# HEALTH RECORDS AND SERVICES

## **9.1.0 Unit Goal:** Summarize the process and issues of maintaining an inmate’s health folder.

## **9.1.1 Learning Objective:** List legal requirements of providing health services to inmates.

A. TCJS 273.1- Health Services

* 1. Medical Services
  2. Dental Services
  3. Mental Health Services

1. TCJS 273.2- Health Services Plan
   1. Must have a plan approved by the commission
   2. Plan must include how services will be provided
2. TCJS 273.3- Health Instructions

Must follow a physician’s written orders

1. TCJS 271.1(a) (3) - Objective Classification Plan
   1. Special housing needs will be assessed, including mental and medical housing units
   2. Including known pregnant inmates
2. TCJS 273.7- Communicable Disease
   1. Required screening for Tuberculosis
   2. Screening compliant with Health and Human Services criteria

F. CCP 16.21- Duty of Sheriff as to Prisoners

Every sheriff shall keep safely a person committed to his custody. He shall use no cruel or unusual means to secure this end, but shall adopt all necessary measures to prevent the escape of a prisoner. He may summon a guard of sufficient number, in case it becomes necessary to prevent an escape from jail, or rescue a prisoner.

G. CCP 104.002(d) - Expenses for Prisoners

The financial obligations of the inmate should be explained to the inmate in accordance with local policy and this code.

H. Follow departmental policy.

## **9.1.2 Learning Objective:** List the TCJS requirements of health records.

1. TCJS 273.4(a) - The health services plan shall include procedures for the maintenance of a separate health record on each inmate. The record shall include a health screening procedure administered by health personnel or by a trained booking officer upon the admission of the inmate to the facility and shall cover, but shall not be limited to, the following items:
   1. health history
   2. current illnesses (prescriptions, special diets, and therapy)
   3. known pregnancy
   4. current medical, mental, and dental care and treatment
   5. behavioral observation, including state of consciousness and mental status
   6. inventory of body deformities, ease of movement, markings, condition of body orifices, and presence of lice and vermin
2. TCJS 273.4(b) - Separate health records shall reflect all subsequent findings, diagnoses, treatment, disposition, special housing assignments, medical isolation, distribution of medications, and the name of any institution to which the inmate's health record has been released.

***Instructor Note:*** *As stated in TCJS 265.4(b) the medical record shall be kept separate.*

## **9.1.3 Learning Objective:** Identify documents which are required to be maintained in an inmate’s health record.

A. Written requests from an inmate for medical/mental health/dental care shall be filed in their health folder.

B. All findings, treatments, and orders written by a physician:

1. Any refusals of medical treatment or medications shall be noted in the inmate’s file.

2. All medical related refusal forms shall be signed by the inmate; if the inmate refuses to sign, note the refusal in accordance with departmental operational plans.

## **9.1.4 Learning Objective:** Identify reasons for reporting inmate injuries.

* 1. To provide adequate medical care
  2. For investigative purposes
  3. Reduce civil liability (Tort)
     1. Deliberate indifference
     2. Negligence

## **9.1.5 Learning Objective:** Identify the reasons for consulting with medical personnel concerning medication.

A. If an inmate claims to be on specific medication, call the physician to ascertain the following:

* 1. The accuracy of the claim; and
  2. The accuracy of the medication and dosage.

B. The medical records should reflect the following:

1. The date/time/name of physician;

2. The kind of medication/dosage/frequency;

3. The specific illness/condition it is prescribed for; and

4. Any changes in the written orders.

## **9.1.6 Learning Objective:** List methods for identifying an inmate to receive medication.

A. Verify the inmate’s name and assigned medication.

B. Call out the name of the inmate who is to receive the medication.

C. Identify the inmate by armband or as directed by departmental policy.

## **9.1.7 Learning Objective:** Identify some methods for administering medication.

A. Refer to inmate medical file to verify prescribed medications, dosages, and frequencies.

B. Medications **must** be delivered at proper times to avoid reactions.

1. This is particularly true of diabetics, heart patients, or inmates with other serious debilitating conditions.

2. Departmental policy should dictate if inmates with such conditions will be allowed to keep their medication with them (e.g., nitroglycerin).

C. Observe the inmate place the medication in their mouth.

D. Have the inmate swallow the medication.

E. Have the inmate open their mouth so that you can verify that the medication was swallowed.

F. If it appears that the inmate is not taking the medication, contact the shift supervisor or jail medical personnel for instructions.

G. Follow departmental policy.

## **9.1.8 Learning Objective:** Identify some methods for maintaining an inventory of all medication.

1. TCJS 273.2(6) - Health Services

Provide for storage, control, and inventory of medications

1. TCJS 273.2(12) – Health Services
   1. Provide procedures that shall require that a qualified medical professional shall review as soon as possible any prescription medication a prisoner is taking when the prisoner is taken into custody.
   2. For this purpose, pharmacists and Emergency Medical Technicians (EMT) are not “qualified medical professionals.”

C. Keep the inventory current to make sure that the proper amount of medication is on hand.

D. When the medication is dispensed, document for inventory purposes.

E. At each shift change, make sure that the inventory is signed by a jailer or by medical personnel.

F. A supervisor or medical personnel should oversee inventory.

G. Follow departmental policy.

## **9.1.9 Learning Objective:** List some methods of documenting medical treatment.

A. Make a note on the inmate’s medical record of any complaints or changes observed by jailers or medical personnel.

B. When action is taken, make an entry on the proper departmental form.

C. Inmates have the right to adequate medical care and requests should not be overlooked.

D. Document any refusal to take medication.

E. Follow departmental policy.

## **9.1.10 Learning Objective:** Identify some methods of conducting medical, dental, and mental services for inmates.

A. Receive a request from an inmate for sick call:

1. Verbal request

2. Written request

B. Place the inmate on sick call.

C. Transport the inmate to the designated area:

* 1. On foot
  2. By vehicle

D. Maintain security:

1. Use appropriate number of officers.

2. Check the area for contraband.

* 1. Search inmates.
  2. Keep order in the sick area.

E. Have the inmate treated.

F. Return the inmate to the housing area.

G. Maintain all records of treatment.

H. Follow departmental policy.

## **9.1.11 Learning Objective:** List reasons for conducting a medical, dental, or mental health examination on an inmate.

A. Needs of an inmate:

1. Routine screening

2. Actual sickness

3. Emergencies

4. Request of an inmate

B. Doctor’s request:

* 1. Routine checks
  2. Follow-up examinations

C. A nurse or jailer places the inmate on sick call.

D. All medical instructions of physicians and other health personnel shall be followed.

E. Follow departmental policy.

## **9.1.12 Learning Objective:** List the legal requirements of health records confidentiality.

A. Health and Safety Code 611.002- Mental Health Records.

1. Communications between a patient and a professional, and records of the identity, diagnosis, evaluation, or treatment of a patient that are created or maintained by a professional are confidential.

2. Confidential information or records may not be disclosed except as provided by

* + 1. HSC 611.004.- AUTHORIZED DISCLOSURE OF CONFIDENTIAL INFORMATION OTHER THAN IN JUDICIAL OR ADMINISTRATIVE PROCEEDING
    2. HSC 611.0045.- RIGHT TO MENTAL HEALTH RECORD
    3. HSC 614.017.(a) (2) – EXCHANGE OF INFORMATION

3. This section applies regardless of when the patient received services from a professional.

# COMMUNICABLE DISEASES

## **9.2.0 Unit Goal:** Summarize important considerations of communicable diseases.

## **9.2.1 Learning Objective:** Define communicable disease.

A communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect.

Source: <http://www.acphd.org/communicable-disease.aspx>

## **9.2.2 Learning Objective:** Identify occupational risks to jailers.

1. Encountering blood or other potentially infectious body fluid, or cleaning up body fluid spills.
2. Conducting pat down searches, cell searches, or handling evidence that could cause punctures of the skin.
3. Intervening in fights.

## **9.2.3 Learning Objective:** Identify selected sections of HSC Chapter 81 - Communicable Diseases.

1. Section 81.046 – Confidentiality means this information is not public record and may not be released.
2. Section 81.179 – Transportation of person – The Sheriff must accommodate transportation to any court ordered designated health facility.
3. Section 81.181 – Acknowledgment of Delivery – A written statement shall be provided by the accepting agency to prove the acceptance of the inmate.

## **9.2.4 Learning Objective:** Identify methods of transmission for communicable diseases.

Modes of Transmission

1. Direct transmission: Immediate transfer of a pathogen from an infected agent to a host by direct contact or droplet spread.
2. Direct contact: Occurs through skin-to-skin contact by skin, mouth, open wounds, touching, biting, kissing, and sexual contact.
3. Droplet Spread: Refers to the spray of large or short-range droplets produced by sneezing, coughing, or talking.
4. Indirect transmission: The transfer of a pathogen from an infected agent to a host by suspended air particles, inanimate objects (desk, countertop, doorknob), or living vectors. Vectors are a carrier of disease or medication.
5. Airborne transmission: Infectious agents that are carried by dust or droplet nuclei suspended in air. In contrast to droplets that fall to the ground within a few feet, droplet nuclei may remain suspended in the air for long periods of time and may be blown over great distances.
6. Vehicle borne transmission: Indirectly transmits an infectious agent in food, water, and blood, or inanimate objects such as handkerchiefs or bedding.
7. Vector borne: Such as mosquitos, fleas, and ticks that may carry infectious agents or may support growth or changes in the agent.

## **9.2.5 Learning Objective:** Identify airborne diseases.

1. Influenza (Flu)
2. Influenza (flu) is a contagious respiratory illness caused by the influenza virus.
3. The flu virus is spread by airborne droplets that land in the mouth or nose by infected people when they cough, sneeze, or talk.
4. A person may also get the flu by touching a surface or object that has the flu virus on it and then touching their own mouth or nose.
5. Symptoms include:
   1. Fever of feeling feverish/chills
   2. Cough
   3. Sore throat
   4. Runny or stuffy nose
   5. Muscle or body aches
   6. Headaches
   7. Fatigue
6. Common Cold
7. Infection is spread through the air and close personal contact.
8. The virus enters the body through the nose and throat by an infected droplet.
9. Symptoms include:
   1. Sore throat
   2. Runny nose
   3. Coughing
   4. Sneezing
   5. Watery eyes
   6. Headache
   7. Body aches
10. Chickenpox
11. Chickenpox is spread to others who have never had the disease or been vaccinated.
12. Chickenpox is a rash that turns into itchy, fluid-filled blisters that turn into scabs.
13. The virus is spread by touching or breathing in the virus particles that come from the chickenpox blisters and through tiny droplets from infected people that get in the air after they breathe or talk.
14. Measles
15. Measles is a viral disease that is highly contagious.
16. It can spread to others through airborne droplets expelled during breathing, coughing, and/or sneezing.
17. The measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed.
18. Measles typically begins with high fever, cough, runny nose, and red, watery eyes. After two to three days after symptoms begin, tiny white spots may appear inside the mouth. Three to five days after symptoms begin, a rash breaks out.
19. When rash appears, a person’s fever may spike to more than 104 degrees Fahrenheit.
20. Mumps
21. Mumps is a contagious disease caused by a virus.
22. Mumps is best known for the puffy cheeks and swollen jaw resulted from swollen salivary glands.
23. An infected person can spread the virus by coughing, sneezing, or talking; sharing items, such as cups or eating utensils, with others; and touching objects or surfaces with unwashed hands that are then touched by others.
24. Common symptoms include:
    1. Fever
    2. Headache
    3. Muscle aches
    4. Tiredness
    5. Loss of appetite
    6. Swollen and tender salivary glands under the ears on one or both sides
25. Tuberculosis (TB)
26. TB bacteria is spread through the air from one person to another.
27. When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow.

Sources:

<http://medical-dictionary.thefreedictionary.com/blood-borne+pathogens>

<http://www.healthguidance.org/entry/9172/1/The-Air-Borne-Diseases-Part-I.html>

<https://www.cdc.gov/ophss/csels/dsepd/ss1978/lesson1/section10.html>

## **9.2.6 Learning Objective:** Identify some forms of diagnostic and test procedures for TB.

A. The standard screening method for TB is a skin test, usually in the forearm.

B. The patient’s arm is inspected a few days after the test. Bumps, redness, and/or swelling around the injection may indicate a positive reaction of TB infection.

C. You’ll need to see a health-care provider to determine if the test is positive. The skin test is not perfect: there can be false reactions.

D. A chest x-ray can also be used to detect TB and is used as a follow-up to those testing positive to the skin test.

E. Some individuals may test positive but not be active carriers of TB.

## **9.2.7 Learning Objective:** Define the requirements for TCJS 273.7 - Tuberculosis Screening Plan.

* 1. Each facility having a capacity of 100 or more inmates, or housing inmates transferred from a facility with a capacity of at least 100 beds or housing inmates from another state, shall develop and implement a plan for tuberculosis screening tests of employees, volunteers, and inmates.
  2. Inmates confined in the jail for more than 7 days shall be tested on or before the 7th day after the day of confinement.

## **9.2.8 Learning Objective:** Identify direct contact infectious diseases.

1. Direct contact infectious diseases are diseases that are spread through direct contact from a contaminated person or item.
2. Transmission occurs when an infected person touches or exchanges body fluids with someone else.
3. Sexual transmitted diseases are normally transmitted by direct contact.

## **9.2.9 Learning Objective:** Define sexually transmitted diseases.

1. The term sexually transmitted disease (STD) is used to refer to any illness that is passed from one person to another through vaginal, anal, or oral sex.
2. An STD may also be referred to as a sexually transmitted infection (STI) or venereal disease (VD).
3. This does not mean that sex is the only way that STDs can be transmitted.

## **9.2.10 Learning Objective:** Identify the most common sexually transmitted diseases.

1. Herpes
   1. Herpes is the short name for the herpes simplex virus, or HSV.
   2. Herpes may start as small blisters that break open and produce raw, painful sores that scab and heal over within a few weeks.
   3. The blisters and sores may be accompanied by flu-like symptoms with fever and swollen lymph nodes.
   4. There are two types of herpes, both of which are usually transmitted sexually.
      1. HSV-2 primarily causes genital herpes.
      2. HSV-1 primarily caused oral herpes.
   5. A person may get infected with herpes simplex if one comes into contact with the fluid of a herpes ulcer from an infected person.
2. Chlamydia
   1. Chlamydia is a common and curable bacterial infection.
   2. The bacteria target the cells of the mucous membranes, which are the soft, moist tissues of the body not covered by skin.
   3. Some of the symptoms for both men and women can experience inflamed rectum, inflamed urethra, and inflamed eyelids.
   4. Chlamydia can be passed when the mucous membrane, the soft skin covering all the openings of the body, comes into contact with the mucous membrane secretions or semen of an infected person.
   5. Eye infections may result when discharge carries the disease into the eye during sex or hand-to-eye contact.
3. Gonorrhea
   1. Gonorrhea is a sexually transmitted infection (STI), also known as “the clap.”
   2. It is a curable bacterial infection.
   3. The bacteria targets the cells of the mucous membranes including: the surfaces of the urethra, vagina, cervix and endometrium; the fallopian tubes; the anus and rectum; the lining of the eyelid; and the throat
   4. When symptoms are present, may include anal or rectal itching, discharge, and pain during defecation.
   5. Symptoms also include abnormal discharge that is yellowish accompanied with pain.
   6. Gonorrhea can be passed when the mucous membrane comes into contact with the secretions or semen of an infected person.
   7. Eye infections in adults may result when discharge caries the disease into the eye during sex or hand-to-eye contact.
4. Syphilis
   1. Syphilis is a curable bacterial infection.
   2. The bacteria enter the body through mucous membranes or abrasions in the skin.
   3. After initial infection, syphilis bacteria can lie dormant in your body for decades before becoming active again.
   4. The first sign of syphilis is a small sore, called a chancre, appearing at the spot where the bacteria entered the body.
   5. A later symptom of syphilis is a rash that begins on the trunk of the body and eventually covers the entire body.
   6. If syphilis isn’t treated, the disease moves to a latent, or hidden, stage – lasting for years.
   7. 15-30 percent of people infected with syphilis who don’t get treatment develop complications with the brain, nerves, eyes, heart, blood vessels, liver, bones, or joints.

Sources: American Sexual Health Association <http://www.ashasexualhealth.org>

Center for Disease Control <https://www.cdc.gov/std/>

## **9.2.11 Learning Objective:** Define vector-borne diseases.

Vector-borne diseases are illnesses caused by pathogens and parasites in human populations.

## **9.2.12 Learning Objective:** Identify disease carrying vectors.

1. Mosquitoes
   1. Mosquitos are found biting outdoors and will also feed indoors.
   2. The following diseases are transmitted by mosquitoes:
      1. Dengue fever
      2. Zika
      3. West Nile fever
2. Head Lice
   1. Head lice are tiny insects that live on the skin covering the top of your head (scalp).
   2. They are spread by personal contact of the sharing of combs, brushes, caps, and other clothing.
   3. Anyone who comes in close contact with someone who already has head lice, or even their contaminated clothing and other belongings, is at risk for acquiring head lice.
   4. A Head louse is easy to transmit from person to person and they multiply quickly.
   5. Head louse is different from the lice that cause body and pubic-hair infestations.
3. Pubic Lice or Crab Louse
   1. Pubic lice are tiny insects that infect the pubic hair area and lay eggs there.
   2. The lice can also be found in armpit hair and eyebrows.
   3. Pubic lice are mostly spread during sexual activity; however, it can also be spread through contact with objects such as toilet seats, sheets, or blankets.
4. Scabies
   1. Scabies is an itchy skin condition caused by microscopic mites.
   2. Scabies spread quickly in crowded conditions where there is frequent skin-to-skin contact between people.
   3. Sharing clothes, towels, and bedding can spread scabies. This can happen much more easily when the infested person has crusted scabies.

Sources: Medline Plus <http://medlineplus.gov>

World Health Organization <http://www.who.int/mediacentre/factsheets/fs387/en/>

## **9.2.13 Learning Objective:** Identify contagious infections.

1. Staphylococcal Infection
   1. Staph is short for Staphylococcus, which is a type of bacteria.
   2. Skin infections are the most common.
      1. They look like pimples or boils.
      2. May be red, swollen and painful, and sometimes have pus or other drainage.
   3. A person is more likely to get one if you have a cut or scratch, or have contact with a person or surface that has staph bacteria.
   4. The best way to prevent staph is to keep hands and wounds clean.
2. MRSA
   1. MRSA stands for methicillin-resistant staphylococcus aureus.
   2. It causes staph infection but is resistant to several common antibiotics.
   3. MRSA happens to people who have close contact with others, such as athletes involved in football and wrestling.
   4. Prevention includes proper hygiene, keeping cuts and scrapes clean and covered with bandages until healed.

## **9.2.14 Learning Objective:** Identify strategies to prevent the spread of pathogens.

1. Handwashing is one of the most effective methods of preventing transmission of pathogens.
2. Cough etiquette helps minimize the transmission of airborne pathogens.
   1. Covering the mouth and nose during coughing and/or sneezing by using a tissue or the inner corner of your elbow.
   2. Immediately dispose of used tissues
3. Use a hand sanitizer solution if no running water is available. Follow the directions on the hand sanitizer prior to use. Wash your hands with soap and running water as soon as possible.
4. Use gloves when handling contaminated surfaces, items, or people.
5. Avoid close contact with people who are sick.
6. Clean and disinfect frequently touched surfaces.
7. Avoid touching your eyes, nose, and mouth with unwashed hands. Germs and viruses enter your body this way.
8. Clean up any spills of blood and body fluids thoroughly and promptly, using a 1:10 dilution of household bleach.
9. Other cleaning solutions are available that are just as good as a dilution of 1 part common household bleach to 10 parts water.

## **9.2.15 Learning Objective:** Identify specific preventative measures taken in jail environments to prevent the spread of communicable diseases.

1. General area cleanliness:
   1. All trash is routinely discarded
   2. Clothing, towels and bedding are routinely washed
   3. Showers, toilets and other common areas are routinely cleaned
2. Protective equipment is used to prevent the transmission of diseases:
   1. Gloves
   2. Duckbill masks
   3. Smocks or Aprons
   4. Face shields
   5. Air purification systems
   6. Negative Air Isolation systems
3. Isolation procedures are common in jail environments depending on departmental policies.

***Instructor Note:*** *Refer to departmental policy for handling contaminated items and for decontaminating protocol.*

Example Policy:

***Contaminated Laundry*** *Any person handling contaminated laundry shall wear appropriate protective clothing.  
All clothing, blankets and mattress covers that have been in contact with an inmate who is diagnosed with, or suspected of having a contagious illness or disease, shall be handled as contaminated laundry. The medical staff will keep all contaminated laundry in medical separate from all other soiled laundry. Use the following procedures for bagging and labeling contaminated laundry.*

***Bodily Fluids***

*Have the inmate place the washable soiled items in a water-soluble bag. Close and tie the bag. Place the water-soluble bag in a clear garbage bag, then close, tie, and label the bag. If the contaminated clothing is the inmate's personal laundry, tag the bag with the SO number and cell assignment. Send the soiled clothes to the laundry for cleaning. If the laundry is not in operation at the time, the bag will be taken to the property room to be washed.*

***Vermin***

*Place any washable items in a clear garbage bag. Spray the contents of the bag with vermin control spray. Close and tie the bag. Label the bag with the inmate's SO number, cell assignment and include the time and date the content was sprayed. Send the bag to the laundry for cleaning. If the laundry is not in operation at the time, the bag will be taken to the property room to be washed.*

***Bio-Hazard*** *Any non-washable contaminated material shall be placed into a red bag and sealed. The bag shall be sent to medical and placed in the bio-hazard container for proper disposal.*