

**COUNTY OF MONROE  
OFFICE OF THE SHERIFF  
ROCHESTER, NEW YORK**

<b>GENERAL ORDER JAIL BUREAU</b>	<b>DATE OF ISSUE January 15, 2026</b>	<b>EFFECTIVE DATE January 15, 2026</b>	<b>No. 033-26</b>
<b>SUBJECT: GENERAL ORDER Medical &amp; Withdrawal Protocols</b>		<b>DISTRIBUTION Jail Bureau Personnel</b>	<b>AMENDS</b>
<b>Reference: 9NYCRR PART 7010, NCCHC STANDARDS, NYS CORRECTION LAW - ARTICLE 3, ARTICLE 5 SECTION 140, NYSSA 113, 125, 136, 140, 146, 152, 153, 157</b>			<b>RESCINDS 033-22</b>

**Purpose:** To define policy and establish protocol governing the identification evaluation and treatment of incarcerated individuals (II's) manifesting alcohol/drug withdrawal symptoms and incarcerated individuals (II's) with medical conditions/distress within the Monroe County Jail (MCJ) or the Andrew P. Meloni Star Academy (MSA).

**Policy:** The Monroe County Sheriff's Office (MCSO) shall implement, maintain and observe a systematic procedure that will enhance identification of IIs manifesting withdrawal symptoms and II's with minor, acute, and chronic medical conditions/distress.

**Definitions:** For the purpose of this order, the following definitions shall apply:

**Medical/Withdrawal Symptoms Emergency:** Identification of those II's at too great a medical risk to be committed to the Jail, or whose condition progresses to a point of delirium tremens.

**Medical/Withdrawal Symptoms Non-Emergency:** Identification and treatment of those II's who are experiencing or may experience the effects of withdrawal or present with mild symptoms of withdrawal.

\* **Medical Observation:** A designated period of enhanced health monitoring for individuals presenting with acute medical concerns and require daily assessment by health care staff. The observation period and level of monitoring are determined by a facility health provider to ensure appropriate evaluation, stabilization, and continuity of care.

\* **Medical Segregation:** The placement of an individual in a separate, medically supervised area to promote recovery and/or prevent the spread of illness. Segregated care is provided in a secure, restorative environment that safeguards both the patient and the health of others.

**I. Security Staff Supervision of IIs with Medical or Withdrawal Needs**

All IIs will receive initial and periodic health assessments while in the custody of the Sheriff's Office in accordance with the guidelines delineated in 9NYCRR and NCCHC Standards.

A. IIs at MCJ or MSA with medical/withdrawal conditions/distress will be provided with appropriate supervision in accordance with **9NYCRR Part 7003** and **Security and Supervision (JBGO-47)**.

\* B. Placement on Medical Observation or Medical Segregation requires a providers (RN, NP, PA or doctor) order. However, only an NP, PA or doctor can clear an II from that status.

- \* C. Medical Observation is most often utilized for II's who:
1. Have recently returned from the hospital and require a provider assessment before returning to their housing unit.
  2. Report chest pain or other acute symptoms during off-hours and require provider assessment before returning to general population.
  3. Present with acute medical concerns that warrant close monitoring.
  4. Have medical conditions requiring daily monitoring by an RN or mid-level provider.
  5. Are diagnosed with a communicable illness such as influenza, RSV, or COVID-19, and need observation to monitor for complications.
  6. Preparing for medical procedures, such as a colonoscopy, and require oversight to ensure compliance with pre-procedure instructions, including NPO orders.

Note: The above list is not exhaustive, and providers may, in their clinical judgement, deviate from or supplement these examples/reasons as appropriate. The rationale for the decision should be documented.

- \* D. Medical Segregation is most often utilized for II's who:
1. Require complex or daily wound care, including frequent dressing changes and close monitoring of healing progress.
  2. Utilize specialized medical equipment, such as wound vacuum, suction machine, or colostomy care supplies, necessitating enhanced supervision and education.
  3. Receiving intravenous or PICC line therapy.
  4. Rely on durable medical equipment that cannot be safely accommodated in general population.
  5. Have tested positive for MRSA and have not yet completed seven (7) days of antibiotic treatment.
  6. Have unstable diabetes and demonstrate noncompliance with dietary or insulin requirements.
  7. Are engaging in a hunger strike and require close medical oversight.
  8. Have an unstable fracture or recent orthopedic surgery (e.g., orbital or mandibular fracture, recent ORIF) that makes it unsafe to return to general population.
  9. Have refused PPD testing or have a history of a positive PPD and are awaiting chest X-ray evaluation.
  10. When an II enters custody on a sealed indictment for mental health reasons, until the indictment has been unsealed and the II has been cleared by a mental health professional.

Note: The above list is not exhaustive, and providers may, in their clinical judgement, deviate from or supplement these examples/reasons as appropriate. The rationale for the decision should be documented.

- \* E. Upon initial intake, if an II refuses to answer any questions on the Suicide Prevention Screening Form, Medical Screening Form, or appears to be too intoxicated to answer, the II will be placed on constant supervision and detox as a precautionary measure. Once the individual complies or is able to answer the questions, they may be removed from constant supervision and detox upon approval of the Duty Sergeant, Command Officer, Mental Health and a medical provider, should the results not be indicative of suicide risk as delineated in **JBGO 031-Mental Health Protocols**.

- \* F. Security staff will observe all IIs in general population. The housing area supervisor, duty sergeant/shift supervisor and duty nurse will be notified immediately of individuals whose

condition, illness, behavior, or verbal statement(s) reflect a change in health or mental health status and may require activation of incident command. Examples include the following:

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  - 1. A semi-conscious or unconscious state of an II.
  - 2. Any signs of depression, withdrawal, periods of crying, insomnia, sluggishness, or extreme restlessness.
  - 3. Mood changes or changes in eating and/or sleeping habits.
  - 4. Signs of drug or alcohol withdrawal or intoxication.
  - 5. Signs of hallucinations, or delusions.
  - 6. Refusal to take prescribed medication for more than 72 hours or a request for increased dosages of medication. In this instance, the Medical Nursing Staff will be responsible for notifying the Medical Provider.
  
- G. An Incident Report, submitted by staff will include additional supervision as required for an II.
  
- H. Medical assessments requested by security staff following any incident will ensure that an Urgent Medical Assessment form is submitted by the medical contract provider based upon evaluation of the IIs condition, illness, or injury.

Note: Copies of these reports will be forwarded to the duty sergeant/shift supervisor for inclusion before being sent to Jail Administration.

## **II. Health Services for Minor IIs**

### County IIs

For any county II under eighteen years of age who has been committed or transferred to the custody of the department, the commitment order will grant the minor the capacity to consent to routine medical, dental and mental health services and treatment.

## **III. Treatment and Management of IIs with Alcohol / Drug Withdrawal**

MCSO will follow a standard alcohol/drug detoxification protocol that provides for the detection, evaluation and treatment of controlled and safe withdrawal of IIs from alcohol and/or drugs. The Contract Medical Provider will begin a detoxification flow sheet that note the condition of the II and notes the individual's vitals, speech patterns, visual observations, anxiety levels, vomiting and any other pertinent medical information.

### A. Protocol for Un-arraigned (UA) and County IIs

- 1. IIs who appear to be demonstrating serious complications from alcohol withdrawal (delirium tremors, withdrawal seizures) will be referred immediately to the duty nurse. UA's requiring medical treatment beyond the capabilities of the Contract Medical Provider will be transported for emergency medical treatment by the arresting agency and will not be committed to the Jail.
- 2. IIs who are intoxicated and report a history of alcohol/drug abuse will be observed for potential medical complications and be referred to the duty nurse for acceptance into the facility.
- 3. Booking staff will notify the duty nurse of any new admission with previous history of serious complications from alcohol withdrawal (delirium tremors, withdrawal seizures, etc.) or who is presently delirious or otherwise medically ill. The duty nurse will determine the level of care necessary based on the individual's current

state and complete any necessary detox forms. The duty nurse will notify the Corporal if increased supervision is necessary.

**B. Protocol for County IIs – Contract Medical Provider Responsibilities**

1. The duty nurse will assess all IIs who, prior to admission, exhibit signs of significant intoxication, early withdrawal, or give history of recent heavy consumption of alcohol to address appropriate treatment prior to accepting into custody.
2. Information from this assessment will be recorded in the II's medical record and will include, but not be limited to, the following:
  - a. Medical history.
  - b. The duration of recent abuse and last usage of alcohol and/or other cross-tolerant sedative-hypnotics.
  - c. Prior history of complications associated with alcohol/drug withdrawal syndrome (DTs, seizures, GI bleeding, etc.).
  - d. Current symptoms and/or signs of alcohol/drug withdrawal (orientation, nausea, signs of tremor and/or agitation, vomiting, diarrhea, etc.).

**C. Medical Observation and Treatment**

Upon completion of the initial assessment, medical staff, in consultation with the Medical Contract Provider Supervisor and the Jail Physician or Physician's Assistant, will develop a plan of observation/treatment for those IIs deemed suitable for continued confinement in the jail. This plan will include the following:

1. The medical staff will conduct clinical assessments of IIs going through alcohol/drug withdrawal at a minimum once per (8) hour shift, or (3) times every twenty-four (24) hours, for at least 72 hours according to the medical department guidelines or as directed by the Jail Physician or Physician's Assistant. Documentation of vital signs, as well as visual observations regarding withdrawal symptoms and the II's overall condition will be noted.
2. The on-call physician will be notified if the Contract medical Provider observes that the II exhibits any of the following symptoms which are indicative of a deteriorating condition.

- a. Excessive sweating and/or increased vomiting.
- b. Hallucinations or any other alterations in mental status such as disorientation to person, place, or time and restlessness, pacing, or agitated movements.

Note: The Jail Physician or Physician's Assistant will evaluate any IIs (upon return to the facility) who are sent to the hospital, at the next scheduled sick call.

3. If staff suspects multiple drug use, the II will be placed on medical observation at a minimum, and constant supervision if necessary. The individual will be monitored in REC by medical staff until cleared by the Jail Physician or Physician's Assistant.

4. Medical staff will notify the Booking Corporal when an II is placed on detoxification precautions. A detoxification form is completed by the R.N. and the Reception Unit is notified to place the IIs name on the detoxification sheet.
- D. Medication will be prescribed as deemed necessary by the Jail Physician, Physician's Assistant or Nurse Practitioner in the following manner:
1. Blood pressure instability associated with withdrawal; the Contract Medical Provider will administer treatment according to proscribed protocols.
  2. Pain, nausea and/or vomiting, associated with withdrawal, medication will be prescribed as determined by the medical provider.
  3. If any II is unable to hydrate themselves after twelve (12) hours of observation the duty nurse must notify the Jail Physician, Physician's Assistant, or Nurse Practitioner on call.
- E. The Contract Medical Provider will verify any current treatment and continue providing appropriate methadone treatment for females who are pregnant. IIs in general population, remanded to the Jail and who are currently enrolled in a licensed methadone program will be evaluated and treated in accordance with protocols established by the Contract Medical Provider and the New York State Office of Alcoholism and Substance Abuse Services.
- F. Protocol for Intermittent (Weekender) IIs
1. Intermittent IIs who are intoxicated at booking and/or report a history of medical complications associated with withdrawal will be placed on detoxification precaution. Checks by medical staff will be conducted once per (8) hour shift or (3) times in a (24) hour period, for at least 72 hours according to the medical department guidelines or as directed by the Jail Physician or Physician's Assistant. Documentation of vital signs, as well as visual observations regarding withdrawal symptoms and the II's overall condition will be noted.
  2. Intermittent IIs who appear to be demonstrating serious complications from alcohol withdrawal (DT's, withdrawal seizures, etc.) will be referred immediately to the duty nurse and may be placed on medical supervision as delineated in **Security and Supervision (JBGO-47)**. IIs requiring medical treatment beyond the capabilities of the facility medical department will be transported to a hospital for emergency medical treatment and will not be treated in the facility.
- IV. Treatment and Management of IIs with Medical Conditions/Distress (Other than Withdrawal)**

To identify potential emergency and non-emergency situations among new arrivals to the facility, and also to ensure that those II patients with known illnesses and currently on medications are identified for further assessment and continued treatment.

- A. Non-Emergency Medical Requests
1. Non-emergency requests for health care will be submitted to the Contract Medical Provider on a sick call slip and will be documented in the II's medical file.
  2. All non-emergency requests will be reviewed by the Contract Medical Provider within 24-hours and a disposition noted (e.g. scheduled for sick call, outside

referral, dental appointment).

**B. Individual Treatment Plans**

1. IIs who are diagnosed with an illness or condition that affects the individual's wellbeing for an extended interval, or who have a chronic disease will be provided with a course of therapy or treatment by the Contract Medical Provider to ensure that he/she receives ongoing multidisciplinary care.
2. To ensure continuity of care the Contract Medical Provider will ensure that IIs with individual treatment plans receive diagnostic and other health services and modify treatment plans as appropriate.

**C. Emergency Services**

1. Emergency medical and dental health care will be provided for any acute illness or unexpected health need that cannot be deferred until the next scheduled sick call or clinic.
2. IIs requiring emergency treatment will be transported by ambulance or Sheriff's Office vehicle at the determination of either the duty nurse or on-duty command officer.

- D.** Staff transporting IIs to or from a clinic, doctor visit, hospital, etc will comply with current directives regarding prisoner transport and treatment in accordance with **MBGO-06, MBGO-22, and JBGO-13.**

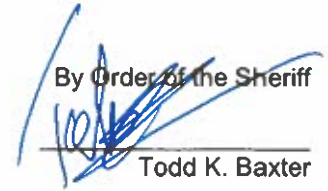
**V. Interagency Notification**

- A.** The Contract Medical Provider will prepare all required medical related information to accompany an II with medical conditions/distress who is being transferred.
- B.** If necessary, the Contract Medical Provider will prepare a written summary of possible medication and/or treatment needs that may be required by the II in transit. This summary will address the following:
  1. Medication needs of the II during transit.
  2. Special medical needs or conditions/distress.
  3. Handicapping conditions that may require special procedures during transport.
- C.** Unless otherwise provided by law or administrative regulation having the force of law, written authorization by the II will be necessary for the transfer of health records and information. This includes, but is not limited to, health record information transmitted to specific and designated physicians or medical facilities in the community.

**VI. Planning and Coordination**

- A.** At the direction of the Jail Administration the Contract Medical Provider will review these procedures and recommend changes to improve the delivery of medical care in the jail.
- B.** The Contract Medical Provider will encourage IIs with identified alcohol/drug medical conditions/distress to seek or continue appropriate services upon their release from custody. The Contract Medical Provider will ensure that a written listing of local referral

agencies is compiled and periodically updated.

  
By Order of the Sheriff  
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Todd K. Baxter

\* Indicates change from previous order.