
 MONROE COUNTY SHERIFF'S OFFICE	BUREAU DIRECTIVE: BOC - 7:001	REFERENCES: FMJS 7.14 and 7.27.03 thru 7.27.10 ALDF-4C-39
	RESCINDS:	
	BUREAU: Corrections	NO. OF PAGES: 2
	CHAPTER: Medical	 <hr/> Sheriff of Monroe County
	TOPIC: Distribution of Medication	

PURPOSE:

The purpose of this directive is to establish policy for the Monroe County Detention Facilities to regularly distribute required medication.

SCOPE:

This directive applies to all Medical Personnel and Dorm/Unit Deputies.

PERSON RESPONSIBLE:

Medical Personnel and Dorm/Unit Deputies.

DEFINITIONS:

Float Method - The nurse will float the medication in the inmate's medication cup with water. The inmate will consume same.

Crush Method - The nurse will crush the medication and place the medication in the inmate's medication cup with water. The inmate will consume same. The crush method can only be used with medication that is not affected by being crushed.

POLICY AND PROCEDURES:

Dorms

The nurse will inform the Dorm Deputy as he or she enters the dorm that he or she is there for distribution of medications. The Dorm Deputy will then announce "Medication Call" to the inmates.

The nurse will position the medication cart by the Deputy's Station or the Doorway.

Inmates will assemble at the location of the medication cart in a single file.

The nurse will check the inmate's name by utilizing the inmate's identification tag.

All inmates will take the medication in front of the nurse using the float method.

Units

The nurse will inform the Unit Deputy as he or she enters the unit that he or she is there for distribution of medications. The Unit Deputy will then announce "Medication Call" to the inmates.

The nurse will position the medication cart at the doorway of an exam room.

The inmates will assemble in front of the exam room in a single file.

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The nurse will check the inmate's name by utilizing the inmate's identification tag.

All inmates will take the medication in front of the nurse using the float method.

Unit(s) in Lock Down

The nurse will place the medication cart in an exam room.

The nurse will retrieve the medication to be passed out for one floor at a time and place it in a carry tray.

The deputy will ensure that the exam room is locked before beginning the rounds.

The deputy will escort the nurse from door to door while the nurse passes out the medication.

The nurse will observe the inmate taking the medication using the float or crush method.



Over the Counter Medications Available through Commissary Division [ALDF-4C-39]

Some nonprescription medications are available through the Commissary Division. These items and access will be approved jointly by the facility administrator and the health authority and reviewed annually thereafter.

Keep on Person Over the Counter (OTC) Medications

The Marathon (KV) and Plantation Key (PK) facilities will follow the procedures and complete the documentation outlined in the "Over the Counter (OTC) Drug Administration Procedure for Corrections Officers" written directive that was issued by the Medical Division.

All correction deputies in the KV and PK facilities will receive "Keep on Person OTC Medications" in-service training by the Medical Division. The KV and PK correction deputies will not dispense any OTC drugs until they receive this training.

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	RESCINDS:	
	BUREAU: Corrections	NO. OF PAGES: 2
	CHAPTER: Medical	 <hr/> Sheriff of Monroe County
	TOPIC: Inmate Medical Fees	

PURPOSE:

The purpose of this directive is to establish policy for the Monroe County Detention Facilities that the Medical Division will provide each inmate the opportunity for medical, dental, and mental health services. Reimbursement for medical or dental services, medications, and transportation provided to the inmate may be levied against the inmates commissary account. Mental health services will not require a reimbursement. This is to offer the inmates the same right to self medicate as do individuals in the free community and choose if they need to see the medical staff. At no time will the inmate be denied access to the medical system for lack of funds. The level of medical care will be the same regardless of the ability to pay. [ALDF-6A-09]

If the inmate has sufficient funds in his commissary account to cover the reimbursement, it will be deducted. If the inmate does not have sufficient funds, the account will be debited. As money is placed in the account at a later date the debited amount will be deducted.

Inmates will have access to designated "over the counter drugs" that will be offered through the Medical and/or Commissary Divisions.

SCOPE:

This directive applies to all Medical Personnel and Inmates.

PERSON RESPONSIBLE:

All Medical Personnel.

POLICY AND PROCEDURES:

Inmates will be advised of the Inmate Medical Fee Schedule and Policy during the screening process. Also, all inmates will be given an Inmate Handbook during the admission process which advises them of all the medical co-payment fees. [ALDF-4C-02]

Sick Call

If the inmate is examined by the doctor, physician assistant (P.A.), or nurse, a fee will be assessed according to the Inmate Medical Fee Schedule and deducted or debited against the inmate's account.

A fee will not be assessed if the inmate is requested back for a follow-up exam of an existing condition within thirty days. [ALDF-4C-02]

Dental

Inmates that are treated by the facility dentist will be assessed a fee according to the Inmate Medical Fee Schedule and deducted or debited against the inmate's account.

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If the inmate is seen by the dentist and decides not to be treated, the same fee will be assessed as if the treatment had been done.

Medications

Prescription and over the counter medications will be charged against the inmate's account. An inmate will not be denied over the counter medication received from the Medical Division or prescription medication due to lack of funds.

Over the counter medication will be available through the Medical and/or Commissary Divisions.

Non-Chargeable Services

Initial screening.

Follow-up treatment ordered by the Medical Division within thirty (30) days after initial problem.

VDRL or TB Tests.

Mental Health Services or Psychotropic Medications.

H.I.V. Screening, if requested by the Medical Division.

Use of Force or inmate confrontations.

Injuries other than recreational or self-inflicted.

Chronic medical care such as blood sugar monitoring or blood pressure, if ordered by the Medical Division.

Appointments or services, including follow-up appointments, are initiated by medical staff. [ALDF-4C-02]

True medical emergencies as determined by the Medical Division.

Medical Transportation

If an inmate requests to be seen by his chiropractor or other outside doctor for a workman's compensation related injury, or a

request comes from an insurance company for a physical exam, the inmate will be charged an \$80.00 per local trip fee. This may be reimbursed by the workman's compensation insurance carrier. All outside visits will have to be approved by medical personnel. The transportation fee must be paid prior to making the appointment. All court ordered evaluations, or jail physician requests for outside evaluation, will have the fee waived.

The inmate will sign the voucher completed by the nurse when he or she has been seen by the doctor or P.A. to acknowledge receipt of treatment. If the inmate refuses to sign after seeing the doctor or dentist, the nurse and detention deputy will sign the Receipt for Health Services slip and mark that the inmate refused to sign.

The Receipt for Health Services slips will be submitted to the Commissary Clerk. This must be done without fail to assure proper deductions from the inmates' commissary accounts.



DISBURSEMENT POLICY:

A complete list containing the names of inmates being assessed fees shall be completed and submitted to the Medical Clerk, along with the Receipt for Health Services slips each day after charges are incurred.

Prior to submission of the list, the Medical Supervisor or designee shall verify the accuracy of the list.

The Medical Clerk, after verification of the charges, shall submit the Receipt for Health Services slips to the Commissary Clerk who will then expeditiously deduct each inmate's medical charge(s) from his or her account.

The Commissary Clerk will generate a check in the total amount of the inmate's liens and forward the check to Finance for deposit into the designated account.

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	RESCINDS:	
	BUREAU: Corrections	NO. OF PAGES: 1
	CHAPTER: Medical	 Sheriff of Monroe County
	TOPIC: Sick Call	

PURPOSE:

The purpose of this directive is to establish policy for the Monroe County Detention Facilities to hold daily sick call, at regular hours, and it shall be conducted for all inmates. Medical will review inmate medical request slips the day the slip is completed or within twenty-four hours if the request is not urgent. Medical Personnel shall conduct screening, referrals, and providing basic treatment for ongoing or emergency health care problems.

SCOPE:

This directive applies to all Medical Personnel.

PERSON RESPONSIBLE:

Medical Supervisor.

POLICY AND PROCEDURES:

Dorms/Units

The Medical Personnel will supply a sick call list to each Dorm/Unit Deputy.

The Dorm/Unit Deputy will announce "sick Call" and the names of the inmates on the list.

Unit Lock Down

Sick call for inmates in lockdown status will be conducted daily by Medical Personnel making rounds of the Unit at the individuals' cells.

Medical Deputy

The Medical Deputy will notify Dorm/Unit Deputy(s) to prepare inmate(s) for transport to medical.


Inmate(s) will be placed in the medical holding cell awaiting doctor's call.

Upon completion of doctor's call, the Medical Deputy will notify the Dorm/Unit Deputy(s) of returning inmate(s).

Sick Call for Marathon and Plantation Key

Sick call will be administered by the Shift Supervisor and the on-duty Nurse.

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	RESCINDS:	
	BUREAU: Corrections	NO. OF PAGES: 6
	CHAPTER: Medical	<hr/> Sheriff of Monroe County
	TOPIC: Suicide Prevention	

PURPOSE:

The purpose of this directive is to establish policy for the Monroe County Detention Facilities that All Certified Personnel will be provided special training by qualified instructors in order to observe inmates for suicide potential during intake processing and for the identification and supervision of suicide-prone inmates during their incarceration. The suicide prevention and intervention program shall be developed, reviewed, and approved by a qualified medical or mental health professional.

SCOPE:

This directive applies to all Personnel.

PERSON RESPONSIBLE:

All Personnel.

DEFINITION

Continuous Observation - means the deputy always has the inmate in sight 24 hours per day. One deputy can stand a continuous observation watch while continuously observing one or more inmates in one or more cells if there are no blind spots from where the deputy is observing.

POLICY AND PROCEDURES:

NOTE: The first forty-eight (48) hours of incarceration are the most critical. Special attention must be taken during this period.

Training

All Certified Personnel will receive special training in suicide prevention provided by the Training Division during the Annual Retraining Module (ARM). Correction Deputies also receive suicide prevention training in the Field Training Program.

Staff is available to counsel inmates on request. Provisions are made for counseling and crisis intervention services. [ALDF-5A-03]

Recognizing Suicide Potential during the Admissions/Classification Process

Medical screening is conducted by trained nurses or Intake Personnel in regard to the following factors:

- Severe alcohol/drug dependence
- Psychiatric potential suffering from impaired judgement
- Chronic physical problems

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Classification Interview - Classification Clerks shall consider inmates a suicide risk if they possess the above risk factors and state that they:

- Have a history of recent or recurrent suicide attempts
- Have seriously contemplated suicide in the past
- Have extreme depression or impulsiveness, including feelings of hopelessness which appear to be chronic
- Post Admission Indicators of Suicide Potential

Post Admission Indicators of Suicide Potential

Some inmates, during their incarceration, may begin to experience suicidal thoughts or conversations, and those who are contemplating suicide will display signs of depression.

During a suicidal crisis, most persons will display either some or all of the following signs of depression:

- Sadness or crying
- Withdrawal or silence
- Loss or gain of appetite marked by noticeable weight gain or loss
- Insomnia
- Mood variation (in many cases, extreme and unexplained)
- Lethargy (slowing of physical movements such as walking and talking)
- Changes in behavior such as giving away personal possessions, planning a funeral, putting affairs in order, etc.

Additionally, many inmates may give a housing Dorm/Unit Deputy verbal cues that indicate a suicide crisis is impending, such as:

- Projecting feelings of hopelessness and helplessness
- Speaking about getting out of jail unrealistically
- Not effectively dealing with the present and being preoccupied with the past
- Explaining intentions to commit suicide
- Increasing difficulty relating to others
- Exhibiting sudden changes in behavior (e.g., makes an unprovoked attack on a deputy)

Inmates who should be observed closely for possible suicidal tendencies are, but not limited to, the following:

- Older inmates (Senior Citizens)
- Chronically or terminally ill inmates
- Inmates recuperating from major surgery
- Homosexuals or anyone subjected to homosexual assault
- New mothers
- Incarcerated law enforcement deputies
- Incarcerated professionals
- Persons who have committed a crime of passion

If a deputy has reason to believe that an inmate fits any of the aforementioned profiles he or she shall:

- Immediately implement crisis intervention techniques
- Notify the Medical Staff
- Notify the Classification Division
- Notify the Shift Supervisor
- Document all information on an Incident Report

Crisis Intervention Techniques [ALDF-5A-03]

NOTE: The decision to take one's own life comes from within and it is possible for one to help change that decision by offering the inmate alternate solutions and by introducing the concept of hope.

When there is reason to believe that an inmate fits a suicide potential profile, put crisis intervention techniques into effect.

- Do not judge the inmate.
- Talk, listen, discuss, keep lines of communication open, and be supportive.
- Ask pertinent questions; be direct.
- Do not leave the inmate alone; do not isolate.
- Do not give advice.
- Do not dare the inmate.
- Do not act shocked.
- Refer for professional help.

The following are guidelines to assist in a suicide crisis:

- Recognize the clues - hopelessness, haplessness, helplessness.
- Trust your judgement - you have observed inmates and can recognize changes in behavior.
- Stay with the potential victim - do not leave him/her alone or isolated.
- Listen and be supportive.
- Attempt to diffuse the tension and agitation: Inject a feeling of hope, but do not lie to the inmate.
- Tell others - notify Medical and Supervisory Personnel.
- Document all pertinent information on an Incident Report.

Suicide Risk Assessment/Precaution Protocols

If any individual suspects that an inmate is depressed and/or suicidal, the Medical Division shall be notified immediately. The Medical Division will assess the inmate and determine what actions need to be taken. [ALDF-5A-03] When possible, suicidal inmates should be housed with another inmate(s).

Suicidal inmates will be under continuous observation until seen by a mental health professional. Subsequent supervision routines are in accordance with what is ordered by the mental health professional. [ALDF-2A-52]

When the standard issued uniform presents a suicidal or medical risk per the Medical Division, the inmate will be supplied with a paper/cloth gown and/or blanket that promotes inmate safety and prevents humiliation and degradation. [ALDF-4C-33]

Any of the following levels of precaution may be recommended: [FCAC 13.07]

- **LEVEL 1** [FCAC 13.07]

In most circumstances, this level will pertain to inmates who have actually recently attempted suicide. The on-call psychiatrist will have been notified by the Medical Division. If necessary, efforts will be made to have the inmate committed to a mental health facility.

The inmate shall be housed in the Infirmary, Unit A, or Intake/Release (I/R).

Safety precautions shall be taken. These precautions shall include:

- Search of the inmate's cell and clothes for removal of all potentially harmful objects such as glass, eyeglasses, pins, pencils, pens, unauthorized items (e.g., matches, lighters), etc.
- Plastic bags shall be removed.
- Feed on styrofoam tray or give bag lunch; no utensils; no staples in bag;

deputy must remove plastic wrap before giving to inmate.

- Calls to attorney ONLY, and dialed by the deputy.
- No razors, no visitation, no recreation, no canteen, no newspaper, no programs, no privileges of any kind.
- Shower slides are to be left outside the cell door after they finish their shower.
- The cell should be near the deputy with no access to breakable glass and no electrical outlets (or outlets that can and should be turned off).
- There should be no pipes from which sheets could be hung.
- The inmate shall be placed in a paper/cloth gown and a paper/cloth blanket provided.
- A mattress in a boat or on a cement bed will be provided; no pillow.
- The inmate may have uniform, linen, regular blanket, and/or other items only at the order of the doctor, psychiatrist, or psychologist.
- If the inmate verbalizes or demonstrates immediate intent to harm himself or herself, bedding should be removed and the Medical Staff notified.
- The inmate shall be under continuous observation at all times, and this shall be supported by documentation on the 15 Minute Watch Form at increments not to exceed 15 minutes.
- Transport in a paper gown.

Changes to the above listed items will be noted on a Special Instruction Confinement Sheet that will be attached to the door.

- **LEVEL 2 [FCAC 13.07]**

This level will pertain to inmates who are considered at high risk for suicide. The on-

call psychiatrist will have been notified by the Medical Division. If necessary, efforts will be made to have the inmate committed to a mental health facility.

The inmate shall be housed in the Infirmary, Unit A, or I/R.

Safety precautions shall be taken. These precautions shall include:

- Search of the inmate's cell and clothes for removal of all potentially harmful objects such as glass, eyeglasses, pins, pencils, pens, unauthorized items (e.g., matches, lighters), etc.
- Plastic bags shall be removed.
- Feed on styrofoam tray or give bag lunch; no utensils; no staples in bag; deputy must remove plastic wrap before giving to inmate.
- Calls to attorney ONLY, and dialed by the deputy.
- No razors, no visitation, no recreation, no canteen, no newspaper, no programs, no privileges of any kind.
- Shower slides are to be left outside the cell door after they finish their shower.
- The cell should be near the deputy with no access to breakable glass and no electrical outlets (or outlets that can and should be turned off).
- There should be no pipes from which sheets could be hung.
- The inmate shall be placed in a smock and a suicidal blanket provided.
- A mattress in a boat or on a cement bed will be provided; no pillow.
- The inmate may have uniform, linen, regular blanket, and/or other items only at the order of the doctor, psychiatrist, or psychologist.
- If the inmate verbalizes or demonstrates immediate intent to harm himself or

herself, bedding should be removed and the Medical Staff notified.

- The inmate shall be under continuous observation at all times, and this shall be supported by documentation on the 15 Minute Watch Form at increments not to exceed 15 minutes.

- Transport in a suicide smock.

Changes to the above listed items will be noted on a Special Instruction Confinement Sheet that will be attached to the door.

- **LEVEL 3 [FCAC 13.07]**

This level will pertain to inmates whom the physician or on-call psychiatrist feels are at moderate risk for suicide. They may be inmates who have previously been on Level 1 or 2 and whose mental status is improving.

The inmate shall be housed in the Infirmary, Unit A, or I/R.

Safety precautions shall be taken. These shall include:

- Search of the inmate's cell and clothes for removal of all potentially harmful objects such as glass, pins, pencils, pens, unauthorized items (e.g., matches, lighters), etc.
- Plastic bags shall be removed.
- Can have regular food tray and utensils.
- Can have phone calls to other people.
- Can have normal uniform, shower slides, standard bedding, recreation, books, and canteen.
- No razors, no programs.
- The inmate may have writing materials at personnel discretion, but these should be removed when not in use.
- Toileting and bathing may be done as in the normal routine.

- The inmate shall be checked visually at least every 15 minutes, and this shall be documented on the 15 Minute Watch Form. Transport in an uniform.

Changes to the above listed items will be noted on a Special Instruction Confinement Sheet that will be attached to the door.

- **LEVEL 4 [FCAC 13.07]**

This level will most often pertain to inmates who are at risk for becoming severely depressed/ suicidal. This assumption may be based on past history.

The inmate shall be housed in the Infirmary, Unit A, Unit A1, Unit B, or I/R.

The inmate may be dealt with as in the normal routine; however, personnel shall observe the inmate for symptoms of depression and signs of suicidal ideation, and shall notify Medical Personnel if new signs or symptoms occur.

The inmate shall be checked visually at least every hour, and this shall be documented on the 1 Hour Watch Form.

Transport in an uniform.

Changes to the above listed items will be noted on a Special Instruction Confinement Sheet that will be attached to the door.

The mental status of any given inmate may vary greatly from day to day and sometimes from hour to hour; therefore, it is imperative that personnel have good observational skills and knowledge of signs and symptoms to look for. If any personnel member has reason to feel that an inmate who is already on a precaution level should be moved to a higher level of precaution, the Medical Division shall be notified, and the physician and/or psychiatrist again consulted by the Medical Division.

NOTE: Only a licensed physician, psychologist, or psychiatrist can remove an inmate from suicide watch. [FCAC 10.05]

Housing Assignment and Watches for Suicidal Inmates

Each shift will conduct a cell search of any and all inmates on a suicide watch at the beginning and the end of their shift. The cell searches will be recorded in the logbook belonging to the area where the inmate is on suicide watch. If any deputy discovers an unauthorized item in the cell or on the inmate's person, the deputy shall immediately contact his or her immediate supervisor.

All suicidal inmates on a level 1-4 watch will have a Special Instruction Confinement Sheet attached to their door listing items that they can or cannot possess.

Inmates at the Key West facility shall be housed in the appropriate housing area. Inmates identified as being suicidal or a danger to themselves are not housed separately or in single cells unless they are under direct, continuous observation. Documented 15 Minute Watch Forms must be kept on Level 1, 2, and 3 inmates. Level 4 inmates must be documented on the 1 Hour Observation Form. Medical must certify in writing the inmate poses no further danger prior to the inmate being removed from observation. [FCAC 10.05]

Inmates assigned to the Plantation or Marathon facilities who display suicidal tendencies shall be transferred to the Key West Facility for evaluation by the Medical Division for housing assignment. The inmate shall be placed on a continuous observation watch until transferred. [FCAC 10.05]

NOTE: Medical has the final say on where inmates are housed in the Infirmary.

Protection of Suicidal Inmates

Inmates at risk for suicide are monitored by the Mental Health Team. The Psychiatrist is involved in the evaluation process for all suicidal inmates. Most inmates are seen personally and evaluated by the psychiatrist within 24 hours. All inmates are evaluated by the psychiatrist either through personal contact or by consultation and review of facts gathered by the Mental Health Team within 24 hours. All inmates are personally seen by the Psychiatrist on the next

scheduled visit to the jail, or on an emergency basis if necessary. Also, in extreme or emergency cases inmates can be evaluated at the Emergency Room at the local hospital, or by Baker Act trained corrections' deputies for transport to the Guidance Clinic of the Middle Keys. No inmate who is placed on a suicide watch is removed from same, or even moved to a less restrictive level within the suicide watch levels, except upon the direction of a licensed physician, psychologist, or psychiatrist.