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**ADMINISTRATIVE REGULATION
NUMBER 619**

OPR: HEALTH SERVICES

PSYCHOTROPIC MEDICATION AND HEAT

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures necessary to recognize and prevent heat-related complications for all inmates, including those whose risk is elevated because they take psychotropic medication.

- A. ADOC adopts a “universal precautions” approach that begins with understanding that heat exhaustion and heat stroke can happen to anyone, and that inmates who take psychotropic medication may be at elevated risk of these serious medical problems.

This universal precautions strategy recognizes that many drugs prescribed for general medical conditions also share properties with psychotropic drugs, and can raise the risk of heat-related health complications. Therefore, medical and mental health staff are jointly responsible for ensuring implementation of this strategy.

- B. ADOC will take steps to limit the exposure of inmates to elevated temperatures or direct sunlight and will take steps to minimize the impact when such exposure occurs. Extra precautions will be implemented for inmates who are prescribed psychotropic medication.

II. POLICY

Inmates who take psychotropic medication will not be exposed to sustained elevated ambient temperatures or direct sunlight. When the outside temperature reaches 85 degrees Fahrenheit, special means will be initiated to promote cooling, and should be started at lower temperatures if inmates report heat-related symptoms or distress.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definition of the following terms used in this AR:

- A. **Heat-Related Illnesses:** A spectrum of medical conditions related to the body becoming overheated, ranging from heat cramps to heat exhaustion to heat stroke.

1. **Heat cramps** are characterized by muscle pain/cramps and heavy sweating during intense exercise. Immediate intervention is needed to cool the body.
 2. **Heat exhaustion** occurs as the body becomes progressively overheated, and is associated with fatigue, dizziness, heavy sweating, rapid pulse and other symptoms. Immediate intervention is needed to prevent this from progressing to heat stroke.
 3. **Heat stroke** occurs as the body can no longer cool itself and the core temperature rises into the critical zone above 103 degrees. The skin is hot and dry, the pulse rapid, and the person may lose consciousness. This is a life threatening medical emergency.
- B. **Universal precautions:** Precautions applied to entire groups for the purpose of preventing an adverse health outcome. (Examples include providing adequate water to all inmates and staff during hot weather to reduce the risk of heat-related illness or promoting hygienic measures for everyone to prevent the spread of infection.)

IV. **RESPONSIBILITIES**

- A. Psychiatrists and nurse practitioners are responsible for informing inmates at the time they consent to take psychotropic medication that they may be at increased risk for heat-related medical problems.
- B. Before the start of each summer season, the Health Services Administrator (HSA) at each facility, in collaboration with the Mental Health Site Administrator, is responsible for ensuring that individual or group education sessions are provided to inmates and health care staff (medical and mental health) focused on minimizing the risk of heat-related complications.
- C. Correctional Officers are responsible for:
1. Monitoring and recording the temperature inside cells and dormitories;
 2. Initiating measures to provide extra means of cooling when the temperature reaches 85 degrees;
 3. Monitoring inmates outdoors during recreational or other out-of-cell activities for any signs of heat exhaustion;
 4. Ensuring adequate hydration at all times;
 5. Intervening immediately to initial cooling and ensure emergency medical evaluation when heat-related problems are suspected; and
 6. Being aware that heat can also affect security and health care staff and being prepared to intervene if necessary if a staff member experiences heat-related symptoms.
- D. Each facility Warden is responsible for ensuring that correctional staff understand and implement their responsibilities to address heat-related health concerns.

- E. Each facility Mental Health Site Administrator in collaboration with the HSA is responsible for ensuring that clinical and security staff receive an annual update on how to monitor temperatures and heat exposure, as well as, how to intervene to prevent or respond to heat-related health problems.

V. **PROCEDURES**

A. Psychiatrists and Nurse Practitioners will:

- 1. Review heat related risks during the informed consent process for psychotropic medications; and
- 2. Review this information with inmates prior to the summer season each year and document this discussion in a progress note.

B. Nurses will:

- 1. Provide group and/or individual nursing education before the beginning of each summer season to inmates who take psychotropic medications on how to recognize and prevent heat-related complications.

a. Educational topics will include (but are not limited to):

- (1) Limiting activities and sun exposure;
- (2) Proper clothing;
- (3) Adequate hydration; and
- (4) Recognizing and responding to any early signs of heat exhaustion or heat stroke.

C. Correctional Officers will:

- 1. Monitor all cell and dormitory temperatures at least three times daily when the outside temperature reaches 85 degrees Fahrenheit.
- 2. Record the temperatures on ADOC Form MH-026, Housing Unit Temperature Log.
- 3. Take the following steps if the temperature in a housing area reaches 85 degrees:
 - a. Notify the Shift Commander and Warden;
 - b. Use fans to increase ventilation;
 - c. Offer and provide fluids and ice on request; and
 - d. Allow additional showers to provide cooling.

- D. If these efforts are insufficient the Warden will consider authorizing a temporary move to a cooler area.

VI. DISPOSITION

Refer to AR 601, Mental Health Forms and Disposition.

VII. FORMS

Refer to AR 601, Mental Health Forms and Disposition.

ADOC Form MH-026, Housing Unit Temperature Log.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 619, *Psychotropic Medication and Heat*, dated March 14, 2015 and any changes.

IX. PERFORMANCE

This Administrative Regulation is published under the authority of:

- A. The Bradley Agreement of August 8, 2000.
- B. The National Commission on Correctional Health Care (NCCCHC): Standards for Health Services in Prisons, 2018; Standards for Mental Health Services in Prisons, 2015.
- C. The Code of Alabama 1975 as amended, Section 22-50-11.

ATTACHMENT:

Centers for Disease Control (CDC) Graphic on Heat-Related Illness.


Jefferson Dunn,
Commissioner

HEAT-RELATED ILLNESSES

WHAT TO LOOK FOR

WHAT TO DO

HEAT STROKE

- High body temperature (103°F or higher)
 - Hot, red, dry, or damp skin
 - Fast, strong pulse
 - Headache
 - Dizziness
 - Nausea
 - Confusion
 - Losing consciousness (passing out)
- Call 911 right away-heat stroke is a medical emergency
 - Move the person to a cooler place
 - Help lower the person's temperature with cool cloths or a cool bath
 - Do not give the person anything to drink

HEAT EXHAUSTION

- Heavy sweating
 - Cold, pale, and clammy skin
 - Fast, weak pulse
 - Nausea or vomiting
 - Muscle cramps
 - Tiredness or weakness
 - Dizziness
 - Headache
 - Fainting (passing out)
- Move to a cool place
 - Loosen your clothes
 - Put cool, wet cloths on your body or take a cool bath
 - Sip water
- Get medical help right away if:**
- You are throwing up
 - Your symptoms get worse
 - Your symptoms last longer than 1 hour

HEAT CRAMPS

- Heavy sweating during intense exercise
 - Muscle pain or spasms
- Stop physical activity and move to a cool place
 - Drink water or a sports drink
 - Wait for cramps to go away before you do any more physical activity
- Get medical help right away if:**
- Cramps last longer than 1 hour
 - You're on a low-sodium diet
 - You have heart problems

SUNBURN

- Painful, red, and warm skin
 - Blisters on the skin
- Stay out of the sun until your sunburn heals
 - Put cool cloths on sunburned areas or take a cool bath
 - Put moisturizing lotion on sunburned areas
 - Do not break blisters

HEAT RASH

- Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)
- Stay in a cool, dry place
 - Keep the rash dry
 - Use powder (like baby powder) to soothe the rash



