



Division of Pretrial
Detention and Services

John S. Wolfe
Approved By:
Commissioner
John S. Wolfe

Title: Heat Stratification	DPDS Directive Number: DPDS.100.0007
Related MD Statute and Regulations: N/A	Supersedes: DPDS 100-0007, titled Heat Stratification issued on April 24, 2015
Related ACA Standards: 1-CORE-4C-09; 1-CORE-4C-10	Responsible Authority: <i>Carolyn J. Scruggs</i> Authorized By: Acting Assistant Commissioner Carolyn J. Scruggs
Related MCCS Standards: .02G	Effective Date: March 25, 2016 Number of Pages: 7

Division of Pretrial Detention and Services Directive

.01 Purpose.

A. This directive establishes:

- (1) Protocol to address the risk of heat-related injuries and health concerns for inmates housed in the Division of Pretrial Detention and Services Facilities.
- (2) Responsibility for the implementation of heat stratification protocol within the Division.

B. Provide guidelines for male and female inmates to be adequately screened before housing, in order to determine the possible existence of a mental illness, which is capable of jeopardizing the safety of personnel and inmates.

.02 Scope.

This directive is applicable to the Division of Pretrial Detention and Services, excluding Chesapeake Detention Facility (CDF), Baltimore City Correctional Center (BCCC), and Maryland Reception Diagnostic Classification Center (MRDCC).

A. Baltimore Central Booking and Intake Center (BCBIC);

B. Baltimore Pretrial Complex (BPC):

- (1) Annex Building;

- (2) Jail Industries Pretrial and Pre-Release;
- (3) Women's Detention Center (WDC); and
- (4) Wyatt Building.

C. Metropolitan Transition Center (MTC) Hospital.

03 Policy.

- A. It is the policy of the Division of Pretrial Detention and Services to provide a safe housing area for inmates housed under its supervision.
- B. Heat Stratification Protocol is implemented and effective:
 - (1) Beginning May 1st through September 30th of each year; and
 - (2) When a heat emergency is declared by the Medical Director of the Division of Pretrial Detention and Services, during the rest of the year.
- C. “Intake physical and mental health screening commences upon the inmate’s arrival at the facility unless there is documentation of a medical screening within the previous 90 days or the inmate is an intra-system transfer. Screening is conducted by health trained staff or by qualified health care personnel in accordance with protocols established by the health authority. The screening includes at the least the following:
 - Current or post medical conditions, including mental health problems and communicable diseases
 - Current medications, including psychotropic
 - History of hospitalization, including inpatient psychiatric care
 - Suicidal risk assessment, including suicidal ideation or history of suicidal behavior
 - Use of alcohol and other drugs including potential need for detoxification
 - Dental pain, swelling, or functional impairment
 - Possibility of pregnancy
 - Cognitive or physical impairment
 - Observation of the following:
 - Behavior including state of consciousness, mental status, appearance conduct, tremor, or sweating
 - Body deformities and other physical abnormalities

- Ease of movement
- Condition of the skin, including trauma marking, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks or other indications of injection drug use
- Symptoms of psychoses, depression, anxiety and/or aggression

Medical disposition of the inmate

- Refusal of admission until inmate is medically cleared
 - Cleared for general population
 - Cleared for general population with prompt referral to appropriate medical or mental health care services
 - Referral to appropriate medical or mental health care services for emergency treatment
 - Process for observation for high risk events, such as seizures, detoxification, head wounds and so forth” (1-CORE-4C-09).
- D. “All intra-system transfer inmates receive a health screening by health-trained or qualified health care personnel, which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following:
- A review of the inmate’s medical, dental, and mental health problems
 - Current medications
 - Current treatment plan” (1-CORE-4C-10).

04 Definitions.

A. In this directive, the following terms shall have the meanings indicated.

B. Terms Defined.

- (1) “Heat Stratification” means the medical determination of an individual’s vulnerability to heat related illness. It is a systematic plan which allows for the appropriate housing and respite to those inmates identified as being at risk for heat injury, using these range of levels:
- (a) H-1, requires constant climate control;
 - (b) H-2, requires intermittent climate control; and

- (c) H-3 no special requirements.
- (2) "H-1 housing" means those air-conditioned areas reserved for eligible inmates to include:
 - (a) The Baltimore Central Booking and Intake Center housing units;
 - (b) Dorm numbers six hundred (600) and seven hundred (700) in the Jail Industries Pretrial and Pre-Release Building; and
 - (c) The WDC housing units.
- (3) "Heat emergency" means an alert issued by the Medical Director of the Division of Pretrial Detention and Services when there is anticipated warning of the ambient air exceeding 88° Fahrenheit.
- (4) "Special Housing" means areas designated for those inmates who meet established criteria, not related to heat stratification. Designated areas include but are not limited to:
 - (a) Administrative Segregation;
 - (b) Juvenile Units;
 - (c) Maximum Security;
 - (d) Medical and Mental Health;
 - (e) Protective Custody;
 - (f) Segregation;
 - (g) Working Inmates; and
 - (h) Eligible Pool.

.05 Responsibility.

A. Medical staff shall:

- (1) Assess the inmate to determine if the individual is susceptible to heat related injuries;
- (2) Assign a corresponding heat risk code ranging from H-1 through H-3, with H-1 being the most at risk; and
- (3) Document the heat risk code into OCMS and inform the Traffic Unit.

B. Heat Code-Re-Evaluation Staff of Medical Services shall:

- (1) Provide weekly updated lists of those inmates who are assigned a heat risk code of

H-1 or H-2; and H-3

- (2) If the inmate's heat risk code has changed, ensure that authorized treatment staff submit a Transfer of Housing form to the Traffic Unit.

C. The Traffic Unit Supervisor shall ensure that throughout the year housing assignments follow given guidelines on:

- (1) Male inmates with a current H-1 heat code and eligibility for general population housing is placed in H-1 housing for the duration of their H-1 coding;
- (2) Male inmates with a current H-1 heat code, are placed in the appropriate special housing unit within:
 - (a) An air-conditioning dorm or cell should that option be available; or
 - (b) A dorm or cell suitable for the provision of respite; and
- (3) Heat Protocol Implementation.

D. Temperature and Humidity readings are monitored within the housing units via a temperature gauge. The housing unit officer shall collect and submit temperature and humidity readings from the gauge daily per shift. The readings are forwarded to the Shift Commander or designee for posting and corrective action if the temperatures exceed the appropriate readings.

- (1) Temperatures above 88° or humidity above 35° require correct immediate action, to include:
 - (a) Notification to Administration Staff and Medical;
 - (b) Notification to maintenance if the issues are a result of mechanical defects; and
 - (c) Respite procedures to begin.

E. The Warden shall ensure that:

- (1) Inmates assigned to non-air conditioned units are provided with the appropriate respite measurers as detailed in Appendix A of this directive.
- (2) Staff are provided with:
 - (a) Appendix B;
 - (b) Verbal instructions;
 - (c) Supplies necessary to achieve results; and
 - (d) Directions for documentation.
- (3) Compliance is maintained by following the steps in this directive (Appendix C);

- (4) Roll call notice of protocol implementation is made:
 - (a) From April 15th to September 30th of every year; and
 - (b) When the Office of Inmate Health Services issues a Transfer of Housing Assignment; (Appendix D).
- (5) When the Office of Inmate Health Services issues a heat alert, provisions are made for:
 - (a) Adequate amounts of ice to be supplied in housing areas of the facility;
 - (b) Additional fans to be placed throughout the facility as needed; and
 - (c) Respite in specified rooms are made for H-1 and H-2 coded inmates within the special housing unit through the utilization of a window-mounted air conditioning unit.
- (6) A system is introduced which ensures that air exhaust systems are:
 - (a) Cleaned on a regular basis; and
 - (b) Monitored for compliance.
- (7) The ventilation system in the Division of Pretrial Detention and Services is regularly maintained And is in proper working condition.
- (8) H-1adult inmates in the Baltimore Central Booking and Intake Center, 600 and 700 Dorms of Jail Industries Pretrial and Pre-Release Building and WDC are housed in temperature-controlled housing areas.
- (9) Medical staff shall visit H-1's not in temperature-controlled housing daily, if inside temperatures exceed 88° Fahrenheit and transferred, if medically necessary.
- (10) There is a system that includes distribution of water and ice, medical monitoring and movement of inmates at high risk of heat injury to safer locations to be designed immediately.
- (11) When in overflow, the Duty Captain shall put staff in place and make provisions for new inmates additional requirements according to their needs.

.06 Attachments.

Appendix A - Heat Stratification Protocol, Required Respite Measures.

Appendix B – Heat Fact Sheet

Appendix C – Heat Stratification Respite Log

Appendix D – Transfer of Housing Assignment

.07 History

- A. This directive replaces DPDS.100.0007, titled Heat Stratification, issued on April 24, 2014.
- B. This directive supersedes provisions of existing Division of Pretrial Detention and Services communication with which it becomes in conflict.

.08 Distribution

- A
- S – Traffic Officers

DIVISION OF PRETRIAL DETENTION AND SERVICES

HEAT STRATIFICATION PROTOCOLS

REQUIRED RESPITE MEASURES

For Inmates in

NON= AIRCONDITIONED Units

START/END DATE	Automatically May 1 st through Sept. 30 th & Whenever a heat emergency is declared by the Division of Pretrial Detention and Services Medical Director		
Heat Risk Rating	H-1	H-2	H-3
RESPITE DAY ROOM	<p>Rotation to a designated area where the maximum temperature does not exceed 88° degrees Fahrenheit:</p> <p>Respite periods shall last at least one (1) hour and; shall occur at least three (3) times daily.</p> <p>Documented on Appendix C</p>	<p>Rotation to a designated area where the maximum temperature does not exceed 88° degrees Fahrenheit:</p> <p>Respite periods shall last at least one (1) hour and shall occur at least three (3) times daily.</p> <p>Documented on Appendix C</p>	NA
FANS	<p>Circulation of air in the housing area whenever inside temperature has exceeded 88° degrees Fahrenheit for four (4) consecutive hours.</p> <p>Documented on Appendix C</p>	<p>Circulation of air in the housing area whenever inside temperature has exceeded 88° degrees Fahrenheit for four (4) consecutive hours.</p> <p>Documented on Appendix C</p>	<p>To be deployed as needed</p> <p>Documented on Appendix C</p>
FLUIDS/ICE	<p>Access to at least twelve (12) ounces of water or other fluids per hour for ten (10) consecutive hours.</p> <p>Documented on Appendix C</p>	<p>Access to at least eight (8) ounces of water or other fluids per hour for ten (10) consecutive hours.</p> <p>Documented on Appendix C</p>	<p>Review: Heat Alert Fact Sheet</p> <p>Refer to Appendix B</p>
ACTIVITY	<p>The minimization of physical activity and outside work related activities.</p> <p>Documented on Appendix C</p>	<p>The minimization of physical activity and outside work related activities.</p> <p>Documented on Appendix C</p>	<p>Review: Heat Alert Fact Sheet</p> <p>Refer to Appendix B</p>
SHOWERS	<p>Once daily</p> <p>Documented on Appendix C</p>	<p>Review: Heat Alert Fact Sheet</p> <p>Refer to Appendix B</p>	<p>Review: Heat Alert Fact Sheet</p> <p>Refer to Appendix B</p>

DIVISION OF PRETRIAL DETENTION AND SERVICES

HEAT ALERT FACT SHEET

- (1) All individuals should drink additional fluids to keep themselves hydrated. Ensure that sufficient water or other drinking fluids and ice are available during this time of excessive heat.
- (2) Work Assignment/Crews should take additional breaks and need to stay hydrated. Please, note that water replacement alone is not sufficient in severe heat conditions. In consultation with the DPDS Medical Director, outside work crew schedules may be modified related to excessive heat, (e.g., work only in the a.m. or p.m.)
- (3) Outside recreation may be cancelled. Recreation may be moved to a cooler location. Recreation period may be shortened.
- (4) Increased use of showers may be permitted after consultation with the Building Supervisor.
- (5) Advise all detainees who suffer from chronic conditions such as asthma, hypertension, diabetes, etc. to use caution in their exercise routine. Individuals on medications that are sensitive to heat should also use caution in their exercise routine.
- (6) Individuals should use caution and be mindful of the symptoms of heat illness listed below. Please, ensure that all individuals who show early signs of heat stroke are referred to the dispensary:
 - ✓ Dizziness
 - ✓ Headache
 - ✓ Nausea
 - ✓ Vomiting
 - ✓ Excessive sweating
 - ✓ Feeling faint



HOUSING RESPITE LOG

(TO BE COMPLETED BY H1 HOUSING UNITS ONLY)

FACILITY: BCBIC / WDC / Wyatt / JI 600 & 700

Area: _____

This document is to be completed daily by the Housing Unit OIC of each shift and reviewed by shift supervisor before submission.

7-3

Date / Time:		Temperature / Humidity Reading:		Documenting Staff: <i>(Legibly Print and Sign)</i>				Was medical contacted on behalf of any detainee for Heat Related issues during this shift? Yes or No, if yes (see below)	
Air / Fans Working Properly	If No, Print name of supervisor notified	Was ice water delivered with Meal? What was the Cambro Number(s)	Recreation	Where: Dayroom / Gym / Other	Extra Showers Provided	Extra Water/ Ice Provided	Y / N	Y / N	Time:
Y / N	#	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Time:	Time:
<i>(This may be done in conjunction with either one (1) of your regular shift readings)</i>									
<i>Detainee Name and Number (above)</i>									

Date / Time:		Temperature / Humidity Reading:		Documenting Staff: <i>(Legibly Print and Sign)</i>				Was medical contacted on behalf of any detainee for Heat Related issues during this shift? Yes or No, if yes (see below)	
Air / Fans Working Properly	If No, Print name of supervisor notified	Was ice water delivered with Meal? What was the Cambro Number(s)	Recreation	Where: Dayroom / Gym / Other	Extra Showers Provided	Extra Water/ Ice Provided	Y / N	Y / N	Time:
Y / N	#	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Time:	Time:
<i>Detainee Name and Number (above)</i>									

Date / Time:		Temperature / Humidity Reading:		Documenting Staff: <i>(Legibly Print and Sign)</i>				Was medical contacted on behalf of any detainee for Heat Related issues during this shift? Yes or No, if yes (see below)	
Air / Fans Working Properly	If No, Print name of supervisor notified	Was ice water delivered with Meal? What was the Cambro Number(s)	Recreation	Where: Dayroom / Gym / Other	Extra Showers Provided	Extra Water/ Ice Provided	Y / N	Y / N	Time:
Y / N	#	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Time:	Time:
<i>Detainee Name and Number (above)</i>									

Submit each morning to the Administration Building - Office of Standards Compliance and Litigation Attn: Robin Conley

DIVISION OF PRETRIAL DETENTION AND SERVICES
TRANSFER OF HOUSING ASSIGNMENT

BCBIC BPC MRDCC MTC

DETAINEE NAME: _____ ID#: _____

FROM (CURRENT LOCATION) _____
SECTION BED # MATTRESS#

REQUEST MADE BY: _____ DATE: _____ TIME: _____ AM/PM
(Print Staff Name & Title)

REASON FOR TRANSFER: JOB REMOVAL COURT DISPOSITION

OTHER (Explain): _____

H-1 H-2 H-3 _____ / _____
(Medical Staff Printed Name) (Medical Staff Signature)

RECOMMENDED TYPE OF HOUSING:

PROTECTIVE CUSTODY SEGREGATION JUVENILE GENERAL POPULATION

TOWER/BUILDING SUPV. SIGNATURE OF REVIEW: _____

SHIFT COMMANDER APPROVAL: _____
(Form VOID unless signed by the Shift Commander or Operations Captain when applicable)

TRAFFIC OFFICE HOUSING ASSIGNMENT:

TO: (NEW LOCATION): _____
SECTION BED # MATTRESS# DIETARY CLEAR DATE

AUTHORIZED: _____
(Traffic Officer Signature)

HOUSING UNIT OFFICER VERIFICATION:

OFFICER SIGNATURE: _____
(Signature verifies that detainee has been received and assigned to appropriate cell/bed as indicated above)

- 1. Form MUST be signed by medical staff for any Inmate transferred for Heat Stratification purposes.
- 2. Completed form MUST be delivered to the Traffic Officer prior to the end of the shift