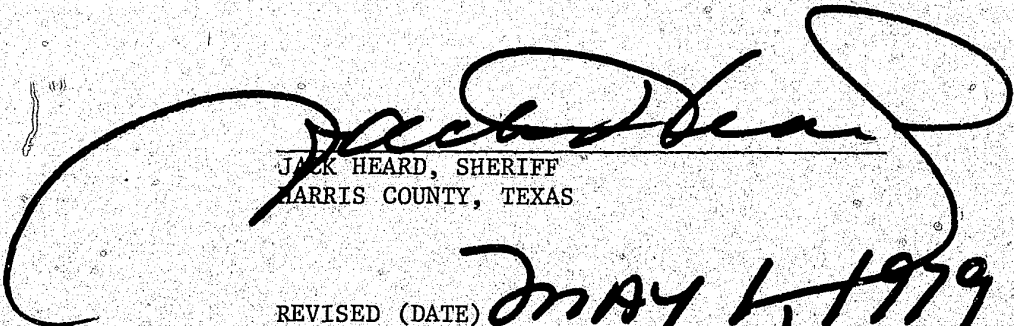


MEDICAL PROCEDURES
HARRIS COUNTY SHERIFF'S DEPARTMENT

APPROVED:


JACK HEARD, SHERIFF
HARRIS COUNTY, TEXAS

REVISED (DATE)

MAY 1, 1979

59433

ORGANIZATIONAL CHART

MEDICAL DIVISION

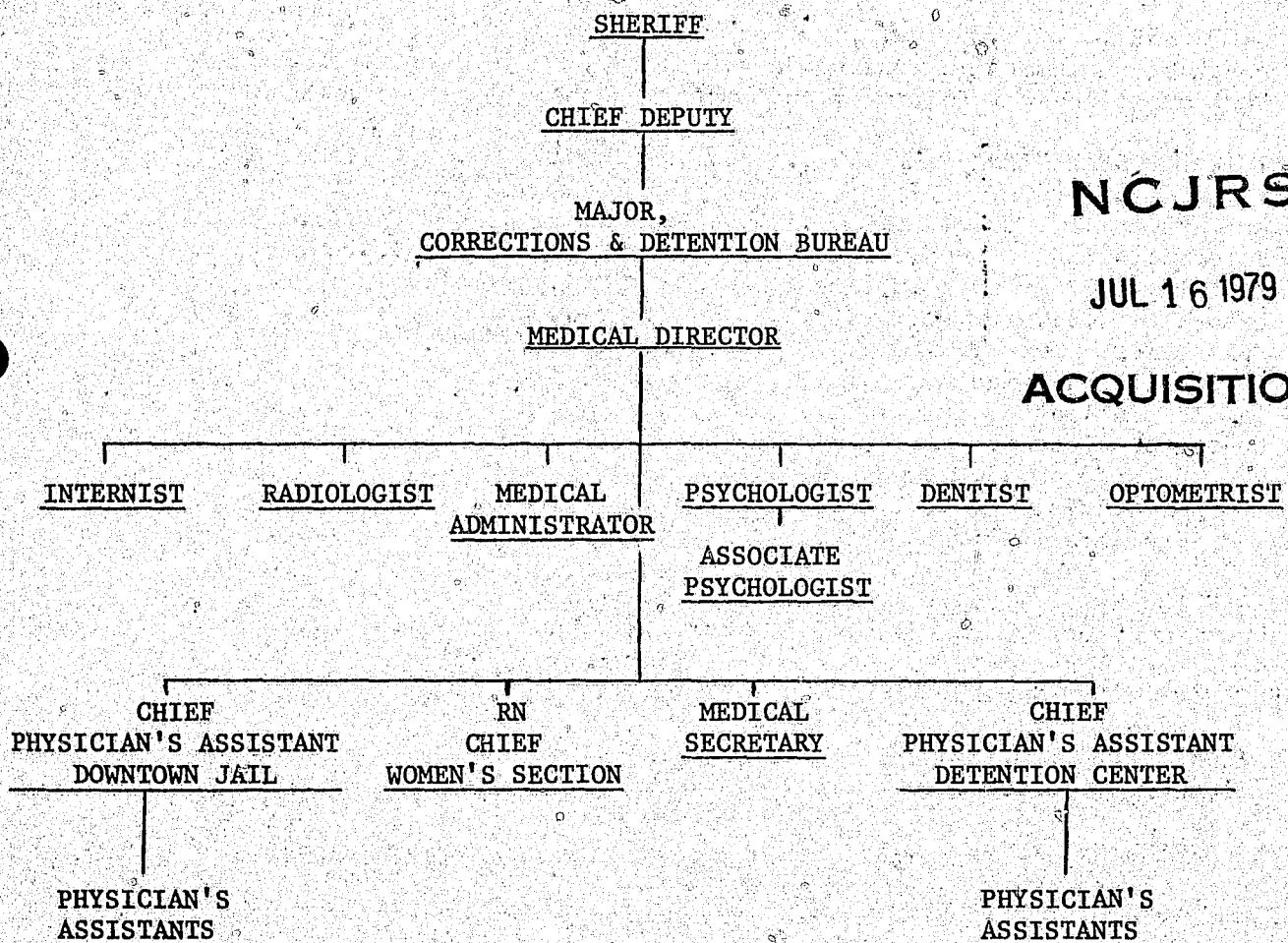


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ADMINISTRATIVE STRUCTURE

A. Medical Director

The Medical Division shall be supervised by a full-time physician, licensed by the Texas State Board of Medical Examiners, who shall be designated "Medical Director." He shall be responsible for the quality and availability of all medical services provided to jail inmates, act in an advisory capacity on all environmental health matters pertaining to inmates, and have the responsibility for approving all direct patient care procedures. In addition, he shall develop standing orders for the physician's assistants, nursing personnel and other qualified medical personnel. The Medical Director shall have no restrictions placed upon him in matters which fall strictly within the scope of the practice of medicine, consistent with all security regulations. A written agreement between the Harris County Sheriff's Department and the Medical Director outlining the responsibilities of each party shall be kept on file.

B. Reporting

The Medical Director shall report directly to the Major, Corrections and Detention Bureau, concerning routine matters pertaining to inmate medical services and related security of the jails. He may report directly to the Sheriff, through the Chief Deputy, with respect to any major medical issues which may evolve. The Medical Director will submit to the Sheriff a monthly report which will include information on the effectiveness of the medical care system, a description of any factors which are substandard, changes effected since the last report and recommended changes (See Medical Division Monthly Report, Appendix N). An annual statistical report, submitted by the Medical Director to the Sheriff, will include appropriate information on the medical services provided. The monthly inspection of the jails and subsequent report of the findings shall be issued by the Harris County Health Department directly to the Sheriff and to Harris County Commissioners' Court.

C. Personnel

The Medical Director will be assisted by such full time, part-time and contract qualified medical personnel as the Harris County Commissioners' Court may authorize for employment in the Medical Division. The Medical Director shall insure that only experienced para-medical personnel assist in first aid and in the administration of medications to inmates. Job descriptions, approved by the Medical Director, shall be maintained for all Medical Division personnel (See Appendix K). Verification of state licensure and/or certification credentials is on file in the jail for each individual currently holding a position requiring such credentials. All applicable state licensure and/or certification requirements will apply to all Medical Division personnel.

D. General Rules and Regulations

The Medical Director shall have the responsibility to insure that all personnel assigned to the Medical Division abide by the rules set forth in the Harris County Sheriff's Department Policy and Ethics Manual, the Standard Operating Procedures for Inmate Management Within Harris County Jail System, and all General and/or Special Orders and/or Department and Bureau Memorandums which may be applicable to the Medical Division. All security regulations applicable to facility personnel also apply to Medical Division personnel.

E. Inspection of Facilities

The Medical Director will visit frequently all facilities housing persons in the Sheriff's custody to examine inmates with medical problems/complaints, review the health care delivery system and observe the health environment. In addition, the Director of the Harris County Health Department, or a designated representative, will perform a health inspection on all jail facilities monthly. The Medical Director or his designated representative shall also inspect all equipment including First Aid Kits to insure that each is kept well stocked and maintained in an orderly fashion.

F. Peer Review

All medical care in the Harris County Jail System may be subject to physician peer review when such review may be necessary or advisable.

G. General Policy on Provision of Care

All treatment by medical personnel other than a physician will be performed pursuant to written standing orders or direct orders. Standing orders are written by the Medical Director for the definitive treatment of emergency conditions in the jail, and are posted in the Medical Clinic. Basic First Aid procedures are also posted in the Medical Clinic. Direct orders are those from a physician to qualified medical personnel or medically trained personnel that instruct them to carry out a specific treatment, test or medical procedure on a given inmate.

2.16.00 INTAKE MEDICAL SCREENING AND HEALTH APPRAISAL. (Refer also to Sections 2.1, B, and 2.16, Standard Operating Procedures for Inmate Management.)

Following the shower and strip search, each inmate shall be medically examined in accordance with the following procedure:

A. Initiation of Medical Record

Each inmate shall have a separate "Medical and Dental Examination" form typed by a trained medical interviewer. (See Appendix A) The interviewer shall perform a brief review of systems using the format of the record, and check any abnormal responses. Responses will be elaborated upon in the space labeled "Medical History." Particular attention should be paid to past hospitalizations and medical treatments

given; the name of the hospital, the attending physician, the diagnosis and the treatment rendered should be fully described. A history of drug or alcohol abuse is important. The agents abused and the dosage of the agents should be obtained. Current illness, including medications taken, special diets and therapies recommended should be recorded. (If the inmate has been in prior custody of the Department, an effort shall be made to obtain his prior medical record if such is on file.)

B. Medical Examination

A Physician or Physician's Assistant shall conduct a medical examination of each inmate who is to be incarcerated and record all findings in the medical record (See Appendix A).

On the first half of the section, labeled "Medical Treatment," a date stamp should be used to imprint the month, day and year. Next, the vital signs, to include weight, height, pulse, temperature and blood pressure, shall be recorded, then a brief behavioral observation should be made and obvious changes in the state of conscious and mental status should be noted. An inventory of body deformities, trauma markings, bruises, lesions and limitations of motion shall be noted. The condition of the skin and body orifices will be checked and the presence of body vermin recorded. (See Section 2.16.07, Delousing, Medical Procedures).

A brief check of the head, ears, eyes, nose, mouth, teeth, lungs, heart, abdomen, genitals and extremities will be performed and significant findings recorded.

Next, the inmate will receive a routine 70mm chest x-ray and have blood samples drawn for a serological test for syphilis as well as other blood tests as indicated by the previous examination and in accordance with instructions from the Medical Director.

A specimen of urine will be obtained and tested for specific gravity, protein, sugar, bile and blood. If indicated, a screening test for drugs should also be performed.

Upon completion of the initial medical examination, the medical record shall then be forwarded to the classification officer for his review, and appropriate inmate housing assignments made.

When this is accomplished, the medical records will be returned to the Medical Division for filing. Appropriate measures will be taken to insure the confidentiality of these records.

Prior to filing these records, the Medical Director shall review each medical record and determine if additional medical services are necessary.

2.16.01 ACUTE CARE. (Refer also to Section 3.12, Standard Operating Procedures for Inmate Management.)

Each area of the jail holding inmates should be visited daily during each shift by a member of the Medical Division to check those inmates needing

medical treatment and to dispense medications prescribed by the attending physician or dentist. A list of inmates requiring a physician's care shall be prepared and these individuals assembled and prepared for the weekday visits of the staff physicians. Prior to being seen by the doctor, the inmate will have his medical record pulled from the files and stamped with the date. The reason for seeking care should be noted and the appropriate vital signs recorded as well as any of the results of laboratory tests that might be indicated.

The physician's sick call hours shall start promptly at 9:00 A.M. The inmates will be escorted individually into the examination room. A Physician's Assistant will be present at all times. If an inmate has demonstrated violent behavior or is considered extremely dangerous, a security deputy will be present also. After examination and treatment, the inmate will be escorted back to a temporary holding area.

The examining physician should record, legibly, his examination findings, diagnosis and recommended treatment in the inmate's clinical record. He will also record his prescription of medicines, including the drug name, strength, number of dosages per day, route of administration and the duration of treatment, e.g. Penicillin VK, 250 mg tabs, P. O., Q.I.D. x 7 days. If necessary, an appointment should be made for a follow-up visit.

After this is accomplished, the physician's assistant shall record the recommended treatment, medications and next visit on the inmate's medical record and the appropriate medication sheet maintained for each inmate housing area.

If consultations are requested from supporting hospital facilities, or access to other clinical support services such as laboratory or x-ray is desired, a notation shall be made in the medical record. The medical secretary will note this and make the appropriate appointments and prepare the necessary request slips. The date and time of the clinic visit will not be divulged to any inmate. A form letter entitled "Inmate Medical Evaluation" will be sent with the inmate. (See Appendix B).

A. Special Diets

Inmates shall be fed in accordance with any special menu plan which the physician shall order.

B. Dental Care

Dental screening and dental hygiene services are provided to each inmate within 14 days of admission, and dental treatment not limited to extractions, within 3 months of admission when the health of the inmate would otherwise be adversely affected. (Refer to Section 3.12 B, Standard Operating Procedures for Inmate Management.) Medical and Dental prothesis will be provided in life threatening situations only.

2.16.02 EMERGENCY CARE. (Refer also to Sections 3.12 and 5.0, Standard Operating Procedures for Inmate Management.)

Emergency medical care will be available at both main facilities 24 hours per day. Initial care will be provided by qualified medical personnel on duty in the medical clinics. These individuals will be notified immediately by the security deputy who first observes the emergency situation. The medical personnel

will evaluate the patient and give appropriate first aid. For illness or injuries that require expedient treatment at a major hospital, emergency ambulance service will be obtained by the ranking security supervisor on duty in the jail at that time and the transfer procedures described in Section V, Standard Operating Procedures for Inmate Management, will be followed. (Refer also to Section 3.12 (4)(d), Standard Operating Procedures for Inmate Management.)

After the inmate has been given first aid and his transfer arranged, a notation shall be made in the medical record of the nature of the emergency, the treatment rendered and the personnel notified. The Medical Department staff member on duty at the time will sign each notation. For those emergencies that consist of significant injuries, an "Inmate Injury Report" (See Appendix C) shall be made out and copies sent to the officials listed at the bottom of each page of the report. Careful attention to details will be observed. The nature of the injury shall be fully described including body part, dimensions of injury, blood lost and damage to nerves or tendons. The circumstances of occurrence will be recorded. The name of the individual describing the occurrence should be noted. If the inmate makes a statement, attempt to use his exact words. A differentiation should be made between allegations of the inmate and actual occurrences personally witnessed by the medical personnel initiating the report.

In the event the inmate's injury may have been the result of a suicide attempt, a copy of the "Inmate Injury Report" shall be transmitted immediately to the Jail Psychologist for appropriate psychological follow-up.

With those emergencies that entail significant probability of major disability, death or medical legal liability, the Medical Director shall be immediately notified and he shall investigate the medical aspects of the case and prepare a report for the Major, Corrections and Detention Bureau.

Death of an Inmate in Confinement. (Refer to Section 4.5, Standard Operating Procedures for Inmate Management.)

Serious Illness or Injury of an Inmate in Confinement. (Refer to Section 5.0 A (3)(b), Standard Operating Procedures for Inmate Management.)

- A. If an inmate in confinement receives a serious injury or illness which requires hospitalization, it shall be the responsibility of the jail physician to alert the Jail Captain so that the Captain may notify the relative listed on the inmate's Jail Card or the appropriate person(s) listed on the inmate's visiting card. The Jail Captain may have the Jail Chaplain deliver the message.

2.16.03 CHRONIC AND CONVALESCENT CARE.

Those inmates requiring medical care for chronic illnesses or convalescence from acute conditions will be evaluated by a physician as soon after admission to the jail as possible and the appropriate treatment ordered. The admitting medical personnel will interview each inmate during the initial intake process to determine the existence of these conditions and previous treatments prescribed by the inmate's private physicians until the inmate can be evaluated by the Detention Bureau's physician.

Particular attention should be directed toward the regular, uninterrupted treatment of insulin dependent diabetics, epileptics, cardiac patients and asthmatics. Appropriate recommendations will be made to the classification officer in order that the inmate will be assigned to a housing area that will not aggravate the medical condition.

The physician shall develop a written individual treatment plan for each inmate who requires close medical supervision.

The medical staff will evaluate on a regular basis all inmates with chronic illnesses throughout their period of incarceration.

2.16.04 SPECIAL INMATES.

The Harris County Jails are faced with the problems of caring for special inmates, some of whom do not belong in jail and others who should be in jail but whose safety is at risk unless special precautions are taken. Other inmate-patients respond best in a section of the jail set aside for the care of a broad range of medical problems. Generally the special inmates are the chemical abusers (alcoholics and drug addicts), the mentally ill or retarded, diabetics, epileptics, physically disabled, cardiac patients and those with highly contagious diseases (tuberculosis, hepatitis, syphilis and gonorrhea.) The special inmates should be managed in the following fashion:

A. Detoxification of Chemical Abusers

Those inmates with a history of chemical abuse should be identified (See Appendix L) early in the intake process. The medical history should elicit the chemicals of abuse, the dosages and the duration of the abuse. Note should also be made of any previous treatment. Extreme care shall be exercised with alcoholics and barbiturate abusers in that withdrawal phenomenon may be lethal. Delirium tremens and convulsions should be prevented by early and appropriate medical care. If possible, drug abusers should be diverted to the appropriate detoxification facility presently maintained in the Downtown Jail. Drug abusers in an acutely psychotic condition should be protected from injury and restraints used as necessary. An inmate-patient will not be left in restraints for a prolonged period unless a written order is present in the medical record and the patient is under constant medical observation. Metal handcuffs will be used only temporarily and then caution should be used to insure that they do not restrict the circulation of the extremities or injure the inmate's skin. Leather wrist and ankle restrainers will be used as soon and as often as possible.

Those inmates withdrawing from opiates will be placed in a quiet environment and given symptomatic treatment unless they have a medical contra-indication to this regimen. In these cases the Medical Director may order either opiate maintenance or a slow detoxification using morphine, Demerol, or Darvon. Special attention will be given to female addicts who are pregnant. These individuals should be referred to the Jefferson Davis Obstetrical Clinic as soon as possible. They should not be left to withdraw "cold turkey" because of the high risk to the fetus. The inmates will be followed in the Addicted Mothers Clinic and when referred back to the jail will be kept on the therapeutic

regimen prescribed by that clinic. (Refer to Section 2.16, D, Standard Operating Procedures for Inmate Management.)

Chemical abusers will be offered an opportunity to meet with an approved alcohol and drug abuse counselor if they so desire.

B. Mentally Ill/Retarded Inmates (Refer also to Section 2.1(3) and 2.21, Standard Operating Procedures for Inmate Management.)

Any inmate suspected of insanity or identified by the Jail Psychologist as having significant mental or emotional disabilities shall be transferred from the jail immediately to the Forensic Psychiatric Division of the Harris County Psychiatric Hospital for examination, diagnosis and required treatment. (See Appendix M.)

The Medical Director of the jails shall forward to the psychiatric facility pertinent medical records to include the results of psychological evaluations and behavioral observations. The reasons for the suspicion of insanity or certification of mental or emotional illness shall be fully documented and accompany the inmate. (See Appendix D.)

If, after evaluation and treatment, the inmate has a satisfactory recovery from his mental or emotional disability, he may be returned to the jail. Prior to his return, a narrative summary of the psychiatric care rendered and the after care recommendations shall be forwarded to the Medical Director for his review and coordination with the Jail Psychologist and Classification Deputy.

C. Diabetics

All diabetics admitted to the jail will be asked about their special diets, medications, and whether they have any complications of their disease (retinopathy, arteriosclerotic cardiovascular disease, neuropathy, or renal disease.) They shall have a complete urinalysis and a fasting blood sugar performed as soon as possible. The results shall be posted in their medical records. The patient shall be evaluated by a physician at the next regular sick call. A complete physical examination will be performed and the clinical history reviewed. An appropriate diet will be ordered with the number of calories specified. Prescriptions will be written for medications needed. If a person is maintained on insulin, he should have a daily urinalysis for sugar performed. Any diabetic on insulin who appears weak, pale, sweaty, stuporous or convulses should be given a glucose solution immediately, either orally or intravenously. All security personnel should be familiar with the signs and symptoms of a hypoglycemic insulin reaction. Under no circumstances will an inmate on insulin have his regular diet withheld or delayed unless he is fasting in preparation for laboratory tests. In this case his insulin will not be given until he resumes regular nourishment.

D. Epileptics

These individuals will be identified as early in the intake processing as possible and started on their required medications without interruption. Their medications and attending physician should be listed in the inmate's medical record as well as the type of seizure disorder and the frequency of occurrence of the seizures. If assigned to cell areas with multiple-tiered beds, they shall be assigned to the lowest bed. When epileptics are employed in work details, they should not be around dangerous machinery or asked to use scaffolding or ladders.

E. Physically Disabled

Inmates requiring prosthetic limbs, crutches, wheelchairs or other special medical devices for use because of a physical disability shall be examined thoroughly by the medical staff upon initial incarceration and approval given for the use of the device. Each appliance used shall be searched for contraband, especially illicit drugs and weapons. Severely disabled inmates who are unable to care for themselves will be housed in the jail medical facility where the necessary nursing care will be provided.

F. Cardiac Patients

These individuals will also be detected early in the intake process and continued on previously prescribed medications. Those patients with intermittent angina will be allowed to carry on their person a limited supply of nitroglycerin tablets for use during attacks. Cardiac patients with persistent chest pain, weakness and marked perspiration will be transferred immediately to the Ben Taub emergency room by ambulance. Oxygen by mask should be started at the rate of 4-6 liters per minute and morphine $\frac{1}{4}$ grain should be administered I.M. If time permits, an electrocardiogram should be performed and if multiple premature ventricular contractions (PVC's) are noted a 50mg bolus of xylocaine should be given I.V.

Those cardiac patients with severe functional limitations will be kept in the jail medical facility.

G. Contagious Diseases

1. Tuberculosis

Individuals suspected of having this disease will be transferred immediately to the Jefferson Davis Chest Disease Ward where they will receive further diagnostic tests and treatment. They will only be returned to the jail when they are certified as non-contagious. They will be required to stay on their medications for a long period of time. Failure to take medications could render the individuals to be contagious and could cause a great hazard to the health of other inmates and also to the jail staff. The Medical Director shall carefully monitor all TB patients confined to the jail to prevent this from happening.

Individuals who have been exposed to active TB patients shall be given a tuberculosis tine test and a chest x-ray if indicated. Tuberculosis is considered the most dangerous disease in jail populations, therefore, the utmost vigilance will be maintained in its detection.

2. Hepatitis

This is one of the more common communicable diseases in a prison population primarily because of the high incidence of drug abuse. Individuals with yellow skin and tea colored urine will be promptly placed in special medical isolation cells where they will be fed on paper plates only and instructed in strict personal hygiene. Blood samples should be drawn for determinations of serum bilirubin, SGOT and alkaline phosphatase to differentiate medical from surgical jaundice. Individuals who develop severe complications of hepatitis, e.g. bleeding, coma, complete liver failure, should be transferred to Ben Taub Hospital immediately.

Patients who regain their strength and appetite, and have clear urine which is free of bile, shall be returned to the normal jail population.

3. Syphilis/Gonorrhea

Inmates with these diseases shall have prompt antibiotic therapy and can usually be returned to their regular tanks. If indicated, serological tests for syphilis will be performed on any individual named as a contact by the patient.

2.16.05 PHARMACEUTICALS.

All medications will be stored in secured areas at each jail facility. Only individuals authorized by the Medical Director shall have access to these storage areas. Medications listed as "Dangerous Drugs" under Texas law shall be dispensed only upon the written order of a Detention Bureau physician. The order shall be written in the inmates' medical records. The Physician's Assistants may dispense "over the counter" type medications for simple ailments during their routine rounds without a written order. If a dangerous drug is administered in an emergency without a doctor's order, the responsible physician shall review the medical record and sign it as soon as possible. (In all instances, when a medication is dispensed to an inmate, close observation shall be made to insure that the inmate actually ingests the medication. If an inmate attempts to hoard his medications, his pills will be crushed or his capsules emptied into water, a solution made, and the inmate will be required to drink that solution.)

Separate licenses issued by the Department of Public Safety and the Justice Department for Controlled Drugs shall be posted in each storage area. Narcotic drugs will be listed in appropriate log books and careful records kept on the use of the drugs.

Under no circumstances will an inmate be allowed to enter areas where controlled drugs are stored.

All controlled substances including dangerous drugs, syringes, needles, and surgical instruments will be inventoried on a weekly basis. Any discrepancy will be reported immediately to the Medical Director, who shall report the missing item(s) to the Bureau Major.

Syringes, needles and surgical instruments shall be given the same security as drugs.

A. Incoming Drugs (Refer to Section 4.0, Contraband, Standard Operating Procedures for Inmate Management.)

All drugs, which are dispensed by prescription, on the person of incoming inmates will be removed from their personal clothing and sent to the Medical Division where they shall be logged in the medical records in a special book maintained for that purpose. They will be held in storage and returned to the individual when he departs the jail. Outside drugs will not be used to treat inmates. Their medications will come from approved jail pharmacy stocks only.

2.16.06 PREVENTIVE MAINTENANCE.

Many diseases can be prevented with proper care of the body. The most expensive medical care rendered is required because of poor maintenance and lack of recognition of early signs of illness. Good health habits, hygiene, adequate nutrition, proper exercise and the inmate's role in the jail's Health Care Delivery System are important aspects of health maintenance and disease prevention.

To help in preventive maintenance, the jail staff should encourage inmates to seek medical advice early in a course of illness, also emphasis on cleanliness and personal hygiene is extremely important in preventing many contagious diseases. (Refer to Section 3.13, Standard Operating Procedures for Inmate Management.) To insure that the highest level of cleanliness is maintained constantly, the facility is cleaned daily, inmates are given clean clothing daily, and fresh linen at least twice weekly. In addition, each inmate is given a personal hygiene kit. (Refer to Section 2.17, Standard Operating Procedures for Inmate Management.)

Periodically, the Medical Director, upon the advise of the Director of the Harris County Health Department, will offer immunizations for contagious diseases of epidemic proportions.

The Medical Division shall keep in stock various health educational materials that shall be available on request. Copies of the materials will also be available in the inmate library.

2.16.07 SANITATION.

The inmate's personal hygiene and the sanitary conditions of the jail are extremely important in helping to prevent epidemics.

The inmates will be expected to bathe regularly and keep themselves neatly groomed. Clean clothing will be worn and their bedding exchanged on a regular basis. (See above 2.16.06 PREVENTIVE MAINTENANCE.) Individual hygiene kits will be issued on admission to the jail.

A. Delousing

All inmates will be inspected during the initial medical screening process for body lice and either Kwell or Cuprex solutions will be issued to treat infestations. The treatment should be repeated in one week.

In all instances, medical personnel shall be responsible to insure that medical facilities are maintained in a clean and sanitary condition at all times.

2.16.08 HOUSING ASSIGNMENTS.

An inmate should not be needlessly stigmatized by being put into a special medical category when he is not a threat to others, unless he is likely to be victimized or have his physical and mental health impaired.

The medical staff will work closely with the classification deputies to insure that the inmates are assigned to housing areas on an individual basis, taking into full account criminal history, psychological make-up and physical limitations.

2.16.09 THE RIGHT TO BODILY INTEGRITY.

Inmates desiring medical treatment will be accorded the same rights to bodily integrity as if they presented themselves to an outside hospital facility.

Prior to the initiation of medical procedures that include surgery, the invasion of a body cavity, or a dangerous medical procedure, the patient will have the procedure explained to him by the physician or dentist performing the same and the patient will sign a written consent showing that he was informed and understood the statement to which he consented. (See Appendix E).

If an individual refuses medical treatment for a disorder that a prudent man would deem necessary, the inmate will be requested to sign a "Refusal to Submit to Treatment." (See Appendix F). This form will be filed in his medical record along with an incident report documenting the details of the incident and the individual's reasons for refusal.

If the inmate refuses treatment for a condition that is a threat to his life or could leave him with a permanent disability, the Medical Director will be contacted immediately and the circumstances described. If the inmate is diagnosed as being incompetent, the Medical Director will order appropriate medications or surgical therapy against the inmate's will. A written report of the incident will be forwarded immediately to the Major, Corrections and Detention Bureau.

All examinations, treatments and other procedures shall be performed in a dignified manner and place.

Minors, as a rule, will not be treated in the jail medical clinics unless an extreme emergency exists or their parents or guardians give their written consent to routine treatment.

All inmate examinations by a physician will be done in the presence of another medical staff member; the same sex as the inmate.

Examinations conducted in a competent and professional manner will alleviate much embarrassment.

Dental consent forms (See Appendixes G and H) will be used in a similar fashion as those described above.

2.16.10 ALCOHOLISM AND DRUG ABUSE PROGRAM.

Volunteers who are accredited by the Texas Certification Board for Alcoholism Counselors may participate in the Alcoholism and Drug Abuse Program.

The initial medical screening program is designed to detect those incoming inmates who suffer from alcoholism and drug addiction. Individuals who admit to these problems will be evaluated by a physician as soon as practical. Individuals with significant withdrawal syndromes will be placed in the hospital ward and an individualized medical treatment regimen started. Early in the inmate's detoxification period, he will be offered an opportunity to speak to a counselor. (See Appendix L).

Conduct of this Program shall be governed by the publication entitled Policy and Procedures: Alcoholism and Drug Abuse Program.

2.16.11 MEDICAL RECORDS.

The medical records for each inmate shall be initiated by a medical interviewer using the "Medical and Dental Examination" form. Medical personnel will make notation of pertinent findings during the initial medical screening and thereafter for each clinical encounter. (See Appendix A).

Psychological evaluations, alcoholism and drug abuse counselors' reports, and signed medical consent forms for treatment should all be included in the inmate's medical record. Clinical summaries from other medical facilities can also be added.

The medical record is the visible means by which the quality of care is assessed. All inmate-patient health problems must be recorded as well as the dispositions thereof, so that a complete medical and psychiatric history will be completed on each inmate. Of equal importance is the need to maintain medical records under security, completely separate from the patient's confinement record. The medical records will, many times, have extremely personal and confidential information in them that may not be divulged to third parties without the inmate's permission.

Release of Medical Information/Records:

The sheer numbers of inmates transferred to the Texas Department of Corrections prohibit the release of every medical record. However, in the event that an inmate has a serious chronic or acute condition or illness which may recur, medical information will be released to TDC, with the inmate's written authorization, upon his transfer. (See Appendix J).

The release of information to outside individuals and agencies will only be done with the approval of the Medical Director and the Bureau Major, and with the inmate's written permission. (See Appendix I).

Inmate Recreation: (Refer to Section 3.15, Standard Operating Procedures for Inmate Management.)

Inmates receive outside recreation three times weekly for a minimum of one hour each time.

APPENDICES

- A Medical and Dental Examination Form
- B Inmate Medical Evaluation Form
- C Inmate Injury Report Form
- D(a) Certificate of Medical Exam for Mental Illness
(b) Psychological Referral Form
- E Consent to Undergo Medical Treatment Form
- F Refusal of Medical Treatment Form
- G Dental Treatment Release Form
- H Refusal of Dental Treatment Form
- I Release of Records Authorization Form
- J Release of Medical Information to the TDC
- K Medical Personnel Job Descriptions
- L Withdrawal Symptoms from Alcohol and Drugs
- M Recognition of Mental and Emotional Problems
- N Monthly Medical Report



APPENDIX A: MEDICAL AND DENTAL EXAMINATION

FOR OFFICIAL USE ONLY

HARRIS COUNTY SHERIFF'S DEPT.
301 SAN JACINTO
HOUSTON, TEXAS 77001

1. LAST NAME, FIRST NAME, MIDDLE NAME	2. SEX	3. D.O.B.	4. RACE	5. S.O. NO.	6. DATE RECEIVED	7. DATE EXAMINED
---------------------------------------	--------	-----------	---------	-------------	------------------	------------------

MEDICAL HISTORY		Check each item in appropriate column; enter "NE" if not evaluated		Check each item in appropriate column; enter "NE" if not evaluated	
NOR-MAL	ABNOR-MAL			NOR-MAL	ABNOR-MAL
		8. EYES- GENERAL		15. EPILEPSY	
		9. HIGH BLOOD PRESSURE		16. NARCOTICS	
		10. TUBERCULOSIS		17. JAUNDICE	
		11. KIDNEY TROUBLE		18. HEART DISEASE	
		12. SYPHILITIC TREATMENT		19. Orifices	
		13. GONORRHEA		20. MENTAL ILLNESS	
		14. ALCOHOLISM		21. DIABETES	
				22. X-RAY	

MEDICAL HISTORY

Do you have a painful dental condition?

Vital Signs: BP temp. hgt. wgt. pulse respiration

DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

0 - Restorable teeth		X - Missing teeth		(6x8) - Fixedbridge, brackets to include abuments													
Nonrestorable		XXX - Replaced by dentures															
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I																	E
G																	
H	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T
T																	

DENTAL TREATMENT

MEDICAL TREATMENT

OFFICE OF THE SHERIFF
Harris County



JACK HEARD, Sheriff
Houston, Texas 77002



GUS GEORGE
Chief Executive Assistant

APPENDIX B: INMATE MEDICAL EVALUATION

TO: _____ CLINIC, Ben Taub -- J.D. (Circle One)

In an effort to provide greater continuity in medical care it is requested the following information be furnished regarding _____, who had an appointment in your clinic today.

1. Tentative Diagnosis or Impression: _____

2. Medication and/or Treatments Recommended While in Jail: _____

3. Name and Phone Number of Physician Seen During Appointment: _____

This form, when filled out, will be confidential in nature and will only be given to the deputy transporting patients to the clinic. Your cooperation in our effort to provide total health care is greatly appreciated.

James G. Shoemaker, M.D.
Medical Director
Harris County Jail

INMATE INJURY REPORT

APPENDIX C: INMATE INJURY REPORT FORM

HARRIS COUNTY SHERIFF'S DEPARTMENT

MEDICAL DIVISION

HARRIS COUNTY
HOUSTON, TEXAS

FOR OFFICIAL USE ONLY



NAME OF INMATE	SO. NO.	TANK - UNIT	RACE	DATE OF INJURY	TIME OF INJURY	AM PM
----------------	---------	-------------	------	----------------	----------------	----------

NATURE OF INJURY

CIRCUMSTANCE OF OCCURRENCE

MEDICAL TREATMENT RENDERED

DISPOSITION

APPENDIX D(a): CERTIFICATE OF
MEDICAL EXAMINATION FOR MENTAL ILLNESS

On _____ I, James G. Shoemaker, M.D., a licensed physician
of the State of Texas, practicing at 301 San Jacinto, Houston, Texas, did
examine _____ of _____ and found him
to have the following mental and physical conditions:

He has been under my care from _____ to _____

It is my opinion that he

_____ IS mentally ill and requires observation at a mental
hospital;

_____ IS NOT mentally ill.

Because of his mental illness he is likely to cause injury to himself
or to others if not immediately restrained.

While under my care he has received the following treatment:

James G. Shoemaker, M.D.
Medical Director



HARRIS COUNTY SHERIFF'S DEPARTMENT

APPENDIX D(b): PSYCHOLOGICAL REFERRAL FORM

Name _____ D.O.B. _____ SO # _____ Jail Loc. HCJ/HCDC Cellblock _____

Sex: M () F () RACE: B () M () A ()

Charges: _____

Reason for Referral (check all boxes that are appropriate):

- | | | |
|--|---|---|
| 1. () Poor reading/comprehension? | 6. () Previous history of mental problems? | 12. () Problems in eating or sleeping? |
| 2. () Drug use problems - - withdrawal possibilities? | 7. () Poor intellectual functioning? | 13. () Change in behavior? |
| () Alcohol use problems - - withdrawal possibilities? | 8. () Confused or disturbed thinking? | 14. () Incident report? |
| 3. () Might be taken advantage of? | 9. () Very anxious or nervous? | 15. () Bizarre behavior? |
| 4. () Suicidal thinking? | 10. () Problems with other inmates? | 16. () Violent? |
| 5. () Reports "seeing" or "hearing" things? | 11. () Return from State Hospital? | 17. () Withdrawn? |

Other Reasons: _____

Comments: (Give examples of above or other info) _____

Referred By: _____ Date _____

Psychological Interview Findings/Recommendations

- | | | | |
|---|----------------------------|----------------------------|---|
| () Thought disorder - - confused or disturbed thinking | () Low intelligence | () Rational | Recommendations for Housing:
() Single Cell
() Gen'l Pop.
() HCDC 1B2
() HCJ 2/5 - 3/5
() Refer JD Psy. For Eval. |
| () Suicidal risk (Hi Med Lo) | () Drug abuse problem | () Cooperative | |
| () Aggressive behavior (Hi Med Lo) | () Alcohol abuse problem | () Gets along with others | |
| () Previous escape attempts | () Sexual problem | () Work is satisfactory | |
| () History of difficulty in getting along with others | () Suspicious of others | () School report good | |
| | () Passive, non-assertive | | |

Other _____

Mental Status _____

Impression _____

Probable Diagnosis and Recommendation _____

Refer to: Classif () Medical () Drug () Drug Couns () Chaplin () School () Work ()

APPENDIX E: CONSENT TO UNDERGO MEDICAL TREATMENT FORM

CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS,
AND THE RENDERING OF OTHER MEDICAL SERVICES

DATE: _____
(NAME OF PATIENT)

HOUR: _____ M.

1. I authorize and direct _____, M.D., my surgeon
and/or associates or assistants of his choice to perform the following operation
upon me: _____

and/or to do any other therapeutic procedure that (his) (their) judgement may
dictate to be advisable for the patient's well-being. The nature of the operation
has been explained to me and no warranty or guarantee has been made as to the
result or cure.

2. I hereby authorize and direct the above named surgeon and/or his associates
or assistants to provide such additional services for me as he or they may deem
reasonable and necessary, including, but not limited to, the administration and
maintenance of the anesthesia, and the performance of services involving pathology
and radiology, and I hereby consent thereto.

3. I understand that the above named surgeon and/or his associates or
assistants will be occupied solely with performing such operation, and the persons
in attendance at such operation for the purpose of administering anesthesia, and
the person or persons performing services involving pathology and radiology, are
not the agents, servants or employees of the above named hospital nor of any
surgeon, but are independent contractors and as such are the agents, servants
or employees of myself.

CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS,
AND THE RENDERING OF OTHER MEDICAL SERVICES

Page 2

4. I hereby authorize the hospital pathologist to use his discretion in
the disposal of any severed tissue or member, except _____

Patient's Signature _____

Witness _____

(If patient is a minor or unable to sign, complete the following:)

Patient is a minor _____, or is unable to sign because _____

Father

Guardian

Mother

Person and Relationship

APPENDIX F: REFUSAL OF MEDICAL TREATMENT

INMATE: _____
(Please Print)

DATE: _____

This is to certify that I, the undersigned inmate, am refusing medical treatment which was to have been performed in the Harris County Sheriff's Department. By doing so, I hereby release said Harris County Sheriff's Department from all responsibility in my case.

(Signature of Inmate)

SO Number

#1 Witness _____

#2 Witness _____

Witnessed by me, the undersigned authority, this _____ day of
_____, 19____, at _____, Texas.

NOTARY PUBLIC, HARRIS COUNTY, TEXAS

APPENDIX G: DENTAL TREATMENT RELEASE FORM

RELEASE OF RESPONSIBILITY
FOR DENTAL WORK TO BE PERFORMED
IN THE HARRIS COUNTY SHERIFF'S DEPARTMENT

INMATE: _____

DATE: _____

I hereby give dentist, CHARLES A. YOUNTS, D.D.S., the authority to perform all necessary dental work that he deems necessary, after conducting a proper examination and diagnosis, while I am confined in the Harris County Downtown Jail or the Harris County Detention Center (whichever applies); and I, the undersigned inmate, hereby release the Harris County Sheriff's Department from all responsibility.

(Signature of Inmate)

(SO Number)

#1 Witness _____

#2 Witness _____

OR

Witnessed by me, the undersigned authority, this _____ day of _____, 19____, at _____, Texas.

NOTARY PUBLIC, HARRIS COUNTY, TEXAS

APPENDIX H: REFUSAL OF DENTAL TREATMENT

INMATE: _____ DATE: _____
(Please Print)

This is to certify that I, the undersigned inmate, am refusing treatment for dental work which was to have been performed at my request. By doing so, I hereby release the Harris County Sheriff's Department from all responsibility in my case.

(Signature of Inmate)

SO Number

#1 Witness _____

#2 Witness _____

Witnessed by me, the undersigned authority, this _____ day of _____, 19____, at _____, Texas.

NOTARY PUBLIC, HARRIS COUNTY, TEXAS

APPENDIX I: AUTHORIZATION FOR RELEASE OF RECORDS

I, _____ aka _____
Print Full Name Strike Out if N/A

Street Address City State Zip

Date of Birth Social Security Number SO Number

HEREBY AUTHORIZE AND REQUEST THAT:

Name of Institution and/or Physician

Address ;

A DISCHARGE SUMMARY CONCERNING MY ILLNESS AND/OR TREATMENT DURING THE PERIOD
FROM _____ THROUGH _____ BE
FORWARDED TO THE HARRIS COUNTY SHERIFF'S OFFICE TO THE PERSON AND ADDRESS
GIVEN BELOW.

SIGNED: _____
Patient

DATE: _____

WITNESS: _____

TO: JAMES G. SHOEMAKER, M.D.
MEDICAL DIRECTOR
HARRIS COUNTY SHERIFF'S DEPARTMENT
4th FLOOR, MEDICAL DIVISION
301 SAN JACINTO
HOUSTON, TEXAS 77002

JAMES G. SHOEMAKER, M.D.

APPENDIX J: RELEASE OF MEDICAL INFORMATION TO TDC

I, _____ aka _____
Print Full Name Strike Out if N/A

SO # _____, TANK # _____

Street Address City State Zip

Date of Birth Social Security Number

HEREBY AUTHORIZE AND REQUEST THAT:

A DISCHARGE SUMMARY CONCERNING MY ILLNESS AND/OR TREATMENT DURING THE PERIOD

FROM _____ TO _____

BE FORWARDED TO THE TEXAS DEPARTMENT OF CORRECTIONS, UPON MY TRANSFER THERE

BY: DR. JAMES G. SHOEMAKER, M.D.
MEDICAL DIRECTOR
HARRIS COUNTY SHERIFF'S DEPARTMENT
4th FLOOR, MEDICAL DIVISION
301 SAN JACINTO
HOUSTON, TEXAS 77002

SIGNED: _____
Inmate - Patient

DATE: _____

WITNESS: _____

DR. JAMES G. SHOEMAKER, M.D.

APPENDIX K: MEDICAL PERSONNEL JOB DESCRIPTIONS

JOB DESCRIPTION - NURSE

1. Supervise and assist doctor with Sick Call. F/M
2. Keep accurate record of all Sick Call refusals.
3. Be responsible for supervising the administration of 12 noon medications, prn medications and recording. am/pm
4. See inmates on requests.
5. Interview and screen all new inmates. F/M
6. Transfer all new orders from the medical record.
7. Carry out treatments as ordered by physician.
8. Be responsible for the release of inmate's records.
9. Coordinate all blood work.
10. Be responsible for the emergency treatment of all inmates. F/M
11. Be responsible for coordinating emergencies and admissions to hospitals and control.
12. Coordinate all medical problems with Physician, Shift Commander and Corridor Officers.
13. Keep accurate statistical record of all inmates seen and medication dispensed.
14. Confirm medical histories of inmates with personal physicians, hospitals and Narcotic Treatment Centers.
15. Cancel all appointments and lab work that is scheduled on releasees.
16. Be responsible for maintaining medical record files on all inmates.
17. Be responsible for maintaining and controlling medication.
18. Be responsible for scheduling monthly checkups on all inmates.
19. Be responsible for coordinating all special diets with kitchen.
20. Be responsible for the filing of records and reports.
21. Be responsible for the set up of all medications for F/M.
22. Be responsible for controlling the prn medications at Control on weekends.

APPENDIX K: MEDICAL PERSONNEL JOB DESCRIPTIONS - Cont.

JOB DESCRIPTION - P. A.

1. Supervise and assist doctor with physical exams.
2. Be responsible for coordinating emergencies and admissions to the hospitals.
3. Be responsible for interviewing and screening of all new inmates.
4. Be responsible for emergency treatment of all inmates.
5. Be responsible for coordinating emergency treatment with physicians, hospital and Control.
6. Administer 6:00 medication. (AM & PM)
7. Be responsible for maintaining and controlling medication.
8. Be responsible for cleaning and dusting of the medical room.
9. Be responsible for the filing of medical reports and consults as directed.
10. Transfer inmates' charts and Kardex cards and medication cards prn.
11. Pull and date records for Sick Call.
12. List all Inmates for Sick Call and give to each Corridor Officer.
13. Be responsible for collecting all urine, sputum and stool specimens.
14. See all inmates on request.
15. Be responsible for maintaining a current record on all admissions by checking all discrepancies with the Statistical Report.
16. Be responsible for maintaining a current list of all inmates who need monthly checkups.
17. Be responsible for ordering stock medications and supplies and maintaining the inventory of all medications and supplies each month.

APPENDIX L: COMMON SIGNS OF WITHDRAWAL FROM ALCOHOL

Delirium Tremens (DT's)

- Restlessness
- Fever
- Sweating
- Confusion
- Disorientation
- Delusions
- Hallucinations
- Agitation
- Possible mania, with wild behavior

NOTE: DT's usually occur from one to seven days after withdrawal. If an inmate begins having them, he should be placed in the hospital ward.

Alcoholic Hallucinations

Perception of various figures, usually animals, in various postures and attitudes around the victim.

Remember that there are a number of medical conditions which can be confused with drunkenness. Some include: cerebral palsy, diabetes, toxic reactions to substances, head injuries, and severe infections which may cause fever and delirium.

APPENDIX L: WITHDRAWAL SYMPTOMS FROM DRUGS

Barbiturates Withdrawal:

onset 4-6 hours from last dose. Can last up to two weeks.

Downers:

eyes: glazed, unstable
skin: dry
breathing: rapid
pulse: rapid
B.P.: high
cramps and nausea
tremors
hyperactive reflexes
convulsions (which may be fatal) onset within 12 to 48 hours
following last dosage

Opiates:

eyes: watery, pupils may be dilated
skin: sweating, goosebumps, shivering
pulse: rapid
cramps, nausea, diarrhea, loss of appetite
yawning
general flu symptoms: runny nose and eyes, aching joints and
muscles, slight fever, chills and sweating
possible convulsions (rare)

Uppers or Stimulates:

No real withdrawal. Crashing may occur.

abdominal and muscle cramps
nausea in severe cases
possible dehydration or malnutrition
possible convulsions which could lead to death

APPENDIX M: RECOGNIZING MENTAL AND EMOTIONAL PROBLEMS

Your job is not to diagnose mental illness or emotional disturbance. That is hard enough even for mental health professionals to do. However, you should look for and be alert to common signs and symptoms of behavior which could indicate mental illness or emotional disturbance. In trying to spot a potentially serious problem, remember that signs of mental illness are not always evident on casual observation. To be able to see what is going on takes experience and good judgement.

A number of signs and symptoms can indicate that an inmate is undergoing mental or emotional distress. Many of these are also exhibited by normal people undergoing stress. However, in mental illness and psychiatric emergencies these same feelings are distinguished by their extreme degree and inappropriateness, often occurring on more than one occasion. In addition, if the behavior seems unusual for the particular individual, that could be a sign of distress.

Behavioral Responses:

1. Inmate is very slow in responding to directions.
2. Inmate has nervous gestures, i.e. rapid movement of hands or feet.
3. Inmate speaks very rapidly.
4. Inmate appears to be hyperactive. He (she) seems never to stop talking or moving.
5. Inmate exhibits an aggressive or argumentative attitude.
6. Inmate has a history of past suicides, talks about or attempts suicide.

Emotional Responses:

1. Inmate exhibits unwarranted fears.
2. Inmate seems anxiety-ridden, fearful, or panicky.
3. Inmate is always depressed, "blue", or constantly sad.
4. Inmate is withdrawn. He (she) refuses to communicate or have contact with other inmates.

Mental Outlook:

1. Inmate appears confused, forgetful, or unaware of time, place or events.
2. Inmate suffers delusions or hallucinations.
3. Inmate seems to be mentally retarded.
4. Inmate may have unrealistic goals or associations.

APPENDIX M - CONT.

Physical Symptoms:

1. Inmate may complain of physical ailments that have no basis in fact.
2. Inmate may complain of vague symptoms that keep him from doing something that he says he or she would really like to do.
3. Inmate may complain of or display a specific symptom which appears clearly unrealistic.

Signs of Mental Retardation/Deficiency:

1. Inmate is unable to understand question or commands.
2. Inmate is unusually slow in responding to questions or commands.
3. Inmate has short attention span and often can't remember things that just happened.
4. Inmate has a very limited vocabulary.
5. Inmate did not progress far in school.
6. Inmate may not make friends easily.
7. Inmate exhibits little self-confidence.
8. Inmate may be highly suggestible, dependent, or eager to please.
9. Inmate may have an inaccurate picture of his or her abilities.

APPENDIX N: MEDICAL REPORT
STATUS OF JAIL CONDITIONS
REPORT NUMBER _____

(Specific data to be provided by
Medical Department each month)

H. MEDICAL/PSYCHOLOGICAL - _____ :

1. INCOMING MEDICAL SCREENING - _____ :

Downtown Jail: _____
Detention Center: _____

2. PSYCHOLOGICALLY SCREENED - _____ :

Screened by Classification Deputies: _____
Interviewed by Jail Psychologist: _____
Referred by Psychologist to J.D. Hospital: _____
Dispositions by J.D. Hospital: _____
Transferred to Rusk State Hospital: _____
Returned to Jail: _____
Released from Jail: _____
Treated and Improved: _____
Not Mentally Ill: _____
Released from Jail on Civil Commitment: _____
Transferred to T.D.C.: _____
Average Length of Stay at J.D. Hospital: _____
Average Daily Census at J.D. Hospital: _____

3. PSYCHOLOGICAL SERVICES - _____ :

No. of Inmates Counseled by Psychologist: _____
No. of Psychological Follow-ups Conducted by
Psychologist: _____
No. of Inmates seen by Alcohol and Drug Abuse
Counselor Trainee(s): _____

I. DOWNTOWN MEDICAL INTAKE - AVERAGE DAILY HOURS: _____

J. NUMBER OF PERSONS PARTICIPATING DAILY IN MEDICAL SCREENING:

- 1 Medical Director (40 hrs. per wk.)
- 1 M.D. - Radiologist (40 hrs. per wk.)
- 1 M.D. - (Part Time) (Avg. 12 hrs. per wk.)
- 1 Dentist (Part Time) (Avg. 15 hrs. per wk.)
- 1 Optometrist (Part Time) (Avg. 10 hrs. per wk.)
- 1 Medical Administrator (40 hrs. per wk.)
- 1 Registered Nurse (40 hrs. per wk.)
- 1 Certified Physician's Assistant (40 hrs. per wk.)
- 11 Medical Assistants (40 hrs. per wk.)
- 1 Psychologist (40 hrs. per wk.)
- *1 Associate Psychologist (40 hrs. per wk.)
- 1 Medical Secretary (40 hrs. per wk.)
- *1 Medical Records Clerk (40 hrs. per wk.)
- *Position Open

L. PERSONS SUFFERING FROM ALCOHOLISM, DRUG ABUSE, OR COMMUNICABLE DISEASES:

Alcoholism: _____
Drug Abuse: _____
Communicable Diseases: _____

M. PERSONS DETECTED AS HAVING MENTAL INSTABILITY - _____:

No. of Inmates Referred to Jail Psychologist: _____
No. of Inmates Confined in J.D. Mental Ward: _____
No. of Inmates Admitted to J.D. Mental Ward: _____
No. of Inmates Awaiting Transfer to J.D. Mental Ward: _____
*Constitutes Total Shown in 0.2, Below.

N. PERSONS TRANSFERRED TO OUTSIDE MEDICAL FACILITIES - _____:

From Downtown Jail: _____
From Detention Center: _____
TOTAL: _____

O. COMPARISON OF INMATES WITH MEDICAL PROBLEMS, MENTAL INSTABILITY, DRUG ABUSE OR ALCOHOLISM WITH TOTAL MEDICALLY SCREENED - _____:

Total Medically Screened:

1. Number with Medical Problems:	_____	(_____ %)
2. Number Verified as Mentally Unstable:	_____	(_____ %)
3. Number Suffering Drug/s Withdrawal:	_____	(_____ %)
4. Number Suffering from Alcoholism:	_____	(_____ %)
5. Number Confined to Inmate Infirmary:	_____	(_____ %)
6. Number Confined in Outside Hospitals:	_____	(_____ %)
7. Number Requiring Emergency Treatment in Jails:	_____	(_____ %)
8. Number Requiring Emergency Treatment at Outside Hospitals:	_____	(_____ %)

P. OUTSIDE FACILITIES USED TO HOUSE SUCH INMATES:

Mentally Unstable:	J.D. Hospital
Drug Abuse:	None
Alcoholics:	None
Medical Problems:	J.D. & Ben Taub Hospitals

Q. INMATES REQUESTING AND RECEIVING DENTAL TREATMENT - _____:

	<u>REQUESTED:</u>	<u>RECEIVED:</u>
Downtown Jail:	_____	_____
Detention Center:	_____	_____
TOTAL:	_____	_____

END