

INTOXICATED INMATE

POLICY.

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) to provide support and proper medical attention for newly admitted, intoxicated inmates charged with a criminal offense. Intoxicated inmates require increased monitoring and care.

PURPOSE.

The purpose of this policy is to ensure inmates in the AJ are provided with appropriate attention during the process of detoxification for aiding in the safety and security of the inmate(s) in question.

SECTION A: GENERAL GUIDELINES

- A-1. Handling Procedures for Drug and Alcohol Intoxicated Inmates.** Once medically accepted for lodging, intoxicated inmates or those under the influence of controlled substances may be placed in a holding cell in Booking for observation purposes, while members determine whether the person meets criteria for housing or release.
- a. During the initial four (4) hours of observation, a Health Trained Deputy (HTD) and nurse will wake the inmate (if the inmate appears to be sleeping) every hour to evaluate the subject and confirm all is well. This task will be performed by a HTD in the absence of a nurse. If the inmate will not awaken, call 9-1-1 Dispatch for EMT's immediately and emergency medical care will be initiated. An AJ nurse, supervisor, or HTD if no nurse is on duty, will attend and coordinate.
 - b. Once the inmate exhibits no symptoms of intoxication, a nurse or HTD if no nurse is on duty, will observe the inmate's physical and mental condition, inquire whether the inmate was drinking, taking drugs or prescription medications prior to their arrest and inquire when the last intake of drugs or alcohol was. Members will also inquire whether the inmate is taking any prescription medication and will ask the inmate whether they has ever made any attempt at suicide, is having suicidal feelings, or is feeling depressed.
 - c. When a nurse or HTD determines that the formerly intoxicated inmate appears to have a severe and persistent mental health illness, a Behavioral Health referral will be made, and an appraisal will be done by a qualified behavioral health professional within twelve hours, and monitoring procedures will apply.

- d. If a nurse or HTD determines the formerly intoxicated inmate does not exhibit medical or mental health issues needing immediate or monitored attention, then the inmate may be lodged in a general population housing area.

A-2. Detox-Screening. At intake, a nurse or HTD will screen the inmate to determine whether they are suffering from “alcohol or substance withdrawal,” and if so, follow the below guidelines:

- a. **Mild and Moderate Alcohol Withdrawal** consists of sleeplessness, nausea, vomiting, sweating, or nervousness. These symptoms can be relieved by rest, good nutrition, fluids and reassurance. Such inmates will be seen by the Facility Nurse. Refer to Treatment Protocol.
- b. **Severe/Acute Alcohol Withdrawal** consists of seizures, hallucinations, paranoia, delirium tremens and increased vital signs. Call 9-1-1 Dispatch. Such inmates will immediately be transported to the emergency room by EMTs. (Refer to Treatment Protocol P-610, *Drug/Alcohol Withdrawal*)
- c. **Substance Abuse.** When an inmate is suspected of having used barbiturates, benzodiazapines, cocaine, or opiates (morphine, heroin, opium, etc., or synthetic drugs with morphine like properties) and is exhibiting drug withdrawal symptoms, the inmate will be seen by a nurse. If a nurse is unavailable, then the HTD must refer to the Treatment Protocol. If it is suspected the inmate ingested a large amount of drugs, call 9-1-1 Dispatch.
- d. **Management of Chemically Dependent Inmates.** After detoxification, those inmates who by history, behavior or statement appear to have a chemical dependence may be evaluated by the Medical Director. Referral to community resources may be made upon release, when appropriate.

A-3. Unstable Medical Condition. At any time an intoxicated (drug or alcohol) inmate presents with an Unstable Medical Condition, EMS should be called immediately. HTDs may use discretion to call EMS immediately, or to have the inmate evaluated by a nurse prior to calling EMS. The intoxicated inmate should have their vital signs (heart rate, blood pressure and temperature) taken to determine their medical stability. Look for, document and pass on to the nurse any of the following examples of an “Unstable Medical Condition”:

- Confusion
- Hallucinations
- Seizure
- Persistent tachycardia. If heart rate is greater than 120 beats per minutes (BPM) call EMS.
- Persistent elevated blood pressure greater than 180/100
- Low blood pressure less than 90/50
- Repeated vomiting
- Fever – Temperature greater than 100.4 degrees
- Chest pain

- Severe headache
- Shortness of breath
- Agitated heart rate less than 120 BPM, but elevated. Continue observation, visual and verbally check with inmate. Vital signs should be taken every 15 minutes for one (1) to two (2) hours.

If symptoms change, decrease or increase checks as appropriate. If in doubt, call EMS.

A-4. Inmates in Transition. Pay close attention to the transition period between an inmate's agitated/intoxicated state and going to sleep, or what looks like the inmate going to sleep after being agitated. When it is safe to do so, check on the inmate:

- Every five (5) minutes for 30 minutes, then
- Every 15 minutes for an hour

Checks should include breathing, pulse, snoring and responsiveness. Document any observations for continuity of care.

A-5. Release Criteria. Prior to release, inmates who are charged with "Driving Under the Influence of Intoxicants," or who are visibly intoxicated will be evaluated by a nurse, or HTD if a nurse is not on duty. Inmates determined to be intoxicated will not be released on their own recognizance prior to detoxification, or until a responsible party recognizance release is granted, per AJ policy CD-5-6, *Release*. Similarly, intoxicated inmates will not be released on bail prior to detoxification, or until a responsible party signs and provides safe transport from the AJ.

The following guidelines are intended to aid nurses and the HTD in making an informed decision regarding a release decision:

- a. The inmate otherwise meets release criteria and is below .08% BAC (blood alcohol content).
 - If the BAC is unknown, use following table to judge intoxication level:
 - 0.01 – 0.05, behavior appears normal, may feel mild euphoria.
 - 0.08 – 0.10, legally intoxicated, talkative, reaction time prolonged, coordination impaired.
 - 0.18 – 0.30, field of vision reduced, speech slurred, stumbling gait, uncoordinated, disorientation and dizziness apparent.
 - 0.35 – 0.50, becomes increasingly sedated and unresponsive, reflexes depressed, circulation becomes impaired, inmate may become incontinent. Significant risk of death with alcohol-naïve inmates. Death usually results from depressed respiration and/or aspiration of vomitus. Do not accept the inmate into the AJ without medical approval and clearance from a physician.
- b. The inmate is able to walk unassisted.
- c. The inmate is able to take fluids orally, and is not exhibiting protracted vomiting.

- d. The inmate is able to understand the paperwork they are signing.
- e. The inmate is cooperative throughout the booking and release process.
- f. The inmate is able to follow basic instructions.
- g. The inmate is not a danger to themselves or others, as determined by prior suicide attempts, history or ideation.
- h. The inmate is medically stable.

A deputy may make a release decision when a nurse or HTD determines the above criteria are met.