EXHIBIT A

PITT COUNTY, NORTH CAROLINA

OFFICE OF THE SHERIFF

PAULA DANCE, SHERIFF

MEDICAL PLAN

PITT COUNTY DETENTION CENTER

MEDICAL PLAN – PITT COUNTY DETENTION CENTER

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Section 1: Contract for Jail Medical Services

Pitt County, the Pitt County Sheriff's Office, Jail Medical Services, and the Health Director have developed this written medical plan designed to protect the health and welfare of inmates in the custody of the Pitt County Detention Center.[1] The plan will be reviewed annually by the Sheriff's Office, Jail Medical Services, and the Pitt County Health Director. If any revisions are necessary, the Sheriff's Office will submit the revised medical plan to be adopted by the Pitt County Board of Commissioners.

The County and the Sheriff's Office have contracted with Wellpath, LLC ("Wellpath") to provide on-site medical, dental, and mental health care services to inmates in custody at the Pitt County Detention Center. Compliance with this Jail Medical Plan is the joint responsibility of PCDC, the Pitt County Sheriff's Office, and Wellpath, including Wellpath's employees and/or contractors providing health services at the Detention Center ("Jail Medical Services").

In addition to this Plan, both the Pitt County Detention Center and Wellpath have specific Policies, Procedures, and/or Post Orders relating to the provision of inmate health services. These Policies, Procedures, and Post Orders are available for review on-site upon request.

[1] *See* N.C. GEN. STAT. §153A-225 (2018) and 10A N.C. ADMIN. CODE 14J .1001 (2020).

Section 2: Qualified Medical Personnel

Policy

The policy of the Pitt County Detention Center is that only qualified health care professionals shall perform Jail Medical Services for inmates in custody, except where detention officers must act to address an inmate's emergency medical need.

Procedure

A. Qualified health care professionals will be available to evaluate inmate medical needs at all times, with at least the minimum staffing coverage as follows:

   1. A mid-level provider (Nurse Practitioner or Physician's Assistant) will be available for sick call and clinic at the Detention Center at least thirty-two (32) hours per week and will be on-call 24 hours a day.

   2. At least two licensed nurses (LPN or RN) will be on-duty at the Detention Center twenty-four (24) hours per day, seven (7) days a week.

   3. A licensed physician will be available for consultation 24 hours per day and shall attend to inmates via telehealth and/or on-site clinics as required by the applicable standard of care.

   4. Non-emergency dental services shall be provided according to a predetermined schedule arranged by the health services vendor with a local licensed dentist.

B. Inmates in the custody of the Pitt County Detention Center shall not perform any medical function, including but not limited to the following list of prohibited actions:

   1. Inmates shall not diagnose or care for other inmates, regardless of any license or certification the inmate may hold.

   2. Inmates shall not schedule appointments or have access to medical records.

   3. Inmates shall not disperse or collect sick call sheets.

   4. Inmates shall not perform any clerical, janitorial or similar function within the clinic or regarding any medical function.[2]

C. All health care professionals performing Jail Medical Services at the Pitt County Detention Center shall maintain active N.C. professional licenses and continuous functional competency within their respective scopes of practice.

D. Health care professionals performing Jail Medical Services at the Pitt County Detention Center shall have the exclusive authority and responsibility for medical decisions. They shall at all times, however, remain subject to the same security requirements and procedures as Detention Officers and civilian staff.

[2] *See* 10A N.C. ADMIN. CODE 14J .1001(d) (2020).

Section 3: Special Procedures to Ensure Access to Health Care Services

Policy

Special procedures, including the use of a translation service, shall be employed where needed to ensure that inmates who have difficulty communicating understand how to access health care services and can participate in the exchange of health care information. Any special procedure used shall be documented in the Electronic Medical Record to demonstrate effective communication.

Procedure

1. Determining the means for effective communication needed for the inmates.
    a. All inmates shall be screened for the need of accommodation or assistance to achieve effective communication as a part of the intake receiving screening process, Health Assessment and Physical Exam, and as needed at each interaction with Jail Medical Services on an on-going basis.
    b. Jail Medical Services shall determine the primary accommodation or assistance required to achieve effective communication by reviewing the alerts/inmate flags and problem list in the Electronic Medical Record.
    c. Jail Medical Services shall provide the necessary accommodation or assistance to achieve effective communication at each exchange of health care information with inmates identified in the Electronic Medical Record as needing accommodation or assistance.
    d. Jail Medical Services shall consider if additional steps are necessary to achieve effective communication with an inmate even if effective communication is not identified in the Electronic Medical Record.
2. Provision of Accommodation or Assistance.
    a. An inmate with hearing, vision, speech impairments, developmental disability, learning disability, functional illiteracy, and/or limited English proficiency may require accommodation or assistance to achieve effective communication.
    b. Accommodation may be facilitated by sign language interpretation, assistive devices, or other means of assistance and accommodation.
    c. Jail Medical Services staff who are not fluent in the inmate's primary language or who are otherwise unable to ensure effective communication shall utilize the Language Line for interpretation services. Detention Officers, other inmates, or other staff will not be used as interpreters, except in extreme emergencies.
    d. Sign Language Interpreters are required for exchanges of health care information with inmates whose primary method of communication is American Sign Language.
        i. When Sign Language Interpreter resources have been requested but are determined to be unavailable, written notes shall be utilized and retained in the Electronic Medical Record.

ii. If the inmate refuses the assistance of a Sign Language Interpreter, the inmates shall sign the refusal of clinical services form and the circumstances shall be documented on the form. Jail Medical Services shall employ the most effective form of communication available, including written notes, lip reading, or Telecommunications Device for the Deaf (TDD) / Teletype (TTY).

e. Where practicable, an inmate's personal assistive device (e.g., hearing aid, corrective lenses) should be used to ensure effective communication during all exchanges of health care information.

f. If the inmate's primary method of communication is unavailable, Jail Medical Services shall provide the secondary method of communication and document the reason for the unavailability of the primary method.

g. An inmate reporting malfunctioning or lost assistive devices shall be referred to appropriate Jail Medical Services to assess or discuss repair or replacement of the assistive devices.

3. Validation of Effectiveness of Accommodation or Assistance.

a. An inmate with documented hearing, vision, speech impairments, developmental disability, learning disability, functional illiteracy, and/or limited English proficiency shall be questioned to determine their understanding of the information presented during an exchange of health care information, health care grievance interview, and/or communication. Jail Medical Services shall determine the inmate's ability to understand and participate in the exchange of health care information. If no assistance or accommodation is needed, the reason shall be documented.

b. Assessment methods used to validate that the inmate understood or did not understand the health care information include:

- Inmate asked pertinent questions pertaining to the exchange of health care information.
- Inmate summarized the exchange of health care information in his or her own words.
- Inmate verbalized understanding of what was explained.
- Notes with the health care information exchanged between an inmate and Jail Medical Services in the absence of a sign language interpreter.

c. If no accommodation was needed or provided, the reason shall be documented.

4. Documentation

a. An inmate may have a documented disability, multiple disabilities, functional illiteracy, limited English proficiency or any combination thereof. Jail Medical Services shall document the need for accommodation or assistance used for effective communication accommodation needs, on:

- the receiving form;
- as an alert and/or inmate's flag in the Electronic Medical Record;

- on the inmate's problem list; and
- an entry in the inmate's JMS record.

b. Disability Documentation shall be documented as:

- Hearing Impairment
- Speech impaired
- Vision impaired
- Developmental disability
- Learning disability
- Limited English proficiency
- Functional Illiteracy (reading below 5th grade level)

5. Jail Medical Services shall document accommodation or assistance used for reaching effective communication with the inmate when documenting exchanges of health care information.

   a. Assistance or accommodations shall be documented and may include one or more to the following:

   - A sign language interpreter.
   - Repeating statements.
   - Speaking slowly.
   - Rephrasing statements.
   - Use of written communication.
   - Lip reading.
   - Hearing Aids or Cochlear implants.
   - Reading documents to inmates.
   - A magnifying device.
   - Large print materials.
   - Providing written documents in inmate's primary language.
   - Writing or scribing information down for inmates to read/re-read.
   - A language interpreter, use of Language Line.
   - Any tool used to facilitate effective communication.

   b. During an exchange of health care information with an inmate, Jail Medical Services shall determine and document the presence and efficiency of the assistive device(s).

   c. When an inmate presents without his or her prescribed assistive device, Jail Medical Services shall document the reason and the alternate methods of accommodation provided.

   d. Jail Medical Services shall determine the inmate's ability to understand and participate in the exchange of health care information. If no assistance or accommodation is needed, the reason shall be documented.

6. Health care encounters and communications that require effective communication documentation include, but are not limited to, the following:

   a. Determination of the inmate's medical history of description of ailment or injury.

   b. Provision of the inmate's rights, informed consent, or permission for treatment including refusal of treatment.

c. Diagnosis of prognosis of ailment or injury.

d. Provision of mental health evaluations, group and individual therapy, including psychiatric technician rounds, interdisciplinary treatment team meetings, and all therapeutic activities, educational counseling, and/or self-care instructions.

e. Nursing behavioral checks for inmates on suicide watch, monitoring for alcohol or drug withdrawal, and/or segregation checks.

    i. Effective communication documentation is not required when Jail Medical Services members perform range of motion, discuss criteria for release from restraints with Detention Officers, or perform physical assessment only.

f. Explanation or response to questions from inmates concerning procedures, tests, treatment, treatment options, or surgery.

g. Explanation or response to questions concerning medications prescribed including dosage instructions for how and when to be taken, side effects, food or drug interactions.

h. Initial health screening at intake.

i. Comprehensive health assessment.

j. Post procedure instructions.

k. Triage and treatment return following discharge from an outside hospital.

    i. The inmate should have received discharge instructions from the discharging hospital. Upon return to the Facility, Jail Medical Services will conduct a follow up assessment on the inmate and ensure that effective communication is used to provide the inmate an explanation of discharge and follow-up treatment plan/discharge instructions.

Section 4: Constitutional Mandate and Inmate Confidentiality

All staff at the Pitt County Detention Center – both Jail Medical Services and Detention Officers/Sheriff's Office staff – are expected and required to take immediate action when necessary to address any inmate's emergency medical need.[3]

All staff within the Detention Center should also be cognizant of the need for inmates to be provided with confidential and private settings while being examined, treated, or interviewed by Jail Medical Services. Officers will provide sufficient privacy during any exam or interview so the inmate will feel free to discuss any medical problem. Safety and security shall remain the first priority and will not be jeopardized at any time.

[3] *See* 10A N.C. ADMIN. CODE 14J .0101(20) (2020) (defining an "emergency medical need" as one that "requires medical treatment as soon as noticed"); *see also Iko v. Shreve*, 535 F.3d 225, 241 (4th Cir. 2008) (holding that detention officers have an independent, non-delegable obligation to respond to an inmate's serious medical need).

Section 5: Medical Clearance at Pre-Booking and Booking

Policy

The Pitt County Detention Center's policy is that only arrestees who are medically stable are booked in as inmates at the Detention Center.

Procedure

1. Officers in pre-booking or booking will review the Arresting Officer's Observations form for every arrestee presented for booking into the Detention Center. If the form contains any "yes" response to Question 2, 3, and/or 4, an officer shall immediately notify Jail Medical Staff.
2. Jail Medical Staff will be available to respond to Intake 24 hours per day, seven days per week whenever an officer notifies Medical of a "yes" response on an Arresting Officer's Observations form.
3. Without delay, and no later than ten (10) minutes from receiving notification, Jail Medical Staff shall respond to Intake to medically assess the arrestee's condition. In addition to making observations and recording vital signs (where appropriate), the responding Medical staff must engage with the arrestee as part of the assessment as to whether the arrestee is medically stable and fit for booking into the Detention Center.
4. If Jail Medical staff determines that the arrestee has a severe or life-threatening injury or illness that requires immediate emergency medical care, Jail Medical Staff shall refer the arrestee to a local emergency department for immediate medical care. The arresting agency shall be responsible for transporting the arrestee. Neither Jail Medical Services nor the County shall be responsible for the costs of such care. The arrestee may be returned to the Detention Center to complete the booking process upon written medical clearance.
5. If Jail Medical staff determines that the arrestee is medically stable and fit for booking into the Detention Center, the Medical staff must complete and sign the appropriate paperwork to document that the arrestee has been medically cleared for confinement.

Section 6: Initial Inmate Screening

Policy

A qualified health care professional will perform an initial health screening of each inmate as soon as possible after an inmate's arrival at the Detention Center, but, except in rare, extenuating services, no longer than twenty-four (24) hours after arrival at the Pitt County Detention Center.

A. At a minimum, the screening will include the following:

1. Vital signs and general medical observations including, e.g.., state of consciousness, mental status, appearance, speech, mobility, conduct, tremors, and sweating.
2. Current illnesses and/or chronic medical conditions including allergies.
3. Current medications and any special health requirements.
4. History or current reports of mental health concerns or diagnoses, recent substance use or substance use disorders, intellectual and/or developmental disabilities, and suicide risk.
5. Observation of persistent cough or lethargy as well as an inquiry to unintentional weight loss, night sweats and known exposure to TB.
6. Inquiry into any symptoms of or exposure to known communicable diseases, including sexually transmitted diseases.
7. Condition of skin including trauma markings, bruises, lesions, jaundice, rashes or other skin irritations, and needle marks or other indications of drug abuse.
8. Monitoring status and any placement recommendations.
9. Referral of the inmate for emergency health services or additional health services, as may be necessary.

B. If, as a result of the receiving screening, it is apparent that an inmate requires medical attention, then the inmate will immediately be referred for treatment. The appropriate level of treatment (i.e. treatment in-house by a member of the professional Jail Medical Services or referral to a hospital or other community-based health service) should be made after a thorough evaluation of the inmate's condition. If EMS is called, Jail Medical Services staff will remain with the inmate until EMS arrives.

Section 7: Comprehensive Health Assessment

A qualified medical professional will conduct a comprehensive medical assessment of each inmate no later than fourteen (14) days upon his/her arrival to the Pitt County Detention Center.

1. The health assessment will include at least the following:
    a. Review of the receiving screening results.
    b. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during receiving screening and subsequent encounters.
    c. A qualified health care professional recording of vital signs (including height, weight, pulse, blood pressure, and temperature).
    d. A physical examination (as indicated by the inmate's gender, age, and risk factors) – inspection, palpation, auscultation, and percussion of an inmate's body to determine the presence or absence of physical signs of illness.
    e. Laboratory and/or diagnostic tests for communicable diseases such as tuberculosis and syphilis, if not completed at the time of receiving screening, unless there is documentation from the health department that the prevalence rate does not warrant it.
    f. Immunizations when appropriate.
    g. Completion of other clinically indicated tests and examinations.
    h. Initiation of appropriate treatment when indicated or ordered by the physician.
    i. When applicable, development and implementation of a treatment plan, including recommendations for housing, job assignments, and program participation.
    j. Vision screening: Vision screening results at 20/70 or higher will result in referral to the provider for possible optometry referral, when appropriate.
2. Positive findings (e.g., history and physical screening, and laboratory) are reviewed by the provider. Specific problems are integrated into an initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.
3. HIV testing will be offered to inmates, with their consent, who have related symptoms, high-risk behaviors, or request that they be tested.
4. A physician, physician assistant, nurse practitioner, or appropriately trained registered nurse completes the hands-on portion of the health assessment. The Responsible Physician/Medical Director documents his or her review of the health assessment when positive findings are present.
5. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation in the Electronic Medical Record must confirm that the new receiving screening shows no change in health status. If the receiving screening shows a change in health status, the initial health assessment is repeated.

Section 8: Mental Health Screening and Assessment

Policy

The Detention Center's policy is to perform mental health screenings to ensure that inmates' mental health needs are timely and appropriately addressed.

Procedure

1. As part of the initial health screening process, a qualified health care professional or mental health professional shall conduct a mental health screening within 14 days of admission to PCDC.
2. Results of the screening assessment will be documented in the inmate's Electronic Medical Record.
3. An inmate with any response of a positive or concerning nature on the initial mental health screening will be referred for an additional mental health evaluation to be performed by a QMHP.
4. Any inmate in the Detention Center, who presents with indicators, or exhibits symptoms, of a potentially serious mental health need and who has not already been assessed for this need, will be referred to a QMHP for a mental health evaluation.
5. Response time frames to referrals depend on the nature of the referral (Emergent, Urgent, or Routine) as determined by the triaging Jail Medical Services staff and in accordance with local policy regulations.
6. The initial mental health evaluation includes a structured interview with inquiries into, at a minimum:

    a. Any history of:

    - Psychiatric hospitalization and outpatient treatment
    - Substance use hospitalization
    - Withdrawal seizures
    - Detoxification and outpatient treatment
    - Suicidal behavior
    - Violent behavior
    - Victimization
    - Special education placement
    - Cerebral trauma
    - Sexual abuse
    - Sex offenses

    b. The status of:

    - Psychotropic medication
    - Suicidal ideation
    - Drug or alcohol use
    - Drug or alcohol withdrawal or intoxication
    - Orientation to person, place, and time

c. Emotional response to incarceration

d. Screening for intellectual functioning (e.g., intellectual or developmental disability, learning disability, cognitive impairment)

7. The results of the evaluation, with documentation of any resulting diagnosis, treatment, and/or additional referral, as indicated, will be maintained in the inmate's medical record.

8. If an emergent referral to a QMHP occurs after hours, the on-call provider shall be contacted. The on-call provider will determine whether the inmates needs to be transferred to another facility, as clinically indicated.

9. Inmates who require acute mental health services beyond those available in the facility should be transferred to an appropriate facility.

10. The Mental Health Coordinator/Director, in consultation with the Psychiatric Provider, will determine those inmates in need of transfer to an appropriate mental health facility and will communicate with appropriate Detention Officers about transfer arrangements.

Section 9: Oral Care

Policy

Dental services are provided under the direction and supervision of a North Carolina-licensed dentist. Care is timely and includes expedited access for urgent or painful conditions. A system will be followed that establishes priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected. A dentist performs an oral examination within 12 months from admission, supported by diagnostic X-rays if indicated.

Procedure

1. Oral treatment, not limited to extractions, is provided according to a treatment plan based upon a system of established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected.

    a. Priority One – To be treated as emergency:

    - Inmates having severe pain affecting regular activity
    - Fractured mandibles
    - Avulsed teeth
    - Abscessed tooth/teeth with signs of swelling
    - Cellulitis
    - Suspected neoplasms
    - Other emergent needs as determined by the dentist

    b. Priority Two

    - Oral conditions which, if left untreated, are subject to cause pain in the immediate future
    - Non-painful lesions
    - Periodontal disease of an advanced nature
    - Prosthodontic inmates in need of appliance for proper mastication
    - Other serious dental issues as determined by the dentist

2. An individualized treatment plan will be developed for each inmate receiving dental care.

    a. For inmates with less than 12 months' detention, treatment plans will include treatment of dental pain, sedative fillings, extractions of non-restorable teeth, gross debridement of symptomatic areas, and repair of partials and dentures.

    b. For inmates with more than 12 months' detention, treatment plans will also include X-rays.

    c. A defined charting system identifies the oral health condition and specifies the priorities for treatment by category.

    d. Consultation through referral to oral health care specialists is available as necessary.

    e. Radiographs are appropriately used in the development of the treatment plan.

3. Each inmate has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the needs of the individual.
4. Extractions are performed in a manner consistent with community standards of care and with adherence to the American Dental Association's clinical guidelines.
5. When oral care is provided on-site, contemporaneous infection control procedures are followed.

Section 10: Emergency and Non-Emergency Medical Care

Policy

The policy of the Pitt County Detention Center is to provide inmates with emergency and non-emergency medical services consistent with community standards of health care. Medical emergencies will be reported to medical staff immediately. Medical staff will respond promptly to all such requests. Until Jail Medical Services staff arrives to the scene of a medical emergency, officers will render basic first aid services and other assistance. Inmates will not be escorted to the jail clinic without the expressed permission of on-duty medical staff. Basic first aid kits will be available at various duty stations within the Detention Center.

Definitions

A *medical emergency* is any medical event that reasonably appears to require immediate medical intervention[4] including, but not limited to: unconsciousness or semi-consciousness, breathing difficulties and shortness of breath, chest pain, uncontrolled bleeding, head injury, broken bones, burns, uncontrolled pain, severe swelling, mouth or dental injury, severe alcohol or drug-induced intoxication, suicidal or self- destructive behavior, disorientation, exaggerated mood swings, delusions or hallucinations (e.g., auditory, visual, or tactile), intense fear, depression, anxiety or panic, and/or any other symptom or complaint that reasonably appears to require immediate medical care.

A *medical non-emergency* is any medical event that reasonably can be deferred until the next scheduled sick call or clinic and/or reasonably appears not to require immediate medical intervention.[5] Medical non-emergency events include, but are not limited to, minor aches and pains, insomnia, minor injuries or cuts, non-serious bleeding, skin disorders, mild to moderate depression or anxiety, and/or any other symptom or complaint that does not reasonably appear to require immediate medical attention.

Procedure

1. Sick Call Requests.

    a. Non-Emergencies. Detention Officers should provide inmates experiencing medical non-emergencies with sick call slips, and/or give instructions for submitting a sick call request electronically, and encourage inmates to sign up for sick call.

    b. Any inmate who states that he/she is experiencing medical difficulties and needs immediate medical care should be provided with a sick call slip to complete. If the inmate is unable to complete the sick call request, the officer may submit a request on the inmate's behalf.

    c. Upon receipt of a sick call request for immediate medical care, the receiving officer then notify their Block Sergeant/OIC that the inmate is requesting immediate medical care. The Block Sergeant/OIC will contact medical staff

[4] *See* 10A N.C. ADMIN. CODE 14J .0101(20) (2020) (defining an "emergency medical need" as one that "requires medical treatment as soon as noticed"); *see also Iko v. Shreve*, 535 F.3d 225, 241 (4th Cir. 2008) (defining an "objectively serious medical need" of an incarcerated person as a condition "so obvious that even a lay person would easily recognize the necessity for a doctor's attention").
[5] *See* 10A N.C. ADMIN. CODE 14J .0101(20) (2020).

and inform them of the inmate's symptoms or complaint. Medical staff will evaluate the needs of the inmate and determine if the inmate should be seen immediately or wait for the next scheduled sick call clinic.

2. Medical Emergencies.

    a. If an inmate is experiencing a medical emergency or complains of symptoms that indicate an emergency, the Block Sergeant/OIC will notify Jail Medical Services immediately and administer first aid as necessary. Officers are required to administer first aid (including CPR) without unnecessary delay.

    b. The jail clinic is not equipped as a trauma emergency room. Inmates will not be escorted or transported to the jail clinic without the expressed permission of Jail Medical Services. When it involves a life-threatening emergency, medical staff will respond to the scene of the incident with all necessary lifesaving equipment.

3. Medical Staff Will Evaluate Medical Need. Medical staff will respond to any report of a medical emergency within the Pitt County Detention Center, evaluate the situation, and render appropriate aid. Except in exigent circumstances, officers shall defer to medical staff to determine whether a local Emergency Medical Services provider ("EMS") should be requested. Medical staff will remain with the inmate until EMS arrives.

4. Lieutenant/OIC May Contact EMS. The Shift Lieutenant/OIC has the authority to request local EMS be dispatched to the scene of any incident at any time if he/she feels that outside emergency medical services are necessary.

5. Central Control Room Operator Will Notify EMS. If the medical staff or Shift Lieutenant/OIC determines that EMS is required, the Central Control Room operator will contact 9-1-1 by telephone and request the local Emergency Jail Medical Services provider. An officer will be assigned to stand by outside the facility until EMS arrives and to escort them to the medical emergency.

6. Supervision of Inmates Transported Off-Site.

    a. Whenever an inmate is transported outside this facility, the Shift Lieutenant/OIC will assign sufficient detention staff to assure the inmate's safety, security, and custody.

    b. An officer will remain with the inmate at all times and will maintain proper custody of the inmate. Inmates (except for pregnant inmates) will be handcuffed or otherwise restrained at all times, if feasible. Restraints should not be removed except by specific order of medical staff, and only if sufficient assistance is available to maintain secure custody of the inmate. If feasible, one type of hard restraint (handcuffs or leg restraints) should be maintained at all times (except for pregnant inmates). Officers will inform medical staff of the possible consequences of removing restraints from violent offenders, persons experiencing psychological emergencies, and inmates who pose an escape risk.

7. Restraints on pregnant inmates.
    a. Detention staff may not use restraints to control the movement of a pregnant inmate in custody at any time during which the woman is in labor or delivery or is recovering from delivery unless an officer determines that the use of restraints is necessary:
        i. to ensure the safety and security of the female inmate or her infant;
        ii. to ensure the safety of detention staff or medical personnel or any member of the public;
        iii. to prevent a substantial risk that the woman will attempt escape; or
        iv. to prevent the woman from harming herself and/or the infant.
    b. If a determination to use restraints is made, the type or restraint used and the manner in which the restraint is used must be the least restrictive available under the circumstances to ensure safety and security and/or to prevent escape.
    c. Waist and electronic restraints should not be used at all during pregnancy, with leg restraints reserved only for extreme circumstances during transport.
8. First Aid Kits. First responder kits, primarily for controlling excessive bleeding and protection of employees from blood borne diseases, will be placed in the control room or office of each housing block. The Housing Sergeant/OIC will assure that medical supplies are replaced after use.
9. Automatic External Defibrillator (AED). An AED is used to treat people with heart attacks. There are numerous AEDs located throughout the Detention Center, including each of the following locations: Medical, AB Block, D Block, F Block and E Block. Training is provided by certified instructors. If an inmate is unconscious with no pulse and no respirations, the AED should be connected immediately. This device is self-instructional and very simple to use.
10. Bag Valve Masks. Bag valve masks, also known as "Ambu bags," are used to perform CPR on individuals in medical crisis. There are numerous Ambu bags located through the Detention Center.
11. Report Required. The Block Sergeant/OIC and detention staff involved in an emergency shall submit an incident report to the Detention Captain by the end of the shift. The incident report shall include all information on the incident.
12. Escorting Officer Will Document Medical Instructions. The officer accompanying an inmate for treatment shall document all verbal instructions, as well as written instructions, and ensure the medical records are returned with the inmate from the hospital. These instructions will be followed and immediately forwarded to Jail Medical Services.
13. Jail Medical Services shall not charge an inmate copay for emergency medical treatment and/or an emergency sick call.

Section 11: Nonemergency Health Care Requests and Services

Policy

It is the policy of Pitt County Detention Center to provide each inmate with regular access to health care services from a qualified provider to screen, refer, and provide basic treatment for ongoing or emerging medical, mental health, substance use, or intellectual/developmental disability needs. Inmates will be provided an opportunity each day to communicate their medical, mental health, substance use, or intellectual/developmental disability needs and/or complaints (hereinafter referred to collectively as "health needs") to a medical or mental health professional or a detention officer. Inmates' requests will be documented, triaged, and referred as appropriate. Qualified health care professionals shall conduct sick call and providers' clinics on a scheduled basis to ensure that inmate requests are responded to in a timely manner.

Procedure

1. The Booking Officer, during the booking process, will explain to each inmate the procedure for obtaining medical care. Additionally, this information is posted in each housing unit and written in the inmate handbook.

2. Direct referral to the qualified health care professional for further evaluation shall be made in any case of immediate health need identified upon booking.

3. Officers will respond to and take appropriate action when any inmate reports a health need. If a nurse is unavailable or fails to respond in an appropriate or timely manner, the officer receiving the report will notify the Shift Lieutenant/OIC and inform him of the situation. The Shift Lieutenant/OIC will evaluate the circumstances and, if necessary, make immediate arrangements for medical treatment as provided in the medical plan.

4. Each day, inmates will have the opportunity to communicate their health needs verbally or by submitting a sick call form according to the following procedure:

    a. An inmate will request a Sick Call Request form from an officer and complete the form. If an inmate is illiterate or otherwise unable to submit a request, an officer will submit one on the inmate's behalf.

    b. A nurse or other qualified health care professional shall review and triage sick calls within twenty-four (24) hours of submission.

    c. The resulting disposition from triage will be noted on the inmate's health request form. This includes the time, signature, and licensure of the staff member documenting the disposition.

5. All requests triaged as emergent shall be seen immediately. Urgent requests shall be scheduled for a face-to-face encounter during the next provider's sick call. All requests triaged as routine will be scheduled for a face-to-face encounter during sick call within five (5) days.

6. Inmates experiencing emergent conditions shall be seen upon determination of emergency and are not required to complete a health services request form.

7. Prior to conducting a face-to-face sick call, the healthcare professional will provide the Block Sergeant/OIC with a list of inmates to be seen and evaluated. The Shift Lieutenant/OIC will assign an officer to assist with sick call. The officer will be responsible for safety, security, and inmate supervision.

8. Off-Site Specialty Clinics and Hospital Emergency Departments are available as referred and clinically indicated.

9. Clinical services are available to inmates in a clinical setting seven (7) days a week.

10. Qualified health care professionals shall make timely evaluations. Qualified health care professionals provide intervention according to clinical priorities or, when indicated, schedule inmates for the next available providers' clinic.

11. All aspects of the health care request process, from review and prioritization to subsequent encounters, are documented, dated, and timed. This includes, but is not limited to, when an inmate's request is triaged, rescheduled, or provided with self-care information.

12. The confidentiality of an inmate's request for sick call as well as the inmate's medical issues shall be maintained.

Section 12: Continuity, Coordination, and Quality of Care

Policy

Jail Medical Services provides continuity of care to inmates who are receiving health care services. Inmates receive medical, dental, and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices. This includes referrals to community-based providers, when indicated. Jail Medical Services will maintain a written list of referral sources for emergency and routine care and will review and update this list annually.

Procedure

1. Diagnostic tests and specialty consultation ordered by providers are completed in a timely manner. Clinic procedures are in place to ensure that medications and other treatments are given as ordered and clinic appointments are met.
2. A complete Health Assessment is completed within the appropriate time frame.
3. Individual treatment plans are based on information collected during the intake and health assessment processes as necessary. Treatment plans are modified as clinically indicated by diagnostic tests and treatment results. Treatment plans, including test results, are shared and discussed with the inmates.
4. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented in the inmate's EMR.
5. Diagnostic tests are reviewed by the provider in a timely manner.
6. Clinician orders are evidence based and are implemented in a timely manner. Every effort will be made to obtain health information and records from previous health care providers, with consent of the inmates when required, when the inmates has a medical problem that was treated prior to incarceration.
7. Upon transfer to another facility, a medical discharge summary of the inmate's current condition, medications, and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain confidentiality. Transport instructions related to universal precautions officers will be written on the outside of the transfer envelope.
8. Written instructions regarding medication or health interventions required en route for transporting officers is separate from the Electronic Medical Record.
9. Requests for health information from community providers are provided with the inmate's consent.
10. When inmates are sent out of the facility for emergency or specialty treatment, written information regarding the inmate's current medical status and treatment will accompany the inmates. Upon return to the facility, inmates are seen by a qualified health care professional. Recommendations from specialty consultations are reviewed for appropriateness of use in the detention setting. A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up. Typically, Jail Medical Services will

continue the inmate's medication regimen as established by the off-site provider except where modification is necessary for the detention setting and/or changes are clinically indicated. When such changes in treatment recommendations are necessary and/or clinically indicated, justification for the alternative treatment plan is documented and shared with the inmates. Appropriate and timely follow-up will be made as required.

11. When an inmate is returned from an emergency room visit, the inmate is brought to the clinic before returning to the housing unit for review of discharge orders and follow-up.

12. When an inmate returns from hospitalization, the discharge is coordinated with on-site Jail Medical Services, and discharge instructions are reviewed. Appropriate orders are written for housing and follow-up treatment.

13. Provider clinical chart reviews are of a sufficient number and frequency to ensure that clinically appropriate care is ordered and implemented.

Section 13: Co-Payments for Routine Medical Care

Policy

The Detention Center's Policy is to ensure that all inmates receive timely and appropriate medical and mental health care and that no inmate will be denied medical care because they cannot afford a co-payment. Indigent inmates will be provided emergency and non-emergency Jail Medical Services, including mental health and dental services, without regard to the ability to pay.

Definitions

A *medical emergency* is any medical event that reasonably appears to require immediate medical intervention including, but not limited to: unconsciousness or semi-consciousness, breathing difficulties and shortness of breath, chest pain, uncontrolled bleeding, head injury, broken bones, burns, uncontrolled pain, severe swelling, mouth or dental injury, severe alcohol or drug-induced intoxication, suicidal or self-destructive behavior, disorientation, exaggerated mood swings, delusions or hallucinations (e.g., auditory, visual, or tactile), intense fear, depression, anxiety or panic, and/or any other symptom or complaint that reasonably appears to require immediate medical care.

A *medical non-emergency* is any medical event that reasonably can be deferred until the next scheduled sick call or clinic and/or reasonably appears not to require immediate medical intervention. Medical non-emergency events include, but are not limited to, minor aches and pains, insomnia, minor injuries or cuts, non-serious bleeding, skin disorders, mild to moderate depression or anxiety, and/or any other symptom or complaint that does not reasonably appear to require immediate medical attention.

Procedure

1. Co-Payment Fee. Inmates will be assessed a $20.00 co-payment for each self-initiated, non-emergency medical or dental care visit or service. This fee will be charged against the inmate's trust fund account. No co-payment fee will be assessed for emergency care, substance use related treatment, mental health care, pre-natal care, or laboratory tests ordered by medical staff. There is a separate $10.00 co-payment for each medication ordered by medical staff for an individual inmate. No inmate will be denied medical or dental care because of an inability to pay.
2. Inmates will be notified of the medical co-payment fee in one or more of the following ways:
    a. Officers will inform inmates of the co-payment fee during the booking process and inmates will acknowledge receiving this information by signing a form.
    b. Officers will provide inmates with the Pitt County Detention Center Inmate Handbook which will contain a notice concerning the co-payment fee.
    c. Jail Medical Services will inform inmates of the co-payment fee during the initial intake screening interview.
    d. Signs will be posted in the intake area, screening office, dental office and in the clinic informing inmates of the medical co-payment fee.

e. Sick call slips will include a notice informing inmates of a co-payment fee for non-emergency care.

3. If an inmate obtains medical care and is assessed a co-payment fee, Jail Medical Services will provide the inmate with a copy of the sick call slip. This sick call slip will serve as an invoice and written notice that a co-payment fee will be deducted from his trust fund account.

4. Medical staff and officers may presume that all inmates are aware of the medical co-payment fee unless there is compelling evidence to the contrary.

5. Jail Medical Services will not charge an inmate a co-payment fee for the following services:

   - Initial intake health screening.
   - Tuberculosis tests.
   - Over-the-counter or stock prescription medicine dispensed by Jail Medical Services.
   - Pre-existing condition follow-ups.
   - Emergency care (medical, mental health, or dental.)
   - Mental health services.
   - Dental follow-up services.
   - Substance use services.
   - Medical equipment or supplies prescribed by Jail Medical Services.
   - Pre-natal care.
   - Laboratory tests ordered by Jail Medical Services.
   - A comprehensive health assessment.
   - Any physical examination or test required for inmate worker status.
   - Any inmate work-related injury.
   - Jail Medical Services (including dental services) referred by Jail Medical Services to another professional health care provider outside of the Pitt County Detention Center.

6. Co-payment fees will be assessed for self-initiated, non-emergency medical care and dental care, including sick call interviews or treatments provided by a nurse.

7. If the inmate is escorted to the clinic but then refuses medical services for any reason, the inmate will be assessed a co-payment fee. An inmate will not be assessed a medical fee if he submits a sick call slip and later refuses to attend sick call.

8. Jail Medical Services will evaluate each situation on a case-by-case basis and will determine if an inmate will be assessed a co-payment fee. No fee will be assessed for any emergency or "free" service. (See above.) Inmates may register complaints through the inmate grievance system.

9. No fee will be assessed until services have been rendered. Jail Medical Services will notify the Detention Center finance technician who will deduct co-payment fees from the inmate's trust fund account. The account will be debited even if there are insufficient funds to pay the co-payment fee.

Section 14: Medication Verification

Policy

Medication verification is a process through which an outside prescriber's active prescriptions are attempted to be confirmed and reported to a credentialed Jail Medical Services prescriber or authorized prescriber for determination of continuance, substitution, or discontinuation based on clinical need.

Procedure

1. Medication verification should include at least the following information:

    - Inmates identification
    - Community prescriber identification
    - Medication name, dosage, and frequency dispensed
    - Time the previous dose was taken/given (prior to incarceration)
    - Directions for the use of the medication
    - Stop date for the prescription
    - Date on which the prescription was last filled and quantity dispensed

2. Confirmation of the information should be attempted by calling the pharmacy to confirm legitimacy of the prescription and/or:

    - Seeing the prescription or bottle of medication and verifying that the contents have not been tampered with and are as labeled.
    - Communication with the prescriber or his/her office.

3. Reported medications, both those verified and those unable to be verified, will be discussed with the provider within one (1) day for decision to continue the verified order, not continue the verified order, substitute another medication, start medication that was unable to be verified, modify the dosage of a verified order, or not start a verified (or unverified) order. The provider can use the information presented by the nurse from the medication verification process, or if the medication was unable to be verified, can continue the medication verification process for up to two (2) additional business days.

4. No medications will be started without an order from a qualified health care provider.

5. The provider may invoke the option to discontinue a reported medication whenever a medication is thought to be unnecessary or inappropriate based upon diagnosis, usage, drug type, drug indication, dosage, etc. or if the medication is inappropriate in the detention setting. The decision and justification must be documented in the Electronic Medical Record. The following bullet points provide some guidance on decision making.

    - When an inmate reports current use of a medication and the verification process succeeds in contacting the prescriber or dispensing pharmacy, but the medication is not current or was never provided, the medication should not be considered as a continuing medication, and the inmate is generally considered as not currently receiving treatment with the identified medication.

- When an inmate reports that he or she received medications by using medication from a friend or family member and cannot have their usage verified, the inmate should not be considered as receiving medication from a legitimate source. A qualified health care professional must be consulted for direction.
- When an inmate reports current use of a medication and the medication cannot be verified because the agency is unavailable, or the verification cannot be completed timely (in time either for a High-Priority or in time to initiate a routine medication within time frames outlined below), a qualified health care professional should be consulted for direction.
- When an inmate reports current use of nonstandard medication (experimental, off-label, non-FDA approved, etc.) and the medication is verified, special efforts should be made to determine whether the medication must be continued and how to accomplish continuity of care. Although incarcerated inmates generally do not participate in experimental protocols, care should be taken when interrupting protocol participation, especially in short-stay instances.
- When inmates are received from hospital settings, there must be a timely review of the discharge medication regimen and it must be adjusted to the detention setting, being mindful of providing care in a continuous manner. Formulary substitutions, decisions not to continue one or more medications, and other medication modifications are common at this juncture. As previously mentioned, such decisions are documented in progress notes and orders in the Electronic Medical Record.

6. Medications should generally be initiated within 48 hours of notification of the medication to Jail Medical Services. During this period the medication should be verified and a supply obtained. Options for obtaining medication include stock supply, contract pharmacy supply, local pharmacy, or in rare instances inmates supply. The expectation that routine medications will be initiated within 48 hours is tempered with the recognition that the site QHPs have the authority to determine if the medication is clinically indicated and/or appropriate in the detention setting. When a decision is made that a medication is not clinically indicated, or is not appropriate in the detention setting, the decision and the reason for it is documented in the Electronic Medical Record and communicated to the inmate by Jail Medical Services.
7. Sample medications are prohibited from being used and administered, whether prescribed in the community or through a credentialed Jail Medical Services, or other authorized, provider.

Section 15: Timely Initiation and Safe, Secure Dispensation of Medication

Policy

The Detention Center's policy is that inmates will receive their prescribed medications as soon as possible in strict accordance with orders from a prescribing medical provider and in a manner that ensures the secure, safe administration of medications throughout the Detention Center.

Procedure

1. Verifying and initiating prescription medication upon arrival.
    a. The admitting detention officer will confiscate all prescription medications from incoming inmates and will deliver them to the medical staff. Medications will be stored in property unless approved by Jail Medical Services for use during detention.
    b. Jail Medical Services utilizes a "High-Priority Medication" list developed based upon usage, half-life, and the possible ill effects of medication interruption.
        i. Whenever possible, ongoing treatment regimens currently employing these medications should be continued without a single missed dose, whether the listed medication or a therapeutic substitution is provided.
        ii. Every effort should be made to administer a High-Priority medication by the next scheduled dose after notification of the medication by the inmates, but no later 24 hours after notification of the medication to the Jail Medical Services (unless unable to obtain due to backup pharmacy availability.) The High-Priority medication verification should be attempted with a telephonic communication.
        iii. If the medication cannot be verified during the first attempt by telephone, the provider should be contacted for review.
    c. Jail Medical Services shall attempt to verify routine medications within 24 hours, or sooner, of notification of the medication to Jail Medical Services.
    d. Routine medications will generally be administered within 48 hours of notification to Jail Medical Services, when ordered by a Jail Medical Services prescriber, or other authorized, prescriber.
2. Dispensing Medications.
    a. A qualified health care professional will dispense inmate medications in a timely manner and in accordance with orders issued by the Jail Medical Services prescribing provider. Each administration of medication will be appropriately documented for inclusion in the inmate's medical record.
    b. Non-prescription medications may be purchased from Commissary or obtained from Jail Medical Services by signing up for sick call.

c. A detention officer will accompany the qualified health care provider during medication rounds for the purpose of supervising inmates and maintaining order and safety.

3. Safe and Secure Storage of Prescription Medications.

   a. Medications will be stored in a secured area in the clinic where they will be inaccessible to inmates and detention staff. When necessary, Jail Medical Services may authorize an inmate to carry and possess certain medications while in the Detention Facility. Inmates authorized to carry and possess medication within their own housing unit must carry written approval signed by Jail Medical Services staff authorizing possession of the medication.

   b. When prescription medications are being dispensed, all medications will be under the exclusive care and control of Jail Medical Services. Medication and/or unlocked medication carts will not be left unattended at any time.

   c. No inmate worker or other inmate will assist with or otherwise participate in dispensing or preparing to dispense inmate medications.

4. Jail Medical Services Will Dispense Medications.

   a. Jail Medical Services will provide scheduled dispensing of any prescribed and non-prescription medications at least two (2) times daily. A qualified healthcare professional will dispense all medications. An officer will accompany Jail Medical Services during every medication dispensing and will verify, along with the medical staff, the correct name of any inmate receiving a medication.

   b. Before entering a housing unit, an officer will announce “Medication!” to inmates housed in the unit. Before administering medication, the Jail Medical Services will identify the inmate by his/her wristband and the medication as belonging to the inmate. Medication will be dispensed in an orderly manner. The officer is responsible for maintaining order and for taking proper disciplinary action as the situation requires. Any inmate who acts in a disruptive or disorderly manner or who refuses to obey the proper orders of Jail Medical Services is subject to disciplinary action.

   c. Medication will be dispensed in strict accordance with orders from the prescribing medical provider. Medication assigned to one inmate will not be dispensed to another inmate. The inmate is required to take the medication immediately in the presence of Jail Medical Services staff. For oral medication, the Jail Medical Services staff will require the inmate to open his/her mouth and show that the medication has been taken. The officer will remain with the Jail Medical Services staff at all times and will observe the inmate closely enough to ensure that the medication is being taken and applied correctly.

Section 16: Re-Entry/Discharge Planning and Release Medications

Policy

The Detention Center's policy is to provide multidisciplinary re-entry/discharge planning services to inmates with impending release dates to ensure that those inmates with serious medical, mental health, dental, and/or substance use needs are well connected to community providers.

Procedure

1. Jail Medical Services works with Detention Officers and Programs staff to ensure inmates who have impending release dates and who have serious medical, dental, or mental health needs are connected with community providers, utilizing scheduled appointments or providing information sufficient for the inmates to seek out community providers once released. Discharge planning may also include provision of release medications to address the period between release and the next contact with a community provider.

2. For inmates with serious medical, mental health, dental, and/or substance use needs, arrangements or referrals are made for follow-up services with community providers, which may also include the exchange of clinically relevant information where authorized in writing by the inmates.

3. Referrals for re-entry/discharge planning will be made to the Detention Center's Jail Systems Navigator.

4. With the inmate's written consent, Jail Medical Services will:
    a. Share necessary information with outside providers
    b. Arrange for follow-up appointments
    c. Arrange for transfer of health summaries and relevant parts of the Electronic Medical Record to community providers or others assisting in planning or providing for services upon release.

5. Referral to public health and/or community clinics for follow-up care and treatment will be made as appropriate to need and availability for inmates who are released prior to resolution of a continuing medical/mental health condition.

6. All aspects of discharge planning by Jail Medical Services will be documented in the inmate's Electronic Medical Record.

7. Inmates released to the community will be provided with written instructions for the continuity of essential care, including, but not limited to, name and contact information of community providers for follow-up appointments, prescriptions, and/or adequate supply of medication for psychiatric inmates.

8. Release Medications. An inmate receiving prescription medication in the Detention Facility will be provided a voucher to obtain medication from a community pharmacy upon release. The voucher will be valid at a number of local pharmacies and, when practicable, Jail Medical Services staff shall explain the voucher process to the inmate prior to release. Federal inmates shall be transferred to another facility with any remaining medication supplies.

Section 17: Identification, Verification, and Accommodation of Disability

Policy

The Detention Center's policy is to ensure that inmates with disabilities are identified and receive ongoing medically necessary accommodations aligned with evidence-based standards and the Americans with Disabilities Act to ensure equal access to programs, services, and activities.

Inmates are evaluated via the receiving screening, health assessment, and on an on-going basis for disabilities requiring accommodation. Any inmate booked and/or housed in the facility who claims, or is observed to have, a disability is screened and evaluated for verification of disabilities. Additionally, appropriate accommodations and the need for Durable Medical Equipment to ensure equal access to programs, services, and activities are identified and provided.

Medical and dental orthoses, prostheses, and other aids to impairment are supplied in a timely manner when the health of the inmate would otherwise be adversely affected or to ensure the inmate has equal access to programs, services, or activities, as determined by the Responsible Physician/Medical Director or Dentist.

Definitions

Accommodation. Any reasonable provision to give persons with disabilities equal access to the programs, services, and benefits of the facility. This may include provision of equipment, modification of the environment, or change in processes.

Aids to Reduce Effects of Impairment. Include, but are not limited to, eyeglasses, hearing aids, canes, crutches, sleep apnea machines, and wheelchairs.

Assistive Devices. Any device designed or adapted to help people with physical or emotional disorders to perform actions, tasks, or activities.

Durable Medical Equipment. Equipment prescribed by a licensed practitioner to meet medical equipment needs of the inmates that: can withstand repeated use, is used to serve a medical purpose, is not normally useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly, and is appropriate for use in or out of the jail housing.

Health Care Appliance. A device used to perform a therapeutic or corrective function such as a prosthesis, colostomy pouch, or dental orthotic.

Medical Necessity. Health care services that are determined by the licensed practitioner to be reasonable and necessary to protect life, prevent significant illness, or disability, or alleviate severe pain, and are supported by health outcome data as being effective medical care.

Procedure

1. It is the mutual responsibility of the inmates and Jail Medical Services to verify disabilities that may affect an inmate's placement in the facility and to identify necessary accommodations and the need for health care appliances, durable medical equipment, and/or assistive devices to ensure inmates have equal access to programs, services, and activities.

2. Jail Medical Services shall evaluate and verify all claims of disabilities for inmates being booked into the facility.

3. Inmates must cooperate with Jail Medical Services in their efforts to obtain documents or other information necessary to verify a disability.

4. Examples of medical conditions that may alert staff to a possible mobility disability/impairment and need for evaluation for accommodation include but are not limited to:

    - Arthritis
    - Multiple sclerosis
    - Parkinson's disease
    - COPD
    - Stroke
    - Spinal cord injury
    - Spinal surgery
    - Inflammatory joint disease
    - Post joint replacement
    - Degenerative joint and/or disk disease
    - External devices (cast, splint, braces)
    - Obesity
    - Decreased motor agility
    - Decreased muscle mass and strength
    - Heart Conditions
    - Any other medical condition that limits mobility

5. Verification of a disability may be triggered by any of the following:

    a. The inmate self-identifies or claims to have a disability, requests accommodation, or complains about disability-based discrimination.

    b. Staff observes what appears to be a disability severe enough to impact placement, affect program access, or that would present a safety or security concern.

    c. The inmate's medical file or classification file contains documentation of a disability.

    d. A third party, such as a family member or attorney, requests an evaluation of the inmate for an alleged disability.

6. Verification of a disability during booking:

    a. All inmates booked into the facility are medically screened during the intake process. If during the medical screening process the inmate claims a disability, staff observe a potential disability, or information contained in the medical record indicates the inmate has a disability, Jail Medical Services shall initiate the disability verification process.

    b. The verification of a disability during booking shall include the following:

        - The Jail Medical Services staff conducting the receiving screening shall make the initial determination regarding the inmate's disability and required need for accommodation.

        - The disability shall be documented on the inmate's problem list in the inmate's Electronic Medical Record.

- The disability and/or need for accommodation shall be documented as an alert and/or inmate's flag in the Electronic Medical Record and in the inmate's JMS record.
- Jail Medical Services will provide a written form documenting the disability and/or necessary accommodation to the inmate to keep on his/her person in the Detention Facility.
- If during the intake process Jail Medical Services are unable to determine whether an inmate has a disability or what accommodations an inmate with a disability requires, the inmate shall be provided with a temporary or alternative accommodation or assistive device pending the outcome of an examination by a physician, nurse practitioner, or physician's assistant.

c. In all circumstances where an inmate is identified during the intake process as having, or possibly having, a disability, the inmate will be scheduled for an evaluation by a medical provider within seven (7) days.

d. If the disability is confirmed as a result of this medical evaluation, Jail Medical Services shall document in the inmate's Electronic Medical Record the disability designation, prescription of health care appliances, durable medical equipment, and/or assistive devices, and any accommodation needs and physical limitations. Jail Medical Services staff shall also document this information in the inmate's JMS record and provide the inmate a written form documenting the disability and/or necessary accommodation to the inmate to keep on his/her person in the Detention Facility. Detention Officers shall track all disability and accommodation information in the inmate's JMS record.

7. Verification of a disability as a result of a request for reasonable accommodation:

a. Verification of a disability may be required in responding to a request for reasonable accommodation. Any such verification of a disability shall be documented in the inmate's Electronic Medical Record and in the inmate's record in JMS.

b. If the inmate submits a Request for Reasonable Accommodation or a disability-based grievance but does not provide documentation of the disability, Detention Officers shall forward the Request for Reasonable Accommodation or grievance to Jail Medical Services for response and processing.

c. If the disability is confirmed, Jail Medical Services shall document in the inmate's Electronic Medical Record the disability designation, prescription of health care appliances, durable medical equipment, and/or assistive devices, and any accommodation needs and physical limitations. Jail Medical Services staff shall also document this information in the inmate's JMS record and provide the inmate a written form documenting the disability and/or necessary accommodation to the inmate to keep on his/her person in the Detention Facility.

d. If the disability is not confirmed, Jail Medical Services shall schedule the inmate for an evaluation and consultation with the medical provider at the next available sick call on receipt of the Request for Reasonable Accommodation or grievance.

Section 18: Inmates with Chronic Disease and Other Special Needs

Policy

Inmates are evaluated via the receiving screening, health assessment, and on an ongoing basis for chronic diseases requiring close medical supervision and/or multidisciplinary care. When inmates are determined to have special medical needs (e.g., dialysis, frail, elderly, psychiatric illnesses, developmental or physical disabilities, seizures, diabetes), there will be collaboration and consultation between the Detention Chief and the Medical Director or designees prior to certain actions being taken for those inmates, e.g., housing assignments, program/work assignments, disciplinary measures, admissions to and transfers within the system or to another jurisdiction, and discharge planning. There shall be a proactive plan for the care and treatment of special needs inmates who require close medical supervision or close medical care.

Medical and dental orthoses, prostheses, and other aids to impairment are supplied in a timely manner when the health of the inmates would otherwise be adversely affected, as determined by the Medical Director or Dentist.

Definitions

Aids to Reduce Effects of Impairment. Devices including but not limited to eyeglasses, hearing aids, canes, crutches, sleep apnea machines, or wheelchairs.

Chronic Illness. Any health problem/condition lasting at least six (6) months, which has the potential to, or does, impact an individual's functioning and long-term prognosis. Such conditions may include, but are not limited to, cardiovascular disease, asthma, diabetes mellitus, hyperlipidemia, gynecological disorders, sickle cell, chronic infectious diseases including HIV, chronic pulmonary diseases including asthma, seizure disorders, and psychiatric disorders.

Chronic Care Clinic. Routinely scheduled encounters between a mid-level provider or MD and an inmate with an identified chronic medical or mental condition for treatment planning, monitoring the inmate's condition, and maintaining the appropriate therapeutic regimen while in custody. Such encounters shall be scheduled at least every 90 days but may occur more frequently at the discretion of the medical provider. Routinely scheduled Chronic Care Clinic monitoring shall apply to the following conditions: diabetes, cardiac disorders, hypertension, seizure disorders, communicable diseases, respiratory disorders, and psychiatric disorders. Other conditions may be included as appropriate at the discretion of the medial provider.

Mental Health Special Needs. Inmates designated Mental Health Special Needs may include, but are not limited to those inmates diagnosed with severe mental illness (including Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, moderate to severe Major Depression, mood disorders, and Post Traumatic Stress Disorder), any intellectual or developmental disability, juveniles in adult custody, and those who are prescribed antipsychotic medications to treat psychosis.

Special Needs. Inmates designated as special needs may include but are not limited to frail or elderly, terminally ill whose life expectancy is less than a year, the chronically ill, those with special mental health needs, intellectually or developmentally disabled individuals, inmates diagnosed with Gender Dysphoria, pregnant inmates, inmates who require dialysis, inmates with physically disabilities (e.g.,

amputations, para or quadriplegia, wheelchair bound, etc.), and individuals diagnosed with a communicable disease.

Treatment Plan. A series of written statements specifying an inmate's course of therapy and the roles of qualified health care professionals in carrying it out.

Procedure

1. The Medical Director establishes and annually approves clinical protocols consistent with national clinical practice guidelines. These clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to, the following:

    - Asthma
    - Diabetes
    - HIV
    - Hyperlipidemia
    - Seizure disorder
    - Ischemic/Coronary Heart Disease
    - Hypertension
    - Chronic kidney disease/Renal failure
    - Chronic Obstructive Pulmonary Disease
    - Mood disorder
    - Psychotic disorder
    - Substance use disorder

2. Upon an inmate's arrival at the facility, Jail Medical Services will determine if the inmate has a chronic disease. In the case a chronic disease, special need, or mental health special need is identified/diagnosed, the nurse will:

    a. Complete a focused assessment.

    b. Document and verify all current medications.

    c. Notify the provider for medication orders.

    d. Schedule the inmate to be seen on the next available medical or mental health provider clinic, as appropriate for condition.

3. Individualized treatment plans are developed at the time the condition is identified and updated when warranted. These are developed collaboratively between the physician, mid-level provider, nurses, and mental health staff.

4. Documentation in the Electronic Medical Record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated by:

    a. Determining the frequency of follow-up for medical evaluation based on disease control, not to exceed 90 days between visits.

    b. Monitoring the inmate's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve inmate's outcome.

    c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication).

    d. Documenting inmate's education regarding diet, exercise, medication, etc.

e. Clinically justifying any deviation from the protocol.

5. Inmates designated as Mental Health Special Needs will be monitored by mental health staff.
6. Inmates may be considered for removal from the Chronic Disease/Special Needs designation if they meet either of the following:
    a. The condition is considered resolved.
    b. Active treatment is no longer needed (e.g., antipsychotic medications, essential medications).
7. Juveniles housed in adult facilities must remain on the Special Needs list for the duration of the incarceration.

Section 19: Mental Health Services

Policy

The Detention Center's policy is that mental health, intellectual/developmental disabilities, medical, and substance use services are sufficiently coordinated such that inmate management is appropriately integrated; medical and mental health needs are met; and the impact of these conditions on each other is appropriately managed. In support of this policy, the Detention Center offers comprehensive mental health services, which will include but not be limited to:

- Screening/identification, referral, and diagnostic evaluation of inmates with potential mental illness, intellectual/developmental/disabilities, and/or substance use issues.
- Assessment, diagnosis, and treatment of serious mental illnesses, including psychotropic medication management (when needed), individual counseling, group counseling, and psychosocial/psychoeducational programs.
- Suicide prevention.
- Crisis intervention.
- Treatment documentation and follow-up.
- Segregation or "special watch" rounds.
- Assessment, diagnosis, and treatment of severe adjustment disorders.
- Discharge planning services.
- Substance use counseling/treatment.

Definitions

Treatment Plan. An inmate-specific individualized mental health treatment plan for special needs inmates with input from and documentation maintained by any of the following, as appropriate: qualified health care professionals, qualified mental health care professionals, Detention Staff, Jail Programs, PORT personnel within the Detention Center, and/or community resources.

Mental Health Discharge Planning. An inmate-specific individualized mental health discharge plan with input from and documentation maintained by any of the following, as appropriate: qualified health care professionals, qualified mental health care professionals, Detention Staff, and/or community resources.

Qualified Health Care Professional (QHP). A term that includes physicians, physician assistants, nurses, nurse practitioners, dentists, dental hygienists, dental assistants, MAs, CNAs, mental health professionals, and others who by virtue of education, credentials, and experience are permitted by law to evaluate and care for inmates.

Qualified Mental Health Professional (QMHP). A term that includes licensed psychiatrists, licensed psychologists, licensed psychiatric social workers, licensed professional counselors, licensed psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of inmates.

Extreme Isolation. A situation in which an inmate encounters staff or other inmates fewer than three (3) times per day.

Segregated Inmates. Inmates isolated from the general population and who receive services and activities apart from other inmates.

Mental illness. An illness that so lessens the capacity of the individual to use self-control, judgment, and discretion as to make it necessary or prudent for the person to be under treatment, care, supervision, guidance, or control. [6]

Developmental Disability. A severe, chronic disability, attributable to one or more impairments that manifested before age 22 (or is the result of a traumatic brain injury), that is likely to continue indefinitely, that results in substantial limitations in three or more areas of major life activity, and for which the person needs lifelong, individually planned and coordinated services. [7]

Intellectual Disability. A developmental disability characterized by significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before age 22.[8]

Procedure

1. Role of Detention Officers.

    a. Officers will review the Arresting Officer's Observations form for any arrestee presented for booking into the Detention Center. The Officer shall promptly notify Jail Medical Services of any "yes" response to Question 2, 3, and/or 4 on this form. Without delay, and no later than ten (10) minutes from receiving notification, Jail Medical Staff shall respond to Intake to medically assess the arrestee's condition. In addition to making observations and recording vital signs (where appropriate), the responding Medical staff must engage with the arrestee as part of the assessment as to whether the arrestee is medically stable and fit for booking into the Detention Center.

    b. Officers will also observe and ask specific questions of inmates during intake in efforts to identify inmates with mental illness, intellectual/developmental disabilities, and/or substance use disorder(s)/needs. When a detention staff member identifies a potential need related to an inmate's mental health, a potential intellectual/developmental disability, or possible substance use issue, they will contact Jail Medical Services, who will assess the situation and, if necessary, contact the on-call psychiatrist/physician to determine necessary additional measures. Additional diagnostic tests or examinations may be ordered. If reasonably necessary to protect the safety of persons inside the Detention Center while this review is pending, an inmate presenting with signs of mental illness, intellectual/developmental/disabilities, and/or substance use issues may be housed in a holding or medical cell or transported to a more appropriate facility.

    c. Officers will continue to observe inmates throughout their incarceration in efforts to identify potential mental illness, intellectual/developmental/disabilities, and/or

[6] As defined in the North Carolina Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985, N.C. GEN. STAT. §122C-3(21) (2019).
[7] As defined in the North Carolina Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985, N.C. GEN. STAT. §122C-3(12a) (2019).
[8] As defined in the North Carolina Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985, N.C. GEN. STAT. §122C-3(17a) (2019).

substance use issues. If an inmate presents an imminent danger to self or others, staff may take appropriate action to ensure the safety of inmates and staff.

d. Officers should remain alert to possible indicators of acute mental illness, including the following:
   - Delusions of grandeur and/or persecution, with hallucinations or a constant attitude of suspicions and hostility;
   - Intense anxiety or exaggerated levels of fear or panic in the absence of any danger;
   - Inappropriate emotional responses, bizarre delusions or unpredictable, hollow giggling;
   - Hallucinations such as hearing, seeing, tasting, or smelling something or someone that is not present at the moment;
   - Extreme depression, withdrawal, neglect of hygiene and appearance, refusal to eat or leave the cell for long periods of time, or periods of uncontrollable crying; and,
   - Exaggerated mood swings from elation and over activity to depression and under activity or a combination or alternation of these.

e. Inmates exhibiting these symptoms may be placed on mental health or suicide watch. Inmates exhibiting psychotic or dangerous behavior that appears to originate from mental illness will be referred to medical staff for further evaluation.

f. Officers will respond to an inmate who reports mental health needs at any time and will take appropriate action. If Jail Medical Services are unavailable, the officer who receives the complaint will notify the Lieutenant/OIC, who will evaluate the circumstances. If necessary, the Shift Lieutenant/OIC will make immediate arrangements for medical treatment and evaluation.

2. Crisis Intervention.

a. When an inmate exhibits behavior that is suicidal, homicidal or otherwise indicative of a possible mental illness, intellectual/developmental/disability, and/or substance use issue, detention staff should request medical assistance. As a result of this evaluation, the inmate may be placed on a suicide watch. Under the condition of a suicide watch, inmates are placed on a program intended to reasonably protect the individual from self-destruction.

b. The on-duty nurse will evaluate the situation and, if necessary, contact the designated on-call Psychiatrist/physician. Psychiatric staff will make recommendations concerning the monitoring, observation and handling of the inmate. In no case will these recommendations override security considerations. Any question regarding potential conflicts between these medical recommendations and a possible compromise of security will be resolved by the Shift Lieutenant/OIC or higher-ranking officer.

c. If a potential mental health crisis arises after regular operating hours or on weekends or holidays and it is not possible to immediately transfer an inmate to a regular mental health treatment facility, the Shift Lieutenant/OIC will be notified. While awaiting medical assistance, the inmate may be held in a medical unit and closely observed by staff.

3. All inmates receive a mental health assessment as part of the comprehensive health assessment to be completed by Jail Medical Services within 14 days of admission.

4. Inmates may also be referred for mental health assessment and/or services through a variety of avenues, including, but not limited to, the receiving screening process, the mental health evaluation process, detention officer referral, self-referral, and/or staff referral. QMHPs respond to all referrals in a timely manner and initiate appropriate treatment services as clinically indicated.

5. All inmate self-referrals will be seen by a QHP within 24 hours.

6. Response time frames to referrals from sources other than inmate self-referrals depend on the nature of the referral (Emergent, Urgent, or Routine) as determined by the triaging Jail Medical Services and in accordance with local policy regulations.

7. If the inmate has engaged in prior community mental health treatment, Jail Medical Services will ask the inmates to complete an Authorization for Use or Disclosure of Protected Health Information (Release of Information or ROI) form to allow Jail Medical Services to obtain past treatment records. The inmates will be referred to the appropriate clinical professional to assess current treatment needs irrespective of the outcome of the efforts to obtain prior treatment records.

8. Inmates identified as in need of continuing mental health, intellectual/developmental disabilities, and/or substance use services following their release from the Detention Center will be referred to multidisciplinary re-entry/discharge planning services.

9. Inmates who enroll in mental health treatment, including psychiatric medication management, are provided with information regarding the risks and benefits to treatment.

10. A treatment plan is established for all inmates enrolled in the Mental Health Special Needs Program. At a minimum, the Mental Health Special Needs Program will include inmates in the following categories:

    - Diagnosed with severe mental illness (including Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, moderate to severe Major Depression, and Post Traumatic Stress Disorder).
    - Diagnosed with an Intellectual or Developmental Disability.
    - Diagnosed with a Substance Use Disorder.
    - Prescribed antipsychotic medications to treat psychosis.
    - Juveniles in adult custody.

11. The treatment plan should include but is not limited to the following:

    - Diagnostic information.
    - Individual risk and protective factors.
    - Program participation plan such as individual and group treatment, as well as unstructured programming.
    - Recommendations concerning housing and/or work assignments.

12. Mental Health Special Needs inmates will be seen by mental health staff as directed by the treatment plan, and no less than every 30 days for at least a 90-day duration. After the first 90 days, if it has been determined that the inmate is meeting the goals and objectives on the treatment plan, the Special Needs visits may occur no later than every 45 days.

    a. Juveniles housed in adult facilities will continue to be seen at a frequency of no less than every 30 days, without exception.

    b. A visit with the Psychiatric Provider will be noted as satisfying the monthly follow-up requirement.

13. Inmates may be considered for removal from the Special Needs list if:

    a. The inmate's qualifying condition is considered resolved;

    b. active treatment, including psychotropic medication, is no longer clinically indicated; and

    c. the inmate's functioning is above baseline for at least 90 days.

14. Inmates who refuse treatment, including psychotropic medication that is deemed clinically indicated, will continue enrollment in the Special Needs program.

15. Inmates receiving antipsychotic medication and juveniles housed in adult facilities must remain on the Special Needs list for the duration of the incarceration event.

16. Psychiatric and Special Needs treatment plans will be reviewed at a minimum of every 90 days.

17. Inmates who present to mental health staff with notable difficulty adjusting to the detention environment, but who are not diagnosed with a serious mental illness, will be assessed to determine whether mental health treatment, including enrollment in the Special Needs program, is appropriate and/or clinically indicated.

18. Additionally, Jail Medical Services, Detention Officers, and Programs Staff shall collaborate, where appropriate, to identify, assess, implement, and monitor multidisciplinary treatment plans to address issues beyond mental health that may be impacting the inmate's ability to adjust to incarceration.

19. Jail Medical Services will employ a suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.

20. Particular attention will be paid to those inmates housed in a segregated setting, regardless of placement reason. Any inmates housed in such settings may be referred to mental health staff for follow-up if concerns arise regarding the inmate's ability to function in an isolated/restrictive setting.

21. If mental health staff have concerns about the level of mental health services required to manage an inmate in the facility, the Mental Health Coordinator/Director or designee, the Psychiatric Provider, and/or the HSA will be notified. These providers will evaluate the inmate's needs to determine whether the inmate should be transferred to a community agency more equipped to handle the inmate's psychiatric needs. They will then consult with the

Records Supervisor to discuss the transfer request and necessary logistics. Until and unless such transfer can be accomplished, the inmate will remain safely housed and adequately monitored through collaboration between Jail Medical Services and Detention Officers. The case review and disposition of the inmate will be documented in the inmate's Electronic Medical Record.

22. Inmates determined to need substance use treatment services will be informed of the facility programs available to them and will be given information about community substance use treatment resources.

23. Jail Medical Services must complete inmate care documentation timely, specifically on the same shift and as soon after an inmate encounter as possible. For instances where this is not possible, late entries will be made and documented accordingly.

24. No co-payment fee will be assessed for mental health treatment.

Section 20: Medically Supervised Withdrawal and Treatment

Policy

The Detention Center's policy is to timely identify, assess, and initiate appropriate treatment for inmates/inmates under the influence of or undergoing active withdrawal from alcohol, sedatives, opioids, and/or other substances.

Inmates are screened for abuse or dependency on alcohol and other drugs (AOD) during the intake screening, health assessment, and other health encounters. Any inmates incarcerated under the influence of alcohol or drugs shall be housed by custody in as safe a manner as possible and kept under close observation as clinically indicated. Referrals will be made to the appropriate practitioner for those inmates under the influence of AOD upon intake, inmates undergoing active withdrawals, and/or inmates who present with a medical condition that would be significantly impacted by alcohol and/or drug use/withdrawal.

Jail Medical Services, Jail Programs staff, and other authorized personnel within the Detention Center will collaborate to ensure inmates receive the proper diagnostic evaluations and/or evaluations of treatment needs and are allowed opportunities to participate in counseling or self-help groups for inmates with substance use disorders. The Health Service Administrator (HSA) will have responsibility for ensuring the appropriate referral avenues are in place to communicate and coordinate the provision of care for these inmates.

Procedure

1. Jail Medical Services shall follow established clinical guidelines for the identification and management of inmates who are under the influence of AOD and/or displaying symptoms of intoxication.
2. In the intake setting, Jail Medical Services shall evaluate the inmate's level of intoxication when determining the appropriateness of the inmate's acceptance into the facility. Factors to be considered in making this determination should include but not be limited to:

    - Unconscious or semiconscious
    - Unable to maintain own airway
    - Mentally unstable
    - Danger to self or others
    - Aggressive/unable to control behavior
    - Severely intoxicated
    - In alcohol or drug withdrawal
    - Bleeding
    - Urgently in need of medical attention
    - Otherwise clinically unstable

3. Narcan shall be available on-site for administration in the case of a suspected or actual opiate/opioid overdose.
4. Established clinical guidelines are followed for the identification and evaluation of inmates who are at risk for withdrawal from AOD and those experiencing symptoms of withdrawal from AOD.
5. During the receiving screening/intake process, Jail Medical Services shall question the inmate regarding his/her use of AOD by following approved screening tools.

6. For inmate encounters in other areas of the facility and/or after the receiving screening has been completed, Jail Medical Services staff will continue to gather information about substance use and guide identification and evaluation of those at risk for or experiencing withdrawal from AOD.

7. For each inmate, Jail Medical Services should gather at least the following minimum information about the inmate's alcohol and/or legal/illegal drug use.

    - Type of substance
    - Amount of substance used
    - Frequency of use
    - Time of last use

8. Inmates who report regular, frequent AOD use are considered to be at risk for withdrawal. Further evaluation and initiation of an appropriate withdrawal protocol and monitoring should be completed based on risk and inmate report/history.

9. Established clinical guidelines are followed for the evaluation and management of inmates who have been identified as at risk for withdrawal from AOD and those experiencing symptoms of withdrawal from AOD, as outlined in the following table:

Type of withdrawal	Monitoring Tool	Frequency	Duration	Medication
Alcohol and/or Benzodiazepine	CIWA-Ar	No more than every 8 hours – more frequently if clinically indicated	Minimum 5 days	CIWA-Ar Practitioner Order Sheet
Opiate/Opioid	COWS	No more than every 8 hours – more frequently if clinically indicated	Minimum 5 days – Short acting opiates minimum of 5 days – Long acting opiates (methadone, buprenorphine) minimum of 10 days	COWS Practitioner Order Sheet
Synthetic	Synthetic Drug Monitoring Flowsheet	No more than every 8 hours – more frequently if clinically indicated	Minimum 5 days	Synthetic Drug Practitioner Order Sheet
Polysubstance	Combination of all indicated	No more than every 8 hours – more frequently if clinically indicated	Minimum 5 days	Combination of all indicated; special attention to not duplicatingor utilizing contraindicated medications

10. Every effort shall be made to complete the entire evaluation. If the inmate refuses to answer questions or to allow vital signs and/or medication administration, then visual observation of the inmate's condition and the refusal are documented in the inmate's medical record.

11. Pregnant inmates require individualized treatment plans to manage withdrawal from AOD.

12. If a pregnant inmate reports opiate/opioid use or participation in a community treatment program (including methadone and buprenorphine), every effort is made to continue the current maintenance program.

13. Any inmate suspected of substance dependency will be triaged by Jail Medical Services, and appropriate referrals will be made. Disorders associated with AOD (e.g., HIV, liver disease) are recognized and treatment plans are formulated.

14. Jail Medical Services, Programs staff, and other authorized personnel shall communicate regularly to ensure coordination and effective multidisciplinary treatment as appropriate and clinically indicated.

15. Jail Medical Services' assessments, treatment, and referrals will be documented in the inmate's Electronic Medical Record.

Section 21: Counseling and Care of the Pregnant Inmate

Policy

The Detention Center's policy is to ensure that appropriate counseling and health education are provided to all inmates. Specific counseling and assistance regarding pregnancy and prenatal care including diet recommendations are provided to pregnant women. Jail Medical Services also provides services relating to prenatal care including special dietary needs, regularly scheduled obstetric monitoring, provisions for lactating women, management of the chemically dependent pregnant inmates, and monitoring for postpartum depression.

Procedure

1. As part of the intake health screening completed upon admission to the facility, Jail Medical Services shall query any female regarding pregnancy, recent delivery, miscarriage, and whether they are currently taking prescribed injectable, implanted, or oral contraceptives.
2. All women of reproductive age shall have a pregnancy assessment and urine pregnancy test completed within 24 hours of booking and before medications are started. Women who refuse a test will not be given medication that may be harmful to the fetus without consultation with the medical provider.
3. When a pregnancy is determined, the pregnancy protocol, including prenatal vitamins, will be initiated, and the inmate will be scheduled for routine OB care. Jail Medical Services will follow the treatment plan provided by the Medical Director or designee – including any plan for management of inmates with diabetes.
4. Prenatal and postnatal care shall be provided in accordance with the treatment plan provided by the Medical Director or designee or an established OB/GYN specialist. Jail Medical Services will draw labs and complete testing as clinically indicated by the treatment plan provided by the OB/GYN; other medical and mental health conditions will be managed by the on-site providers as appropriate.
5. Laboratory and diagnostic tests shall be ordered in accordance with national guidelines including offering HIV testing and prophylaxis (infection control) when indicated.
6. Orders and treatment plans documenting clinically indicated levels of activity, nutrition, medications, housing, and safety precautions shall be determined and shared with those responsible.
7. Counseling and administering recommended vaccines in accordance with national standards shall be offered.
8. Postpartum care for incarcerated inmates is documented in the inmates' Electronic Medical Records. Postpartum care includes an exam at two (2) weeks after caesarean, six (6) weeks after vaginal delivery, or as specified by hospital staff.
9. Inmates who wish to breastfeed after release should be allowed to use a breast pump to express their milk if their incarceration period is short enough where this is clinically feasible. In this

case, the milk should not be stored but should be discarded. In the event that this process in not clinically feasible, the inmates should be provided with a breast binder or similar device.

10. Pregnant inmates will be provided educational information and counseling to include exercise, nutrition (including the prevention of Listeria exposure/infection), personal hygiene, safety precautions, and other appropriate health education materials.

11. Pregnant inmates with active opioid use disorder receive evaluation upon intake.

    a. If a female inmate screens positive for opiate use during the receiving/booking process, she will be immediately referred to Jail Medical Services for further evaluation.

    b. The intake nurse shall perform a urine pregnancy test. If positive, the nurse will complete the Pregnancy Assessment section of the Intake Screening form to determine childbearing status and the date of last menstrual period.

    c. Individuals refusing urine testing shall be counseled regarding the possible risks associated with such a refusal. A signed and witnessed refusal of medical treatment form shall be completed and entered in the inmate's medical record.

12. Inmate Monitoring:

    a. Vital signs and fetal heart rate shall be monitored and recorded as ordered by the responsible OB specialist or medical provider until OB specialist is contacted.

    b. Mother and fetus shall be monitored closely for signs of early labor and/or fetal distress.

        i. Signs of early labor include but are not limited to:

        - Low abdominal (uterine) pain
        - Low back pain
        - Vaginal discharge
        - Leaking membranes
        - Bloody show

        ii. Signs of fetal distress may include:

        - Lack of fetal movement
        - Irregularity of fetal heart rate
        - Fetal heart rate more than 160/min or less than 120/min

    c. The Medical Director shall be kept apprised of inmate's status.

    d. Upon positive signs of early labor and/or fetal distress, the Medical Director shall be notified and the inmate transferred to a hospital emergency department.

Section 22: Suicide

Policy

For most individuals, incarceration is a traumatic experience. Consequently, some individuals taken into custody and confined in a jail may exhibit some form of abnormal behavior. Frequently, inmates in jail become suicidal. Inmates may attempt suicide in any number of methods, and an attempt may be planned in advance or the result of an impulse. The inmate may appear normal one minute and become suicidal or self-destructive only a few minutes later. Some of the more common suicide methods include hanging, self-strangulation or over-medication.

The Detention Center's policy is to prevent suicide where possible by implementing a uniform, written procedure regarding the identification of inmates at risk along with specific prevention efforts and interventions.

All staff working within the Pitt County Detention Center, including Detention Officers, Programs staff, other authorized personnel with the Detention Center, and Jail Medical Services, will be watchful for signs of suicidal ideation among inmates and will intervene directly, when possible, in suicide threats or actions. Inmates on suicide watch will be closely supervised. All staff within the Detention Center will be trained to recognize the signs of a potentially suicidal inmate and to respond to their needs as required. Officers will screen, supervise and classify inmates in order to reduce the possibility of suicides. All staff shall continuously monitor inmates/inmates for potential suicidal ideations/intentions throughout incarceration.

Definitions

Suicide. The act or an instance of a person voluntarily and intentionally taking his or her own life.

Self-Destructive Behavior. The act of intentionally causing serious injury to one's own self (such as repeatedly striking their own head against a concrete wall or steel bars) for no apparent reason.

Suicidal Ideations. A broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide.[9]

Procedure

1. Officers will review the Arresting Officer's Observations form for any arrestee presented for booking into the Detention Center. The Officer shall promptly notify Jail Medical Services of any "yes" response to Question 2, 3, and/or 4 on this form. Without delay, and no later than ten (10) minutes from receiving notification, Jail Medical Staff shall respond to Intake to medically assess the arrestee's condition, mental state, and potential suicide risk. In addition to making observations and recording vital signs (where appropriate), the responding Medical staff must engage with the arrestee as part of the assessment as to whether the arrestee is medically stable and fit for booking into the Detention Center and/or whether any special watch should be implemented.

[9] Harmer B, Lee S, Duong TVH, Saadabadi A. Suicidal Ideation. 2021 Apr 28. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan–. PMID: 33351435.

2. The Booking Officer will also independently assess arrestees for their potential as a suicide risk. In addition to visual observations, the Booking Officer will verbally question the inmate to assess the inmate's physical, mental and emotional conditions. The Booking Officer will record the answers given by the inmate in the inmate's JMS record. The inmate and the Booking Officer will sign the form acknowledging that the answers recorded were the answers given by the inmate. A copy of the form will be forwarded to Jail Medical Services to be placed in the inmate's medical record and followed up as deemed appropriate with mental health professionals.

3. Jail Medical Services will also screen and evaluate each inmate for suicide during the health screening process.

4. When an inmate exhibits suicidal, self-destructive or homicidal behavior, the officer observing the behavior will notify his supervisor and Jail Medical Services. While awaiting medical assistance, the inmate may be held on suicide watch and observed frequently by staff.

5. Once a medical or psychiatric evaluation is completed, the on-duty Housing Sergeant will be notified by the medical professional if changes in the normal watch procedure are required or recommended. The recommendations of the medical professional will be followed for the period indicated.

6. If a potential crisis arises after regular operating hours or on weekends or holidays, and the inmate is likely to require commitment to a mental health treatment facility, the Shift Lieutenant/OIC will be notified and will confer with medical and Detention Officers on any such transfer.

7. All staff within the Detention Center will be alert to possible indicators of potentially suicidal inmates, including but not limited to:

    - Past history of suicide attempts;
    - Observed behavior and verbal discussion of suicide during the admission process;
    - Active discussion of suicide plans;
    - Sudden drastic change in eating, sleeping, or other personal habits;
    - Recent crisis in personal events, such as extended or life sentencing;
    - Loss of interest in activities or relationships the inmate had previously engaged in.
    - Depression, which might be revealed by crying, withdrawal, insomnia, variations in moods, and lethargy (abnormal drowsiness);
    - Giving away personal property;
    - Signs of serious mental health problems such as paranoid delusions or hallucinations;
    - Drug or alcohol intoxication or withdrawal;
    - History of mental illness;
    - Severe aggressiveness and difficulty relating to others; and
    - Speaking unrealistically about the future.

8. Officers and detention staff will be aware of possible increased likelihood of suicidal potential and shall closely observe inmates for signs of potentially suicidal behavior during the following high-risk periods:

    - First 72 hours of confinement;
    - After receiving bad news from home such as a death in the family or marital problems;
    - Before and after court appearances; especially after being sentenced;
    - Weekends and holidays;
    - Before anticipated release and/or transfer;
    - During poor physical health or after receipt of a serious medical diagnosis;
    - During intoxication or withdrawal;
    - After being assaulted by another inmate, especially if it was a sexual assault.

9. Suicide Watch.

    a. Inmates determined to be a suicide risk will be placed in a holding cell, a single cell, or in general population, depending on the recommendations of an appropriate healthcare professional. Officers will ensure that proper documentation, setting forth the reasons for reclassifying the inmate, is completed. The inmate will be housed in a safe and secure location where they can be closely observed.

    b. Officers will immediately verbally notify Jail Medical Services and begin close observation of the inmate. Direct visual observation of the inmate is required. If the Booking staff anticipates the imminent release of the inmate, he or she may be placed in Soft Booking and closely observed.

    c. Once notified of a potential suicide risk, Jail Medical Services will ensure that a qualified mental health care professional conducts an evaluation as soon as possible to determine the level of suicide risk and level of supervision needed.

    d. Any inmates placed on suicide or other special watch into a safety cell shall be assessed by a qualified health care or mental health care professional within twelve (12) hours.

    e. Qualified mental health care professionals regularly reassess inmates to identify any change in condition and risk level indicating a need for a change in supervision level. Treatment interventions designed to mitigate risk and address presenting symptoms are offered during these visits.

    f. Nursing staff will see and interact with inmates on suicide watch daily.

    g. An inmate on suicide watch will be observed by detention staff at least four times per hour with no more than 20 minutes between each check. During the watch, potentially harmful items such as sheets, eating utensils, razor blades, belts, shoelaces, pens, pencils, mirrors, glasses, and any sharp items will be removed from the inmate and the cell. The uniform,

mattress and blankets may be replaced with a suicide-resistant smock, mattress or blanket. The inmate's hygiene kit will be held by the Block Sergeant/OIC and the inmate will be allowed to use it only under the direct supervision of an officer. An inmate classified as suicidal is not eligible for commissary items.

h. Written reports of any suicide attempts will be forwarded to the Detention Captain.

i. When a suicidal inmate is moved within the facility (social visitation, attorney visit, etc.,) the inmate will wear a suicide-resistant smock and will not be provided a regular inmate uniform. An officer will remain close by and will observe the inmate during the visit. (Officers must position themselves so they can observe the inmate, but not hear any portion of an attorney-client conversation.)

j. When an inmate on suicide watch must be transported outside of the facility, such as to and from court, the inmate will be under direct, visual observation at all times. The inmate will be provided with a standard uniform and footwear to wear. All officers involved in the transfer or in supervising the inmate will be notified of the inmate's potential suicide risk. The inmate will not be transported until the judge is ready for his appearance. As soon as the inmate appearance is finished, he will be returned immediately to the Pitt County Detention Center. If an inmate is transported for reasons other than a court appearance, the supervising officers will maintain direct visual contact at all times. Upon return, the inmate will be strip searched, issued a suicide-resistant smock and returned to his cell location.

k. The Detention Chief will be notified immediately of a successful suicide or serious (life-threatening) suicide attempt.

10. Detention staff will be provided with in-service training relating to the recognition, supervision, documentation, and handling of inmates who are potentially suicidal.

Section 23: Communicable Disease

Policy

The Pitt County Detention Center will operate in a manner that protects the health, safety and welfare of all staff and inmates. It will take all steps reasonably necessary to prevent the spread of communicable disease.

Procedure

Blood Borne Pathogens.

1. Definition. A Blood Borne Pathogen is any infection that can be spread by blood or other bodily fluids. Examples include but are not limited to Hepatitis B, Human Immunodeficiency Virus (HIV/Aids), Hepatitis C, and Syphilis.

2. Exposure. Exposure occurs when there is a transfer of infectious blood or bodily fluid between individuals. This exchange may occur by:

    - Sexual contact
    - Sharing needles or other "sharps"
    - Tattooing
    - Contact of infected blood or bodily fluids with the mucous membranes of an individual (eyes, nose, mouth)
    - Contact of infected blood or bodily fluids with an open wound or otherwise nonintact skin

3. Symptoms. In many instances, the infected individual does not have symptoms of these infections. If symptoms are present they are likely nonspecific.

4. Diagnosis. In most cases these infections are detected by a blood test for the infection.

5. Testing for Blood Borne Pathogens.

    a. Inmates will not be required to be tested for Blood Borne Pathogens. In some instances, a court may order the testing of an Inmate and under these conditions, testing will be obtained.

    b. Since many Inmates have risk factors for Blood Borne Pathogens, it is reasonable to offer testing for Blood Borne Pathogens to all Inmates, unless they are already known to be positive for a given infection.

6. Treatment of Blood Borne Infections. Treatment is specific to the infection in question. If an Inmate is known to be infected with a Blood Borne Pathogen, appropriate treatment shall be offered to the inmate by the Jail Medical Service Provider.

7. Prevention of Blood Borne Pathogen Diseases.

    a. Currently, vaccine is available only for Hepatitis B virus. This may be provided to an individual prior to potential exposure to Hepatitis B virus.

b. In settings where exposure to a Blood Borne Pathogen may have occurred, Post Exposure Prophylaxis (PEP) may be available. The need for and type of Post Exposure Prophylaxis (PEP) to be offered (if any) should be determined on a case by case basis by an experienced medical provider.

Tuberculosis.

1. Definition. Tuberculosis is an infection, generally of the lungs but may involve any part of the body, caused by the organism *Mycobacterium tuberculosis* and some other related mycobacterial species. Tuberculosis (TB) exists broadly in two forms Active and Latent. Persons with active tuberculosis are potentially infectious to others. Persons with Latent Tuberculosis are not infectious.

2. Exposure. Exposure to TB is generally by inhalation of aerosolized particles produced when a person with active TB coughs. Other routes of exposure have been documented, but these are unlikely to occur in detention settings.

3. Symptoms.

    a. Symptoms of Active TB infection include
        - Cough
        - Hemoptysis (coughing up blood)
        - Fever / chills
        - Night sweats
        - Weight loss (unintentional)

    b. There are no symptoms with Latent TB infection (LTBI).

4. Diagnosis of Active TB infection. The diagnosis of Active TB infection is based on the following:

        - The presence of signs and or symptoms of TB
        - The demonstration of Acid-Fast Bacilli in clinical specimens (typically sputum, but may be identified in other fluids or tissues)
        - The growth of a mycobacterial species in a culture or cultures derived from the person in question.

5. Diagnosis of Latent TB infection. The diagnosis of Latent TB infection is generally established by the use of a TB screening tests. TB screening tests include.

        - Signs and Symptoms Survey
        - Tuberculin Skin Test (TST)
        - Interferon Gamma Release Assay (IGRA)
            - QuantiFERON Gold
            - T-Spot
        - Chest X-ray

6. All individuals being admitted to the Pitt County Detention Center will be screened for active Tuberculosis infection by a signs and symptoms questionnaire.

7. Screening for LTBI should be done in accordance with CDC and NCDHHS Guidance.

8. Treatment of Active Tuberculosis infection. The treatment of Active Tuberculosis infection is complex and should be conducted by a medical provider familiar with the treatment of active Tuberculosis. Pitt County Health Department can assist with the management of active Tuberculosis cases. Pitt County Health Department has access to an Infectious Disease Physician who routinely treats individuals with active Tuberculosis.

9. Treatment of Latent Tuberculosis infection (LTBI). In some cases, it may be appropriate to provide treatment to individuals with Latent Tuberculosis infection (LTBI). Pitt County Health Department can aid in these settings as well.

Other Respiratory Infections of Concern

1. Definition. There are many viral and bacterial infections of the respiratory system which are of concern in detention settings. These infections are easily spread from person to person and may flourish in the close quarters of a detention facility. Examples include but are not limited to COVID-19, Influenza, Meningitis (bacterial or viral), and Pertussis.

2. Exposure. Exposure to most of these infections is via respiratory droplets produced when the infected individual coughs, sneezes, laughs, or speaks. These droplets are generally infectious for only six feet from the individual. Exposure may also occur from inanimate objects that are frequently touched. The infectious organism gets on the hands of an individual and then is inadvertently introduced in the individual's body when the individual touches their eyes, nose, or mouth with the contaminated hand.

3. Symptoms. Most of these infections present with cough, sore throat, fever, chills, muscle or body aches (of varying degrees), nasal congestion/runny nose, and headache. Gastrointestinal disturbance may or may not be present.

4. Diagnosis. Diagnosis is based upon the following

    - Clinical history
    - Physical examination
    - Testing for specific pathogens (for example COVID-19)

5. Treatment.

    a. Treatment is based upon the specific diagnosis established. Jail Medical Services shall provide treatment as clinically indicated according to their medical judgement. Assistance with some types of testing is available through Pitt County Health Department. Assistance with isolation or quarantine is also available through Pitt County Health Department.

b. For some infections, prophylactic treatment of exposed individuals may be appropriate. This determination should be made on current guidance from CDC, NCDHHS, and/or the Pitt County Health Department.

6. Prevention. Vaccine is available for the prevention of some of these infections. An effort should be made to offer vaccine to inmates where available and appropriate for these infections.

Food and Water Borne Infections.

1. Definition. Food and Water Borne Infections are infections acquired by the consumption of contaminated food, water, or potentially other beverages. Examples include but may not be limited to Salmonella, Shigella, Campylobacter, E. coli, Hepatitis A Virus, and Norovirus. The spread of these infections is generally via fecal-oral contamination.

2. Exposure. Exposure occurs in the setting of poor hygiene where the infectious organism remains on the hands of an individual and then is introduced into that individual's body or into food or beverage the individual is preparing for themselves or others. The infection is then acquired during the consumption of the contaminated food or beverage.

3. Symptoms. Symptoms may include any or all of the following

    - Nausea, vomiting, diarrhea
    - Abdominal pain
    - Fever / chills
    - Jaundice (yellowing of the skin)

4. Diagnosis. Diagnosis is based upon the following

    - Clinical history
    - Known exposures
    - Physical examination
    - Isolation of the pathogen in cultures of the Inmate's stool or other specimen
    - Antibody testing consistent with acute viral hepatitis

5. Treatment. The treatment of many of these conditions is supportive. Some of the conditions may require antibiotics. In some cases, parenteral rehydration may be necessary. Jail Medical Services will determine the course of treatment based upon current medical practice.

6. Prevention.

    a. Prevention of these infections begins with good hand hygiene and sound safe food handling practices. Food handlers with gastrointestinal disturbance (nausea, vomiting, diarrhea) should not work while ill.

    b. Hepatitis A is a vaccine preventable disease. Incarcerated individuals are eligible to receive vaccine at no cost. Pitt County Health Department can assist with Hepatitis A vaccinations for Inmates at the Pitt County Detention Center.

Parasitic Infestations / Infections.

1. Definition. A parasite is a living organism that uses another organism to survive. Parasites my live on the surface of another living thing (Ectoparasites) or a parasite may live within another living thing (Endoparasite). Ectoparasites of concern in detention Centers include but are not limited to Scabies and Human Lice (head, body, pubic). Endoparasites are generally not communicable from person to person.

2. Exposure. An individual may be exposed to an ectoparasite by having close contact with an individual who is infested by a parasite. Close contact may include any or all of the following

    - Sexual relations
    - Sharing clothing or hygiene products
    - Sharing towels or other linens
    - Sharing the same bed
    - Sharing a piece of upholstered furniture (rare)

3. Symptoms. Symptoms of most ectoparasite infestations include itching and rash. The itching may be intense.

4. Diagnosis. The diagnosis of ectoparasite infestation is based upon the following

    - Clinical history
    - Exposure history
    - Physical exam (presence of a rash and or the ectoparasite)

5. Treatment. Treatment is specific to the ectoparasite in question but generally involves the application of a topical agent to kill the parasites. In some cases, oral medication may be appropriate. Treatment should be individualized by Jail Medical Services to optimize the individual's outcome.

6. Prevention. Early recognition and treatment are the mainstays of prevention. Proper sanitization of towels, bed linens, clothing and other soft surfaces is essential to stopping the spread within detention facilities. All individuals being admitted to the Pitt County Detention Center shall be evaluated for the presence of scabies and human lice.

Vaccine Preventable Disease.

1. Definition. Vaccine Preventable Disease encompasses a number of viral and bacterial diseases which may be prevented by immunization. Examples include but are not limited to Diphtheria, Tetanus, Pertussis (whooping Cough), Polio, Measles, Mumps, Rubella, and Chickenpox.

2. Exposure. Exposure to these diseases in detention facilities is unlikely but not impossible. Exposure is specific to the disease in question.

3. Diagnosis. The diagnosis of these conditions is based upon

    - Clinical history
    - Exposure history

- Physical exam (some of these have a characteristic rash or other clinical finding that is disease specific)
- Appropriate laboratory testing

4. Prevention. As mentioned in the definition, these diseases can be prevented by complete vaccination of the individual. Where possible, vaccination status of inmates should be assessed. For those inmates identified as lacking or behind on immunizations the CDC recommended vaccines should be offered to that individual. Pitt County Health Department can assist with the review of immunizations and in some instances may be able to provide vaccine for a specific inmate.

Section 24: Electronic Medical Records

Policy

The Detention Center's policy is to maintain complete, confidential, and accurate medical records for inmates who receive health care services while detained in the Detention Center.

Procedure

1. Jail Medical Services shall maintain, cause or require the maintenance of complete and accurate electronic medical records ("EMRs") for inmates receiving health care services at the Detention Center. The EMRs shall be kept separate from the inmates' records in the County's Jail Management System ("JMS").
2. Jail Medical Services shall ensure that the EMRs system interfaces with JMS to give medical, mental health, and Detention Center staff access to important healthcare information for each inmate.
3. Each medical record shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and any other applicable state or federal privacy statute or regulation.
4. All medical records shall remain the property of the Pitt County Detention Center and will be stored and maintained by Jail Medical Services.
5. When the medical records are not in active use, they will be kept in a manner rendering them inaccessible to unauthorized personnel.
6. Jail Medical Services shall work with Detention Center staff to maintain archived records in accordance with applicable County and Sheriff's Office policies and as required by NC statutes.
7. A complete copy of the individual medical record shall be available to accompany each inmate transferred from the Detention Center to another location for off-site services or transferred to another institution. Jail Medical Services will keep medical records confidential and shall not release any information contained in any medical record except as required by a court order, or as required or permitted by applicable law.
8. Contents of Record.
    a. All inmates shall have a medical record that includes, at a minimum, the initial health screening performed at intake.
    b. The full medical record should include documentation of all medical, mental health, dental and/or other services provided, and all medications prescribed and/or dispensed, by Jail Medical Services, including but not limited to the following:
        - Copy of a completed initial health screening form.
        - Medical findings, evaluations, treatments, medications and dispositions
        - Completed records of administered medications

- Reports of laboratory, X-ray, and diagnostic studies.
- Progress notes
- Consent and refusal forms
- Release of information forms
- Discharge summary of hospitalizations
- Special treatment plans, including prescribed diet
- Place, date and time of each encounter with a medical professional
- The signature and title of each document.

c. The Electronic Medical Record will be organized in a unit, modified problem-oriented format. It will be initiated at the time of the inmate's arrival at the Detention Center and will include documentation of all occasions of service provided to inmates both on-site and at community providers while the inmate is in the custody of the Pitt County Detention Center.

d. Documentation is to be done within the Electronic Medical Record on the appropriate forms. It will be complete and current in order to facilitate accurate communication concerning the inmate's present and past health status as well as the plan of care.

e. Electronic Medical Records will be maintained in a consistent and standardized format as prescribed by Wellpath/Jail Medical Services.

9. North Carolina General Statutes §53A-222 allows jail inspectors with the North Carolina Jail and Detention Division to examine an inmate's medical record unless the inmate objects in writing. The inmate must be informed in writing of his right to object before an inspector can examine the record. If the inmate objects in writing, the inspector(s) will not be allowed to view the inmate's confidential medical record.

10. If an inmate is transferred to a county or regional detention facility in North Carolina, Jail Medical Services will provide the transporting officer with existing copies of the inmate's medication administration record and healthcare summary form to deliver to the receiving detention facility. Treating health care providers may share confidential medical information to ensure continuity of medical care following HIPAA guidelines.

11. Transfer of Known HIV-Infected Inmate to The NC Department of Corrections. If a known HIV-infected inmate is transferred to the NC Department of Corrections, Jail Medical Services will notify the Director of Health Services for the Division of Prisons and the prison facility administrator of the inmate's HIV status.

12. The medical records of an inmate will be retained for 5 (five) years after the inmate's release.

Section 25: Prison Rape Elimination Act

Policy

The Pitt County Detention Center is committed to zero tolerance of any form of sexual abuse and sexual harassment. The purpose of this policy is to describe the Pitt County Detention Center's mandate of zero tolerance toward all forms of sexual abuse and sexual harassment and to outline our approach to preventing, detecting, and responding to sexual abuse and harassment.

Definitions

1. *PREA*. Refers to the federal Prison Rape Elimination Act of 2003 and related efforts to protect incarcerated individuals from sexual assault.
2. *Abuser.* The inmate or staff member who commits an act of sexual abuse and/or sexual harassment.
3. *Contractor*. A person who provides services on a recurring basis pursuant to a contractual agreement with the agency.
4. *Direct Staff Supervision*. Detention staff are in the same room with, and within reasonable hearing distance of, the inmate.
5. *Exigent circumstances*. Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the order and/or security of the Center.
6. *First Responder*. The first staff member to respond to a report of an alleged sexual abuse or sexual harassment.
7. *Investigator*. A staff member who has been assigned or designated to administratively investigate a report of alleged inmate sexual abuse and/or sexual assault.
8. *PREA Coordinator.* A designated employee that has been screened for appropriateness to serve as a victim advocate and has received education concerning sexual assault and forensic examination issues in general. This Coordinator will also have the authority to coordinate the facility's efforts to comply with the PREA standards.

Procedure

1. New Employees shall receive Sexual Abuse and Harassment training that addresses the following:
    - The agency's standard of zero-tolerance of sexual abuse and sexual harassment toward inmates, either by staff, contractors, volunteers, or by inmates.
    - Employees' responsibilities when responding to sexual abuse and harassment;
    - Inmates' right to be free from sexual abuse and sexual harassment;
    - Inmates' and employees' right to be free from retaliation for reporting sexual abuse and harassment;
    - The dynamics of sexual abuse and sexual harassment in confinement;

- Common reactions of sexual abuse and sexual harassment victims;
- The detection and response to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- Relevant laws regarding age of consent; and
- Unique attributes of working with males and/or females in confinement/supervision.

2. Jail Medical Services and other contractors shall also complete mandatory PREA-related training on topics to include the following:

    - Detecting and assessing signs of sexual abuse and sexual harassment;
    - Preserving physical evidence of sexual abuse;
    - Responding effectively and professionally to victims of sexual abuse and sexual harassment; and
    - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

3. History of sexual abuse identified during screening for risk of victimization and abusiveness.

    a. If the screening for risk of victimization and abusiveness indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health professional within 14 days of the intake screening.

    b. If the screening for risk of victimization and abusiveness indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

    c. The confidentiality of any information related to sexual victimization or abusiveness shall be maintained with disclosure of that information strictly limited to medical and mental health professionals and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

4. Jail Medical Services responsibilities following an alleged act of sexual abuse.

    a. If an alleged act of sexual abuse has occurred and there may be forensic medical evidence, the inmate may need medical assistance, or other circumstances dictate, arrangements shall be promptly made to have the alleged inmate-victim examined by Jail Medical Services.

b. Jail Medical Services will follow medical protocol, which includes provisions for examination, documentation and transport to the local emergency department when appropriate, where the following will occur: collection of forensic evidence, testing for sexually transmitted diseases, counseling, and prophylactic treatment. Jail Medical Services will ensure that the inmate receives medical follow-up and is offered a referral for mental health services.

c. In preparation for transporting the inmate to the hospital's emergency room medical protocol shall be followed in order to preserve any possible evidence with an appropriate chain of evidence form attached.

d. Forensic evidence collected by the emergency room hospital will only be released to law enforcement. Facility staff should not attempt to retrieve this evidence from the hospital.

e. When the alleged victim returns from the emergency room, he or she shall be placed in administrative segregation for protective housing if necessary. Placement in protective housing under this provision does not require that the inmate be placed on watch status unless such a status has been otherwise initiated. The inmate shall be listed as a protective control pending the investigation. Care should be taken by staff not to penalize the victim because of the allegations.

5. Confidentiality. The PREA Coordinator and all others involved in the PREA process, to the extent possible, will ensure the confidentiality of PREA complaints as well as all data collected through the investigation of those complaints except as required in the following circumstances:

   a. to cooperate with law enforcement in any investigation and prosecution of the incidents alleged in such complaints;

   b. to take and enforce disciplinary action against any staff member as a result of the incidents alleged in the complaints;

   c. to defend against claims brought by the inmate for violation of the inmate's rights for having been subjected to sexual abuse; and

   d. to otherwise comply with the law.

Section 26: Jail Medical Services Grievance Protocol

Policy

The Detention Center's policy is to provide an efficient administrative procedure to address and resolve inmates' complaints, including those complaints relating to Jail Medical Services.

Definition

Grievance. A formal complaint concerning an incident, policy, or on-going condition within the Pitt County Detention Center.

Procedure

1. Upon an inmate's request, a housing unit officer will provide a written grievance form and/or instruct the inmate on submitting an electronic grievance request. The inmate must complete the inmate grievance request to initiate the procedure.
2. All inmates will be instructed on the proper use of the grievance procedure during orientation and at any other time upon request by an inmate.
3. All health care related grievances will be forwarded to the Classification Sergeant. The grievance will be logged and then forwarded to Jail Medical Services for screening and response to the medical complaint. All non-emergent grievances will be screened and responded to within 10 days.
4. Any inmate report of an "emergency" medical grievance should be handled in accordance with the procedure for an inmate report of medical difficulties and/or immediate medical needs.
5. Informal grievance resolution between the inmate and staff is strongly encouraged. Staff is urged to listen and be receptive to inmate complaints and take appropriate action to resolve the inmate's problem when feasible. Staff should never avoid or postpone acting to solve a legitimate problem by instructing the inmate to file a grievance.
6. If an inmate is dissatisfied with the grievance response, the inmate may file an appeal.
7. The appeal will then be forwarded to the Captain of Detention Services. Appeals will be logged in the inmates file just as the original grievance.
8. The Captain of Detention Operations will address any appeals as appropriate. The inmate will be given a copy of the response to their appeal and the original will be placed in the inmate's file with a final disposition noted on the log.
9. If an inmate is dissatisfied with the resolution of the grievance, they may pursue the matter with the proper application to the court.

Section 27: Pandemic Influenza & COVID-19

Policy

The Pitt County Detention Center's policy is to be prepared to respond promptly and appropriately to all types of pandemic emergencies in the Detention Center in an efficient and effective manner.

Definitions

1. *Clean***.** Having no detectable infectious disease or known contamination present.
2. *Contact***.** An individual that has had close contact with a case at some point during their illness (from 2 days before to 14 days after the onset of symptoms), and having spent 10 minutes or more within 6 feet of a case.
3. *Contaminated***.** Infectious disease present.
4. *Epidemic.* A sudden widespread outbreak of a disease. Usually contagious in nature. For an epidemic to occur, the infecting agent must have pathogenesis and easy transmissibility.
5. *Incubation period***.** The time from acquisition of an infecting agent (flu virus) until signs/symptoms begin to appear. During incubation period, individuals generally do not know they are infected but can spread disease.
6. *Influenza***.** A virus that kills millions of people each year worldwide. It is spread by respiratory airborne transmission, and contaminated surfaces. Coughing and sneezing cause tiny airborne droplets of saliva, which can carry viral particles. Inhalation of these particles introduces disease into the host.
7. *Pandemic***.** A large epidemic. Breakdowns on resources are typical.
8. *Quarantine.* Having no contact between inmate and anyone else without strict adherence with masks and cleaning after encounter.

Procedure

RESPONSES TO EPIDEMICS

There are two approaches to an epidemic, medical therapy and behavior modification.

1. Medical Therapy. The Center for Disease Control (CDC) models only predict which form of flu virus is coming; they cannot predict epidemic flu strains. Vaccination is still worth doing as there is some cross effectiveness. The public health plan is to immunize as much as possible. There are two antivirals that will likely be effective. They are Tamiflu and Relenza. These drugs are stockpiled by our government.
2. Behavior Modification. Reduce behaviors that raise the likelihood of transmission. behaviors that actively prevent transmission:

a. Respiratory precautions - one set of behavior modification that can protect us, but our population is unlikely to engage in these behaviors to any extent, thus causing a higher infection rate.

b. Sequestration - a likely behavior with people staying in their homes, avoiding others.

PLANNING PENDING A PANDEMIC/EPIDEMIC

1. Access. Consider having a limited number of arrestees coming in and out of facility at one time. At the entry site, masks should be available. Signage should be displayed that identifies restricted access. Foot traffic should be limited to that which is absolutely necessary. Pre-booking and Intake should be provided with additional cleaning supplies for frequently cleaning.
2. Quarantine and Isolation. Classification should begin to prepare three perimeters within the facility: Quarantine Cells, Isolation Cells, and Segregation Cells.
3. Precautions. Remind staff to frequently clean hard surfaces. (One cup of regular bleach in 5 gallons of water)
4. Supportive Care to Infected Persons. Consider coordinating with the Pitt County Health department to immunize inmates and to provide antiviral therapy, if none is available at the facility.
5. Adequate Officer Training. Make sure Officers are aware of the general policies with regard to pandemic response and understand their roles specific to their current position.
6. Inmate Population. Discussion with our Jail Coordinator should begin regarding the release of low risk inmates.
7. Contingent Plans for Water, Food, and Hygiene. Remind all employees of how the facility operates under manual lock and key. Discuss with kitchen easy to prepare food. Notification of an emerging pandemic should prompt kitchen staff to stock foods.
8. Respiratory Precautions. Remind staff of respiratory precautions such as: Wash hands before and after every inmate contact. How to dispose of masks appropriately. Surgical mask vs. "N95" mask.
9. Facility Precautions. Consider posting respiratory precautions throughout facility.

STRATEGIES DURING <u>CONFIRMED</u> PANDEMIC/EPIDEMIC

1. Reduce the jail population. Immediate reductions in the size of the jail population are critical because of the need to allow for social distancing, because the virus could be a death sentence to many detainees, and because this will reduce the strain on our medical care here at the jail.
2. Minimize the number of new arrestees.
    a. Send a letter to local law enforcement agency heads asking them to limit the number of new arrests by using summons and citations in lieu of arrest and by limiting arrests for non-violent offenses. Include our concern of booking the medically vulnerable, elderly (55+), or pregnant arrestees.

b. Send a letter to probation authorities asking them to halt the issuance of warrants for probation and parole violations, except for new felony offenses or violations that threaten the safety of others.

c. Discontinue any "weekend jail" programs.

d. Suspend the use of local law enforcement for the enforcement of immigration warrants and subpoenas.

3. Release as many high-risk detainees as possible.

a. Request release for all elderly (55+), immuno-compromised, pregnant, and otherwise medically vulnerable people.

b. Coordinate with the criminal courts to ensure release of as many pretrial arrestees as possible on unsecured bond.

c. Create a list of people who have been in the jail for inability to make bond and request the courts to review their bond amounts.

d. Connect released inmates with social services they may need, including medical care, housing, and food.

e. Review all persons serving sentences to determine if there are options other than confinement, including work release and EMOP.

4. Reduce the potential for transmission.

a. Every person coming into the jail is a potential for transmission of the virus.

b. Suspend social visitation (but provide free/reduced rates and expanded access to phone calls and video calls until social visitation can be restored)

NOTE: Legal visits cannot be restricted, but the Detention Center should work to increase inmate access to confidential phone lines and/or unsupervised video visitation to minimize the need for attorneys to come to the jail.

c. Suspend volunteers' access to the facility. Encourage volunteers to find other ways to support the jail or to deliver their programming.

d. Restrict most outside program providers, including educational services and deliver service through our tablets.

e. Screen all incoming arrestees for symptoms of Influenza/COVID-19 before they can enter the facility. Reject the admission of anyone showing symptoms and divert them to a health care facility.

f. Screen all incoming staff on a daily basis for possible exposure to or symptoms of Influenza/ COVID-19. Take temperatures and ask about any potential exposure to someone with symptoms.

g. No staff member should come to work if they are ill or have been exposed.

h. Vehicles used to transfer detainees to court must be regularly sanitized, and reduce use of these vehicles to the greatest extent possible.

i. Use video arraignment for certain court hearings, if the courts and defense attorney agree.

j. Take the temperatures of inmates before individuals move to living quarters with others who have been symptom-free for 14 days.

k. Minimize jail transfers, and to the extent possible, limit the influx of new people into any cellblock.

5. Hygiene/Sanitation Measures

   a. Provide free and readily available soap for housing units and replenish frequently.

   b. Ensure sinks are in working order, and encourage hand-washing.

   c. Increase frequency of laundry for clothes, towels, and linens.

   d. Sanitize all mattresses between uses by different inmates.

   e. Sanitize phones and video screens between uses.

   f. Ensure that no inmate worker who shows any signs of illness are allowed to work. Be especially vigilant for those people assigned to the kitchen, sanitation services, or food delivery.

   g. Sanitize all keyboards or equipment used by staff multiple times per day.

   h. Take precautions during the sorting and delivery of mail (e.g., use of gloves).

6. Social Distancing. Keep people in custody at least 6 feet apart. Avoid use of solitary confinement in response, because that is associated with mental deterioration and suicide. Do not impose disciplinary sanctions for failure to comply with minimal rules.

   a. Implement social distancing measures.

   b. Deliver medicines and medical care at cell fronts, wherever possible, to minimize transfer to and from medical.

   c. In program areas and dayrooms, ensure people sit an appropriate distance apart. (Remove a portion of the chairs to reduce the number of participants)

   d. Limit contact between officers by suspending roll-call and stagger reporting times.

   e. Reassign staff who are at high risk for infection to other duties to minimize their contact with other people.

   f. Give out permanent assignments temporarily to avoid contaminating areas.

   g. Provide immediate and appropriate health care in suspected cases. It is critically important to respond swiftly to active cases, and to ensure that there are no disincentives for anyone (inmates or staff) to report their symptoms. It is equally important to remember that inmates have due process rights and other constitutional rights that should not be diminished even during this emergency.

   h. Prioritize sick call requests from anyone showing symptoms of Influenza/COVID-19, and ensure they are seen immediately.

   i. Take precautions while escorting anyone.

j. Ensure free testing is readily available for any inmate or staff member who shows symptoms or fears they may have been exposed.

k. Have a designated housing area for anyone who tests positive. Do not place inmates in cells designated for solitary confinement, which could be a disincentive for someone to self-report illness.

l. Ensure regular mental health checks for anyone isolated due to symptoms.

m. If intensive or acute care is needed, transfer them to Vidant hospital.

n. Implement a staffing plan in case of staffing shortages.

7. Mitigate harm from restrictions. It is critical to be thinking not only about restrictions but also about ways to mitigate the harms caused by these restrictions. Also, recognize that increased idleness and prolonged cell confinement can lead to tension and violence, both of which need to be prevented through mitigation strategies.

   a. Seek other avenues for maintaining family contact --increase access to phone calls and video visitation.

   b. Practice de-escalation strategies --recognize that high levels of anxiety and tension among both people in custody and staff could lead to high-stress interactions that could easily escalate to uses of force.

   c. Be especially observant for incidents of violence or sexual assault between cellmates, since prolonged cell confinement and tension could contribute to increased levels of these problems. Take all complaints about fears of assault very seriously.

   d. Do not eliminate recreation, but do ensure fewer people use the recreational area at any time and that door handles gets regularly sanitized.

   e. Increase the availability of mental health services for people in custody, who may be experiencing increased mental health issues as a result of this crisis.

8. Increase information-sharing and transparency. People in custody do not have the same level of information that people in the outside world have about the pandemic. We need to ensure they are receiving accurate and updated information.

   a. Share information with inmates. Provide regular and clear information in writing about the risks and how to protect oneself. Discuss the critical importance of avoiding physical contact with other people, reporting signs of illness, and hygiene. Explain how to wash hands properly.

   b. Report all confirmed or suspected cases of Influenza among staff and people in custody.

INFECTION CONTROL

The Detention Center will continue to reinforce universal hand washing practices at all times. Signage will be maintained throughout the facility in inmate occupied areas, as well as staff and visitor areas. The Detention Center will educate staff, inmates, and visitors as to any new guidelines for appropriate respiratory etiquette.

1. The CDC guidelines recommend individuals cough or sneeze into the bends of their arms and not into their hands.

2. Staff working with infected inmates, or inmates suspected of being infected, will follow CDC recommended standard precautions. Staff will pay careful attention to hand hygiene before and after all inmate contact or contact with items potentially contaminated with respiratory secretions, and will use gloves and gowns as needed. Additional droplet precautions may call for staff to wear eye protection (i.e., goggles or face shields) when within six feet of an inmate.
3. When directed staff working with infected inmates will use a National Institute of Occupational Safety and Health (NIOSH)-approved N95 filtering face piece disposable respirator when entering their rooms.
4. The Detention Center will maintain a reasonable stockpile of N95 mask for emergency preparedness purposes.

ENVIRONMENTAL AND CLEANING

1. The Detention Center will continue to maintain high levels of sanitation throughout the facility and encouraged to more thoroughly clean work areas between shifts.
2. Standard precautions will be implemented for linen and laundry that might be contaminated with respiratory secretions. These items should be treated as hazardous waste and disposed of in accordance with our policy and safe practices.
3. Inmates with known or possible pandemic will be fed on Styrofoam trays and utensils. These items should be treated as hazardous waste and disposed of in accordance with facilities' safe practices.

MEDICAL PROTOCOL OF HOUSED INMATES

An illness specific policy or protocol shall be maintained by the health care provider for reference when necessary regarding the screening, testing, treatment and/or housing of all inmates suspected of having or having the identified illness of concern.

MODIFICATION OF ACTIVITIES

1. Visitation
    a. The suspension of visits (professional and otherwise) will be dependent upon the number of identified cases experienced in the region and/or at the recommendation of the Pitt County Health Department.
    b. The Sheriff, or designee, will have sole discretion over whether visits will be suspended.
    c. Upon the suspension of visitation, this will be publicized through the PIO.
2. Deliveries. Vendors who enter the facility to deliver critical supplies will be offered masks and an antibacterial hand gel. These persons will be required to wash their hands before entering and will be advised to do the same prior to exiting.

3. Delivery of meals.

    a. All inmates will be fed in their cells or on their beds in dorms. Small contingents of identifiably healthy inmates will be used to deliver food and maintain kitchen operations. These inmates will be provided masks to deliver meals in housing areas where infected inmates are housed.

    b. The food service provider will be required to provide three meals per day, with two meals being the only required hot meal. The food service provider will have the latitude to modify any existing menus during the duration of an emergency. Menu modifications are subject to the approval of the Detention Chief.

MEDICAL SERVICES AND MEDICATION

1. Sick call procedures will continue to occur.
2. Mental health services will continue to occur.
3. Our health care provider will be required to complete a daily face-to-face review of all inmates housed in designated quarantine units. In the event of a full lockdown of the facility, the health care provider will be required to see every inmate at least once in a three-day period. The health care provider will be required to maintain written documentation of all completed rounds.

COMMISSARY

Commissary deliveries will continue to occur provided that prevailing conditions allow it to occur in a safe manner.

Section 28: Emergency Medical Services for Staff and Visitors

Jail Medical Services staff shall provide on-site first response emergency medical care as required for Detention Center/PCSO staff, contractors, and visitors to the Detention Center. The medical treatment may be limited to the level and length of care reasonably necessary to stabilize and facilitate the individual's transport to a medical facility or personal physician.

PITT COUNTY, NORTH CAROLINA

DETENTION CENTER

OFFICE OF THE SHERIFF

PAULA DANCE, SHERIFF

September 28, 2021

Sheriff Paula Dance
Pitt County Sheriff's Office
Post Office Box 528
Greenville, North Carolina 27834

RE: Pitt County Detention Center – Medical Plan
Revised Date: September 2021

Dear Sheriff Dance:

This is to certify that I have reviewed and approved the current version of the jail medical plan for the Pitt County Detention Center.

This the 28 day of Sept., 2021

Sincerely,

Ann Floyd Huggins

Ann Floyd Huggins, Chairwoman
Board of County Commissioners
Pitt County

PITT COUNTY DETENTION CENTER
124 NEW HOPE ROAD
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