

## JAIL HEALTH

Local health departments have the responsibility of overseeing jail health care if they have a local county jail within their county or district. The local health director must annually review, approve and sign the local jail medical plan. This may be as simple as reviewing the contract that the local sheriff has with a medical practice to provide medical staffing and services for the inmates. Some jails are so large, there are medical services and staff available twenty-four (24) hours per day on-site; while others are so small that services are provided by local emergency rooms or physicians' offices. Other counties or districts may elect to provide jail medical services utilizing the local health department's staff.

The criteria for jail medical plans were addressed in an article by Jill Moore, MPH, JD, a UNC Chapel Hill School of Government faculty member who specializes in public health laws. Ms. Moore stated it best in her 2005 Popular Government magazine article, "Public Health behind Bars: Health Care for Jail Inmates"<sup>1</sup>:

### ***North Carolina Jail Medical Plans<sup>1</sup>***

Section 153A-225(a) of the North Carolina General Statutes requires all local government units that operate a jail to have a jail medical plan. The plan must meet the following criteria:

- Be designed to protect the health and welfare of the inmates and to avoid the spread of contagious diseases;
- Provide for the medical supervision of inmates and for emergency medical care, to the extent necessary for inmates' health and welfare; and
- Provide for the detection, the examination, and the treatment of inmates who have tuberculosis or sexually transmitted diseases.

State regulations, commonly known as the North Carolina Jail Health Standards, specify certain issues that the medical plan must address. It must describe the health services that are available to inmates and include policies and procedures addressing each of the following:

- Health screening of inmates on admission;
- Routine medical care for inmates;
- Management of inmates with chronic illnesses or known communicable diseases or conditions;
- Administration, dispensing, and control of prescription and nonprescription medications;
- Management of emergency medical problems, including emergencies related to dental care, chemical dependency, and pregnancy<sup>1</sup>;
- Maintenance and confidentiality of medical records; and
- Privacy during medical examinations and conferences with qualified personnel.

The regulations also specify that jails must have a sick-call procedure that allows inmates to communicate their health complaints each day. In addition, the regulations prohibit inmates from performing any medical functions in the jail, and require the jail medical plan to be reviewed annually.<sup>2</sup>

The regulations are enforced by the Jails and Detention Section of the Division of Health Service Regulation, in the state's Department of Health and Human Services.

**Notes:**

1. State regulations define "emergency medical problem" as "a serious medical need, including severe bleeding, unconsciousness, serious breathing difficulties, head injury, severe pain, suicidal behavior or severe burns, that requires immediate medical attention and that cannot be deferred until the next scheduled sick call or clinic." 10A NCAC 14J .0101(14).
2. 10A NCAC 14J .1001.

No matter how the local county carries out its local jail health medical plan, the local public health communicable disease (CD) nurse will be involved. She/he may be the primary caretaker of the inmates using standing orders for entry screenings to medical care at sick call; or she/he may just be a resource for the jail health medical contract staff. Either way, the CD nurse will need to understand the workings of the jail. It is inevitable that at least once in a public health CD nurse's career she/he will have an active tuberculosis (TB) suspect or case come through the local jail. Knowing the jail medical staff and their routines will make these types of investigations much easier for everyone.

Another important aspect about jail health is that jails have a very high-risk population for communicable diseases and substance abuse housed in one facility in very tight quarters. Most inmates or safe-keepers do not stay in jail for longer than an average of two weeks, according to Ms. Moore's article. This alone increases the risk of the possible acquisition and transmission of a communicable disease while in jail that can easily return to the local community when the inmate returns home. It is not uncommon for local health departments to provide education and special screenings in the jail to identify infected clients before they return to the community. The state has also supported initiatives such as HIV and syphilis testing of inmates. All inmates are tested annually or when suspicious for TB while in the jail. If the CD nurse works closely with the jail, she/he can start infected clients on supervised TB preventive therapy while they are in jail and follow them upon release.

The CD nurse should be involved in the annual review of the jail health plan. She/he would be an excellent resource for designing questionnaires for intakes of inmates and helping the local jail staff know when to contact the health department with communicable disease questions or reports of communicable diseases. The local CD nurse is also a great resource for assisting with jail staff occupational exposures and education as needed or requested by the local sheriff.

The recent Mental Health Reform of North Carolina directs Mental Health Local Management Entities (LMEs) to work with county public health departments and county sheriffs to develop standardized mental health screening tools, protocols and trainings related to inmates. A special area needing education of jail staff is recognizing inmates who are suicidal, hallucinating or delusional, which could lead to harm to the inmate, other inmates and the jail staff. This directive was established in FY 2007-2008 by the North Carolina General Assembly<sup>2</sup>.

Public Health plays a large role in the health of all the citizens who are within the county's borders for whatever reason. Jail health is a special population in the community that gives Public Health the opportunity to take care of its highest risk clients and using the data found in this special population to assess the needs of the community at large.

#### Reference:

Moore, Jill, Associate Professor of Public Law and Government, University of North Carolina, Chapel Hill, School of Government faculty. "Public Health behind Bars: Health Care for Jail Inmates" Popular Government magazine, Published by the School of Government of North Carolina at Chapel Hill, Fall, 2005.

REPORT TO THE 2007 GENERAL ASSEMBLY, Co-Chairs: Senator Martin Nesbitt and Representative Verla Insko, "Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services". Website: <http://www.ncga.state.nc.us/documentsites/legislativepublications/Study%20Reports%20to%20the%202007%20NCGA/Mental%20Health,%20Developmental%20Disabilities,%20and%20Substance%20Abuse%20-%20Joint%20Legislative%20Oversight.pdf> .