

Monitoring Physical Health in Detentions: A Medical Services Introduction



We Work with a SICK population!

Attitudes About Inmate Medical Care

- It's expensive
- They don't deserve it
- They're manipulative
- They cause most of these health problems themselves
- They get too many drugs
- They are criminals
- *We* don't get in to see *our* doctors that quick

“Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.”

State of California

California Code of Regulations

Title 15. Crime Prevention and Corrections



Division 3

Rules and Regulations of

Adult Institutions, Programs and Parole

Department of Corrections and Rehabilitation

Updated through October 15, 2009





Title 15

- Access to Treatment, Section 1208
- “...*identifying, assessing, treating, and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during...incarceration...*”
- **Potential liability for medical non-compliance!**

Services Provided in Jail

MEDICAL



**MENTAL
HEALTH**

DENTAL

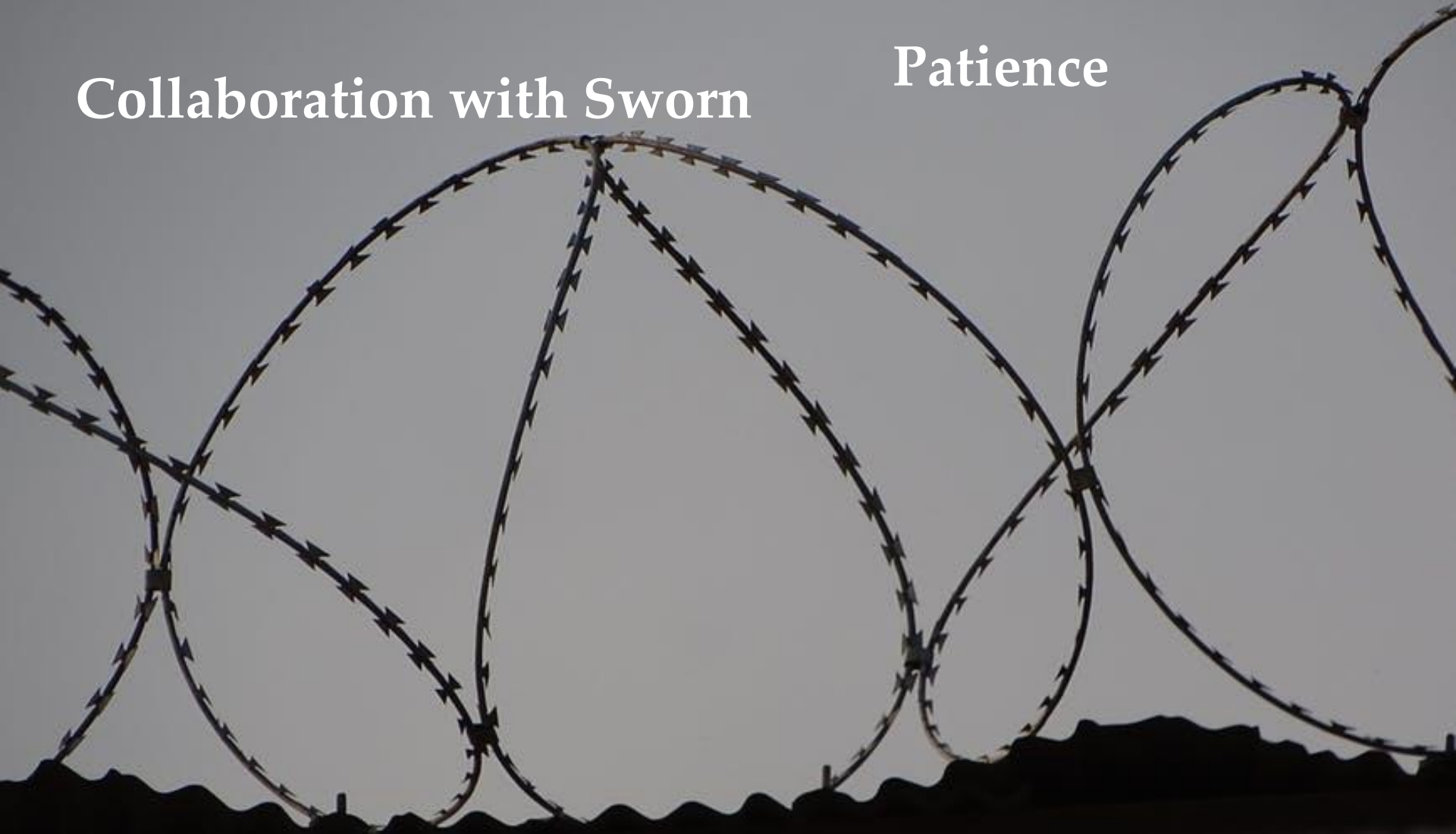
Effective Medical Care in Jail Requires:

Trust

Communication

Collaboration with Sworn

Patience





**Communication Barriers
Sworn and Medical**

Perspective Exercise...

Scenario:

An inmate needs to be sent to the hospital via 911 after being found unconscious in his cell. No one witnessed what happened to the inmate.

In your groups discuss the *concerns, attitudes, and duties*, from the *perspective* of the following individuals:

1. The facility Watch Commander
2. The nursing staff
3. Deputy staff
4. Inmates
5. County Counsel(county lawyers)
6. The inmates attorney

Emergency Services

- 911 will transport inmates to the nearest emergency room



- Inmates are often treated in the community while in our custody

Indicators of a Medical Problem

Unusual requests

Loss of appetite

Blood on clothing

Tremors

Changes in skin color

Changes in established behavior



If it looks,
smells,
sounds or
seems
wrong...Call
Medical!

How to approach a nurse when you think a patient needs to be evaluated?

Convey Urgency as the situation dictates

"The inmate looks really bad."

Be objective

"The inmate appears to be breathing rapidly, he is sweating."

Use inmate/patient statements

"The inmate says he feels lightheaded and dizzy."

Ask for what you need or you think is needed

"I need a nurse to come to the housing unit."

Activity

You all will be given medically-based scenarios to discuss what you would do/could do.

We will do a group discussion as a class



Addiction & Withdrawal

Things to Remember:

We work closely with **BOTH**
intoxication and *withdrawal*



**Intoxication symptoms are generally
the OPPOSITE of withdrawal
symptoms**

The Central Nervous system: STIMULANTS vs. DEPRESSANTS



CONSTRICTED PUPILS



Stimulants(CNS)

Nicotine

Cocaine

Methamphetamine

Caffeine

Depressants(CNS)

Morphine (opioid)

Heroin(opioid)

Alcohol

Alcohol Intoxication

- Slurred Speech
- Constricted Pupils
- Unsteady
- Disoriented
- Flushed skin
- Strong Alcohol Odor
- Lack of Inhibition
- Poor Judgement



Alcohol Withdrawal

Occurs 5-10 hours after last drink, may be as long as 5-7 days

Heavier Drinkers = worse withdrawal

Delirium Tremens "DT's"
Confusion & Seizures



Heroin



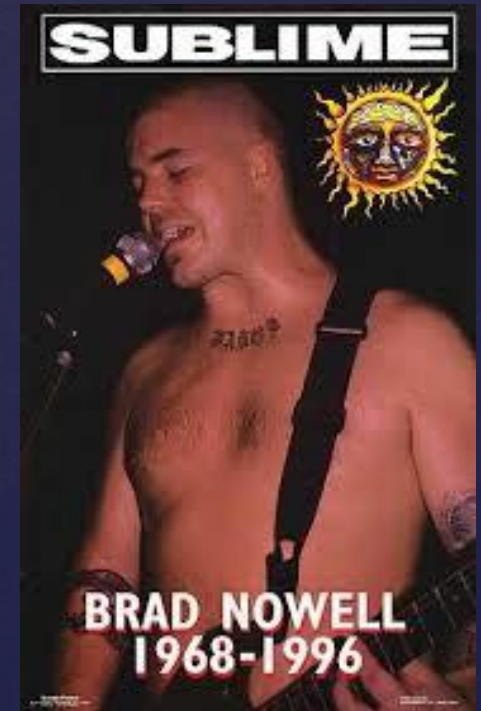
Reversal Agent?
NARCAN

Central Nervous system depressant.

Overdose causes:

- & *decreased respiratory drive*
- & *decreased level of consciousness*
- & *pinpoint pupils.*

Eventually they stop breathing!



Fentanyl: Synthetic Opioid



- **50-100x** more potent than Heroin
- Death rates related to Fentanyl use have increased **500%** since 2012.
- Can appear as a white powder or come pill-pressed
- Can be absorbed through the skin, mucous membranes!!!
Very dangerous!
- **DO NOT TOUCH IT!**

Long-term effects of Heroin

Central

- Addiction
- Tolerance
- Dependence

Circulatory

- Collapsed veins

Heart

- Infection of heart lining and valves

Respiratory

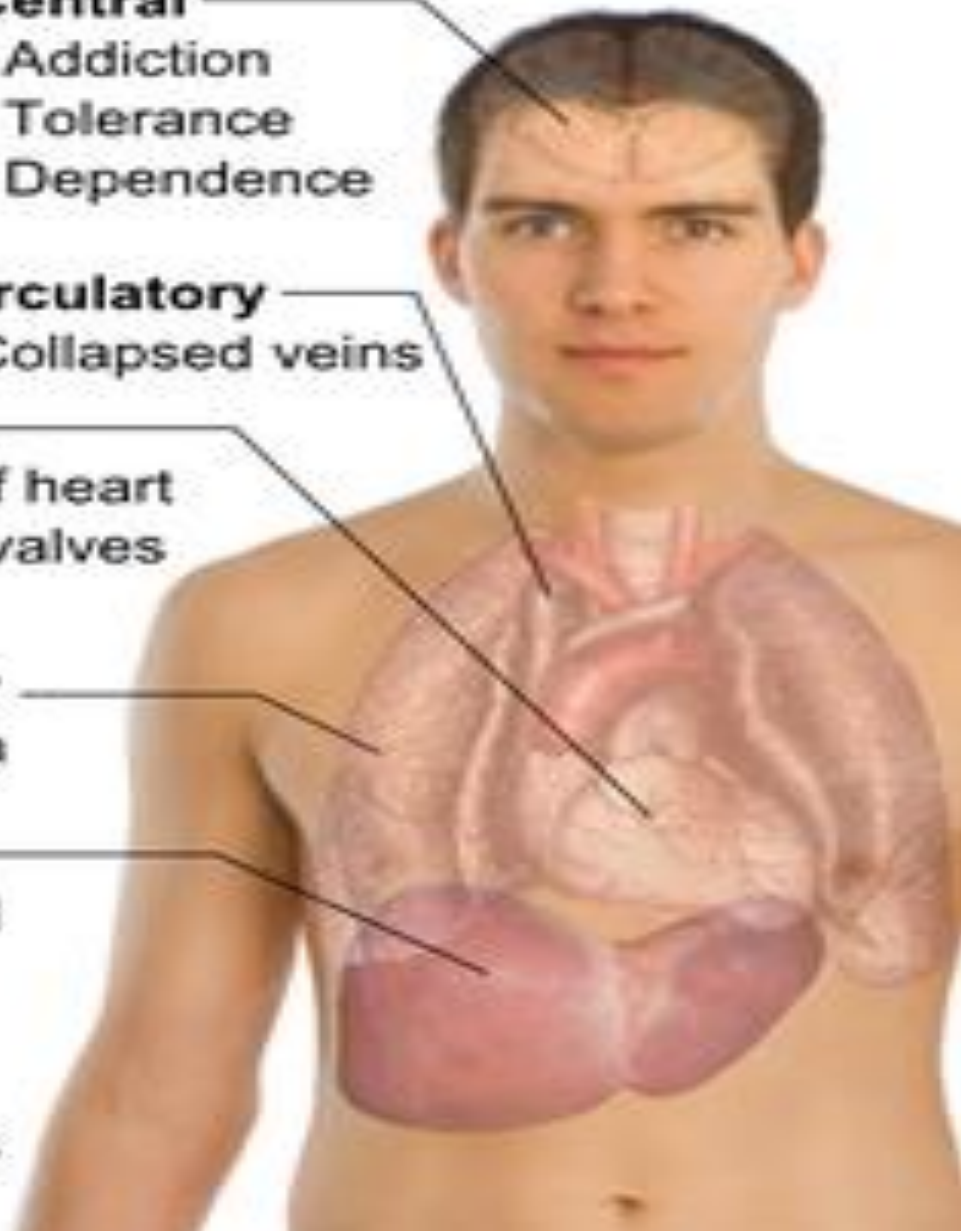
- Pneumonia

Liver

- Decreased function

Systemic

- Abscesses



Heroin Withdrawal

- Sweating
- Shaking
- Vomiting
- Abdominal cramping
- Severe Diarrhea
- Inability to sleep
- Confusion/Agitation
- Depression/Anxiety
- Intense Craving



- **Increased risk for suicide**

COCAINE/CRACK COCAINE

(stimulant)

Intoxication can cause:

- Feelings of euphoria
- Tachycardia
- Increased motor activity
- Dilated Pupils
- Impaired Judgement



Cocaine Withdrawal



- Agitation
- Depression
- Craving
- Extreme fatigue
- Anger
- Lethargy
- Nausea/vomiting
- Shaking/pain
- Sleep disturbance



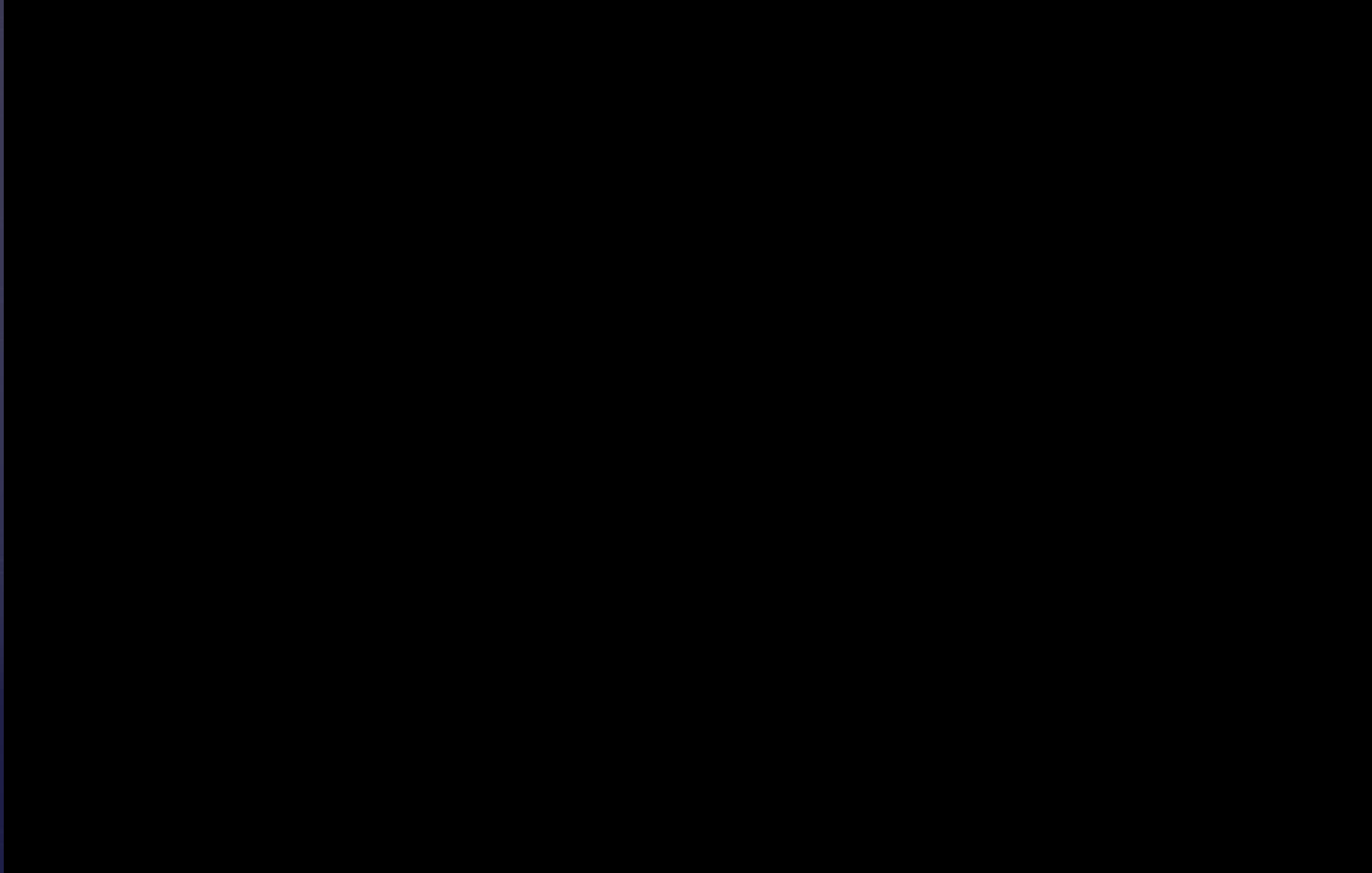
Methamphetamine Intoxication

(CNS Stimulant)

- Agitation
- Hyperactivity
- Increased Vital Signs
- Disorientation
- Aggression
- Psychosis
- Hallucinations
- "Tweaking"



Meth and the Brain



DURATION OF WITHDRAWAL METH



Depression



Exhaustion



Hallucinations



Panic



Paranoia



Suicidal thoughts



Anxiety



Sleepiness



Aches & pains



Agitation



Cravings



Hunger



Irritability



Mood swings



Cravings Depression
Mood swings Sleep disorders

Anxiety Depression
Energy regain Fatigue

Improved sleep Increased appetite
Mood stabilization Nervousness

POST ACUTE WITHDRAWAL SYNDROME (PAWS)

3-6 months

Anxiety Cravings Depression Mood swings

*This is not a complete list of possible symptoms. Not all effects are felt by all individuals.

“Spice” and “Bath Salts”

Typically sold in smoke shops,
mini-marts, liquor stores,
and online



Labeled, “Not For Human Consumption”

Laced with chemical compounds that produce a Meth or
Ecstasy-like high when snorted, injected or smoked.

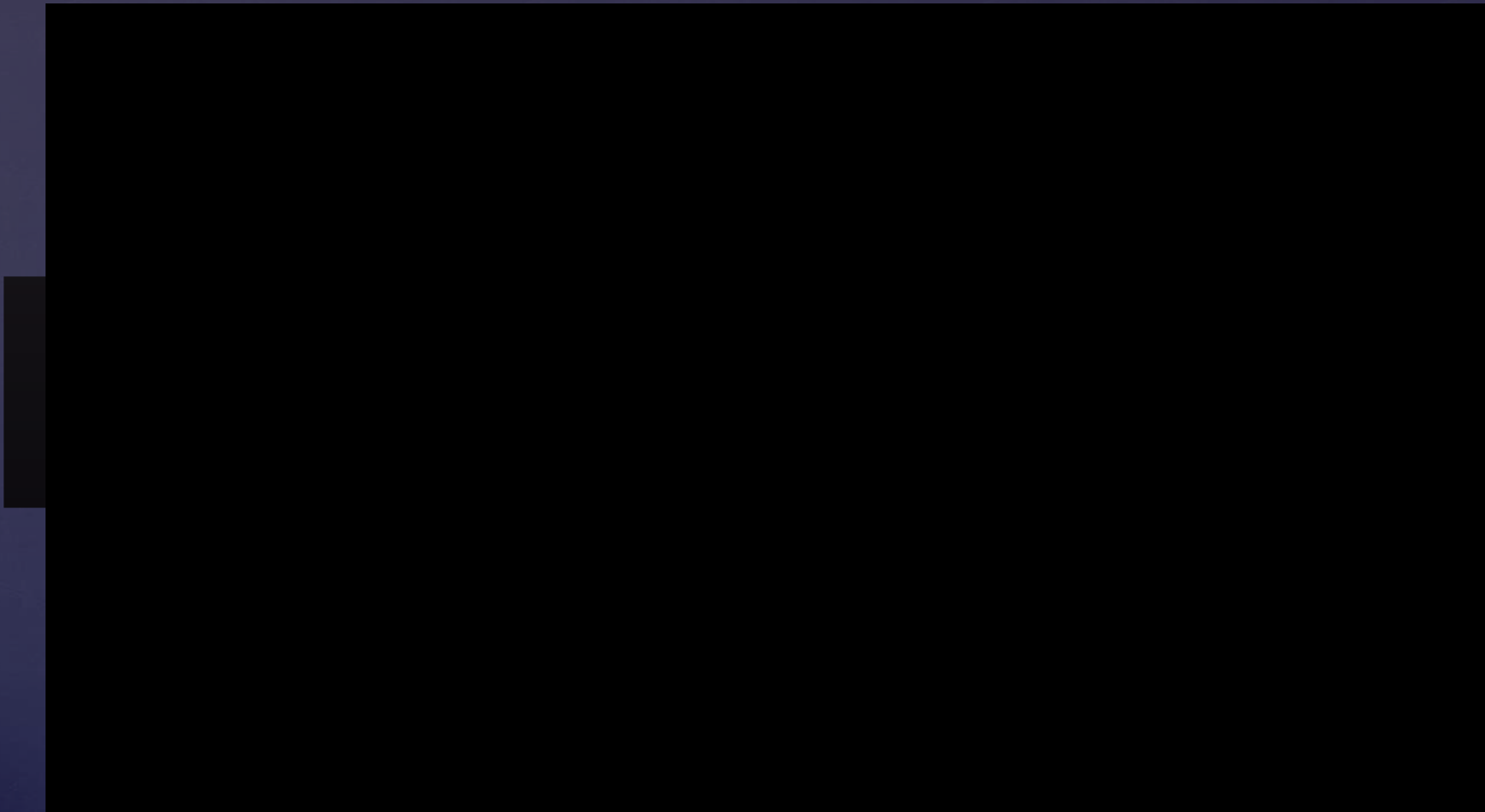
Bath Salts and Your Brian



- ⌘ Often Drug-Induced
- ⌘ (i.e. **Excited Delirium, Agitated Psychosis**)
- ⌘ Aggressive disorganized speech and behavior
- ⌘ Unexpected strength
- ⌘ Shouting (frequently/irrationally)
- ⌘ Disrobing (naked)
 - ⌘ High body temperature
 - ⌘ Profuse sweating
- ⌘ Self-inflicted injuries
- ⌘ Violent behavior towards others/objects
- ⌘ Fear/panic/paranoia
- ⌘ Rapid pulse which can lead to cardiac arrhythmia/ heart failure/death
- ⌘ Dilated pupils (large)
- ⌘ Respiratory distress/respiratory failure

Sudden Custody Death Syndrome: *Excited Delirium*

Excited Delirium: What does it look like in real life?



Drawing Activity!

- ⌘ Pretend you are trying to explain excited delirium to someone who does not speak the same language.
- ⌘ Draw your best image capturing the physical findings of an person in excited delirium.
- ⌘ While keeping the pictures G rated, be as detailed as your artistic abilities allow. No words allowed! Have fun!
- ⌘ We will present each piece of artwork to the class

Common Medical Conditions in Jail

High Blood Pressure

Various Infections

Psychiatric Illness

Substance Abuse

Diabetes

Kidney Disease

Liver Disease

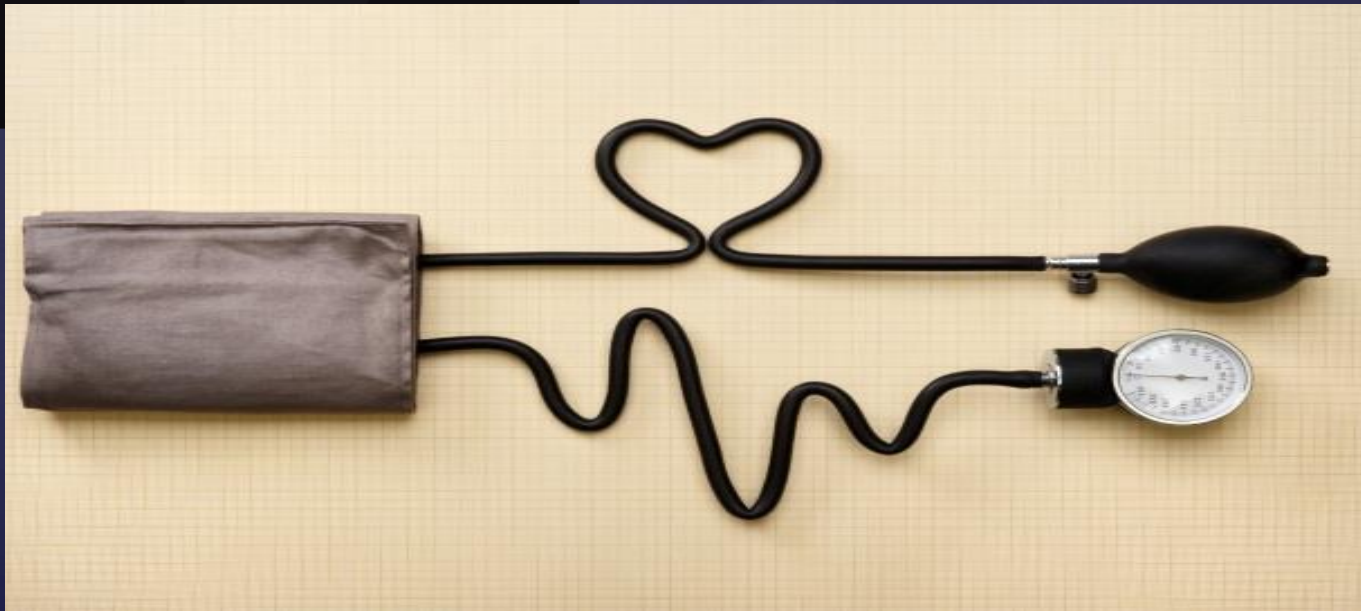
Asthma

Skin rashes/Wounds



80% of inmate population have at least one chronic illness

Close to 50% of our inmate population take a medication while in custody



PILLS, PILLS, PILLS!

Why is this Important?

Sworn Role in Med Pass:

- 1) Help Verify the inmate**
- 2) Control inmates in line**
- 3) Monitor interactions between nurse and inmate**

Consequences of Poor Medication Control

A glass vial is tipped over, spilling several blue and white capsules onto a light-colored surface. The vial is in the upper center, and the capsules are scattered in the foreground and to the right. The background is a plain, light color.

**Legal
Liability**

**Selling of
Medications**

**HU Control
Problems**

**Hoarding leading
to intoxication or
suicide attempts**

Right to Refuse Medical Care



Get a Refusal Form!

Communicable Diseases

⌘ Hepatitis

⌘ Tuberculosis

⌘ HIV/AIDS

⌘ Lice

⌘ Scabies

⌘ Methicillin Resistant Staph Aureus (MRSA)

⌘ Influenza

⌘ Colds

⌘ Herpes



Oh My!

Hepatitis

⌘ More easily contracted than HIV

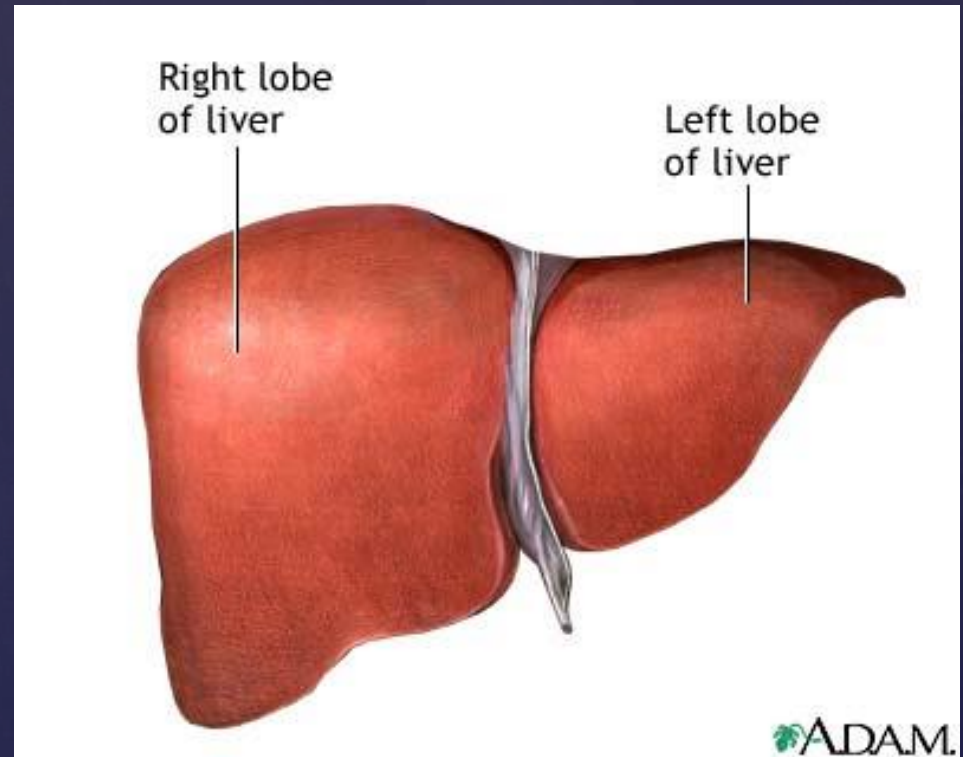
⌘ Jaundice

⌘ Loss of appetite

⌘ Nausea/Vomiting

⌘ Fatigue

⌘ Itching



Hepatitis

A

Found in Feces

Acquired:

Food

Fecal- Oral

Vaccine Available!

Can only get it once

No treatment –

Resolves on it's own

B

Found in Blood and
Body Fluids

Acquired:

Blood

Certain Bodily Fluids

Sex

Needles

Vaccine Available!

C

Found in Blood and
Body Fluids

Acquired:

Blood

Certain Body Fluids

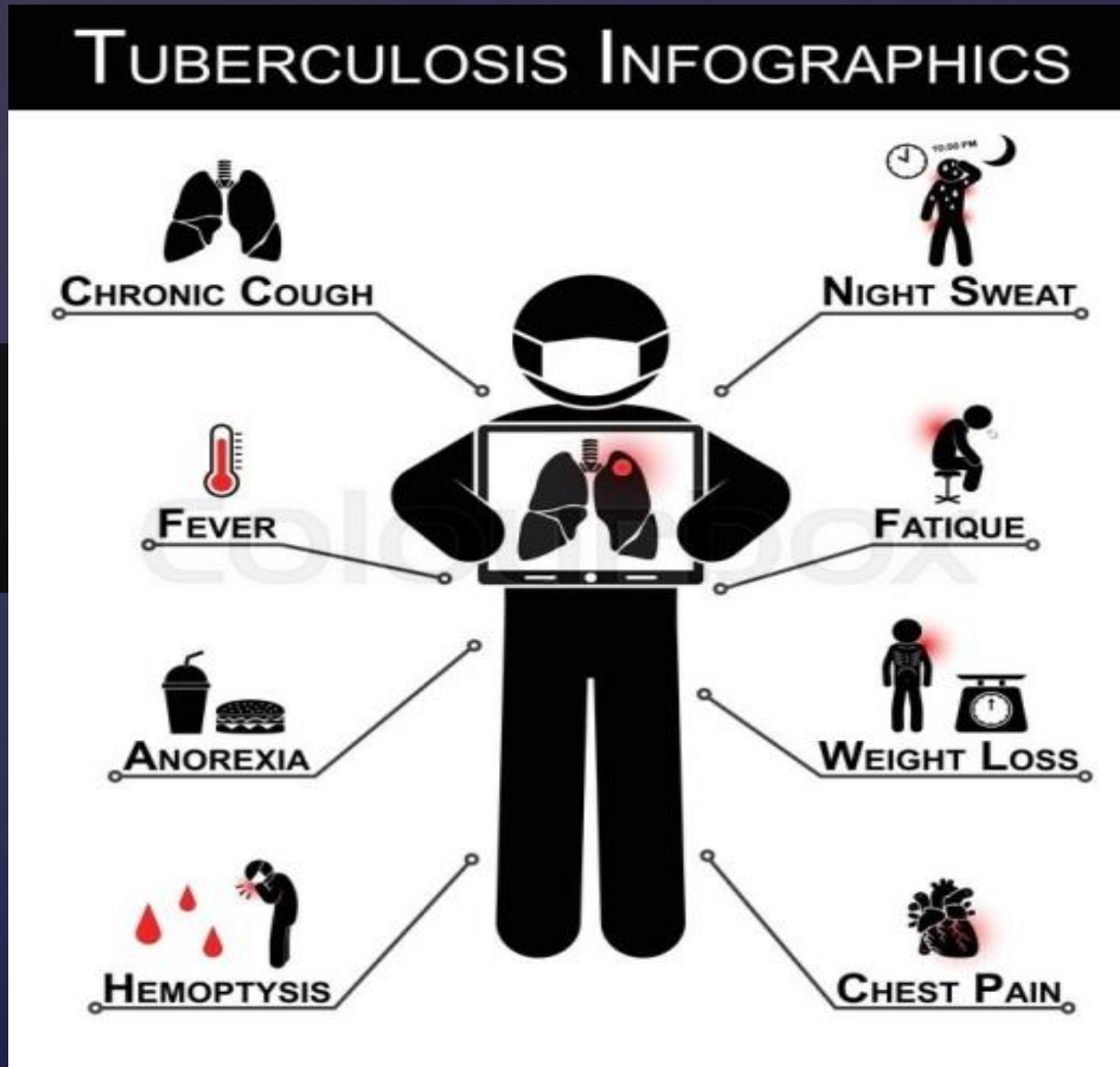
Needles

Not usually Sex

No Vaccine Available

Some new treatment
options (Harvoni)

Tuberculosis (TB)



How is TB Transmitted?

Droplet Transmission!



Did You Know?

TUBERCULOSIS

IS
**THE DEADLIEST
DISEASE ON THE
PLANET**



With **1.8 million deaths** in 2015, TB is now deadlier than Ebola, Malaria or even HIV!

MRSA

methicillin resistant staph aureus

The 5 C's of MRSA Transmission

1. Compromised Skin
2. Contact
3. Crowding
4. Cleanliness (lack of)
5. Contaminated Items

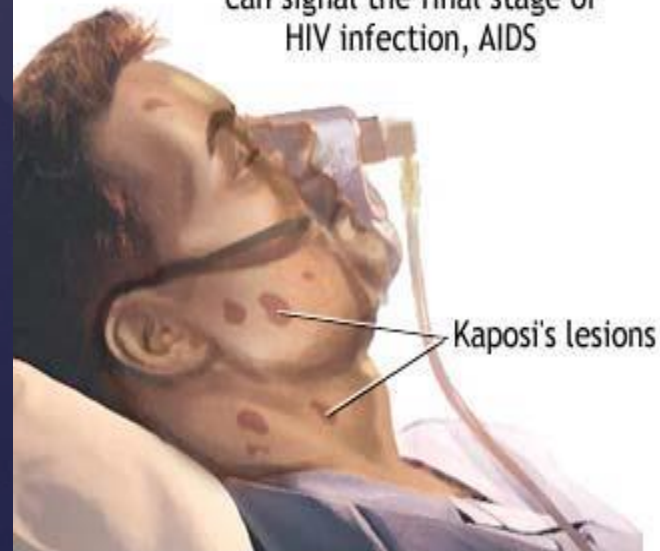


HIV/AIDS

- Crosses all racial, economic, gender boundaries
- Common in jail due to needle sharing and high risk sex behavior

Transmitted through sex, blood, and other body fluids

Opportunistic infections such as pneumocystosis or malignancies such as Kaposi's sarcoma can signal the final stage of HIV infection, AIDS



Lice

- Head, facial, body hair
- Nits(eggs) visible at root of hair
- Laundry special handling
- Treated with NIX shampoo

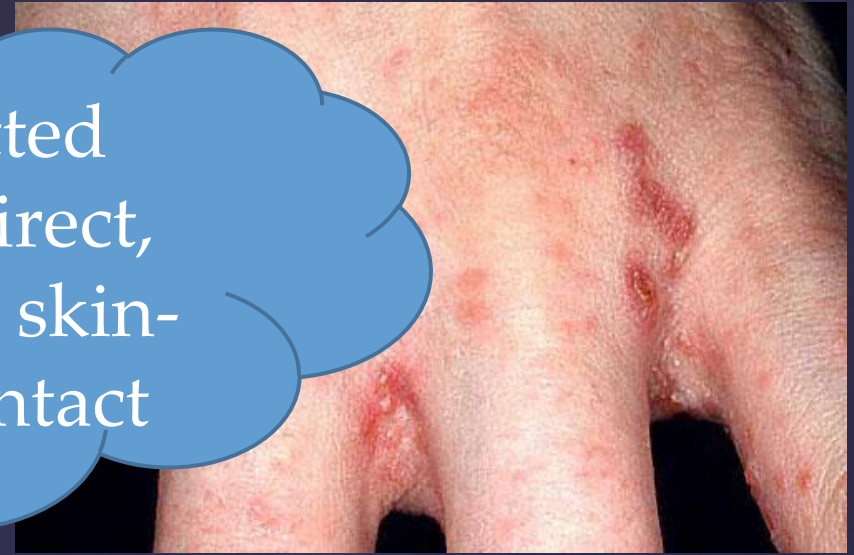
Transmitted through close contact ie. hat, comb or brush sharing



Scabies



Transmitted through direct, prolonged, skin-to-skin contact



- ⌘ "Tracks" visible between fingers, inside thighs, inner arms
- ⌘ Causes EXTREME itching!
- ⌘ Treated with NIX (permethrine) lotion

WASH

YOUR

HANDS





Handwashing Techniques...yes,
there is a right way to do it!

“UNIVERSAL” AKA STANDARD PRECAUTIONS

- WASH YOUR HANDS FREQUENTLY
- WEAR GLOVES
- ASSUME ALL PERSONS AND OBJECTS ARE INFECTIOUS

