt". They must be advised of the location and of the medical and/or psychological condition of the inmate.

2. Master Control will re-iterate the transmission asking for a supervisor, medical and additional staff to respond to the area. The Lieutenant will advise and cancel responding Correction Officers when enough help is on the scene.

3. The First Responder to the scene will advise Master Control of the condition of the inmate. The nurse on the scene will determine whether additional medical attention is required or if responding units are unnecessary. Master Control will be advised to make the appropriate notifications. When advised that the inmate has a life-threatening injury or is a pulse-less non-breather, Master Control will telephone the Franklin Fire Department to summon the Paramedics immediately.

4. Correction Officers will stabilize the scene, allowing access for responding staff. Staff on the scene will intervene and administer appropriate first aid until qualified medical help arrives. The nursing staff or the paramedics will take over Medical Intervention upon arrival at the scene.

5. Notifications:

    a. Verbal – verbal notifications to the Superintendent or their designee shall occur as soon as the scene is stabilized
    b. Written – a written notification shall be sent to all command staff as soon as the scene has been stabilized and the outcome of the scene has been determined.

6. Staff and Inmate Support – An in-custody death is stressful on both inmates and staff. Qualified mental health professionals as well as the availability of Employee Assistance Programs should schedule a debriefing session for affected staff. Inmates should have access to a Psychiatric Social Worker if they are affected by the incident and this will be documented on their tier card and in jail log.

7. Debrief – An operational review will follow any suicide or significant suicide attempt.

D. Documentation

1. Correction Officer will make the appropriate jail log entry and notations on rotor cards
2. When a "Suicide Watch" is initiated, the Lieutenant will complete and distribute copies of the "Suicide Watch" form as follows:

    a. Dorm/O2 housing location, Correction Officer workstation, attached to 15-minute watch log (Original)
    b. Health Services Unit, Nursing Staff, Dorm/O2 (Copy)
    c. PSW Staff (Copy)

E. Additional documentation as needed

The following documentation will be completed where appropriate:

1. Suicide Prevention Screening by PSW or Nurse
2. Behavior Restraint Form Correction Officer
3. RMS report by Correction Officer

F. Intervention/Prevention

1. Housing - An inmate who has been placed on a "Suicide Watch" will be transferred, as soon as possible, to O2 (Ocean 2) cells 21-24. If filled, a designated housing location will be assigned. A Correction Officer will be present at all times where "Suicide Watch" inmates are housed. "Suicide Watch" inmates will not be placed in dormitories. The dormitory Correction Officer will notify Classification of housing changes.
2. Monitoring:

    a. Correction Officer: Inspections will be conducted every 15 minutes on "Suicide Watch" inmates to monitor their physical and psychological welfare. The inspections must be documented on the 15-minute watch log and done at intermittent times within the 15-minute constraint.
    b. Nurse: The Nurse will monitor the welfare of "Suicide Watch" inmates by conducting a check on the inmates once per shift. The inspections will be documented by the nurse on the 15-minute Watch Log and on the Progress Notes in the Health Record.
    c. PSW Staff: The PSW will interact with "Suicide Watch" inmates daily. The inspections will be documented on the 15-Minute Watch Log.
    d. Lieutenant: The Lieutenant will monitor the welfare of "Suicide Watch" inmates by conducting a check on the inmate once per shift. These inspections will be documented on the 15-Minute Watch Log by the Lieutenant.

3. Training: In house training is conducted annually to include at least 2 hours of staff training regarding suicide prevention and identification of risk factors.

G. Search/Property

1. Upon arrival of the "Suicide Watch" inmate to O2, the Correction Officer will request the inmate to disrobe, conduct a search, and change him/her into a suicide gown. The wristband is also removed.
2. At no time will a "Suicide Watch" inmate be in possession of any property, books, hygiene products, blanket, towel, eyeglasses or medical supplies. These items are forbidden.

H. Treatment

1. The PSW staff will provide treatment and counseling for inmates on "Suicide Watch" status. The Health Services Unit and Security staff will assist as necessary.

2. "Suicide Watch" inmates will be seen by the Psychiatrist on a weekly basis, or more often as needed.

I. Termination of "Suicide Watch"

1. The Psychiatrist will determine when a "Suicide Watch" will be terminated.

2. The "Suicide Watch" packet ("Suicide Watch" form, 15-Minute Watch Log, copy of Incident Report) will be forwarded to the Records staff for filing.

J. Release or Transfer of "Suicide Watch" Inmates

1. Release of "Suicide Watch" Inmates

2. If the inmate is still on suicide watch, they need to be evaluated by a PSW or sent to CJF if PSW in not on site.

    a. The dormitory or Booking Room Correction Officer (depending on the inmate's location) will notify the PSW (or Corrections Captain if PSW is not available).

    b. The PSW will assess for proper release.

    c. The dormitory Correction Officer or Booking Room Correction Officer will make logbook and inmate rotor card entries. The "Suicide Watch" packet will be forwarded to the Records staff for filing.

3. Transfer of "Suicide Watch" Inmates - The HOC staff will supply a letter for the transporting Officers to notify the receiving facility of the transfer of an inmate on a "Suicide Watch". Fax all paperwork to Classification.

K. Release of Special Management Inmates

1. The Milwaukee County House of Correction will release inmates under proper legal conditions using procedures that ensure the security of the facility and the welfare of the inmate.

2. Inmates housed in or classified as Special Management will be released only during daylight hours only unless being picked up by an adult. Normal daylight hours are 0700 to 1900 hours.

3. If a specific release plan or other arrangements are to be part of the release process the following will occur:

4. HOC Records and Control staff will receive and adhere to notice of special release plans.

5. Shift Lieutenant will receive a copy of written notice of special arrangements.

6. Inmates on suicide watch will be assessed for suicide risk by PSW prior to release.

7. Inmates presenting a danger to self or others during the release process will be evaluated for Chapter 51 Emergency Mental Health Detention.

NOTE: Only a Law Enforcement Officer has the authority to commit an inmate for evaluation at the Mental Health Complex under Chapter 51 Emergency Detention. In the event of a referral to PCS, the Lieutenant will assign a Correction Officer to complete the Chapter 51 Emergency Detention Form and

an incident report. If requested, the PSW will assist in the preparation of the Chapter 51 Form to explain the rationale for the referral.

REVIEWED AND APPROVED:

____
Michael Hafemann, Superintendent
Milwaukee County House of Correction

Signature Date: ______________________

ARMOR CORRECTIONAL HEALTH SERVICES, INC.

And

Milwaukee Central Jail Facility Health Services Policy and Procedures

Health Services
Policy & Procedures

FACILITY NAME: Milwaukee Central Jail Facility

Date: 5/11/13
Revision: 10/8/14
Revision:
Revision:

TITLE: INTOXICATION AND WITHDRAWAL	NUMBER: J-G-07 Page 1 of 4

Reference: **NCCHC:** J-G-06* (*Essential)
ACA: 4-ALDF-4C-36* (*Mandatory)

Policy:

1. Protocols exist for managing inmates under the influence of alcohol or other drugs and those undergoing withdrawal from alcohol, sedatives, or opioids.

2. Established protocols are followed for the assessment, monitoring, and management of individuals manifesting symptoms of alcohol and drug intoxication or withdrawal.

3. The protocols for intoxication and detoxification are approved by the responsible physician, are current, and are consistent with nationally accepted treatment guidelines.

4. Individuals being monitored are housed in a safe location that allows for effective monitoring.

5. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.

Medical Director:	Date:
H.S.A.	Date:

6. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using recognized standard assessments at appropriate intervals until symptoms have resolved.

7. Detoxification is done under physician supervision.

8. The pregnant inmate is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician is contacted so that the opioid dependence can be assessed and appropriately treat

9. The facility has a policy that addresses the management of inmates, including pregnant inmates on methadone or similar substances. Inmates entering the facility on such substances have their therapy continued, or a plan for appropriate treatment of the methadone withdrawal symptom is initiated.

Procedure:

1. Screening:

   a. All persons entering the facility are questioned regarding current drug and alcohol use, quantity and time of last use, and history of any withdrawal syndromes.

   b. All persons are observed for signs and symptoms of alcohol and drug intoxication and withdrawal and examined for physical signs of alcohol or drug withdrawal. Vital signs, mental status, neurological signs will be assessed. Persons at high-risk will, based on the nurse screen, be assessed as acuity level I and be assessed by advanced level provider within 24 hours or less.

   c. Information will be documented on the "Intake Health Screening" (#PT-051) intake staff will initiate the "Drug/Alcohol Withdrawal Assessment Flow Sheet" (#PT-018and refer to the appropriate health care staff for continued observation so that twice daily assessments will be conducted.

   d. Patients will be monitored using the Clinical Intoxication Withdrawal Assessment (CIWA) or Clinical Opiate Withdrawal Assessment (COWS) scales as combined in the "Drug/Alcohol Withdrawal Assessment

Flowsheet" (PT-018.

e. If, as a result of the screening, the patient is determined to be experiencing withdrawal or is at high-risk for severe withdrawal, the HCP will be contacted to begin Detox treatment and monitoring as an admission to the infirmary or designated observation cells.

2. Management:

a. If the following conditions exist, the patient will be sent to the hospital for medical treatment:

i. Patient with altered consciousness or stupor, unstable vital signs, irregular or extreme paranoid behavior or widely dilated or constricted pupils;

ii. Persons suspected of ingesting / packing cocaine (balloon, etc.) or other drugs;

iii. Persons claiming recent ingestion of drugs that have not yet been absorbed or reached their peak; and

iv. Patients with severe withdrawal or delirium tremens.

b. All other patients with a history of recent significant alcohol, opiate or benzodiazepine use, depending on their current symptoms or degree of risk for developing symptoms, will be: i) Admitted to the infirmary on the order of the HCP; ii) Admitted to designated cells as triaged by the intake nurse or order of the HCP; or iii) Monitored in General Population as triaged by the intake nurse.

i. For patients admitted to the infirmary for treatment and detoxification, clinician orders will be issued using the "Detox Order Sheet" (#IN-005) which will be placed in the Infirmary Health Record. The order sheet shall be signed by the clinician. An infirmary admission shall be conducted in accordance with the Infirmary Manual. Nursing staff will assess the patient using the "Infirmary Drug / Alcohol Detox Monitoring" form (#IN-010). Any significant changes in vital signs or symptoms will be reported to

the provider.

ii. For patients admitted to designated cells, clinician orders, if indicated, will be issued using the "Modified Intoxication and Withdrawal Order Sheet" (#PT-079) which will be placed in the outpatient Health Record. The order sheet shall be signed by the clinician. The HCP will conduct an assessment on the following clinical day and document in the Progress Note. Nursing staff will assess the patient using the "Drug and Alcohol Withdrawal Assessment Flowsheet" (#PT-018). Any significant changes in vital signs or symptoms will be reported to the provider. Discharge from the designated cells shall be upon order of the HCP with an evaluation documented in the Progress Note.

iii. For patients at risk for alcohol or other drug withdrawal because of heavy or binge use, but no current symptoms or history of withdrawal syndromes, monitoring shall be conducted in General Population by nursing staff twice daily using the CIWA "Drug / Alcohol Withdrawal Assessment Flowsheet" (#PT-018). Any significant changes in vital signs or symptoms will be reported to the provider.

c. If the patient is determined to be acutely intoxicated, the nurse will notify the Medical Director or clinician on-call for individualized orders for observation and care of the acutely intoxicated inmate. Patient will be admitted to the infirmary or other special housing area, as ordered by the clinician.

d. Security will be notified of patient's need for special housing.

e. If the patient's condition deteriorates during the detoxification process, nursing staff will notify the clinician; patients will be transferred to a community hospital as indicated.

f. Inmates who are admitted to the facility while undergoing methadone treatment, or who have chronic dependency on opioids, will be referred to the clinician.

g. Pregnant patients who are receiving methadone or who have opiate

dependency shall be referred to the clinician. If the patient enters the facility on methadone maintenance, the methadone will be continued for the duration of the pregnancy unless contraindicated as determined by the treating obstetrician.

h. Upon completion of detoxification for opiates or benzodiazepines, patients will be re-screened within 72 hours by qualified medical staff for suicide risk, using the "Mental Health Screening" form (#MH-014).

3. Refer to Armor Correctional Health Services clinical guidelines for Drug and Alcohol Intoxication/Withdrawal, and/or Suboxone treatment for Opioid Withdrawal.

Forms Referenced in Policy:

Intake Health Screening" (#PT-065 WPB)
Infirmary Drug/Alcohol Detox Protocol Monitoring Form (#IN-010)
Drug / Alcohol Withdrawal Assessment Flow Sheet (#PT-018)
Detox Order Sheet – Infirmary (#IN-005)
Modified intoxication and Withdrawal Order Sheet (PT-079)
Mental Health Screening (#MH-014)

Medical Director:	Date:
H.S.A.	Date:

Armor Correctional Health Services, Inc.

INFIRMARY DRUG / ALCOHOL DETOX MONITORING

Last Alcohol Drink:______________________ Amount:______________ Type:__________________

Drug(s) used in last 24 hours? ☐ Yes ☐ No What drugs?________________________________

Laboratory Tests:____ Date collected:_____________

Additional Info:

____

____

EVERY 8 HOURS EVALUATION. IF ANY SIGNS AND SYMPTOMS OF UNCONTROLLED WITHDRAWAL ARE PRESENT, NOTIFY HCP FOR FURTHER ORDERS.

DATE												
TIME												
TEMPERATURE												
PULSE												
RESPIRATION												
BP												

FOR QUESTIONS BELOW ANSWER ONLY YES OR NO (Y/N):

WEAKNESS												
SWEATING												
TREMOR												
ANXIETY												
ATAXIA												
DROWSINESS												
VOMITING R-REPORTED/ O-OBSERVED												
NAUSEA												
NYSTAGMUS												
CONFUSION												
SLURRED SPEECH												
SUICIDAL												
STAFF INITIALS												

Initials:	Signature:	Initials:	Signature:

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:

ARMOR CORRECTIONAL HEALTH SERVICES, INC

Drug and Alcohol Withdrawal Assessment Flowsheet

ug used/quantity: Length of use: Date/time of last use: History of withdrawal seizures? ❑Yes ❑No	Date:												
	Time:												
ASSESS & RATE THE FOLLOWING:													
Nausea/vomiting/diarrhea (0-7): 0=no symptoms; 7=constant nausea, vomiting or diarrhea													
Tremors (0-7): 0=no tremor; 7=severe													
Anxiety / Irritability (0-7): 0=no anxiety at ease; 7=equivalent to acute panic state													
Agitation / Restlessness (0-7): 0=normal activity; 7=paces back and forth or constantly thrashes about													
Sweats (0-7): 0=no sweats; 7=drenching sweat													
Orientation (0-4): 0= oriented and can do serial additions; 4=disoriented for place or person													
Tactile Disturbances (0-7): 0=none; 7=continuous hallucinations													
Auditory Disturbances (0-7): 0=not present; 7=continuous hallucinations													
Visual Disturbances (0-7): 0=not present; 7=continuous hallucinations													
Headaches (0-7): 0=not present; 7=extremely severe													
Runny Nose or Tearing (0-4): 0=not present; 4=nose constantly running or tears streaming down cheeks													
Pupil Size (0-5): 0= pupils pinned or normal size for room light; 5= pupils so dilated that only the rim of the iris is visible													
one or Joint Aches (0-4): 0=not present; 4= patient is rubbing joints or uscles and is unable to sit still because of discomfort													
Yawning Observation (0-4): 0= no yawning; 4= yawning several times/minute													
Gooseflesh Skin (0-5): 0= skin is smooth; 5=prominent piloerection													
Suicide Screening - Ask Patient: Are you thinking of hurting yourself? No= 0 Yes= 8													
Total Score:													
Nurse's Initials:													

Is patient assigned to low bunk? ❑Yes ❑No

If no, move to low bunk.

a. If total score is > or = to 8, or P>100, or BP>160/100, or other concerning signs, contact HCP for orders	Pulse												
b. For patients presently receiving treatment, if there is a change in total score equaling 8 or more, or there are significant changes in vital signs or condition, notify HCP	BP												
c. If initial score < 8, assess BID X 6 days: if score is < 8 for 6 days discontinue assessment	RR												

Signature:	Title:	Initials:	Signature:	Title:	Initials:

PATIENT NAME:	No.	D.O.B.	SEX:	LOCATION:

ASSESSMENT TOOL SCALE

NAUSEA AND VOMITING - Ask "Do you feel sick to your stomach? Have you vomited? **0**- none, **1**- mild nausea, no vomiting and or diarrhea; **4**- intermittent nausea, and/or diarrhea; **7**- constant nausea, frequent dry heaves and vomiting.

TREMOR- Arms extended and fingers spread apart. Observation: **0**- no tremor; **1**- not visible but can be felt; **4**- moderate with arms extended; **7**- severe, even with arms not extended.

ANXIETY/IRRITABILITY - Ask "Do you feel nervous?" Observation: **0**- no anxiety at ease; **1**- mildly anxious; **4**- moderately anxious or guarded, so anxiety is inferred; **7**- equivalent to acute panic state as seen in severe delirium or acute schizophrenic reactions

AGITATION/RESTLESSNESS - Observation: **0**- normal activity; **1**- somewhat more than normal activity; **4**- moderately fidgety/restless; **7**- paces back and forth during most of the interview, or constantly thrashes about

SWEATS - Observation: **0**- no sweats; **1**- barely perceptible sweating, palms moist; **4**- beads of sweat obvious on forehead; **7**- drenching sweat

ORIENTATION AND CLOUDING OF SENSORIOUM - Ask "What day is this?" "Where are you?" "Who am I?" **0**- oriented and can do serial additions; **1**- cannot do serial additions or is uncertain about date; **2**- disoriented for date by no more than 2 days; **3**- disoriented for date by more than 2 days; **4**- disoriented for place or person

TACTILE DISTURBANCES - Ask "Have you any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin? **0**- none; **1**- very mild itching, pins and needles, burning or numbness; **2**- mild itching, pins and needles, burning, numbness; **3**- moderate itching, pins and needles, burning or numbness; **4**- moderately severe hallucinations; **5**- severe hallucinations; **6**- extremely severe hallucinations; **7**- continuous hallucinations

AUDITORY DISTURBANCES - Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things you know are not there?" Observation: **0**- not present; **1**- very mild harshness or ability to frighten; **2**- mild harshness ability to frighten; **3**- moderate harshness or ability to frighten; **4**- moderately severe hallucinations; **5**- severe hallucinations; 6- extremely severe hallucinations; **7**- continuous hallucinations

VISUAL DISTURBANCES - Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there? Observation: **0**- not present; **1**- very mild sensitivity; **2**- mild sensitivity; **3**- moderate sensitivity; **4**- moderately severe hallucinations; **5**- severe hallucinations; **6**- extremely severe hallucinations; **7**- continuous hallucinations

HEADACHE, FULLNESS IN HEAD - Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity. **0**- not present; **1**- very mild; **2**- mild; **3**- moderate; **4**- moderately severe; **5**- severe; **6**- very severe; **7**- extremely severe

RUNNY NOSE OR TEARING – **0**- not present; **1**- nasal stuffiness or unusually moist eyes; **2**- nose running or tearing; **4**- nose constantly running or tears streaming down cheeks

PUPIL SIZE – **0**- pupils pinned or normal size for room light; **1**- pupils possibly larger than normal for room light; **2**- pupils moderately dilated; **5**- pupils so dilated that only the rim of the iris is visible

BONE or JOINT ACHES - if patient was having pain previously, only the additional component attributed to opiate withdrawal is scored **0**- not present; **1**- mild diffuse discomfort; **2**- patient reports severe diffuse aching of joints/muscles; **4**- patient is rubbing joints or muscles and is unable to sit still because of discomfort

YAWNING OBSERVATION – **0**- no yawning; **1**- yawning once or twice during assessment; **2**- yawning three or more times during assessment; **4**- yawning several times/minute

GOOSEFLESH SKIN – **0**- skin is smooth; **3**- piloerection of skin can be felt or hairs standing up on arms; **5**- prominent piloerection

Armor Correctional Health Services, Inc.
DETOX ORDER SHEET- INFIRMARY

Date / Time		HCP ORDERS
	1)	Complete "Infirmary Drug/Alcohol Detox Form (IN-010)" and **Vital Signs Q 8 Hours**
	2)	Infirmary Admission, Level 1
	3)	Low bunk, seizure precautions x14 days
	4)	Begin the following detoxification treatment(s):
	5a)	□Yes □No **ALCOHOL OR GHB DETOXIFICATION**
		☐Librium 75 mg p.o q 8hrs x 24 hrs; then Librium 50 mg p.o q 8hrs x 48 hrs; then Librium 25 mg p.o q 8hrs. X 24 hrs; then Librium 25 mg p.o q 12hrs x 24 hrs; then discontinue **HOLD LIBRIUM IF ASLEEP OR SEDATED** -or- ☐Valium (diazepam) 10 mg p.o q 8 hrs. x 48 hrs; then, Valium 10 mg p.o q 12 hrs. x 48 hrs, then Valium 10mg p.o QHS x 48 hrs; then discontinue **HOLD VALIUM IF ASLEEP OR SEDATED**
		Thiamine 100 mg p.o. daily x 5 days.
		Notify HCP if unable to tolerate oral medications or remaining symptomatic.
	5b)	□Yes □No **BENZODIAZEPINE/BARBITURATE DETOXIFICATION**
		☐Ativan 1.0 mg p.o. q 8 hrs x 48 hrs; then Ativan 0.5 mg p.o. q 8 hrs x 72 hrs; then Ativan 0.5 mg p.o. q 12 hrs x 72 hrs; then Ativan 0.5 mg q hs x 48 hrs; then discontinue **HOLD ATIVAN IF ASLEEP OR SEDATED.** -or- ☐Valium (diazepam) 10 mg p.o q 8 hrs. x 48 hrs; then Valium 10 mg p.o q 12 hrs. x 48 hrs; Valium 10 mg p.o QHS x 48 hrs; then discontinue **HOLD VALIUM IF ASLEEP OR SEDATED**
		Notify HCP if unable to tolerate oral medications or remaining symptomatic.
	5c)	□**Yes** □**No** **OPIATE DETOXIFICATION**
		Clonidine 0.2 mg p.o. q 8 hrs x 48 hrs; then Clonidine 0.1 mg p.o. q 8 hrs x 48 hours; then Clonidine 0.1 mg p.o. q 12 hrs x 48 hours; then Clonidine 0.1 mg p.o. QHS x 48 hours; then discontinue.
		Hold Clonidine if blood pressure <110/70 mmHg.
		Notify HCP if unable to tolerate oral medications or remaining symptomatic
	6)	☐ **LABORATORY: CBC, CMP, Magnesium.**
	7)	□**Yes** □**No** **OTHER MEDS :**
		☐**YES** ☐**NO** Gabapentin 600mg po q 12 hrs x 14 days, **then discontinue**
		□**Yes** □**No** Acetaminophen 325 mg 2 tablets p.o. q 12 hrs prn pain x 5 days.
		□**Yes** □**No** Ibuprofen 600 mg p.o. q 8 hrs prn muscle aches x 5 days.
		□**Yes** □**No** Loperamide 2mg p.o. q 12 hrs prn diarrhea x 5 days.
		□**Yes** □**No** Bentyl 20 mg p.o. q 8 hrs prn abdominal cramping x 5 days
		Other:

ALLERGIES:

ORDERED BY:____________________

HCP Signature:____________________

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:

Armor Correctional Health Services, Inc.

Prevention Orders of Detox Symptoms

Date/Time:		
		Transfer to: ❑Detox Unit ❑GP ❑MHU ❑Infirmary as 23 hour observation
Preventative Benzodiazepine Detox:	[ ]	Valium 10mg po first dose now x1, then followed by,
	[ ]	Valium 10 mg po BID for 2 days, then Valium 5 mg po BID for 2 days, then Valium 5mg po qhs for 2 days, then discontinue **Hold Valium if sedated**
Preventative Opiate Detox:	[ ]	Clonidine 0.1mg po first dose now, followed by,
	[ ]	Clonidine 0.1mg po BID for 4 days, then Clonidine 0.1mg po qhs for 2 days, **then discontinue** **Hold if BP < 110/70 mm Hg**
	[ ]	Phenergan 25mg po BID PRN nausea for 6 days
	[ ]	Bentyl 20mg po BID PRN abdominal cramping for 6 days
Preventative Alcohol Detox:	[ ]	Valium 10mg po first dose now x1, then followed by,
	[ ]	Valium 10mg po BID for 2 days, then Valium 5mg po BID for 2 days, then Valium 5mg po qhs for 2 days, **then discontinue** **Hold Valium if sedated**
	[ ]	Thiamine 100mg po daily for 6 days
OPTIONAL MEDS:		Gapapentin 600mg po BID for 14 days , **then discontinue**
		Acetaminophen 325mg 2 tablets po BID PRN pain for 6 days
		Ibuprofen 600mg po BID PRN muscle aches for 6 days
		Loperamide 2mg po BID PRN diarrhea for 6 days
OPTIONAL LABS:		CBC, CMP, Magnesium
FOLLOW-UP:	✓	Notify HCP if unable to tolerate po meds
	✓	Notify HCP if patient becomes symptomatic
	✓	Low bunk x14 days
	✓	Initiate Drug & Alcohol Assessment Flow Sheet(PT-018) x 6 days
	✓	Schedule HCP review within 72 hours
	✓	Schedule routine Mental Health evaluation within 72 hours after completion of Detox protocol for Benzodiazepine or Opiate Detox
ALLERGIES:		Ordered by:
		HCP Signature:

PATIENT NAME:	NO:	DOB:	SEX:	LOCATION:

ARMOR CORRECTIONAL HEALTH SERVICES, INC.

And

Milwaukee Central Jail Facility Health Services Policy and Procedures

Health Services
Policy & Procedures

Date: 7/1/05
Reviewed: 1/3/08; 1/19/12
Revision: 2/10/09
Revision:

FACILITY NAME: Milwaukee Central Jail Facility

TITLE: MEDICATION SERVICES*	NUMBER: J-D-02 Page 1 of 3

Reference: **NCCHC:** J-D-02* (*Essential)
ACA: 4-ALDF-4C-38* (*Mandatory)
FCAC: 19.12

Policy:

- Patients will receive medication in a timely and accurate manner with attention to safety and accountability.

Procedure:

1. Prescription medications are administered or delivered to the patient only on the order of a physician, dentist, or other legally authorized individual.

2. Medications are prescribed only when clinically indicated (e.g. psychotropic and behavior modifying medications are not used for disciplinary purposes).

3. Inmates will be informed of the medication administration policy at time of admission to the facility.

4. Inmates entering the facility on prescription medications will continue to receive the medication in a timely fashion as prescribed, or acceptable alternative medications are provided as clinically indicated.

5. Medications will be administered in the housing units or pill window at a

Medical Director:	Date:
H.S.A:	Date:

consistent, designated time.

6. Insulin, if ordered, will be administered before meals or as otherwise ordered by the health care provider.

7. Directly Observed Therapy (DOT) is required for the following medications:

   a. Scheduled or controlled drugs;
   b. Drugs with high abuse potential;
   c. Tuberculosis-related drugs;
   d. Psychotropic agents, with few exceptions; and
   e. Treatment of infectious disease requiring isolation.

   Directly Observed Therapy (DOT) is preferred for the following:

   a. Warfarin administration;
   b. All antiretroviral therapy; and
   c. Patients with demonstrated non-adherence to essential medications (e.g. anti-seizure therapy).

8. DOT requires visualization of the oral cavity after the patient has taken a dose of medication to verify that it has been swallowed.

9. Medication Administration Records (MAR) will be utilized to prepare and administer medications. (See Policy #J-D-02.3 "Medication Administration Record").

10. If patients refuse medications the refusal will be documented on the MAR.

11. Patients who have refused or missed three doses of prescribed medication, in a 7 day period, will be referred for medication compliance counseling, where they will have the opportunity to sign a Refusal of Treatment form (#PT-040) if necessary. Refusal of Treatment forms will be forwarded to the HCP for review.

12. If a patient misses or refuses one (1) dose of tuberculosis medications for active disease, he/she will be referred to the provider.

13. Patient compliance with psychotropic medication will be monitored as established by Policy and Procedure J-D-02, "Monitoring Psychotropic Medications".

14. Patients who have received counseling 3 times for medication non-compliance shall be referred to the HCP. Patients on psychotropic or essential medications who refuse any dose or demonstrate non-compliance with medications shall be immediately referred to the HCP.

15. If patient requests discontinuance of medications, the chart will be forwarded to

the HCP for review.

16. Patients on Self-Administration program will acknowledge receipt of medication and instructions for use with a written signature.

Over the Counter Medications

1. Selected over-the-counter medications may be administered from the medication carts to inmates by nursing staff, on request.
   - Tylenol 325 mg (ii tabs)
   - CTM
   - Motrin 200mg (ii tabs)
   - Tums

2. Over-the-counter medications administered will be logged on the "Over-the-Counter Medication" Log. Nurse will document the following information:
   - Name, ID#
   - Date and time of administration
   - Amount Given
   - Complaint
   - Nurse Initials

3. Nursing protocol or documentation on the MAR will not be required for requested medications.

4. The Over the Counter Medication Log will be reviewed and signed weekly by the DON or designee.

5. The patient is limited to 3 doses of the same medication in a 1 week period. If the patient requests additional OTC's he/she shall be instructed to submit a sick call request.

6. Patients requesting or needing assessment or evaluation should be instructed to access sick call.

Forms Referenced in Policy:

Refusal of Treatment (#PT-040)
Medication Non-Compliance Counseling (#PT-041)

ATTACHMENT:
STOCK MEDICATIONS

Armor Correctional Health Services, Inc.

REFUSAL OF TREATMENT

I, ________________________________ have, on this day knowing that I have a condition requiring medical care, refused the treatment(s) as indicated below:

____A. Accucheck
____B. Behavioral health services
____C. Blood pressure check
____D. Chronic Care Clinic
____E. Dental care
____F. Diagnostic tests
____G. Laboratory services
____H. Medication (List):

____I. Outside medical appointment
____J. Pelvic exam
____K. Physical assessment
____L. Rectal exam
____M. Sick call
____N. X-ray services
____O. Other: ____________________

Reason for Refusal:

Potential Consequences Explained:

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless Armor Correctional Health Services, Inc., the correctional facility, all correctional personnel, doctors, nurses and health care personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility of my welfare.

I have read this form and certify that I understand its contents.

Patient Signature

Time Date

Medical Signature

*Witness Signature

Time Date

*Note: A refusal by the patient to sign requires the signatures of at least one witness in addition to that of the medical staff member.

PATIENT NAME:	NO:	D.O.B.	SEX:	LOCATION:

ARMOR CORRECTIONAL HEALTH SERVICES, INC.

And

Milwaukee Central Jail Facility Health Services Policy and Procedures

Health Services
Policy & Procedures

FACILITY NAME: Milwaukee Central Jail Facility

Date: 10/1/05
Reviewed: 1/3/08; 11/3/08; 1/19/12
Revision: 2/10/09
Revision:

TITLE: PRESCRIBING AUTHORITY AND STOP DATES*	**NUMBER: J-D-02.1**

Reference: **NCCHC:** J-D-02* (*Essential)
ACA: 4-ALDF-4C-38* (*Mandatory)

Policy:

- Patient medical conditions and prescription medications are reviewed periodically to evaluate health status and appropriate medication utilization.
- Medications requiring a prescription are administered to patients only when prescribed by a licensed practitioner.
- Controlled medications will be prescribed for limited durations.

Procedure:

1. All medication orders by the practitioner must be legible; they will include date and time the order was written, name of the medication, dosage of medication, administration frequency, duration of therapy, and name of ordering practitioner.
2. Medication orders will be transcribed to the Medication Administration Record (MAR) by the nurse signing off the order, and will include start and stop dates ordered. See Policy J- D-02.3 "Medication Administration Record".

Medical Director:	**Date:**
H.S.A:	**Date:**

3. Controlled medications will be prescribed for not more than 72 hours, except those medications required for the management of chronic conditions. Controlled medication prescriptions may be renewed if clinically indicated.

4. All medications will be reviewed by the prescribing authority every 6 months or sooner, if indicated.

5. The pharmacy will review patient medication profiles to identify potential for drug-drug interactions or allergies.

ARMOR CORRECTIONAL HEALTH SERVICES, INC.

And

Milwaukee Central Jail Facility Health Services Policy and Procedures

Health Services
Policy & Procedures

FACILITY NAME: Milwaukee Central Jail Facility

Date: 7/1/05
Revision: 7/25/07
Reviewed: 1/3/08, 2/10/09
Revision:

TITLE: STORAGE AND CONTROL OF PHARMACEUTICALS*	**NUMBER: J-D-01.4** **Page 1 of 2**

Reference: **NCCHC:** J-D-01* (*Essential)
ACA: 4-ALDF-4C-38* (* Mandatory)
FCAC: 20.04, 20.10,
FMJ: 7.27.03, 7.27.11

Policy:

- All prescription medications will be properly stored and controlled in the institution.

- Only authorized persons shall have access to medication areas.

Procedure:

1. All drugs will be stored in a sanitary, dry, properly lighted and ventilated medicine area within the Health Care Unit. Medications storage area shall be maintained at a controlled room temperature of 20°-25° C (68-77°F).

2. Drugs that require cooler temperatures will be maintained in temperature-monitored refrigerator, not to be used for food, laboratory specimens or any other purpose. A refrigerator log will be maintained. Temperature shall be maintained between 4°-8°C (39°-46°F).

3. All drugs will be maintained in a locked medicine area with access restricted to authorized health care personnel. Keys to medication areas shall only be in the possession of the person(s) responsible for administering medications.

Medical Director:	**Date:**

4. All controlled substances will be maintained in a locked cabinet within the locked medicine area (i.e. double locked).

5. External preparations shall be stored separately from internal or injectable medications. Otic preparations shall be stored separately from ophthalmic preparations.

6. Designated health care personnel authorized to carry medicine area keys will adhere to key control policies of the institution.

7. Appropriate security of medications will be maintained during delivery/administration of medications. Medications will not be left unattended during medication rounds.

8. Medication keys will be passed from nurse to nurse at shift change and will be documented on the "Key Control Log" (#MG-001).

9. Medicine area will be cleaned and straightened after each medication pass.

10. Temperature of the refrigerator will be maintained between 39° Fahrenheit and 46 ° Fahrenheit. Refrigerator temperature shall be documented daily on the Refrigerator Log (#MG-006), and the refrigerator will be defrosted and cleaned at least monthly.

Forms Referenced in Policy:

Refrigerator Log (#MG-006)
Key Control Log (#MG-001)

Re-Entry

Entering back into the community after a period of incarceration can be frightening. Not being aware of resources or options available can present as a roadblock in the transition from inmate to member of outside society. This is how the Re-Entry process is looked at. In addition, this is why community connections and resources are so imperative.

Here is an overview of the services Case Management provides:

•Individuals with scheduled release dates from the House of Correction are seen on a one to one basis with Case Management to review whether all their needs after discharge are met, or if they are in need of any additional assistance in finding resources within the Milwaukee and surrounding areas.

•From March 2014 through the beginning of May 2014, 619 individuals have met with a case manager to assess their personal plan of action once they leave the doors of the HOC.

•Special attention is paid in the area of housing in collaboration with *Special Need Housing* through the Department of Health and Human Services. This connection is vital with the mental health and homeless population. They are able to assist with not only emergency housing, but also long term for those that qualify for their services.

•We also coordinate services for those in need of counseling and mental health services. This includes AODA, domestic violence/sexual assault, and medication needs. We have utilized Wisconsin Community Services-Central Intake Recovery services to inquire if the individual qualifies for personal funding. Other options include the Access Clinic through Behavioral Health and the United Way's Impact 211 program.

•Some other examples of special partnerships case management utilizes include the City of Milwaukee's Health Department for establishing insurance for those leaving with the Community Healthcare Access Program. For the female population, the Benedict Center works with women specific issues. We also collaborate with Milwaukee VA Medical Center to assist veterans returning to their respective communities.

•Other areas taken into account before release includes: needs in relation to employment- obtaining GED/HSED; making sure one has copies of their birth

certificate/social security card/ Wisconsin identification card; solidifying employment and job training, and proper attire for interviews.

• Final areas addressed during the re-entry process include, dissemination of resources for food pantries, food share, meal programs, financial assistance for energy bills and further assistance with legal matters.

To sum it all up, Case Management looks at Re-Entry as our last chance to make a person successful when they return back to their families. We try to build the bridge between the outside community and we, as case management.

Elizabeth Schwartz, BA
Armor Correctional Health Services, Inc.
House of Correction, Franklin
May 6, 2014

The House of Correction, provide comprehensive drug and alcohol services. All services are voluntary and patients are identified as being eligible via an AODA screening/assessment. We currently have 1 Certified Substance Abuse Counselor, who provides all drug & alcohol related services.

Service needs:
•Current Referrals = 93 to date, dating back to Feb 21, 2014
•Current Enrollment is 20 males and 10 females.

Unfortunately, 34 referrals have been released before we could assist them (from 2/1 through 5/5/14)

Services provided:
As of date, 20 Males have completed the 4-week AODA Group programming since 3/1

- 2 Males have been transferred to the Huber Dorm to enable them to continue their treatment in the community.
- 3 Males are currently in Residential AODA treatment in the community.
- **All males completing program maintained 100 % attendance, they got out of bed and came to group.** 3 males were lost due to prison sentence and court appearances were not held against them. Homework was given and made up.

As of date, 10 Females have completed Group programming since March 1.

- One female from Trempealeau County had expected to get a 6- month sentence, however, her judge set her release date for 30 days to enable her to complete her AODA program at the HOC. This patient was set up for AODA follow up treatment in Trempealeau County upon her release.
- Another female had 90 days left on her sentence and was granted by her judge to finish sentence out in residential treatment.
- One female is currently enrolled in Residential AODA treatment in the community
- One female lost due to prison sentence
- !00 % female group attendance

Service Format:
Groups meet twice a week Mon/Wed & Tue/Thur for 90 minutes sessions that focus on:

- "*Motivation for treatment*"(geared specifically toward criminal offenders) to invite patients to think about aspects of motivation that governs their decisions to change behaviors.
- "*Cognitive Distortions that Threaten Recovery*," focuses on learning the difference between thoughts and feelings and how this affects productive communication.
- *Relapse Prevention for Chemically Dependent Criminal Offenders*, which has been adapted from Substance Abuse and Mental Health Services Administration, (SAMSHA). This model combines the best of medical and social/behavioral treatment models. The exercises provide patient's opportunities to examine their symptoms of addiction and start to make a connection to their legal problems and understand the relationship between the use of alcohol or drugs and their criminal behavior.

Throughout the group process, patients are assessed for any in-house needs; to include medical, dental, psychological, and case management. Patients are also identified as candidates for other in-house groups such as Anger Management, Medication Management, Cognitive Thinking, Anxiety, Co-Occurring Illnesses, and referrals are made to the Psychiatric Social Workers.

Lillian Sardina, MS, CSAC
Armor Correctional Health Services, Inc.
House of Correcton
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Improving the Transition from Jail to the Community for Impoverished Women

Personnel
Susan J. Rose, Principal Investigator, Professor, Social Work, UWM
Thomas P. LeBel, Co-Principal Investigator,, Associate Professor, Criminal Justice, UWM
Joan M. Blakey, Co-Investigator, Associate Professor, Social Work, UWM
Jeanne Geraci, CEO, Benedict Center
Joan Kojis, Clinical Director, Benedict Center
Michael Hafemann, Superintendent, Milwaukee County House of Correction

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This project builds on an ongoing partnership that UWM has established with the Benedict Center (BC) and the Milwaukee County House of Correction (HOC). Beginning in 2001, Dr. Rose served as evaluator for the BC Women's Harm Reduction program and subsequently worked with the BC to assist them in adopting universal screening and assessment measures as a part of the Countywide NEXXUS system. The results of this study changed the way substance abuse services were delivered in Milwaukee County, from individual agency efforts to a coordinated system of care, in which poor women were screened at many points of service request. In 2006, the Helen Bader School of Social Welfare (HBSSW) at UWM received federal funding to screen women in the Milwaukee County Jail for substance abuse and test a motivational intervention with women seeking treatment after their release. The BC subcontracted to conduct the screenings in the jail and served as a site for focus groups related to this project. In 2009, Drs. Rose and LeBel received another grant from the Centers for Disease Control to screen pregnant women at the downtown jail and mothers of minor children at the HOC. Finally, in 2013, the BC received a grant from the Greater Milwaukee Foundation to assess the substance abuse, physical health, and mental health needs of incarcerated women in the HOC. The report by Drs. Rose, LeBel, and Blakey led to changes in re-entry policy and practices at the HOC and was significant in the evolution of the BC into a behavioral health model for treating substance abusing women.

The proposed project intends to impact the ongoing poverty experienced by incarcerated women by enhancing reentry practices and making direct connections with social and occupational services. It represents the mission of the HBSSW, i.e. to improve lives and strengthen communities through research, education and community partnerships.

Rationale

The increasing incarceration of persons in local jails who experience co-occurring disorders (COD), i.e. substance use and mental health, is disturbing. While both male and female prisoners have high levels of co-occurring disorders, women in jails are disproportionately affected. Incarcerated persons with COD are more likely to have difficulty adjusting to a jail environment, require more resources while incarcerated, and are more likely to recidivate after their release than those with just one condition. Wilson and colleagues (2011) reported that 68% of those with COD were readmitted to jail within four years.

In studies of incarcerated women at the HOC between 2006 and 2008 (Rose, LeBel, & Blakey, 2014), 62% of women screened were Black, and almost half (49.1%) did not have a high school education or GED. These women were from very poor households, with 65.5% reporting an average yearly household income of less than $10,000. An overwhelming majority (82.5%) had been previously incarcerated in jail, with a mean of 6.8 previous incarcerations. Of the women who were mothers, 58.4% had been teen moms, with a mean of 2.9 children, almost a quarter of whom were two years old or younger. Among women screened 77.2% scored positive for potential substance abuse problems. Many

women knew their substance abuse problems were "extremely serious" and thought it was important for them to get treatment for these problems. However woman identified numerous barriers they believed would impede their ability to get treatment, including "not knowing the location of treatment programs," a lack of transportation to services, and child care responsibilities.

Unless women can address these individual and systemic problems, they are at greater risk of recidivism and remaining in poverty. According to a study by the Vera Institute of Justice (2015) spending more than a few days in jail puts people at risk of losing their jobs and the likelihood of finding a new job more difficult. In a study of the effects of incarceration on economic mobility (Pew Charitable Trust, 2010), previously incarcerated males earned less per hour, worked fewer weeks, and had 40% less annual earnings. These deficits also extend to families of those incarcerated. Children are usually housed with relatives who have to pool their own limited resources to care for them, especially when the incarcerated parent was the primary earner.

Project Design

UWM partners will develop protocols for use at the HOC to screen women for co-occurring disorders (i.e. substance use, physical health, and mental health problems) that often act as barriers to successful reentry to the community, and will conduct focus groups at the BC and HOC re: barriers women face when released.

Using a weekly census list provided by the HOC, graduate students will screen women due to be released in the next two weeks, and staff from UWM and the BC will implement the enhanced reentry intervention. This screening will consist of a measure of problem alcohol and drug use, an identification of physical health problems reported, an inventory of mental health problems for which women have received treatment, and information on their living situation, financial resources, and employment options. Finally, women will be asked to identify barriers to services they believe they will encounter upon their release, and asked about their motivation for change. Based on a positive substance abuse screen, women will be randomized to either the services currently available ("services as usual") at the HOC or the enhanced intervention.

The enhanced intervention will consist of a meeting with a project staff person for a 1½ hour session 48 hours before a woman's release. During this meeting staff will help women prioritize needed services and problem-solve strategies to overcome barriers to obtaining these services. Women will be provided with an (updated) resource book developed from previous projects and given information on how to identify and secure needed resources and services. This resource book will be updated and maintained by project staff and will be printed by the HOC printing department. Women who receive "usual services" will also be given a resource book for participating in the screening. It is expected that 10 women will receive the enhanced intervention each month.

Women enrolled in the project will meet with a worker the first five days after their release. These sessions will follow a wraparound model and will incorporate comprehensive, individualized, strength-based, flexible case management, including transporting and accompanying a woman to service appointments, locating concrete resources, and providing crisis management as needed. In order to determine a non-incarceration baseline of functioning, at the end of the five day period women will be re-screened with the relevant measures used during their incarceration (AUDIT-12, ABTI, TCU Drug Screen-II, living situation). Staff will also gather information on women's efforts to secure and obtain resources/treatment services. The project will offer monetary incentives for women to meet with project staff on a bi-weekly basis for the next 6 weeks to monitor their efforts, successes, and barriers to obtaining needed resources and treatment. Staff will meet with the women at 4 and 6 months after their release to measure their progress and understand the barriers they encounter in obtaining needed resources. In previous focus groups, jailed women themselves endorsed such an approach.

> *"... have something that we can have planned for when we get out so that we don't keep coming back and that we can get on the right*

track and find the groups that we need because not everybody knows where everything is."

"More guidance. Don't just give me a piece of paper saying here, come to my church or you can come to this shelter..."

Evaluation Criteria

It is hypothesized that the women receiving the enhanced intervention will be better able to connect with needed services and resources to address educational, social, physical health, mental health, and occupational needs. The ability of women to stabilize their lives through connection to services will impact their longer term prospects for addressing issues of poverty through reduced substance use, better health and mental health care, and increased opportunity through enrollment in educational and/or occupational training.

The measureable outcomes are: 1) decrease in harmful substance use as measured by AUDIT-12; 2) increase in ability to address barriers to treatment as measured by ABTI; 3) sustained motivation for change as measured by TCU-II; 4) progress towards a safe and stable residence; 5) enrollment/participation in treatment services (substance use, mental health, physical health); and 6) enrollment/participation in job training or occupational services.

If evidence of significant effect is found for the enhanced intervention, efforts will be made to incorporate the program in the array of services offered by the BC and the HOC. The HBSSW will also be asked to develop year-long graduate social work internships at the HOC to sustain this program.

Working together, UWM, the Benedict Center, and the HOC have been able to promote universal screening, identify key issues among incarcerated women, and provide them information about needed services. This project proposes to deliver and build on this partnership to provide an enhanced intervention to jailed women in order to address their individual issues and thereby improve their economic condition and strengthen the economic life and social environment of their families and communities.