**Medical Care & Corrections:**

**DIVISION OF LABOR**

While there is certainly ongoing required interaction between medical and corrections staff, a division of labor and responsibilities is necessary to define boundaries particularly with defending liability.

**RULE #1.** Let medical be medical.

**RULE #2.** Jail staff are security experts.

**RULE #3.** Jail staff can escalate but never deescalate!

**INTAKE & SCREENING.**

The Intake and Admission process is an extremely critical time. It is the time that the least is known about the inmate.

It has the greatest potential risk of:

* Assault.
* Introduction of Contraband.
* Introduction of Communicable Diseases.
* Suicide Risk.
* Medical Issues.
* Mental Health Issues.

Diligent efforts to obtain accurate information is critical because that information will affect the housing area and perhaps cellmates of the individual.

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| **Case Discussions for Consideration:*** + *Addley (Utah County Jail)*
	+ *Simmons v. Navajo County*
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* Assessing Risk
	+ Information from Arresting/Transporting Officers
	+ Screening
	*Taylor v. Barkes*, 135 S.Ct. 2042 (2015)

Qualified immunity for defendants because no established right to suicide screening

* + Observation
* Ideation: Moving Target *(defense for 1983 Deliberate Indifference claims)*
* Managing known Risks
	+ Classification
	+ Observation
	+ Removing Implements
	+ Crisis Intervention
	+ Ongoing Involvement of Healthcare Providers
* Staff Training! Do they know how to conduct screening (taught by medical?)

**SUICIDE IDEATION.**

* Classification
* Observation
* Removing Implements of Suicide
* Crisis Intervention
* Ongoing Medical Involvement

 **SUICIDE ISSUES:**

* Using PC / Administrative Segregation
* Determining Suicide Checks
* Fakers
* Documentation

**MEDICATIONS & PRESCRIPTIONS.**

* **MED PASS**: Definition – pass v dispense
* **SECURITY**: Observation (cheeking, safety/security)
* **TRAINING**: Jail staff

**HUNGER STRIKES.**

Generally this term refers to a voluntary fast undertaken by one or more inmates, who have been observed refraining from consuming nutritionally valued food items in excess of 72 hours.

**RESTRAINTS**

Restraints provide a practical and humane option for handling violent inmates with a reduced risk of physical or psychological trauma. Use of force standards apply to the use of restraints.

“Restraints involve a much lower level of force than using punches, kicks, batons, stun guns, or chemical agents.”

 - Whitley v Albers, 475 U.S. at 320-325;

**CASE LAW:**

* Hudson v. McMillian, 112 S.Ct. 995, 999 (1992);
* Whitley v. Albers, 475 U.S. 312, 321 (1986).
* Kingsley v. Hendrickson, 576 U.S. (2015).

**Restraint Policies Inclusion:**

* Function of Restraints
* Criteria Justifying Restraint Devices
* Restraint Devices
* Restraint Chairs
* Restraints: Crisis Intervention
* Restraints: Supervision and Care
* Restraints: Supervision and Care During Extended Periods
* Restraints: Pregnant Women
* Medical Examination and Treatment
* Documentation Requirements

**Pregnant Inmates.** The shackling of pregnant inmates during labor or postpartum recovery may be a constitutional violation. See Nelson v. Correctional Medical Services, 583 F.3d 522, 530-531 (CA8 2009); Women Prisoners of D.C. v. District of Columbia, 93 F.3d 910, 918, 936 (DCC 1996); Villagas v.Metropolitan Government of Davidson County, 789 F.Supp.2d 895, 919 (M.D. Tenn. 2011).

**ADA CLAIMS**

Litigation claims are increasing based on ADA claims by those with disabilities. Is your facility adequately prepared?

* Inmates
	+ Intake
	+ Housing
	+ Movement
	+ Programming
	+ Transport (court, etc.)
	+ Kiosks
* Visitors/Volunteers
	+ Communication (telephone, kiosks, etc.)
	+ Barriers
	+ Parking
* Staff (physical facility demands)

**PRE-EXISTING CONDITIONS.**

**CASE STUDY:**

Gomm v. DeLand, 729 F.Supp. 767, 781 n. 35 (D. Utah 1990), affirmed, 931 F.2d 62 (1991)

* Medical records
* Medical opinion
* Documentation

**ELECTIVE PROCEDURES.**Jail officials only have an obligation to provide care to prisoners with serious health care needs. Elective procedures are for medical care which is not essential; care which does not involve a serious health-care need.

Some examples may include:

* Hernia repair
* Laparoscopic cholecystectomy
* Selected cancer surgery

What about PREA? Sex Reassignment Surgery?

See Estelle v. Gamble, 429 U.S. 97 (1976); Ramos v. Lamm, 639 F.2d 559 (CA10 1980), cert. denied 450 U.S. 1041 (1981)

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**Contact Information:**

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| **Tate McCotter, NCCE, CJE**Executive DirectorNational Institute for Jail OperationsTel: 801-810-5245 (JAIL)Email: tmccotter@jailtraining.org[www.jailtraining.org](http://www.jailtraining.org) |   |

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