I. PURPOSE

The purpose of this General Order is to provide directives for maintaining the safety, security, and proper medical care with regard to individuals who are inebriated and/or under the influence of drugs.

II. POLICY

It shall be the policy of the Corrections/Court Services Division that any person arrested and/or committed to the facility who exhibits characteristics of being under the influence of drugs and/or alcohol shall be medically screened immediately upon arrival. Such inmates shall be monitored during their confinement to maintain their personal safety.

III. DEFINITIONS:

Arrestee: Any person who is arrested and brought to the Adult Detention Center, but who is not yet lawfully committed to the facility by a judge, magistrate, or other committing authority.

Clearance: The approval given by the medical authority performing a medical screening that allows the person to be housed in a receiving unit. Clearance may also be given requiring that the inmate be given special attention. Such special attention may include continual observation in a holding cell, periodic medical review, or other types of specialized requirements from the medical authority.

Inebriated: A condition or level of intoxication during which a person exhibits physical impairment such as poor motor skills, slurred speech, difficulty in completing normal tasks and thought processes, or loss of bodily functions. A person having an odor of alcohol about his or her person does not, without more evidence, rise to the level of inebriation.

Inmate: Any person lawfully committed to the Adult Detention Center by a judge, magistrate or other committing authority.
Medical Screening: A physical review by authorized medical personnel including personnel from a rescue squad or the Emergency Room at Loudoun Hospital Center and any contractual members of the nursing staff or a contract doctor. The object of the screening will be to determine if the person is in need of emergency medical treatment, or poses any potential health threat to them through normal incarceration. The medical screening includes medical history, mental health assessment, suicide assessment, and tuberculosis test.

Unconscious: A person will be deemed unconscious if they have no response to verbal stimuli or to normal amounts of physical stimuli such as a reasonable shaking of the arm, leg, or torso. If the person responds briefly, then immediately loses responsiveness, he/she will be considered unconscious.

Alco-Sensor: Portable handheld device used to measure a person’s “Breath Alcohol Content” (BrAC)

III. PROCEDURE

A. Arrestees

1. If the arrestee appears to be in need of emergency medical assistance or appears to be unconscious, Adult Detention Center staff will have the medical staff evaluate the arrestee immediately. If the medical staff determines that the arrestee should be taken to the hospital for treatment or evaluation, a supervisor will direct the arresting officer to remove the arrestee from the facility and to transport the arrestee to the hospital for further medical clearance. If the arrestee’s condition is serious, the rescue squad will be called to stabilize and transport the individual to the hospital. Such transports will be made following the General Orders # 402.5, Prisoner Transportation, Custody and Care.

2. In the event an arrestee appears to be in a state of extreme intoxication, medical staff will evaluate the inmate using a designated medical form for refusing admittance and then complete an emergency room referral form once they have determined the level of care needed. The medical staff will present their recommendation to a supervisor.

B. Inmates

1. Any inmate lawfully committed to the Adult Detention Center who is inebriated, under the influence of drugs, has ingested a combination of alcohol and drugs (including prescription drugs), is in possession of illicit or prescription drugs, will also be screened immediately by medical staff and be administered an alco-sensor test. Based on the results, the Intake Supervisor will determine the appropriate cell assignment based on the level of care needed.
2. If the medical staff determines that the inmate should be taken to the hospital for treatment or evaluation, a supervisor will direct appropriate deputy(s) to remove the inmate from the facility and to transport the inmate to the hospital for further medical clearance. Such transports will be made following the General Orders # 502.4, Inmate Movement & Transportation, and # 504.2, Hospital Duty.

3. If an inmate is deemed to be unconscious, Medical will be notified. Medical Staff will make an assessment and then determine the need for additional medical treatment. An unconscious inmate will never be left unobserved.

C. Special Orders for Clearance

1. If the medical authority giving clearance does so under the condition that the inmate receives special attention, such orders will bear the weight of agency policy. Any staff members failing to follow medically prescribed special orders will be subject to disciplinary action.

2. Special orders given by the medical authority, documented on the Medical/Housing Recommendation Form, and all efforts made by staff to comply with such orders will be documented on the appropriate duty post activity log. A copy of these special orders will be forwarded to the shift supervisor, the Classification Section and become part of the shift supervisor Pass-On Log.

D. Incarceration Issues

1. Any inmate lawfully committed to the Adult Detention Center who is determined to be under the influence of alcohol or other, will be administered an alco-sensor test immediately and prior to the inmate being placed into a cell. Then re-tested at a minimum of every two (2) hours.

   a. Staff will document all test results and physical checks on their duty post activity log and the inmate record.

   b. Staff will take the inmate before the magistrate for a bond hearing once the inmate’s test results reach .00 BrAC.

   c. If an inmate is not responsive to verbal stimuli at any time, medical assistance will be sought immediately.

2. If it is known or reasonably suspected that an inmate has ingested a combination of drugs and alcohol (including prescription drugs), then they are to be immediately screened by medical staff. The medical staff will present their recommendation to a supervisor. If there is a conflict of care, opt for the higher level of care.
E. Confinement Housing Unit Inmates

1. Any inmate that is believed to be in an intoxicated state shall be given an alco-
sensor test. If at that time the Inmate is deemed to be intoxicated, that Inmate
will be removed from that housing unit immediately. The Inmate will be taken
to Intake for observation where a second also-sensor will be administered.
Criminal charges may be filed against them, and reports will be written. (i.e.
IBR, in-house incident report)

IV. ACCREDITATION STANDARD #

6VAC15-40-370: Receiving and Medical Screening of Inmates

Written policy, procedure and practice shall provide that receiving and medical screening
be performed on all inmates upon admission to the facility. The medical screening shall:

1. Specify screening for current illnesses, health problems and conditions, and past
history of communicable diseases;
2. Specify screening for current symptoms regarding the inmate’s mental health,
dental problems, allergies, present medications, special dietary requirements, and
symptoms of venereal disease;
3. Include inquiry into past and present drug and alcohol abuse, mental health status,
depression, suicidal tendencies and skin condition; and
4. For female inmates, include inquiry into possible pregnancy or gynecological
problems.

Compliance Documentation:
- Review written policy and procedure
- All elements in 1-4 must be included on the screening form
- Review medical screening form (Medical screening means an observation and
interview process within the booking procedure)
- Interview staff

Initial screening is intended to identify any potential emergency situations among newly
admitted inmates. This process of inquiry and observation is designed to prevent newly
arrived inmates, who pose a threat to their own or others’ health or safety from being
admitted into the general population and to get inmates necessary medical treatment.

This General Order becomes effective September 22, 2016, and rescinds all previous rules
and regulations pertaining to the subject.