

**Review of Medical Alerts, Medical Emergencies and
Communication of Medical Information at
D.C. Superior Court**

Submitted to
D.C. Superior Court and U.S. Marshals Service

By

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Review of Medical Alerts, Medical Emergencies and Communication of Medical Information at D.C. Superior Court

I. Introduction

This review was conducted pursuant to a Memorandum of Understanding (MOU) between the Superior Court of the District of Columbia (Superior Court) and the United States Marshals Service (USMS). The MOU commissioned this study to evaluate the Superior Court's, USMS's and Department of Corrections' (DOC) communication of medical information about prisoners sent to D.C. Jail, Correctional Treatment Facility (CTF), Oak Hill Youth Center (Oak Hill) or Youth Services Center (YSC).

The purpose of the study was to:

1. Evaluate and make suggestions about how medical information regarding prisoners brought to Superior Court by the police, USMS and DOC is exchanged among the relevant parties;
2. Evaluate and make suggestions regarding the handling of medical situations that arise during Superior Court proceedings or in the cellblock; and
3. Assess how prisoner medical concerns are brought to the Court's attention and suggest a protocol for addressing such concerns.

During the course of this review, this writer interviewed the Chief Judge, presiding Judges for the Criminal and Family Divisions, other Judges and Magistrate Judges, courtroom clerks in the Criminal and Family Divisions, the Special Counsel to the Chief Judge, Quality Assurance Branch (QAB) clerks, attorneys, Supervisory and Deputy U.S. Marshals, medical staff at the Superior Court Nurses Office, Center for Correctional Health Policy Studies, Inc. (CCHPS) medical staff at the D.C. Jail, DOC officials and transport team officers, Division of Youth Rehabilitation Services (DYRS)

staff assigned to the juvenile “at-risk” room, and mental health staff at Oak Hill. This writer reviewed hundreds of Medical Alerts at the Superior Court and the medical unit of the D.C. Jail, USMS medical alert and nurses logs and DOC medical alert logs, Superior Court Nurses Office logs, and court orders for juveniles sent to Oak Hill.¹ This writer also toured the central cellblock, holding cells behind the courtrooms, the juvenile cellblock and the juvenile “at-risk” room.

This report contains numerous recommendations to improve the Medical Alert process, the handling of medical emergencies in the Superior Court and the communication of medical information within the court and from the defense bar. Attachment 1 is a chart listing these recommendations and the agencies responsible for implementation of the recommendations.

II. Findings and Recommendations

A. Exchange of Medical Information among the Superior Court, the DOC and the USMS

1. Process of Transmitting Medical Alerts from Superior Court to D.C. Jail

In early 2005, after a series of meetings with representatives from the Superior Court, the USMS and the DOC, the Superior Court instituted a new procedure and a revised Medical Alert form.²

Pursuant to the new procedure, when a defendant or defense counsel brings a mental health or medical issue to the attention of the Court, the defense lawyer prepares a Medical Alert form. The form describes the medical or mental health condition

¹ The Juvenile orders were reviewed during the course of another study this writer was performing for the Department of Mental Health regarding the mental health services at Oak Hill.

² Attachment 2 is the new Medical Alert form.

warranting attention, any known medication prescribed, the treating physician if known, and any special needs of the defendant. The defendant, defense counsel, the courtroom clerk or Judge and the Deputy U.S. Marshal transporting the defendant are required to sign the Medical Alert. Copies of the Medical Alert are sent to the Criminal Division's QAB and given to the defendant/defense counsel.

Under the revised procedure, the courtroom clerk is to place the Medical Alert in a sealed envelope, marked with defendant's name and other identifying information. The envelope is to be given to the Deputy U.S. Marshal and taken to the cellblock with the defendant. The placing of the Medical Alert in a sealed envelope is not yet in effect. The Deputy U.S. Marshal takes the Medical Alert with the defendant to the cellblock, where the Medical Alert is logged into the USMS log. The Medical Alert is then given to the DOC transport officer and logged into the DOC logbook. The DOC transport officer brings the Medical Alert and the DOC logbook with the defendant to the D.C. Jail. At the D.C. Jail, medical staff signs for the Medical Alert in the DOC logbook.

The Medical Alert is also sent with the court jacket to the QAB. It was reported that Medical Alerts are randomly found in the front or back of the court jackets and sometimes in between the court jackets.

The QAB staff currently faxes the Medical Alert to two fax machines at the D.C. Jail: the Warden's office and the medical unit. The majority of Medical Alerts are faxed in the late afternoon or early evening. The Medical Alerts faxed to the Warden's office after 6:00 p.m. are not sent to the medical unit until the following day. QAB staff reported that they fax the Medical Alerts to the Warden's office as a back up due to

difficulties faxing to the medical unit's fax machine, i.e. getting busy signals or incomplete messages.

Medical Staff at the D.C. Jail report that they often receive up to five copies of the same Medical Alert form. Due to the high volume of Medical Alerts, averaging 125 per month in the timeframe of this writer's analysis, and the duplicate copies that are received, it is difficult to keep track of the significant amount of paper. Since a copy of the Medical Alert is now hand-delivered to the Jail, the back-up fax to the Warden's office is not necessary.

Recommendations

- **Revise the Medical Alert form:** The Medical Alert form currently lists the following recipients: 1 - Court, 2 - DOC, 3 - USMS, 4 - Defendant. It is recommended that the form be revised to list the following recipients: 1 - Court, 2 - USMS, 3 - Defense Counsel. The Medical Alert sent with the Deputy U.S. Marshal is the one that is transferred to the DOC with the defendant. The defense counsel should receive a copy for his/her records; it is recommended that the defendant not receive his/her own copy due to privacy concerns when the defendant reaches the D.C. Jail.
- **Revise policy so that Judge must sign the Medical Alert:** It is recommended that the Judge be required to sign the Medical Alert to promote its accuracy and completeness. This writer reviewed a number of Medical Alerts with missing information and without a signature from either the Judge or clerk.
- **Expedite the placement of the Medical Alert into a sealed envelope:** The process of placing Medical Alerts in a sealed envelope has yet to be implemented. Since Medical Alerts contain confidential medical or mental health information, and numerous non-medical transport officers have access to the information, this process should be expedited.

- **Note issuance of a Medical Alert in the court jacket:** The courtroom clerk should make an entry in the court jacket that a Medical Alert was issued. QAB staff reviewing the court jackets would then be aware of any Medical Alerts that were issued. QAB staff reported that an entry in the jacket would be helpful.
- **Fax Medical Alerts to a dedicated fax line in the D.C. Jail medical unit:** This writer recommends that QAB staff discontinue faxing the Medical Alerts to the Warden's office. Besides being unnecessary, there are privacy concerns, since non-medical correctional staff receives confidential medical information about inmates. To alleviate the problem of busy signals on the D.C. Jail medical unit fax line, the DOC should place a dedicated fax line in the medical area with the sole purpose of receiving Medical Alerts. This also would alleviate privacy concerns and create a centralized place where only Medical Alerts would be received.

2. Assessment of the Timeliness of Medical Alerts Faxed to the D.C. Jail from the QAB between November 1, 2004 and February 28, 2005

In order to assess the timeliness of Medical Alerts faxed from the QAB of the Superior Court to the D.C. Jail, this writer reviewed every Medical Alert and fax transmittal sheet in the QAB between November 1, 2004 and February 28, 2005.

During this time period, there were 498 Medical Alerts filed, an average of 125 per month. The date of the Medical Alert was compared with the date on the fax confirmation sheet noting the date and time the Medical Alert was faxed to the D.C. Jail. Of the 498 Medical Alerts, 62 Medical Alerts,³ or 12 percent, were not faxed to the D.C. Jail on the date they were issued. It was not possible to determine the reason for the fax

³ Attachment 3 is a chart listing the Medical Alerts that were not faxed to the D.C. Jail the same day they were issued and the date and time when the Medical Alerts were faxed.

transmittal delays, but there were notations on several Medical Alerts that they were received one to six days late in the QAB office.

Of the 62 Medical Alerts that were not faxed the same day, 39 Medical Alerts – or 63 percent – were faxed the following day. However, 12 Medical Alerts were not faxed to the D.C. Jail until between three and 18 days after the Medical Alerts were issued. The following chart identifies the delays by the number of times they occurred.

Number of days between the issuance of Medical Alert and fax transmittal to D.C. Jail	Number of times occurred
1 day	39
2 days	9
3 days	3
4 days	3
5 days	1
6 days	2
7 days	1
13 days	1
18 days	1
Unable to determine	2
	62

Recommendations

- **Assess timeliness of Medical Alert fax transmissions to D.C. Jail:** The Court should periodically review the Medical Alerts and the fax transmittal sheets to assess the timeliness of the fax transmittal to the D.C. Jail.
- **Ensure fax transmittal of Medical Alerts on the day the Medical Alert is issued:** The courtroom clerks should ensure that all Medical Alerts are promptly sent to the QAB, and the QAB staff should promptly fax the Medical Alerts to the D.C. Jail.

3. Review of Medical Alerts in the Criminal Division QAB Files, USMS Medical Alert Log, DOC Medical Alert Log and Medical Alerts Received at the D.C. Jail during March 2005

In order to determine the flow of the Medical Alerts from Superior Court to the D.C. Jail, this writer conducted an in-depth review and analysis of the Medical Alerts in the month of March 2005. The following documents were reviewed and analyzed:

1. All Medical Alerts filed in the QAB;
2. The USMS Medical Alert log;
3. The DOC Medical Alert log;
4. The Medical Alert forms received at the D.C. Jail;
5. The shift reports prepared each evening by the CCHPS medical intake coordinator.

During the month of March 2005, there were 132 Medical Alerts in the QAB files. This writer tracked whether the Medical Alerts were logged into the USMS log, the DOC log and whether they were received at the Jail. Attachment 4 is a chart listing each Medical Alert, noting whether the Medical Alert was logged into the USMS and DOC logs, signed by the Deputy U.S. Marshal, and whether there is evidence that the Medical Alert was received at the Jail.

a. Completeness, accuracy and content of Medical Alerts

During the review of the Medical Alerts, this writer noted a significant number that were missing important information or contained wrong dates. The missing information included identifying numbers, dates and missing signatures. The defendant's signature was missing on 23 of the 132 Medical Alerts. Of particular concern, is that approximately 10 percent of the Medical Alerts did not contain a signature of a Judge or clerk. Additionally, many of the Medical Alert forms did not contain the defendant's date of birth. Since the D.C. Jail medical staff does not have access to a PDID database, it is essential that the date of birth be placed on the Medical Alert.

Medical staff at the Jail also reported that they receive Medical Alerts containing information unrelated to the inmate's medical condition, and in which medical staff has no control. Examples include separation orders and requests for haircuts. These are matters that should be brought to the attention of the D.C. Jail administration staff. Also, Medical Alerts have been written for minor things that should be taken care of through the sick call process, such as double portions of food, dietary preferences and the need for special shoes.

b. Comparison of the USMS log, DOC log and Medical Alerts at the D.C. Jail

During March 2005, there were a significant number of Medical Alerts found in the QAB files that were not logged into the USMS log. Of the 132 Medical Alerts issued, only 59 were logged into the USMS Medical Alert log. Five Medical Alerts were recorded on the wrong date and 68 Medical Alerts were not recorded at all. It was not possible to determine whether the discrepancy in the number of Medical Alerts in the QAB files and the number logged in the USMS log was due to the Deputy U.S. Marshal not receiving the Medical Alert or the Deputy U.S. Marshal failing to record it in the log. On at least 25 of the 68 times that Medical Alerts were not recorded in the USMS logbook, however, the Deputy U.S. Marshal actually received the document. The Deputy U.S. Marshal either signed the Medical Alert or it was recorded in the DOC Medical Alert log.

Similarly, there were a significant number of Medical Alerts that were not logged into the DOC transport officer's Medical Alert log. Of the 132 Medical Alerts, 68 were recorded in the DOC log, 60 were not recorded and four were recorded on the wrong date. On at least 16 of the 60 occasions when the DOC did not record a Medical Alert in

their log, there was evidence that the USMS had received the Medical Alert. On these occasions, it is likely that the DOC transport officer also received the Medical Alert, but did not record it in the DOC log.

There were 42 Medical Alerts that were not logged into either the USMS log or the DOC log and no evidence existed that either the USMS or the DOC was in receipt of the Medical Alert. Thus, it appears that there are occasions when the Medical Alerts are not given to the Deputy U.S. Marshal in the courtroom. In fact, of those 42 Medical Alerts, 26 original Medical Alerts were found in the QAB files, meaning that the original Medical Alert was sent to the QAB rather than given to the Deputy U.S. Marshal. However, on several occasions, despite the fact that a Medical Alert was not recorded in the USMS log and the DOC log, this writer found the original Medical Alert at the D.C. Jail.

Of the 132 Medical Alerts that this writer traced, there were only 35 times (27 percent) when everything was done properly according to the new policy, i.e., the Medical Alert was signed by the Deputy U.S. Marshal, logged in the USMS log, logged in the DOC log and received at the D.C. Jail. However, as discussed below, the vast majority of Medical Alerts are received at the D.C. Jail since the Medical Alerts are also faxed there. Improvement is obviously needed, however, to ensure the proper hand delivery of Medical Alerts from the Superior Court to the D.C. Jail.

c. Medical Alerts received at the D.C. Jail

Of the 132 Medical Alerts issued in March 2005 found in the QAB files, only 70 of them were found at the D.C. Jail. However, if the actual Medical Alert was not found at the D.C. Jail, this writer attempted to ascertain if the Medical Alert was received by

D.C. Jail medical staff by three other means: 1) The DOC Transport Officer's Medical Alert Log requires a signature when the medical staff receives a Medical Alert; 2) The DOC Intake Coordinator keeps a daily shift report that lists the Medical Alerts received; 3) the fax confirmation sheet in the QAB reflects that it was transmitted successfully.

Of the 62 Medical Alerts that were not located at the D.C. Jail, this writer found other evidence that 55 Medical Alerts were received there on the date the Medical Alert was issued. Thus, there were seven times during March 2005 when the medical staff at the D.C. Jail did not receive the Medical Alert on the date issued. On five occasions, the Medical Alert was not faxed successfully to the medical unit at the D.C. Jail and twice the Medical Alert was faxed late.

The vast majority of the Medical Alerts in March reached the D.C. Jail in a timely fashion; however, it is impossible to determine whether they were received by fax or hand delivered.

d. Medical Alerts received at D.C. Jail not in QAB's files

There were 17 Medical Alerts received at the D.C. Jail during March 2005 that were not found in the QAB files.⁴ Of these, eight were from the Criminal Division; six were from the Domestic Violence Division, the Domestic Relations Division, or the Paternity Support Division. It was not possible to determine the origin of three Medical Alerts. All Medical Alerts issued by any court division should be sent to the QAB to ensure that they are faxed to the D.C. Jail.

⁴ Attachment 5 is a chart listing the Medical Alerts that were received at the D.C. Jail, but not found in the QAB files.

e. Medical or mental health information in court orders

This writer reviewed 22 court orders⁵ from March 2005 that contained medical or mental health information without a corresponding Medical Alert. The information in the court orders was as follows:

Medical or Mental Health Information	Number of Court Orders
Ordering Placement on Mental Health Unit	8
Recommending Mental Health Treatment	4
Forensic Screening	4
PPD Test	4
Medical Alert	2

The vast majority – 16 of 22 – of the orders noted the need for mental health treatment. When mental health staff receives a Medical Alert about the need for mental health treatment, they do a much more thorough mental health assessment at the time of intake to determine if housing on the mental health unit is necessary. However, the court orders are sent from the D.C. Jail Institutional Records Office and often are received the day after the order was issued. Of the 22 court orders containing medical or mental health information, D.C. Jail medical staff did not receive almost one-third until the day after the court orders were issued. If the Judge issuing the court order issued a simultaneous Medical Alert, delay in assessment of the medical or mental health condition would not occur.

Eight of the 22 court orders contained an order for the inmate to be placed on the mental health unit at the D.C. Jail. The determination of whether an inmate’s mental health condition warrants placement in the mental health unit at the D.C. Jail should be a

⁵ Attachment 6 is a chart listing the court orders containing medical or mental health information.

clinical decision by mental health staff after a thorough mental health assessment of the inmate, not a judicial determination.

Privacy concerns also are raised when detailed medical or mental health information is reported in a court order. This writer noted several court orders that contained confidential medical information. Of particular concern was a “Commitment Pending Disposition” order in a misdemeanor case, which noted that the defendant had “AIDS and Dementia.” The Medical Alert form is the appropriate means to communicate this type of confidential information.

f. USMS Medical Alert forms found at D.C. Jail

When this writer reviewed the March 2005 Medical Alerts at the D.C. Jail, six “Prisoner Custody Alert Forms” prepared by the Superior Court medical staff were also found. These medical alerts, which were prepared after addressing a medical concern in the cellblock, are on two different forms, both entitled “Prisoner Custody Alert Notice.”⁶ These forms were apparently sent to the D.C. Jail with the defendant. Superior Court Medical Staff report that they complete the “Prisoner Custody Alert Notice” when they determine that D.C. Jail medical staff should see the defendant upon the inmate’s return to the D.C. Jail. However, like court orders transmitted through D.C. Jail Institutional Records office, there can be a delay in D.C. Jail’s medical staff’s receipt of these medical alert forms. For example, one medical incident occurred in the cellblock on March 29, but the “Prisoner Custody Alert Notice” was not sent from D.C. Jail Institutional Records Office to the D.C. Jail medical unit until March 31.

⁶ Both forms are FORM USM – 130, one was revised in 4/85, and the other was revised in 7/02. The newer form is the better form.

Direct communication from Superior Court medical staff to D.C. Jail medical about an inmate medical emergency at the court would be helpful since only new intakes are sent automatically to the D.C. Jail medical unit for medical screening. Returning inmates are sent directly to their cellblock upon return to the D.C. Jail. A process should be developed to ensure that medical information from the Superior Court medical staff is transferred promptly to the D.C. Jail medical staff, when necessary.

Recommendations

- **Ensure completeness of the Medical Alerts:** The Judge who signs the Medical Alert should ensure that it is complete and accurate.
- **Ensure proper content of the Medical Alerts:** Judges and defense counsel should ensure that Medical Alerts contain appropriate information. The Superior Court should coordinate with the DOC medical staff to provide appropriate training regarding the content of Medical Alerts.
- **Ensure proper distribution and documentation of Medical Alerts:** The Judges in the Courtroom should ensure that the Deputy U.S. Marshal receives and signs the original copy of all issued Medical Alerts. Supervisory USMS staff should ensure that all Medical Alerts are recorded properly in the USMS Medical Alert Log. The DOC Supervisory transport staff should ensure that all DOC Transport Officers properly record all Medical Alerts in the DOC Medical Alert log. The Court should develop a procedure so that all Medical Alerts from any division within the Court get sent to the QAB.
- **Refrain from judicial orders placing inmates on the D.C. Jail mental health unit:** Judges should refrain from ordering defendants to be placed on the mental health unit at the D.C. Jail. Instead, Judges should recommend that mental health staff perform an evaluation to determine if placement on the mental health unit is necessary.

- **Ensure appropriate information in court orders:** Judges should refrain from placing confidential medical information in court orders. Judges also should also issue a corresponding Medical Alert if a forensic evaluation or other medical procedure is ordered.
- **Ensure prompt communication of medical information from Superior Court medical staff to D.C. Jail medical staff:** A procedure should be developed for transmittal of confidential medical information from the Superior Court medical staff to the D.C. Jail medical staff to ensure prompt communication of information and address privacy concerns.
- **Develop training materials and conduct training sessions regarding Medical Alerts:** Training sessions should be conducted to ensure that all defense counsel and Judges know the appropriate information to be placed in a Medical Alert. Courtroom clerks, QAB clerks, Deputy U.S. Marshals and DOC Transport Officers should receive training in their roles in the Medical Alert process. Training materials should document the appropriate steps in the Medical Alert process. Judges should be informed on the appropriate information to be placed in court orders.

4. **Communication of Medical or Mental Health Concerns about Juveniles**

a. **Greenline (Suicidal) Alerts**

As previously stated, this writer recently reviewed the mental health services at Oak Hill. During the course of that study, numerous court orders in the mental health records of juveniles sent to Oak Hill were reviewed. It is evident that a process needs to be established for Judges to alert the medical and mental health staff at Oak Hill of medical or mental health concerns about juveniles. Currently, the primary mechanism for a Superior Court Judge to alert staff at Oak Hill of a mental health concern is to check the

preprinted box “Alert: Suicidal/Green Line” on the “Order for Detention Pending Further Division Action.”

Recently, a suicide prevention expert, Lindsay Hayes, Project Director of the National Center on Institutions and Alternatives, conducted a study of the suicide prevention practices at Oak Hill pursuant to a request in *Jerry M. v. District of Columbia*, CA-1519-85. In his March 21, 2005 report, he noted that approximately 10 youths per month are “court-ordered” onto Greenline status.⁷ Based upon this writer’s review of numerous court orders in juveniles’ mental health records, it appears that this box is often checked without explanation as to the behavior the youth exhibited to warrant Greenline status. In fact, many youths who are placed on court-ordered Greenline status do not exhibit any indication of suicidal ideation when they arrive at Oak Hill. However, the youths are maintained on Greenline status, with constant, one-on-one staff supervision until mental health staff sees them the following day. It appears as though Judges often are attempting to alert the mental health staff at Oak Hill that a youth has mental health issues that may need to be addressed, not that the youth is actively suicidal.

Attachment 7 is a draft form entitled “Mental Health or Medical Alert.”⁸ This form was designed to be a vehicle for direct communication between the Court and the medical/mental health staff. It is strongly recommended that a mental health/medical alert form be used to communicate information to the medical or mental health staff at Oak Hill or YSC rather than using a court order. A process similar to the adult procedure should be implemented so that one copy of the Medical Alert is faxed directly to the

⁷ Lindsay M. Hayes, *An Assessment of Suicide Prevention Practices within the Oak Hill Youth Center*, 12, March 21, 2005

⁸ The mental health staff at Oak Hill has reviewed this form and is supportive of the implementation of this type of notification system. Comments on the draft Mental Health and Medical Alert from Family Division Presiding Judge Lee Satterfield have been incorporated.

medical units at Oak Hill or YSC and another copy brought to Oak Hill or YSC with the respondent. It is recommended that the box stating “Greenline Alert” be deleted from the court order and that Judges rely on the mental health staff to make a determination whether suicide watch is necessary.

The current policy at Oak Hill is that if a juvenile is considered to be in need of acute psychiatric hospitalization, the juvenile must be transferred from Oak Hill to a psychiatric facility within eight hours of the identification of the need for hospitalization. Judges concerned that a juvenile is actively suicidal should issue a court order for psychiatric hospitalization, rather than placing a youth on Greenline status at Oak Hill.

b. Communication from Judges to the USMS at the Juvenile Cellblock

This writer visited and interviewed DYRS staff members at the “at-risk room” of the Superior Court and Deputy U.S. Marshals in the juvenile cellblock. The “at-risk room” is the juvenile holding cell staffed by DYRS workers for juveniles who require additional supervision due to mental health issues, young age, medical problems, “person in need of supervision” status, or pregnancy. The intake screening workers at the YSC screen individuals to determine if placement in the “at-risk room” is necessary and Judges may refer juveniles to the “at-risk room.” It is important, however, that Judges provide the USMS with appropriate documentation if they desire that a juvenile be placed in the “at-risk room.” Recently, when this writer was interviewing a Deputy U.S. Marshal in the juvenile cellblock, a youth was sent down from the courtroom by a Judge who wanted the youth to be placed in the “at-risk room.” However, there was no paperwork sent down with the youth to the cellblock. The DYRS screened the youth and saw no reason for her to be in the “at-risk room.” Another Deputy U.S. Marshal later

reported that something occurred in the courtroom to cause the Judge to be concerned about the youth's mental health status, but the Judge failed to provide any documentation. A Medical Alert form would provide the necessary documentation to guide the USMS regarding the necessity for "at-risk room" placement.

Recommendations

- **Implement a Medical Alert procedure for juveniles.** The Court should communicate medical or mental health information directly to the medical and mental health staff at Oak Hill or YSC through the use of a Medical Alert form. One copy of the form should be faxed directly to the medical units at Oak Hill or YSC and another copy brought to Oak Hill or the YSC with the respondent.
- **Develop a protocol for the Juvenile Medical Alert process and conduct training sessions:** Training sessions should be conducted to ensure that all Judges, counsel, courtroom clerks, DYRS at-risk room and transport staff, and DMH staff know the Medical Alert process for juveniles. Training materials should include a protocol documenting the appropriate steps in the Medical Alert process. Judges should be informed on the appropriate information to be placed in court orders
- **Refrain from judicial orders placing juveniles on suicide watch:** Judges should not order suicide watch, but should rely on the mental health staff to make a determination whether suicide watch is necessary. The "greenline alert" box should be deleted from the court order form.

B. Medical Incidents at Superior Court

1. Superior Court Nurses Office and Number of Medical Emergencies

The Nurses Office at the Superior Court is staffed by a combination of nurses, physician assistants and a part-time physician six days each week. The medical staff

responds to medical emergencies throughout the Superior Court, in the cellblock, courtrooms and common areas. During most hours, there are two teams, each with two medical staff, available to respond to medical emergencies. Medical staff reported that if both teams are responding to an emergency, the court information office receives their phone calls. They also carry walkie-talkies to assist with communication of emergencies.

The following chart documents the number of medical incidents during April, May and June 2005 as reported in the Nurses log:

Month	Number of defendants seen in the cellblock	Number of defendants seen in courtrooms	Number of juveniles seen	911 calls
April	56	11	3	13
May	49	10	4	10
June	59	3	2	6

There were as few as no medical incidents to as many as nine incidents on one day.⁹ The team of two medical staff spends an average of 20 minutes on each encounter.

2. Response Time of Medical Staff and Ambulance

This writer interviewed numerous Deputy U.S. Marshals, courtroom clerks, and Judges regarding the response time of the medical staff to respond to a request for medical assistance. Generally, all those interviewed reported that medical staff was prompt in responding to emergencies. However, one Judge reported a recent incident during which a defendant fainted in his courtroom, and it took approximately 15 to 20 minutes for the medical staff to respond. This writer interviewed medical staff about this incident, and they reported that both teams were responding to emergencies

⁹ See Attachment 8 for a chart noting the number of medical incidents for each day in April, May, and June 2005.

simultaneously, one in the cellblock and one in another courtroom. Medical staff reported that this does not happen frequently but can occur.

There is not a current protocol for how a Judge or courtroom staff should deal with a medical emergency in the courtroom, and in particular if medical staff does not respond promptly. A protocol should be developed to address the Judges' response to medical emergencies in the courtroom. The protocol should also include appropriate documentation of the incident by courtroom staff.

3. Use of Automated External Defibrillator (AED)

Every other floor in the Superior Court is equipped with an AED, a small lightweight device designed to be used by lay rescuers to defibrillate a person in cardiac arrest. However, it was reported that, other than medical staff, no Superior Court staff is trained in the use of these devices. It is essential that non-medical personnel receive training in the use of this device.

4. Documentation Regarding Medical Incidents

The USMS maintain two logs in the cellblock to collect information regarding medical emergencies. One log, the nurses log, lists the date, time, name, location, PDID number, and complaint for each medical encounter, and the other log contains a narrative description of incidents and often describes the disposition. The Superior Court medical staff maintains a log of all medical incidents to which they respond, noting the date, time, name, type of individual (employee, visitor, defendant), major complaint, length of time spent, location and disposition.

Comparison of the medical staff's log to the USMS nurses log revealed that the Deputy U.S. Marshals are not recording all of the medical incidents that occur in the

cellblock. For instance, in May 2005, there were 48 cellblock incidents recorded in the medical staff's log, whereas only seven such incidents were recorded in the USMS nurses log. Also, in June, there were 59 cellblock incidents recorded in the medical staff's log, whereas only seven incidents were reported in the USMS nurses log.

Neither the USMS nurses log nor the medical staff's log list the time that an ambulance responds when 911 is called. This could be important information to record, because one narrative description in the USMS log notes an incident in March 2005 during which a defendant had a seizure and there was no response until almost 90 minutes after 911 was called. It would also be helpful to know the time the Superior Court nurses staff is called and the response time.

Recommendations

- **Establish a protocol to be followed when medical emergencies occur in the courtroom and conduct training on the protocol:** The Chief Judge should consult with the Superior Court medical staff to develop a protocol to be followed when a medical emergency occurs in the courtroom. The protocol should include when and under what conditions the courtroom staff should call 911 to assist. It should also include the proper documentation of the incident by courtroom staff. All staff should be trained on this protocol.
- **Train Superior Court non-medical personnel on the use of the AED device:** The Chief Judge should coordinate with the manufacturer of the AED to provide training for selected non-medical Superior Court personnel.
- **Ensure completeness of the USMS Nurses Log:** If the USMS desires to keep its own log of medical encounters in the cellblock, the logs should be integrated so that all information regarding a medical emergency is in one place. Supervisory staff should ensure that all encounters with medical staff are properly documented.

- **Record the time that Superior Court medical staff and 911 services respond:** Both the USMS and the medical staff should record the time that the D.C. Superior Court medical staff respond to an emergency and the time when 911 responds to the Superior Court.

C. Communication of Medical Concerns to Chief Judge’s Chambers

The Chief Judge’s Special Counsel, Rainey Ransom, receives an extraordinary number of calls and e-mails from defense attorneys expressing concern or questioning their client’s medical care at the D.C. Jail. When Ms. Ransom receives this information, she contacts the Jail medical staff with the question or concern. After receiving an answer from the D.C. Jail medical staff, she contacts the attorney and relays the information. This process is extremely time consuming for Ms. Ransom. This writer spoke with Dr. Ronald Shansky, Medical Director of CCHPS, and he proposed a procedure whereby the defense counsel faxes or e-mails their questions or concerns to the D.C. jail medical unit, and the appropriate medical staff will respond directly to the attorney.

There are also a significant number of calls and e-mails from other Judges to Ms. Ransom regarding inmate medical concerns. Ms. Ransom contacts the D.C. Jail medical staff to ascertain the information and relays the information to the other Judges. CCHPS should designate a staff person to receive inquiries from Ms. Ransom regarding all medical issues. All telephone conversations should be followed by a confirmatory e-mail.

Recommendation

- **Develop a procedure for direct communication between defense counsel and the D.C. Jail Medical staff:** The Court should engage in discussions

with CCHPS Medical Director to develop a procedure for direct communication between defense counsel and the D.C. Jail medical staff. The criminal defense bar should be notified about this procedure.

III. Conclusion

The new Medical Alert system implemented in the Superior Court appears to ensure that Medical Alerts are transferred to the D.C. Jail in a timely fashion. However, this is clearly due to the checks and balances within the system, in that, the Medical Alerts are both faxed and hand delivered to the D.C. Jail. While the D.C. Jail medical staff receives the vast majority of the Medical Alerts, all involved parties at Superior Court could make improvements in the performance of their responsibilities in the process. In addition, a similar Medical Alert process should be implemented for juveniles to ensure that medical and mental health communications are transmitted efficiently and with respect to the youth's privacy.

In order to sustain an effective medical communication system, it is essential that Judges, courtroom clerks and attorneys receive periodic training on the Superior Court's established protocols. The Superior Court should coordinate with the D.C. Jail medical staff to provide the necessary training.

Attachments

- | | |
|---------------------|--|
| Attachment 1 | Recommendation Chart |
| Attachment 2 | Medical Alert |
| Attachment 3 | Medical Alerts not Faxed the Same Day |
| Attachment 4 | Comparison of Medical Alerts faxed from QAB with USMS Log, DOC Log and Medical Alerts at the D.C. Jail |
| Attachment 5 | Medical Alerts Received at D.C. Jail not in QAB files |
| Attachment 6 | Medical or Mental Health Information in Court Orders |
| Attachment 7 | Juvenile Mental Health and Medical Form |
| Attachment 8 | Number of Medical Incidents |

Recommendations
Review of Medical Alerts, Medical Emergencies and
Communication of Medical Information at
D.C. Superior Court

Agency Responsible	Recommendation
Superior Court Administration	Revise the Medical Alert form
Superior Court Administration	Revise policy so that Judge must sign the Medical Alert
Superior Court Administration	Expedite the placement of the Medical Alert into a sealed envelope
Superior Court Courtroom Clerks	Note issuance of a Medical Alert in the court jacket
Superior Court QAB clerks	Fax Medical Alerts to a dedicated fax line in the D.C. Jail medical unit
Superior Court QAB Supervisory staff	Assess timeliness of Medical Alert fax transmissions to D.C. Jail
Superior Court QAB clerks	Ensure fax transmittal of Medical Alerts on the day the Medical Alert is issued
Superior Court Judges	Ensure completeness of the Medical Alerts
Superior Court DOC – Medical Staff	Ensure proper content of Medical Alerts
Superior Court Courtroom staff USMS DOC	Ensure proper distribution and documentation of Medical Alerts
Superior Court Judges	Refrain from judicial orders placing inmates on the D.C. Jail mental health unit
Superior Court Judges	Ensure appropriate information in court orders
DOH - Superior Court medical staff DOC – medical staff	Ensure prompt communication of medical information from Superior Court medical staff to D.C. Jail medical staff
Superior Court Administration DOC Medical staff Supervisory staff USMS Supervisory staff	Develop training materials and conduct training sessions regarding Medical Alerts

Agency Responsible	Recommendation
Superior Court Administration DMH Administration DYRS Administration	Implement a Medical Alert procedure for juveniles
Superior Court Administration DYRS Administration DMH Administration	Develop a protocol for the Juvenile Medical Alert process and conduct training sessions
Superior Court Judges	Refrain from judicial orders placing juveniles on suicide watch
Superior Court Administration DOH Superior Court medical staff	Establish a protocol to be followed when medical emergencies occur in the courtroom
Superior Court Administration	Train Superior Court non-medical personnel on the use of the AED device
USMS USMS supervisory staff	Ensure completeness of the USMS Nurses Log
USMS USMS Supervisory staff Deputy U.S. Marshals DOH Superior Court medical staff	Record the time that Superior Court medical staff and 911 services respond
Superior Court Superior Court medical staff DOC Medical staff	Develop a procedure for direct communication between defense counsel and the D.C. Jail Medical staff

MEDICAL or MENTAL HEALTH ALERT

(This is not a court order)

Defendant's Name _____ Case # _____

DCDC # _____ PDID# _____ DOB _____

1. **Medical Condition (including psychiatric):**

2. **Medication (dosage/frequency if known):**

3. **Special Needs:**

wheelchair _____

urinary catheter _____

other _____

4. **Primary/Treating Physician (if known)** _____

Telephone No. _____

5. **Information furnished by:** _____

please print

Defense Attorney Defendant Court Observation Other

6. **Required Signatures:**

Defendant's Signature

Attorney's Signature

Deputy Clerk/Judicial Officer

Date

Received by: _____
(Deputy U.S. Marshal)

Date: _____

1 – Court 2 – DOC 3 – USMS 4 – Defendant

A copy of this form should be faxed by the Court to the DOC Medical Unit at 673-8010 ASAP

Medical Alerts not Faxed the Same Day

PDID	Medical Condition	Date of Alert	Date Sent	Time Sent
365120	Bipolar, Schizophrenia	11/1/04	11/2/04	3:53 pm
472522	Mental health	11/1/04	11/2/04	12:31 pm
568164	Asthma, diabetic, chest pain, hypertension	11/1/04	11/2/04	8:45 am
403520	Mental health meds	11/4/04	?	?
471377	Mental health meds	11/4/04	11/5/04	10:50 am
367421	Car accident, broken hip*	11/8/04	11/9/04	5:39 pm
494506	Asthma, severe allergies	11/8/04	11/9/04	5:52 pm
217409	HIV, diabetic	11/9/04	11/10/04	6:37 pm
524014	Asthma, anemia	11/10/04		?
319936	Diabetic, bipolar, glaucoma	11/12/04	11/30/04	4:34 pm
502439	Asthma, psych	11/12/04	11/15/04	
560527	Schizophrenic	11/12/04	11/15/04	
375093	Depression, heart attack, leg pain	11/16/04	11/17/04	
367870	HIV, drugs	11/17/04	11/18/04	
323796	Epilepsy	11/17/04	11/18/04	
448514	Cardiac, diabetic, hypertension, mental health	11/18/04	11/23/04	
376000	Tracheotomy, diabetic, hypertension, seizures	11/19/04	11/23/04	
170235	HIV, diabetic	11/22/04	11/23/04	
566742	Herniated disc	11/23/04	11/30/04	
360109	HIV	11/24/04	11/30/04	
350504	Diabetic	11/27/04	11/29/04	
506949	Passed out	11/30/04	12/1/04	
315463	Mental health	12/1/04	12/2/04	
168762	HIV, hepatitis, depression	12/6/04	12/7/04	
212558	Seizures	12/6/04	12/7/04	
519425	Diabetic	12/6/04	12/7/04	
520111	Mental Health meds	12/6/04	12/7/04	
494907	Broken jaw	12/16/04	12/17/04	
524014	Asthma	12/16/04	12/17/04	
163882	Seizure, asthma	12/17/04	12/30/04	4:39 pm
346960	Bipolar, thyroid problem, not receiving meds	12/18/04	12/20/04	8:14 am
529351	Mental health	12/20/04	12/21/04	8:43 am
45431?	Pregnant	12/23/04	12/24/04	10:51 am
331369	Car accident, wheelchair	12/29/04	12/30/04	9:18 am
379693	Antidepressant	1/3/05	1/4/05	8:37 am

PDID	Medical Condition	Date of Alert	Date Sent	Time Sent
348484	HIV, hepatitis, pancreatitis	1/4/05	1/5/05	12:07 pm
440081	Hip/back problem	1/7/05	1/10/05	9:21 am
375470	Schizophrenic, suicidal	1/10/05	1/11/05	5:00 pm
489648	Hand fracture	1/10/05	1/11/05	6:54 am
568440	Hypertension, diabetic, back problems	1/11/05	1/12/05	5:01 pm
233374	Diabetic	1/12/05	1/13/05	11:00 am
407704	Injured finger	1/13/05	1/14/05	5:34 pm
492573	Mental health, suicide	1/13/05	1/14/05	9:49 am
570025	Heroin, severe finger infection	1/13/05	1/14/05	8:02 am
333941	Suicidal, depression. ETOH abuse	1/15/05	1/17/05	2:03 pm
432717	Diabetic, epileptic	1/15/05	1/17/05	1:32 pm
302280	Epilepsy	1/18/05	1/19/05	7:49 am
489164	Knee problem	1/19/05	1/20/05	1:28 pm
197087	Glasses	1/28/05	2/1/05	5:25 pm
535947	Mental health	2/2/05	2/3/05	8:49 am
372663	Pneumonia, depression	2/7/05	2/8/05	1:44 pm
290671	Knee problems	2/10/05	2/11/05	9:00 am
518462	Mental health	2/10/05	2/11/05	10:23 am
569248	Competency exam, mental health	2/11/05	2/17/05	6:43 pm
M1321-05	Deaf, reads lips	2/12/05	2/14/05	9:37 am
470229	Cocaine w/drawal	2/15/05	2/17/05	1:44 pm
545223	Bipolar	2/15/05	2/17/05	1:44 pm
338813	Diabetic	2/17/05	2/18/05	6:13 pm
538984	Suicidal, depression	2/18/05	2/22/05	11:02 am
485165	Facial bruises	2/21/05	2/22/05	8:49 am
223932	Pneumonia, cardiac*	2/22/05	2/24/05	3:24 pm
532858	Colon cancer; antibiotics	2/28/05	3/2/05	3:46 pm
505474	Depression	2/28/05	3/2/05	5:00 pm

**Comparison of Medical Alerts faxed from QAB with
USMS Log, DOC Log and Medical Alerts at the D.C. Jail**

Date	Name of Inmate	Logged into USMS Log ?	Signed by Marshal?	Logged into DOC Log ?	Rec'd at DOC on same day?
3/1/05	Torrez Jackson	No	Yes	Yes	Yes
3/1/05	Radhika Johnson	No	No	No	Yes
3/1/05	Willis McCoy	No	Yes	No	Yes
3/1/05	Audrey Gibson	No	?	No	Yes On intake sheet
3/1/05	Lester Green	No	?	No	No Fax error
3/1/05	Bernard Neal	No	?	No	No Fax error
3/1/05	Makeda Phelp	Yes	Yes	No	No Fax error
3/2/05	Mariana Manning	No	Yes	No	Yes
3/2/05	Katrina Holloway	Yes	Yes	Yes	Yes
3/2/05	Shaioa Gans	No	?	No	Yes Faxed to 8010
3/2/05	Sean Barbonus	Yes	No - old form	Yes	Yes On intake sheet
3/3/05	Lisa Brown	3/4	Yes	3/4	Yes
3/3/05	George McTootle	No	Yes	No	Yes
3/3/05	Mariana Manning	Yes	Yes	Yes	Yes
3/3/05	Maxine Thorne	No	No - old form	No	Yes Faxed to both #s
3/4/05	James McCoy	No	Yes	Yes	Yes
3/4/05	David Bynum	No	No	Yes	Yes
3/4/05	Morena Morgan	Yes	Yes	Yes	Yes On Intake sheet
3/4/05	Anthony Lane	No	No	3/7	Yes

Date	Name of Inmate	Logged into USMS Log ?	Signed by Marshal?	Logged into DOC Log ?	Rec'd at DOC on same day?
3/4/05	James Chapman	Yes	No old form	Yes	Yes
3/4/05	Purnell Blaine	No	Yes	No	Yes
3/5/05	John Tsausmi	No	?	No	No Faxed 3/7
3/7/05	Edward Boney	Yes	Yes	Yes	Yes
3/7/05	Morena Morgan	Yes	No	Yes	Yes
3/7/05	Mark Hodges	No	Yes	No	Yes
3/7/05	Carla Henderson	No	No	Yes	Yes
3/7/05	Anthony Campbell	No	Yes	Yes	Yes On intake sheet
3/7/05	Ronald Robinson	No	Yes	Yes	Yes Medical signed
3/7/05	Sandra Jones	Yes	?	Yes	Yes Medical signed
3/8/05	Sheila Robinson	Yes	Yes	Yes	Yes
3/8/05	Robert Wilson	No	Yes	No	Yes Faxed to both #s
3/9/05	Yemane Beyen	No	No	No	Yes
3/9/05	Donna Addison	Yes	Yes	Yes	Yes
3/9/05	Farrell Taylor	No	No	No	Yes
3/9/05	Stephan Prue	No	No	No	Yes
3/9/05	Rhonda Robinson	No	No	No	Yes
3/9/05	Stephen Jones	Yes	No	Yes	Yes
3/10/05	Reginald Pendergrass	Yes	Yes	Yes	Yes
3/10/05	Gregory Boyd	Yes	Yes	Yes	Yes
3/10/05	Timothy Benjamin	Yes	Yes	Yes	Yes
3/10/05	Sharron Luzanacis	No	Yes	Yes	Yes

Date	Name of Inmate	Logged into USMS Log ?	Signed by Marshal?	Logged into DOC Log ?	Rec'd at DOC on same day?
3/10/05	Lavecchia Jefferson	No	Yes	Yes	Yes
3/10/05	Carla Henderson	Yes	Yes	Yes	Yes
3/10/05	Kevin Myles	No	?	No	Yes Faxed to both #s
3/10/05	Ella Fluellyn	No	?	No	Yes Faxed to both #s
3/11/05	Ella Fluellyn	Yes	Yes	Yes	Yes
3/11/05	Brian Adams	Yes	No	Yes	Yes
3/11/05	Cedric Alexander	Yes	Yes	Yes	Yes
3/11/05	Nathan Morris	Yes	Yes	Yes	Yes
3/11/05	Willie Evans	Yes	No	Yes	Yes
3/11/05	Andre Green	No	No	No	Yes
3/11/05	John Pearson	Yes	Yes	Yes	Yes Faxed to both #s
3/11/05	Theresa Hinton	Yes	No old form	Yes	Yes On intake form
3/11/05	Timothy Caulfield	Yes	No old form	Yes	Yes Medical signed
3/11/05	Diane Robinson	No	?	No	No Faxed 3/15
3/14/05	Eric Harmon	Yes	?	Yes	Yes Medical signed
3/14/05	Wanda Futrell	No	No old form	No	Yes On intake sheet
3/14/05	Stephen Jones	Yes	?	No	Yes On intake sheet
3/15/05	Sandra Benson	Yes	Yes	Yes	Yes
3/15/05	Clyde Cross	No	?	Yes	Yes On intake sheet
3/15/05	Cedric Alexander	Yes	Yes	Yes	Yes On intake sheet
3/15/05	Kevin Jenkins	Yes	Yes	Yes	Yes On intake sheet

Date	Name of Inmate	Logged into USMS Log ?	Signed by Marshal?	Logged into DOC Log ?	Rec'd at DOC on same day?
3/15/05	Tina Jackson	No	Yes	No	Yes Faxed to both #s
3/15/05	Keisha Carter	Yes	Yes	Yes	Yes Medical signed
3/15/05	Johnny Smith	Yes	?	Yes	Yes Medical signed
3/15/05	Carla Henderson	Yes	?	Yes	Yes Medical signed
3/15/05	Alex Quinton	No	?	No	Yes Faxed to 8010
3/15/05	Tracy Ramsey	3/14	Yes	3/14	Yes Faxed to both #s
3/15/05	Ann Towler	Yes	?	No	Yes Faxed to both #s
3/16/05	Gennelle Anderson	Yes	Yes	Yes	Yes On intake sheet
3/16/05	Tim Coefield	No	No old form	No	Yes On intake sheet
3/16/05	Victor Purdit	3/17	?	Yes	Yes On intake sheet
3/16/05	Cheryl McIlwain	Yes	?	Yes	Yes On intake sheet
3/16/05	Monique Stokes	Yes	Yes	Yes	Yes Medical signed
3/16/05	Gregory Smith	3/17	?	Yes	Yes Medical signed
3/16/05	Diane Polk	No	?	No	Yes Faxed to both #s
3/16/05	Roland Winkler	No	?	No	No Faxed 3/17
3/16/05	Kevin Jenkins	No	?	No	Yes Faxed to both #s
3/17/05	Jonita Roberson	No	?	No	Yes Faxed to both #s
3/17/05	Zachary Hooks	No	?	No	Yes Faxed to both #s
3/18/05	Shawnee Williams	3/17	Yes	Yes	Yes
3/18/05	Wanda Futrell	No	No old form	No	Yes
3/18/05	Sylvester Salters	No	?	No	Yes Faxed to both #s
3/18/05	Hildegard Banes	No	?	No	Yes

Date	Name of Inmate	Logged into USMS Log ?	Signed by Marshal?	Logged into DOC Log ?	Rec'd at DOC on same day?
					Faxed to both #s
3/18/05	Eugene Crisp	No	?	No	Yes Faxed to both #s
3/18/05	Cheryl McIlwain	No	Yes	No	Yes Faxed to both #s
3/18/05	William Parnett	No	No	No	Yes Faxed to both #s
3/18/05	Thomas McBride	No	?	No	Yes Faxed to 8010
3/19/05	Nelson Hopkins	No	?	No	Yes Faxed to both #s
3/21/05	Janice Coleman	No	No	Yes	Yes
3/22/05	Timothy Carr	Yes	Yes	Yes	Yes
3/22/05	Tonya Reaves	Yes	Yes	Yes	Yes
3/22/05	Derek Gillard	No	No	No	Yes
3/22/05	Renee Stitt	No	No old form	No	Yes Faxed to both #s
3/23/05	Robert Wells	Yes	No	Yes	Yes
3/23/05	Grace Bennett	Yes	Yes	3/24	Yes On intake sheet
3/23/05	Barbara Evans	Yes	No	Yes	Yes
3/23/05	Genelle Anderson	Yes	Yes	Yes	Yes On intake sheet
3/23/05	Thomas McBride	Yes	?	Yes	Yes Medical signed
3/24/05	Barbara Evans	Yes	Yes	Yes	Yes
3/24/05	Berry Odom	No	No old form	Yes	Yes
3/24/05	Sharon Sarter	Yes	Yes	Yes	Yes
3/24/05	Davida Sims	No	No old form	No	Yes Faxed to both #s
3/24/05	Maria Taylor	No	Yes	No	Yes Faxed to both #s
3/25/05	Raymond Adams	No	No	No	Yes

Date	Name of Inmate	Logged into USMS Log ?	Signed by Marshal?	Logged into DOC Log ?	Rec'd at DOC on same day?
3/25/05	Jamal Young	Yes	Yes	Yes	Yes
3/25/05	Darryl Frazier	Yes	Yes	Yes	Yes
3/25/05	Sheila Manning	No	No	No	Yes
3/25/05	Eugene Clay	No	No	No	Yes
3/25/05	Jose Palmer	No	Yes	Yes	Yes
3/25/05	Melvin Watts	No	Yes	No	Yes Faxed to both #s
3/25/05	Makena Phelps	No	Yes	No	Yes Faxed to both #s
3/28/05	Edward Dotson	No	No	No	Yes
3/28/05	James Bobbit	Yes	No	Yes	Yes
3/28/05	Todd Miles	Yes	No old form	Yes	Yes
3/28/05	Leroy Cawthorn	No	No	No	Yes
3/28/05	Boyo FashiNo	No	No	No	Yes
3/28/05	Francine Thurman	No	Yes	Yes	Yes
3/28/05	Nicholas Pannell	Yes	Yes	Yes	Yes
3/28/05	Julian Dailey	No	Yes	No	No Fax error
3/29/05	Tyrone Barber	No	No old form	No	Yes
3/30/05	Jerome Thompson	Yes	Yes	Yes	Yes
3/30/05	Robert Hill	Yes	Yes	No	Yes
3/30/05	Morena Morgan	Yes	?	No	Yes Faxed to both #s
3/30/05	Thomas Lyon	Yes	?	No	No Fax error
3/30/05	John Smith	No	?	No	Yes Faxed to both #s
3/31/05	Nancy Hemphill	Yes	Yes	Yes	Yes

Date	Name of Inmate	Logged into USMS Log ?	Signed by Marshal?	Logged into DOC Log ?	Rec'd at DOC on same day?
3/31/05	Steven Montgomery	Yes	Yes	Yes	Yes
3/31/05	Richard Palmer	Yes	Yes	Yes	Yes
3/31/05	Billy Ray Dunn	Yes	No	Yes	Yes
3/31/05	Gregory Toran	No	Yes	No	Yes
3/31/05	Lewis McCarson	Yes	No	Yes	Yes
3/31/05	Robert Brodis	No	No old form	No	Yes

Medical Alerts Received at Jail not in QAB's office

Date	Case Number PDID	Alert	In USMS log?	In DOC Log?
3/1/05	M11545-04 567-814	Kidney Transplant	yes	yes
3/1/05	DV638-05 398-122	Mental Health	no	no
3/2/05	F-7532-03 556-944	Psych meds	yes	yes
3/2/05	DR 3990-89	Meningitis	no	yes
3/3/05	PS-1975-02	Bi-polar	No but signed	yes
3/4/05	461-970	Pregnant	yes	no
3/4/05	M3615-03 535-955	Bipolar	yes	yes
3/8/05	M-13070 289-786	Heroin w/drawl	yes	yes
3/8/05	M-10177-03 389-354	Psych meds	yes	yes
3/9/05	F-773-02 443-784	Heroin w/drawal	no	yes
3/10/05	DV2275-04 M2931-02	Psych	no	no
3/10/05	528-271	Bipolar	yes	yes
3/11/05	M-11467-04 568-182	Broken arm	yes	yes
3/17/05	528-271	Psych meds	yes	yes
3/18/05	DV-827-05 486-984	Suicidal	no	no
3/18/05	M-2239-05 330-404	Breast Cancer	yes	yes
3/22/05	DV868-05 504-712	Psych	yes	yes

Attachment 5

**Medical or Mental Health Information in Court Orders;
Medical Alert not Sent**

Date Issued	Date Sent to Medical	Case Number/PDID	Reason
3/1/05	3/2/05	M5878 – 04 403-553	Mental health medication
3/3/05	3/4/05	M460 – 05 537-000	Needs PPD
3/3/05	3/3/05	M1986-05	Medical Alert
3/3/05	3/3/05	M10127-03	To be placed in MH unit
3/3/05	3/3/05	M1999-05	Forensic Screening
3/5/05	3/7/05	D 434-05	Forensic Screening
3/8/05		304-294	To be placed in MH unit
3/10/05	3/10/05	M320 – 05	Needs PPD
3/11/05	3/11/05	F6904-04	To be placed in MH unit
3/21/05	3/22/05	M12199 – 04	PPD required
3/22/05	3/22/05	F1960-04	To be placed in MH unit
3/22/05	3/23/05	M11605-04	Medical Alert
3/24/05	3/24/05	M9641-04	To be placed in MH unit
3/25/05	3/25/05	F4061-04	To be placed in MH unit
3/25/05	3/25/05	M6012-04	Mental Health
3/28/05	3/28/05	M580-05	To be placed in MH unit
3/29/05	3/29/05	M580-05	To be placed in MH unit
3/29/05	3/30/05	DV968-05	24 hour forensic
3/29/05	3/30/05	M2969-05	Forensic screening
3/29/05	3/30/05	M12584-04	Needs PPD
3/30/05	3/30/05	M11938-04	Mental Health
3/31/05	3/30/05	D408-05	Mental health

**MENTAL HEALTH or MEDICAL ALERT
Juvenile Cases**

Respondent's Name _____ **Case #** _____

SF # _____ **DOB** _____

1. Observations or Communication of Condition requiring Mental Health or Medical Attention (include complaint in youth's words, if appropriate):

2. Medication (dosage/frequency if known):

3. Prior Hospitalizations

4. Physician and/or Community Provider (if known)

Name _____

Telephone No. _____

5. Information furnished by: _

Defense Attorney Respondent Court Observation Other

Medical Screening for Drug Detoxification Necessary ____ Yes ____ No

Judicial Officer

Date

Received by: _____ Date: _____
(DYRS Transport)

1 – Court 2 – DYRS 3- Respondent's Counsel

A copy of this form should be faxed by the Court to the medical unit at Oak Hill at 240-456-5285 or YSC at 202-576-8451 ASAP

Attachment 7

**Number of Medical Incidents Involving Defendants Each Day
April - June**

April	Number of Medical Incidents	May	Number of Medical Incidents	June	Number of Medical Incidents
1	3	1	0	1	2
2	3	2	7	2	3
3	0	3	3	3	2
4	2	4	1	4	1
5	9	5	5	5	0
6	7	6	3	6	1
7	7	7	0	7	1
8	1	8	0	8	1
9	1	9	6	9	4
10	0	10	2	10	5
11	2	11	5	11	2
12	1	12	3	12	0
13	7	13	3	13	1
14	3	14	0	14	1
15	5	15	0	15	1
16	0	16	4	16	0
17	0	17	1	17	5
18	0	18	4	18	0
19	1	19	0	19	0
20	3	20	3	20	2
21	4	21	2	21	1
22	5	22	0	22	4
23	0	23	1	23	8
24	0	24	0	24	8
25	1	25	1	25	0
26	0	26	1	26	1
27	1	27	7	27	1
28	2	28	0	28	1
29	0	29	0	29	7
30	0	30	0	30	1
		31	2		