



Ohio Administrative Code Rule 5120:1-8-09 Medical/mental health.

Effective: January 6, 2020

(A) (Essential) Health authority. The jail has a designated health authority with responsibility for health and/or mental health care services pursuant a written agreement, contract or job description. The health authority may be a physician, health administrator or agency. When the health authority is other than a local physician, final clinical judgment rests with a single, designated, responsible, local physician licensed in Ohio. The health authority is responsible and authorized to:

(1) Provide written policies and procedures specifically designed for the jail for all aspects of this standard that shall be reviewed on an annual basis.

Written policies and procedures shall be easily accessible to staff and simple to understand.

(2) Arranges for all levels of health care, mental health care and dental care and assures quality, accessible and timely services for inmates. When necessary medical, mental health or dental care is not available at the jail, inmates are referred to an appropriate setting.

(3) Ensure where there is a separate organizational structure for mental health services; there is a designated mental health clinician.

(4) Ensure decisions and actions regarding health care and mental health care meet inmates serious medical and mental health needs are the sole responsibility of qualified health care and mental health professionals.

(5) No inmate shall be denied necessary health care, as designated by the health authority.

(B) (Essential) Inmate pre-screen. Before acceptance into jail, health-trained personnel shall inquire about, but not be limited to the following conditions and the health authority shall develop policies for the acceptance or denial of admission for:



- (1) Suicide thoughts/plan.
 - (2) Current serious or potentially serious medical or mental health issues needing immediate attention.
 - (3) The use of taser, pepper spray or other less lethal use of force during arrest.
 - (4) Observe for signs of and inquire about drug and/or alcohol intoxication or abuse.
- (C) (Essential) Receiving screen. Health trained personnel, in accordance with protocols established by the health authority, shall perform a written medical, dental and mental health receiving screening on each inmate upon arrival at the jail and prior to being placed in general population.
- (1) Inquiry includes at least the following:
 - (a) Current and past illness and health problems;
 - (b) Current and past dental problems;
 - (c) Current and past mental health problems;
 - (d) Allergies;
 - (e) Current medications for medical and mental health;
 - (f) Hospitalizations for medical or mental health purpose(s);
 - (g) Special health needs;
 - (h) Serious infection or communicable illness(s);
 - (i) Use of alcohol and drugs including types, amounts and frequency used, date or time of last use and history of any problems after ceasing use i.e. withdrawal symptoms;



- (j) Suicidal risk assessment;
- (k) Possibility of pregnancy;
- (l) Other health problems as designated by the health authority.
- (2) Observation of the following:
 - (a) Behavior including state of consciousness, mental health status, appearance, conduct, tremors and sweating;
 - (b) Body deformities and ease of movement;
 - (c) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations and needle marks or other indications of drug abuse.
- (3) Medical disposition of inmate:
 - (a) General population;
 - (b) General population with prompt referral to appropriate health or mental health services;
 - (c) Referral for emergency treatment;
 - (d) Medical observation/isolation;
 - (e) Mental health observation/precautions;
 - (f) Documentation of date, time and signature and title of person completing screening.
- (D) (Essential) Health appraisal. Within fourteen days, a licensed nurse, physician, physicians assistant, or paramedic shall complete a health appraisal to determine the medical and mental health



condition for each inmate in custody. Such appraisal shall at least include the following:

- (1) Review of receiving screen.
- (2) Collection of additional data to complete the medical, dental and mental health history.
- (3) Laboratory, and/or diagnostic tests to detect tuberculosis and other suspected communicable diseases as designated by the health authority.
- (4) Recording the height, weight, pulse, blood pressure and temperature.
- (5) Medical examination as determined by the examiner.
- (6) Mental health assessment.
- (7) Initiation of therapy when determined necessary by the examiner.
- (8) Development and implementation of a treatment plan.

If performed by an licensed practical nurse or paramedic, the assessment should be reviewed and approved by a registered nurse or more highly qualified health care professional.

- (9) Other test and examination as determined by the examiner or health authority.

(E) (Essential) Full-service scope. The jail provides twenty-four-hour emergency medical, dental, and mental health care services.

(F) (Essential) Sick call. A physician and/or qualified health care professional conducts sick call.

- (1) Once per week for jails with an average daily population of less than fifty.

- (2) Three times per week for jails with an average population of less than one hundred ninety-nine.



(3) Five times per week for jails with an average daily population of two hundred or more.

(G) (Essential) Credentials. All health and mental health care personnel who provide services to inmates are appropriately credentialed according to the licensure, certification, and registration requirements of Ohio. Verification of current credentials is on file at the facility. Health care staff work in accordance with profession-specific job descriptions approved by the health authority.

(H) (Essential) Health and mental health complaints. The jail shall ensure that there is a daily procedure whereby inmates have an opportunity to report medical and mental health complaints through health trained personnel, or for urgent matters, to any jail employee. The jail employee shall contact the appropriate medical or mental health department immediately. An inmate grievance system for medical and mental health treatment shall be established by the health authority. Both daily complaints and grievances shall be:

(1) Addressed in a timely manner.

(2) Recorded and maintained on file.

(3) Reviewed daily by qualified health care personnel and treatment or follow-up shall be provided as necessary.

(I) (Important) Personal physician treatment. Inmates can be treated by a personal physician in the jail at their own expense, upon the approval by the jail physician, provided that the current credentials of the personal physician are verified.

(J) (Essential) Medical/mental health record. The jail shall maintain an accurate health/mental health record in written or electronic format. The health authority shall develop policies and procedures concerning the following areas:

(1) Health records remain confidential and are only accessible to personnel designated by the health authority.

(2) Correctional staff may be advised of inmates health/mental health status only to preserve the



health and safety of the inmate, other inmates, jail staff and in accordance state and federal laws.

(3) Retention and reactivation of said records if an inmate returns to the facility.

(4) Transfer of medical/mental health information or record to external care provider.

(K) (Essential) Pharmaceuticals. Pharmaceuticals are managed in accordance with policies and procedures approved by the health authority and in compliance with state and federal laws and regulations and include the following:

(1) The policies require dispensing and administering prescribed medications by health-trained personnel or professionally trained personnel, adequate management of controlled medications, and provisions of medication to inmates in special management units.

(2) The jail shall develop a policy, approved by the health authority, regarding incoming medications.

(L) (Important) Dental care. Inmates shall be provided dental and oral care under the direction and supervision of a dentist licensed in the state of Ohio. There is a system of established priorities for care, when in the dentists judgment, the inmates health would otherwise be adversely affected.

(M) (Essential) Mental health services. Inmates evidencing signs of mental illness or developmental disability shall be referred immediately to qualified mental health personnel. The health authority shall develop policies for the following areas:

(1) Screening for mental health problems.

(2) Referral to outpatient services, including psychiatric care.

(3) Crisis intervention and management of acute psychiatric episodes.

(4) Stabilization of the mentally ill and prevention of psychiatric deterioration in the jail.



(5) Referral and admission to inpatient facilities.

(6) Informed consent.

(N) (Essential) Suicide prevention program. The health authority shall have a plan for identifying and responding to suicidal and potentially suicidal inmates. The plan components shall include:

(1) Identification The receiving screening form contains observation and interview items related to the inmates potential suicide risk. Circumstances include but are not limited to: profound incidents/issues, court dates, loss of significant others either by accident, natural causes or by suicide, sentencing, divorce, rejection, bad news, after a humiliating issue, etc. may be high risk periods for inmates.

(2) Training Staff members who work with inmates are trained to recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately. The plan includes initial and annual training.

(3) Assessment The plan specifies a suicide risk assessment and level system. The assessment needs to be completed every time an inmate is identified as being or potentially being suicidal, or if circumstances change. Only a qualified mental health professional may remove inmates from suicide risk status.

(4) Housing The plan must designate the housing beds/units for the suicidal or potentially suicidal inmates.

(5) Monitoring The plan specifies the procedures for monitoring an inmate who has been identified as potentially suicidal. A suicidal inmate is checked at varied intervals not to exceed ten minutes. Regular documented supervision is maintained. Inmates are placed in a designated cell, all belongings removed and other prevention precautions initiated, as appropriate.

(6) Referral The plan specifies the procedures for referring a potentially suicidal inmate and attempted suicides to a mental health care provider or facility, and includes time frames.



(7) Communication The plan specifies for ongoing communications (oral and written), notifications between health care and correctional personnel regarding the status of suicidal inmates.

(8) Intervention The plan addresses how to handle a suicide in progress, including first-aid measures.

(9) Notification The plan includes procedures of notifying the jail administrator, outside authorities and family members of completed suicides. The plan shall consider safety and security issues when it comes to notification.

(10) Reporting The plan includes procedures for documenting, monitoring and reporting attempted or completed suicides. Completed suicides are immediately reported to the coroner/medical examiner and the division of parole and community services within thirty days of the incident.

(11) Review The plan specifies procedures for medical and administrative review if a suicide or a serious suicide attempt occurs.

(12) Critical incident debriefing The plan specifies the procedures for offering critical incident debriefing to affected staff and inmates.

(O) (Important) Emergency equipment/supplies. Emergency medical equipment and supplies, as determined by the health authority shall be available at all times and replenished, as needed and may include automatic external defibrillators (AEDs).

(P) (Essential) Infectious disease control program. The health authority shall have a written infectious disease control program which collaborates with the local health department and shall include, at minimum, an exposure control plan and standard isolation precautions for inmates and staff, which are updated annually. The health authority shall develop written policy and procedure.

(Q) (Essential) Pregnant inmate. Pregnant inmates shall receive appropriate and timely pre-natal care, delivery and postpartum care, as determined by the health authority.

(R) (Essential) Restraints. Use of restraints for medical and psychiatric purposes shall be applied in



accordance with policies and procedures approved by the health authority, including:

(1) Conditions under which restraints may be applied.

(2) Types of restraints to be applied.

(3) Identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative.

(4) Monitoring procedures.

(5) Length of time restraints are to be applied.

(a) There shall be ten-minute, varied checks by correctional staff;

(b) There shall be thirty-minute checks by health-trained personnel;

(c) Inmates in medical restraints, if possible, after every two hours of continuous use, each extremity is freed or exercised for a period of five to ten minutes.

(6) Documentation of efforts for less restrictive treatment alternatives.

(7) An after-incident review.

(S) (Important) Continuous quality improvement program. The health authority shall develop a continuous quality improvement (CPI) system of monitoring and reviewing, at least annually, the fundamental aspects of the jails health/mental health care system, including but not limited to: access to care; the intake process; emergency care and hospitalizations; and, adverse inmate occurrences, including all deaths. Periodic chart reviews are included to determine the timeliness and appropriateness of the clinical care provided to inmates.

(T) (Important) Emergency response plan The health aspects of the emergency response plan (mass disaster drill & man down drill). Emergency medical care, including first aid and basic life support,



is provided by all health care professionals and those health-trained correctional staff specifically designated by the jail administrator. All staff responding to medical emergencies are certified in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of certifying health organizations.

(U) (Essential) Continuing education for health trained personnel. All qualified health care professionals participate annually in continuing education appropriate for their position.

(V) (Essential) Special nutritional and medical diets. Inmate diets are modified when ordered by the appropriate licensed individual to meet specific requirements related to clinical conditions.

(W) (Essential) Intoxication and detoxification. The health authority shall develop specific policies and protocols in accordance with local, state and federal laws for the treatment and observation of inmates manifesting symptoms of intoxication or detoxification from alcohol, opiates, hypnotics, or other drugs. Specific criteria are established for immediately transferring inmates experiencing severe, life-threatening intoxication (overdose) or detoxification symptoms to a hospital or detoxification center.

(X) (Essential) Confidentiality. Information about an inmates health status is confidential. Non health trained staff only have access to specific medical information on a need to know basis in order to preserve the health and safety of the specific inmate, other inmates, volunteers, visitors, criminal justice professionals or correctional staff.

(Y) (Important) Informed consent. The health authority shall develop a policy and procedure requiring that all examinations, treatments and procedures are governed by informed consent practices applicable in the jails jurisdiction.

(Z) (Important) Privacy. The health authority shall develop a policy whereby health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates privacy.

(AA) (Important) Inmate death. In all inmate deaths, the health authority determines the appropriateness of clinical care; ascertains whether corrective action in the systems policies,



procedures, or practices is warranted; and, identifies trends that require further study.