



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



JOHN Q. HAMM
COMMISSIONER

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**ADMINISTRATIVE REGULATION
NUMBER**

619

OPR: HEALTH SERVICES

PSYCHOTROPIC MEDICATION AND HEAT-RELATED ILLNESS

I. GENERAL

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

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 illnesses. Therefore, medical and mental health staff are jointly responsible for ensuring implementation of this strategy.

ADOC will take steps to limit the exposure of all inmates to elevated temperatures or direct sunlight and to minimize any adverse health effects 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, or when there is a confirmed report that one or more inmates are experiencing heat-related illnesses even at lower ambient or inside temperatures, steps will be initiated to promote cooling.

The Vendor will provide an annual training update for all clinical and custody staff on the recognition and prevention of heat-related illness.

ADOC will provide training annually to Correctional Officers regarding the process of monitoring and recording accurate temperature measurements.

III. **DEFINITIONS AND ACRONYMS**

- 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 Fahrenheit. 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).
- C. **Vendor Psychiatric Provider**: A Vendor psychiatrist (or a Vendor mental health nurse practitioner under a collaborative agreement with a vendor psychiatrist) who is responsible for all mental health diagnoses, evaluations, and determinations regarding the appropriate mental health services (including selecting and ordering psychotropic medications) to an inmate within ADOC custody.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health is responsible for oversight of the development of this administrative regulation.
- B. The ADOC Director of Psychiatry is responsible for developing policy and procedures for this administrative regulation.

- C. The ADOC Regional Psychologists are responsible for monitoring the compliance and implementation of this regulation.
- D. The vendor Mental Health Program Director is responsible for ensuring that all vendor mental health and medical staff are trained on the process to ensure this administrative regulation is implemented.
- E. The vendor Psychiatric Director is responsible for ensuring that all vendor Psychiatric Providers implement all indicated measures to reduce the risk of heat-related illness to inmates prescribed psychotropic medications.
- F. Each vendor treating provider is responsible for informing inmates of the increased risk for heat-related illnesses at the time they consent to initiate treatment for psychotropic medication and at intervals specified in this AR.
- G. By April 15th of each year, the vendor Health Services Administrator (HSA) and vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that individual or group education sessions are provided to all inmates and health care staff (medical and mental health) focused on:
 - 1. The environmental and personal risk factor is for heat-related illness.
 - 2. Steps they can take to minimize risk of heat-related illness.
 - 3. How to intervene to prevent or respond to heat-related illness.
- H. 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 ambient temperature inside the cells or dormitories reaches 85 degrees Fahrenheit.
 - 3. Monitoring inmates outdoors during recreational or other out-of-cell activities for any signs of heat exhaustion.
 - 4. Ensuring adequate water is available to inmates at all times.
 - 5. Intervening immediately to begin cooling the inmate and notify medical staff of an emergency when symptoms of heat-related illnesses are identified.
 - 6. Maintaining awareness that heat can also affect security and health care staff, and being prepared to intervene if necessary if a staff member experiences symptoms of heat-related illness.

- I. ADOC and vendor staff who receive a report or observe evidence that an inmate suffers from symptoms of a heat-related illness will report this information immediately to a security supervisor and, if the inmate is located in a medical or mental health housing unit, to a clinical supervisor (charge nurse, Director of Nursing (DON), or HSA).

- J. Each facility Warden is responsible for:
 - 1. Ensuring that correctional staff receive training and implement their responsibilities to address heat-related health concerns.
 - 2. Developing a process for capturing temperatures of the cells and dorms daily.
 - 3. Implementing a practice to respond and follow-up on temperatures above or below the expected range.
 - 4. Implementing a practice to respond and follow-up on temperatures above or below the expected range.
 - 5. At least quarterly, testing the accuracy of devices utilized to determine ambient temperature, and repair or replace any defective device.

V. PROCEDURES

- A. Psychiatrists and Nurse Practitioners will:
 - 1. Review heat-related illness risks during the informed consent process for initiating psychotropic medications. This review will be documented on a Psychiatric Progress Note (MH-025).
 - 2. Review this information with inmates no later than April 15th of each year and document this review on a Psychiatric Progress Note (MH Form-025).
 - 3. Inform a security supervisor and responsible clinical supervisor (charge nurse, DON, or HSA) of any reports or observations that an inmate suffers from symptoms of a heat-related illness.

- B. Nurses will:

Provide group and/or individual nursing education by April 15th each year to inmates who take psychotropic medications on how to recognize and prevent heat-related illnesses.

1. Educational topics will include (but are not limited to):
 - (a) Limiting activities and sun exposure;
 - (b) Proper clothing;
 - (c) Adequate hydration;
 - (d) Recognizing and responding to any early signs of heat exhaustion or heat stroke.
2. Inform a security supervisor and responsible clinical supervisor (charge nurse, DON, or HSA) of any reports or observations that an inmate suffers symptoms of a heat-related illness.

C. Correctional Officers will:

1. Monitor the ambient temperature for all mental health unit cells and dormitories at least three times daily when the outside temperature reaches 85 degrees Fahrenheit.
2. Monitor the ambient temperature for all mental health unit cells and dormitories at least once every hour during any modification to, repair or replacement of, or any substantial maintenance to any heating or cooling system connected to the mental health unit.
 - (a) Hourly monitoring will continue for seven (7) days following completion of any modification, repair, or substantial maintenance to any heating or cooling system connected to the mental health unit.
 - (b) For any mental health unit consisting of more than one level, monitoring will include the ambient temperature of all levels.
3. Inform a security supervisor and responsible clinical supervisor (charge nurse, DON, or HSA) of any reports or observations that an inmate suffers from symptoms of a heat-related illness.
4. Record the ambient temperatures on ADOC Form MH-026, Housing Unit Temperature Log.
5. Take the following steps if the temperature in a mental health unit reaches 85 degrees Fahrenheit.
 - (a) Notify the Shift Commander and Warden.
 - (b) Use fans to increase ventilation.

(c) Offer and provide fluids and ice on request.

(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

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

A. ADOC Form MH-026, *Housing Unit Temperature Log*.

B. Annex A, *Heat Related Illnesses*.

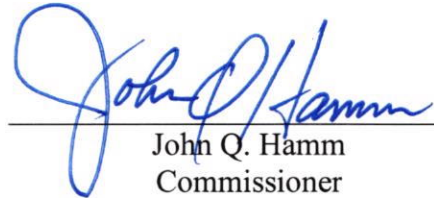
VIII. SUPERSEDES

This Administrative Regulation supersedes AR 619, *Psychotropic Medication and Heat*, dated August 24, 2020, and any changes.

IX. PERFORMANCE

A. Code of Alabama 1975 § 14-1-1.1 *et seq.*

B. The National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Prisons; 2018, Standards for Mental Health Services in Prisons; 2015



John Q. Hamm
Commissioner

HEAT-RELATED ILLNESSES

WHAT TO LOOK FOR	WHAT TO DO
HEAT STROKE	
<ul style="list-style-type: none">• High body temperature (103°F or higher)• Hot, red, dry, or damp skin• Fast, strong pulse• Headache• Dizziness• Nausea• Confusion• Losing consciousness (passing out)	<ul style="list-style-type: none">• 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	
<ul style="list-style-type: none">• Heavy sweating• Cold, pale, and clammy skin• Fast, weak pulse• Nausea or vomiting• Muscle cramps• Tiredness or weakness• Dizziness• Headache• Fainting (passing out)	<ul style="list-style-type: none">• Move to a cool place• Loosen your clothes• Put cool, wet cloths on your body or take a cool bath• Sip water <p>Get medical help right away if:</p> <ul style="list-style-type: none">• You are throwing up• Your symptoms get worse• Your symptoms last longer than 1 hour
HEAT CRAMPS	
<ul style="list-style-type: none">• Heavy sweating during intense exercise• Muscle pain or spasms	<ul style="list-style-type: none">• 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 <p>Get medical help right away if:</p> <ul style="list-style-type: none">• Cramps last longer than 1 hour• You're on a low-sodium diet• You have heart problems
SUNBURN	
<ul style="list-style-type: none">• Painful, red, and warm skin• Blisters on the skin	<ul style="list-style-type: none">• 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	
<ul style="list-style-type: none">• Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)	<ul style="list-style-type: none">• Stay in a cool, dry place• Keep the rash dry• Use powder (like baby powder) to soothe the rash

