



Ohio Administrative Code

Rule 5120:1-10-09 Medical.

Effective: February 16, 2016

(A) (Essential) Health authority. The jail has a designated health authority with responsibility for health and/or mental health care services pursuant a written agreement, contract or job description. The health authority may be a physician, health administrator or agency. When the health authority is other than a local physician, final clinical judgment rests with a single, designated, responsible, local physician licensed in Ohio. The health authority is responsible and authorized to:

(1) Provide written policies and procedures specifically designed for the jail for all aspects of this standard that shall be reviewed on an annual basis.

Written policies and procedures shall be easily accessible to staff and simple to understand.

(2) Arranges for all levels of health care, mental health care and dental care and assures quality, accessible and timely services for inmates. When necessary medical, mental health or dental care is not available at the jail, inmates are referred to an appropriate setting.

(3) Ensure decisions and actions regarding health care and mental health care meet inmates serious medical and mental health needs are the sole responsibility of qualified health care and mental health professionals.

(4) No inmate shall be denied necessary health care, as designated by the health authority.

(B) (Essential) Inmate pre-screen. Before acceptance into the jail, health-trained personnel shall inquire about, but not be limited to the following conditions and the health authority shall develop policies for the acceptance or denial of admission for:

(1) Suicide thoughts/plan.

(2) Current serious or potentially serious medical or mental health issues needing immediate



attention.

(3) The use of an electronic weapon, pepper spray or other less lethal use of force during arrest.

(C) (Essential) Receiving screen. Health trained personnel, in accordance with protocols established by the health authority, shall perform a written medical, dental and mental health receiving screening on each inmate upon arrival at the jail and prior to being placed in general population.

(1) Inquiry includes at least the following:

(a) Current and past illness and health problems;

(b) Current and past dental problems;

(c) Current and past mental health problems;

(d) Allergies;

(e) Current medications for medical and mental health;

(f) Hospitalizations for medical or mental health purpose(s);

(g) Special health needs;

(h) Serious infection or communicable illness(s);

(i) Use of alcohol and drugs including types, amounts and frequency used, date or time of last use and history of any problems after ceasing use, i.e., withdrawal symptoms;

(j) Suicidal risk assessment;

(k) Possibility of pregnancy;



- (1) Other health problems as designated by the health authority.
- (2) Observation of the following:
 - (a) Behavior including state of consciousness, mental health status, appearance, conduct, tremors and sweating;
 - (b) Body deformities and ease of movement;
 - (c) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations and needle marks or other indications of drug abuse.
- (3) Medical disposition of inmate:
 - (a) General population;
 - (b) General population with prompt referral to appropriate health or mental health services;
 - (c) Referral for emergency treatment;
 - (d) Medical observation/isolation;
 - (e) Mental health observation/precautions;
 - (f) Documentation of date, time and signature and title of person completing screening.
- (D) (Essential) Scope of service. The jail shall provide, or make provisions for, twenty-four hour emergency health, dental and mental health care.
- (E) (Essential) Credentials. All health and mental health care personnel who provide services to inmates are appropriately credentialed according to the licensure, certification, and registration requirements of Ohio. Verification of current credentials is on file at the facility. Health care staff works in accordance with profession-specific job descriptions approved by the health authority.



(F) (Essential) Sick call. The health authority shall develop a policy and procedure for sick call whereby a physician and/or qualified health care professional conducts sick call.

(G) (Essential) Health and mental health complaints. The jail shall ensure that there is a daily procedure whereby inmates have an opportunity to report medical and mental health complaints through health-trained personnel, or for urgent matters, to any jail employee. The jail employee shall contact the appropriate medical or mental health department immediately. An inmate grievance system for medical and mental health treatment shall be established by the health authority. Both daily complaints and grievances shall be:

(1) Addressed in a timely manner.

(2) Recorded and maintained on file.

(3) Reviewed daily by qualified health care personnel and treatment or follow-up shall be provided as necessary.

(H) (Important) Personal physician treatment. Inmates can be treated by a personal physician in the jail at their own expense, upon the approval by the jail physician, provided that the current credentials of the personal physician are verified.

(I) (Essential) Medical/mental health record. The jail shall maintain an accurate health/mental health record in written or electronic format. The health authority shall develop policies and procedures concerning the following areas:

(1) Health records remain confidential and are only accessible to personnel designated by the health authority.

(2) Correctional staff may be advised of inmates health/mental health status only to preserve the health and safety of the inmate, other inmates, and jail staff and in accordance with state and federal laws.



(3) Retention and reactivation of said records if an inmate returns to the facility.

(4) Transfer of medical/mental health information or record to external care provider.

(J) (Essential) Pharmaceuticals. Pharmaceuticals are managed in accordance with policies and procedures approved by the health authority and in compliance with state and federal laws and regulations and include the following:

(1) The policies require dispensing and administering prescribed medications by health-trained personnel or professionally trained personnel, adequate management of controlled medications, and provisions of medication to inmates in special management units.

(2) The jail shall develop a policy, approved by the health authority, regarding incoming medications.

(K) (Essential) Mental health services. Inmates evidencing signs of mental illness or developmental disability shall be referred immediately to qualified mental health personnel. The health authority shall develop policies for the following areas:

(1) Screening for mental health problems.

(2) Referral to outpatient services, including psychiatric care.

(3) Crisis intervention and management of acute psychiatric episodes.

(4) Stabilization of inmates with mental illness and prevention of psychiatric deterioration in the jail.

(5) Referral and admission to inpatient facilities.

(6) Informed consent.

(L) (Essential) Suicide prevention program. The health authority shall have a plan for identifying and responding to suicidal and potentially suicidal inmates. The plan components shall include:



- (1) Identification. The receiving screening form contains observation and interview items related to the inmates potential suicide risk.
- (2) Training. Staff members who work with inmates are trained to recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately. The plan includes initial and annual training.
- (3) Assessment. The plan specifies a suicide risk assessment and level system. The assessment needs to be completed every time an inmate is identified as being or potentially being suicidal, or if circumstances change. Only a qualified mental health professional may remove inmates from suicide risk status.
- (4) Housing. The plan shall designate the housing beds/units for the suicidal or potentially suicidal inmates.
- (5) Monitoring. The plan specifies the procedures for monitoring an inmate who has been identified as potentially suicidal. A suicidal inmate is checked at varied intervals not to exceed ten minutes. Regular documented supervision is maintained. Inmates are placed in a designated cell, all belongings removed and other prevention precautions initiated, as appropriate.
- (6) Referral. The plan specifies the procedures for referring a potentially suicidal inmate and attempted suicides to a mental health care provider or facility, and includes timeframes.
- (7) Communication. The plan specifies for ongoing communications (oral and written), notifications between health care and correctional personnel regarding the status of suicidal inmates.
- (8) Intervention The plan addresses how to handle a suicide in progress, including first-aid measures.
- (9) Notification. The plan includes procedures of notifying the jail administrator, outside authorities and family members of completed suicides. The plan shall consider safety and security issues when it comes to notification.



(10) Reporting. The plan includes procedures for documenting, monitoring and reporting attempted or completed suicides. Completed suicides are immediately reported to the coroner/medical examiner and the division of parole and community services within thirty days of the incident.

(11) Review. The plan specifies procedures for medical and administrative review if a suicide or a serious suicide attempt occurs.

(12) Critical incident debriefing. The plan specifies the procedures for offering critical incident debriefing to affected staff and inmates.

(M) (Important) Emergency equipment/supplies. Emergency medical equipment and supplies, as determined by the health authority shall be available at all times and replenished, as needed and may include automatic external defibrillators (AEDs).

(N) (Essential) Infectious disease control program. The health authority shall have a written infectious disease control program that collaborates with the local health department and shall include, at minimum, an exposure control plan and standard isolation precautions for inmates and staff, which are updated annually. The health authority will develop written policy and procedures.

(O) (Essential) Pregnant inmate. pregnant inmates shall receive appropriate and timely pre-natal care, delivery and postpartum care, as determined by the health authority.

(P) (Essential) Restraints. Use of restraints for medical and psychiatric purposes shall be applied in accordance with policies and procedures approved by the health authority, including:

(1) Conditions under which restraints may be applied.

(2) Types of restraints to be applied.

(3) Identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative.

(4) Monitoring procedures.



(5) Length of time restraints are to be applied.

(a) There shall be ten-minute, varied checks by correctional staff;

(b) There shall be thirty-minute checks by health-trained personnel;

(c) Inmates in medical restraints, if possible, after every two hours of continuous use, each extremity is freed or exercised for a period of five to ten minutes.

(6) Documentation of efforts for less restrictive treatment alternatives.

(7) An after-incident review.

(Q) (Important) Emergency response plan. The health aspects of the emergency response plan (mass disaster drill and man down drill). Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the jail administrator. All staff responding to medical emergencies are certified in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of certifying health organizations.

(R) (Essential) Continuing education for health trained personnel. All qualified health care professionals participate annually in continuing education appropriate for their position.

(S) (Important) Continuous quality improvement program. The health authority shall develop a continuous quality improvement (CPI) system of monitoring and reviewing, at least annually, the fundamental aspects of the jail's health/mental health care system, including but not limited to: access to care; the intake process; emergency care and hospitalizations; and, adverse inmate occurrences, including all deaths. Periodic chart reviews are included to determine the timeliness and appropriateness of the clinical care provided to inmates.

(T) (Essential) Special nutritional and medical diets. Inmate diets are modified when ordered by the appropriate licensed individual to meet specific requirements related to clinical conditions.



(U) (Essential) Intoxication and detoxification. The health authority shall develop specific policies and protocols in accordance with local, state and federal laws for the treatment and observation of inmates manifesting symptoms of intoxication or detoxification from alcohol, opiates, hypnotics, or other drugs. Specific criteria are established for immediately transferring inmates experiencing severe, life-threatening intoxication (overdose) or detoxification symptoms to a hospital or detoxification center.

(V) (Essential) Confidentiality. Information about an inmate's health status is confidential. Non health trained staff only has access to specific medical information on a need to know basis in order to preserve the health and safety of the specific inmate, other inmates, volunteers, visitors, criminal justice professionals or correctional staff.

(W) (Important) Informed consent. The health authority shall develop a policy and procedure requiring that all examinations, treatments and procedures are governed by informed consent practices applicable in the jail's jurisdiction.

(X) (Important) Privacy. The health authority shall develop a policy whereby health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmate's privacy.

(Y) (Important) Inmate death. In all inmate deaths, the health authority determines the appropriateness of clinical care; ascertains whether corrective action in the system's policies, procedures, or practices is warranted; and identifies trends that require further study.