



**ORLEANS PARISH CRIMINAL
SHERIFF'S OFFICE**

INDEX#: 1501.5

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UPDATED: 04/01/2005

CHAPTER: Admission, Orientation, Property Control & Release

SUBJECT: Inmate Classification Policy and Procedures

POLICY:

It is the policy of the Orleans Parish Criminal Sheriff's Office to have written policy and procedure which provides for inmate classification in terms of level of custody required, housing assignment and participation in correctional programs. They are reviewed at least annually and updated as needed. These included, at a minimum:

1. Criteria and procedures for determining and changing the status of an inmate, including custody, transfers and major changes in programs.
2. There is an Appeals process for classification decisions.
3. The separate management of the following categories of inmates:
 - a. Female and male inmates;
 - b. Other classes of detainees (witnesses, civil prisoners);
 - c. Community custody inmates (work releases, weekenders, or trustees);
 - d. Inmates with special problems (alcoholics, narcotic addicts, mentally disturbed, physically handicapped, or those with communicable diseases);
 - e. Inmates requiring disciplinary detention;
 - f. Inmates requiring administrative segregation; and
 - g. Juveniles.

PURPOSE:

To ensure that inmates are appropriately housed in a safe and secure environment, and when possible, placed in programs best suited to their interests, the correctional staff's interest, and the community's interests.

A. INITIAL CLASSIFICATION

Once inmates are booked into the system, the Receiving Deputy determines the inmates' placement onto the receiving tiers based on charge severity, sex, and declared sexual preference. Inmates identified in the initial medical screening as being in need of psychiatric or medical assistance will be transferred directly to appropriate medical areas.



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B. INSTITUTIONAL CLASSIFICATION - (Non-Federal)

Inmate classification is performed by the OPCSO computer classification program with the opportunity for manual override. Inmates are classified into living units based on the following factors:

1. age;
 2. sex;
 3. sentence length, bond amount, and charge severity;
 4. committing agency;
 5. medical/psychiatric status;
 6. institutional disciplinary history;
 7. declared homosexuality (manual override);
 8. protective custody (manual override);
 9. enemies or violence potential as determined by the watch commander (manual override).
- A complete description of the Objective Classification System for the Sheriff's Office is contained in the Objective Jail Classification System Manual.

C. INSTITUTIONAL CLASSIFICATION - (Federal)

Federal inmates are manually classified at intake by Federal Division personnel using the following criteria as determinants: sex, age, and criminal history.

1. Federal females are housed at Conchetta.
2. Federal juvenile males (not younger than 13 years of age) are housed at South White Street. Note: OPCSO does not hold juvenile females.
3. Federal adult males who are non-criminals or who have minor offenses in their criminal history (as provided by INS) are housed on the Federal tiers in CCC.
4. Federal adult males who have criminal charges in their history (as provided by INS) are housed at TP3 on the Federal Tier (E-side).

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Note: Federal inmates may be housed on the Maximum Security tier, if their criminal history or current charges so dictate. They may be housed on one of the Disciplinary tiers, if the Disciplinary Board finds them guilty of having broken one or more of the OPCSO rules and regulations. They may be housed on the psychiatric tier or in medical housing, if so ordered by the Psychiatric or Medical Department.



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CHAPTER: Inmate Work Programs

SUBJECT: Yank Inmate Screening and Classification Procedures

POLICY:

It is the policy of the Orleans Parish Criminal Sheriff's Office to carefully screen all inmates wishing to participate in the Yank program based on set of stringent eligibility criteria.

PURPOSE:

To provide qualified inmates with work experience while at the same time ensuring the security of OPCSO facilities and the safety of the general public.

PROCEDURES:

Screening an inmate for participation in the Yank Program is a three-part process which shall be documented on the "Yank Screening Form". The first step is conducted by the Communications Division, the second step is conducted by Medical Administration, and the final step is conducted by the Special Investigations Division. Each of these three (3) steps will be detailed below. First, however, the Yank inmate screening criteria will be discussed:

Yank Inmate Screening Criteria

There are nine (9) criteria that must be met for an inmate to be considered eligible for the Yank Program:

1. An inmate may not have the following charges in his/her criminal history (found in M.O.T.I. O.N.S., N.C.I.C., and/or in any OPCSO in-house computer systems):
 - First Degree Murder
 - Second Degree Murder
 - Manslaughter
 - Armed Robbery
 - Carjacking
 - Aggravated Kidnapping
 - Simple Kidnapping
 - False Imprisonment
 - Aggravated Burglary
 - Aggravated Arson
 - Simple Arson (within the past ten (10) years)
 - Aggravated Incest
 - Aggravated Battery - Refused (no more than two (2) within the past ten (10) years)
 - Aggravated Rape
 - Domestic Violence (within the past ten (10) years)
 - Forcible Rape (within the past ten (10) years)
 - Simple Rape (within the past ten (10) years)
 - Carnal Knowledge of a Juvenile (within the past ten (10) years)
 - Molestation of a Juvenile
 - Indecent Behavior with a Juvenile
 - Sexual Battery (within the past ten (10) years)
 - Aggravated Crime Against Nature
 - Crime Against Nature (within the past ten (10) years)
 - Simple Escape or Aggravated Escape (in **any** jurisdiction)



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2. Any attempts of the crimes listed above would make an inmate ineligible for Yank Program participation (unless a specific time period or other circumstances is noted in parentheses behind the crime-type).
3. Prior convictions for any of the crimes listed above would constitute adequate grounds for exclusion.
4. Inmate must not have any outstanding state warrants from outside agencies for **any** State charges.
5. Inmate's parole must be revoked (inmate must not currently be held on a detainer).
6. Inmates must be sentenced on all charges (with the exception of Municipal and Traffic charges).
7. Inmates must have five (5) years or less remaining to serve on their sentence.
8. Inmates must have a local address in the metropolitan New Orleans area (Orleans, Plaquemines, St. Bernard, Jefferson, and St. Tammany).
9. Inmates must be physically able to perform the required duties of a Yank and thus, must not have any diseases, conditions, and/or disabilities that would preclude the inmate from safely and successfully completing the required duties of a Yank (as documented by qualified OPCSO medical professionals).

Step 1: Communications Division Screening

The OPCSO Communications Division is responsible for the first phase of Yank screening. This stage requires five (5) individual checks. An inmate will be denied participation in the Yank Program if one (1) or more of these checks reveals a failure to meet any of the criteria listed above except for medical reasons. Qualified medical professionals assigned to OPCSO Medical Administration will conduct the medical portion of the screening discussed later in this document. The five individual checks that must take place during this phase include the following:

1. **In-house (Active) Computer System:** The screening officer will check this program for any of the restricted charges listed in the criteria above. If an inmate is found to have one of the restricted charges in his criminal history, the screening officer will check the rejected box next to this check in the "Yank Screening Form". In the block on the form reserved for reasons for rejection, the screening officer shall write "rejected due to prohibited charges in criminal history". Additionally, in this block, the screening officer can list the most serious charge found in the inmate's criminal history. The screening officer will then enter this reason for rejection in the inmate's in-house computer file under "SID notes". There is no need to proceed any further in the screening. The screening officer must now sign and date the form and forward it to the Communications Commander for signature and date. The hardcopy of this form shall be forwarded to the record room for filing in the inmate's physical file. If the inmate successfully passes this check, the screening officer will check the cleared box and then proceed to check the In-house (In-active) Computer System as described below:
2. **In-house (In-active) Computer System:** If the inmate has successfully cleared phase 1, the screening officer will check this program for any of the restricted charges listed in the criteria above. If an inmate is found to have one of the restricted charges in his criminal history, the screening officer will check the rejected box next to this check in the "Yank Screening Form". In the block on the form reserved for reasons for rejection, the screening officer shall write "rejected due to prohibited charges in criminal history". Additionally, in this block, the screening officer can list the most serious charge found in the inmate's criminal history. The screening officer will then enter this reason for rejection in the inmate's in-house computer file under "SID notes".



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There is no need to proceed any further in the screening. The screening officer must now sign and date the form and forward it to the Communications Commander for signature and date. The hardcopy of this form shall be forwarded to the record room for filing in the inmate's physical file. If the inmate successfully passes this check, the screening officer will check the cleared box and then proceed to check the M.O.T.I.O.N.S. System as described below:

3. M.O.T.I.O.N.S. System: If the inmate has successfully cleared phase 1 and phase 2, the screening officer will check this program for any of the restricted charges listed in the criteria above. If an inmate is found to have one of the restricted charges in his criminal history, the screening officer will check the rejected box next to this check in the "Yank Screening Form". In the block on the form reserved for reasons for rejection, the screening officer shall write "rejected due to prohibited charges in criminal history". Additionally, in this block, the screening officer can list the most serious charge found in the inmate's criminal history. The screening officer will then enter this reason for rejection in the inmate's in-house computer file under "SID notes". There is no need to proceed any further in the screening. The screening officer must now sign and date the form and forward it to the Communications Commander for signature and date. The hardcopy of this form shall be forwarded to the record room for filing in the inmate's physical file. If the inmate successfully passes this check, the screening officer will check the cleared box and then proceed to check the N.C.I.C. System as described below:
4. N.C.I.C. System: If the inmate has successfully cleared phase 1, phase 2, and phase 3, the screening officer will check this program for any of the restricted charges listed in the criteria above. If an inmate is found to have one of the restricted charges in his criminal history, the screening officer will check the rejected box next to this check in the "Yank Screening Form". In the block on the form reserved for reasons for rejection, the screening officer shall write "rejected due to prohibited charges in criminal history". Additionally, in this block, the screening officer can list the most serious charge found in the inmate's criminal history. The screening officer will then enter this reason for rejection in the inmate's in-house computer file under "SID notes". There is no need to proceed any further in the screening. The screening officer must now sign and date the form and forward it to the Communications Commander for signature and date. The hardcopy of this form shall be forwarded to the record room for filing in the inmate's physical file. It should be noted that the Communications screening officer shall attach the NCIC printout to the screening form. If the inmate successfully passes this check, the screening officer will check the cleared box and then proceed to conduct a local address check as described below:
5. Local Address Check: If the inmate has successfully cleared phase 1, phase 2, phase 3, and phase 4, the screening officer will check the computer system for a local address. If the computer is found to not have a local address (in the metropolitan New Orleans area: St. Bernard, Orleans, Jefferson, Plaquemines, and St. Tammany), then the screening officer will reject the inmate and will check the rejected box next to this check in the "Yank Screening Form". In the block on the form reserved for reasons for rejection, the screening officer shall write "rejected due to no local address". The screening officer will then enter this reason for rejection in the inmate's in-house computer file under "SID notes". There is no need to proceed any further in the screening. The screening officer must now sign and date the form and forward it to the Communications Commander for signature and date. The hardcopy of this form shall be forwarded to the record room for filing in the inmate's physical file. If the inmate successfully clears this fifth and final Communications Division check, the screening officer will sign and date the form and forward it to his/her Commander for a final signature and date. The form will then be forwarded to Medical Administration for Medical screening as described below:



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Step 2: Medical Administration Screening

The Director of Medical Operations (a qualified medical professional) will examine the inmate's medical history for any diseases, conditions, and/or disabilities that would preclude the inmate from safely and successfully completing the required duties of a Yank.

If, after reviewing the inmate's medical history, it is decided that the inmate will be refused participation on medical grounds, the Director of Medical Operations will check the refused box on the "Yank Screening Form". The Director of Medical Operations may put any additional comments in the "comments" box on the "Yank Screening Form". This is an optional field on the form. ***It should be noted that at no time should any specific medical information be written on this form due to Federal H.I.P.P.A. standards and regulations.*** The Director of Medical Operations shall then sign and date the form and return it to the Communications Division. The Communications screening officer will enter "refused for medical reasons" in the inmate's computer record under "SID notes". The Communications Division will then forward the hardcopy of the form to the Record Room so that it can be placed in the inmate's physical file.

If the Director of Medical Operations decides to medically clear the inmate for the Yank program, then he/she simply has to check the cleared box on the form and sign and date it. The cleared form is then returned to the Communications Division. The Communications Division will then forward the form to the Assistant Commander of the Special Investigations Division for final approval as described below:

Step 3: SID Screening

The Special Investigations Division Assistant Commander shall review all "Yank Screening Forms" that have successfully cleared the first two steps described above. The Assistant Commander shall verify all of the information listed above (with the exception of the Medical step) and provide final approval or rejection. In doing so, the SID Assistant Commander shall run the following checks: local address, In-house (active), In-house (in-active), and M.O.T.I.O. N.S.. SID will also review the N.C.I.C. print-out that Communications will have attached to the screening form.

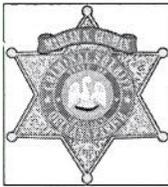
If, after verifying the inmate's information based on the criteria listed above, the Assistant Commander of SID decides to reject the inmate, then he will check the refused box on the "Yank Screening Form". He must then put the specific reason(s) for rejection in the "Reason(s) For Rejection" field. He will then sign and date the form and return it to the Communications Division. The Communications Division will enter the reason(s) for rejection in the inmate's computer file under "SID Notes". The hardcopy of the form will then be forwarded to the Record Room so that it can be placed in the inmate's physical file.

If, after verifying the inmate's information based on the criteria listed above, the Assistant Commander of SID decides to approve the inmate for the Yank Program, he shall check the cleared box on the "Yank Screening Form" and sign and date it. He will then return the form to the Communications Division. The Communications Division will re-classify the inmate and transfer him to a Yank dorm, as soon as possible (provided there is adequate bed space in the dorms).

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EXCEPTIONS

This procedure must be strictly adhered to ensure the safe operation of OPCSO facilities and the general public's safety. Exceptions to the regulations and procedures outlined above are only permitted by the Criminal Sheriff under special circumstances.



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SUBJECT: Inmate Classification Policy and Procedures

POLICY:

It is the policy of the Orleans Parish Sheriff's Office to have written policy and procedure which provides for inmate classification in terms of level of custody required, housing assignment and participation in correctional programs. They are reviewed at least annually and updated as needed. These included, at a minimum:

1. Criteria and procedures for determining and changing the status of an inmate, including custody, transfers and major changes in programs.
2. There is an Appeals process for classification decisions.
3. The separate management of the following categories of inmates:
 - a. Female and male inmates;
 - b. Other classes of detainees (protective custody, disciplinary, maximum security, administrative segregation);
 - c. Community custody inmates (work releases, trustees, community service);
 - d. Inmates with special problems (mentally disturbed, physically handicapped, or those with communicable diseases);
 - e. Juvenile male inmates (being tried as adults in State Court).

PURPOSE:

To ensure that inmates are appropriately housed in a safe and secure environment, and when possible, placed in programs best suited to their interests, the correctional staff's interest, and the community's interests.

A. INITIAL CLASSIFICATION

Once inmates are booked into the system, they are initially classified by IPC staff. Male inmates with murder and rape charges and those with high bonds are transferred to the OPP jail facility. All female inmates (except those whom are transferred to the psychiatric tier) are transferred to the South White Street Jail. Inmates identified in the initial medical screening as being in need of psychiatric or medical assistance will be transferred directly to appropriate medical areas. Also, juvenile males, whom are being tried as adults in state court, are to be immediately transferred to the juvenile tier following booking. All other male inmates will be routed to the receiving tiers. Once transferred to the receiving tiers, institutional classification will be conducted as outlined below. It should be noted that Federal male inmates are booked and classified directly at the Templeman Phase 5 jail facility where Federal male inmates are housed. Federal female inmate are booked and classified directly at the South White Street jail facility. Federal classification procedures are documented later in this policy.

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B. INSTITUTIONAL CLASSIFICATION - (Non-Federal Inmates)

Inmate classification is performed by the OPSO computer classification program with the opportunity for manual override under certain circumstances. Inmates are classified into living units based on the following factors:

1. age;
2. sex;
3. sentence length, bond amount, and charge severity;
4. security and control levels;
5. medical/psychiatric status (manual override);
6. institutional disciplinary history (manual override);
7. protective custody (manual override);
9. enemies or violence potential as determined by the watch commander (manual override).
10. Current escape charges (manual override);
11. A charge does not exist in the Charge Master function (manual override);
12. If any of the current charges are for state warrants (manual override);
13. Manual override if the FBI code on any charge is any of the following:
 - 37 Escape
 - 38 Unknown Charged
 - 40 Probation or bond violation
 - 41 Military code violation (AWOL)
 - 97 Warrant/attachment/ contempt
 - 99 Fugitive

A complete description of the Objective Classification System for the Sheriff's Office is contained in the Objective Jail Classification System Manual.

C. INSTITUTIONAL CLASSIFICATION - (Federal)

Federal inmates are manually classified at intake by Federal Division personnel using the following criteria as determinants: sex, age, and criminal history.

1. Federal females are housed at the South White Street Jail.
2. Federal adult males are housed Federal tiers in the Templeman Phase 5 jail facility.

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3. Immigration inmates will be housed in the Templeman Phase 5 jail facility separate from other classes of Federal inmates unless their criminal histories dictate housing elsewhere.

Note: Federal inmates may be housed on the Maximum Security tier, if their criminal history or current charges so dictate. They may be housed on one of the Disciplinary tiers, if the Disciplinary Board finds them guilty of having broken one or more of the OPSO rules and regulations. They may be housed on the psychiatric tier or in medical housing, if so ordered by the Psychiatric or Medical Department.

Classification Rules

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Security Levels:

Based on Inmate Type:

- if Inmate Type = DOCC, DOCW, or WW, Security level = 5

Based on the Class Code in the Charge Master:

- if Class Code = 1, Security level = 1
- if Class Code = 2, Security level = 2
- if Class Code = 3, Security level = 3
- if Class Code = 4, Security level = 4

MANUAL Classification happens if:

- The charge does not exist in the Charge Master
- The any of the current charges are for an Escape
- If any of the current charges are for a State Warrant
- If the FBI code on the charge is any of the following:
 - o 37 Escape
 - o 38 Unknown charge
 - o 40 Probation or bond violation
 - o 41 Military code violation (AWOL, etc)
 - o 97 Warrant/attachment/capias/contempt
 - o 99 Fugitive

Control Levels:

- o Use CCNO to access all old charges for the inmate (see **note** below**)
- o Check disciplinary info within the last 5 years
- o Accumulate the occurrences of each level:
 - 1= Serious
 - 2= Moderate
 - 3= Minimal
- o Check number of escape attempts regardless of the charge's disposition

****NOTE:** if CCNO is not available, access the records by Name/DOB

- o If 1 or more escape attempts, automatically set for "Manual"
- o If ANY level 1's OR level 2's ≥ 2 , Control Level = 1
- o If 1 level 2 OR ANY level 3's, Control Level = 2
- o If NO Disciplinary levels found, Control Level = 3



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SUBJECT: Yank Inmate Screening and Classification Procedures

POLICY:

It is the policy of the Orleans Parish Sheriff's Office to carefully screen all inmates wishing to participate in the Yank program based on a set of stringent eligibility criteria.

PURPOSE:

To provide qualified inmates with work experience while at the same time ensuring the security of OPSO facilities and the safety of the general public.

PROCEDURES:

Primary screening for participation in the Yank Program is conducted by the Communications Division. Yank inmates passing all stages of screening will be eligible, when positions become available, to work on Yank assignments within OPSO facilities while under direct supervision. The following basic criteria must be met:

1. The inmate must have a Department of Corrections (DOC) sentence of five (5) years or less to participate. It should be noted that this is the original sentence as handed down by the court. Good time is not taken into account.
2. Inmates must not have any open state charges (including warrants), holds, detainers, or out of parish warrants. Inmates will still be eligible for participation if they have open charges for traffic and municipal violations including municipal and traffic attachments. Inmates with a warrant (s) issued by Juvenile Court for criminal neglect of family will also be eligible for participation.
3. The inmate's parole must be revoked.
4. The inmate must have no history of simple or aggravated escape in their criminal history.
5. The inmate must be medically screened by the Medical Department.

Communications Division Screening

The OPSO Communications Division is responsible for the first phase of Yank screening. Communications Division personnel will utilize various databases to screen for criminal histories and warrants including the OPSO in-house jail management system, MOTIONS, ARMMS, ICJIS, and NCIC. If the DOC inmate passes this phase of screening as outlined above, his/her information will be forwarded to the Medical Division for medical screening.

Medical Screening

A qualified member of the Medical Division will examine the inmate's medical history for any diseases, conditions, and/or disabilities that would preclude the inmate from safely and successfully completing the required duties of a Yank. If the inmate is refused for any reason, the



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Communications Division will be informed of this decision. If the inmate is medically cleared to work as a Yank, the Communications Division will also be informed.

Final Clearance/Rejection:

If the inmate does not meet the requirements listed above, documentation will be entered into the inmate folder under SID notes.

If the inmate is cleared to work in the program, according to the criteria listed above, he/she will be transferred to an inside assignment, under direct supervision, within an OPSO facility when there is an opening.

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SUBJECT: Use of Gas, Mace, Irritant Dust, and Electronic Restraint Device			

POLICY:

The use of gas, mace, irritant dust, and the electronic restraint device (ERD), as set forth in this regulation is based on the concept that in controlling disturbances it is more feasible than bullets or impact weapons in that it causes no serious or lasting damage, and that its use also poses less potential for injury to inmates and staff, than the use of physical force. Gas, mace, irritant dust and the ERD may be used when all available less drastic measures fail to accomplish control in handling group disturbances and subduing individuals.

PURPOSE:

To establish procedures regarding the use of mace, gas, irritant dust or the electronic restraint device at the Orleans Parish Prison facilities.

PROCEDURE:

GENERAL GUIDELINES:

1. Gas, mace, irritant dust or the electronic restraint device (ERD) may be used against a group of inmates only to quell a riot and/or prevent loss of life, serious injury to person(s), extensive destruction of property, to control a disturbance, which in the opinion of the highest ranking security supervisor on duty, in the immediate area, where the incident is occurring may lead to a serious situation, which may jeopardize the safety, security, and good order of the facility, or to regain control of the institution or a part of it.
2. Gas, mace, irritant dust or the electronic restraint device (ERD) may be used against an individual only to subdue him/her in order to prevent the loss of life serious injury to person (s), extensive destruction of property, to control a disturbance, which in the opinion of the highest ranking security supervisor on duty, in the immediate area, where the incident is occurring) may lead to a serious situation, which may jeopardize the safety, security, and good order of the facility, or to regain control of the institution or a part of it.
3. A determination for corporate or mass use of gas, mace, irritant dust, or electronic restraint device should be made by the highest ranking official present, preferably the facility commander.
4. A determination to use gas, mace, irritant dust, or the electronic restraint device (ERD) on an individual, except in emergency situations, should be made by the highest ranking security supervisor on duty in the immediate area where the incident is occurring. If an ERD is used, the highest ranking security supervisor on duty, in the immediate area, where the incident is occurring, will designate the officer who will use the ERD. Only officers who have been trained in the proper use of the ERD may be designated to use the ERD.
5. When gas, mace, irritant dust, or the electronic restraint device is used, only the minimum amount necessary to control the situation will be used.



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SUBJECT: Use of Gas, Mace, Irritant Dust, and Electronic Restraint Device

6. Use of gas, mace, irritant dust, or the electronic restraint device is considered as a use of force. Any excessive use or unauthorized use will result in disciplinary action against the employee who does so.
7. Gas, mace, irritant dust, or the electronic restraint device will not be used as punishment under any circumstances.
8. Whenever possible under prevailing circumstances, no gas, mace, irritant dust, the electronic restraint device, or physical force will be used against inmates with a history of mental or serious physical health problems, until the health worker is present and has attempted to control the situation, unless it is necessary to prevent the loss of life, serious injury to person(s), or extensive property damage.
9. Gas, mace, irritant dust, or the electronic restraint device will not be used on those inmates who are incapable of responding to the commands and orders being given to them by the staff (i.e., during epileptic seizures, etc.).
10. Gas, mace, irritant dust, or the electronic restraint device will not be used on those inmates who remain passive in their cells without causing a disturbance or becoming hostile, unless the inmate continuously defies orders to come to the bars of the cell. A determination to use gas, mace, irritant dust, or the ERD, under these circumstances, should be made by the highest ranking security supervisor on duty in the immediate area.
11. When gas, mace, irritant dust, or the electronic restraint device (ERD) has been used, affected individuals will be permitted to wash their face, eyes, or exposed skin areas as soon as possible after the situation is under control and the individual will be examined by qualified medical personnel.
12. All instances in which gas, mace, irritant dust, the electronic restraints device or physical force is used shall be reported via the computerized incident reporting system and a copy of the report shall be forwarded to the facility commander immediately after the incident, giving full details.



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CHAPTER: Security and Control

SUBJECT: Use of Force Policies

POLICY:

Orleans Parish Criminal Sheriff's Office requires that deputies be trained in approved methods of applying physical force to control inmates when necessary. The use of force both in the jail and outside of the correctional facilities must be approached with knowledge and a complete understanding of the degree of force that is authorized.

PURPOSE:

Although it is difficult to articulate a few simple all inclusive rules, we will try to present workable rules and guidelines. Some general guidelines are applicable to all situations in which the use and degree of force is appropriate. Other guidelines deal specifically with the use of force as follows:

PROCEDURE:

A. GENERAL GUIDELINES:

1. The decision to use force must be based on reason and necessity, not on emotions. The lawful use of force in any degree must be based on a reasonable judgment that force is necessary under the circumstances. Therefore, a deputy must always prevent anger from affecting his decision to use force.
2. Force should be used only when it is reasonable to believe that it is immediately necessary. There must be an immediate and reasonable need for the force used. When force in any degree (but particularly deadly force) is used against a suspect, the Deputy's actions will be judged on a large part by whether the force was reasonably necessary at the moment of its use. Force, particularly, deadly force, should not be used except as a last resort.
3. A deputy must know the weapons issued for his use. The academy will provide training in the use of each weapon under the control of the deputy and he must stay proficient in the use of these weapons.
4. After a use of force incident, an inmate shall be medically evaluated and treatment provided as appropriate.
5. A deputy must avoid the use of unnecessary menacing actions. It is generally wrong for a deputy to use his weapon as a means to intimidate or bluff a suspect. The firing of warning shots is strictly prohibited.
6. A weapon is not to be fired from a moving vehicle.

B. USE OF FORCE IN SELF DEFENSE

1. A deputy may use only the degree of force which is reasonable and immediately necessary to protect himself.



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2. A deputy may use deadly force in self defense when he reasonably believes that:
 - a. He is in imminent danger of losing his life or of receiving great bodily harm.
 - b. He reasonably believes that the use of deadly force is immediately necessary to save himself from that danger.

C. USE OF FORCE TO PROTECT OTHERS

1. A deputy may use only the degree of force immediately necessary to protect another person or property in another person's lawful possession against a forcible offense. A deputy may use limited and restricted force against another to prevent a forcible offense against the person or a forcible offense or trespass against property in a person's lawful possession. The authorized degree of force is limited to that which is reasonable and apparently necessary.
2. A deputy may, in some instances, use deadly force to prevent a violent or forcible felony as was reasonable apparent that the other person could have lawfully used to protect himself under the circumstances.

D. USE OF FORCE TO EFFECT AN ARREST

1. A person must submit peaceably to lawful arrest, but there is no requirement that he submit peaceably to an unlawful arrest. In order for the deputy to be entitled to use force to effect an arrest, the arrest itself must be lawful. If a deputy uses force to effect what he knew or should have known was an unlawful arrest, his actions will probably constitute an assault and battery. Louisiana courts have taken the position that a person has the right to resist an unlawful arrest. A deputy therefore, should do everything possible to ensure that any arrest he plans is lawful and that he proceeded in a lawful manner in making that arrest.
2. When making a lawful arrest, a Deputy may use only reasonable force to effect the arrest and detention. He may not use unreasonable force or subject the arrested person to unjustifiable violence.
3. One making a lawful arrest may use reasonable force to overcome any resistance or threatened resistance or the person being arrested or detained.

E. USE OF FORCE TO PREVENT FLIGHT OR ESCAPE FROM ARREST OR CONFINEMENT

1. A deputy may use only a limited degree of reasonable force, but not deadly force, to prevent the flight or escape of a misdemeanor or of a non-violent, non-dangerous felon. In order to prevent the flight of the non-dangerous criminal offender, a deputy, when reasonably necessary, may do such things as hold, wrestle or tackle the suspect. He should not take action which endangers the life of the suspect merely to prevent him from escaping arrest for a misdemeanor or non-violent, non-dangerous felony.



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2. Deadly force may be used against a dangerous or violent felon who is attempting to flee or escape when the deputy reasonably believes there is a substantial risk that the dangerous or violent felon will cause death or serious bodily harm if apprehension is delayed. Two circumstances which, in combination, will clearly support the deputy's reasonable beliefs that there is a substantial risk that the fleeing or escaping felon poses a threat or serious bodily harm if apprehension is delayed include the following:
 - a. The fleeing felon has committed a crime involving a lawless readiness to take human life or cause serious bodily harm.
 - b. The fleeing or escaping felon is armed with a dangerous weapon which he has used or threatened to use to escape or prevent capture.

F. USE OF FORCE TO PREVENT FLIGHT OR ESCAPE FROM PRISON FACILITIES

Deadly force may be used to prevent an escape from certain correctional facilities only under limited circumstances. Article 227.1 of the Louisiana Code of Criminal Procedures provides:

- a. A guard or other law enforcement officer is justified in the reasonable use of force, but not deadly force, to prevent the escape from a state correctional facility or parish prison of a person under sentence or awaiting trial or commitment for an offense.
- b. A guard or other law enforcement officer is justified in the use of deadly force to prevent the escape from a state correctional facility or parish prison of the person under sentence or awaiting trial or commitment for an offense when the guard or officer has probably cause to believe that the person poses a significant threat of death or serious bodily injury to the guard, officer or others if his apprehension is delayed.

G. AUTHORIZATION

If time and circumstances permit, use of force shall be authorized by the immediate supervisor. The supervisor must be present during calculated use of force.

H. DOJ NOTIFICATION

In major use of force incidents involving Department of Justice inmates, appropriate DOJ officials shall be notified.

I. DOCUMENTATION

All participants in and witnesses to a use of force shall file a report in the computerized incident reporting system. The report shall identify the type and amount of force used and the justification.



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J. INVESTIGATION

Violations of the use of force policy shall be investigated by the watch commander and appropriate disciplinary action taken. The watch commander shall file a report in the computerized incident reporting system before leaving the facility at the end of his/her shift.



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SUBJECT: Use of Canines in Correctional Operations

POLICY:

It is the policy of Orleans Parish Criminal Sheriff's Office to have a written policy addressing the use of trained canines to assist in jail security operations.

PURPOSE:

To maintain safety, security and control of the facility and its occupants.

PROCEDURE:

1. General Provisions

A. Canine teams can be used to support jail security operations within the OPCSO jail system in the following ways:

- To search the jails for narcotics and other contraband;
- To aid in tracking and apprehending escapees both on and off OPCSO grounds;
- To provide additional security for inmate transports to Department of Corrections facilities (Hunt Runs); and
- To provide assistance in the event of a riot or other significant disturbance within the OPCSO jail system.

B. Availability, Authorization, and Responsibility:

Canine teams shall be available twenty-four hours a day, seven days a week, on an on-call basis. If a facility Warden or his/her designee deems it necessary to summon a canine team to their facility to perform any of the functions listed above, they shall either directly contact the Commander of the Subpoenas and Capias Division or contact the Communications Division who will then directly dispatch the canine team to the scene.

The canine handler shall be responsible for their canine's actions and use.

C. Use of Canine Force:

The same general use of force guidelines as stipulated in Policy # 801.16 apply to the use of canine force.

D. Prohibitions:

Canines will never be allowed to roam freely inside an institution or on institution property.

Canines shall never be trained to respond to any command not learned in a training school.

E. Narcotics and Contraband Searches:

During a housing unit/tier search for narcotics and/or other forms of contraband, the canine will



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Remain on a leash and all inmates will be kept clear of the area. Any contraband found during these searches shall be disposed of according to Policy # 801.10.

F. Reporting Requirements:

Anytime a canine team is used in any of the situations described above, a detailed incident report shall be submitted via the electronic incident reporting system by the canine handler. The report shall contain the incident date and time, location, who authorized and dispatched the canine team, a detailed description of the incident and how the canine was used, a detailed description of any injuries sustained by an inmate, employee or canine, and notation of medical services provided to the injured parties.

G. Canine Incidents Involving Injuries:

If any injuries are sustained by either an inmate or an employee during a canine operation, medical assistance must immediately be summoned to the scene as stipulated by Policies 801.16 and 1201.4.

H. Employee Responsibilities:

Employees who are not directly assigned to the Canine Division will not enter any area that is being searched by a canine team. If an employee inadvertently enters an area where a canine team is working, he/she will exit the area quietly and without hesitation.

Employees must not walk or run in front of a canine unless responding to an emergency situation.

No one, other than the canine handler, will give commands to the canine.

Employees must never make aggressive gestures toward a canine or handler. Additionally, employees must never attempt to touch, handle, or feed a canine without the handler's approval.

No one, other than the canine handler, will attempt to enter or retrieve anything from a Canine Division vehicle or kennel when the canine is present.

I. Health, Care, and Feeding of Canines:

Refer to the Canine Division Standard Operating Procedures for detailed information on this topic.

J. Certifications

The Commander of the Subpoenas & Capias Division shall ensure that all canine handlers and the canines have received the appropriate training and certifications. Documentation of training and certifications shall be maintained by the Subpoenas & Capias Commander or appropriate designee.

SUBJECT: PHARMACEUTICAL OPERATIONS

POLICY:

Pharmaceutical services are sufficient to meet the needs of the jail and comply with all applicable legal requirements.

PURPOSE:

To provide patients with required medications in timely fashion; ensure safe, accurate administration of medications; enforce proper accountability, storage, and security for medications; and ensure compliance with state and federal rules and regulations concerning pharmaceuticals.

PROCEDURE:

1. Pharmacy Service
 - A. The Orleans Parish Criminal Sheriff's Office maintains a contractual relationship with *Diamond Pharmacy Services* to provide pharmaceutical services at the jail, including procurement, dispensing, and delivery of medications.
 - B. Approved over-the-counter (OTC) medications are provided by Diamond Pharmacy, or by *McKesson General Medical*, a medical supply company.
 - C. Diamond Pharmacy provides a *Pharmacist-In-Charge* who performs the following functions:
 - i. Possesses appropriate licensure to meet the requirements of the State of Louisiana Board of Pharmacy
 - ii. Procures, dispenses, and delivers medications ordered by jail physicians
 - iii. Reviews prescription orders for dosage/interaction problems
 - iv. Serves as a clinical consultant to OPCSO medical personnel
 - v. Maintains OPCSO *Emergency Drug Kits*
 - vi. Performs utilization-review analyses to target areas for improved care/cost savings
 - vii. Destroys unused/expired controlled medications
 - viii. Monitors OPCSO policies, procedures, and practices to ensure compliance with the state and federal pharmaceutical regulations
 - ix. Performs quarterly facility inspections to verify compliance with the above regulations

SUBJECT: PHARMACEUTICAL OPERATIONS

- D. OPCSO maintains a relationship with several local pharmacies (through Diamond Pharmacy) to procure STAT medications.

2. Formulary

- A. The OPCSO Medical Department has a medication formulary, which lists all drugs approved for prescription without prior administrative authorization.
- B. The formulary also includes all over-the-counter (OTC) medications available at the jail.
- C. Non-formulary medications may be ordered if clinically indicated, but require the approval of the Medical Director (except when required STAT).

3. Pharmaceutical Procurement

- A. Medications are provided by the following sources:
 - i. *Diamond Pharmacy Services* - prescription medications ordered into computer by nurses, with computer printout faxed to Diamond Pharmacy daily; routine delivery via express mail
 - a. Routine Orders
 - Nurses enter medication orders into the computer system
 - Computer automatically faxes to Diamond Pharmacy all entered prescriptions every two hours
 - Diamond Pharmacy mails that same day any prescriptions received by 1pm central time, and next day any prescriptions received after 1pm (medications are sent for next day delivery)
 - b. STAT Orders
 - Nurse enters medication order into the computer system
 - Computer automatically prints out the stat order for nurse to fax it and call it in to Diamond Pharmacy
 - Diamond Pharmacy contacts a local back-up pharmacy, where the order is filled and delivered to OPCSO via courier
 - ii. *McKesson General Medical* - OTC medications ordered by Medical Supply Officer with routine delivery by supplier's delivery system

SUBJECT: PHARMACEUTICAL OPERATIONS

- B. OPCSO maintains an adequate and proper supply of antidotes and other emergency drugs on site.
 - i. These medications are readily available to the staff to meet the needs of the facility.
 - ii. Related information, including posting of the poison control telephone number in areas where overdoses or toxicological emergencies are likely, is also easily accessible.
 - iii. Material Safety Data Sheets (*MSDS*), for hazardous material routinely used at OPCSO, are maintained on file on the Shared Drive [S:\MSDS - Material Safety Data Sheets], where they are immediately available for all OPCSO employees, at all times.

- 4. Pharmaceutical Dispensing and Distribution
 - A. At OPCSO, medications are dispensed and labeled only by a licensed pharmacist.
 - B. Diamond Pharmacy delivers medications in single-patient, bubble-packed, unit-dose cards.
 - C. Each card is appropriately labeled with the inmates' name, folder number, drug, dose, expiration date, and instructions for administration.
 - D. Medications are received in Medical Supply, scanned into the information system, and forwarded to the appropriate medical clinic.
 - E. Medications are stored in secure locations within medical clinics until the time of administration (See *Pharmaceutical Storage/Security* below.)
 - F. At OPCSO, only licensed nurses administer medications to inmates.
 - G. Under no circumstances do OPCSO medical personnel re-package or otherwise dispense pharmaceuticals.
 - H. Medications are administered per-dose, daily, or semi-weekly as part of the Keep on Person (KOP) program, depending on clinical circumstances and physician orders. (See J-D-02, *Medication Services*)

SUBJECT: PHARMACEUTICAL OPERATIONS

5. Pharmaceutical Accounting

- A. Medical Supply scans medications received from supply pharmacies into a computerized pharmaceutical database. Electronic records are maintained at the jail and with Diamond Pharmacy.
- B. OPCSO nurses maintain records to ensure adequate control and accountability of all drugs, per the guidance of the consultant pharmacist (Diamond Pharmacy) (See *Pharmaceutical Administration* below)
- C. Upon an inmate's release or expiration of medication, medication is counted, logged, and returned to Diamond Pharmacy (or destroyed, according to Pharmacy Board standards.) Electronic records are maintained at the jail and with Diamond Pharmacy.

6. Pharmaceutical Storage/Security

- A. Medications are stored in locked medication carts, or EDKs, or refrigerators. Only approved medical personnel have access to pharmaceuticals. Medicine carts are kept in locked clinics
- B. All medications are maintained under the control of appropriate staff members. Except for *self-medication programs* approved by the Jail Administrator and the Medical Director (e.g. "keep-on-person" programs), inmates do not prepare, dispense, or administer medication.
- C. Appropriate records are maintained to ensure adequate control of and accountability for all medications, per the guidance of the consultant pharmacist (Diamond Pharmacy).
- D. OPCSO provides maximum-security storage of and accountability by use for *Drug Enforcement Agency* (DEA)-controlled substances, needles, syringes, and other abusable items.
 - i. A daily "narcotics count" is performed and recorded for all controlled substances.
 - ii. In each clinic, controlled medications are "double locked": kept in a locked medication cabinet, in a locked medical clinic.

SUBJECT: PHARMACEUTICAL OPERATIONS

- E. All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and injectable medications. Drugs requiring special storage for stability (for example, drugs that need refrigeration are so stored).
 - A temperature log is maintained on refrigerators used to store medications.
- F. Medication storage areas are devoid of drugs that are outdated, discontinued, or recalled. Storage areas are inventoried regularly to ensure such outdated and discontinued medications have been removed.

7. Pharmaceutical Administration

- A. Only licensed nurses (and, on occasion, licensed physicians) administer medications at the jail, including over-the-counter medications.
 - i. Under no conditions, does security staff administer or have access to pharmaceuticals.
 - ii. Except for *self-medication programs* approved by the Jail Administrator and the Medical Director (e.g. "keep-on-person" programs), inmates do not prepare, dispense, or administer medications.
 - a. Diabetic inmates, if desired, are allowed to draw and administer their own insulin under the direct supervision of the nurse.
 - b. Inmates may carry emergency-use medications, as ordered by a physician
- B. Nurses administer medications in compliance with state and federal laws, Pharmacy Board regulations, and limitations set forth by the State of Louisiana Board of Nursing (RNs and LPNs).
- C. Medications are administered to inmates only upon the order (written or verbal) of a physician, dentist, or other authorized individual with designated privileges.
- D. Medication orders from outside providers (non-OPCSO staff) are not honored at the jail (i.e., do not engender medication administration). Such orders are reviewed by an OPCSO-privileged clinician and, if deemed appropriate, re-written as approved OPCSO *Physician Orders*.

SUBJECT: PHARMACEUTICAL OPERATIONS

- E. Nurses document all administered medications on a *Medication Administration Record (MAR)*, which is maintained in the medical record.
8. Pharmaceutical Disposal
- A. Medication from released inmates and expired medications are returned to Diamond Pharmacy.
 - i. After appropriate accounting and recording
 - ii. Excepting controlled substances
 - B. Controlled substances are destroyed under the supervision of a Louisiana-licensed pharmacist and in compliance with state regulations.
9. Pharmaceuticals: Special Regulations
- A. Medication prescribed for chronic medical problems is ordered for a maximum of six months. Follow-up appointments are no less frequent than every three months to re-evaluate medical therapy/renew medication.
 - i. If a prescription medication for a chronic problem expires prior to being re-ordered in sick call, nurses call a licensed physician for a temporary renewal until such sick call can be performed.
 - ii. Diamond Pharmacy sends the Medical Director a weekly report of expiring chronic medications to ensure steps are taken to prevent a gap in therapy.
 - B. Psychotropic or behavior-modifying medications are only prescribed if clinically indicated and not for disciplinary reasons. (See J-I-02, *Emergency Psychotropic Medication*.)
 - C. Any or all medications may be refused by the inmate, unless lawfully ordered by the Courts. (See J-I-05, *Informed Consent and Right to Refuse*.)
10. Federal Policy: A request for authorization is obtained from the appropriate agency (ICE, USMS, etc.) prior to providing involuntary treatment.

SUBJECT: MEDICATION SERVICES

POLICY:

Medication services are clinically appropriate and are provided in a timely, safe, and sufficient manner.

PURPOSE:

To provide inmates with pharmaceuticals safely, efficiently, and in a timely fashion when clinically indicated.

PROCEDURE:

1. Prescription medications are delivered and administered to patients only upon the lawful
A. Order of a licensed physician or dentist. (See J-D-01, *Pharmaceutical Operations*.)
2. When ordered, medications are provided in a **timely** manner.
A. Upon Intake: Inmates entering the facility on prescription medication continue to receive the medications as prescribed.
 - i. Formulary medications are available for immediate administration.
 - ii. Equivalent non-formulary substitutions are utilized, as appropriate.
 - iii. Non-formulary medications are available, as necessary.
 - iv. The patient's own medications are generally not used. They may be used if sealed, clearly identifiable, or an essential medication generally not kept on-hand at OPCSO. If used, they are used until an OPCSO-procured supply arrive.
B. To ensure timely provision of pharmaceuticals, medications are available from five (5) different sources:
 - i. Emergency Drug Kits (EDK)
 - a. Utilized in instances where immediate medication administration is required
 - b. OPCSO maintains active licenses for EDKs
 - ii. Local pharmacy companies
 - a. Utilized when medications are required in 6-36 hours.
 - b. Relationships with specific local vendors are in place prior to need (through the OPCSO contract pharmacy)

SUBJECT: MEDICATION SERVICES

- iii. Diamond Pharmacy Services
 - a. Provides medications within 48 hours of ordering
 - b. OPCSO has a contractual relationship with Diamond to provide pharmaceutical services at the jail.
 - iv. Medical Supply Division
 - a. Stores stock medications and various OTC medications
 - b. McKesson Pharmaceuticals and Diamond Pharmacy Services provide stock medications to Medical Supply through a contractual relationship.
 - v. Selected OTC medications (in small quantities) are available to inmates through the OPCSO commissary.
3. Medications are provided in a **sufficient** manner.
- A. Licensed clinicians determine the appropriate types and dosages of medications for each inmate.
 - B. While the Medical Department does have a standardized formulary, non-formulary medications are available when clinically indicated.
 - C. No inmate is denied medications due to cost, including antiretroviral medications and medications for chronic viral hepatitis.
 - D. A medication co-pay system is in place at the jail; however, assessed fees are reasonable and do not prohibit access to medications.
 - i. No inmate is denied medications due to an inability to pay.
 - ii. No fee is assessed for the following medications:
 - a. Medication refills for chronic illnesses
 - b. Psychotropic medications
 - c. Medications prescribed for public health reasons
4. Medications are provided in a **safe** manner.
- A. Only licensed nurses (and on occasion physicians) administer medications to inmates.
 - B. Nurses administer medications on the tiers. Inmates do not come to the medical clinics to receive their medications.

SUBJECT: MEDICATION SERVICES

- C. Nurses receive training regarding medication administration. (See J-C-05, *Medication Administration Training*.)
 - D. Medication administration is recorded appropriately on Medication Administration Records (MARs). (See J-D-01, *Pharmaceutical Operations*.)
 - E. Medications are stored in a safe, secured manner, and "controlled medications" are stored in compliance with state and federal regulations. (See J-D-01, *Pharmaceutical Operations*.)
 - F. MARs are part of the inmate's medical record. (See J-H-01, *Health Record Format and Contents*.)
 - G. The Quality Improvement Division of the Medical Department audits inmate MARs for accuracy, completeness, and timeliness of medication administration. (See J-A-06, *Continuous Quality Improvement Program*.)
 - H. The OPCSO Medical Department does not employ standing orders for medications. (See J-E-11, *Nursing Assessment Protocols*.)
 - I. A Limited self-medication program, or keep-on-person (KOP) program, is in place at the jail.
 - i. The program was developed jointly by the Medical Director and the consulting pharmacist.
 - ii. Keep-on-person pharmaceuticals do not exceed a fifteen (15) day supply of medications.
 - iii. Seriously ill inmates, developmentally disabled inmates, inmates with serious active psychiatric disease, inmates on DEA-controlled medications, and inmates with demonstrated medication noncompliance do not participate in self-medication programs.
5. The Medical Director oversees pharmaceutical services and prescriptive practices at the jail.
- A. Regular peer review of primary care providers is conducted. The review examines the appropriateness of prescribing habits.
 - i. See J-A-06, *Continuous Quality Improvement Program*.
 - ii. See J-C-02, *Clinical Performance Enhancement*.

SUBJECT: MEDICATION SERVICES

- B. The Medical Director and/or Health Services Administrator meet quarterly with representatives from the contract pharmacy company to review facility prescribing trends.
 - C. Prescribing practices are reviewed with practitioners during periodic physicians meetings.
6. The Health Services Administrator oversees the medication administration and documentation practices of the OPCSO Nursing Staff.
7. Medications are prescribed **only when clinically indicated**.
- A. Psychotropic and behavior-modifying medications are not used for disciplinary purposes.
 - B. See J-D-01, *Pharmaceutical Operations*.
 - C. See J-I-01, *Restraint and Seclusion*.

SUBJECT: MENTAL HEALTH SCREENING AND EVALUATION

POLICY:

Mental Health evaluation is begun during *Receiving Screening* and completed during the *Health Assessment*. These two mechanisms ensure serious mental health needs are identified. Inmates with serious mental illness or developmental disabilities are referred immediately for care.

PROCEDURE:

1. The following mental health issues are addressed during *Receiving Screening* (J-E-02):
 - A. History of mental illness, current or prior psychiatric treatment, including inpatient hospitalizations or outpatient treatments (individual or group therapy).
 - B. Use of psychotropic medications
 - C. Evidence of a mood disorder
 - i. Recent/current suicidal ideation or behaviors
 - ii. History of a suicide attempt
 - D. Evidence of psychosis
 - i. Exhibit irrational or bizarre behavior
 - ii. Speaks to himself/herself
 - iii. Auditory or visual hallucinations
 - E. Potential risk to others
 - i. Unusually hostile or bizarre behavior
 - ii. Aggressive or homicidal intentions toward others
 - F. Alcohol and drug use
 - i. Evidence of acute intoxication
 - ii. Evidence of withdrawal signs/symptoms
 - iii. Current habits
 - iv. History of withdrawal complications

SUBJECT: MENTAL HEALTH SCREENING AND EVALUATION

2. The *Health Assessment* (J-E-04) provides a more in-depth mental health screening. Structured components specifically focus on the following aspects of prior history and current symptoms.
 - A. Review of *Receiving Screening*, and the Mental Health history and symptoms described there.
 - i. See above description
 - ii. See J-E-02, *Receiving Screening*.
 - B. Past History
 - i. History of mental illness
 - ii. Use of psychotropic medications
 - iii. History of Suicide attempt
 - iv. History of Violence
 - v. History of Victimization
 - vi. History of Sex Offenses
 - vii. Past Medical History, including:
 - a. Seizure disorder
 - b. Stroke
 - c. Syncope
 - d. Trauma
 - viii. Educational level
 - a. Literacy & grade level
 - b. Special education & diagnosis
 - C. Current Symptoms
 - i. Current medications, including psychiatric medications
 - ii. Current Suicidal ideation
 - iii. Current Homicidal/Violent ideation
 - iv. Mental Status evaluation
 - a. Orientation to person, place and time
 - b. Speech flow and content
 - c. Affect evaluation
 - d. Psychosis/hallucination evaluation
 - v. Emotional response to arrest

SUBJECT: MENTAL HEALTH SCREENING AND EVALUATION

- vi. Substance Abuse evaluation and quantification
 - a. Evidence of current withdrawal symptoms
 - b. Alcohol use
 - 1) Quantification
 - 2) Withdrawal history
 - c. Street Drug use
 - 1) Type, quantification, and delivery route
 - 2) Withdrawal history
- 3. The *Receiving Screening* is performed by trained medical personnel. The *Health Assessment* is performed by medical personnel specially trained and qualified to perform mental health assessments.
 - A. Special training in performing these evaluations is provided by the Director of Psychiatry on an ongoing basis.
 - B. Documentation of training is maintained by the Education and Training Coordinator.
- 4. The complete Mental Health evaluation is completed within 14 calendar days of admission and is entered into the inmate's medical record. (See J-E-04, *Initial Health Assessment*.)
- 5. Inmates with serious mental illness or developmental disability are referred to a psychiatrist immediately for care. This referral is documented in the medical record.
 - A. Identification of suicidal or homicidal ideation is treated as a medical emergency. (See J-G-05, *Suicide Prevention Program*)
 - B. Acute psychiatric illnesses beyond the capabilities of OPCSO are transferred to MCL for evaluation, stabilization, and medical clearance.
 - i. Gross intoxications
 - ii. Acute withdrawals
 - iii. Delirium

SUBJECT: MENTAL HEALTH SCREENING AND EVALUATION

- C. The Psychiatrist reviews all charts with identified abnormalities on the *Receiving Screening*, regardless of formal referral, in order to address issues that may have otherwise have gone unnoticed or untreated.
-
- 6. Subsequent Mental Health care, psychiatrist notes, and psychiatrist orders outlining the initiation and continuation of care is documented in the health record. (See J-G-04, *Basic Mental Health Services*).

SUBJECT: BASIC MENTAL HEALTH SERVICES

Dir. of Psychiatry: _____

POLICY:

Mental health services are available for all inmates who require them and are provided by licensed mental health professionals. Services include crisis intervention, individual therapy, and psychotropic medication management. A multi-disciplinary approach is taken to create a treatment plan with a goal to alleviate symptoms of serious mental illness, prevent relapse, and allow an inmate to function safely in his or her environment.

PROCEDURE:

1. Referral to Mental Health Services can be made by the following:
 - A. Sick call requests of inmates
 - B. Grievance
 - C. Medical personnel
 - D. Deputies
 - E. Classification personnel
 - F. Psychiatric history
 - G. Outside medical and mental health agencies
 - H. OPCSO prior incarceration records
 - I. Attorneys/Court
 - J. Clergy
 - K. Family

2. Inmates referred for mental health treatment receive a comprehensive assessment. This includes the following:
 - A. Review of mental health evaluation
 - B. Current mental health complaints
 - C. Mental health history
 - D. Chronic alcohol or other substance use
 - E. Mental status examination
 - F. Direct observations of behavior

SUBJECT: BASIC MENTAL HEALTH SERVICES

3. An individualized, comprehensive treatment plan is developed by an OPCSO psychiatrist.
 - A. An *Initial Psychiatric Assessment* is completed during the first psychiatric evaluation. This form is placed into inmate's medical record.
 - B. The treatment plan is modified at subsequent evaluations and is documented on *Psychiatrist Notes* and *Psychiatric Treatment Plan Orders*.
 - C. Subsequent psychiatric evaluations are arranged individually as clinically indicated based on inmate's severity of mental illness or developmental disability, as well as current level of functioning.
 - i. Inmate requiring use of medical restraints and therapeutic seclusion are evaluated on a daily basis until precautions are discontinued. (See J-I-01, *Restraint and Seclusion*.)
 - ii. Inmates housed on *Acute Mental Health Tier* for hunger strike are evaluated at least once a week throughout the hunger strike (See J-G-02-2, *Hunger Strike*.)
 - iii. Inmates housed on *Acute* or *Subacute Mental Health Tiers* are evaluated at least once a month.

4. Crisis intervention services are provided on the *Acute Mental Health Tier*. The multi-disciplinary team including psychiatrists, physicians, nursing staff, social workers, substance abuse counselors, and correctional officers uses a biopsychosocial approach to alleviate symptoms, attain appropriate level of functioning, and prevent relapse.
 - A. Acute Mental Health Tier is continuously staffed with specialty trained personnel:
 - i. Trained nurses and correctional officers 24 hours a day, 7 days a week
 - ii. On-site psychiatrist 7 days a week.

 - B. Psychiatrist
 - i. Leads multi-disciplinary team.
 - ii. Provides psychotropic medication management.
 - iii. Reviews current status and determines appropriate level of precautions including restraints, if indicated. (See J-I-01, *Restraint and Seclusion*.)
 - iv. Provides individual treatment and inmate education on mental health problems, substance abuse, and psychotropic medication.
 - v. Other duties as described in Psychiatrist Job Description.

SUBJECT: BASIC MENTAL HEALTH SERVICES

- C. Physician
 - i. Provides ongoing evaluation and treatment of any medical problems.
 - ii. Reviews current status and determines appropriate level of precautions including restraints, if indicated. (See J-I-01, *Restraint and Seclusion*.)
 - iii. Other duties as described in Physician Job Description.

- D. Nursing Staff
 - i. Collects and triages sick call requests.
 - ii. Administers medications and provides inmate education.
 - iii. Delivers primary nursing care to inmates with mental health problems, behavioral problems drug or alcohol problems, developmental disabilities, and/or non-psychiatric medical conditions.
 - iv. Other duties as described in Clinic Registered Nurse and Clinic Licensed Practical Nurse Job Descriptions.

- E. Social Worker
 - i. Provides supportive assistance within the Department of Mental Health
 - ii. Individual and group counseling
 - iii. Psychosocial/psycho-educational support of pregnant inmates
 - iv. Medical and psychiatric case management
 - v. Discharge planning

- F. Substance Abuse Counselor
 - i. Provides supportive assistance within the Department of Mental Health
 - ii. Individual and group counseling
 - iii. Administers state and federal substance abuse programs

- G. Correctional Officer
 - i. Evaluating inmates in mechanical restraints and documenting actions specified on the *Observation/Restraint Checklist*. (See J-G-05, *Suicide Prevention Program*)
 - ii. Reports observations of behavior and problems to medical staff.
 - iii. Other duties as described by OPCSO Policies and Procedures.

SUBJECT: BASIC MENTAL HEALTH SERVICES

5. Continuing mental health services are provided in General Population. The multi-disciplinary team approach is continued to prevent relapse and sustain inmate's ability to function safely in his or her environment. Inmates in General Population are seen at least once every three months.
6. See J-I-01, *Restraint and Seclusion*.
7. Policies and procedures of mental health services and activities at OPCSO are approved and monitored by the Director of Psychiatry.

SUBJECT: SUICIDE PREVENTION PROGRAM Director of Psychiatry: _____

POLICY:

Identify and manage potentially suicidal inmates in accordance with sound medical practice.

PROCEDURE:

1. All correctional and health services personnel receive training in suicide prevention, both during initial orientation and in an ongoing basis (See J-C-09, *Orientation for Health Staff*, and J-C-04, *Health Training for Correctional Officers*.)
 - A. Recognition of potentially suicidal inmates.
 - B. Supervision and handling of potentially suicidal inmates.
 - C. Documentation and communication of potentially suicidal inmates.
 - D. Intervention with potentially suicidal inmates (First Aid and CPR).
 - E. Security, medical, and outside referring medical agencies will share information about suicidal inmates.
 - F. Any OPCSO personnel may perform intervention in an attempted suicide.
 - G. Nurses and physicians will maintain complete documentation in the inmate's medical record.

NOTE: Deputies will report their findings to the Watch Commander.
 - H. Special Investigations Division does follow-up investigations immediately.

SUBJECT: SUICIDE PREVENTION PROGRAM

2. Identification and referral of potentially suicidal inmates may be generated from several different sources and are immediately referred to medical personnel:
 - A. Intake booking screening (See J-E-02, *Receiving Screening*). Qualified health care personnel perform initial medical screening on all inmates at the time of booking. The health screening assists medical personnel identify inmates with suicidal ideation requiring immediate intervention, and those inmates with depression requiring psychiatric evaluation.
 - i. Observation of appearance for depression or suicidal ideation
 - ii. Specific question regarding suicidal ideation
 - iii. Obtaining history of suicide attempt
 - B. H&P (J-E-04, *Initial Health Assessment*). A medical history and physical exam, including a mental health evaluation with specific questions regarding suicidal risk, is completed on all inmates within 14 days of booking.
 - C. Other sources of identification:
 - i. Deputies
 - ii. Classification personnel
 - iii. Medical personnel
 - iv. Family
 - v. Medical history
 - vi. OPCSO prior incarceration records
 - vii. Outside medical and mental health agencies
 - viii. Attorneys/Court
 - ix. Clergy
 - x. Sick call requests of inmate
3. A suicide attempt shall be handled immediately as a medical emergency by whom ever discovers the inmate.
 - A. Immediate intervention: Security personnel will respond to the location of an attempted suicide and take action to remove any items that might be used to facilitate the suicide. At the same time, immediate steps shall be taken to provide first aid to the victim. Such aid will continue until the arrival of qualified health personnel. Further, all OPCSO personnel shall continue to provide emergency life saving measures such as CPR/First Aid and remove all obstacles that may contribute to a life-threatening situation.

SUBJECT: SUICIDE PREVENTION PROGRAM

- B. Medical/security personnel will contact communications and request additional medical assistance. They will provide the inmate's name and location.
- C. Medical personnel will evaluate and treat all attempted suicides for injuries sustained. (See J-E-08, *Emergency Services*.) Serious and life threatening injuries will be routed to MCL for treatment and stabilization.
- D. Medical personnel will notify the psychiatrist of the attempt.

NOTE: If it is determined that the victim is deceased, the watch commander will secure the scene and notify proper authorities to begin investigation.

- 4. When an inmate is identified as potentially suicidal, medical personnel will be immediately notified, and treat the situation as a medical emergency. Medical personnel will:
 - A. Evaluate and document the inmate's current behavior and mood
 - B. Obtain a brief history including current medications
 - C. Contact the psychiatrist, or on-call physician, and provide the information collected.
 - D. Obtain verbal orders, as appropriate, from the physician for:
 - i. Medication
 - ii. Housing
 - iii. Suicide precautions
 - iv. Restraints, if indicated (See J-I-01, *Restraints and Seclusion*)
 - v. Timely psychiatric follow-up.
- 5. If the inmate is transferred to the psychiatric unit:
 - A. The inmate will be placed in a cell under direct observation of a correctional officer. Potentially suicidal inmates may be housed with other inmates, as clinically warranted ("Suicide Watch"). This does **not** take the place of further staff observation, as outlined below.

SUBJECT: SUICIDE PREVENTION PROGRAM

- B. All objects that could be used to harm themselves will be removed (e.g., shoestrings, belts, eye glasses, etc.). The housing unit will be maintained as "suicide resistant" as possible.
 - C. The Deputy, with the implementation of the Observation/Restraint Checklist, will do checks of the inmate at a minimum every fifteen (15) minutes.
 - D. Each check will be documented/logged by the Deputy until the psychiatrist discontinues or modifies suicide precautions.
 - E. Qualified mental health care personnel will perform a mental health evaluation within one hour of inmate's arrival to the mental health tiers.
 - F. A Psychiatrist will evaluate the inmate at the next, daily Psychiatric Sick Call.
 - G. A physician will evaluate the inmate, if in restraints, within 8 hours (See J-I-01, *Restraints and Seclusion*).
6. The psychiatrist or physician has the sole authority to modify and terminate suicide precautions and will:
- A. Evaluate inmates on suicidal precautions
 - B. Document findings in the Medical Record
 - C. May modify the frequency of visual checks in accordance with J-I-01 which may vary from 15 minutes to 1 hour
7. Evaluations by the Psychiatrist include:
- A. A discussion with mental health personnel of their observations
 - B. A review of information from transferring facility/building.
 - C. A review of the Observation, Seclusion, or Restraint Checklist and/or discussion with trained security personnel of their observations

SUBJECT: SUICIDE PREVENTION PROGRAM

- D. A mental health history including a review of prior records, if indicated
 - E. A mental status examination with special attention to mood; suicidal intent and plan
 - F. Evaluations to review current status and/or the appropriate level of precautions
 - G. Follow-up will be arranged by a psychiatrist as clinically indicated
8. Critical Incidents, including serious suicide attempts and inmate deaths are addressed as follows:
- A. A critical incident stress debriefing will be offered to all affected personnel and inmates. This is conducted by the Medical Director, Director of Psychiatry, Clergy, and/or outside agency (Employee Assistance Program), as appropriate.
 - B. The medical department and jail administration review the circumstances surrounding the critical incident.
 - C. Reporting and Review of completed suicides are addressed as outlined in J-A-10, *Procedure in the Event of An Inmate Death*.
9. Notification of suicide/attempt is made to various parties
- A. Jail administration: Warden/Sheriff
 - B. Appropriate Outside Agency: Department of Corrections, US Marshals, Immigration and Customs Enforcement, etc.
 - C. Family

SUBJECT: SUICIDE PREVENTION PROGRAM

10. Review: all suicides/attempts are reviewed on multiple levels, with methods to improve prevention discussed.
 - A. Facility Administrative meetings (see J-A-04, *Administrative Meetings and Reports*)
 - i. Sheriff/Facility Administrator
 - ii. Medical Staff
 - iii. Medical Executive Committee
 - B. Medical Department Continuous Quality Improvement meetings (see J-A-06, *Continuous Quality Improvement Program*)
 - i. Clinical Quality Improvement meeting, with involvement of Director of Psychiatry.
 - ii. A mortality review will be conducted within 30 days of an inmate's death.

SUBJECT: MEDICATION SERVICES

POLICY:

Medication services are clinically appropriate and are provided in a timely, safe, and sufficient manner.

PURPOSE:

To provide inmates with pharmaceuticals safely, efficiently, and in a timely fashion when clinically indicated.

PROCEDURE:

1. Prescription medications are delivered and administered to patients only upon the lawful order of a licensed physician or dentist. (See J-D-01-1, *Pharmaceutical Operations*.)
2. When ordered, medications are provided in a **timely** manner. To ensure timely provision of pharmaceuticals, medications are available from five (5) different sources:
 - A. Emergency Drug Kits (EDK)
 - i. Utilized in instances where immediate medication administration is required
 - ii. OPCSO maintains active licenses for EDKs
 - B. Local pharmacy companies
 - i. Utilized when medications are required in 6-36 hours.
 - ii. Relationships with specific local vendors are in place prior to need (through the OPCSO contract pharmacy)
 - C. Diamond Pharmacy Services
 - i. Provides medications within 48 hours of ordering
 - ii. OPCSO has a contractual relationship with Diamond to provide pharmaceutical services at the jail.
 - D. Medical Supply Division
 - i. Stores stock medications and various OTC medications
 - ii. McKesson Pharmaceuticals and Diamond Pharmacy Services provide stock medications to Medical Supply through a contractual relationship.

SUBJECT: MEDICATION SERVICES

- E. Selected OTC medications (in small quantities) are available to inmates through the OPCSO commissary.
3. Medications are provided in a **sufficient** manner.
- A. Licensed clinicians determine the appropriate types and dosages of medications for each inmate.
 - B. While the Medical Department does have a standardized formulary, non-formulary medications are available when required.
 - C. No inmate is denied medications due to cost, including antiretroviral medications and medications for chronic viral hepatitis.
 - D. A medication co-pay system is in place at the jail; however, assessed fees are reasonable and do not prohibit access to medications.
 - i. No Inmate is denied medications due to an inability to pay.
 - ii. No fee is assessed for the following medications:
 - a. Medication for chronic illness
 - b. Medication refills
 - c. Psychotropic medications
 - d. Medications prescribed for public health reasons
4. Medications are provided in a **safe** manner.
- A. Only licensed nurses (and on occasion physicians) administer medications to inmates.
 - B. Nurses administer medications on the tiers. Inmates do not come to the medical clinics to receive their medications.
 - C. Nurses receive training regarding medication administration. (See J-C-05, *Medication Administration Training*.)
 - D. Medication administration is recorded appropriately on Medication Administration Records (MARs). (See J-D-01-1, *Pharmaceutical Operations*.)
 - E. Medications are stored in a safe, secured manner, and "controlled medications" are stored in compliance with state and federal regulations. (See J-D-01-1, *Pharmaceutical Operations*.)

SUBJECT: MEDICATION SERVICES

- F. MARs are part of the inmate's medical record. (See J-H-01, *Health Record Format and Contents*.)
 - G. The Quality Improvement Division of the Medical Department audits inmate MARs for accuracy, completeness, and timeliness of medication administration. (See J-A-06, *Continuous Quality Improvement Program*.)
 - H. The OPCSO Medical Department does not employ standing orders for medications. (See J-E-11, *Nursing Assessment Protocols*.)
 - I. Limited self-medication program is in place at the jail.
 - i. The program was developed jointly by the Medical Director and the consulting pharmacist.
 - ii. Keep-on person pharmaceuticals do not exceed a four (4) day supply of medications.
 - iii. Seriously ill inmates, developmentally disabled inmates, inmates with serious active psychiatric disease, and inmates with demonstrated medication noncompliance do not participate in self medication programs.
5. The Medical Director oversees pharmaceutical services and prescriptive practices at the jail.
- A. A monthly peer review of primary care providers is conducted. The review examines the appropriateness of prescribing habits.
 - i. See J-A-06, *Continuous Quality Improvement Program*.
 - ii. See J-C-02, *Clinical Performance Enhancement*.
 - B. The Medical Director meets quarterly with representatives from the contract pharmacy company to review facility prescribing trends.
 - C. Prescribing practices are reviewed with practitioners during periodic physicians meetings.
6. The Medical Administrator oversees the medication administration and documentation practices of the OPCSO Nursing Staff.

SUBJECT: MEDICATION SERVICES

- 7. Medications are prescribed **only when clinically indicated**.
 - A. Psychotropic and behavior-modifying medications are not used for disciplinary purposes.
 - B. See J-D-01-1, *Pharmaceutical Operations*.
 - C. See J-I-01, *Use of Restraints and Seclusion in Correctional Facilities*.

SUBJECT: PHARMACEUTICAL OPERATIONS

POLICY:

Pharmaceutical services are sufficient to meet the needs of the jail and comply with all applicable legal requirements.

PURPOSE:

To provide patients with required medications in timely fashion; ensure safe, accurate administration of medications; enforce proper accountability, storage, and security for medications; and ensure compliance with state and federal rules and regulations concerning pharmaceuticals.

PROCEDURE:

1. **Pharmacy Service**

- A. The Orleans Parish Criminal Sheriff's Office maintains a contractual relationship with *Diamond Pharmacy Services* to provide pharmaceutical services at the jail, including procurement, dispensing, and delivery of medications.
- B. Approved over-the-counter (OTC) medications are provided by *McKesson General Medical*, a medical supply company.
- C. Diamond Pharmacy provides a *Pharmacist-In-Charge* who performs the following functions:
 - i. Possesses appropriate licensure to meet the requirements of the State of Louisiana Board of Pharmacy
 - ii. Procures, dispenses, and delivers medications ordered by jail physicians
 - iii. Reviews prescription orders for dosage/interaction problems
 - iv. Serves as a clinical consultant to OPCS0 medical personnel
 - v. Maintains OPCS0 *Emergency Drug Kits*
 - vi. Performs utilization-review analyses to target areas for improved care/cost savings
 - vii. Destroys unused/expired controlled medications
 - viii. Monitors OPCS0 policies, procedures, and practices to ensure compliance with the state and federal pharmaceutical regulations
 - ix. Performs quarterly facility inspections to verify compliance with the above regulations

SUBJECT: PHARMACEUTICAL OPERATIONS

- D. OPCSO maintains a relationship with several local pharmacies (through Diamond Pharmacy) to procure STAT medications.

2. **Formulary**

- A. The OPCSO Medical Department has a medication formulary which lists all drugs approved for prescription without prior administrative authorization.
- B. The formulary also includes all over-the-counter (OTC) medications available at the jail.
- C. Non-formulary medications require the approval of the Medical Director (except when required STAT).

3. **Pharmaceutical Procurement**

- A. Medications are provided by the following sources:
 - i. *Diamond Pharmacy Services* - prescription medications ordered into computer by nurses, with computer printout faxed to Diamond Pharmacy daily; routine delivery via express mail
 - a. Routine Orders
 - Nurses enter medication orders into the computer system
 - Computer automatically faxes to Diamond Pharmacy all entered prescriptions every two hours
 - Diamond Pharmacy mails that same day any prescriptions received by 1pm central time, and next day any prescriptions received after 1pm (medications are sent for next day delivery)
 - b. Stat Orders
 - Nurse enters medication order into the computer system
 - Computer automatically prints out the stat order for nurse to fax it and call it in to Diamond Pharmacy
 - Diamond Pharmacy contacts a local back-up pharmacy, where the order is filled and delivered to OPCSO via courier
 - ii. *McKesson General Medical* - OTC medications ordered by Medical Supply Officer with routine delivery by supplier's delivery system

SUBJECT: PHARMACEUTICAL OPERATIONS

- B. OPCSO maintains an adequate and proper supply of antidotes and other emergency drugs on site.
 - i. These medications are readily available to the staff to meet the needs of the facility.
 - ii. Related information, including posting of the poison control telephone number in areas where overdoses or toxicologic emergencies are likely, is also easily accessible.
 - iii. Material Safety Data Sheets (*MSDS*), for hazardous material routinely used at OPCSO, are maintained on file in the HOD-2 Medical Clinic. (See J-B-02, *Environmental Health and Safety*.)

4. **Pharmaceutical Dispensing and Distribution**

- A. At OPCSO, medications are dispensed and labeled only by a licensed pharmacist.
- B. Diamond Pharmacy delivers medications in single-patient, bubble-packed, unit-dose cards.
- C. Each card is appropriately labeled with the inmates' name, folder number, drug, dose, expiration date, and instructions for administration.
- D. Medications are received in Medical Supply, scanned into the information system, and forwarded to the appropriate medical clinic.
- E. Medications are stored in secure locations within medical clinics until the time of administration (See *Pharmaceutical Storage/Security* below.)
- F. At OPCSO, only licensed nurses administer medications to inmates.
- G. Under no circumstances do OPCSO medical personnel re-package or otherwise dispense pharmaceuticals.
- H. Medications are dispensed per-dose, daily, or twice a week, depending on clinical circumstances and physician orders. (See J-D-02, *Medication Services*)

SUBJECT: PHARMACEUTICAL OPERATIONS

5. **Pharmaceutical Accounting**

- A. Medical Supply scans medications received from supply pharmacies into a computerized pharmaceutical database. Electronic records are maintained at the jail and with Diamond Pharmacy.
- B. OPCSO nurses maintain records to ensure adequate control and accountability of all drugs. (See *Pharmaceutical Administration* below.)
- C. Upon an inmate's release or expiration of medication, medication is counted, logged, and returned to Diamond Pharmacy (or destroyed, according to Pharmacy Board standards.) Electronic records are maintained at the jail and with Diamond Pharmacy.

6. **Pharmaceutical Storage/Security**

- A. Medications are stored in **locked** medication carts, or EDKs, or refrigerators. Only approved medical personnel have access to pharmaceuticals. Medicine carts are kept in locked clinics
- B. All medications are maintained under the control of appropriate staff members. Except for *self-medication programs* approved by the Jail Administrator and the Medical Director (e.g. "keep-on-person" programs), inmates do not prepare, dispense, or administer medication.
- C. Appropriate records are maintained to ensure adequate control of and accountability for all medications. (See *Pharmaceutical Accounting* above.)
- D. OPCSO provides maximum-security storage of and accountability by use for *Drug Enforcement Agency* (DEA)-controlled substances, needles, syringes, and other abusable items.
 - i. A daily "narcotics count" is performed and recorded for all controlled substances.
 - ii. In each clinic, controlled medications are "double locked": kept in a locked medication cabinet, in a locked medical clinic.

SUBJECT: PHARMACEUTICAL OPERATIONS

- E. All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and injectable medications. Drugs requiring special storage for stability (for example, drugs that need refrigeration are so stored).
 - A temperature log is maintained on refrigerators used to store medications.
- F. Medication storage areas are devoid of drugs that are outdated, discontinued, or recalled.

7. **Pharmaceutical Administration**

- A. Only licensed nurses (and, on occasion, licensed physicians) administer medications at the jail, including over-the-counter medications.
 - i. Under no conditions, does security staff administer or have access to pharmaceuticals.
 - ii. Except for *self-medication programs* approved by the Jail Administrator and the Medical Director (e.g. "keep-on-person" programs), inmates do not prepare, dispense, or administer medications.
 - Diabetic inmates, if desired, are allowed to draw and administer their own insulin under the direct supervision of the nurse.
- B. Nurses administer medications in compliance with state and federal laws, Pharmacy Board regulations, and limitations set forth by the State of Louisiana Board of Nursing (RNs and LPNs).
- C. Medications are administered to inmates only upon the order (written or verbal) of a physician, dentist, or other authorized individual with designated privileges. (See J-D-06, *Written and Verbal Clinicians' Orders*.)
- D. Medication orders from outside providers (non-OPCSO staff) are not honored at the jail (i.e., do not engender medication administration). Such orders are reviewed by an OPCSO-privileged clinician and, if deemed appropriate, re-written as approved OPCSO *Physician Orders*.
- E. Nurses document all administered medications on a *Medication Administration Record* (MAR) which is maintained in the medical record. (See attached.)

SUBJECT: PHARMACEUTICAL OPERATIONS

8. **Pharmaceutical Disposal**

- A. Medication from released inmates and expired medications are returned to Diamond Pharmacy.
 - i. After appropriate accounting and recording
 - ii. Excepting controlled substances
- B. Controlled substances are destroyed under the supervision of a Louisiana-licensed pharmacist and in compliance with state regulations.

9. **Pharmaceuticals: Special Regulations**

- A. Medication prescribed for chronic medical problems is ordered for a maximum of 90 days. The inmate is scheduled for sick call approximately 2 weeks prior to the stop date of the medication to re-evaluate medical therapy/renew of medication. If a prescription medication for a chronic problem expires prior to being re-ordered in sick call, nurses call a licenced physician for a temporary renewal until such sick call can be performed.
- B. Psychotropic or behavior-modifying medications are only prescribed if clinically indicated and not for disciplinary reasons. (See J-I-02, *Emergency Psychotropic Medication*.)
- C. Any or all medications may be refused by the inmate, unless lawfully ordered by the Courts. (See J-I-06, *Right to Refuse Treatment*.)

10. **Federal Policy:** A request for authorization is obtained from the appropriate agency (ICE, USMS, etc.) prior to providing involuntary treatment.

11. See contract with *Diamond Pharmacy Services*.

12. See BJJ IV-019/OPJS 1201.15 *Pharmacy Management*



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CHAPTER: Security and Control

SUBJECT: Use of Force Policies

POLICY:

Orleans Parish Sheriff's Office requires that deputies be trained in approved methods of applying physical force to control inmates when necessary. The use of force both in the jail and outside of the correctional facilities must be approached with knowledge and a complete understanding of the degree of force that is authorized.

PURPOSE:

Although it is difficult to articulate a few simple all inclusive rules, we will try to present workable rules and guidelines. Some general guidelines are applicable to all situations in which the use and degree of force is appropriate. Other guidelines deal specifically with the use of force as follows:

PROCEDURE:

A. GENERAL GUIDELINES:

1. The decision to use force must be based on reason and necessity, not on emotions. The lawful use of force in any degree must be based on a reasonable judgment that force is necessary under the circumstances. Therefore, a deputy must always prevent anger from affecting his decision to use force.
2. Force should be used only when it is reasonable to believe that it is immediately necessary. There must be an immediate and reasonable need for the force used. When force in any degree (but particularly deadly force) is used against a suspect, the Deputy's actions will be judged on a large part by whether the force was reasonably necessary at the moment of its use. Force, particularly, deadly force, should not be used except as a last resort.
3. A deputy must know the weapons issued for his use. The academy will provide training in the use of each weapon under the control of the deputy and he must stay proficient in the use of these weapons.
4. After a use of force incident, an inmate shall be medically evaluated and treatment provided as appropriate.
5. A deputy must avoid the use of unnecessary menacing actions. It is generally wrong for a deputy to use his weapon as a means to intimidate or bluff a suspect. The firing of warning shots is strictly prohibited.
6. A weapon is not to be fired from a moving vehicle.

B. USE OF FORCE IN SELF DEFENSE

1. A deputy may use only the degree of force which is reasonable and immediately necessary to protect himself.



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2. A deputy may use deadly force in self defense when he reasonably believes that:
 - a. He is in imminent danger of losing his life or of receiving great bodily harm.
 - b. He reasonably believes that the use of deadly force is immediately necessary to save himself from that danger.

C. USE OF FORCE TO PROTECT OTHERS

1. A deputy may use only the degree of force immediately necessary to protect another person or property in another person's lawful possession against a forcible offense. A deputy may use limited and restricted force against another to prevent a forcible offense against the person or a forcible offense or trespass against property in a person's lawful possession. The authorized degree of force is limited to that which is reasonable and apparently necessary.
2. A deputy may, in some instances, use deadly force to prevent a violent or forcible felony as was reasonable apparent that the other person could have lawfully used to protect himself under the circumstances.

D. USE OF FORCE TO EFFECT AN ARREST

1. A person must submit peaceably to lawful arrest, but there is no requirement that he submit peaceably to an unlawful arrest. In order for the deputy to be entitled to use force to effect an arrest, the arrest itself must be lawful. If a deputy uses force to effect what he knew or should have known was an unlawful arrest, his actions will probably constitute an assault and battery. Louisiana courts have taken the position that a person has the right to resist an unlawful arrest. A deputy therefore, should do everything possible to ensure that any arrest he plans is lawful and that he proceeded in a lawful manner in making that arrest.
2. When making a lawful arrest, a Deputy may use only reasonable force to effect the arrest and detention. He may not use unreasonable force or subject the arrested person to unjustifiable violence.
3. One making a lawful arrest may use reasonable force to overcome any resistance or threatened resistance or the person being arrested or detained.

E. USE OF FORCE TO PREVENT FLIGHT OR ESCAPE FROM ARREST OR CONFINEMENT

1. A deputy may use only a limited degree of reasonable force, but not deadly force, to prevent the flight or escape of a misdemeanor or of a non-violent, non-dangerous felon. In order to prevent the flight of the non-dangerous criminal offender, a deputy, when reasonably necessary, may do such things as hold, wrestle or tackle the suspect. He should not take action which endangers the life of the suspect merely to prevent him from escaping arrest for a misdemeanor or non-violent, non-dangerous felony.



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2. Deadly force may be used against a dangerous or violent felon who is attempting to flee or escape when the deputy reasonably believes there is a substantial risk that the dangerous or violent felon will cause death or serious bodily harm if apprehension is delayed. Two circumstances which, in combination, will clearly support the deputy's reasonable beliefs that there is a substantial risk that the fleeing or escaping felon poses a threat or serious bodily harm if apprehension is delayed include the following:
 - a. The fleeing felon has committed a crime involving a lawless readiness to take human life or cause serious bodily harm.
 - b. The fleeing or escaping felon is armed with a dangerous weapon which he has used or threatened to use to escape or prevent capture.

F. USE OF FORCE TO PREVENT FLIGHT OR ESCAPE FROM PRISON FACILITIES

Deadly force may be used to prevent an escape from certain correctional facilities only under limited circumstances. Article 227.1 of the Louisiana Code of Criminal Procedures provides:

- a. A guard or other law enforcement officer is justified in the reasonable use of force, but not deadly force, to prevent the escape from a state correctional facility or parish prison of a person under sentence or awaiting trial or commitment for an offense.
- b. A guard or other law enforcement officer is justified in the use of deadly force to prevent the escape from a state correctional facility or parish prison of the person under sentence or awaiting trial or commitment for an offense when the guard or officer has probably cause to believe that the person poses a significant threat of death or serious bodily injury to the guard, officer or others if his apprehension is delayed.

G. AUTHORIZATION

If time and circumstances permit, use of force shall be authorized by the immediate supervisor. The supervisor must be present during calculated use of force.

H. DOJ NOTIFICATION

In major use of force incidents involving Department of Justice inmates, appropriate DOJ officials shall be notified.

I. DOCUMENTATION

All participants in and witnesses to a use of force shall file a report in the computerized incident reporting system. The report shall identify the type and amount of force used and the justification.



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J. INVESTIGATION

Violations of the use of force policy shall be investigated by the watch commander and appropriate disciplinary action taken. The watch commander shall file a report in the computerized incident reporting system before leaving the facility at the end of his/her shift. A copy of the report shall be forwarded to the Internal Affairs Division for follow up investigation.



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CHAPTER: Security and Control

SUBJECT: Use of Chemical Agents

POLICY:

The use of chemical agents, as set forth in this regulation is based on the concept that in controlling disturbances, it is more feasible than the use of physical force or impact weapons in that it causes no serious or lasting damage, and that its use also poses less potential for injury to inmates and staff, than the use of physical force. Chemical agents may be used when all available less drastic measures fail to accomplish control in handling group disturbances and subduing individuals.

PURPOSE:

To establish procedures regarding the use of chemical agents at the Orleans Parish Prison facilities.

PROCEDURE:

GENERAL GUIDELINES:

Chemical agents shall only be used by employees trained and certified in their proper use. Jail personnel are permitted only to carry and use OC foam. OC spray is prohibited. This is to prevent the chemical agent from entering into the HVAC system and possibly contaminating other areas of the facility. Members of the Special Operations Division, who have received the appropriate training, are authorized to use other chemical agents, including CS and CN during major incidents.

1. Chemical agents may be used against a group of inmates only to quell a riot and/or prevent loss of life, serious injury to person(s), extensive destruction of property, to control a disturbance, which in the opinion of the highest ranking security supervisor on duty, in the immediate area, where the incident is occurring may lead to a serious situation, which may jeopardize the safety, security, and good order of the facility, or to regain control of the institution or a part of it.
2. Chemical agents may be used against an individual only to subdue him/her in order to prevent the loss of life serious injury to person(s), extensive destruction of property, to control a disturbance, which in the opinion of the highest ranking security supervisor on duty, in the immediate area, where the incident is occurring) may lead to a serious situation, which may jeopardize the safety, security, and good order of the facility, or to regain control of the institution or a part of it.
3. A determination for corporate or mass use of chemical agents should be made by the highest ranking official present, preferably the facility commander or the Special Operations Division Commander.
4. A determination to use chemical agents on an individual, except in emergency situations, should be made by the highest ranking security supervisor on duty in the immediate area where the incident is occurring.
5. When chemical agents are used, only the minimum amount necessary to control the situation will be used. Chemical agents shall only be used following the manufacturer's recommendations and in compliance with the departmental training program.
6. Prior to use of any chemical agent, and where time and circumstances permit, the inmate (s) against whom it is directed shall be warned, verbally, that chemical agents will be used.



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CHAPTER: Security and Control

SUBJECT: Use of Chemical Agents

7. The use of chemical agents is considered as a use of force as per policy 801.16. Any excessive use or unauthorized use will result in disciplinary action against the employee who does so.
8. Chemical agents will not be used as punishment under any circumstances.
9. Whenever possible under prevailing circumstances, no chemical agents will be used against inmates with a history of mental or serious physical health problems, until the health worker is present and has attempted to control the situation, unless it is necessary to prevent the loss of life, serious injury to person(s), or extensive property damage.
10. Chemical agents will not be used on those inmates who are incapable of responding to the commands and orders being given to them by the staff (i.e., during epileptic seizures, etc.).
11. Chemical agents will not be used on those inmates who remain passive in their cells without causing a disturbance or becoming hostile, unless the inmate continuously defies orders to come to the bars of the cell. A determination to use chemical agents, under these circumstances, should be made by the highest ranking security supervisor on duty in the immediate area.
12. When chemical agents have been used, affected individuals (inmates and employees) will be permitted to wash their face, eyes, or exposed skin areas as soon as possible after the situation is under control and the individual(s) will be examined by qualified medical personnel. Clothing exposed to a chemical agent shall be removed as soon as feasible and clean clothing made immediately available. The inmate(s) shall be removed from the immediate area of contamination as soon as possible. Decontamination of contaminated areas shall be in accordance with the manufacturer's recommendations and in compliance with the departmental training program.
13. All instances in which chemical agents are used shall be documented in an incident report. A copy of the report shall be forwarded to the facility commander immediately after the incident, giving full details. Additionally, a "Discharge of Chemical Agent Form" shall be completed and attached to the incident report. Copies of the incident report and the form shall be forwarded to the Training Division, the Chief of Operations, and the Chief of Security.

Orleans Parish Criminal Sheriff's Office Discharge of Chemical Agent

OPCSO Item Number:	Incident Location:
Date:	Time:

Subject Information (separate form for each Subject involved)				
Name(last, First)	Gender	Height	Weight	DOB

Conditions prior to discharge (check all that apply)	
<input type="checkbox"/> Sober	<input type="checkbox"/> Belligerent
<input type="checkbox"/> Alcohol-influenced	<input type="checkbox"/> Yelling
<input type="checkbox"/> Drug-influenced	<input type="checkbox"/> Cursing
<input type="checkbox"/> Hostile	<input type="checkbox"/> Calm/Passive
<input type="checkbox"/> Threatening	<input type="checkbox"/> Failed to follow verbal instructions
<input type="checkbox"/> Combative	<input type="checkbox"/> Other (list) _____
Arrest: Y ___ N ___ Armed: Y ___ N ___ Threatened use of weapon Y ___ N ___	
Injured: Y ___ N ___ Injuries: _____	

Incident Location (Detailed description: i.e. cell #s, showers, classrooms, etc)
Address or Jail
Level of Force prior to use of chemical agent:
None ___ Verbal Commands ___ Hands On ___ Baton ___ Firearm ___
Number of burst of Chemical Agent:
Approximately distance away when used (in Feet):
Further Force needed after use of Chemical Agent: Y ___ N ___

Deputy Information					
Name (Last, First)				Empl #	
Gender	Height	Weight	Division	Was chemical agent effective:	
				Y	N
Injuries Y ___ N ___ Injuries _____					

Post Use Procedures

Chemical Agent Decontamination steps: _____

Medical Staff assisting (names and titles): _____

Other Deputies / Witnesses: _____

How long was the subject affected by the Chemical Agent: _____

FOR NARRATIVE, SEE OPCSO INCIDENT REPORT, OPCSO ITEM _____

Reporting Deputy Signature _____

Print Watch Commander _____

Watch Commander Signature _____

Distribution:

Original: Training Staff

Copy: Chief of Operations, Chief of Security



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CHAPTER: Security and Control

SUBJECT: Use of Canines in Correctional Operations

POLICY:

It is the policy of Orleans Parish Sheriff's Office to have a written policy addressing the use of trained canines to assist in jail security operations.

PURPOSE:

To maintain safety, security and control of the facility and its occupants.

PROCEDURE:

1. General Provisions

A. Canine teams can be used to support jail security operations within the OPSO jail system in the following ways:

- To search the jails for narcotics and other contraband;
- To aid in tracking and apprehending escapees both on and off OPSO grounds;
- To provide additional security for inmate transports to Department of Corrections facilities (Hunt Runs); and
- To provide assistance in the event of a riot or other significant disturbance within the OPSO jail system.

B. Availability, Authorization, and Responsibility:

Canine teams shall be available twenty-four hours a day, seven days a week, on an on-call basis. If a facility Warden or his/her designee deems it necessary to summon a canine team to their facility to perform any of the functions listed above, they shall either directly contact the Commander of the Special Operations Division or contact the Communications Division who will then directly dispatch the canine team to the scene.

The canine handler shall be responsible for their canine's actions and use.

C. Use of Canine Force:

The same general use of force guidelines as stipulated in Policy # 801.16 apply to the use of canine force.

D. Prohibitions:

Canines will never be allowed to roam freely inside an institution or on institution property.

Canines shall never be trained to respond to any command not learned in a training school.

E. Narcotics and Contraband Searches:

During a housing unit/tier search for narcotics and/or other forms of contraband, the canine will



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SUBJECT: Use of Canines in Correctional Operations

Remain on a leash and all inmates will be kept clear of the area. Any contraband found during these searches shall be disposed of according to Policy # 801.10.

F. Reporting Requirements:

Anytime a canine team is used in any of the situations described above, a detailed incident report shall be submitted via the electronic incident reporting system by the canine handler. The report shall contain the incident date and time, location, who authorized and dispatched the canine team, a detailed description of the incident and how the canine was used, a detailed description of any injuries sustained by an inmate, employee or canine, and notation of medical services provided to the injured parties.

G. Canine Incidents Involving Injuries:

If any injuries are sustained by either an inmate or an employee during a canine operation, medical assistance must immediately be summoned to the scene as stipulated by Policies 801.16 and 1201.4.

H. Employee Responsibilities:

Employees who are not directly assigned to the Canine Division will not enter any area that is being searched by a canine team. If an employee inadvertently enters an area where a canine team is working, he/she will exit the area quietly and without hesitation.

Employees must not walk or run in front of a canine unless responding to an emergency situation.

No one, other than the canine handler, will give commands to the canine.

Employees must never make aggressive gestures toward a canine or handler. Additionally, employees must never attempt to touch, handle, or feed a canine without the handler's approval.

No one, other than the canine handler, will attempt to enter or retrieve anything from a Canine Division vehicle or kennel when the canine is present.

I. Health, Care, and Feeding of Canines:

Refer to the Canine Division Standard Operating Procedures for detailed information on this topic.

J. Certifications

The Commander of the Special Operations Division shall ensure that all canine handlers and the canines have received the appropriate training and certifications. Documentation of training and certifications shall be maintained by the Special Operations Division Commander or appropriate designee.