

Medical-Legal Reporting & Records

2110.1 INFORMED CONSENT

- (a) The informed consent of the inmate shall be required for all examinations, treatments and procedures governed by informed consent standards in the community. Access to inmate medical records shall be strictly controlled, according to HIPPA guidelines.
- (b) Explanation of Risk - Prior to the initiation of any medical procedure, surgery or any treatment, CHS staff shall explain the procedure, alternatives and risks to the inmate.
- (c) Written Consent - The inmate shall be requested to sign a written consent form authorizing the specific surgical procedure. This shall be included in the inmate's medical record.
- (d) Medical Refusal - If an inmate chooses to refuse any medical appointment, treatment, medication, medical diets or other medical procedure recommended as necessary by Correctional Health Services (CHS), the refusal will be made directly to CHS staff. Appropriate medical release and/or refusal form(s) shall be provided for signature by CHS. A mod guard station log entry will be made for all medical refusals. It is the responsibility of a CHS staff member to witness the form by signature. The medical release and/or refusal form(s) may be signed at medical, triage, the dispensary, the inmate's housing location or any other area in the jail. OCSD staff will ensure access for CHS to obtain this signature or verbal refusal. CHS will file the signed refusal form in the inmate's medical record.
 - 1. A Deputy will escort and provide security for CHS staff when obtaining refusal signatures.
 - 2. If the inmate refuses to sign any CHS related paperwork, the escorting Deputy and CHS Staff will sign the paperwork as witnesses to the inmate's refusal.
- (e) Refusal of Appointment of Examination. Where a scheduled appointment with facility health care staff has been refused by the inmate, the appropriate medical release and/or refusal form(s) shall be provided by the Medical staff, and witnessed by a nurse, for the inmate's signature. This refusal also shall be in the inmate's medical record.
- (f) Minors - For minors, the treating physician or dentist shall obtain the informed consent of the inmate's parent, guardian, legal custodian, or the court. The treating physician shall notify the Medical Director of the need for this informed consent. Appropriate arrangements for contacting the responsible guardian shall then be made by the appropriate medical staff member.
- (g) Consent Waivers - The informed consent requirement shall be waived for the following:
 - 1. An emergency which requires immediate medical intervention for the safety of the inmate.
 - 2. Emergency care involving inmates who do not have the capacity or ability to understand the information given.
- (h) Communicable Disease - For inmates diagnosed with a communicable disease and refusing appropriate treatment, medical quarantine authorized by the treating

Orange County Sheriff-Coroner Department

Custody and Court Operations Manual

Medical-Legal Reporting & Records

physician shall be used. Treatment, other than in an emergency situation, shall not be forced by any CHS staff member. For such cases, a court order for treatment may be sought by the Medical Director after consultation with the Sheriff.

- (i) Monthly Medication Refusal Audits
 - 1. CHS Senior Nurses and Nursing Supervisors may request to review video footage through a Sergeant, or above, to verify the accuracy of CHS staff's documentation of medication refusals.

2110.2 COMMUNICABLE DISEASE EXPOSURE

- (a) All employees and volunteers exposed to a person diagnosed with a communicable disease shall be evaluated, counseled and offered appropriate prophylactic treatment by HCA/ Employee Health Services or another treatment facility. Communicable disease exposures that may require prophylactic treatment or medical follow-up are listed below:
 - 1. Hepatitis A – Ingestion of food prepared by communicable person with poor hygiene habits. Care of infants or toddlers with lack of sufficient hand washing.
 - 2. Hepatitis B – Percutaneous or mucous membrane exposure to blood or body fluids, very rarely saliva.
 - 3. Hepatitis C – Percutaneous or mucous membrane exposure to blood or body fluids.
 - 4. AIDS/HIV Infection – Percutaneous or mucous membrane exposure to blood or body fluids.
 - 5. Syphilis - Percutaneous or mucous membrane exposure to blood or body fluids.
 - 6. Meningococcal Infection – Face-to-face contact with a communicable person. Resuscitation, intubation or suctioning of a patient before antibiotics have begun.
 - 7. Tuberculosis – Prolonged face-to-face contact with communicable person; risk increased during CPR.
 - 8. Measles – Face-to-face or room contact with communicable person.
 - 9. Rubella – Face-to-face or room contact with communicable person.
 - 10. Chicken Pox (Varicella Zoster) – Prolonged face-to-face contact with communicable person (until all lesions are crusted). Prophylaxis only for pregnant females, HIV infected or severely immunosuppressed persons.

2110.3 COMMUNICABLE DISEASES REPORTING

- (a) All personnel who observe or are informed of any activity among persons in custody that may cause the transmission of AIDS or other communicable diseases shall immediately report the incident in writing to the I.R.C Watch Commander by completing the "Report of Activity Known to Cause Transmission of AIDS" form. This form will be attached to any other required reports.

Orange County Sheriff-Coroner Department

Custody and Court Operations Manual

Medical-Legal Reporting & Records

1. Additionally, the Facility Shift Commander shall make a telephonic report to Employee Health Services as soon as possible. If after business hours or on weekends, the telephonic report shall be made to the on-call Public Health Medical Officer.
- (b) Reportable activities include, but are not limited to the following:
 1. Sexual activity resulting in the exchange of bodily fluids.
 2. Intravenous drug use.
 3. Incidents involving injury to inmates or staff in which bodily fluids are exchanged.
 4. Tattooing among inmates.
 5. Inmates who state they are infected or have been exposed to AIDS, an AIDS related condition, or other communicable disease
- (c) Employee who believes they have been exposed to communicable disease will report possible exposure to their Supervisor immediately.
 1. During office hours contact HCA/Employee Health Services (714)834-5974, or if directed to do so by Supervisor, fill out the County of Orange Communicable Disease Exposure Reporting Form.
- (d) After being advised by an employee of possible exposure to a communicable disease the Supervisor shall do the following:
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- (e) The I.R.C. Watch Commander will provide a copy of all reports to H.C.A. Medical Services, who, in turn will evaluate any transmission incident and all involved inmates and/or staff.
- (f) When an inmate voluntarily consents to the drawing of blood for testing purposes, H.C.A. personnel will be responsible for the collection of samples. Samples will be drawn in the medical area of their respective facility.

Medical-Legal Reporting & Records

2110.4 MEDICAL RECORDS

- (a) Within Correctional Health Services (CHS), the problem orientated medical record structure will be used as much as practicable. The medical record will list all medical encounters, the diagnosis thereof, subsequent findings, treatments, rehabilitation, maintenance and patient education. An inmate's perceived health problems will be recorded as well as the dispositions thereof.
- (b) All inmate medical files will be under the control of CHS. CHS staff will photocopy any necessary medical records to be sent with inmates transferring to other facilities or agencies.
- (c) At no time will any inmate or other unauthorized persons be allowed access to inmate medical records. The files will be kept separated from the inmate's confinement record, including after the time they are released. All access to inmate medical files will be controlled and regulated by the Custodian of Records.