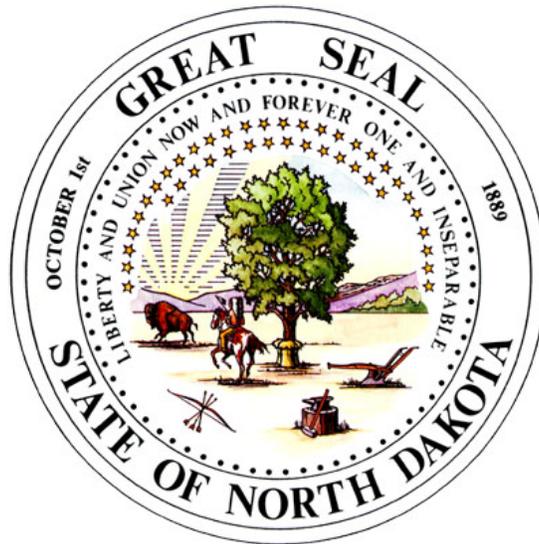




**North Dakota
Department of Corrections & Rehabilitation**



**Correctional Medical Training I
CMT I
Course**

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Applicability

Correctional Medical Training I (CMT I) is applicable to correctional staff who are required by their correctional employers to receive basic correctional medical training. The CMT I Course is also a prerequisite to taking the Correctional Medical II (CMT II) course. The course is applicable to the following persons:

- 1) Correctional officers employed in DOCR Adult and Juvenile Facilities.
- 2) DOCR accredited correctional officers employed in North Dakota County Correctional Facilities and Regional Corrections Centers.
- 3) DOCR Division of Juvenile Services (DJS) employees who are responsible for care and custody of juveniles in DJS custody, including:
 - a) Juvenile Institutional Resident Specialist
 - b) Juvenile Correction Institutional Case Manager
 - c) Juvenile Services Program Director
- 4) Other caregivers who supervise offenders in ND DOCR affiliated programs

Current and valid CPR certification is a prerequisite to participation in the CMT I course.

Only a licensed nurse may teach and supervise the CMT I course. The correctional nurse authorizes a correctional professional to work as a CMT I. The licensed nurse delegates specific duties and skill sets to the correctional professional by the nature of this training.

This training manual was compiled by the North Dakota Department of Corrections & Rehabilitation to be used by North Dakota Correctional Facilities. Portions of the manual are adapted from Mercer (1999), *Nurse Assistant Training* published by the North Dakota Center for Persons with Disabilities at Minot State University. Funding for the original content was provided by the North Dakota Department of Human Services, Disabilities Services Division and the North Dakota Center for Persons with Disabilities at Minot State University

The correctional facility that administers CMT I is responsible for maintaining **all copies** of tests, answer sheets, and in a secure storage place that can only be accessed by staff designated to conduct testing of candidates for the DOCR's CMT I.

The Department of Corrections and Rehabilitation is responsible for securing approval from the ND Board of Nursing for the curriculum development of CMT I course material.

Definitions

Abuse: Means any behavior that is designed to harass, intimidate, or injure another human being through use of verbal, sexual, or physical harm.

Activities of Daily Living: Includes interventions associated with nutrition, eliminating, maintaining mobility, assistance with self-administration of routine regularly scheduled medications, and personal cares.

Assisting with Self-Administration of Routine Regularly Scheduled Medications: Means helping the offender with one or more steps in process of taking medications.

Authority: Means legal authority to provide nursing care granted through licensure as a Registered Nurse, Licensure as a Practical Nurse, or through delegation of nursing interventions from the licensed nurse.

Delegation: Means the authorization for the performance of selected nursing interventions from a licensed nurse to an unlicensed assistive person or for the purpose of this course a CMT I (Correctional Medical Training I).

Deliberate Indifference: A knowing or reckless disregard of a substantial risk of serious harm.

Direction: Means the provisions of written or verbal guidance or both and supervision by a licensed nurse who is responsible to manage the provisions of nursing interventions by another person.

Disposition: A determination based on medical judgment whether an offender should receive a medical clearance to be placed into the physical custody of a correctional facility after undergoing a medical screening process, and if so, what the appropriate placement is within the correctional facility. For example, staff need to determine whether to refer the offender to an emergency room or another appropriate health care provider, or if the offender will enter the facility, whether placement in general population or in some form of segregated or isolated confinement is appropriate.

“Licensed Nurse”: Means a person licensed pursuant to North Dakota Century Code Chapter 43-12.1 and North Dakota Administrative Code Title 54.

“MRSA” or Methicillin-Resistant Staphylococcus aureus: Bacterial infection that is resistant to beta-lactam antibiotics. These infections can be carried as normal flora on healthy individuals. In corrections these infections present themselves as mild or soft skin infections such as a boil.

“Nursing Intervention”: Means the initiation and completion of offender focused actions necessary to accomplish the goals defined in the plan of offender medical care which may include but not limited to activities of daily living, distribution of medication or interview (booking) activities.

“CMT I or Correctional Medical training I”: Means an unlicensed assistive person as defined in N.D.C.C. § 43-12.1-02.

“Serious Medical Need”: Includes unnecessary pain or discomfort which may be relieved by medical care, when a lack or delay in medical care may cause deterioration or worsening of condition, when lack of or delay in medical care may result in a permanent condition; when lack or delay of medical care threatens the health of others, such as the spread of infection; and when a lay person would recognize the need for medical care.

“CMT I correctional staff”: Means an assistant to the correctional facility nurse who is authorized by the North Dakota Board of Nursing to perform nursing interventions delegated and supervised by a licensed nurse.

“CMT I Registry”: Means a listing of all persons who are authorized by the North Dakota DOCR which has been recognized by the North Dakota Board of Nursing to perform nursing interventions delegated and supervised by a licensed nurse.

Legal Requirements for Medical Care in Correctional Facilities

1. N.D.C.C. § 12-44.1-14(6) requires correctional facility administrators in county correctional facilities and regional corrections centers to ensure that inmates receive adequate medical care.
2. In *Estelle v. Gamble*, 429 U.S. 97 (1976), the United States Supreme Court held that the infliction of unnecessary suffering on a prisoner by failure to treat the prisoner's medical needs is inconsistent with contemporary standards of decency and violates the Eighth Amendment.
3. It is clearly established federal constitutional law that correctional facilities may not condition provision of medical care on an inmate's ability to pay. The same standards of medical care are applicable to prisoners as are applicable to persons not in custody and who are able to pay or have insurance. There is not a lesser standard of medical care because a person is incarcerated.
4. The Due Process Clause of the Fourteenth Amendment and the Cruel and Unusual Punishment Clause of the Eighth Amendment, as a matter of federal constitutional law, prohibit correctional staff from deliberate indifference to the serious medical needs of incarcerated offenders.

CMT I Requirements

1. North Dakota Administrative Code Section 54-07-03.1-01 defines unlicensed assistive person competence to mean having the required knowledge, skills, and ability to perform delegated nursing interventions safely, accurately and according to standard procedures.
2. A licensed nurse may delegate a nursing intervention to an unlicensed assistive person only if all conditions for delegation set forth in Chapter 54-05-04 are met.
3. Only a licensed nurse may approve and supervise procedures related to nursing interventions.
4. Correctional staff must first successfully complete the DOCR CMT-I course in order to apply for the CMT II course and certificate.
5. Correctional staff completing this course successfully will be able to demonstrate the required knowledge; skills and ability to perform delegated nursing interventions safely, accurately, and according to standard procedures in the following areas:
 - a) Infection Control
 - b) Safety and Emergency Procedures
 - c) Collection and Documentation of Basic Objective and Subjective Offender Data
 - d) Activities of Daily Living
 - e) Decision Making Skills
 - f) Offender Rights
 - g) Communication and Interpersonal Skills
 - h) Offender Cognitive Abilities and Age Specific Needs

Expectations of CMT I in Correctional Facilities

The CMT I under the direction of a licensed nurse shall:

1. Contribute to the assessment of health status of offenders, including interactions with offenders and families by:
 - a. Collecting basic subjective and objective data from observation and intervention. The data to be collected is identified by a licensed nurse through approved facility forms, such as the Admission Screening Form.
 - b. Reporting and recording the collected data.
2. Identify basic signs and symptoms of deviation from normal health status and provides basic information which a licensed nurse uses in identification of offender problems and needs.
3. Contribute to the development of plan of care for individuals by reporting offender basic data.
4. Participate in giving direct care.
 - a. Assisting with ADL's if needed and encouraging self care of the offender
 - b. Being alert to emotional problems and enacting facility policies such as suicide surveillance / prevention.
 - c. Provide safe / secure environment for offenders in custody by performing rounds and checks per facility policy or medical / nursing orders.
 - d. Correctional Staff may be asked to perform documentation on facility approved forms of:
 - 1) Observation of offenders condition
 - 2) Provide limited treatments (such as Hot/Cold packs)
 - 3) Limited tests (such as take a pulse, doing a blood glucose test)
 - 4) Provide special diet
 - 5) Provide basic health education (i.e.: hygiene)
 - e. Seeking guidance and direction when appropriate from facility nurse.
5. Contribute to Evaluation.
 - a. Documenting and communicating offender responses.
 - b. Assisting with collection of data.

LESSON 1: Infection Control

Objectives: Upon completion of this lesson, correctional staff member will be able to:

- Identify the four components of the infectious disease process
- Identify what role prevention plays in infection control
- Identify the importance of thorough hand washing, including the correct procedure and times when hands should be washed
- Identify at least four universal standard precautions
- Identify the correct procedure to be used when cleaning and disinfecting contaminated surfaces
- Identify the correct procedure for cleaning and disinfecting food contact surfaces
- Identify the correct procedure for handling contaminated laundry
- Identify the second main goal of infection control
- Identify what steps should be taken in the event of an accidental exposure to someone's blood or body fluids

I. The Infectious Process of Illness and Disease.

It is important for correctional staff to understand the process of how illnesses and/or diseases are spread. By understanding the infectious process we can prevent and/or minimize the risk or transmission of illnesses to ourselves and other people. This is especially true in today's world where we have illnesses that are life threatening.

When we talk about the infectious process, it's important to ensure that we first understand exactly what it is. The process itself can be visualized like a continuous circle that has four main components:

- An invading organism that causes the illness / disease.
- The invading organism's host or living environment.
- The invading organism's method of leaving the original host.
- The invading organism's method of entering a new, susceptible host.

A. The Invading Organism

Initially, it is necessary to understand the meaning of the term "invading organism". For an infectious process to begin and continue, there first must be an invading organism. The invading organism is what actually causes the illness or disease. The organism that causes the initial illness can be a result of a virus, bacteria, fungus, intestinal parasite or other small microorganisms. The type of organism causing the illness will determine what specific symptoms, illness, or reactions the infected person will display.

B. The Invading Organism's Host

The next step in the infectious process requires that the invading organism have a "host" or place to live and multiply. There are numerous environments where an organism might live and thrive.

The three general environments are: (1) human beings; (2) animals; and (3) and non-human / non-animal sources. For example: a person is the host for chicken pox; the deer tick is the host for lyme disease; and contaminated dirt is the host for tetanus. In order for the invading organism to live and thrive, the “host” must be invader friendly.

C. The Invading Organism’s Method of Escape

In order for the invading organism to continue the infectious process, it must have a method, or means, of leaving or escaping from the original host and a method of entering a new susceptible host.

Methods of escape include:

- The respiratory tract, responsible for breathing, (which is how chicken pox and influenza are spread);
- The intestinal tract, responsible for elimination of waste, (examples of illnesses that are spread this way include dysentery or hepatitis A);
- The genitourinary tract, (this system includes the genital and urinary tracts and is how sexually transmitted diseases like gonorrhea and syphilis can be spread);
- Through the blood or specific bodily fluids (which is how hepatitis B, hepatitis C and HIV are spread); and
- Through a break in the skin (how tetanus is spread).

D. Method of Transmission and Entry into New Susceptible Host

In order for the invading organism to continue to be dangerous it must find its way to a new susceptible host. Whether or not the person is susceptible to the invading organism depends on a number of different criteria including:

- The amount of the invading organism that is present at the time of exposure;
- The length or amount of exposure time to the organism; and
- The individual’s overall physical and emotional health, as well as their body’s ability to fight off the infection.

To recap, the infectious process components include:

- An invading organism;
- A “host” for invading organism;
- A method of escape from the host;
- A method of entering a new susceptible host.

II. Goals of Infection Control

Two of the primary goals of infection control are:

- Preventing and controlling the transmission of illness and disease; and
- Providing early detection, intervention and referral.

A. Prevention and Controlling the Transmission of Illness and Disease

To begin with, it is important to remember that the primary goal of infection control practices is to **prevent** illness or disease by preventing the infectious disease chain of events from continuing. The old saying, “an ounce of prevention is worth a pound of cure”, still holds true today. By implementing preventative infection control techniques we can stop and/or prevent the infectious process cycle. Specific infection control practices attempt to break the infectious cycle at each step.

There are a number of preventative methods that are used, including: **(1) hand-washing; (2) universal precautions; (3) environmental controls; and (4) immunizations.**

1. Hand Washing

Of all the infection control practices, the **most important technique is thorough and frequent washing of the hands.** It is also one of the cheapest and easiest to implement. For hand washing to be effective it must be done correctly and frequently.

a. Hand Washing Procedure

To prevent the spread of illness, it is important that both staff members and individuals receiving services wash their hands. The critical steps of hand washing include:

- 1) Adjusting the water (the temperature of the water used for hand washing isn't as important as the friction used).
- 2) Wetting the hands and applying the soap.
- 3) Rubbing the hands together to form lather for at least 10-15 seconds, being sure to apply friction to all the surfaces of the hands.
- 4) Rinsing the hands with fresh water.
- 5) Drying the hands with a single-use paper towel or air dryer. (Turn off the water faucets with a clean paper towel to avoid re-contaminating hands.)
- 6) It is important that both staff members and offenders wash their hands.

b. When to Implement Hand Washing:

- 1) After using the toilet.
- 2) Before and after preparing, delivering or eating a meal or snack.
- 3) Before and after medication administration.

- 4) Immediately after contact with blood, body fluids, vaginal secretions, semen, urine, feces (stool / bowel movements), vomit, or discharge from the eyes, nose, or ears.
- 5) **Remember**, even if you are wearing gloves you must wash your hands. Washing hands and wearing gloves are not substitutions for each other, they are meant to compliment each other.
- 6) MRSA infections (Methicillin-Resistant Staphylococcus aureus) spread by poor hygiene, contact with contaminated persons and surfaces.

2. Universal Precautions

- a. The major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the risk of transmission of blood-borne pathogens from moist body substances) and applies them to all people regardless of their diagnosis or presumed infection status.
- b. Universal Precautions apply to (1) blood, (2) all body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood, (3) non-intact skin, and (4) mucous membranes. Universal Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
- c. The three main blood-borne illnesses that people are most concerned with today are:
 - 1) The HIV (Human Immunodeficiency virus – which is the virus responsible for AIDS);
 - 2) HCV (Hepatitis C Virus); and
 - 3) HBV (Hepatitis B Virus).

However, it is very important that staff implement universal precautions with everyone, regardless of what is known about their health status.

c. Protective Barriers

It is essential to wear protective barriers when it is likely that you will come in direct contact with blood or body fluids. Protective barriers include:

- **Gloves** must be worn whenever you may anticipate contact with blood or body fluids. The types of gloves can either be vinyl or latex when doing searches and shack downs. General-purpose utility gloves for housekeeping tasks. All staff must know where the gloves are located and advised to keep on person for emergencies such as an altercation.
 - Vinyl or latex gloves must be changed between person-to-person contacts.
 - Latex or vinyl gloves should never be washed, they are intended as single-use and thrown.

- General-purpose utility gloves (rubber gloves) may be reused after they have been washed and disinfected. They should be checked to make sure that they are not cracked, peeling, or discolored and that they do not have holes or tears in them. Discard gloves if any of these occur.
 - Security gloves are used for shake downs of spaces and cells. These are protective gloves used to prevent the officer from getting stuck with a sharp object while doing the search. Remember that hand washing should occur every time you remove gloves, regardless of whether you've handled blood or body fluids

- **Protective face or eyewear** includes goggles, glasses, and/or disposable facemasks. The eyes and mucous membranes must be protected from splashes or sprays of blood or body fluids because of the risk of infection caused by possible exposure. Eyewear must be worn whenever splashes of blood or body fluids in the eyes are likely. Masks must be worn if splashes of blood or body fluids in the mouth might occur.

- **Gowns, aprons, or other protective clothing.** The type of outer protective clothing that would need to be worn would depend on the procedure that was being performed and the degree of exposure that is anticipated. Protective clothing should be worn if soiling of your skin or clothing is likely. In most programs it is unlikely that gowns or aprons or other protective clothing would be necessary.

- **Hand Washing.** Remember that washing your hands is the most important procedure that can be done to prevent the spread of illness or disease.

- **Avoid Accidental Cuts.** Prevent injury from accidental needle sticks, broken glass, or other “sharps” by utilizing the following safety measures:
 - 1) Never recap a needle.
 - 2) Discard the needle or sharp medical object immediately in an appropriate puncture resistant container after its use. There are specific state rules that may also apply if a program is a generator of infectious waste. Check with your individual facility administrator or director as to specifics.
 - 3) Use a broom or tongs to clean up broken glass and discard it in a puncture resistant container. **DO NOT DISCARD IN THE GARBAGE CAN.**
 - 4) Cover open skin areas on hands with band-aids.

- **Cleaning and Disinfecting**

Clean and disinfect surfaces contaminated with blood or any body fluids with disinfectant or ¼ cup bleach solution to 1 gallon water.

- **Contaminated Laundry Procedures**

Follow special laundry handling procedures for all contaminated laundry. Remember to wear gloves **whenever** you are handling linens or clothing that has been contaminated with blood or any body fluids.

Review

To review, universal precautions must be followed to minimize the risk of exposure to **anyone's** blood or body fluids. This is done because we may not know which people carry blood-borne infectious diseases.

Universal precautions include:

- 1) Use of protective barriers;
- 2) Hand washing;
- 3) Avoiding accidental needle sticks or cuts from broken glass or other “sharps”;
- 4) Cleaning and disinfecting contaminated surfaces and equipment; and
- 5) Laundry procedures for contaminated laundry.

Environmental Controls

Another method used to prevent the spread of illness or disease is through “environmental controls”. Our environment (cells, offender common areas, recreation areas, patrol cars, transport vehicles, shower areas and correctional office work areas.) can be a potential source of microorganisms, which can cause illness or disease. For this reason, it’s important that we maintain a clean environment. Usually, routine housekeeping procedures are adequate for maintaining the overall cleanliness of the environment.

In the event that an area becomes contaminated with blood, body fluids, or other infectious material, immediate cleaning and disinfecting procedures are needed to prevent the infectious process of occurring.

a. Cleaning and Disinfecting Contaminated Surfaces. Follow these steps when cleaning a contaminated surface:

- 1) Be sure to wear gloves.

- 2) Place disposable paper towels over the spill and wipe it up. Place the used paper toweling in a securely closed, leak proof bag labeled with the type of contaminate. Some facilities have blood spill kits available.
 - 3) Using fresh bleach solution (**1/4 cup to 1 gallon solution of bleach and water**) or a hospital-grade disinfectant (tuberculocidal), vigorously clean and rinse the contaminated area. (Friction from scrubbing the area helps remove the microorganism.) Manufactures' instructions for use of such products should be followed.
 - 4) Be sure to wash your hands thoroughly afterwards.
- b. Cleaning and Disinfecting Food Contact Surfaces.** The procedure for cleaning and disinfecting contaminated surfaces that would come in contact with food or items that might be placed in the mouth, is similar to the one just described:
- 1) Be sure to wear gloves.
 - 2) Place disposable paper towels over the spill and then wipe it up. Place the used paper toweling in a securely closed, leak proof bag labeled with the type of contaminate.
 - 3) Using fresh water and detergent, vigorously clean, and then rinse the contaminated area. (Friction, from scrubbing, helps remove the microorganism).
 - 4) If the contaminated surface is an item that can be soaked, soak in a freshly prepared solution of **¼ cup to one gallon solution of bleach and water** for at least 1 minute, and allow it to air dry. If it is a surface, saturate the area with the solution and allow it to air dry. (Or use another approved solution according to directions.) Test strips, available from restaurant supply stores, may be used to verify the strength of the bleach solution.
 - 5) Be sure to wash hands thoroughly afterwards.

Accidental Exposure Incidents

In the course of a correctional staff job assignment, correctional staff may be “exposed” to an offender’s blood or body fluids. The term “exposure” means contact between an individual’s blood or body fluids and the eyes, nose, or mouth of another person, or on the skin where there is a wound or a break in the skin. The three main blood borne diseases that can be transmitted this way are HBV (Hepatitis B Virus), HCV (Hepatitis C) and HIV (Human Immunodeficiency Virus).

In the event of an exposure to someone's blood or body fluids, these procedures must be followed:

- a. For exposure of the eyes, nose, or mouth, immediately flush the exposed area with fresh water for 3-5 minutes.
- b. For a needle stick, or injury that results in a break of the skin; immediately wash the affected area well with soap and water for 3-5 minutes.
- c. Notify your primary physician, facility nurse and supervisor of the incident and follow any further instructions they may have. (Refer to facility policy)

To summarize, properly implemented infection control procedures help to prevent and/or dramatically control the spread of illness and disease in the correctional environment. It is important to remember that constant awareness and implementation of the information reviewed in this module-will help correctional staff members, and the offenders in their custody while maintaining a healthy, low risk environment.

This lesson was adapted from Control of Infection and Communicable Disease by Jan Martland, RN and Dorothy Wroble (1993). Minnesota Department of Human Services, Division of Persons with Developmental Disabilities, 444 Lafayette Road, St. Paul, MN 55155-3825.

LESSON 2: Communicable Disease Concerns for Correctional Staff

Objectives: Upon completion of this lesson, staff members will be able to:

- **Identify facts regarding hepatitis C and B infection.**
- **Identify risk factors regarding the correctional officer's duties.**
- **Identify Institutional policies and procedures in regards to body fluid exposures.**
- **Identify MRSA infections, implications to the correctional environment.**

I. Blood Borne Pathogen Concerns for Correctional Staff:

View following video:

- (a) ACA – Hepatitis Awareness for Correctional Officers

Subjects covered:

- (a) Hepatitis C, B and HIV
- (b) Body searches
- (c) Cell searches
- (d) Body fluid exposures from inmates – accidental or purposeful

II. Correctional Staff Responsibilities:

- a) Follow universal precautions and institutional policies
- b) Practice good hand washing
- c) Receive Hepatitis B vaccinations
- d) Know institutions protocol regarding high-risk exposure of an employee

III. MRSA or Methicillin-Resistant Staphylococcus aureus infection:

View Bureau of Prison CD “**MRSA for Correctional staff**”.

- Infections with MRSA bacteria have been associated with hospital or health care environment. However new MRSA strains of bacteria have evolved those are affecting healthy persons throughout the world without direct or indirect contact with health care facilities.
- These community-onset MRSA infections have particularly affected athletes in close contact sports. Military recruits, men who have sex with men, drug addicts, and inmate populations.
- Contributing to spread of MRSA in prison are illicit unsanitary tattoo practices and poor inmate hygiene.

- MRSA can be spread by sharing towels, linens, or other personal items potentially contaminated by wound drainage as well as inmates lancing their own boils and other inmate's boils with fingers or tweezers.
- MRSA infections are often called "an infected pimple", "an insect bite", "an spider bite" and a "sore"
- Transmission is person to person by contaminated hands. In some cases by droplet infection or coughing or sneezing bacteria into the air with someone with MRSA pneumonia.
- Primary prevention hand hygiene is emphasized. Identify and regular cleaning of surfaces exposed to sweat such as an exercise bench.
- Modify hygiene practices for sweat lodge participants, including shower before and after the sweat lodge and wearing clean shirts and shorts while participating.

LESSON 3: Medical Screening

Objectives: Upon completion of this lesson, staff members will be able to:

- **Collect and document information about an offender's objective and subjective medical condition**
- **Identify and document offender's conditions that may require immediate treatment**
- **Identify and document an offender's on-going and chronic conditions**
- **Identify and document an offender's medication usage**

I. Benefits of Medical Screening in a Correctional Facility:

- To uncover conditions that might require rapid medical treatment or evaluation, and in doing so, help to avoid a more serious situation if treatment is delayed. (Indicate that the MD/physician must be the judge of whether or not a person is fit to be in a correctional facility, not the correctional officer/staff.)
- To identify on-going conditions such as diabetes, epilepsy, high blood pressure or heart disease. This can alert the correctional staff to any special needs of the offender.
- To identify those offenders who are taking medications.
- It becomes a written record of the inmate's medical condition at the time of admission.
- It is a valuable tool to counter any claims that a condition was ignored. Inmates do have the tendency to claim that they were injured in the correctional setting, when in fact the injury may have occurred before admission. The courts look favorably on a good system of records.
- To indicate to the offender that the correctional staff is concerned about their health, this boosts offender morale.
- To note if the person displays signs and symptoms of alcohol or drug abuse and if there are signs and symptoms of withdrawal or overdose.
- To provide insight into the basic emotional or mental status of the offender.

II. Medical Screening is the Collection and Documentation of Basic Objectives and Subjective Offender Data:

A medical screening form, which is approved by facility administration and licensed nurse, is the formal tool used during a medical screening by correctional staff.

Medical clearance is the written notice from the physician that the offender was examined and it is the physician's judgment that the offender is medically stable to be placed in

custody either juvenile or adult. Medical clearance is used to make the decision to admit or not admit into custody.

Health conditions that warrant a medical clearance:

- There are specific circumstances that dictate when you should refuse to accept a person until a medical clearance is obtained.
- Someone is unconscious. Only a medical professional can determine the reason why a person is unconscious or what the significance of the condition means.
- Someone is having or recently had a convulsion. Seizures can be caused by epilepsy, severe head injury, infection, overdose, diabetic complications or some other nervous system condition that can lead to coma and possibly death.
- Someone is bleeding and the bleeding cannot be controlled. This is especially true of head injuries.
- Someone is suspected of having internal injuries or internal bleeding.
- Someone with obvious broken bones.
- Someone with signs of a head injury. With any head injury, the non-medical person must always suspect a spine injury or brain injury.
- Someone is suspected to have a neck or spine injury.
- Someone appears to be in severe pain. This is especially important with pain associated with any deformity of the limb or if the pain is in the chest or abdomen.
- Someone cannot walk under his or her own power. The only exceptions might be someone who is intoxicated or has a physical deformity.
- Someone is going into shock. Shock can be caused by a number of severe medical problems such as pain, loss of blood, fear, trauma, allergic reaction, heart problems, diabetic complications and blood clot are a few.
- Someone is unable to answer any questions asked of him/her. This could be caused by a mental or emotional condition, alcohol or drug reaction, head injury or some other illness that makes it impossible for the correctional office to obtain information to react to their needs.
- Someone is experiencing drug or alcohol overdose or withdrawal. A person overdosed on alcohol and/or drugs can go into a seizure that can lead to coma and eventually death. This is a judgment or common sense situation that person will need close observation by correctional staff. Many jails provide detox services and have policies and procedures to provide safety to the offender in custody.
- Pregnant women who are having problems. If a woman is having cramps, abdominal pain, bleeding or vaginal discharge, she should not be admitted into custody.
- Persons who indicate they are on a medication, but do not have that medication with them. If you cannot obtain the needed medication and the condition being treated is serious, then that person should be seen by a medical professional so the necessary medication or treatment can be received.

Ideally, the person with these signs and symptoms is seen by the medical professional and has been given a medical clearance to be placed in custody.

A. Define a Sign and a Symptom

A sign is something that can be seen by correctional staff doing the interview or booking into custody. Examples of signs are:

- Sweating
- Pale skin
- Restlessness
- Blood-shot eyes
- Bleeding
- Deformity
- A bruise or lump

A symptom is something that the offender being interviewed tells the correctional staff how they feel. Examples of symptoms are:

- Feels weak
- Feels like throwing up
- Pain
- Tells you that he/she sees things

B. Recognition of Signs and Symptoms

1. Abdominal Pain:

- a. Abdominal pain is a symptom that can be caused by a number of problems. Some reasons an offender might have abdominal pain are: they might have an ulcer, either a stomach ulcer or one elsewhere in the digestive system; they might have an inflamed appendix (appendicitis) or internal bleeding, for some reason; they may have an infection in the digestive system or elsewhere in one of the organs in the abdomen. There might be a bowel obstruction causing pain with the passage of digested food or body wastes or, in females, it might be a condition such as a ruptured female organ like the uterus.
- b. As correctional staff, your concern is to identify signs and symptoms that associate with abdominal pain. You might observe that the person is vomiting or telling you that he/she is feeling like vomiting. The offender may tell you that he/she experiences cramps and you might observe the offender doubling up in pain. Someone who has abdominal pain can very easily have hard, tense abdominal muscles or have very difficult time breathing. The offender will not want to breathe deeply because that increases the pain. If the offender has an infection such as appendicitis or gastritis or some other infection, the body reacts to combat the infection and, in doing so, causes the body temperature to rise or to become feverish.
- c. Abdominal pain, as with any severe pain, may cause the person to appear in shock. The offender may look pale, be sweating, have cold, clammy skin, become very anxious and be nauseous – all signs or symptoms of shock.

- d. If the offender has any bleeding inside of the abdomen from the internal organs, it might show up in vomit or bowel movement; it might be associated with painful urination and the urine may have black flecks in it; or there may be bleeding in some degree from the vagina. The severity of the pain does not tell you much; only diagnostic test can identify the problem.
- e. Anyone who has abdominal pain shows signs and symptoms that we just covered should be given nothing to eat or drink. The reason is that if they are to have surgery or be examined, it is best to have any empty stomach so they will not irritate the problem or become sick and vomit. Allow the person to get into the most comfortable position, which is usually with the legs drawn up toward the chest; treat for shock and transfer to the emergency room.

2. Internal Bleeding:

- d. Internal bleeding always should be suspected when a person has been involved in a major fall or accident with a violent impact. Drivers thrown against the steering wheel, or a passenger or driver who was not wearing a seat belt and is thrown from the car are possible victims. A motorcyclist who has fallen off the vehicle at high speed also should be evaluated for internal bleeding.
- b. Internal bleeding is usually not visible, but is quite serious and could cause death. Telltale signs of possible internal bleeding, such as bruising and abrasions of the skin over the chest. Abrasions, bruises or even the imprint of a seat belt over the upper abdomen are other clues. Some signs of shock are pale color of the skin, weak or rapid pulse, cold, clammy skin, thirst, anxiety, or nausea and falling blood pressure.
- c. Other signs can be bright red blood coughed up that is either frothy or that contains dark lumps of blood is an indication of injury to the lung. A tender, painful abdomen that enlarges could be a sign of a liver or spleen injury or rupture. Or, there could be bright red flecks of blood in the urine.
- d. If there are signs of internal bleeding, leave the person in position, without moving him. Do **NOT** give any liquids or anything by mouth. Transport immediately to the hospital, preferable by emergency ambulance. (Treat shock should it occur).

3. Shock:

- a. Shock is the medical condition that occurs when body tissues do not receive enough oxygen-carrying blood. It can arise from a number of causes. Mainly by major falls or accidents with a violent impact. Overdose of drugs or alcohol or results of severe injuries from a fight might cause symptoms of shock. Complications of diabetes may produce signs and symptoms of shock.
- b. Any of these conditions can cause a catastrophic drop in blood pressure, the chief indication of shock. The pulse becomes very fast, the skin becomes pale,

cold and clammy and the patient is often slightly confused and unable to respond to simple questions because of reduced blood supply to the brain. In severe shock, the patient may become unconscious and the pulse may be barely detectable.

- c. The treatment for shock is to reassure the victim, keep them warm, and elevate lower extremities and transport to a medical facility. Do not give fluids.

4. Chest Pain:

- a. Dealing with problems related to the heart. When the heart is not getting adequate oxygen from the blood, the offender will experience pain in the chest.
- b. Symptoms of chest pain may include pain lasting a few seconds to several days and can be sharp, aching or dull in nature. Deep inspiration, cough, direct palpation and movement characteristically aggravate the discomfort. The offender may complain of chest tightness and pain radiating to the jaw or left arm or shoulder areas.
- c. Chest pain is felt as a sensation of squeezing or pressure. If an offender has been treated for this condition, he/she may have the medication. Nitroglycerine capsules or tablets are usually prescribed. The immediate care for this offender involves reassurance, while allowing him/her to sit in the most comfortable position. Sometimes sitting is more comfortable than lying down.
- d. Correctional staff shall see to it that the offender has the nitroglycerine medication and shall place it under the offender's tongue to relieve the pain. If the offender does not have any medication or if the medication does not help, staff shall transport the offender to the emergency room immediately.

5. Hepatitis:

- a. Hepatitis means inflammation of liver tissue, which may be caused by toxins, drugs, radiation or most commonly, viral infection. It is rarely, if ever, fatal.
- b. Spread by oral ingestion of the virus, hepatitis A is highly contagious, while hepatitis B and C is caused by direct blood contact of those infected. (Blood to Blood.):
 - 6) Through the skin by way of cuts, scrapes, and needle sticks.
 - 7) Exposure through eyes, mouth or nose, by blood or other body fluids.
- c. The offender may complain of weakness, fatigue, dark urine, light stools, itching skin and jaundice. Hepatitis B and C Viruses live in body fluids: blood, semen, vaginal secretions, urine, and saliva

6. Isolation of Hepatitis A:

- a. An offender with Hepatitis A should only be isolated in a correctional setting after the diagnosis is confirmed by blood tests, which will show the presence of antibodies to hepatitis A.
- b. Treatment consists of “taking it easy”, but bed rest is not necessary. Hospitalization is rarely necessary.
- c. Strict hygiene is necessary, staff shall require the offender to use separate eating utensils and a separate bathroom facilities.
- d. All staff shall wear gloves and use good hand-washing techniques when working with these offenders. Correctional staff shall practice universal or general precautions at all times.

7. Diabetes:

- c. Diabetes is a disease that can be difficult for correctional staff to manage in custody.
- d. Basically, diabetes occurs when the gland called pancreas stops producing enough insulin (hormone) to affectively use the glucose (sugar) circulating in the offender’s blood stream.
- c. Diabetes can occur because of heredity, age and being overweight. Not all diabetics are the same.
 - 1) Some have been diabetics their whole life – Juvenile Diabetics
 - 2) Some develop diabetes later in life – Adult Onset
 - 3) Not all diabetics take insulin.
 - 4) Not all insulin medication acts the same. Some are short acting and some are long acting.
 - 5) Some diabetics can be managed with diet and exercise.
 - 6) Some diabetics are managed by oral medications.
 - 7) Diabetics who do not take insulin will not go into insulin shock. Insulin shock may be life threatening.
- d. **It is important for correctional staff to know who the diabetics that are in custody are, especially those inmates who take insulin.**
- e. *Diabetic hyperglycemia is too much glucose in the blood of an individual with diabetes. If medical intervention does not occur with hyperglycemia this condition can lead to coma. This is why it is important that all diabetics take their medication as prescribed. Blood glucose levels over 200 should be reported to facility nurse immediately or follow the clinical diabetic guidelines of you facility medical director. Signs and symptoms of hyperglycemia maybe a fruity order to breath, a red face/complexion, irritability, confusion, dry skin and thirst, increased urination

8. Signs and Symptoms of Insulin Shock:

- Cold, clammy skin, pale appearance
- Weakness
- Shortness of breath
- Loss consciousness
- Low blood sugar

9. Treatment for Insulin Shock

- a. Administer glucose gel under the offenders tongue in accordance with facility policies.
- b. Transport the inmate to the emergency room and bring all current medical information regarding the offender's medical condition, diabetes and medication usage.

10. Correctional staff responsibility in the care of diabetic offenders.

Correctional staff shall:

- a. Supervise the offenders who administer their own insulin or medication.
- b. Provide the opportunity and means to do blood glucose monitoring before meals and at bedtime as ordered by medical staff.
- c. Provide meals and snacks as ordered
- d. Be alert and appropriately communicate any diabetic offender signs of ill health to facility nurse or supervisor.

11. Epilepsy:

- a. Epilepsy, often labeled "seizures", is a brain disorder. It might have been caused by an injury, a brain tumor or some other blockage of blood flow to the brain.
- b. The epileptic seizures may vary from an appearance of daydreaming, to a blank stare or a brief unconsciousness to a violent convulsion.
- c. A more violent seizure called Grand Mal is a common condition and most people who suffer from it are on medication. It is important to find out whether an offender is an epileptic at receiving screening so you can have medications available and you can observe for the condition.
- d. The usual signs and symptoms of a grand mal seizure follow this sequence:

- 1) A warning sign – a feeling or smell, taste, sound or visual sensation. The person just has a little time to prepare.
 - 2) If there was no warning sign, the person may give a hoarse cry and fall down.
 - 3) The body muscles tense for 5 to 30 seconds.
 - 4) Then the legs, arms, head and body jerk uncontrollably.
 - 5) Breathing usually stops during the muscle tensing, the face turns blue to black, then breathing returns and is labored as if something is caught in the airway.
 - 6) The offender may bite his tongue or have a bowel movement.
 - 7) The offender will fall into a deep sleep.
- e. The primary concern should be to protect the offender having an epileptic seizure from injuring himself. Loosen tight clothing if possible; move chairs, tables or other objects that he/she strike his body against and put some padding under his head or his arms and legs. There is no way you can restrain this type of offender without fear of injury.
- f. The offender can literally break his bones, as well as yours, from the convulsions. Do not try to get a gag in the mouth, even though you fear they will bite their tongue. It is too dangerous for them as well as you. Do not give anything by mouth as it can block the airway. If a seizure lasts longer than 4 minutes, transfer the person to the emergency room or seek medical advice.

C. Drug and Alcohol Abuse

1. Many people who enter the custody are alcohol or drug users or abusers.
2. A majority of the offenders were originally arrested for an alcohol / drug related offense. A great deal has combined the use of alcohol and drugs.
3. Types of Drugs
 - a. **Uppers:** Those drugs that stimulate the central nervous system. They include amphetamines (meth), cocaine, caffeine, anti-asthmatic drugs and vasoconstrictors. Signs include excitement, restlessness, irritability, paranoia and talkativeness. Cocaine can cause the breathing to cease.
 - b. **Downers:** Depressants of the central nervous system. They include barbiturates, tranquilizers, marijuana, solvents and opiates. They also can cause respiratory failure. Signs include drunken type behavior, stupor, and being talkative.
 - c. **Hallucinogens:** These are mood-altering drugs and include LSD, mescaline, STP and peyote.
 - d. **PCP:** This is a drug that neither a hallucinogen nor a depressant but has the qualities of both types of drugs. PCP is usually called Angel Dust, and it is common and dangerous. PCP is smoked, ingested or taken orally.

- e. **Alcohol:** Depresses the central nervous system, affects muscular coordination, and may cause temporary mental disturbance and psycho-physiological dependence and compulsive consumption.
4. Because of the nature of the alcohol and drug problem and the fact that specific signs and symptoms may be difficult to identify because of side effects and mixing of different types of drugs, the signs and symptoms of drug and alcohol abuse are only generally described.
 - a. The offender can display signs of confusion, hallucinations, inability to stand or walk, restlessness, slurred speech, lethargy, rapid shallow breathing, cramps, nausea, diarrhea, and change in pupil size. Alcohol slows the reaction of pupils to light. As with barbiturates, downers like heroin or opium tend to cause pinpoint pupils. On the other hand, hallucinogens and uppers tend to dilate the pupils.
 - b. There may be a sudden collapse or coma. The person may feel hot or cold.
 - c. Other typical signs include smell on breath or track marks on arms or elsewhere.
 5. Response to offenders indicating signs of drug and alcohol abuse. Correctional staff shall.
 - a. Monitor an offender's breathing and pulse in accordance with correctional facility policy when there are signs of drug or alcohol abuse;
 - b. Protect hyperactive offenders from hurting themselves;
 - c. Watch such offenders closely and reassure and calm them;
 - d. Call for medical advice;
 - e. Transfer an offender to the emergency room when necessary.

D. Signs and Symptoms of Female Offender Disorders

1. Female offenders may experience pain or discomfort from a number of potentially serious problems.
2. A pregnant offender might have difficulties that could pose a serious health or medical problem at any time during the pregnancy.
3. It is important for the correctional staff to identify potential obstetric and gynecological problems at the initial medical screening or booking. Correctional staffs need to recognize and react to signs and symptoms such as unusual or heavy clotty vaginal bleeding; abnormal vaginal discharge; pain or tenderness in the lower abdomen; pain or tenderness or swelling around the external genitalia.
4. If a female inmate has gynecological or obstetric problems and staffs have been made aware of the signs and symptoms, it is important to control or cover any bleeding with a sanitary napkin, treat for shock, call the physician for advice and transport to the emergency room.

5. Remember that any gynecological or obstetrical emergency can cause anxiety and be embarrassing.
6. In addition to getting appropriate medical assistance and providing first aid correctional staff shall be sensitive to the woman's privacy, confidentiality and act accordingly.

LESSON 4: Safety and Emergency Procedures

Objectives: Upon completion of this lesson, staff members will be able to:

- **Identify each correctional institutions policies and procedures regarding emergency response, practices and plans.**
- **Identify the mission which is unique each correctional facility and how inmate health care fits into that mission.**
- **Identify how safety and security apply to correctional officers.**

The primary mission of correctional facilities is to provide for public safety and the secure custody of individuals detained or sentenced to correctional facilities. Safety and emergency procedures are included as primary function functions of correctional facilities. Correctional facilities are required by law to have trained correctional staff in emergency and safety procedures.

Suicide prevention, suicide behaviors, facility suicide prevention policies and procedures are included in the DOCR approved correctional staff-training course and facility training.

Emergency plans and procedures are covered in correctional staff training and facility training.

LESSON 5: Custody Concerns Regarding Offenders

Objectives: Upon completion of this lesson, staff members will be able to:

- **Understand and Assist Offenders who need additional assistance in their Activities of Daily Living**
- **Exercise basic decision making skills for offenders who need medical care and additional assistance in activities of daily living.**
- **Exercise Communication and Interpersonal Skills with administration, medical personnel, and offenders**
- **Have a better understanding of offender cognitive abilities and age specific needs.**
- **Understand offenders' basic rights regarding medical care.**

I. Activities of Daily Living, Decision Making Skills, Communication and Interpersonal Skills, Offender Cognitive and Age Specific Requirements.

- Offenders react in unusual and different ways under stress. An offender's reaction to stress, such as arrest and custody, can be expressed from complete withdrawal to severe rage and anger of the offender.
- A number of signs and symptoms can indicate mental or emotional disorders but in an emergency situation, correctional staff, will need to determine if the behavior is unusually extreme or unusual for the situation.
- A person who may have mental disorder can be extremely fearful – a fear that is displayed by trembling, crying, screaming or fainting. The person may have headaches or nausea.
- A person may be very anxious, and this feeling cannot be overcome by adjustment to the setting.
- A person may display a constant sadness or depression that is shown in loss of appetite, insomnia, tension, guilt, all of which can lead to suicidal behavior.
- A person may withdraw. There is a lack of interest in what is going on around them; they do not respond to others; they may try to avoid others by sleeping days and staying up nights. They even may become catatonic and sit, stand or lie in an immovable position.
- A person can become extremely angry. They may argue with you over anything; may threaten others, become self-destructive or become easily insulted.
- A person may become total confused, not knowing times, dates, and places. He forgets easily and may even lose track of normal habits.

- A person may become constantly in motion. A term used is “mania”. They have seemingly unending energy – talks continuously and the talk is unrealistic or strange for the situation they are in.
- A person may display a loss of the real world. They may think that people are plotting against them; may hear voices or see things others cannot see or hear. They may talk in a strange language. All are indicators that he has lost touch with reality.
- They may have physical symptoms such as unfounded ailments – a backache, headache, and stomachache. They may be very vague symptoms that keep them from functioning normally.
- When these behaviors go the extreme so as to affect the day-to-day functioning of an offender contact the facility nurses and/or administrative staff.

A. What should be done?

1. Calm the offender by displaying confidence, firmness and reasonableness. If at all possible, move the offender from one cell to another, especially if there may be offenders who can be provoking the situation. An observation area is preferred.
2. Clarify the problem with the offender. That is reframing the situation for the offender. Offer the offender thoughts on how you perceive their problem. Tell the offender what can and is being done to rectify their situation. Give the offender expectations of the final outcome if appropriate. Let the offender choose alternatives in solving their problem so the offender is involved in some decision-making.
3. Allow the person to get their feelings off their chest.
4. Do not provoke or argue with them. If the correctional staff disagrees with the way the offender sees situation, suggest looking at the situation another way.
5. Do not lie or be sarcastic. Make no promises you cannot keep.
6. Try to bring order to the offender’s thinking so the offender can tackle a small part of the problem at a time rather than becoming overwhelmed at the total situation.
7. Encourage the offender to obtain professional help and assist them in obtaining it by being understanding.

B. Do not be too quick to label someone as being emotionally unstable or mentally ill because of a mental condition. Some **physical or medical conditions can be misinterpreted as mental conditions, such as:**

1. Diabetes: A diabetic may act very confused, restless, be sweating and acting strange.
2. An offender with a severe infection may act strange or have convulsions.
3. A person with a severe head injury or epilepsy often acts dazed or confused.

4. Medications, taken normally, alter the behavior of some persons.
5. Alcohol and drugs change the normal behavior of some individuals, especially when the two are mixed.
6. Older people with hardening of the arteries can become irrational or confused.

C. It is important to recognize these emotional or mental health issues at the intake screening or booking so correctional staff can react to problems that do arise during incarceration.

II. Offender Rights

- A. An incarcerated offender has the **right to necessary medical care**, regardless of the ability to pay. The same medical standards are applicable to prisoners as are applicable to persons who are not in custody.
- B. An incarcerated offender **does NOT have the right to elective medical care**, purely cosmetic procedures, or choice of medical provider.
- C. Offender medical records must be **confidentially maintained**.
- D. Offenders generally, but not always, have the **right to refuse recommended medical care or medications**. If an offender refuses to follow recommended medical care or take prescribed medications, correctional staff shall immediately inform their shift supervisor and the facility nurse regarding the refusal to take medications. An offender's right to refuse necessary medical care or take required medications at times must give way to facility requirements, including order, safety and security.
- E. An offender has the **right to know medications that he or she is taking and why the medications must be taken**. The nurse or physician can explain to the offender why the medications should be taken.

MEDICAL CLEARANCE

Date: ___/___/___
A.M.
Time: ___:___ P.M.

Patient's Name: _____ SSN #: ___-___-

Age: _____ DOB: ___/___/___ Sex: _____

_____ The above patient has been seen in _____
Hospital's emergency room. He/She may return to the jail without further need for
medical treatment.

_____ The above patient has been seen in _____
Hospital's emergency room. Follow-up, medical treatment (as stated below) is required.
He/she may return to the _____ County Jail,
providing the stated care is implemented.

_____ The above patient has been seen in _____
Hospital's emergency room. He/she cannot return to the
_____ County Jail due to the nature of the
diagnosis below and consequent treatment.

DIAGNOSIS:

TREATMENT REQUIRED:

_____ M.D.
Patient's Signature

Witnesses:

SOURCE: North Dakota Jail Health Project, Lyle Brudvig, State Project Coordinator, North
Dakota Medical Association, Bismarck, ND.

Unlicensed Assistive Person Course Evaluation

Instructor: _____ Date: _____

Facility: _____

1. All things considered, how would you rate the teaching effectiveness of this instructor?
Circle one (10 is outstanding, 5 is average, 1 is poor).

10 9 8 7 6 5 4 3 2 1

2. All things considered, how would you rate the overall value of this Course? Circle one (10 is outstanding, 5 is average, 1 is poor).

10 9 8 7 6 5 4 3 2 1

3. Please support your ratings (indicate specific points which you were most effective and those which could be improved).

4. How can the instructor improve the teaching of the course?

5. What revisions would you recommend for:

- a. Module Content
- b. Clinical Experiences
- c. Evaluation Tools (written test)

