

## 98-007 Handling of HIV/AIDS Positive Prisoners Requiring Medication

Los Angeles County Sheriff's Department

### FIELD OPERATIONS DIRECTIVE

Field Operations Support Services



### HANDLING OF HIV/AIDS POSITIVE PRISONERS REQUIRING MEDICATION

#### PURPOSE

HIV/AIDS medication is generally prescribed to be taken at specific times throughout the day by the patient. Should the patient fail to take his/her medication at the specified time, it could be detrimental to the effectiveness of the treatment.

In the past, prisoners taking prescribed medications have been transported to the Inmate Reception Center (IRC) instead of being housed at a station jail. Additionally, there were no provisions which would allow the prisoner to take prescribed medications at the station prior to transportation or release. This practice can cause a delay in the prisoner being medicated. In the case of HIV/AIDS medication, this delay is unacceptable.

The purpose of this Directive is to ensure that HIV/AIDS patients receive their prescribed HIV/AIDS medication as is specified on their prescription(s).

#### ARRESTING DEPUTY'S RESPONSIBILITIES

Any affirmative answer to question number two on the arresting deputy's portion of the "Arrestee Receiving Medical Screening Questionnaire" (Does the inmate have any medical problems or take any medication requiring immediate attention?) where the medical problem is HIV/AIDS and the medication is HIV/AIDS medication, shall be brought to the attention of the jailer and Watch Commander immediately. These conditions shall be construed as requiring immediate attention for the purposes of this Directive. Deputies shall process the prisoner as quickly as possible.

When a prisoner advises that he/she takes HIV/AIDS medication, the arresting deputy shall ask the prisoner when he/she is supposed to have his/her next dose, if the prisoner has any of the required medication in his/her possession, and, if not, about the possibility of having the medication brought to the station. The arresting deputy shall then brief the jailer and the Watch Commander on the status of the prisoner and his/her medication.

Once the prisoner's HIV/AIDS condition is identified, any medication which he/she may possess and claim is prescribed for HIV/AIDS (and accompanying prescription bottles/containers) shall be booked into his/her property. This medication shall not be put into the inmate's "bulk" property at the station, but shall be booked into their property so that it may accompany the prisoner to the Inmate Reception Center if/when transported.

## **WATCH COMMANDER'S RESPONSIBILITIES**

Upon being briefed on the status of the prisoner and his/her medication, the Watch Commander shall determine the proper course of action. In determining this course of action, it is **imperative** to ensure that the prisoner receives his/her required medication at the specified time. Whether the prisoner is going to be released (cited, bailed, or bonded out) or transported to the Inmate Reception Center, the process should be attended to as expeditiously as possible, especially if the prisoner is due to take another dose of medication. In determining the proper course of action, the Watch Commander shall consult the Supervising Clinic Nurse at Inmate Reception Center, [REDACTED TEXT], who will assist the Watch Commander and, if necessary, be responsible for ensuring the timely delivery of the prisoner to the Clinic area upon arrival at the Inmate Reception Center.

HIV/AIDS positive prisoners will fall under one of the following categories when arrested:

- They will have their medication with them in a properly labeled (standard prescription label) container(s)
- They will have their medication with them in an unlabeled container (jar, baggie, pocket, etc.)
- They will have no medication with them

If the prisoner claims that he/she is scheduled to have his/her next dose of medication before it is possible to release or transport him/her to the Inmate Reception Center, and he/she has his/her medication in his/her possession, he/she shall be allowed to self-medicate. If the prisoner does not have the medication in his/her possession, he/she shall be allowed sufficient telephone access to arrange to have the medication brought to the station so that he/she may self-medicate, **provided the medication would arrive before the prisoner could be delivered to the Inmate Reception Center**. If the prisoner is transported to the Inmate Reception Center before the medication arrives, the medication **shall not** be accepted.

Deputies shall not direct anyone to take medication to the Inmate Reception Center for the prisoner unless requested to do so by the Inmate Reception Center medical staff.

**NOTE:** The self-medication option is to be used only in those instances in which a prisoner is due to have a dose of his/her medication before he/she could be delivered to the Inmate Reception Center. It shall not be used as a means to delay the transport of a prisoner under non-emergent circumstances.

## **VERIFICATION OF MEDICATION**

Regardless of packaging/labeling, all medications must be verified prior to allowing a prisoner to self-medicate. In order to ensure proper identification, the following criteria should be met:

- The prisoner should be positively identified by reliable picture identification (driver's license, etc.) or through fingerprints
- The medication must be identified as a known HIV/AIDS medication listed on the prescription by comparing the prisoner's medication to a photo of the known medication as pictured on the identification chart provided by Medical Services ("Daily Dosing of Available Antiretroviral Agents") or the Physician's Desk Reference (PDR). As there are no "generic" versions of HIV/AIDS medication, any medication claimed as such by a prisoner should be pictured on the chart.

## **JAILER'S RESPONSIBILITIES**

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If the determination is made to allow a prisoner to self-medicate, and the prisoner has chosen to do so, the jailer shall have the prisoner sign the "Self-Medication Waiver" form (copy following, Spanish language version attached) prior to allowing him/her to self-medicate. Once the waiver is signed, the jailer shall allow the prisoner access to his/her medication. (NOTE: As it is illegal for unlicensed persons to "administer" medications, the jailer **shall not give** medication to the prisoner. Instead the jailer shall allow the prisoner to retrieve the proper dose out of his/her supply of medication). After the jailer has given the prisoner a cup of water, the prisoner shall take the medication in the jailer's presence. The jailer shall visually examine the inside of the prisoner's mouth to verify the prisoner actually swallowed the medication. The jailer shall then complete the "Medication" portion of the "Self-Medication Waiver" by entering the time the medication was taken, the total number of capsules/tablets taken, a description of the capsules/tablets taken. The jailer shall print and sign his/her name (no initials) and employee number in the designated spaces.

In some instances, it is required that the medication be taken with food. If this is the case, the jailer shall provide the prisoner with a snack (sandwich, etc.) as necessary.

Once processing is completed, the inmate shall be immediately transported to the Inmate Reception Center. The Inmate Reception Center Watch Commander shall not refuse to accept an HIV/AIDS positive prisoner, regardless of the charge(s).

## LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

**\*\* CONFIDENTIAL \*\***

### SELF-MEDICATION WAIVER

I hereby acknowledge that I am presently under the care of a physician and currently taking prescribed medication for the treatment of HIV/AIDS. I understand that this document is confidential and will not be shared with 3rd parties except as necessary for my medical care and treatment. I understand it will be made part of my medical record.

I am requesting that my medication be made available to me so that I may take it myself. I understand that custody personnel are required to watch me take the medicine for security reasons. I acknowledge that the Los Angeles County Sheriff's Department and its employees have neither ordered nor directed me to take any medication and have not selected any medications on my behalf.

I have selected the prescribed medication(s) and will take only the dosage(s) as prescribed by my physician. In consideration for allowing me to self-medicate, I hereby **waive, release, and discharge** the Los Angeles County Sheriff, and any officers, agents, servants, employees or officials of Los Angeles County, for personal injury and property damage which may hereinafter accrue to me as a result of my self-medication.

For myself, my heirs, executors, administrators, and assigns, I agree to **defend, indemnify and hold harmless** the County of Los Angeles, the Sheriff's Department, and all directors, officers, agents, servants, employees or officials of the County of Los Angeles, against any and all manner of actions, claims, causes of actions, suits, debts, demands or damages, or any liability or expense of any kind or nature incurred or arising by reason of any actual or claimed act or omission by me, or injury sustained by me due to my self-medication while in the Sheriff's custody. This includes claims brought on my behalf, or on behalf of my estate, by my administrator or executor, or by any other person including a minor claiming any injury.

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This document is executed voluntarily at \_\_\_\_\_ on \_\_\_\_\_

(City or County Area)

(Date)

Print Inmate's Name

Inmate's Signature

Booking Number

Print Witness Name

Witness Signature

Employee  
Number

TIME	# OF CAPS/ TABS	MEDICATION Describe Each Capsule/Tablet in Detail  (e.g., White capsule with blue stripe around center, "Wellcome", "Y9C", and "100" imprinted on capsule)	JAILER Name and Employee #
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Distribution:

Original - Inmate's Medical Records

Copy - To IRC or medical facility upon transportation of inmate

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