



Ohio Administrative Code

Rule 5120:1-8-09 Medical/mental health.

Effective: April 12, 2026

(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 will be reviewed on an annual basis.

Written policies and procedures will 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 where there is a separate organizational structure for mental health services; there is a designated mental health clinician.

(4) Ensure decisions and actions regarding health care and mental health care meet inmate's serious medical and mental health needs are the sole responsibility of qualified health care and mental health professionals.

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

(B) (Essential) Inmate pre-screen. Before acceptance into jail, health-trained personnel will inquire about, but not be limited to the following conditions and the health authority will 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 taser, pepper spray or other less lethal use of force during arrest.

(4) Observe for signs of and inquire about drug and/or alcohol intoxication or abuse.

(C) (Essential) Receiving screen. Health trained personnel, in accordance with protocols established by the health authority, will perform a written medical, dental, substance abuse and mental health receiving screening on each inmate within six hours of arrival



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at the jail and prior to being placed in general population unless there are emergency circumstances preventing the receiving screen from being completed within that time frame, in which case the reason for delay will be documented on the receiving screen.

(1) The receiving screen will include:

(a) Questions addressing the following, at a minimum:

- (i) Current and past illness and health problems;
- (ii) Current and past dental problems;
- (iii) Current and past mental health problems;
- (iv) Allergies;
- (v) Current medications for medical, substance use or medication assisted treatment, and mental health;
- (vi) Hospitalizations for medical or mental health purpose(s);
- (vii) Special health needs;
- (viii) Serious infection or communicable illness(s)
- (ix) Use of alcohol or 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;
- (x) Suicidal risk assessment;
- (xi) Possibility of pregnancy;
- (xii) Other health problems as designated by the health authority;
- (xiii) Date, time, signature, and title of person completing the screening.

(b) Observation of the following:

- (i) Behavior including state of consciousness, mental health status, appearance, conduct, tremors, and sweating;
- (ii) Body deformities and ease of movement;



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- (iii) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations and needle marks or other indications of drug abuse.
 - (c) Medical status will determine the inmate's assignment into one of the following:
 - (i) General population;
 - (ii) General population with prompt referral to appropriate health or mental health services;
 - (iii) Referral for emergency treatment;
 - (iv) Medical observation/isolation;
 - (v) Mental health observation/precautions.
- (D) (Essential) Health appraisal. Within fourteen days, a licensed nurse, physician, physician's assistant, or paramedic will complete a health appraisal to determine the medical and mental health condition for each inmate in custody. Such appraisal will at least include the following:
 - (1) Review of receiving screen.
 - (2) Collection of additional data to complete the medical, dental and mental health history.
 - (3) Laboratory, and/or diagnostic tests to detect tuberculosis and other suspected communicable diseases as designated by the health authority.
 - (4) Recording the height, weight, pulse, blood pressure and temperature.
 - (5) Medical examination as determined by the examiner.
 - (6) Mental health and substance use screenings.
 - (7) Initiation of therapy when determined necessary by the examiner.
 - (8) Development and implementation of a treatment plan.

If performed by an licensed practical nurse or paramedic, the assessment should be reviewed and approved by a registered nurse or more highly qualified health care professional.



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- (9) Other test and examination as determined by the examiner or health authority.
- (E) (Essential) Full-service scope. The jail provides twenty-four-hour emergency medical, dental, and mental health care services.
- (F) (Essential) Sick call. A physician and/or qualified health care professional conducts sick call.
- (1) Once per week for jails with an average daily population of less than fifty.
 - (2) Three times per week for jails with an average population of less than one hundred ninety-nine.
 - (3) Five times per week for jails with an average daily population of two hundred or more.
- (G) (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 work in accordance with profession-specific job descriptions approved by the health authority.
- (H) (Essential) Health and mental health requests. The jail will ensure that there is a daily procedure whereby inmates have an opportunity to report medical and mental health requests through health trained personnel, or for urgent matters, to any jail employee. The jail employee will contact the appropriate medical or mental health department immediately. An inmate grievance system for medical and mental health treatment will be established by the health authority. Both daily requests and grievances will 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 will be provided as necessary.
- (I) (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.
- (J) (Essential) Medical/mental health record. The jail will maintain an accurate health/mental health record in written or electronic format. The health authority will develop policies and procedures concerning the following areas:



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- (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, jail staff and in accordance 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 or other facility.
- (K) (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) Health-trained personnel or professionally trained personnel dispense and administer prescribed medications and ensure adequate management of controlled medications and provision of medication to inmates in special management units.
 - (2) The jail will develop a policy, approved by the health authority, regarding incoming medications.
- (L) (Important) Dental care. Inmates will be provided dental and oral care under the direction and supervision of a dentist licensed in the state of Ohio. There is a system of established priorities for care, when in the dentist's judgment, the inmate's health would otherwise be adversely affected.
- (M) (Essential) Mental health services. Inmates evidencing signs of mental illness or developmental disability will be referred immediately to qualified mental health personnel. The health authority will 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 the mentally ill and prevention of psychiatric deterioration in the jail.
 - (5) Referral and admission to inpatient facilities.



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(6) Informed consent.

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

- (1) Identification - The receiving screening form contains observation and interview items related to the inmate's potential suicide risk. Circumstances include but are not limited to: profound incidents/issues, court dates, loss of significant others either by accident, natural causes or by suicide, sentencing, divorce, rejection, bad news, after a humiliating issue, etc. may be high risk periods for inmates.
- (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 must 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 time frames.
- (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.



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- (9) Notification - The plan includes procedures of notifying the jail administrator, outside authorities and family members of completed suicides. The plan will 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 will be reported to the bureau of adult detention within twenty-four hours of the occurrence unless the suicide occurs on a weekend or a holiday, in which case, the report will be made on the next business day.
- (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.
- (O) (Important) Emergency equipment/supplies. Emergency medical equipment and supplies, as determined by the health authority will be available at all times and replenished, as needed and may include automatic external defibrillators (AEDs).
- (P) (Essential) Infectious disease control program. The health authority will have a written infectious disease control program which collaborates with the local health department and will 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 procedure.
- (Q) (Essential) Pregnant inmate. Pregnant inmates will receive appropriate and timely pre-natal care, delivery and postpartum care, as determined by the health authority. Policies, procedures, and practices regarding restraint of pregnant women will comply with section 2901.10 of the Revised Code.
- (R) (Essential) Restraints. Use of restraints for medical and psychiatric purposes will 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.



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- (5) Length of time restraints are to be applied.
 - (a) There will be ten-minute, varied checks by correctional staff;
 - (b) There will 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.
- (S) (Important) Continuous quality improvement program. The health authority will develop a continuous quality improvement (CPI) system of monitoring and reviewing, 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. The health authority and the jail administrator or their designees meet at least quarterly.
- (T) (Important) Emergency response plan - The health aspects of the emergency response plan (mass disaster drill & 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 performing cardiopulmonary resuscitation (CPR) are certified in accordance with the recommendations of certifying health organizations.
- (U) (Essential) Continuing education for health trained personnel. All qualified health care professionals participate annually in continuing education appropriate for their position.
- (V) (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.
- (W) (Essential) Intoxication withdrawal. The health authority will develop specific policies and protocols in accordance with local, state and federal laws for the treatment and observation of inmates manifesting symptoms of withdrawal from alcohol, opiates, hypnotics, or other drugs. Specific criteria are established for immediately transferring inmates experiencing severe, life-threatening intoxication (overdose) or withdrawal symptoms to a hospital or withdrawal management center.



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- (X) (Important) Substance use care. The health authority will develop specific policies and protocols for the care of individuals regarding substance use care, including but not limited to:
- (1)) Continuity of care; Jails will establish systems to ensure that patients who had been receiving medication assisted treatment (MAT) before their arrest have MAT continued in a timely manner and have a plan developed for continuation of treatment post release.
 - (2) Diversion of agonist medications: MAT programs will have risk mitigation strategies including ongoing monitoring for individuals receiving MAT.
 - (3) MAT for pregnant women: Pregnant women with opioid and alcohol use disorders require specialized services to prevent and reduce health risks during pregnancy.
- (Y) (Essential) Confidentiality. Information about an inmate's health status is confidential. Non-medical staff only have 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. The active health record is maintained separately from the confinement case record and access is controlled in accordance with state and federal laws.
- (Z) (Important) Informed consent. The health authority will develop a policy and procedure requiring that all examinations, treatments and procedures are governed by informed consent practices applicable in the jail's jurisdiction.
- (AA) (Important) Privacy. The health authority will 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.
- (BB) (Important) Inmate death. In all inmate deaths, the health authority determines the appropriateness of clinical care; ascertains whether corrective action in the healthcare system's policies, procedures, or practices is warranted; and, identifies trends that call for further study.