

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.66	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 04/07/14	<b>New Effective Date:</b> 05/29/24
	<b>Supersedes:</b> 500.30.66	<b>Dated:</b> 06/20/17
	<b>Administrator's Approval:</b> Sarah Cooper, Administrator – 04/30/24	
	<b>Required Posting or Restricted:</b>	
<input checked="" type="checkbox"/> <b>PIOC</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Intoxication and Withdrawal		

**POLICY**

Division of Adult Institution facilities shall ensure all PIOC are screened for alcohol and other drug use history on intake and during incarceration. PIOC are assessed and treated for intoxication and/or withdrawal when identified.

**REFERENCES**

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-F-04 – Medically Supervised Withdrawal and Treatment  
DAI Policy 500.30.49 – Initial Health Assessment  
DAI Policy 500.30.56 – Receiving Screening  
DAI Policy 500.80.14 – Methadone/Buprenorphine Treatment

**DEFINITIONS, ACRONYMS, AND FORMS**

Advanced Care Provider (ACP) – A provider with prescriptive authority.

CIWA - Clinical Institute Withdrawal Assessment

COWS - Clinical Opiate Withdrawal

HCR - Healthcare Record

PIOC - Persons in our Care

Synthetic Cannabis (synthetic marijuana) – Technically synthetic cannabinoid receptor agonists, is any drug that mimics the effects of cannabis sprayed onto an herbal base material. There are several psychoactive artificial cannabinoid families that are used as designer drugs sprayed on herbs and sold as natural highs under brand names like K2 and Spice.

**PROCEDURE**

**I. Identification and Management of PIOC with Alcohol/Benzodiazepine, Narcotic, Synthetic Cannabis, or other Sedative Intoxication or Withdrawal Symptoms**

- A. PIOC shall be screened immediately upon arrival to a facility consistent with DAI Policy 500.30.56 and 500.30.49.

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- B. PIOC experiencing severe, life-threatening intoxication, overdose or withdrawal shall be sent immediately to the local emergency department for care and treatment.
- C. Any DOC staff who encounters a PIOC who appears to be experiencing altered mental status shall promptly notify HSU.
- D. Licensed nursing staff shall promptly complete an assessment to determine what the PIOC is withdrawing from and ensure effective monitoring of the PIOC in a safe location until symptoms resolve.
  - 1. Opiate/Methadone Withdrawal.
    - a. Notify the ACP if there are concerns of an opiate/methadone withdrawal to obtain orders and initiate the Opiate/Methadone Withdrawal Powerplan located in the HCR.
    - b. Complete the Clinical Opiate Withdrawal Scale (COWS) assessment as indicated via the Withdrawal – Opioids (COWS) ad-hoc form.
  - 2. Alcohol/Benzodiazepine Withdrawal
    - a. Notify the ACP if there are concerns of an alcohol/benzodiazepine withdrawal to obtain orders and initiate the Alcohol/Benzodiazepine Withdrawal Powerplan located in the HCR.
    - b. Complete the Clinical Institute Withdrawal (CIWA) assessment as indicated via the Withdrawal – Alcohol (CIWA) ad-hoc form.
- E. Further assessment and treatment parameters are identified based on scoring from either the CIWA or COWS.
- F. Licensed nursing staff shall consult with an ACP any time there is a concern or abnormal shift in the assessment/monitoring findings.
- G. When severe withdrawal symptoms are observed, an ACP shall be immediately consulted, or the PIOC shall be immediately sent to the local emergency department.
- H. In situations where there is no HSU staff on site, activate EMS and notify the on-call nurse.

## II. **Pregnant PIOC**

- A. If a pregnant PIOC is admitted with a history of opiate (or other similar substance) dependence, an ACP shall be contacted so the dependence can be assessed and treated.
  - 1. If no ACP is onsite send the PIOC to the local ER for evaluation and treatment recommendations.
  - 2. The ACP shall consult with a specialty provider for appropriate treatment plan.

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- B. Follow DAI policy 500.80.14 for pregnant females if they are being considered for conversion from methadone to buprenorphine or those who are not considered a candidate for conversion.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Intoxication and Withdrawal		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

- I. Staff
- II. Inmate
- III. Other