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THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM GREENWOOD COUNTY
Court of Common Pleas

The Honorable Frank Addy, Circuit Court Judge

Supreme Court Case No. 2022-000740
Appellate Case No. 2019-000637

Tony Young,.....Petitioner,

v.

Greenwood County Detention Center and the Greenwood County Sheriff's Office, Defendants,

Of Which the Greenwood County Sheriff's Office is….....Respondent.

APPENDIX – VOLUME II

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In The Court of Appeals

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RECORD ON APPEAL - VOLUME II

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A Hey.
Q How are you?
A I'm good.
Q Okay. Good. I want to just cover a couple of things with you, okay?
It sounds like this whole thing was very emotional for you. You happened upon your dad having this accident.
A Yes.
Q I'm sure that upset you.
A Uh-huh.
Q And you knew at the time that he had this accident that he had some significant injuries. He went to GHS and was treated there; is that right?
A Yes.
Q And you visited him up there; is that right?
A Yes.
Q And, in fact, while he was up there, you visited him and your brother visited him as well?
A Yes.
Q Okay. And when he was discharged from the hospital -- well, while he was up there, were you aware that at some point in time, that he had been involved in an accident, that he said he was sorry, but also, because of the nature of that accident, there was going to be some law enforcement intervention?

A Yes.
Q Okay. So while he's at the hospital, y'all are aware your primary concern I know is with him.
A Yes.
Q And I hope with anybody else that would have been injured.
A Yes.
Q But also your primary concern would have been to your dad, but you also knew in the back of your mind and you knew there's going to be some legal ramifications and he's going to face some charges, right?
A Yes.
Q Okay. And you know that while he was up there, law enforcement came and the Highway Patrol came, and they took custody of your dad at the hospital, and the Highway Patrol took him to the Greenwood County Detention Center.
A Yes.
Q You know that, right?
A Uh-huh. Yes.
THE COURT: Say yes or no, please.
BY MR. HARTER:
Q I know you're saying yes.
All right. Now, at the detention center, were you there when he was booked or processed? I'm sure you probably were not.

A No, no.
Q Okay. But you did go to a bond hearing later.
A Yes.
Q Right? Okay.
And at the bond hearing, your mother was there, the Highway Patrol was there, the judge was there, and, of course, you were there to support your dad, right?
A Yes, yes.
Q And I think you told us that at that bond hearing, he had some physical injuries, but you noted that he did not have a neck brace on.
A Yes.
Q Now, on that day at that bond hearing, did a nurse come to the courtroom and discuss with y'all anything about your dad's medical status?
A In the bond hearing?
Q In that courtroom that day.
A I'm not sure. I don't remember if a nurse came in.
Q Now, any time around -- I think you told us that you were there, you saw him at the bond hearing, and you saw him a couple of hours later, right?
A Yes. Uh-huh.
Q Okay. Where a couple of hours later were you?
A At the detention center.
Q At the detention center. Okay.

But at any time during that day of the bond hearing, did any nurse or medical person come and speak to you and/or any members of your family about the care of your dad?

A Yes.

Q They did?

A In the separate room, yes.

Q A nurse?

A I'm guessing she was a nurse.

Q Okay.

A I'm not sure.

Q Okay. And what did she tell you?

A I was just asking her questions about how he was being taken care of, and they were just letting me know what they were doing.

Q Did she answer your questions?

A Yeah. Yes.

Q Okay. Specifically, in that conversation, did you make any reference to where is his collar?

A Yes.

Q Okay. And what did she say about that?

A Honestly, I don't remember what she said about it.

Q Okay. All right. Now, who else was there during that conversation?

A My mother-in-law.

Q Okay.
A And I'm not sure if anybody else was in there besides us and ---
Q And who is your mother-in-law?
A Doretha Hall.
Q All right. Now, after that, after the bond hearing, did you see your dad at all at the detention center after the bond hearing for some 30 days?
A Just after the bond hearing, we went back up there, and then within a few weeks, couple weeks ---
Q Kind of a fouled-up question, but after the bond hearing, how many weeks was it before you were able to physically see your dad? About a month?
A To visit him, yeah.
Q About a month. Okay.
A Yes.
Q I want to make sure I'm right. So after the bond hearing, you really didn't see him for about a month?
A I mean, I seen him a couple hours after the bond hearing.
Q I know.
A And then after that, it was three, four weeks.
Q After that day, after the bond hearing, if it happened on the 17th of August, you would not have seen him for two or three weeks after that?

A Yes.
Q Okay. Now, after the bond hearing, after you left that day, every time you saw him, he had the neck brace on; is that right?
A Yes. When we went to do the visitations.
Q I'm sorry?
A When we went to do the visitation.
Q All right. Good. Okay.
Now, did you see him -- so I want to make sure. You did not see him at all for the six-day period that he's talking about between the time he was booked and for the six days after that. Other than the bond hearing, you didn't see him again.
A Just at the bond hearing and then the -- after.
Q Did your dad tell you -- Samantha, I want to make -- did your dad tell you specifically that they kept my collar from me for six days, or did he just say, "They kept my collar from me"?
A When I seen him come into the bond hearing, he told me that he hadn't had his neck brace.
Q But after that, did he ever -- as you've discussed this with your dad and as you've worked with the lawyers on this case, did your dad specifically tell you, "They kept my collar from me for six days"?
A I don't really remember if we've discussed that.

Q You don't remember what he said about how many days it was, do you?
A No.
Q And he didn't tell you that he got it back six days later, did he?
A No.
Q So -- and you remember when we met in Mr. Hawkins' office to talk to the witnesses about the case, y'all let me ask you some questions?
A Yes.
Q And in the case, you had been identified as a witness, you know your brother was, and you know your mother was identified as a witness.
A Yes.
Q And it was indicated she might have knowledge about this case.
A Yes.
Q And you know that I came to the office that day, and I said, "I'm here to find out what you witnesses know," right?
A Yes.
Q Okay. And I hope I was polite and okay and a gentleman.
A Yes.
Q Okay. And when I took your deposition and I asked

you about how long your dad was without his collar, you didn't know that he was saying, "I was only out of it for six days," did you?

A No.

Q Huh?

A No.

Q You didn't know that. You thought he was out of it for the whole time, didn't you?

A What do you mean, out of it?

Q Out of his collar for a longer period of time, didn't you?

A I mean, I knew it was a few days.

MR. HAWKINS: Your Honor, he's leading the witness for the past four or five question.

THE COURT: He's on cross. He can lead.

Go ahead.

BY MR. HARTER:

Q He never told you he didn't have it for six days though, did he?

A I really don't remember.

Q Okay.

A I mean, it's been a few years.

Q Okay. Did he also tell you that he was given medication almost every day that he was there?

A I don't -- I don't remember about ---

Q You don't remember about that. Okay.

But y'all were concerned about his collar and you were concerned about his medication, but you don't remember that he ever told you that he was only out -- that he was out of his medication or that he had medication almost every day. You don't remember him telling you that, do you?

A No.

Q Huh?

A No.

Q Okay. All right. All did he ever tell you or did you ever know that your dad had been sent for outside appointments to specialists at Greenville Memorial Hospital ---

MR. HAWKINS: Objection, Your Honor. It's beyond the scope of direct.

THE COURT: Overruled. Go ahead.

BY MR. HARTER:

Q Did your dad ever tell you, Samantha, that he had been sent out for consults with special physicians and orthopedists in Greenville, South Carolina?

A No.

Q He never told you about that, did he?

A No.

Q Ma'am?

A No.
Q And never told you that he'd been released by the orthopedic doctor, did he?
A No.
Q And he never told you, and you never knew that he had been sent out to a neurosurgeon ---
A No.
Q --- outside of the jail to look at and discharge him and clear him for his back injury and his neck injury, correct?
A No.
Q And did you ever know that he was released from all of the doctors that were treating him for his car wreck injury by October 31, 2011?
A I didn't, no.
Q And did you know and do you know that the detention center had a nurse that handed out medication to your dad and a doctor that wrote orders for those medications?
A I didn't know.
Q You didn't know that?
A Hu-uh.
Q So really, in terms of everything that kind of bears on this, what I'm hearing you say is that you remember the bond hearing, he didn't have the neck brace on at the bond hearing and later that day.

A Uh-huh.
Q And you had a conversation with a member of the medical team about his neck brace and his medications.
A Yes.
Q And that was pretty much it, wasn't it?
A We discussed about the burns on his arms looked infected.
Q Now, did you know that he got medical care and treatment for that?
A No.
Q Did you look at any of the medical records and the nurse's notes and saw that?
A No. I just seen it and it looked really infected, so I just spoke with -- spoke with someone about it.
Q Okay. Were they nice and they listened to you?
A Yeah.
Q And they were at the jail?
A Yes.
Q Okay. All right. And your dad was in a real bad wreck, wasn't he?
A Yes.
Q And anybody with those kind of injuries, you would expect that this will take them a little longer to get over, wouldn't you?
A Yes.

Q Even with the best medical care, wouldn't you think?
A Yeah.
Q Okay. And knowing and seeing a parent or a child with injuries like this, I mean, that's upsetting, isn't it?
A Yes.
Q And I'm sure you're worried about your dad. Is he living back at home with you now?
A Yes.
MR. HARTER: Good. All right. Take care of him, all right? Thank you.
THE COURT: Anything on redirect?

REDIRECT EXAMINATION

BY MR. HAWKINS:
Q Ms. Porter, would there be any reason for Tony to tell you about all the medical treatment that he was getting at the jail? Would he have any reason to tell you about that?
A No.
Q But would he have reason to tell you when he wasn't getting some, like a neck brace or medication?
A Yes.
Q Tell the jury about those burns that you saw on his arm that looked infected.
A They were really bad. And I've never seen a burn

look that bad, so that's what worried me. I mean, it was -- it was in stuff. It didn't look like any medicine had been put on it.

Q Okay. At the hospital when somebody came to get your dad when he was discharged to home but they took him to the detention center, were you there at the hospital with your brother?

A I had pulled up to the front when they were bringing him down.

Q Okay. All right. So you -- that was the last you saw of him is when they took him to the hospital -- I mean when they took him to the detention center?

A Yes.

Q Okay. Who was bringing him down? Was it your brother pushing him in a wheelchair? Or who was it?

A I think my brother was. I'm not too sure. I think he was pushing him.

Q Okay.

A But I'm not too sure.

Q Okay. And Rusty asked you some questions about every time you saw him after that on the 17th, he had his -- he had his collar on. But I want to make sure that during those six days, every time you saw him during those six days, once at the bond hearing and once a few hours after, did he have a neck collar on?

A No.
Q Okay.
A Not when I seen him.
MR. HAWKINS: All right. Bear with me one second, all right?
We don't have any more questions for you, Samantha. Please answer any redirect.
THE COURT: Recross.
MR. HAWKINS: Or recross. I'm sorry.

RECROSS EXAMINATION

BY MR. HARTER:
Q I want to make sure. For this six-day period, you only saw him one time, right?
A Twice.
Q Twice.
A Uh-huh.
Q But one day. It was on the same day.
A In one day. Yes.
Q Okay. And when your dad was discharged from the hospital, do you recall that there was a nurse or a medical person that was an escort downstairs to where the vehicle was for your dad? Because you were down there too, right?
A I was actually in my car. The only people I remember coming out the door was the officer, my brother and my

dad.
Q Okay.
A I don't remember seeing anybody else.
Q But you don't disagree that there was -- that there could have been a nurse there that was providing escort services or a hospital representative?
A I don't remember. I don't remember.
Q But we know that your dad was discharged from the hospital, right?
A Yes.
Q On that day, right?
A Yes.
Q He was not sent or discharged to a nursing facility or any kind of rehab place, was he?
A No.
Q Okay. Did your dad have a primary care physician at home, by the way?
A No.
Q Huh?
A No.
Q So he didn't have a regular family doctor that would be available to take care of him when he got home, right?
A I mean, we would have got him one, but he didn't have one at the time.
Q But he didn't have one at that point.

A No.

MR. HARTER: Okay. Thank you.

THE COURT: All right, ma'am. Thank you very much. You can step down.

Were we going to read the deposition at this point or were we going to call another witness? Or maybe we can do both.

MR. HAWKINS: Your Honor, we're fine with just doing it all at one time later on if that streamlines things more, or whatever everybody wants to do.

THE COURT: All right. I think it would be better to go ahead and at least get that portion of the deposition that we know is admissible.

MR. HAWKINS: Okay.

THE COURT: So I prefer to do that if you don't have another live witness that we can call.

MR. HAWKINS: Okay. Thank you, Your Honor.

THE COURT: Thanks.

Who is going to be playing the roles?

MR. HAWKINS: Your Honor, would you prefer the roles or you just want to publish it?

THE COURT: However you want to do it.

MR. HAWKINS: Do you want to have one person ask a question and one of them answer it or just let everybody read it?

THE COURT: I've seen it done both ways. We --

MR. HAWKINS: I'll just read it.

THE COURT: Okay.

MR. HARTER: Could I suggest that maybe one person read and the other ask questions so we know questions from answers?

THE COURT: Sure. That might be a little bit cleaner way to do it.

Can we get a volunteer, somebody who can play the deponent? We need a volunteer.

MR. HARTER: Ms. Davis will do it, Your Honor.

THE COURT: Ms. Davis, come on up. The opportunity for your father to cross-examine you is something that's not going to be ---

MR. HAWKINS: Judge, logistically, we've only got the undisputed highlighted portions on one document, so that's my only concern. Maybe just take a few minutes to highlight two documents if we're going to do the back-and-forth.

THE COURT: We can share between you and -- oh, I see what you're saying. All right. Ladies and gentlemen, quick five-minute break.

MR. HARTER: If you will direct call the page, I've got a yellow lighter, okay? If you'll tell her when you go to a different page.

MR. HAWKINS: Okay.

MR. HARTER: Say line so-and-so to line so-and-so.

THE COURT: I'll explain to y'all in a minute what we're doing. We're going to get the stage set up here. Please exit stage right. Thank you. Don't talk about the case. Be back on the record in a moment.

(WHEREUPON, the jury exits the courtroom and a recess is taken.)

THE COURT: All right. Let's go ahead and have the jury out here. Ms. Davis, if you want to come on up. And go ahead and start bringing the jury out.

(WHEREUPON, the jury entered the courtroom.)

THE COURT: All right. Ladies and gentlemen, here's what's about to happen, okay? And just by way of background, let me let you know, anytime a lawsuit is filed, the attorneys are able to engage in discovery. Part of discovery is finding out what the other side is going to testify to or say about the case, and a common tool used along those lines is a deposition, all right?

There's a witness who was deposed in 2015. The last witness referred to her. She has passed away since 2015. And so what the attorneys are going to do is read portions -- the relevant portions of her deposition into the record. And Ms. Davis, Mr. Harter's daughter, is going to play the role of the deponent, and so the answers that

she's going to be giving, you can take them as being under oath because the witnesses are sworn at the time a deposition is taken by the attorneys, okay?

Mr. White, you can continue, sir.

MR. WHITE: And this was a deposition taken on it looks like February 13, 2015, of Ms. Debra Knowles, just so the record's clear.

And Carly, I'm starting on page 4.

MR. HARTER: Your Honor, I took the deposition.

MR. WHITE: Right.

THE COURT: You took the deposition. Okay.

And gentlemen, so that my court reporter doesn't have to take this down, as soon as we start with the deposition, we'll make it a Court's exhibit, and that way she doesn't have to transcribe something that's already been transcribed, okay? So go ahead, please.

MR. WHITE: All right. Carly, I'm starting on page 4 at line 5 just to get us oriented, okay?

DEPOSITION TESTIMONY OF DEBRA KNOWLES

Q Ms. Debra Knowles, is that your name, please.

A Yes, sir.

Q Your full name, please.

A Debra Lynn Knowles.

Q Okay. And your home address, Ms. Knowles?

A 97 Gettysburg Drive, Ware Shoals, South Carolina.

29690 I think is the ZIP Code.
Q Okay. That's good enough. What is your age, please, ma'am.
A 43.
Q Do you work, ma'am?
A No. I'm disabled.
Q Okay. What is your disability?
A Agoraphobia.
Q I'm sorry? I couldn't hear.
A Agoraphobia, panic attack, and now it's liver failure.
Q I saw that. What kind of liver problem do you have?
A Basically, my weight. They believe my weight and being a diabetic may have done some damage to my liver. I have been living with it for approximately eight years. I underwent having a stent put in my liver to hold it open because I was retaining fluid.
Q You said you had a problem with your liver because of what? I'm sorry. I got distracted there.
A Being overweight. I'm also a diabetic, and it's just -- it's all snowballing at one time.
Q A combination of problems?
A Yeah.
Q Now, are you taking any medication now?

A Yes.
Q What medications do you take now?
A I have it in my purse, what I take for my liver.
Q Okay.
A It's pronounced Xifaxan.
Q Okay. Xifaxan?
A Yeah. It's like an antibiotic, and it's for -- it has to do with the brain, fluid on the brain. If I don't take it twice a day ---
Q Okay.
A --- I can get into a dangerous situation.
Q I understand. What other medications -- what other medicine do you take?
A I take the Effexor. Basically, it's been the menopause. I take insulin for diabetes. Let's see. I take Lyrica for diabetic nerve pain of the feet.
Q Right.
A If I have to, I take a very, a half a milligram of Ativan. Panic attacks, like I said, if I need to.
Q Now, do any of those medications affect your ability to hear me and to understand my questions and give truthful answers today?
A No.
Q So we need to communicate verbally, okay? And if there's anything about my question that you don't

understand, ask me to repeat it or rephrase it before you try to answer it, okay? Okay?
A Yes, sir.
Q All right. And if I accidentally interrupt you and/or cut you off in the midst of an answer, please let me know and we'll allow you to complete that answer, okay?
A Yes, sir.
Q Okay. And what is your relation to Tony Young?
A He was my first husband. We have the three children together.
Q I understand. Okay. Now, did you ever see him while he was at Greenwood County Detention Center?
A Yes. I did when he had his first hearing.
Q Okay. Did you see him any other time while he was at Greenwood County Detention Center?
A His daughter went and seen him. No, I did not.
Q Okay. How long did the bond hearing last, if you know?
A I'm going to say probably about five or ten minutes. It was over before I even knew what was going on.
Q Did your ex-husband Tony have a lawyer representing him at the bond hearing?
A No. He was supposed to have had a -- what do you call them?
Q Public defenders?

A Yes. But it wasn't nobody there.
Q And did y'all say anything to the magistrate at the time, you or Tony or any of the family members?
A We weren't given a chance. I might have popped off with something, but I didn't get in trouble.
Q Okay. Do you remember Tony saying anything at the time?
A No.
Q Nothing?
A He was in too much pain. He barely could function.
Q I understand. But my question is, do you remember anything that he said at the bond hearing to the magistrate?
A He didn't say -- he couldn't say nothing. He didn't.
Q He didn't say anything. Okay. All right.
Now, following the bond hearing, I want to ask you, did you see him at any time while he was at the detention center?
A No. I left. My daughter would go and see him.
Q What did Tony look like at the bond hearing?
A Horrible.
Q Okay. Tell me how he looked.
A Well, considering what the car looked like, he looked a whole lot better. He had this massive burn on his arm where he had ate some road because he hit the tractor,

went through the windshield. The only time I've -- I've never known him not to put his seatbelt on. Thank God he didn't put it on because he went through the windshield of the car, but he just -- you could look in his eyes -- or I could, anyway, and seen how much pain he was in.

Q Okay.

A He had burns all over him, but I remember that one being really bad.

Q On his left arm?

A And I remember calling the Greenwood Police Department and talking to the nurse and, you know, telling them they needed to check up on him and do something.

Q Who did you talk to?

A Some lady working. I didn't get no names.

Q She said she was a nurse?

A Yes.

Q When was it that you made the call?

A Right after the hearing when I seen the burns and the pain he was in and how they were making him -- the walker with the extended brace that the doctor made for him. They were making him go up the steps, back down carrying. He had a broke neck, a broke pelvis, a broke wrist, cuts, burns. He was just ---

Q Did he have a walker with him?

A Yeah. And like I said, it had an extended thing for

his wrist because he had broke his wrist, but he didn't have it in a cast.
Q Okay.
A And they were making him -- wasn't even helping him. They were making him walk -- walk up all the steps and back down.
Q Did he have any brace on his hands?
A They did not cast it.
Q No. Did ---
A They didn't do anything, no. They had like an extra extension for the walker to where he was having to, you know, hold.
Q So he was in a walker. He had a walker?
A You know, the walker. Some have wheels.
Q Right. Did he have anything on his hands or arms?
A No.
Q What do you mean by an extension?
A About that tall, had a little thing where he could rest his arm. The doctor kind of, you know, made what Tony could use.
Q So there was something on his wrist to hold it?
A It was attached.
Q To the walker?
A Yeah.
Q Okay. Did he have anything on his legs or his knees

or his neck or anything like that?
A Well, he was burnt. I mean, he was cut and burned places all over him.
Q Were they exposed or were they wrapped up?
A This one was exposed. It was not wrapped up. It was just oozing pus.
Q Okay.
A About this long.
Q About six inches long?
A Uh-huh. It was on the arm right here.
Q You think it was on his right arm?
A Uh-huh.
Q Ma'am?
A Yes, sir.
Q Which arm did he have that contraption on to hold it or brace it?
A Right.
Q His right?
A Uh-huh.
Q Ma'am?
A Yes, sir.
Q The hand that he writes with?
A Yes.
Q And he's right-handed?
A Yes.

Q Did he have any kind of brace on his neck or head or anything?
A He left the hospital with a collar on. They got him back to Greenwood, and you can get this yourself from the Jailbird from that year, his mug shot was taken with his collar on.
Q Right.
A The doctor said not to take it off.
Q But he did have the collar on when you saw him at the bond hearing?
A Yes.
Q Ma'am?
A As far as my knowledge, he had it on.
Q At the bond?
A The bond, yeah.
Q Okay. Great.
A But the mug shot was took before that.
Q Right. The mug shot was taken and it wasn't on, but at the bond hearing, it was on?
A Yeah.
Q And you're talking about a neck collar, neck brace?
A Uh-huh.
Q Ma'am?
A Yes, sir.
Q Okay. Good. Now, how long was that after he got out

of the hospital that the bond hearing was done?
A It was a matter of days.
Q And you never saw him again at the detention center?
A No, I did not. I let his children visit him.
Q I understand. We're going to talk to his children.
Now, did you talk to him at the detention center? I mean, did he phone you?
A No.
Q Fair enough. Okay. What did that brace look like when you saw it on him at the bond hearing?
A The neck collar?
Q Yes.
A It's like what they put on them. I guess they put it on him the night of the wreck or the day of the wreck when he was airlifted to Greenville. It was a safe collar or something. I don't know what you call them. It's just like a beige/tan color.
Q But it was around his neck?
A Yeah. They're very irritable. He didn't like it, but he was told to wear it.
Q Was he still in a good deal of pain and did he appear to be?
A Yeah, yeah. They took his medicine, and they wouldn't give it to him. And I know it was narcotics and,

you know, I figured, you know, they wouldn't give that, but they do have like -- like I said, I called the nurse, you know, from time to time and asked her how he was doing and if they were checking his -- that one big burn that was nasty looking.

MR. WHITE: I think that's it for right now, Judge.

THE COURT: Did you want to elicit, Mr. Harter, the portion where you deposed?

MR. HARTER: That's it, Judge.

THE COURT: That's all of it?

MR. WHITE: That covered the whole thing.

THE COURT: That covered the whole thing. Thank you very much. You can step down. And if you want to give your copy to Tara, the court reporter, then she can mark that as a Court's.

(WHEREUPON, Court's Exhibit Number 1 was marked for identification.)

MR. HARTER: Judge, do you want the original?

THE COURT: I do not care.

All right. Ladies and gentleman, we're going to go ahead and take our lunch break at this particular point in time. I think the next witness may take a little while, so we'll go ahead and break right now for lunch.

If you could, please do try to be back in the jury room let's say about a quarter -- let's say at about a

quarter till 2:00, about 1:45 or so, give or take, and hopefully we'll be in a position to move forward at that point in time, okay?

Enjoy your lunch. Don't talk about the case. See you back at a quarter till two. Thanks.

(WHEREUPON, the jury exits the courtroom.)

THE COURT: All right. The jury is out.

And I am correct that your client will be the final witness for you?

MR. WHITE: There will be like one more like five-minute witness after that.

THE COURT: Okay. All right. Very good. It's beginning to look like we may not be in a position to get this to the jury today. We'll just have to see how it all plays out, okay? See you all in about an hour and ten minutes or so. Thanks.

(WHEREUPON, a recess is taken.)

THE COURT: All right. The record will reflect that the jury is back and seated. At this point, Mr. Hawkins, call your next witness, please.

MR. HAWKINS: Thank you, Judge. We call plaintiff Tony Young to the stand, Your Honor.

WHEREUPON,

TONY RAY YOUNG

After having been duly sworn, testified as follows:

DIRECT EXAMINATION

BY MR. HAWKINS:

Q Mr. Young, state your full name for the jury, please.

A Tony Ray Young.

Q Okay. How old are you?

A 50.

Q Okay. Now, you were charged with DUI?

A Yes, sir.

Q And you were in a bad wreck?

A Yes, sir.

Q Okay. And you went to the hospital?

A Yeah.

Q And then you went to the detention center.

Let's start by going over some of your injuries, okay? Some areas on this exhibit are marked red, but you had more injuries than this, didn't you?

A Yes, sir.

Q Okay. Did you have some injuries to your teeth?

A Yeah. My two front teeth was shattered.

MR. HARTER: I'm sorry. Could we -- the microphone.

THE COURT: Speak up just -- yeah.

MR. HARTER: I just can't hear you.

THE WITNESS: My two front teeth were shattered.

THE COURT: I don't think that's on.

MR. HAWKINS: Yeah. I think it's off, maybe.

THE COURT: You'll need to speak up just a little bit more loudly, Mr. Young.

BY MR. HAWKINS:

Q Just remember to kind of lean in ---

A All right.

Q --- so the rest of the jury can hear you.

Okay. So your two front teeth were shattered?

A Yes, sir.

Q Okay. Did you have road rash ---

A Yes, sir.

Q --- on your arms and body?

A Yes, sir.

Q Okay. Was your -- how many places did you have breaks in your pelvis? Do you remember?

A I believe three.

MR. HARTER: Your Honor, I don't think he can testify as to how many breaks he had. He can testify about where he hurt. The medical records ---

MR. HAWKINS: Your Honor, he can ---

THE COURT: I mean, he can testify about his own physical condition. I understand your position, but he's testifying first person this is what I understand happened to my body. Anything that you disagree with, you can handle it on cross.

MR. HARTER: Just where he had a fracture, those are

medical issues.

THE COURT: All right. Overruled.

Proceed. He can testify.

MR. HAWKINS: Thank you, Your Honor.

BY MR. HAWKINS:

Q How many breaks did you have in your pelvis?

A I believe three altogether.

Q Okay. How many breaks did you have in your back?

A Altogether three or four, altogether.

Q Are you talking about all the way up to your -- you're talking about your entire spinal ---

A Yes, sir.

Q Okay. So I know you had a couple in your neck.

A Yeah.

Q How many just in your back?

A I believe two.

Q Okay. And how many in your neck?

A Two.

Q Okay. All right. Were those fractures painful?

A Yes, sir.

Q Okay. And so it's clear for the jury, you don't blame the sheriff's office for any of the injuries themselves, do you?

A No, sir.

Q Okay. You accept full responsibility for all that.

A Yeah, I do.
Q Okay. Now, the pain in your neck for the time you didn't have your collar, was that something you did or is that something the sheriff's office did?
A Well, they took my collar, so ---
Q Okay.
A --- that's something they did.
Q Okay. Well, when you went into booking, tell the jury about that, from the time you got there and when they took your collar all the way through.
A When I first went in, you know, they take the paperwork stuff from you, and then they start asking your name, and there's all sorts of questions. And then they take you back to the shower room. We had to take a shower.
Q Okay. Describe that for the jury.
A Well, they took my neck brace from me. So I get in the shower. And at first they took my walker away from me, but I told Sergeant Holtzclaw at the time that I need my walker or I couldn't, you know, get in the shower without the walker. So he did give that back to me, my walker.
Q Okay.
A And then I had to get in the shower and take a shower, you know, trying to hold on with like one hand,

which was casted. And they didn't give me nothing to cover it up with ---
Q Okay.
A --- you know, as far as a plastic bag or anything.
Q Okay.
A And so I was trying to hold it out of the way and take a shower with my other hand while standing.
Q Okay. So if I understand you, you're trying to hold your -- I guess your left arm, your casted hand out of the water ---
A Yes.
Q --- so that water doesn't get into it?
A Yes, sir.
Q And then -- and so you were trying to hold onto the walker with your good hand and then wash?
A At the same time, yeah. I mean, it was ---
Q Okay.
A --- like very difficult, you know.
Q Right. Okay. Now -- and that was after the neck brace had been taken from you?
A Yes, sir.
Q Okay. So that neck brace, was it your understanding that that was keeping your neck stable so it didn't sever your spinal cord?
A Yes, sir.

MR. HARTER: Objection, Your Honor. We keep ---

THE COURT: All right. Sustained. And mostly on leading grounds, okay? You need to ask him an open question.

BY MR. HAWKINS:

Q Was it your -- was the neck brace keeping your neck stable?

A Yes, sir.

Q Okay. All right. And was it reducing the pain in your neck?

A Yes. Yeah, it was.

Q Okay. So as soon as they took the neck brace from you, what did you feel instantly in your neck?

A I mean, it started hurting like a lot worse.

Q Okay. Did you tell Holtzclaw that, hey, my neck hurts a lot worse, I need that neck brace?

A Well, I mean, he knew I couldn't have it in the shower.

Q Right.

A But I did explain that it did hurt, you know, worser [sic] but ---

Q Okay.

A I mean, they're going to make you get in the shower.

Q Right.

Did anybody call a doctor or a nurse or anybody to

come up and see about your neck before they took the neck brace off?
A No, sir.
Q Okay. So when you went up to where Holtzclaw was, what did he say? Just you've got to take that off? It's contraband? What did he say?
A Well, I mean, he took my neck brace, and then when he did get back, that's what he told me, that it was contraband is why I couldn't have it back after I had got the shower.
Q Okay. All right. When's the next time you got it back?
A It was several days later.
Q Okay. Did you have it at the bond hearing?
A No, sir.
Q Okay. Did you have it the day after the bond hearing?
A No, sir.
Q Okay. Who finally gave it back to you?
A When I went and seen their doctor.
Q Okay. And that was about how long after they took it from you?
A Like I say, I mean, I don't know the exact, you know, days, but it was, you know, several days.
Q Okay. And was that Dr. Massey?

A I would assume it was.
Q Okay. What did Dr. Massey say when she saw you without the neck brace?
MR. HARTER: Objection, Your Honor.
THE COURT: Sustained on hearsay.
BY MR. HAWKINS:
Q What did you learn from Dr. Massey when she learned that you didn't have your neck brace?
MR. HARTER: Judge ---
THE COURT: It's a different way of asking the same question.
MR. HAWKINS: I'll withdraw it and ask another question.
THE COURT: Go ahead.
BY MR. HAWKINS:
Q Did Dr. Massey get your neck brace for you at that point?
A Yes, sir.
Q Okay. And were you grateful for that?
A Yeah, I was.
Q And did it relieve that pain you'd been feeling for several days?
A Yes. Yeah. I mean, I felt a lot better, you know, about moving around because I was scared really to move around without it on.

Q Okay. All right. Do you know why Dr. Massey immediately went and got that neck brace when she learned you'd been deprived of it?
A I assume, you know ---
MR. HARTER: Objection, Your Honor.
THE COURT: Overruled. Go ahead.
THE WITNESS: I would imagine, you know, that she knew that I -- I needed it. And I guess she figured why -- why it got took in the first place, you know, I -- I don't know.
BY MR. HAWKINS:
Q Okay. Now we're going to look at some of these records in a minute. We'll go through some of them. But I know the records are going to show that you got -- you went to booking, Bouknight comes in and she says gave the inmate Advil or ibuprofen or something like that. Did you get any medicine that first day?
A No, I did not.
Q Okay. So when we look at that in the records and it says "patient got medicine," is that true or is that false?
A That's false.
Q Okay. How long was it before you finally got any kind of medicine? And I mean Advil or just anything you can get at CVS.

A That same day I had went and seen a doctor.
Q Okay. So that would been days after you came to the detention center.
A Yes, sir.
Q Okay. So records say one thing, but you were there. And is it your testimony that you didn't get any medicine, not ---
MR. HARTER: Your Honor, let the witness testify. I think Mr. Hawkins is characterizing the injuries the way he wants to.
THE COURT: Let's ask open questions. You're certainly at liberty in closing to characterize the responses in the manner that you described or the manner that you wish, okay?
MR. HAWKINS: Thank you, Your Honor.
BY MR. HAWKINS:
Q Did you get any medicine at all, whether it's prescription or not, in the first several days you were at the detention center?
A No, I didn't.
Q Okay. All right. Did you tell people that you needed medicine?
A Yes, I did.
Q Okay. What was their response to that?
A They said that I had to wait until I seen their

doctor.
Q Okay. And you've been sitting here with us the whole time.
A Yes, sir.
Q And did you hear that testimony a day or two ago about the policy says the best way to prevent liability in suits years later is to keep complete records?
A Yes, sir.
Q Okay. And did you make any of these records or did the sheriff's office make these records?
A Sheriff's office.
Q Okay. I know you wrote some sick calls and stuff. I'm talking about the medical records and progress notes.
A Yeah.
Q Okay. And you heard the testimony about how important it is to keep accurate records including medical records, right?
A Yes, I did.
Q Okay. And did you hear the testimony about how important it is to keep records relating to booking?
A Yes.
Q Okay. Let's look at one of the records. I'm going to hand you what's been marked as Plaintiff's 19. Were you there when that document was completed or was that completed in your presence? And I don't know where it was

completed. I'm really asking out of curiosity.
A Well, yeah. I mean, I had to be there when they filled this out.
Q Okay. Do you see the first question? It says, "Has the person been injured or have any observable medical problems?"
A Yeah. I see it.
Q Okay. Did you have observable medical problems?
A Yes, sir.
Q Okay. Does that document contain false information?
A Yes, it does.
Q Okay. I'm going to trade with you and give you Defendant's Exhibit 1. Do you see down here about three or four questions down it says, "Is the inmate's mobility restricted in any way due to deformity, cast, injury, et cetera"?
A Yes, sir.
Q Okay. Do you see this marked "no"?
A Yeah.
Q Is that true or false?
A That's false.
Q Okay. Did you have a walker with you?
A Yes, I did.
Q Okay. And up to the point you left the hospital, were you in a wheelchair?

A Yes, I was.
Q Okay. Do you have any idea why the sheriff's office failed to accurately complete this document?
A No, I don't.
Q Do you see down here where it says you have a painful dental condition?
A Yes, sir.
Q Okay. Now, that's marked "no." Did you tell them, no, I don't have a painful dental condition or anything like that?
A No, I didn't.
Q Okay. Do you have any idea why they failed to fill out that portion accurately?
A I ain't got no idea.
Q Okay. When your teeth were shattered when you were in the wreck, was that painful?
A Yes, it was.
Q And what I mean is, did it cause pain going forward? When you were at the detention center, was that painful in your mouth?
A Oh, yeah, is it painful.
Q Okay. Trade with you again and give you Defendant's 10.
Okay. It says right here about three or four lines down when you came in, you had your neck brace. Is that

part accurate?
A Yes, sir.
Q Okay. And it talks about your injuries. And then it says they took your medication. Did they take your medication when you came in?
A Yes, sir.
Q Okay. Before they took that from you, did they -- before they booked you in, did they call a doctor or anything like that?
A No, sir.
Q Okay. Did they do anything to comply with policy that requires them to have a physician certify you?
A No, they didn't.
Q Okay. Did anybody call a doctor?
A No.
Q Did anybody call a doctor before they took your neck brace off?
A No, sir.
Q Okay. Did they express any concern at all that you had a broken neck?
A To me it didn't seem like it.
Q Okay. If you read down, it says, "Nurse McMahan will give inmate Advil for pain." Did you ever see any Advil for pain?
A No, I didn't. At the time, I did not.

Q Okay. So is that portion of the document false?
A Yes, it is.
Q Okay. If you turn to the next page, 820, it says, "Inmate accepted meds with difficulty." Do you see that?
A Yes.
Q Down here at the bottom.
A Yeah.
Q Now, that would have been -- you came in on the 16th. That would have been on the 21st. Did you -- is that part accurate or is that inaccurate?
A That's not accurate.
Q Okay. All right. When you finally did -- when somebody finally did give you medication, do you recall who it was that finally gave you medication?
A Well, the doctor is the one that prescribed it.
Q Okay.
A But, you know, the nurse comes around like twice a day ---
Q Uh-huh.
A --- and that's when I started receiving it.
Q Okay. Do you know, when they took your -- when they took your medicine and your -- did they take your street clothes, too?
A Yes, sir.
Q Okay. What all did they take when they booked you

in? Your medicine, your street clothes, and what else?
A I can't -- I can't remember all of it. Maybe a hat, a wallet, stuff like that.
Q Okay. So maybe a hat and a wallet. And did you have anything in your pockets?
A I don't believe so.
Q Okay. And do you know -- from being there, do you know what the process is for -- when your personal belongings are logged in, do you know what the process is for getting them back?
A Like when you get released, you get them back.
Q Uh-huh. Do they stay -- is it your understanding that they stay in the custody and control of the sheriff's office until you're released?
A Yes.
Q Okay. Was any of your stuff ever released to you?
A I know my clothes was because I carried them with me when I went to prison.
Q Okay. What did they do with the narcotic medication, do you know?
A I've got no idea.
Q Did you ever get that back?
A No, sir.
Q So sheriff's office was in control of the narcotics, and you don't know what happened to it?

A No, I don't.
Q Okay. All right. On this progress note, Kyle pointed out another falsehood to me. It says your right arm was in a cast. Which arm was actually in a cast?
A My left.
Q Okay. Does it appear to you from looking at these documents that anybody was paying attention to you while they were interacting with you or filling out these records?
A It don't seem like it.
Q I'm going to hand you Defendant's 4. You see down here where it says -- where it says "patient home" and then it's marked out?
A Yeah.
Q Okay. Do you know who marked that out, who struck through "home"?
A No, I don't.
Q Okay. Do you have any idea why there's a change to the document, why there's a strike-through on "home"?
A I don't know.
Q Okay. I'm going to hand you -- I'm going to have these marked. These are some sick calls. Look through those sick calls, if you would, and tell me if you are the author of those. Did I hand them to you? Give you my copy. Actually, wait till she's done marking them so

we'll be on the same page.

(WHEREUPON, Plaintiff's Exhibit Number 20 was marked for identification.)

BY MR. HAWKINS:

Q All right. Look through these and just make sure that you're the author of all those documents.

A (Reviews document) Yeah.

Q Okay.

A Yes, I am.

MR. HAWKINS: Okay. And, Your Honor, these have been stipulated to as business records. I'd move to have them admitted into evidence, if there's no objection.

MR. HARTER: No objection, Your Honor.

THE COURT: All right. They are Plaintiff's what?

MR. HAWKINS: 20.

THE COURT: All right. Plaintiff's 20 is in evidence without objection.

(WHEREUPON, Plaintiff's Exhibit Number 20 was admitted into evidence.)

MR. HAWKINS: Thank you, Judge.

BY MR. HAWKINS:

Q Take it away from you again. Sorry.

Okay. Now, when your collar was taken from you by Holtzclaw, was it pretty clear that you couldn't do anything about it? If he's going to take it, he's going

to take it.
A Yeah. Yes, sir.
Q Is that -- okay.
So would there be a reason to fill out a sick call request about that?
A I really don't see no reason about it.
Q Okay. So when your family saw you, did y'all talk about -- let's talk about the bond hearing before we talk about this. When your family saw you at the bond hearing, did y'all talk about the fact that, you know, that Samantha -- did you talk about the fact that I don't have it, I'm worried, stuff like that?
A Yeah. I told them that.
Q Okay. And did you tell them that, hey, they messed up this -- I guess you didn't know about the booking procedure, but did you tell them they took my medicine?
A Yes. Yes, sir.
Q Okay. All right. Did Samantha seem concerned at that point?
A Yes, sir. She did.
Q Okay. So we can agree that several days after you were booked in, you finally did get some Tylenol or something, right?
A Yes.
Q Okay. Tell the jury about those first six -- or you

said several -- those first several days where you're in the detention center with no medication and you're having to deal with your injuries. Tell the jury about that.

A That's pretty much about the only thing I could do was just lay there, you know, in very bad pain. I mean, you know, couldn't hardly get up. When they'd bring the food by, most times I just tell them, no, I don't want nothing because, you know, I -- I really wasn't able to get up or either I was scared to get up, really.

Q Okay. So let's talk about the food for a minute, because that's -- we didn't even talk about that. When they brought the food by, would that always be a guard that brought the food, or would sometimes it be another inmate?

A Well, it would be a guard with an inmate.

Q Okay.

A You know, they would open a door, you know, and set it there, and then you had to get up and go to the door and get it.

Q Okay. So did they ever -- if you were unable to get up, did they ever bring it and just set it by your bed or bring it near your bed?

A Maybe on like I'd say like one or two occasions, an officer would let the inmate bring it in, you know, lay it on my bed.

Q Okay. And so you said the rest of the time, a lot of times you would say, "No, I don't want anything."
A Yes, sir.
Q Okay. Did anybody ever offer any assistance? Since you had a crushed pelvis and all that, did anybody ever say, "Do you need help? Can we bring it near your bed"? Or was it just those two or three times?
A Just those couple of times.
Q Okay. All right. How many times do you think you ate in the first six days?
A I mean, it couldn't have been more than five, six, seven times at the most.
Q Okay. All right. So if on -- were there at least a couple times where you tried to get up and get to the door to get the tray?
A Most times I wouldn't even try.
Q Right. I'm talking about the times that you did, because I want you to tell the jury about trying to get to the door with the walker and all that kind of stuff.
A Well, I mean, it was very difficult because, I mean, I had to hold on with this hand here, you know, with my right hand, because like I said, my left hand was in a cast. And then when I did get to the door, I still had to grab the tray ---
Q Right.

A --- and then get back to my bed. So it was, you know, just almost like impossible almost, you know.
Q Right. Okay. And I'm not trying to embarrass you or anything like that, but we've got to talk about it. What about getting to the toilet? Talk about what that was like for the jury without pain medicine.
A That was like terrible, I mean -- I mean, very bad.
Q Okay. And your pelvis, you said, was broken in three or four places -- or three places, I think you said?
A Yes, sir.
Q Okay. Tell the jury about the pain you experienced with that broken pelvis sitting on the toilet with no pain medicine.
MR. HARTER: Your Honor, I move to strike. The plaintiff cannot testify as to any number of breaks in his pelvis. The medical record is in the record, and the medical record's in.
THE COURT: All right. Fair enough. I think the question, though, centers on how much pain the plaintiff experienced when trying to relieve himself, so I don't know that we're really talking about the numbers of breaks in a pelvis. Taken with that caveat, overruled.
Go ahead.
BY MR. HAWKINS:
Q And don't focus on all the breaks in the pelvis.

Just focus on the pain you experienced trying to get to the commode or toilet.
A I mean, it was very bad, you know, like almost unbearable, you know. Especially the first few days.
Q Okay. All right. Let's talk about the Sick Call Request Form 4. This is going into September of '11, I think. Were there ever times when ---
MR. HARTER: September what?
MR. HAWKINS: September of 2011.
MR. HARTER: The date is 9/21. Is that the one we're talking about?
MR. HAWKINS: Yes. Yeah.
MR. HARTER: Okay.
MR. HAWKINS: The Bates is 113, if that helps.
MR. HARTER: Thank you.
BY MR. HAWKINS:
Q So were there times where you would submit requests because you needed medicine for pain?
A Yes, I would.
Q Okay. And you don't dispute that after those first six days or so, they did give you pain medicine intermittently?
A Yes, sir.
Q Okay. It says right here on -- if you look at the one that's 9/21, the top left-hand corner, it's 9/21, it

says, "I've been trying to get to see someone" -- now hold it up where I can see it. "I've been trying to get to see someone because I've been hurting in my neck pretty bad, and I ain't been getting any sleep hardly." And then it goes on. "I don't care what it is." It says, "I just need something. I don't care what it is."

Why were you telling them "I don't care what it is. Just give me something"?

A I mean, I was hurting, you know.

Q Okay.

A And I wasn't getting nothing.

Q Okay. And then you're -- I mean, you're always polite, you know. You always say "thank you." You don't want to make them mad, right?

A Yes, sir.

Q Okay. All right. And would you send these sick call requests, would they then give you some medicine after you had to write a request?

A Yes, sir.

Q Okay. All right. So if I understand your testimony, the nurse comes by twice a day; is that accurate?

A Yeah.

Q Okay. And then sometimes does the nurse just not come by, or is it these times in between those two times that we're talking about?

A I mean, like a lot of times, I didn't see no nurse, you know, but -- you know.
Q Okay. All right. And on those days where you didn't see or the nurse didn't come in the morning or she didn't come in the afternoon, whatever it was, would there be anybody to hand out meds?
A No, sir.
Q Okay. And as a result of that, would you then sometimes write one of these requests?
A Yes, sir.
Q And after they got it, would they finally bring you something?
A Yes, sir.
Q Okay. All right. And then you write one on Christmas Eve. It says you're having some issues with your teeth. Which teeth -- was that the teeth that were injured in the wreck, or was that another tooth, or was that a combination of teeth? Or do you remember?
A I really don't remember.
Q Okay. That's fine.
And then we go on to it looks like the day after Christmas, December 26th. "I hate to keep bugging y'all." And then you talk about how your teeth are hurting and you need something for it. And then it says, "Again, sorry to keep bugging y'all nurses." What did you mean by "sorry

to keep bugging y'all nurses"?
A Well, you know, that's a, you know, just keep on, you know, just over and over ---
Q Okay.
A --- having to, you know, keep telling them, you know, I need something, you know.
Q Right. But if you didn't keep telling them ---
A I wouldn't get it.
Q Right.
And it says "see pathway." Do you know what that means? Bouknight talked about it a little bit. Do you have any idea what it means?
A Yeah. I think it means, you know, to make sure that an inmate is took care of and I guess look after him.
Q Okay. And we go to a couple days after Christmas, December 27th. It says, "I know I'm being a pain about getting something, but I can't help it if my neck still hurts and my teeth." It goes on and on. And then it says, I know I don't need pills every day because it may cause my stomach to hurt, but I'd rather have some pain relief and deal with the stomachache, basically. So had they told you to make some sort of statement about you don't need pain medicine every day because it will make your stomach hurt?
A No. They didn't tell me that. I mean ---

Q Okay. What did you mean by this?
A I mean, I know we, you know, keep taking a lot of Advil or Tylenol, you know. They can mess with your stomach, you know.
Q Okay. So did they ever address that, or is that just you saying, "I know it could hurt my stomach but I need some pain meds"?
A I guess it's just me to say that.
Q Okay. All right. So did you finally get something on -- for that December 27th note? Did they finally come bring you something? It says, "Seen yesterday. Instructed to write to administration for a tooth extraction."
A I probably didn't get nothing that day. I mean, probably, like a day or two later before I got anything, I imagine.
Q Okay. Did they finally pull these teeth?
A I pulled one.
Q Okay. Now, had that become abscessed when you were in there, when you were in the detention center?
MR. HARTER: Objection, Your Honor.
MR. HAWKINS: He can testify about if his tooth became abscessed, Your Honor.
THE COURT: "Abscess" is a technical term. If you want to discuss -- or if he wants to discuss what symptoms

he incurred, that kind of a thing, he can do that, or how his teeth hurt, or describe them or what he saw in the mirror when he looked in the mirror at his teeth. He can do that.

MR. HAWKINS: Thank you, Judge.

BY MR. HAWKINS:

Q At some point in time, did your face become swollen due to dental issues?

A Yeah. Like at one time, it did.

Q Okay. And did you finally get that tooth pulled?

A Yes, I did.

Q Okay. Now, on January 14th it looks like, you say, "I've had a headache for the last three or four days." Do you see that?

A Yes.

Q Now, is that because you hadn't received pain medication in three or four days, or is that due to something else?

A I mean, I believe it would be because I hadn't had nothing in, you know, like a few days.

Q Okay. All right. If we go to January 25th, it says, "Can I please have some Tylenol today. I'm still hurting and the yellow pills don't seem to help." And then it says, "The last time I had something was Sunday or Monday morning." Do you know what day of the week

January 25, 2012, was? I don't know of any reason why you would know that.

A No.

Q Okay. Had it been at least a day or two since you had anything?

A Oh, yes, sir.

Q Okay. And then it says, "I'm sorry for asking for something, but I can't help it. I can't rest or sleep." Was the pain causing you to lose sleep?

A Yes, it was.

Q Okay. Because you were trying to deal with all these injuries with basically Advil, right?

A Yeah.

Q And then it says on January 25th, "I know y'all don't like giving me ibuprofen every day, but I need something. Them pills I'm taking now aren't doing nothing. Could I have a couple of Tylenol each day or something? I just need something." Is that because you were having a hard time with pain?

A Yes.

Q Is that because you hadn't received pain medication that day?

A Yes.

Q Okay. Going on to February 29, 2012, and I'll read this part here because the jury will have all these with

them in the jury room. "I hate to keep asking for something. I'd rather my stomach hurt than, you know, feel the pain."

Are all these notes basically you saying I'm hurt, I need pain medicine, y'all seem to be forgetting about me? Is that consistent with the spirit of these letters -- or these sick call requests?

MR. HARTER: Your Honor, Mr. Hawkins is ---

THE COURT: Leading?

MR. HARTER: --- offering his opinion, leading.

THE COURT: Sustained. Sustained on leading. Rephrase the question, please.

BY MR. HAWKINS:

Q Tony, why did you write "I hate to keep asking for something"? Why did you have to write that?

A Well, I mean, apparently, I mean, they wouldn't give me something every day.

Q Okay.

A I mean, it might be, you know, two days, three days, four, five days before I got something until I had to write again to like try to get something.

Q Okay. And then we go to February 4th. It says, "They haven't given me any Tylenol since Monday, and them pills that I'm taking aren't really helping much." And then you asked for ibuprofen or Tylenol if you can. Why

did you have to write that sick call request?
A I mean, I don't know what kind of pill that they would give me. I thought I wrote it, then it wouldn't help me. I mean, it wouldn't help me. I mean, that's the only reason I would write this request, you know. Like if I was still in pain, I mean, that's why I'd be writing it, you know, because I wouldn't get nothing else.
Q Okay. Tell the jury why it's important to you to be able to tell your fellow members of Greenwood County about what happened to you?
A I mean, I'd like to -- like to get something done about it like where it don't happen again.
MR. HARTER: This is irrelevant.
THE COURT: All right. Sustained.
MR. HAWKINS: Your Honor, can we approach?
(WHEREUPON, a bench conference was held off the record.)
THE COURT: Objection sustained.
BY MR. HAWKINS:
Q Tony, is it important to be able to come here and tell your fellow members of the community what happened to you?
A Yes, it is.
Q And all this happened in 2011. Have you done everything both sides have asked you to all the way up till today?

A Yes, I have.

MR. HARTER: Objection, Your Honor. That has nothing to do with this.

THE COURT: I think I know what he's getting at. Overruled. Go ahead. He's already answered, so the answer stands.

BY MR. HAWKINS:

Q Thank you, Tony.

You heard some testimony earlier about somebody calling the Highway Patrol at the hospital. Did any doctor, anybody come in and say, "We're calling Highway Patrol"?

MR. HARTER: Objection, Your Honor.

BY MR. HAWKINS:

Q Are you aware of any call that was made to the Highway Patrol or anybody else?

A No.

MR. HARTER: Objection, Your Honor.

THE COURT: Let me hear the objection. What's the objection?

MR. HARTER: He's asking if he heard a doctor call the Highway Patrol. He's asking if he heard a doctor call the Highway Patrol. That's hearsay.

THE COURT: I understand.

MR. HAWKINS: I can rephrase, Your Honor.

THE COURT: Why is this relevant? We know that somebody called the Highway Patrol to come and bring him from the hospital.

MR. HAWKINS: No, we don't, Your Honor. In fact, we think -- we don't know that that happened. That's what I'm trying to establish. I mean, he's saying somebody called and told them to come pick him up. We don't think that happened.

THE COURT: Then the Highway Patrol magically appeared there and decided to take him into custody when he was being discharged? I mean ---

MR. HAWKINS: The Highway Patrol has a record of where he is, and we think they came to get him. We think the doctors discharged him to home.

THE COURT: The Highway Patrol is not a party to this action. If you're suggesting that they got him out of the hospital prematurely, then that doesn't compute to the sheriff's department.

MR. HAWKINS: No, we're not. We're not suggesting that at all. I just want to know if he knows if anybody called anyone because we don't ---

THE COURT: All right. The objection is sustained.

MR. HAWKINS: Yes, Your Honor.

BY MR. HAWKINS:

Q Tony, you heard some testimony earlier from your

ex-wife Debra Knowles. Do you remember that? Or you heard the transcript being read?

A Yeah, I did.

Q And I think it was indicated that the neck brace was beige or something. Do you -- I don't know what it said. What color was the neck brace?

A It was white and blue.

Q Okay. Do you know if this woman ever saw the neck brace?

A I doubt it.

Q Okay. As she indicated at one point that your neck brace is on in your mug shot, and I think she changed it when Rusty asked her another question, was your neck brace on or off in the mug shot?

A It was off.

Q Okay. Bear with me one minute, Tony.

All right, Tony. Just a couple more. Rusty is about to get up here and cross-examine you. He's going to show you a bunch of documents from doctors visits and a time period we're not talking about, all that kind of stuff. So I want to ask you -- so I want to ask you, those doctor visits, those follow-up appointments, all that kind of stuff, does that have anything to do with the sheriff's office taking your collar from you for six days?

A No, it don't.

MR. HARTER: Your Honor, I object.
THE COURT: Overruled.
BY MR. HAWKINS:
Q And was that -- were those follow-up visits and all that, was that well after the sheriff's office had already taken your neck brace from you which was stabilizing your neck?
A Yes, it was.
Q Okay. All the horrible stuff was over by the time -- was all the horrible stuff over by the time you got the follow-up appointment?
MR. HARTER: Objection, Your Honor.
THE COURT: Sustained to the form of the question.
BY MR. HAWKINS:
Q Were the first six days bad?
A Very bad.
Q Were the first six days the most painful experience of your life?
A Pretty much, yes.
Q Was that a direct result of the sheriff's office taking your collar away from you?
A It had to do a lot to do with it. Plus, I wasn't getting no medicine.
Q Okay. And these follow-up appointments and all these medical records Rusty is going to go through, did most of

that take place well after the sheriff's office took and kept your neck brace for six days?

A Yes, it was.

MR. HAWKINS: Okay. All right. Please answer what I'm sure will be a lengthy cross-examination.

MR. HARTER: Your Honor, he doesn't need to be commenting about what I'm going to do.

THE COURT: All right. Mr. Hawkins, Mr. Hawkins, you know that was below the belt.

MR. HAWKINS: I apologize, Your Honor.

THE COURT: Now, come on.

The jury is instructed to disregard that. However long you take, I've been patient with you, I'm going to be patient with him. You've got all the time in the world so far as I'm concerned. The jury might feel different.

All right. Go ahead.

MR. HARTER: Can we have just a couple minutes to get our ---

THE COURT: Why don't we. Okay. We'll take a few moments. Ladies and gentlemen, smoke them if you've got them. Go to the back, but don't talk about the case. Okay. Thank you.

(WHEREUPON, the jury exits the courtroom and a recess is taken.)

THE COURT: All right. We'll go back on the record.

Go ahead and bring the jury in, please.

(WHEREUPON, the jury entered the courtroom.)

THE COURT: The jury is back and seated.

Mr. Harter, your examination.

MR. HARTER: Thank you, Your Honor.

CROSS EXAMINATION

BY MR. HARTER:

Q Good afternoon, Mr. Young. I hope you're doing good today.

A All right. Thank you.

Q Okay. Let me just kind of make sure I cover a couple of things and get a timeline here. We know -- and I know you might have not been present at the time, but you were -- your accident was on August the 10th of 2011. The information we have is that you were at the Greenville Memorial Hospital until the 16th.

A Yes, sir.

Q That sounds about right, doesn't it?

A Yeah.

Q And then from August the 16th until April the 10th, you were an inmate at the detention center; is that right?

A I think it was August 11th.

Q August 11th. Okay.

And then you were transferred to the South Carolina Department of Corrections, and you were serving your

sentence there for this felony DUI case until when? When did you max out?
A Well, I didn't really max out, but I got out in June of '16.
Q June of '16.
A Yes, sir.
Q So you were at SCDC for almost two years, right?
A No. About four years.
Q Okay. Wait a minute now.
A From '12 to '16.
Q I apologize. Four years. I apologize. From 2012 till 2016. You were at SCDC for four years.
A Yes, sir.
Q And that sentence was over this accident that you were involved in on the 10th; is that right?
A Yes, it was.
Q Okay. Now, while you were at SCDC, you were at several of the different SCDC yards, right?
A Yes.
Q Several different institutions and facilities.
MR. HAWKINS: Objection, Your Honor, about anything that happened at SCDC. That doesn't have anything to do with the claims we've brought, anything that have to do with SCDC.
THE COURT: I think I know where he's going with

this.

Go ahead, Mr. Harter.

BY MR. HARTER:

Q At SCDC, the medications that you got for any medical conditions you had would have been nonnarcotic medications, right?

A Yes, it would.

Q And for your complaints of pain or discomfort of whatever kind of discomfort you had, whether it was accident related or not, you got ibuprofen and/or Tylenol, right?

A Yes, I did.

Q Okay. And so those were the approved and only medications you could get at SCDC. You couldn't get narcotics, right?

A Well, unless you was on like a special yard, you could.

Q But you never did.

A No.

Q You never -- you never received any narcotics ---

A No, sir.

Q --- at SCDC. Okay.

And they have yards for people who are in the hospital, right?

A Yes, sir.

Q All right. Now, and I want to roll back to the time of your accident. It was a bad accident; is that right?
A Yes, it was.
Q Okay. And you were transported to GHS, and you had -- as your lawyers I think have pointed out, you had some multiple medical issues that you got treated for there. And now, when you were treated at GHS for these six days, you never had any surgery, did you?
A No, I didn't.
Q Okay. You never had any pins or any hardware placed, did you?
A No, sir.
Q Okay. And the treatment you had there was to basically stabilize these sites of fracture that you mentioned.
A Yes.
Q Okay. And I think you mentioned and your lawyer's mentioned that you had some fracture or fractures to your neck, your ribs, your lumbar spine, right?
A Yes.
Q Okay. And then your pelvis and your left hand.
A Yes, sir.
Q And your left hand fractures were basically to these fingers, right?
A In my fingers, and there were a couple up here in my

hand.
Q Okay. But ---
A Basically in my fingers.
Q Basically your fingers. All right. Very good.
Now, in terms of these injuries that you were treated for there during these six days, you were discharged on the 16th, and when you were discharged, Mr. Young, you knew you were being charged with a criminal case, right?
A On that same day.
Q Yeah.
A Yeah.
Q You knew you were being charged with felony DUI.
A Yes.
Q Okay. And so at the time you left the hospital, you knew that your next stop most probably was the jail.
A Yeah. The officer came and picked me up so I knew I was going.
Q And it was a Highway Patrol officer, right?
A That's what they say.
Q Okay. Do you have any reason to dispute that, that it was a highway patrolman?
A I don't -- I mean, at the time, I mean, I didn't -- I didn't really know. I just assumed it was Greenwood, but I didn't know.
Q But you were kind of out of it, weren't you?

A Well, I mean -- you know.
Q I want to make sure I understand so we don't have any quandary here. You were charged with this felony DUI by a highway patrolman, correct?
A Yeah.
Q Okay. You were prosecuted under the direction of the Highway Patrol, right, and the solicitor's office, right?
A Yeah.
Q Okay. And you don't dispute the fact that the officer that picked you up and took you to the detention center was a highway patrolman.
A That's right.
Q Okay. All right. And when this transport was done, you had some -- did you have any dressings on any of your wounds?
A On my wounds?
Q Yes. You had some road rash.
A Yeah. I had dressing on my ---
Q Okay. Dressing.
A Yeah.
Q Okay. And you hadn't had any stitches, now, had you?
A No, sir.
Q Okay. All right. Now, you had a collar on your neck, and this was a -- this was a hard collar, but you could remove it, right? I mean, it was removable by you.

A Yeah. Of course.
Q Okay. And you had a cast on your left hand.
A Yes.
Q Okay. And you had a rolling walker, right?
A Yes.
Q And for those of us that have had to use that, that's a rolling walker where you've got -- you can roll it along, you've got both hands, and you can walk with that assistive device, right?
A Yes.
Q Okay. So you had your neck brace on, you had your rolling walker, your left hand was in a cast.

Now, did you have any kind of corset or neck brace -- excuse me -- back brace or anything on your torso here because of those wounds -- or excuse me -- because of those fractures to your back?
A No, I didn't.
Q And now, you were taken to the Greenwood County Detention Center.
A Yes.
Q And you told us, I think, that you were taken to the booking area; is that right?
A Yes, sir.
Q Okay. And at the booking area, do you remember that you were seen by somebody in the booking department and

then that you were seen by a nurse?
A A nurse, I was not seen by a nurse.
Q Okay. And so we make sure -- let's make sure we understand kind of what we're talking about here today. Now, we've got the timeline of where you were, correct? Right?
A Yeah.
Q All right. Now, I want to make sure I understand what you're telling us and what you're telling this jury today. You are telling us that for the first six days of your detention at the Greenwood County Detention Center, this neck brace was taken away from you?
A Yes, it was.
Q And you say it was taken off of you when you had a shower ---
A Yes.
Q --- by Officer Holtzclaw and never returned to you until six days later.
A Until I seen their doctor.
Q But that was six days later, I think you told me.
A It was several days later. I don't know the exact.
Q Well, was it -- did you tell me six days before? We've been talking about six days now.
A I may have.
Q Okay. But after this six days or whatever it is, you

got the neck brace back, and you kept it, and you had it, and you used it for as long as needed, right?
A Yes, I did.
Q Okay. So as far as this time period when this neck brace was not on you, you had it the whole time but for these six days, these seven days, right?
A Yes, yes.
Q Okay. Now, did you also tell us -- or tell me before that for the first six days, you never received any medication of any type whatsoever while you were at the detention center?
A That's correct.
Q And for these first six days at the detention center, you never saw or had contact with any medical person at all.
A The only time I seen anybody, if a nurse walked by, you know, I would holler at them, but, you know, I got no response from them.
Q Okay. I want to make sure I understand because I think I asked you before. During the first six days, are you telling us that you were never examined by any medical person and nor did any medical person ever talk to you for those first six days?
A Like I said, I talked to no one until I talked to the doctor.

Q Okay. Well, you remember when we took your deposition, don't you? And you've read that recently, right?
A Yes, I have.
Q Okay. Do you remember -- and I'm trying to refresh your memory. Did you tell me and is it your statement to this jury, that for those first six days, no medical person examined you or talked to you about your medical condition?
A The first time I got examined is when I seen their doctor.
Q How soon was that? How many days was that, according to your knowledge, after you got booked at the detention center?
A Well, six days.
Q Pardon?
A Six days.
Q Six days. Okay.
So ma'am -- I mean sir, all right, but did you also tell me that after those first six days, that you got medication almost or pretty much every day while you were at the detention center until you got transferred to SCDC?
A I said "pretty much." But like all them requests I was writing, I mean, I wouldn't have been writing a request if I received the medicine every day, I don't

believe, you know.
Q Okay. But my question is, after those first six days, did you tell me that you got medication pretty much every day for pain or various medications for pain?
A I mean, I got medicine, but it wasn't every day.
Q Is it pretty much every day, though?
A I mean, it might have been four or five days I didn't get nothing, it might have been three or four more days I didn't get nothing.
Q Okay. But would you agree with me that you told me before you got it pretty much every day, being your words?
A Like I say, it's pretty much every day, but that's not every day.
Q Okay. Pretty much every day. You might have missed ---
A Not every day. I might have missed three here, I might have missed five here, I might have missed two here.
Q Do you know which days you missed?
A How am I supposed to know? I mean, that's been -- I mean, I don't know which days I missed.
Q Right. But, again, I just want to make sure -- I don't want to argue about something we don't need to argue about. You might have missed a few days here or there, but from the time period of August the 16th until April the 10th, you did get pain medication pretty much every

day, right?
A And that's to say like a lot of days that I didn't get nothing or I wouldn't have wrote the request.
Q Okay. But did you tell me you got it pretty much every day? That's what I want to know.
A I don't know if I did or not. I mean ---
Q Okay. Just when the ---
A But, I mean, I know I didn't get it every day or pretty much every day.
Q Well, and I don't mean to browbeat this, Mr. Young. I hope you can read what I'm showing you. I asked the question, "Okay. But you pretty much got medication every day, didn't you, while you were in jail?"
And then you answered and said, "Pretty much," didn't you?
A I said "pretty much" is what I said.
Q Okay. That's what I'm talking about.
And there were some days you didn't, but pretty much every day.
Now, and when you were at the detention center, did you have a personal or a primary care physician at home yourself?
A No, I didn't.
Q Okay. And if you were not in jail, you would have to go to the emergency room or you would have had to go to

some kind of urgent care place or somewhere to get medical care, right?

A I wouldn't -- I would have gone out and got a doctor.

Q Okay. You would have gone -- you'd have had to go get a doctor and pay for it, right?

A Yes, I would have.

Q And by the way, in terms of money, you're not claiming any money ---

MR. HAWKINS: Objection, Your Honor. We talked about this out of the presence of the jury.

MR. HARTER: You ---

THE COURT: Hold on. Approach. Come up here real quick. Tell me the question. Just make sure we're square.

(WHEREUPON, a bench conference was held off the record.)

BY MR. HARTER:

Q And make sure we understand what you're claiming, Mr. Young. You're claiming damages in this case, and the only thing you're claiming as damages in this case is for your pain and suffering during these six days that you say you did not have your collar and that you did not have medication; is that right?

A Yes, sir.

Q Okay. All right. Good.

Now, you do appreciate, I'm sure, and recognize that

the injuries that you had that you told us that were your responsibility and not the responsibility of anybody else with these multiple fractures, you would agree with me that irrespective of what the Greenwood County Detention Center did or didn't do, those are painful injuries that you had that you caused, right?

A Yeah. I caused them, but they just made it more painful by not giving me anything.

Q How much more painful then was it for those six days that you -- that you believe if you had -- you think if you had had medication for those six days, everything would have been hunky-dory and you would have had no pain at all?

A I'm not saying that, but if I would have had my collar and at least getting Tylenol or ibuprofen or something, I mean, it might been a little better.

Q A little better. Okay. A little better. All right.

Now, in terms of when you were released from the detention center -- or sorry -- from the hospital, now, you were discharged to the jail, right? I mean, you were discharged I think the record says home, but you know you were going to jail, right?

A Well, I mean, discharge papers, I said home and with a friend, and like y'all said the other day, like it might have been printed a day before. And see, I didn't get

arrested till the next day that I knew I was going to jail.
Q But you knew you were going to jail, right?
A I kind of figured it, you know.
Q Okay. Now, and I think there was some reference earlier that the word "home" might have been crossed out on the discharge paperwork. Do you remember that?
A Yes.
Q Okay. Now, I want to make sure we're clear, we understand. This is a discharge paperwork from the hospital, and when you were discharged, this form, one part of it says "home health," and it says "no," right?
A I can't see that.
Q Oh, I'm sorry. Okay. It says "PT home," and that's what's crossed out, isn't it? It said "PT home" is what's crossed out, right?
A It was, yes.
Q Okay. So maybe the interpretation of this would be that there's no PT at home you're supposed to get, right? But it didn't mean that you were not discharged to home, was it?
A I don't know.
Q Okay. And Mr. Young, if it says that your level of activity was not bed rest, you would agree that you were not bedbound and you could get up and move about, right?

A With the adequate like medicine, I probably could.
Q Okay. Well, the discharge paperwork I think says that it was -- that you were not confined to the bed. And you agree with that, don't you, that you weren't confined to the bed?
A When I was sitting there and had no medication whatsoever, I mean, it pretty much where I -- like I needed to stay or wanted to stay.
Q Okay. But in terms of the doctor's comments, you were not told that you had to stay in bed, were you?
A Well, I mean, I released me with medication that might have helped me ---
Q Okay.
A --- to be mobile a little.
Q You don't argue with the paperwork that the doctors did, do you?
A No. I don't argue that.
Q Okay. That's fine.
Now, you were asked about the events that took place at the bond hearing -- I'm sorry -- at the -- when you were booked. And Mr. Young, there is a note here that says -- I think it's dated August 16th. And you signed that note, didn't you?
A Yeah. I filled that out right there. Who's that name right there?

Q But you signed it.
A Other than that name right there, though, at the bottom.
Q I think that's Beverly Weaver. But does it have a place where your name is signed there?
A This extra stuff talking about medicine could have been got any time.
Q I understand what you're saying. But I just want to know if this is your signature on that piece of paper.
A Of course, it is. I mean, if they hand you something in jail and say "sign it," you're going to sign it.
Q Okay.
A That's my signature.
Q That's your signature. Okay. That's fine. Thank you.

Now, this is -- and we've talked about this multiple times. This is a medical screening form, and you heard Beverly Weaver talk here today -- or yesterday, I'm sorry, about what she remembers from being with you or seeing you in the booking area, okay? Do you remember the lady that was here yesterday that talked about seeing you in the booking area?
A Yeah. I remember her yesterday, yeah.
Q Did you remember that she said that she observed you and that she then called a nurse to come check you out?

A That's what she said.
Q Okay. And this document that's signed by her and signed by you, are you suggesting or is your lawyer suggesting that this is a fraudulent document, that this is made-up information?
A They hadn't -- no. They -- you know, told me I had -- I mean, I'm just say it myself.
Q Okay. So this is made-up information as far as you're concerned?
A I mean, all I know, I didn't see a nurse that day. I know that.
Q Okay. Well, how do you know you didn't? Do you ---
A Ain't no nurse talked to me personally.
Q Okay. No nurse talked to you at all that day?
A Personally, no.
Q Okay. Personally. Okay.
Now, so that document in your recollection is inaccurate, right?
A I believe so.
Q Okay. Now, you were also shown and we looked at another document that is a progress note. And I will just tell you, Mr. Young, this is a note that is dated August the 16th of 2011. And you heard Mrs. Bouknight, I'm sure, testify earlier, but she says that at 4:45 that day that you were booked, that she came to the booking area and

observed you and talked to you, and indicated that your medications would not be narcotic medications, and that you would get some medication that day. And then Are you telling us that that never happened at all?
A Like I said, I mean, I never spoke to a nurse that day.
Q Now ---
A And never got any medication that day.
Q Well, could it have been you spoke to a nurse, then you just didn't know who it was?
A I kind of doubt it.
Q You kind of doubt it?
A Yeah.
Q Okay. But -- so to the extent Mrs. Bouknight made an entry in this record and documented what happened on the 16th at 1645 and then there was another entry by another nurse at 1800 that same day, later that day, this document is false?
A What does it say?
Q Well, this document says that Nurse Bouknight talked to you on the 16th in the afternoon.
A That's false.
Q Now, is that -- that's false?
A That's false.
Q So her chart of this is false in your view?

A Yes, it is.
Q And then the other nurse who is making entries at 1800, it mentions that she was in the booking area, and Nurse McMahan gave inmate ibuprofen, 200 milligrams, three of them, while holding his water. Now, this is the same day. Now, you're telling us and telling the jury that this is false?
A Like I told you, I received no medicine.
Q So I think you agreed with your lawyer's characterization that if this document says that happened, you're saying it's false, right?
A That's what I'm saying.
Q Okay. And here's another note that is dated the 17th, and this is Ms. Bouknight again. And it said, "Inmate accepted medication. Nurse Bouknight asked if any further needed. Inmate said 'no.' Inmate was not in a wheelchair but walked from B Unit with walker or crutch." To the -- if she put that in the chart and she created that note at 9:00 on the 17th, which was the day after you got booked, that note is false, right?
A Well, I keep saying I did not receive no medicine until I seen their doctor.
Q So if she says that, that's false?
A Like I said, it's false.
Q Sir?

A It's false.
Q Okay. And then there's another note that says, "8/18, inmate took meds in bed in cell. Nurse looked over him. No complaint of pain and discomfort. Inmate came to medical for it looks like blood pressure and wound evaluation. Has broken his cast or something finger. Will call somebody."
Now, at that point in time on 8/18, was there -- that note's false, too, right?
A Well, I mean, if she said that I was in no pain, I mean, I knew it's false.
Q Well, was she -- did you ---
A This is false.
Q Is it possible that you saw the nurse that day, though?
A No, it is not.
Q Okay. And then on the 19th, there's another note that says there was an open -- no open sores and all scabbed over. That note's false too, right?
A Yes, it is.
Q Okay. And then there's -- you were asked I think by your lawyer about a note on the 20th. "Accepting meds without difficulty."
Now, let me flip over to 8/22. And it says, "Inmate took a.m. meds without any voice complaint. Was asleep."

I guess what you're saying, that note is false, too, right?
A What I'm saying is I received no medicine until I seen the jail doctor.
Q Right. We're getting there. But you're saying that note is false, right?
A Apparently it is.
Q Okay. Now, on 8/23/2011, this looks like it's seven days after you got booked, this looks like a progress note with Dr. Massey; is that right?
A I can't see it, but ---
Q I'm just going to represent to you this is a progress note that involves Sherry Bouknight, and it involves Dr. Massey.
And now, Dr. Massey was the jail -- was the doctor that saw you at the jail; is that right?
A I believe so.
Q Okay. And I think you told the jury a little while ago that Dr. Massey mentioned or you brought to Dr. Massey's attention that you didn't have your cervical collar; is that right?
A I think I told her -- I mean, I think -- I believe she knows that I didn't have it, and, you know, she's the one that gave it back to me.
Q So she went and got your collar; is that right?

A I don't know if she went and got it or if she already had it in the office. I'm not sure.
Q You don't remember that then. You don't remember whether she left to go get your collar or what the facts were clearly, right?
A She's the one that gave it back to me. That's what I know.
Q Okay. You don't remember whether she left to go get it or not, though, right?
A No.
Q Okay. Now, do you have any complaints about Dr. Massey? It looks like Dr. Massey is checking you out. Do you have any complaints about Dr. Massey?
A Well, I mean, she's the one that give me my brace back.
Q That's what I'm asking. Any ---
A I mean, and she prescribed me some kind of medicine.
Q So we can narrow things down. You have no complaints about Dr. Massey, right?
A At the time, no.
Q How about now?
A Against her personally, no. I'm just saying the way I was done for the first six days.
Q I'm with you.
A It's the only complaint that I've got.

Q And you see Dr. Massey, obviously, on the 23rd. So after that, you've got no complaints with anybody, right?
A Yeah. I got complaints is when I needed medicine and when I wasn't getting it.
Q Okay. So as far as Dr. Massey is concerned, as far as your collar is concerned, no complaints after that, right?
A All the times that I wasn't receiving medicine and I had to fill out grievances. I know like that paper you had yesterday, it shows that I had medicine pretty much every day. But why would I write ---
Q Wait a minute.
A --- a request if I was already getting medicine?
Q Let ---
THE COURT: Let him finish.
BY MR. HARTER:
Q But as far as Dr. Massey is concerned and your collar is concerned, you've got no problem or complaint after August the 23rd, right? Except for medication. Except for medication.
A Yeah. Medication.
Q Okay. No complaint with Dr. Massey.
A Because she's the one that described ---
Q Right.
A --- you know, prescribed the medicine.

Q So you have no complaints with Dr. Massey with regard to the collar or with regard to any of the medications that she prescribed, right?
A The thing is, I mean, I didn't get my thing back till I seen her. I didn't get my collar back till I seen her.
Q We might not -- we might not be arguing -- we might be agreeing, and I'm not trying to trip you up in any way, but I just want to get a time frame here so I know what I'm dealing with.

From August the 23rd on, you know you had your collar, that's no problem, and you had medications as ordered by Dr. Massey. So with reference to the medications ordered by Dr. Massey, you have no problem with that. What you're telling us you're complaining about then is that you didn't get the medication as frequently as you believe you should have after that; is that correct?
A I ain't get them as much as I needed.
Q Okay. But after the 23rd, your complaint is about not getting them as frequently as you wanted, right?
A Yeah.
Q Okay.
A That would be one of them.
Q All right. Now, you saw -- let me -- you were asked about a sick call request that I think was identified as

on September 29, 2011, okay? Now, this is the first inmate sick call request we see; is that right?
A I guess.
Q Okay.
A Before that night.
Q And I just want to ask you, before September 29th, did you ever write a grievance or any kind of sick call request to the jail or to any medical person claiming that you had not gotten your medication or that you had not -- that your collar was taken from you?
A I didn't write no request about the collar.
Q Okay. And this is the first request you wrote about medication, right?
A I don't know if it was or not.
Q Okay. Well, it's the first one that we see here. Now, this is on September 21st of 2011, right?
A Yeah.
Q Okay. Now, at the bottom of that request is a note. And I want to ask you, do you agree that after you submitted that request, that you were started on a new medication by Nurse Bouknight?
A That's what it says.
Q Okay. Now, were you started on new medication?
A I mean, I don't know for how long I was on it. I mean -- I mean, I'm going to start you on medicine, they

might put you on medicine for one day, they might put you on medicine for a week.
Q Well, but in response to that request, did they put you on a new medication?
A That's what it says, but ---
Q And do you disagree with that?
A I mean, like I say, I mean -- I mean, it could have been for one day, they might give me medicine for one day or it might have been a week, it might have been three days.
Q I understand that, Mr. Young. But I want to just know, you're telling us that you had to write that request, and I want to know, did they start you on a new medication the next day?
A I guess they did, if that's what it said.
Q You wouldn't agree with the record if it said that, would you?
A Excuse me?
Q If the record says you were started on a new medication the next day, you wouldn't disagree with that, would you?
A I mean, if that's what that one said, I mean, about the medicine.
Q Okay. Well, we'll come back to that.
Now, that sick call request was written on September

the 29th, right?
A I think the 21st, wasn't it?
Q Huh?
A I think the 21st. Isn't that what it said, the 21st?
Q I apologize. Thank you. I confused myself. September the 21st, right? Okay.
Now, do you agree and understand that you were actually seen by an outside consultant, a Dr. Tankley for your hand on September the 23rd over at Greenville?
A Greenville, yeah. I remember that.
Q So the 21st, you don't disagree that they started you on a new medication, and on the 23rd, you had this medical appointment over in Greenville, right?
A I think to have my cast removed, I believe.
Q Okay. And in connection with that medical appointment, fact check me on here. It says -- it says -- so I get to the right time. It says, "Weight bearing as tolerated, may remove cock-up wrist splint. No further follow-up needed." It says, "42-year-old white male follows up now six weeks after sustaining L-4 metacarpal shaft fracture, small finger or Zone 1 and 2 sacrum or sub pubic ramus, has been weight-bearing on both lower extremities without assistive device, left hand been doing well in cock-up wrist splint. No complaints." Is that what you told the doctor then?

A Yeah. I think so.
Q Okay.
A Yes, I did.
Q Okay. Now, you worked through, I think Mr. Hawkins kind of walked you through some other sick call requests. And I think we jump from September over to like December with these sick call requests. But I want to make sure. You got, you were -- they took you back again to the other doctor in Greenville on October the 31st, and he discharged you completely, too, right?
A Yes. He said I was good to take my ---
Q That's right.
A --- neck collar off.
Q The first guy was treating you for your hand and the second guy was treating you for your neck and your back.
A Neck and back and my pelvis.
Q And you had doctors, you had orthopedic doctors, you had a neurosurgeon, right?
A Yes.
Q And you got released by the neurosurgeon on the 31st, and you were released from the orthopedic surgeon on the 23rd, right?
A Yes.
Q Okay. Now, we walked through some of these inmate sick call slips. And you've looked at these before,

haven't you?
A Yes, I have.
Q Okay. And would I be fair, would it be accurate if I leafed through them and I represent that every one of these sick call requests, there is some response by the medical staff to that, at least they document that we did something?
A They documented it.
Q Okay. But you say -- do you say that these sick call requests and these responses are false?
A I ain't say they false, but the only thing, they say I got medicine every day. But why would I keep filling out a request to get medicine if I was already getting medicine every day?
Q Well, maybe it was because you had some injuries that were pretty significant and people were trying to treat you with the medication you were getting, and sometimes it works, sometimes it didn't work.
A But why would I say, you know, I hadn't had nothing for three or four or five days?
Q Well, do you know why these people would write false information about you? Why Beverly Weaver would write false information? Why -- and why Nurse Bouknight and why other people that created these records would make up false information about you?

A I guess to protect ---
Q Protect themselves?
A Protect themselves.
Q Well, let's talk about that a minute. You were at the jail in 2012, okay? 2012. And you were -- you filed your lawsuit in 2013. Okay. Do you think and are you suggesting to us that after you filed your lawsuit in 2013, these people went back and created these records? Is that what you're telling us?
A I'm not assuming nothing ---
Q Okay.
A --- you know.
Q Okay. All right. Now let me ask you about these MAR's for a minute. And I'm going to have to take a second to locate them.

Mr. Young, I know you've looked at these because we had them up here yesterday probably for too long. But you looked at these medication administration records that were done and where people went by and checked off or made entries in various boxes about the medication you got. Now, there's a record that is -- that covers August, and there are medication administration records that go through September, through October, the month of October, through November, December, and a couple of days in December that were not covered by the other ones. And

then the month of January, February, another couple of selected days in February, March and finally April through April 10th. Okay.

Now, I will grant it, Mr. Young, there might be some days in these records where there were time periods where you might not have gotten the medication, okay, and/or -- and there are times when your medications were changed.

Now, you've looked at these records, right?

A Yeah. I seen them.

Q You know they were furnished way, way long back, right?

A Right.

Q Okay. Now, I want you to tell the jury now, do you believe those records were made up and falsified?

A I didn't say nothing is made up. I'm just saying why would I keep writing request after request after request saying that I ain't had medicine in three, four, five days, two days, three days over and over and over for? I mean, if I was already getting it, why would I keep on doing it?

Q Well, that's -- but let me come back to my question, because your lawyers have suggested there's falsification of records here and I want to make sure. Do you claim that these medication administration records were made up or falsified?

A All the days that I wasn't getting medicine, I would say yeah, it is false.
Q But do you realize that some of these records show that there were some days that you didn't get medication?
A I mean, over and over and over I wasn't getting medicine?
Q Well, you looked at them. There were days where you didn't get some medication, but the days that are blocked off where they say you did get medication, do you think they made that up?
A I mean, they pretty much saying I got medicine almost every day.
Q Well, didn't you tell me you got medication pretty much every day?
A Pretty much, but not like I should have.
MR. HARTER: Excuse me a minute, Your Honor.
BY MR. HARTER:
Q Now, I want to just kind of make sure and wrap up here. As I understand it then, your position or claim is that there are pieces of Exhibit Number 10, which are the progress notes, that you think are truthful, and there are pieces of this progress note that you think are not truthful, right?
A I can't say that.
Q Well, I thought you told me that, based on -- or your

lawyers asked you, based on the entry of August 23, 2013 -- 2011, when there's mention of a neck brace, that that record is right, but that records before that are wrong.

A that's when I received my brace back, when I seen their doctor.

Q Let me just make sure I wrap up then. But up until that point, you never wrote any kind of grievance or medical sick call request related to the collar. Agree?

A Agreed.

MR. HARTER: Okay. Thank you, Your Honor.

THE COURT: All right.

MR. HAWKINS: Your Honor, we don't have any more questions for Mr. Young.

THE COURT: No other questions? All right.

Let me take care of something real quick. Ladies and gentlemen of the jury, if you'd adjourned to the back real quick, of course, not talk about the case.

(WHEREUPON, the jury exits the courtroom.)

THE COURT: All right. Can I see the attorneys over here for a second?

(WHEREUPON, a bench conference was held off the record.)

THE COURT: Mr. Young, can I see your cup real quick please, the one you've been drinking from. Thank you.

Have you had anything to drink today, sir?

MR. YOUNG: No.

THE COURT: Nothing alcoholic? This is definitely sweet tea. Okay. That's sweet tea. That's why.

You didn't have anything to drink during lunch, sir?

MR. YOUNG: No, sir.

THE COURT: All right. You're under oath. I'll take you at your word, I guess. Good enough. You can step down.

Do you have an additional witness?

MR. HAWKINS: We have Michael Holtzclaw. He'll probably take ten minutes or more.

THE COURT: We'll be at ease for a few moments and then we'll deal with Mr. Holtzclaw, okay?

(WHEREUPON, a recess is taken.)

THE COURT: All right. Let's have the jury back, please.

(WHEREUPON, the jury entered the courtroom.)

THE COURT: All right. The jury is back and seated.

At this point, Mr. Hawkins or Mr. White, if you'll call your next witness, please.

MR. WHITE: The plaintiff calls Michael Holtzclaw, Your Honor.

WHEREUPON,

MICHAEL HOLTZCLAW

After having been duly sworn, testified as follows:

DIRECT EXAMINATION

BY MR. WHITE:

Q Mr. Holtzclaw, could we start by getting your full name for the jury, please, sir.

A Michael Holtzclaw.

Q And should I call you Deputy Holtzclaw? Is that appropriate? You work for the sheriff's office?

A Yeah. Yes, sir.

Q Okay. And are you a deputy with the sheriff's office?

A Yes. Yes, sir.

Q Okay. Great. And you're still over at the detention center?

A Yes, sir.

Q And I'm going to be talking as we go through this about a gentleman named Tony Young. Do you remember being deposed in his case?

A No, sir. I just -- the only thing I know is the paperwork that we have.

Q Right.

A I don't remember him.

Q That's what I was going to ask you is you don't specifically remember Mr. Tony Young when he was at the detention center, right?

A Right.

Q All right. You don't specifically remember booking him or anything like that, right?
A No, sir.
Q Okay. But you have been educated as part of this case that you were the fingerprint officer who was involved with the booking, right?
A Correct.
Q So the fingerprinting is part of that booking process?
A Yes, sir.
Q All right. So you would have actually been the one that got his fingers and dipped them in the black stuff and then put it on the piece of paper, right?
A Well, it's all electronic now.
Q Oh. So the electronic version of what I described then. There you go.
A That's right.
Q And as part of the booking process, I think we've kind of established that Mr. Young's neck brace would have been taken to take the mug shot and search it and all that stuff, right?
A Correct.
Q And if somebody has a broken neck, it ain't safe to keep their neck brace away from them for very long, right?
A Correct.

Q So you'd want to give it back to them immediately, right?
A Correct.
Q So do you specifically recall seeing anybody give Mr. Young his neck brace back?
A If they took the neck brace, what they do is check it for contraband and everything, get his picture and then return it back to him immediately.
Q Right. And that's what's normally done. But what I'm asking is, did you ever see anyone give Mr. Young specifically his neck brace back after it was taken at booking?
A Not a specific person.
Q And do you know of any specific person who gave Mr. Young that neck brace back after they took it at booking?
A I don't know of any specific person. If it was taken, it was given back to him.
Q All right. And that's what's supposed to be done, right?
A Correct.
Q So -- and you don't have any idea, as we sit here today, how long Mr. Young went without a neck brace after they took it from him at booking, right?
A If it was, it was just a short period of time.

Q Okay. And that's, again, based on what's normally done and what's supposed to be done, right?
A Yeah. Per policy.
Q Okay. And so you don't know, though, as we sit here today, exactly how long Mr. Young was without his neck brace after it was taken at booking, right?
A Right. Correct.
MR. WHITE: I have no further questions of Mr. Holtzclaw. I appreciate your time. And Mr. Harter will be asking some questions.

CROSS EXAMINATION

BY MR. HARTER:
Q Michael, is there -- did you ever take this man's neck brace from him in the shower?
A No, sir.
Q Huh?
A No, sir. But if I did, I would just check it for contraband and just give it right back to him.
Q Okay. And the booking process, that's something that several people are involved in; is that right? I mean, there's several officers in the booking area; is that right?
A Yes, sir. Yes, sir. Yes, sir.
Q Okay. And if an inmate comes in and they have a neck brace on, is it -- does the inmate remove it himself so

that you can take the picture?
A Yes, sir.
Q Okay. And do you ever remember a situation involving Mr. Young or anybody else where somebody took a neck brace from a gentleman or a lady in the booking area and it was not found to have any contraband or anything, but just kept it and just didn't give it back to them?
A No, sir.
Q Is there any reason why you think anybody would do that?
A No, sir. We -- we have no use to hold somebody's neck brace or anything like that.
Q Okay. If Mr. Young were to tell us that you're the one that did that, took his neck brace and you never gave it back to him, would you agree you did that or would you deny you did that?
A I would definitely deny that.
MR. HARTER: Okay. Michael, thank you. Those are all the questions we have.
THE COURT: All right, sir. Thank you. You can step down, and you're free to go.
All right. Any additional witnesses from the plaintiff?
MR. WHITE: No, Your Honor. The plaintiff rests at this time.

THE COURT: Mr. Harter, do you anticipate calling witnesses or are we still where we were?

MR. HARTER: Your Honor, I'm going to call one witness for hopefully 30 seconds.

THE COURT: All right. Can we put a bookmark here as far as motions are concerned?

MR. HARTER: We can.

THE COURT: Assume that the motions you're making, that you'll make the motions later, but we're going to bookmark it so that the record is protected.

Call your first witness.

MR. HARTER: Let me just make sure.

THE COURT: Sure.

MR. HARTER: Your Honor, I call Lonnie Smith.

THE COURT: Come on back up, Mr. Smith. You're still under oath.

WHEREUPON,

LONNIE SMITH

After having previously been duly sworn, testified as follows:

DIRECT EXAMINATION

BY MR. HARTER:

Q Lonnie, I just wanted to revisit one little area with you, a housekeeping chore.

I don't think there's any big issue over this, but

there has been some reference in the plaintiff's case in chief about a photograph being made available to an organization or paper called Jailbirds that had a picture of Mr. Young with a neck collar on him. I do not know if you -- you were in the courtroom ---

A Yes, sir.

Q --- when the testimony was read by the plaintiff's counsel. Now, I want to make sure I understand. This information right here, this -- this packet of information is the jail record on Mr. Young, right?

A Yes, sir. You are correct.

Q Okay. And the cover sheet on the top sheet has his booking photograph from this detention; is that right?

A Yes, sir, it is.

Q And there's no neck collar on. You agree with that, right?

A No neck collar on.

Q And you've heard explanation as to why that's the case, right?

A Right. Yes, sir.

Q Now, to clear the air, Jailbirds, they do -- it's a magazine or something I've seen where they do publish people's picture that have been arrested; is that right?

A That is correct. Yes, sir.

Q The information that is published or printed in

Jailbirds, where does it come from?
A The photos and the charging -- the charges come from the Greenwood County Sheriff's Office from the booking list. We send out daily photos, booking photos we take of individuals booked into our facility, and we forward them on the email to different people, different papers and stuff like that.
Q And media is interested in that kind of thing.
A Right.
Q You get requests for that stuff, right?
A Right. We have an FOI request.
Q Now, I want to make sure I understand. The booking photo that would be sent to Jailbirds with reference to Mr. Young's detention at the detention center that day, would it have been his booking photo that I'm looking at now?
A It would have been that photo right there with no collar on.
Q Okay. Just to make sure, there's not another -- there's only one booking photo that's taken, right?
A We only take one photo. Well, let me back up. We take two photos: one straight on, one side profile.
Q Okay. But those photos ---
A Are taken at the same time.
Q --- are taken at the same time. There's not another

one that is taken at a different time?
A Not by the Greenwood Detention Center.
Q Would there be any possible way that there could be a photograph of Mr. Young with a neck brace on during this period of detention that appeared in Jailbirds magazine?
A Not that would have come from the Greenwood Sheriff's Office or detention center.
MR. HARTER: Okay. Thank you.
THE COURT: Nothing?
MR. WHITE: Briefly, Your Honor.
THE COURT: Go ahead.

CROSS EXAMINATION

BY MR. WHITE:
Q Mr. Smith, you were just asked questions from -- regarding Mr. Young's file at the detention center, and I also wanted to ---
A Okay. Go ahead.
Q No. You're fine. I just want to briefly ask you something about one of the pages in the file from the detention center. Do you recognize that as one of the pages that was in what Mr. Harter was just talking about?
A (Reviews document) Will you ask me -- will you ask that again? I'm trying to -- I see this is from Sheriff Loftis in Greenville County, and I'm trying to see, you know, what it does with the Greenwood Sheriff's Office.

Well, this says Anthony Young, black male, not white male.
Q Yeah.
A So I don't know that it's referring to the same individual.
Q Right. So if that was included in the detention center file that Mr. Rusty -- I, mean, sorry -- Mr. Harter was just talking about, that would be a piece of paper that applied to somebody other than Mr. Young here who is ostensibly not the person that is referenced in that document, right?
A What I'm reading on here, sir, it says "Anthony Young, black male," so I would assume it does not apply to Mr. Tony Young.
MR. WHITE: Okay. Thank you, sir. I have no further questions, and please answer additional questions Mr. Harter has.
THE COURT: All right. Step down.
THE WITNESS: Thank you.
THE COURT: No additional witnesses from the defense?
MR. HARTER: No, sir.
THE COURT: And no reply, of course.
MR. HARTER: That's the defense, Your Honor.
THE COURT: Very good. All right. Ladies and gentlemen, here's kind of where we are. You've received all the testimony that you're going to hear in this case

and it had been my sincerest hope to be able to get this case to you today, honestly. And, again, here's where we stand. The law requires that I have what's known as a charge conference where I discuss with the attorneys various provisions of law that they've requested. That's kind of what I've been working on up here on my computer with my law clerk, and she's in the back printing off the instructions that I've worked up thus far. But I have not had that conversation with the attorneys on the record about the charges that I've pretty much decided I'm not going to instruct on and what I am going to instruct on. So the law makes me have that conference. I'm going to have that conference. If we were to move forward tonight, you probably wouldn't get this case till 6:00 or so.

So what I'm going to do is go ahead and let us break for the evening because some of y'all may have obligations what with it being a Wednesday night, maybe church or something like that. So we'll go ahead and break for the evening and we'll resume tomorrow morning, hit the ground running in earnest at 9:30, okay? So we'll begin at 9:30 tomorrow morning, and with any luck -- can we do 9:00? I actually don't have anything going on tomorrow morning for a change. I don't have any doctors. We'll do 9:00 then, okay? So I'll see y'all tomorrow morning at 9:00. We'll hit the ground running at that point in time, and

hopefully this case will be to you by sometime around 11:00, 11:15, 11:30, okay?

Do have a pleasant evening, ladies and gentlemen. We'll be here. We'll still be working for a few -- at least probably another 30 minutes to an hour. Have a great night. Don't talk about the case. You'll have it tomorrow morning. Thank you for your patience and your continued attention, sincerely.

(WHEREUPON, the jury exits the courtroom.)

THE COURT: All right. The jury is out.

Mr. Harter, I do assume that you move for a directed verdict on this case; is that correct?

MR. HARTER: I do, Your Honor.

THE COURT: All right. Anything you want to argue about that?

MR. HARTER: Well, I, you know ---

MR. HAWKINS: Your Honor, I'm sorry to interrupt.

THE COURT: Sure.

MR. HAWKINS: Could I just -- can we just reiterate on the record that when we bookmarked, and we did intend to move for a directed verdict at the end of our case, if that's ---

THE COURT: Oh, yes, yes. It applies equally to you. Chances are, and I realize and appreciate you're probably going to be moving for a DV on liability causation, maybe.

I don't know. I think there's a jury issue both ways, though, to tell you the truth.

MR. HAWKINS: Thank you, Judge.

THE COURT: Gross negligence is typically a matter for the jury as opposed to the Court.

JURY CHARGE CONFERENCE

THE COURT: My clerk will go ahead -- here's what we've got so far. She's going to go ahead and hand that out to you all. The instructions -- and there were some that, after hearing the evidence, I really just don't think that I need to charge are adequately covered in the stock instructions that I'm handing out to you guys. The two I'm -- the two that are not in there so far are plaintiff's request to charge as it relates to Request to Charge Number 3, violation of internal policies or procedures, and Plaintiff's 14, nondelegable duty, and the insurance charge, Plaintiff's Number 15 is not in there either.

Having heard the testimony, I'm kind of leaning, at this point in time -- and what I'll do is give y'all a chance to -- I'll give a break to you guys so you can look at that without having to hear me drone on. But at this point in time, I'm kind of leaning towards including Plaintiff's Request to Charge Number 3, which the way it's written here, it says that violation of an internal policy

or procedure by the defendant is evidence of recklessness, willfulness and wantonness.

The most recent case dealing with this was that Kmart case out of Newberry which they did cite, which the plaintiff did cite. But I think that this proposition of law was relevant to the punitive damages question in that case, and it was also relevant to the negligence cause of action. So my intention, because gross negligence is pretty much synonymous with willful, wanton or reckless conduct, to simply change the "willful, wanton and reckless" to "negligence or gross negligence," because in those instructions, I did include a comparative fault analysis. And so these instructions could potentially cut both ways, violation of an internal policy or violation of a statutory provision.

Nondelegable duty I wasn't going to charge, but then it occurred to me that the plaintiff did, in fact, testify that the medicine, he didn't receive that as frequently as he should have. Numerous days were missed. Even though the sheriff's department is contracted with a private medical provider to pass out that medication, liability would still attach to the sheriff's department if the jury were to conclude and were to believe the plaintiff's testimony that he didn't get the medicine. So I'm inclined to instruct that.

And I'm kind of staying away from the insurance thing on this case because, unlike automobile liability cases where everybody has insurance, and that's a question I get about half the time that I try a wreck case, you know, we're not really getting into that. And, of course, we've got the Insurance Reserve Fund. I don't think it's really necessary to address the question of insurance.

But I'll let you all look at those, and let me know if there's anything that you feel strongly about, and I'll give you about ten minutes to leaf through that. I'm not going to hold you to it, but I want to have a discussion tonight. And if there's anything glaring you want to see changed, you can always email me overnight and I can consider then, okay? So we'll be at ease for a few minutes. Thanks.

(WHEREUPON, a recess is taken.)

THE COURT: All right. Gentlemen, what are your thoughts as far as the instructions? Anything that's jumping out at you that you need me to change or would like for me to change?

MR. WHITE: We may need to make a record on the comparative. I realize that you're going to give that charge. We may need to make a record on that.

THE COURT: Sure.

MR. WHITE: And nondelegable, we agree with you,

obviously, that that instruction should be given. And we agree with you on the violation of policies instruction with the tweak that you suggested, Your Honor.

And the other thing that we, I guess, feel strongly about on broad strokes would be including the instruction on the number of occurrences, which I believe the one we submitted was the one used in the Baby Girl Smith case, the DSS case up in Spartanburg that Judge Hayes charged the jury on. And then also, just we would ask that the question of number of occurrences be included on the jury verdict form based on that same precedent, and the wording of the Tort Claims Act.

THE COURT: And the wording of the Tort Claims Act?

MR. WHITE: Yeah. Just the -- well, the cap, the $300,000 per occurrence.

THE COURT: I don't think I can get into that.

MR. WHITE: No, no. I'm just saying like that's -- if we're including it on the verdict form and the instruction. I believe the instruction that we submitted is what Judge Hayes charged based on Boyter and Chastain, that I think it defined an occurrence as, yeah, separate act of negligence from which -- I think the Court has it in front of him. I apologize. I don't have it committed to memory.

THE COURT: All right. The plaintiff has alleged

multiple occurrences of gross negligence. An occurrence is defined as an unfolding sequence of events which proximately flow from a single act of negligence. Plaintiff has the burden of proving that each act of gross negligence was separate and independent in order for you to find that more than one occurrence occurred.

Mr. Harter, do you have a position on that?

MR. HARTER: We've never done that in a Tort Claims Act case that I know of, Judge. But occurrence is defined as an unfolding sequence of events which proximately flow from a single lack of negligence. I don't see that as being applicable here. They allege we didn't give him -- we took his collar for six days, and he just -- it's kind of like a med-mal case. He's claiming that he didn't get the medications that are on the MAR. You know, I don't see where we get into occurrence on this case.

MR. WHITE: And Judge, specifically on where we get into the multiple occurrences, my thought would be that, you know, obviously, the testimony was that they took the neck brace for the six days, and then we kind of went into length with Mr. Young about how there were multiple occurrences after that where he had to essentially beg for medication because he wasn't getting it, and I think each one of those would potentially constitute a separate occurrence, among other things. Those are just the things

that come to me off the top of my head from the last few hours of questions.

THE COURT: Isn't that going to unnecessarily complicate this case to suggest that he deserves a recovery for each and every separate incident where he did not receive medication? My feeling was that the plaintiff's theory was a more generalized one, that the care he received, both the taking of the neck brace for six days, you know, light most favorable to the plaintiff, took the neck brace for six days and then periodically did not receive medication.

MR. WHITE: And it's the "periodically did not receive" that I wanted to direct the Court's attention to, because I think you hit the nail on the head right there, Judge. Periodically and necessarily, you know, suggest multiple times things happening.

THE COURT: His general complaint, though, is -- if you look at it in its totality, and what I think the Tort Claims Act is getting at when you're dealing with an occurrence is you can have multiple occurrences of gross negligence. Just to make a glaring example here, you know, if -- all right. They took his neck brace, and then for whatever reason, two weeks later, the floor was slippery and it shouldn't have been and your client slipped and fell, that would be a separate occurrence and

a separate cause of action, and then a few weeks after that, he was sitting in his bed in the jail and the light that was above him fell down and hit him in the face. That's what the Tort Claims Act is really getting at when it describes an occurrence as opposed to separate and distinct.

I mean, if you were complaining about any one nonadministration of pain medication or ibuprofen, I would have granted his directed verdict. I understand that the plaintiff testified that it was a repeated kind of a thing, but the repetition lends itself more to your general theme that it's this failure to care for him and failure to appreciate and empathize with his need for pain medication that forms the basis of the whole of the suit as opposed to each separate dispense, and failure to dispense being a separate occurrence. If that were the case, I would have to require the jury to make a finding that on each and every -- on Date X, Date Y, Date Z, Date A, B, C, D, et cetera, he didn't receive medication, and they would have to apportion a specific amount of money to compensate the plaintiff for his pain and suffering. The problem is, is that the plaintiff's evidence or the plaintiff's testimony didn't lend itself to that kind of parsing of independent acts of negligence. It was more of a generalized I can't really remember which

day it was, but I know several days I didn't get medicine and they falsified the records. I'm not going to do occurrence for that reason.

MR. WHITE: And I understand the Court's ruling. I just needed to preserve it.

THE COURT: Sure.

Mr. Harter, the violation of internal policies, nondelegable duty, your take on that?

MR. HARTER: Is that -- have we got the one that you tweaked on that, Judge? I was looking at what I've got. What I've got is very general.

THE COURT: The one I inked up, basically, on violation of internal policies or procedures, it just eliminates "recklessness, willfulness and wantonness" and then puts in there "negligence or gross negligence." They could be -- a violation of internal policy could be evidence of negligence, it could be evidence of gross negligence, similar to violation of a statute giving rise to an inference that punitive damages, you know, in a wreck case.

MR. HARTER: The only thing I would say about that is, you know, we don't agree, certainly, that there was any ---

THE COURT: Clearly.

MR. HARTER: And you know this policy thing, we

talked about it for two days and there was a chip. But I'm probably stuck with that.

THE COURT: You probably are.

MR. HARTER: Probably with what -- what I'd like, but your wording, that probably would be okay.

THE COURT: All right.

MR. HARTER: Maybe I can look at that.

THE COURT: Yeah. I'll burn a copy of this for you guys in a minute.

MR. HARTER: Okay. Thank you.

THE COURT: Nondelegable duty as it relates to the nurse's failure to -- assuming the jury believes everything that the plaintiff said, there was a nondelegable duty, and if a nurse didn't give medication, sheriff's office is on the hook for it, is the way I see it.

MR. HARTER: And you're right. But I do want to clarify, Judge, and I think this is clear in the record, that this is -- we're not under a duty to provide any narcotic medication, okay? And I think we need to clear that up because, you know, there's no testimony that we can, there's no testimony that we should. SCDC doesn't, other jails, as you know, don't. We can argue about the collar, we can argue about the frequency of ibuprofen or other substitute medication.

THE COURT: Let's handle it this way. I'm assuming that the plaintiff is not going to argue as part of their case that the failure to dispense the Lortab in violation of jail policies somehow constitutes gross negligence. You're not going to make that argument, because clearly they couldn't -- the doctor can prescribe a prisoner a .357 Magnum. It doesn't mean that jail's got to give it to him. So that's where we are on that. If they're not going to argue it, I don't see any need to really touch on it in the charge.

MR. HARTER: Okay.

THE COURT: And I think that's getting close to instruction on the fact anyway ---

MR. HARTER: Right.

THE COURT: --- facts anyway.

I need to add a brief blurb about proximate cause. That's one thing that I didn't put in there. But I don't know that it's going to be as lengthy as the general proximate cause instruction. It's probably going to be to the extent of something along the lines of any gross negligence on behalf of the defendant must reasonably and proximately result in the damages complained of by the plaintiff, namely the pain that he states he incurred or something to that effect. That's probably going to be how I'm going to define it.

Anything else? Any other thoughts, Mr. Harter? Or did y'all have any other issues?

MR. WHITE: I just needed 15 seconds to make a record on comparative, if you don't mind.

THE COURT: Sure. Go ahead, please.

MR. WHITE: Judge, the way we see it, the proof has come out at trial, doesn't really constitute any evidence of comparative negligence because, you know, it could be misleading to the jury to think that maybe Mr. Young's wreck somehow plays into comparative negligence when it comes to whether or not he got his neck collar taken away and whether or not that caused him increased pain within the detention center. And we just think that if we charge the jury on comparative negligence, we'd be charging on something that there weren't facts in the record to support it and it may be misleading to the jury. And the same thing with including it on the verdict form, that it's something that, you know, as some of the other things we talked about, doesn't really mesh with the facts of the case and may have been misleading and complicate things for the jury.

THE COURT: Mr. Harter, you want to go ahead and put on the record the basis for the request on comparative?

MR. HARTER: Sure. Well, the comparative default charge relates to -- of course, proximate cause relates to

this motor vehicle accident, his damages. To the extent he is claiming that this ongoing pain is somehow our fault, we contend that it is his fault, okay? And even further with that, Judge, I mean, with regard to while he was at the detention center, he has the prerogative to submit grievances and medical request forms, and to the extent if this collar was taken from him, we don't have any indication that he took any reasonable measures to try to get it returned. A reasonable inmate would write a request, write a sick call request, so we think the comparative fault is in the case.

THE COURT: Okay. The biggest problem is that the stock comparative negligence charge presupposes that we're dealing with equal levels of negligence. One problem is that we've got to deal with gross negligence in this context. We're asking the jury to compare gross negligences to -- as against the plaintiff's contributory simple negligence, and the stock charge, some of it just doesn't really lend itself to that kind of comparison. For example, the second one, the magnitude of the risk created by each party's conduct including the number of persons endangered and the possible severity of the injury, significant of the goal of each party trying to reach and the need to achieve that goal, Number 5, existence of an emergency, if the true basis for the -- I

think it's fair for Mr. Harter to argue that his own conduct caused pain, that the underlying but for causation of the defendant's pain was his intoxication, that's clearly got to be fair game in a case like this. It's not a situation where the guy was simply arrested for burglary and then get diagnosed with something in the detention center that wasn't treated like it should have been, okay?

So we've got the actual crime being the impetus for the damages or the cause of the damages that the plaintiff is complaining about in the jail. So we're really only talking about aggravation of those damages through acts or omission by the defendant.

So what I'm probably going to do and what you can probably count on me doing is eliminating some of those inapplicable considerations under the comparative negligence theory, because what I'm hearing from Mr. Harter, and I think it's correct -- a correct statement of how the jury would need to analyze this, if the plaintiff was negligent or didn't voice his concerns as vehemently as he otherwise should have, then he really shouldn't be complaining about the pain, and that's a jury issue entirely. Y'all are saying he did complain, they're saying he didn't. So I think that's a jury issue. So I'm going to tweak that a little bit.

I may very well also add in an instruction just so

that the jury is kind of -- in most negligence cases, when it comes to the question of duty, that's a question for the Court. I might just put in there a statement along the lines of that any detention center has an affirmative duty to provide reasonable and necessary medical care to any inmate in their custody. The Court has found that this duty does exist in this circumstance and the question is whether the defendant breached it in a grossly negligent manner, words to that effect. So I may throw that in there, too, because we're dealing with duty breach, proximate cause damages. I've got to address that somehow. So ---

MR. HARTER: If you don't mind, Judge, can I kind of comment on that ---

THE COURT: Yeah.

MR. HARTER: --- maybe make a little -- I think -- I think there's -- the responsibility of the jail I think is to provide access to medical care, and, of course, whether or not there's a breach of that duty depends on whether or not we were grossly negligent.

THE COURT: Right.

MR. HARTER: That's the -- you know, that's the -- I think "access" is the word and I think that the key is ---

THE COURT: I'll add "provide reasonable and necessary access to medical care and -- medical care,

reasonable and necessary access to medical care for an inmate."

MR. HARTER: But our duty is to provide care to an inmate that is not -- and this is where grossly -- you know, when you say "reasonable," this -- I just want to make -- you know what I'm saying.

THE COURT: I know what you're saying.

MR. HARTER: I'm not saying it right. You've got it, you know. But I just want to make sure they understand we have to provide access to care, but liability does not light down on us unless there is ---

THE COURT: Gross failure.

MR. HARTER: --- that amounts to gross negligence.

THE COURT: Right.

MR. HARTER: That's it. So --

THE COURT: Technically, under the law -- yeah. I suppose under the law you're allowed to provide negligent medical -- negligent access to medical care as long as it's not grossly negligent.

MR. HARTER: Right. That's -- that's right. But liability doesn't attach till I get to that other ---

THE COURT: Right.

MR. HARTER: I didn't decide that. You know that.

THE COURT: I know that. Okay.

MR. WHITE: Just so the record's clear ---

THE COURT: Yes, sir.

MR. WHITE: --- when you're saying by the giving of a comparative negligence charge at all or including it on the verdict form?

THE COURT: I realize that you object to it in its entirety, but you did raise -- by bringing that to my attention, you did at least make me focus on the fact that some of that just doesn't apply in this case, and there's no point in instructing the jury on law that doesn't apply.

I'll tidy these up and then email them again to you this evening so you can check them tonight. Please feel free to reply back to me this evening if you see anything glaring that you really, really, really want to change, too, so that -- and this is something else I wanted to raise with you. Some of the judges -- I know that Judge Griffith has started doing this and a few others have, too, but some of the judges have started instructing the jury on the law and then letting lawyers argue so that the lawyers could say you just heard the judge say X, okay? Y'all want me to do that in this case, or do you have a preference? Or -- gentlemen?

MR. WHITE: We would like that to be the order, Judge, if it suits the Court.

MR. HARTER: I would -- I'll tell you something. I

would -- I don't mean -- I would rather you have the last say, okay?

THE COURT: Okay.

MR. HARTER: Because if we mess it up, I want it to be right from you, okay?

THE COURT: Okay.

MR. HARTER: So I would prefer that we do it the ---

THE COURT: Traditional.

MR. HARTER: --- old way. We picked the jury the old way, Judge. I have the -- first of all, I suggest we stay with the old program, okay?

THE COURT: Out of deference to your seniority, Mr. Harter, we shall do it the old way.

MR. HARTER: And can I mention one more thing, Judge?

THE COURT: Yes, sir. Go ahead.

MR. HARTER: There are exceptions under the Tort Claims Act. We've heard a lot of garbledy stuff about policies, but under 15-78-60, we requested a series of exceptions there to be charged.

THE COURT: Right. You did. You requested 4, 5, 20, and 25.

MR. HARTER: Right.

THE COURT: 25, I think, pretty much is my entire instruction, because it relates to gross negligence as it relates to an inmate.

MR. HARTER: Right. Okay.

THE COURT: So 25 is pretty much my whole instruction.

MR. HARTER: Okay.

THE COURT: 20 involving third-party acts, third-party criminal acts doesn't really apply.

MR. HARTER: All right.

THE COURT: 5 is related to exercise of discretion by government entity or employee. I don't know that -- that's more of a -- kind of a permitting sort of analysis as opposed to if a county employee has the authority to issue a permit or deny a permit and it's completely discretionary, then you can't sue them over that.

And I really couldn't figure out where 4 was coming from, adoption or enforcement of any law or ordinance. So that one kind of threw me.

MR. HARTER: 4, the way I figure 4 plays in is it says we're not liable for a loss resulting from the adoption or compliance with or failure to adopt or comply with any written policies. And we have spent a couple of days on written policies here. And I have a sneaky suspicion that these people are going to argue that we didn't comply with the policy, but the Tort Claims Act clearly says that we're not liable for failure to comply or adopt a policy unless we commit acts of gross

negligent.

THE COURT: I thought it was adopt a law or ordinance. It's one of those that -- it's not a policy, but under the Tort Claims Act, and correct me if I'm wrong, but my memory was that it was -- applied ---

MR. HARTER: I'm looking -- I'm going to read 4 to you. "Adoption enforcement or compliance with any law or failure to adopt or enforce any law, whether valid or invalid, including but not limited to any charter, provision or resolution, regulation or written policies."

THE COURT: I always read that exception as applying to you can't sue the county counsel for failure to increase the -- maybe the shoulder on a road, and as a result, you run off the road and you injure yourself, that it was aimed at providing immunity to legislative bodies that exercise discretion, weigh the pros and cons themselves and then decide whether to adopt a law or ordinance as opposed to a policy.

The policy we're talking about here, if I were to charge that, that's going to conflict with my instruction on, you know, the policy could be evidence of negligence or gross negligence.

MR. HARTER: That's why I don't like that one.

THE COURT: I know you don't.

MR. HARTER: But, you know -- but I think -- I mean,

this -- and it may be that there's a little bit of ambiguity with that, but I think this is -- I mean, I think this is applicable. I don't see why it isn't. And, you know, I know ---

THE COURT: If that's applicable, then that -- if that were applicable in this situation, then Paragraph 25 would have no meaning.

MR. HARTER: Well, that's why you're not going to charge Paragraph 25.

THE COURT: 25 is the entire charge.

MR. HARTER: You've got -- you've got that wrapped in, you know. So, you know, but I do think ---

THE COURT: Appreciate your position.

MR. HARTER: Okay.

THE COURT: Thank you.

All right. I'll give this to y'all sometime later on this evening. We'll do it the old-fashioned way. I'll speak last. Plaintiff opens, then Mr. Harter can go and y'all can reply, all right?

MR. WHITE: Thank you, Your Honor. We'll see you in the morning.

MR. HARTER: Thank you, Judge.

THE COURT: Who's going to close tomorrow, you or ---

MR. HAWKINS: Yes, Your Honor. I was closing.

But just so it's clear on the record, our directed

verdict motions and our rest and at the close of his ---

THE COURT: Right.

MR. HAWKINS: Okay. Just want to make sure.

THE COURT: If there's a jury issue all around, all directed verdicts motions are made, and the record is protected. And gross negligence is a jury issue.

MR. HAWKINS: Thank you, Judge.

MR. WHITE: Thank you, Your Honor.

(WHEREUPON, proceedings were adjourned, to be reconvened on Thursday, September 27, 2018.)

THURSDAY, SEPTEMBER 27, 2019

THE COURT: All right. Let's go back on the record, if we can.

I've already mentioned to the attorneys we've lost one of our jurors. Mr. Leven had to be hospitalized last night, so we'll be going with 11 without objection from anybody. But I did speak to his wife, and apparently he's feeling better and doing better.

So we will bring the jury out. My clerk has already talked to the attorneys about the instructions that I emailed to everybody last evening. We did correct the typo that the plaintiff brought to our attention. And otherwise, there are no problems with the instructions or the verdict form with the exception of the fact I just noticed the verdict form needs to say "verdict form." And that's the only thing I haven't done, but I can fix that.

Are we ready to go?

MR. HAWKINS: Yes, Your Honor.

MR. HARTER: Your Honor, yeah. Ms. Davis is having a little morning sickness ---

THE COURT: Oh, my. Okay.

MR. HARTER: --- which the child, that I'm sure regardless of its sex, is going to be named Rusty.

THE COURT: Okay.

MR. HARTER: So she may, if it's okay, head out and use that ---

THE COURT: That's perfect.

Let's go off the record a second.

(Off the record.)

THE COURT: Let's have the jury, please.

(WHEREUPON, the jury entered the courtroom.)

THE COURT: All right. Ladies and gentlemen of the jury, welcome back. You'll notice that we are one juror short this morning. Mr. Leven, unfortunately, last evening, I spoke to his wife this morning, it's not serious, but he had to be taken to the hospital. He was having some chest issues, and she tells me this has occurred before but he should be perfectly fine. But we're going to be moving forward with 11 jurors this morning since Mr. Leven is not feeling well and simply cannot be here, okay?

Ladies and gentlemen, we've reached that portion of the trial where you've received all of the evidence that you're going to have in order to judge this case, and now the attorneys will give you their closing argument. The way that we proceed is that the plaintiff goes first, Mr. Hawkins will go first, and Mr. Harter will go second, and then Mr. Hawkins will have an opportunity to reply to anything that Mr. Harter said during his closing argument.

I'll remind you, of course, that what the attorneys say during their closings is not evidence. It's merely their contention as to what has been proven or hadn't been proven. Certainly, you should pay attention to their closing arguments, but if, at any time, they say anything about the evidence and it differs from what you recall the testimony being, you should go with your recollection because, of course, you are the judges of the facts, you are the judges of the testimony, so anything that you remember that differs from what they say about the facts, go with your recollection of the facts, of course.

With that, Mr. Hawkins, you're recognized for your closing, sir.

MR. HAWKINS: Thank you, Your Honor. May it please the Court.

THE COURT: Yes, sir.

CLOSING ARGUMENTS

MR. HAWKINS: I saw some of y'all this morning and I hope y'all don't think I was being rude, but I have to wait until now so I can talk to you. Now that I have a chance to talk to you about what you've seen in the case, I'm going to talk to you about the rule violations that Kyle described when he opened and that you heard about, the presentation of testimony from the witness stand and from us showing you documents through witnesses.

The reason this case is important to the people of Greenwood County is because the people of Greenwood County decide what they will tolerate from the government. The government is not allowed to break the rules like anybody else is not allowed to break the rules. Tony's not allowed to break the rules. That's why he went to jail. He took responsibility for what he did. There's no excuse for what he did. He broke the law. He went to jail.

The law also requires that the government not be grossly negligent. We have a whole statute about it. The Constitution requires that when somebody's detained, you can't be cruel or inflict unusual punishment on them. The Constitution, that's the most supreme law in our land.

When Tony broke the law, the government was happy to send him to jail. When the government broke the law, they're telling you, each 11 of you, that you're going to give them a pass. And here's the reason you can't give them a pass. If you give them a pass in one area, if you give the sheriff's office a pass, and one thing that it does, it makes the entire county more dangerous.

Deputies have to follow the rules when they pull people over. They can't stop them based on race or based on the fact that they think they might have something in the car. They've got to have probable cause. They've got to follow the rules. And if you give the sheriff's office

a pass in this area, it will break the rules in other areas. That's why this case is important.

When that 23-year-old male deputy pulls over a 19-year-old Lander student, you don't want him trying to get her phone number at night on one of these country roads. You don't want him trying to get a date. You want him to follow the rules. When that DSS person is taking that child into custody and the deputies assist them, you want them following the rules. When a deputy is executing a search warrant or an arrest warrant, you want them to arrest the right person and search the right place.

The deputies don't get to do whatever they want because they have a badge. In fact, quite the opposite. They're supposed to follow the rules, whether it's one of the least among us. That's what they've implicitly told you about my client the whole time, he's one of the least among us. He made a bad decision so he doesn't deserve what everybody else gets as citizens. But he is a citizen of Greenwood County and he deserves the same right and laws of protection as anybody else.

What did you see in evidence? You saw that Mr. Smith testified. He wasn't involved in booking, but he remembers how bad Tony's injuries were. Ms. Middleton wasn't involved in booking, but she remembers how bad Tony's injuries were. The guy that took his neck brace

from him said he doesn't remember him at all. It's documented. He took his fingerprints, and he said, "I don't remember Tony Young. We definitely would have given it back."

Everybody says we definitely should have given it back, and that's a violation of policy, too. Okay. Well, where's the witness that saw him get it back? It's the government. They had seven years to come up with a person that saw him get that neck brace back or to bring a person that'll say, yeah, I went to his cell and he had it, or to say here's a document that says we gave it back to him. And the only documents they can show you are documents with the neck brace painfully obviously absent for six days. His spinal cord could have been severed, and that could have been any member of the community that ended up at the detention center. This is serious.

Rule violations are especially serious when the government breaks the rules because it puts the community in danger. And they have an easy out because my client made a bad decision. It's easy to point to somebody that made a bad decision. That's an easy way to avoid responsibility for what you did, and what you did is you violated the policy when he came in, you violated the screening policy, then you violated the policy that requires you to give him his necessary medical equipment,

and then you violated the policy that requires you to give him some kind of pain medication.

Mr. Smith said if it ain't documented, it didn't happen. Him getting that neck brace back ain't documented.

And then they said, well, we only note noteworthy things, so the reason that it's not documented means it had it on -- he had it on. That doesn't make any sense. They want an excuse. Tony didn't make excuses. He lost four years and some change of his life because of it. He deserved to. He broke the law.

The government doesn't get a pass because they're the government. They should be held to a higher standard. They're in -- they're in charge of people's safety. And if you let them break the rules, this is going to be a reoccurring thing. The only thing that exacts change with a governmental entity like the sheriff's office is a jury of the community holding them responsible and telling them in no uncertain terms what it will tolerate and what it won't.

MR. HARTER: Your Honor, that's improper argument. You addressed that before.

MR. HAWKINS: In fact, Your Honor, I think you said I could make that argument to the jury.

THE COURT: You can make the argument to the jury,

but, again, we're focused only on the question of the neck brace and only on the question of medication.

MR. HAWKINS: Thank you, Your Honor.

THE COURT: The rest is collateral.

MR. HAWKINS: Thank you, Your Honor.

Let's talk about the neck brace that this member of the community was deprived of. What evidence is there that he was not deprived of a neck brace that was stabilizing his spine? What evidence do we have that he got that in jail, at the detention center right over here? Well, he's told us how long he was deprived of it. He didn't make up some crazy story. He said it was this period of time. For this period of time, I didn't have it. Then when we get the records years later, it shows that period of time. He has the neck brace on when he comes in because the doctor says you've got to have it, then it's gone for six days, and then they write down the neck brace again. So we know that.

We know what he's told us. We know what his daughter's told us. I'm sure she would be here, but her husband has been in the hospital so she's dealing with that. But everybody saw Samantha Porter up here, and everybody could tell what kind of person she is. She doesn't have a dog in the fight. She just told you what she knows.

And what she knows is that when she went to the bond hearing on the 17th, after they booked him in, there was no neck brace. Not only did they deprive him at least from the period of time when he came in till the next day, they kept depriving him after she was so upset she went and got somebody else that they didn't give him the neck brace for those several hours. That means they had a chance to fix the problem, they had a chance to fix the rule violation, they had a chance to fix the danger to the member of the community that was in their custody, and they didn't take it. And they didn't take it for six days or however long they kept his collar gone. They didn't care. They didn't even exercise slight care. The judge is going to instruct you in a little bit if they don't even exercise slight care, that's gross negligence. That's what we're talking about. That's why it's important for the community to tell the government what the community will tolerate from the government.

You hold a raw and an awesome power as jurors. It's the most powerful group of people anybody could ever be a member of, and that's why most people in the world don't have juries. We're special in the United States in that the Seventh Amendment affords each and every one of you the right to hold a wrongdoer responsible, even if it's the government. Other countries don't want people to have

that power. That's why we became a country in the first place. That's why we left England. The government was too oppressive. We came here, and we formed a country and we formed a constitution with the Seventh Amendment. It was so important, it was one of the first ten amendments when the Constitution was first drafted. You have a right to a trial by jury, members -- other people in the community.

This member of the community is to tell other members of the community what the government is doing to the community. And you hold that power in your hands and you hold the fate of the future of Greenwood County in your hands. And that's not grandiose or anything. That's real. What you do is directly going to impact what the sheriff's office is allowed to do in the future in all these different areas.

MR. HARTER: Your Honor, again, that's improper argument. We've addressed that.

THE COURT: Sustained. Sustained.

MR. HAWKINS: And we'll talk about -- let's talk about the verdict form. You're going to get a verdict form. You're going to have a chance to hold the government responsible with this verdict form, and you're going to have to go through these questions.

The first question is: Was the defendant, the

government, sheriff's office, were they grossly negligent? If you mark "no" to that question, the government is off the hook for everything, for the screening violations, for the medication violations, for the neck brace violation, for the family calling and ignoring the family's concerns. For all those violations. The governments off the hook for everything. So we're going to ask you to mark "yes," they were grossly negligent. You all don't have to agree if they were grossly negligent in everything they did because we showed you a bunch of times that they were. You've just got to agree that they were grossly negligent once.

As soon as he comes in, they violate the bare minimum standards. They don't call the doctor. Remember, if they called the doctor, he could have dealt with a neck brace. And as soon as he saw a doctor, the doctor said, "Give this man his neck brace back. He's going to break his neck."

As soon as he comes in, they violate the screening policy. They don't have a physician inspect him, there's not even a physician in the building, and they don't even pick up the phone to call the doctor. A guy with a broken neck, now. That's not even slight care.

You go to the second question: Was the defendant's gross negligence the proximate cause of the plaintiff's

injuries? And we are going to ask you to mark "yes" to that question, and I'm going to tell you why we're going to ask you to mark "yes" to that question.

The defense is going to get up here in a minute, and they're going to have a chance to talk to you. And they're going to say, "We didn't do anything to cause him pain. His wreck caused the pain." That's another excuse. They've been making excuses the whole trial. Oh, that's medical. Oh, those records were implemented at this time. Yeah, we're still under them, but we got in this other -- the judge is going to instruct you they can't delegate out that duty. You can't hire somebody that does something halfway and then say, hey, we hired medical. That's on them. Sorry. No.

They have the -- the sheriff's office has the responsibility to each and every person in this community, including every person on the jury and including my client, even if he's one of the least among us, even if he made a bad decision. It's impossible -- it's impossible for anybody but the government to have caused that increased pain. And that's all -- we're not claiming any injuries related to the wreck. We're saying the guy that's already in agonizing pain, why would you further torture him by just causing him more unnecessary pain? And that more unnecessary pain is what's important because

they disregarded him, they acted like he wasn't a person, and then they let him lay there without a neck brace and without medication, and that's not right.

But it doesn't matter what I think. It matters what each 11 of you think. And if you don't think that their gross negligence, them stripping him of the collar then refusing to give it back to him, they did all that stuff, if they're responsible for that, if their actions proximately caused that increased pain, then the answer is yes.

Then you're going to go to the next few questions which had to do with comparative negligence. And it's important -- these questions are important because, again, the defense is going to say, well, you know, he caused the wreck. It's not our fault. Yeah. He told you on the stand he caused the wreck. He said it was his fault. But when he went to jail, he just asked that he have his necessary medical equipment.

What if that neck brace -- think about it like this. What if that neck brace would have been insulin? What if that would have been something that keeps him from going into a coma? Is that going to happen to the next person?

MR. HARTER: Your Honor, again, we -- this is improper.

THE COURT: Sustained. Well, correction. He's

allowed to argue. This is argument. It's not evidence, so I'm allowing -- I'll allow this argument only as it relates to the question of actual damages, because that's all we're dealing with.

MR. HARTER: Thank you.

THE COURT: So go ahead.

MR. HAWKINS: Thank you, Judge.

So when we get to the part about was the plaintiff negligent, we're going to ask you to mark "no" because it was impossible for him to be negligent in the detention center. He was in their custody and control. You heard him say when they tell you to sign something in jail, you sign it. When they tell you something in jail, you do it. When they told him they're taking his neck brace, there's no reason for him to make a complaint. The guy with the badge has told him, hey, I'm taking this, and it's contraband.

In fact, I'll stop for a minute and tell y'all this. Tony Young didn't even know he could do anything about this. He's not a sophisticated man. He doesn't know a lot about the legal system. He went on for a long time with this having happened to him, and his sister-in-law said, "You've got to write a lawyer a letter or something. You've got to get in touch with a lawyer." And that's when he wrote us a letter. I've still got it. Written in

pencil to our office, said they took my neck brace, they're not giving me medicine. He didn't know about lawsuits or anything like that. He just said this is what's happening because he wanted something done about it. Somebody told him you can do something about it.

Is the plaintiff's negligence the cause of his injuries? Well, that increased pain, which is what we're talking about, him not getting medication those times is what we're talking about. We're going to ask you to mark "no." Was the plaintiff's negligence the cause of plaintiff's injuries? No.

Again, how could he cause that increased pain? How could -- he didn't make them -- look at these. It says "minimum standards." Minimum. The bare minimum. Do you want the sheriff's office to operate at a D grade? These are -- this is a D grade. This is the minimum, the least you can get by with a pass, and you're going to have it with you in the jury room. They got an F, your sheriff's office. The sheriff's office that runs this community, they got an F. They didn't even do the bare minimum.

When you turn to page 20 and you look at what that bare minimum standard is, somebody has visible injuries. He did, obviously. He even had the walker and all this stuff. Get a physician here. See what you need to do about the neck brace. Whatever. It's clear what a doctor

would have done, because when she saw him, she said go get the man's neck brace.

But then they had a lifeline. They had a phone-a-friend lifeline, a 24-hour doctor on call, which is also required in the minimum standards. I'm not sure which page that's on. It might be 57. But you can find it in there. You're required to have a 24-hour doctor on call. And nobody can pick up the phone. They didn't text the doctor. Not even slight care. The failure to do something that it is incumbent upon them to do for a member of this community.

Or if they tell you, look, he should have wrote more sick call requests. He was negligent because he should have not believed the guy who took his neck brace and he should have wrote down a sick call request. All right. That's bottom 10 percent. But if you put more than half, the government is no more responsible than if you mark "no" to the first question if it's any more than half.

I don't think my client did anything once he got to the detention center to be negligent. All he did was go in, let them violate the screening policy, go over here, let them take his neck brace and then go to his cell and lie in agony for six days. He did everything they asked him to do.

In fact, he was in a special-needs cell, which means

he was alone. He didn't even have anybody to talk to to take his mind off the pain. He was solitary. He was solitary and by himself, isolated. They didn't put him in a handicap cell where he could have had rails to help him get the tray. You heard him say he ate six or seven times the first six days. They didn't put him in a handicap cell where he had rails to get to the toilet. They just said you need to be by yourself, and think about what you did, I guess.

Keep in mind the man was innocent at this point. This is before he even had a chance to plead guilty, which he did. They did this to the man that was still innocent, hadn't even been convicted of anything or have a chance to plead guilty.

You can see was the plaintiff's negligence greater than 50 percent? We're going to ask you to mark "no" to that.

And then we get to the damages portion. Let me tell -- I'll just leave this up here while I talk to you about it. The damages portion asks you what kind of message you want to send to the government, the sheriff's office. That's not up to me. I can't tell you what to write down. That's up to you. But I ask you to consider this example when you're in your deliberations. Each and every one of you I ask to think about something specific.

I like dogs. I like animals, all right? So for this example, the dog is hit by a car, basically the same injuries Tony had. He got thrown through a windshield, but the dog gets hit by a car. And a good Samaritan is driving along and they want to -- they like dogs, too. They want to help this dog. The good Samaritan takes the dog to the Humane Society or the vet, I guess. The dog's stray. Doesn't have a collar on. No tags. Well, if they're going to try to save the animal, they give it pain relieving medication, they put splints and casts on it, and this member of the Greenwood County community, this Greenwood County citizen, they didn't give the care that a dog without a collar gets. He had a collar but they took it from him. What kind of verdict is going to hold them responsible? What kind of verdict is going to say you can't do this?

MR. HARTER: Your Honor, this is improper even -- before.

MR. HAWKINS: Your Honor, I'm allowed to ---

MR. HARTER: Actual damages.

THE COURT: All right. I understand to the extent -- he is arguing public policy to the extent that an award of damages acts as a deterrent effect. He may argue it. I'm sure you can handle it in your closing.

You can proceed, Mr. Hawkins.

MR. HAWKINS: Thank you, Your Honor.

I want to talk about -- before I sit down and let Mr. Harter come up and talk to y'all, I want to talk about the evidence that's not here. If it ain't documented, it didn't happen. We sent requests for the evidence they had to support their case years ago. We sent a subpoena this week for the video evidence that would show the neck collar on or off. It would put that issue to bed. Did y'all see the video? I haven't seen one. I asked for one.

These cameras, this is just in the courthouse. What do you think they do in the detention center? Y'all have seen videos and stuff show up years later on TV. If they needed that video, do you think they'd have it here to show you? Lonnie Smith didn't even know I had sent the request or the subpoena. He had no idea. They didn't even exercise slight care to do that. They didn't make an attempt to go onto the hard drive, they didn't call an IT person, they didn't go to -- and this is the government. This is the detention center. You don't think all these videos are logged and stored somewhere? Oh, it purges after 90 days. We don't have that. Or that's the same thing as, oh, that's medical, or I don't know. We wouldn't have done that. None of us know that it -- we gave the neck brace back, but definitely shouldn't have --

yeah. We all agree on that. They told you it was a violation of policy to deprive somebody of a neck brace that's keeping him alive.

What other evidence is not here? There's no evidence of that neck brace and those progress notes for those six days we're talking about.

Where's that state trooper at? I asked them. They said, well, they would have called the hospital or the hospital would have called them or whatever. All right. You going to call a trooper? Well, you know, where is he? Is he here? I don't see him. Not back there. I don't think he's going to come in late.

I'm not going to take up any more of y'all's time for the first part of this. I'll have a chance to come back and respond to what Mr. Harter says. But I'm asking you to keep in your mind the fact that the government didn't have any problem handing out a sentence. They took plenty of justice out of him, and they were glad to give it. He broke the law. Will you allow the government to break the law and then tell you to give them a pass? What will you tolerate from the government? And I'll leave you with that question as you listen to Mr. Harter.

THE COURT: Mr. Harter?

MR. HARTER: May it please the Court, Your Honor.

THE COURT: You're recognized for your closing, sir.

MR. HARTER: Thank you.

Mr. Foreman, ladies and gentlemen of the jury, on behalf of the sheriff's office, the folks I represent, I want to thank you for your attention through the trial of this case. This is going to be my last opportunity to address you. I will not have a chance to come back again. But I appreciate how this is a sacrifice for your personal matters, and we appreciate your attention today. We handpicked you for this job. And you've been very attentive throughout the week, and I've tried on my side of the case to move things along and to appreciate and honor your time commitment.

But I want to make a couple of points, ladies and gentlemen. And I want to -- first of all, I want to emphasize something that you've already heard from the judge, and something that you may hear again. But what we are saying as lawyers up here when we argue is not evidence. Sometimes we say things up here that might not be consistent with the evidence in this case. And if you hear that, or if you hear something that is different from what the judge tells you, or what you've been told by the judge, or what you heard from the witness stand, or what you see from a document, go with your understanding and your recollection, and go with what you remember as being said.

I'm going to suggest to you that we've heard a lot of stuff in some of these arguments and suggestions that just ain't so. And I'm going to suggest to you that this case and many of the allegations that are made in this case just don't fit, ladies and gentlemen. It's kind of like trying to put a square peg in a round hole. But we trust you, and in your deliberations, you go with your recollection of the facts, you go with what your common sense tells you, and you go with your gut about what you think and know is right.

And I am a firm -- can I use this, please. I'm a firm believer in this wonderful jury system that we have, and we've all had those lessons in school about how valuable this process is. And it is based on the fact that there are people like you that are conscientious and attentive and will base decisions based on reason, common sense and the evidence and not be swayed by emotion and/or let speculation affect your verdict.

Now, in terms of this case, we have been over there all week, and we have been here this morning, and there's been a lot of finger-pointing. Numerous times today there have been fingers pointed and accusations made against the government. And ladies and gentlemen, I want to talk about that for a second, and I want you to think back about what you've seen and heard in this trial.

Who is the government? What does a road deputy that's working out on Highway 25 at night, what does the deputy who's responding to a burglary call have to do with this? I suggest it has nothing to do with this. The government -- the government is having their fingers pointed over at them in this trial today.

It's a group of people. It's a group of people from this community, many of whom you've seen and heard from in this case. It's people like Beverly Weaver who works with the sheriff's office, now works with the magistrate's office who saw this man when he came in. It's people like Sharon Middleton who was assistant jail administrator at the Greenwood County Detention Center for years. It is people like Lonnie Smith who have been with the sheriff's office for many years.

And, you know, we're not talking about people that come and go when the sheriff gets elected or not elected. These are people, ladies and gentlemen, that have pursued careers in an area, they have gone to four weeks of training at the Criminal Justice Academy in South Carolina and Columbia, they have undergone screening and tests, and they have been certified as detention officers to work in a jail setting. And they have done that.

And so I want you, ladies and gentlemen, to reflect back about who the government is that you've heard from

today or this week. It is people that I submit to you are compassionate, it's people that I submit to you are trained, it's people that I submit to you that care about their job and they care about the people that come through the doors at the detention center. And in the large part, they are pointing fingers at the people the government has chosen to use to work and provide help and care to inmates at the Greenwood County Detention Center. And in that regard, I'm talking about a trained staff of medical people which include nurses, LPNs, it includes physicians.

And you had the opportunity to hear from Sherry Bouknight. You know who she is, you know where she is, where she came from, what kind of work she does now, and you saw a picture of the other people that are in the government that are there to provide health services to inmates.

And we heard a lot about policies, and we heard testimony about days -- or a day of testimony about this policy says this, this minimum standard says this, this says this. Well, ladies and gentlemen, you heard directly from the horse's mouth, from Lonnie Smith, and these policies that they talked about and waved around, they were policies at one time. They were policies that we don't disagree were there. But in an effort to improve care and improve the function at the detention center, you

were told that in December of 2010, a transition was made, and thereafter, instead of officers handing out medication to inmates, that there was a change and they hired a medical team from Southern Health Partners to take over all of the medical care at the Greenwood County Detention Center. And that included doing inmate screenings, that included providing inmate care on a daily basis, responding to sick calls. That included treating inmates there at the facility. It included having a nurse there from 7:00 in the morning until 7:00 at night, and it included having Dr. Massey or a physician available on call.

So you hear them talk about this policy, you didn't follow this policy, you didn't -- ladies and gentlemen, we followed a better policy. We followed a new policy. We followed a new plan of care that I submit to you was very reasonable and it was far and above what was being done before. It's part of improvement, and it's part of the sheriff's office attempting to improve the quality of care at the jail.

And now let me tell you, you heard from these officers, and you had a chance to look at them, and you heard from Nurse Bouknight. And ladies and gentlemen, the last shall be first and the first shall be last, but I hope and pray that you have never gotten the impression

from any of these people that are the government that they considered Tony Young to be nothing other than the man that he was, a man that was unfortunately brought to the Greenwood County Detention Center, who was injured, who was required by law to be housed there, and I hope that you do not think that these people that you heard from were not attentive to him and were not compassionate for him and did not do what they could within the setting that they were in to help him. I hope you don't think that.

Now, let me talk about what happened in the first place. Mr. Young was involved in a motor vehicle accident. It was an accident that he caused. It was an accident that resulted in serious injuries to people including him. And he had a need for immediate medical care, and he was taken to Greenville Memorial Hospital, to their trauma unit. And he was seen and treated there.

And now we've heard hoopla about whether the Highway Patrol officer is here or not. Well, ladies and gentlemen, have you heard anything other than that, that the Highway Patrol made this case, the Highway Patrol went to the hospital, the Highway Patrol got a call that Mr. Young was there and ready to be discharged and that Mr. Young, who left the hospital, and he knows he left the hospital with the Highway Patrol and was brought to the detention center? Did I go call the Highway Patrol?

Nope. Because we agreed to all that. And I appreciate your time here, and I don't need to repeat something that I believe and hope we're not fussing about.

So he -- but at that point in time, Mr. Young's status changed. And what I mean by that is because he had caused a serious automobile accident, because he was under the influence, because he was charged by a law enforcement officer and a judge with a felony, he had then entered the criminal justice system of the State of South Carolina. He had placed himself in a situation where his status changed. And because his status changed, he was under arrest, he was not free to go where he wanted to go, and some judge made the determination that he needs to be detained, and he needs to be detained at a hospital until such time as he is released, and when he is released, he is to be brought to a jail, and he is to be detained there until he meets a bond requirement or his case is over with.

Now, who made those determinations? Mr. Young made those determinations in part because he's the one who was responsible for his status. But beyond that, ladies and gentlemen, you know that he was placed under arrest. There's no misunderstanding about it and there's no conflict in any of these records but that he was discharged by a doctor at Greenville Memorial Hospital on

the afternoon of August 16, 2011. He was discharged home. He was taken by the Highway Patrol. And those discharge instructions, he was not sent to a rehab facility, he was not sent to a nursing home. Those discharge instructions didn't say physical therapy. Those discharge instructions didn't say that he had to have home health, and those discharge instructions didn't say that he was bedridden. And that -- those discharge instructions came with him to the Greenwood County Detention Center.

Now, they say, well, you didn't examine him with a doctor on the afternoon of the 16th when he came in. Well, no, we didn't. And I think you might have heard repeatedly why we didn't is because he just got sent from a doctor. It was just a doctor that had just cleared him to go home.

Now, are we supposed to argue with that? Are we supposed to send him back and say, doc, you don't know what you're talking about? Are we supposed to send him over here to Self and say, look, y'all, does Greenville know what they're talking about? These were the doctors that treated him, that discharged him.

And, you know, when you're in the jail, I mean, it would be nice if nobody had to come there. It would be nice if you're the team of detention officers and medical staff at the jail, you don't have to do things. You don't

have to accept people, you don't have to treat people, and you still get paid and you still do what you need to do.

But the jail, they don't get to pick their residents. They don't get to pick their residents if they have been medically cleared. Now, if they haven't, then, yes, there's a process to go through. But we're not talking about the hypothetical case. We're talking about Mr. Tony Young, and he was cleared on the afternoon of August the 16th to be brought to the jail, and he was under and the jail was under an order to keep him. And that's what we're required to do. And keep him because he is a risk and a danger to people out there on the road, and people out there need to be protected so you keep him here. And by keeping him here, we also may be keeping him from hurting himself again.

So, ladies and gentlemen, and also, at the time of this discharge, I want you to remember when you go back and plow through these exhibits, if you want to or if you feel a need to, and confirm, verify, verify, verify what I'm saying. Go with your memory. Go with these documents. Verify, verify, verify.

But when he was discharged, I'm going to submit to you there was an instruction to return -- to keep the collar, there were weight-bearing instructions, he was not bedridden, he had two return consults, one to ortho and

one to neurosurgery, and he was discharged with no instructions. He received no dental care at the hospital, nor did those discharge instructions say do this or give him dental care or do anything like that. They did say "follow-up appointments." They did mention keeping the neck brace. They did mention the walker. Go with what you see and with what you remember. And when he was discharged, he was discharged that way. And when he came to the detention center, and you heard this testimony, he was booked, and he was kept there from August the 16th until April the 10th of 2012. He was there during that period of time.

Now, ladies and gentlemen, sometimes in the jail there are people there that come in one day and they go out the next. There's some people that are in there for a week and then they're gone. There's some people that are in there for months. And when you're the jail and we're getting the medical team, you don't know, I don't know if this guy is going to be here for a week or a month. I mean, his family, whoever he is, can come in and post a bond, pick him up and get him home just like that. And that's one of the challenges in a jail setting, and that's one of the challenges in dealing with a medical situation like this.

But I'm going to submit to you that during this time

frame between August 16th and April 10, 2012, Mr. Young got reasonable and appropriate care at the Greenwood County Detention Center. And we also know this, and these are some facts that are undisputed, is that he had an ortho consult, he was cleared by orthopedics on September 23, 2011, cleared with no follow-up needed from an accident that had occurred the month before. He was cleared by neurosurgery in Greenville, South Carolina, on October 31st for his back/neck issues for the accident that had happened August 10, 2011. Wow. That's pretty good, y'all. That's pretty good for him to be cleared for that during that period of time and not to require any additional follow-up.

Now, he was at the detention center during that period of time, and he was taken out for those consults. And you've got the records from those consults that are going to be in evidence here.

Now, let me just mention a couple things. Let's -- what is this case about? Well, let me kind of see if I can boil it down a little bit to what it's about. Well, let me say what it's not about and then we'll come back. It's not about -- and I don't believe that the plaintiff is going to argue or continue to argue or suggest to you that the detention center was required to give Mr. Young Lortab and/or narcotic medications. I don't believe they

contend that. I don't believe they argued it. So we're not arguing about that.

We're also not arguing -- based on what I heard from Mr. Young, there's no argument that after the doctor saw me, which was about six days or so, there's no argument that after that, I had my neck brace until I didn't need it anymore.

There is no argument from Mr. Young, as I understand it, that during this time period, while I was at the detention center, that after six days, after I saw the doctor, I got pain medication pretty much every day. Now, you go with your memory, and go with what he said from the witness stand. But I think we agreed or he agreed he wasn't really sure, but he said pretty much every day. After I saw the doctor, I got pain medication pretty much every day.

We also agree, I think, and Mr. Young agreed that he did not, for those first six or eight days or till he saw the doctor, he did not make any complaint or write any complaint or sick call request related to either his collar or his medication, lack of medication. Okay.

Now, what I -- I think we're not arguing about those things. What I think we're arguing about and boiling this case down to is that he said he didn't have his collar for six days, and during those six days, it was painful for

him. And I think he also contends and claims that for those first six days or until he saw the doctor on the 23rd of August, that he never saw any medical person at all and never was examined, and never had any medication or medical care until he saw Dr. Massey, and that date, ladies and gentlemen, on the record, I believe, is August the 23rd of 2011.

And so let's talk -- let's talk about the collar right now. And Mr. Young says they took this collar from me. We know it was not on him at booking because we saw the picture. And he says they didn't give it back to me for six days.

All right. Now, let's talk about the collar thing for a minute. Did we take his collar from him? Well, I don't know that we took his collar from him, but he was asked to remove his collar so that his booking photograph could be made for the reasons that you heard and I just won't necessarily repeat. But we believe and we submit that after that photograph was made, this collar would have been given back to him. That's the way it should be.

Now, in a booking report, in a booking record, do you -- is that recorded? No. We didn't record that. We didn't document that. But we didn't include this collar as any of the other stuff that was taken from him at the time he was booked like the Lortab. It doesn't show up as

being taken from him. We have no reason to think that it was. And you know there's mention about him not having it on at a bond hearing.

Now, his daughter Samantha was here. We heard from her. She talked about -- a little bit about what she knew about her father's care. And, I mean, daughter is concerned about her dad. I commend her for that. Regardless of what happened, you care about your family, you care about other people, and I'm sure she cared intensely about her dad. And she says he didn't have his collar on at the time of this bond hearing. Well, I don't know whether he did or not. I wasn't there. But I do know that it was a removable collar, and he could have removed it if he wanted to.

And I do know this, that we heard testimony from Mr. Young's ex-wife who said that she was there at the bond hearing, and she said he had it on at the bond hearing, but she also said that he didn't like to wear it. Now, I wasn't there and I don't -- maybe he had it on, maybe he didn't. But the fact that he didn't have it on does not mean that it was taken from him, especially in light of this testimony that he didn't like to wear it from somebody not with the sheriff's office.

Now, let me tell you, Mr. Young's claim that he did not have his collar on and he was not seen for any medical

encounters between the time he was booked and the time that he saw the medical doctor, I want to talk about that for a minute. Ladies and gentlemen, you will see and you have with you back in the jury room records. And I'm not going to flash these up and down any more than I have to, but there is a record of the time he was booked on August the 16th, and this record was by Beverly Weaver, and it's dated August 16th. And Beverly completes this form, and this record includes Beverly's writing, and it includes Sherry Bouknight's writing.

Now, you will have this and you will have these other progress notes with you back when you deliberate. But ladies and gentlemen, let me tell you, if you look back at these records, you're going to see between August the 16th and August the 23rd when Dr. Massey saw him that there were ten medical notes made in the chart by three or four different people that said we gave medication, and/or that there was medical interaction during that time period. This documentation includes ten notes, three different people, where medical encounters were documented in these records by three different people that Mr. Young had some kind of medical encounter and/or was seen and/or had some medication.

I'm going to suggest to you I don't know why Mr. Young doesn't remember that, I don't know why

Mr. Young says his collar was taken from him, I don't know why Mr. Young is so adamant about those things, but I do know this. I do know that there is documentation that contradicts what he said. And this documentation, I submit to you, is credible, and this documentation, I submit to you, was documentation that was done contemporaneously and at the same time of these medical encounters. And we see a lot of people in the jail, but I'm going to submit to you that this documentation is accurate and it confirms what you've heard from these witnesses about the interaction with Mr. Young in a medical setting that contradicts what he says.

I'm also -- and I remember that there was some reference to the fact of, well, wait a minute, now, on this document -- and they said this documentation is false. It's not like, well, he had that medical encounter but I remember it differently, or that's what happened but I remember it differently. That ain't what they're saying. They're saying it never happened, you know.

And one of the things that they harped on was that, well, these notes, there were these -- there were these ten notes, progress notes before Dr. Massey saw this gentleman, and those notes don't say his C-spine collar was on. Those notes don't say adjusted C-spine collar. So if they didn't write it in those notes between

August 16th and August 23rd, guess what? It wasn't on. Well, I don't believe that's right. And let me suggest to you if you really want to be a detective, go back and look at the progress notes after August the 23rd of 2011.

Now, in those progress notes, after Dr. Massey sees him, he says, "I got my C-spine collar back and I'm good with that." Well, I'm going to suggest to you if you go back and you look at the progress notes from August 26th, August 27th, August 28th, August 29th, September 2nd, September 20th, October 4th, there ain't no mention of the C-spine collar being on. But everybody agrees it was, including Mr. Young. And then at the end of that month on October 31st, he's discharged and released and not have to wear it anymore.

You know, it's kind of interesting here, and I will tell you I represent some medical people, and they -- we hear this stuff out there if it's not documented, it didn't happen. I'm just going to suggest to you in the real world, that's not the case. But here, it's interesting that the plaintiff's theme of the case is, well, if they didn't document it, it didn't happen. If you said -- if you didn't say the C-spine collar was on him between August 16th and 23rd, it wasn't on there. So if you didn't document it, it didn't happen. But at the same time, if you documented nine or ten medical

encounters between August the 16th and August the 23rd, those ain't right. Those didn't happen. So if you didn't document it, it didn't happen, or if you did document it, it didn't happen unless it gives me some argument in my favor.

Ladies and gentlemen, it is what it is, and y'all are smart people. Don't be fooled by a game of smoke and mirrors.

Now, with reference to the medical records and the medications, again, Mr. Young says, "I didn't get my medicine for six days." I think the documentation indicates otherwise. He says, "After six days, I got it, but I didn't get -- I missed some days," you know. And look. It might be that can happen. I want to ask you, though, to look at the evidence and remember what you heard about that.

But let's talk about that medication issue for a minute. He says, "I got medication for pretty much every day, pain medication pretty much every day until I was sent out to SCDC." Now, in that regard, ladies and gentlemen, I want to ask you to pay attention, if you're so inclined, to the MARs. And I want to talk about these for a minute.

And I believe that you heard testimony that Naprosyn -- or naproxen, I'm sorry, ibuprofen are medications that

had pain relieving effects. And I'm going to suggest to you that on August the 16th, that he was started on a medication, and we've highlighted here the times that he got pain medication or some of these medications. And I'm going to suggest to you that throughout the month of August, he got pain medication pretty much every day. And then I think for September, if we follow the yellow lines all the way across, I'm going to suggest to you that he got medications for pain, some medication for pain every one of those days. And then if we move into October, and this is the month that he was -- where he was discharged from the neurosurgeon, I'm going to suggest to you that he got medications consistent with this during that whole month for pain medication. And then we move to November. Again, that whole month he got some pain medication. And then in December -- and these two meds were added in addition in December. And then January, again, pretty much the whole month. I mean, he kind of agrees with this, I guess. And then February. And then -- and then, sorry, a couple of additional meds in February, and then March, and then April, and then he goes to SCDC.

Now, I will tell you, feel free if you want to to go analyze these MARs if you want to. But I'm going to suggest to you, ladies and gentlemen, that if you look at them closely, that you will find that maybe Mr. Young did

not get medication on September 19th, September 20th, December 7th. And then we move into March the 1st, the 2nd, the 3rd, the 4th, the 5th, I'm going to suggest to you, according to the MARs, he did not get medication.

Now, I'm going to suggest to you that all throughout, medications were given consistent with the orders of Dr. Massey. You know, we might not be in a perfect world, and one of the doctors that I represented one time told me, he said, "Rusty, we're humans treating humans." And I really hope you believe that these people at the detention center and the people that are performing these medical things are people that care about the people they're taking care of.

But I don't know -- I don't even know, and you can go back and check it if you want to, I don't even know if he was supposed get meds then, but the documentation is he didn't get meds for a couple days. But I'm not even suggesting that he was supposed to get medication then.

But in any event, I certainly don't think that is a conscious failure to exercise due care or the failure to exercise even a slight care, because if you go and you compare Dr. Massey's orders with these MARs, then you will see that they're in line, that sometimes the doctor writes an order, it might take a nurse a little while to get that order off and get it going. And I don't know. You know,

they weren't asked that, so I don't know.

And there's another thing I want to bring up to you. There was a medical appointment that was supposed to be scheduled -- or was scheduled with Dr. Kanos, for I believe it was, August the 31st. We're not sure what happened on that appointment, and I don't have any proof that it happened. But I don't believe there's any suggestion, ladies and gentlemen, in the record that it didn't necessarily didn't happen, but the medical records from Dr. Kanos in October clearly indicate that this patient had progressed and had done well and recovered with no follow-up and there was nothing else that needed to be done.

And now I know when I did Mrs. Bouknight's testimony, I kind of let myself get in a hurry and get going. And I want to just mention something. I don't see that the plaintiff's lawyers have not mentioned this or brought this up, but when you look at these MARs, I think you will recognize that these MARs are electronic records, or some of them are. And I'm going to confess to you, I don't -- I look at these things a lot, but I don't know how to interpret every one of them. And I'm not sure what everything means in an electronic medical record. And I don't know when these medications were discontinued by a pharmacy or whatever, and I don't know when they were

taken out of the system.

I don't know when -- these are the records of Southern Health Partners. I know when they were printed, but if you wanted to, if you wanted to try to say we're manufacturing records or we're, you know, hiding stuff or we're -- you might want -- somebody could look at this and say, well, wait a minute now. This is an MAR that is dated in October of 2011, and it's got these dates and all this stuff going across it, but also on the page is some kind of other date that's like 2013, 2012, two thousand -- you know, these are 2012 records, and y'all went back and copied, and y'all went back and filled this stuff in. I do not -- I did not ask her to tell you how that is, but these are electronic records, and I don't know when these medications were discontinued in the pharmacy or how that works. But I would hope, ladies and gentlemen, that based on what you've seen and what you've heard, you would not jump to the conclusion that there was some person that went back and manufactured these MAR records after Mr. Young left the jail.

And, again, you heard from the witnesses here, you saw them, you had the best opportunity to judge their credibility and believability, and I'm going to suggest to you that what they explained was credible and believable and consistent with the law and consistent with what they

said.

Ladies and gentlemen, again, I'm going to wrap up here in just a second. I promise. But in terms of this case, the judge is going to tell you, I believe, in his charge that the detention center has a responsibility to provide a certain amount of medical care to inmates there, but that to find the sheriff's office to be liable, there must be proof and showing of gross negligence, that there was something that the sheriff's office people did that was grossly negligent, and that is the failure to exercise even slight care or the conscious failure to exercise due care. Okay. Now, that's a notch above negligence, you know.

In another kind of case like a car wreck case or something like that or if somebody falls at a grocery store, they have to prove negligence. And negligence is the failure to exercise due care or reasonable care.

But in order -- and we didn't make this rule. It's established by the legislature. In order for there to be fault or blame on the sheriff's office for this, and the judge is going to explain this to you -- and go by his explanation not mine, but there has to be this not just negligence, but there has to be this gross negligence. And gross negligence is the failure to exercise even slight care or a conscious failure to exercise due care.

I'm going to submit to you we don't get there, you know.

And that verdict form, if I could put it up here, I'd show you there's another choice, and it is "no." And I'm going to submit to you that the evidence you've heard in this case would lend itself to the answer that I question to be no. And that's the end of the case.

But even if that were the case, that there is this next tier of decision-making process that involves proximate cause. Now, we're talking about Mr. Young's pain. We're not talking about medical bills, we're not making a lost wages -- he's asking for medication -- I mean for damages for his pain, for pain that he says -- and this is where the little disconnect might come in -- I've got these bad injuries, I cause these bad injuries, I admit that, but I have this additional pain that I want you to pay for because you didn't give me enough medications when I wanted them.

And I'm going to ask you to really think about that. Is his pain that he's talking about really pain that was caused by what he did in his injury or is it something that we caused? And I want you to go with that. And I know we've heard a lecture here about what the plaintiff's lawyers think about it, but tell us what you think about it.

And then you have the -- if you were to ever get to a

point of damages, you would be -- and the judge will tell you that you would consider actual damages. And this is actual damages to put somebody back in the same place they would have been before had this thing not happened. It's not to go out and send a message and go out and straighten out the jail or go out and correct these people about the things they're doing wrong. That's not what this is about. This case is not about that.

There is a kind of case, and there are the kinds of damages where you can do that. But the judge is going to tell you what the damages can be in this case. And those kind of cases where you have somebody who's violated a law clearly and they've done something aggravatedly and/or they've done something with a conscious disregard and you want to deter them from doing something in the past -- or in the future, that's called punitive damages. That's to punish somebody. That is to send a message out to the world if you do that, you might have to pay money. That happens in a DUI case. If you caused that accident, sir or ma'am, and you're under the influence, then you're responsible for my damages in this case, and because we want to let this community know we're not going to tolerate drunk drivers, we're going to assess punitive damages. Those are not damages that you are allowed to even consider in this case. And I apologize to my brother

about interrupting his argument, but to suggest otherwise I felt would be unfair to this process.

Ladies and gentlemen, again, I want to tell you thank you for your service, thank you for your attention through this process. I hope that when this process is over, that you feel good about what you've done, and you look in the mirror and you are proud because that's what we want. And it is a great privilege for me to be a lawyer and get to do this. It's an honor to represent these people in the sheriff's office. I'm not getting any younger. I don't know how long I'm going to be able to do this, but you have a great court system here in Greenwood County and all the great people.

We trust you to do the right thing, ask you to render a verdict which speaks the truth. Don't be sidetracked. Don't chase any rabbits. Go with your gut. Go with your common sense, what you know is right.

And here again, we thank you for your service. God bless you in your deliberations.

THE COURT: Thank you, Mr. Harter.

Ladies and gentlemen, y'all have been sitting there for about an hour and 20 minutes. Mr. Hawkins will have an opportunity to reply to the defense's closing argument. Does anybody need a break? I don't know how long he's going to take. But a yes. I was figuring as much. I've

been drinking coffee, too.

We'll adjourn for the moment, for about five, ten minutes, okay? Feel free to use the facilities, get a little something else to drink. We'll be back on the record shortly. Thanks.

(WHEREUPON, the jury exits the courtroom and a recess was taken.)

THE COURT: All right. Let's have the jury please.

(WHEREUPON, the jury entered the courtroom.)

THE COURT: All right. We've got everyone. The jury is back and seated.

At this point, Mr. Hawkins, you're recognized for your reply, sir.

MR. HAWKINS: Thank you, Your Honor. May it please the Court.

THE COURT: Yes, sir.

MR. HAWKINS: When a lawyer tells you he's going to try to be short, I know y'all take that with a bunch of seriousness, but I am going to try to be as short as I can. I promise.

I find it interesting that Mr. Harter said, "Don't be fooled by smoke and mirrors," and then immediately pointed y'all to other places in the rule violation. Well, look at this doctor's encounter over here after we'd already, you know, broken the rule, after we'd already not called

the doctor when he came in, after we already screened him through when he should have never been there in the first place.

You look at those discharge notes he just talked about, you're going to see he was discharged to home, and there's no evidence at all that the doctor knew where he was going. They could have called the trooper and said hospital, call us. Trooper never came. I mean, they're the government. They can call him. Call him on the phone. Hey, we need you down here in court. The plaintiff's lawyer raised something we need to deal with. Is he here? That's the only person that could say whether or not the hospital knew where Tony was going when he wrote "discharged to home" with medicine they were never going to give him in the detention center, with notes like if you have worsening symptoms, come back, have issues with pain. I mean they gave him the minimum to deal with his pain, this Lortab. He could have come back if the pain increased. He can't do any of that from the jail.

And he wants you to buy this fact, oh, the doctor cleared him to go to jail. Everybody is on the same page. They didn't bring any evidence of that. In fact, the evidence says nobody's on the same page.

Had they called the doctor like they were supposed to in the minimum standards, the doctor could have dealt with

the neck brace issue, because when he finally saw a doctor, that's exactly what happened. He said, "Get the guy his neck brace." I mean, what are y'all doing?

And then we heard Mr. Harter talk a lot about the records and whether the records were accurate and all this kind of stuff, but it's pretty clear from the general population policies and procedures that you're going to have back there with you, reports should be written in such a way that you jurors should know exactly what happened today years after the fact. The government is in control of all the records it creates. It's in control of all the errors, it's in control of all the omissions, it's in control of what it brings you here today, and there's no way to verify what happened. Tony never said anybody intentionally falsified a document.

The point is, they didn't even pay slight attention to the documents. You saw the document that was filled out incorrectly about the injuries, two of them, the detention docket and the screening form. And you saw then in the progress notes they didn't even know which arm was injured. On the 8/16 progress note, or it may be on 8/23, it's on one of them, it says his right arm is injured. They didn't even get the right arm. And they want you to come in here, buy a story about how he must have gotten his neck brace back because we just never would have done

something like that, but they don't have anybody to tell you that he got it back.

The only thing, the only shred of an attempt at evidence they have is a woman who had fluid on her brain, was suffering from seizures and didn't even know that his neck brace was not on him in the picture. At one point, she said the neck brace is on him, and then she didn't know what color the neck brace was. That's the only shred of anything they've got to lean on, not the truth or not the doctor that wasn't there when he came in and not the doctors that they called but they were supposed to. Nothing.

And there was a lot of -- I want to touch on this because this is important. There was a lot of argument and comments made about, well, he was DUI. He caused this wreck. Yeah. He was. That's why he pled guilty. He never made any excuse. He never said I came over a hill and a tractor was in the middle of the road, and the three and a half beers I had in the course of the last few hours had nothing to do with it. He never said that. He said, "I plead guilty. I broke the law." Don't you think he's fall-down drunk. It wasn't the case. There's a tractor in the middle of the road, and he shouldn't have been drinking and driving, and that's why he pled guilty. That's why he took responsibility. That's why he didn't

say, well, my blood alcohol level was only .08. He didn't say any of that. He said, "I broke the law, and now I'm going to go do my time."

But between the time he broke the law and the time he got done with the last minute of his sentence, they didn't have any right to take something like a neck brace when somebody has multiple -- not just one, multiple fractures in their neck, a member of the community, multiple fractures in their back, at least three fractures in his pelvis.

And it's not just the increased pain from not having his neck brace. That was an outrageous rule violation. And you're going to be charged on when you can consider policy violations as evidence of gross negligence. The judge will give you that instruction. That was outrageous. But there's also a lot of other stuff to consider, like if somebody's got all these broken bones and they're lying in their cells and they don't even have the pain medication the doctor said was necessary, they don't even have that, can you not just instead of holding the tray out, go in and set it close to where they can reach it with their good arm?

You heard evidence about deprivation of medication or food is corporal punishment and can result in criminal prosecution or termination of that employee. Nothing

happened to anybody. They didn't even do an investigation. They didn't even look into it. They didn't care nothing about a member of the community whose rights they violated to even look into it or ask the question in the seven years. They came here and told other members of the community, oh, we didn't really do anything wrong. Look in the future when we finally did start following the rules. Look when we did take him to the doctor. Look at that. Don't look over here about when we could have killed him. That's outrageous.

And I sincerely do hope that y'all hold the government responsible for this.

And as far as them trying to personalize it, well, they're saying the government, but look at all these people. Those people, some of them don't even work there anymore. I don't even think Bouknight works in the same place, and she was never part of the sheriff's office to begin with, I don't think. Y'all go back and check your notes on that. I know Middleton doesn't work where she worked anymore.

And the new people that come in that are getting trained by this Powell guy, the first witness you heard from, you know, he's not there either, but they're going to get trained by somebody like him. What are they going to train these people on? It's a sheriff's office. How

are they going to train people to interact with the public? Because I'll give you some hypothetical examples. When you break the rules, when you break the safety rules, people escape from the detention center, inmates that shouldn't be released are prematurely released into the community. People who are detained and shouldn't be are detained when a warrant says one person, they arrest somebody else. Those are things that actually happened in Greenwood County because ---

MR. HARTER: Your Honor, that's improper. It's absolutely improper.

THE COURT: Let's try and stick to the facts of this case if we may, please.

MR. HAWKINS: That's five objections.

When I'm thinking about this damages issue, how responsible do you want to hold the government, what kind of message do you want to send to follow the rules, I start thinking about myself, what would I -- you know, because I can't tell you right now. I have absolutely no power over it. Mr. Harter doesn't have any power over it, I don't have any power over it, Carly, Kyle. None of us have any power over what you do. You have absolute raw power as jurors, as guardians of your community, conscious of your community.

So when you're thinking about that, I'll suggest to

you what I'd think about if it were me. I'd think what would I take to have a crushed pelvis, broken fingers, broken arm, my teeth are shattered and knocked out, a broken back, my neck brace is gone, they took that, nobody's paying any attention to any policies, I'm lying their in agonizing pain and I don't even have the medicine the doctor said was necessary or medicine from CVS.

So what would I think? I'd think, well, if it's me, it's worth a whole bunch of money. I wouldn't take $1,000 an hour for that. But he's just an inmate, remember. I mean, he made a bad decision, so he -- let's cut a bunch of it off right quick. Let's say $600 an hour. Well, he's supposed to be sleeping a third of the day. Let's cut that down to $400. But he's just an inmate. I mean, he had three and a half beers that day. Let's take 1/10 of that. Let's take $40 an hour. $40 an hour, 400 is two-thirds of 600. $40 an hour. And then let's multiply that by 45 days, not 24 hours a day because he's supposed be sleeping for the day 16 [sic] hours a day. 45 times $40 times 16. That's $28,800. Is that going to send a clear message? I don't know. You write down whatever you want. You can write down zero, you can write down a penny, you can write down $100 million or whatever. But Tony don't care if you write down $28, as long as you hold them responsible. It's never been about the money to him.

He's told me that multiple times. He don't care what number you write down as long as you hold them responsible for what they did to him. He's waited seven years to be able to tell somebody, to tell his fellow members of the community what's going on at the detention center.

The defense has never taken responsibility one second at all, not even on the witness stand seven years later. They looked each and every one of you in the eye and said, "We're not responsible at all. He got better care. We took better care of him. We did him a favor. We did him a favor by taking his neck brace. We did him a favor by ignoring all these policies. We did a favor by not even doing the bare minimum and calling the doctor that is on call 24 hours a day for just this kind of scenario. We did him a favor."

Maybe there's a different way to assess damages. There's six days he didn't have his neck brace. How much is each one of those minutes worth?

When you get back there, I'd suggest to you an exercise. When y'all get to this point, somebody with a watch say, all right. We're going to start it and we're going to go one minute and nobody say anything for a minute and see how long that is to endure the worst pain you can possibly imagine, including the increased pain of not having the only thing that was keeping your neck

stable and sitting there having to worry about it. See how long that is. How much is each one of those minutes worth? Because in six days, there's 8,640 minutes. But like I said, he don't care if you write down $8, as long as you hold them responsible, as long as you don't let them get by with it. Because if they're -- if they get by with it, they'll break the rules in all these other areas, and that's not ---

MR. HARTER: Your Honor, again.

THE COURT: We're in argument. Let's let it go. Go ahead. Please proceed.

MR. HAWKINS: I'll move on from that. I think the jury has what I'm trying to say.

How many rules were violated? How many times were they grossly negligent? It only takes one. How many times were they grossly negligent? That's the question y'all need to think about back there, I think, because that shows a pattern. That shows that, well, maybe you missed one thing, but when there's a continuous pattern, it shows you don't care at all. Well, we didn't have a doctor there, so sorry.

The nurse saw him on her way out. I think one of the documents says Nurse Bouknight signed a document like the next day, which I guess you wanted to beat traffic when the guy with a broken neck came in, but that's fine. Look

when her signature is dated on the document, because I think that's the 17th, not the 16th.

But they could have called the doctor, remember? But they didn't do that either.

Then they took his neck brace and said this is contraband. And remember, the guy that took it says he can't even remember Tony. Apparently, his injuries from being thrown through this windshield were so extensive that everybody else remembers him except the guy that took his neck brace from him.

You're going to see in these policies and procedures they have to give necessary medication, they have to provide necessary medical care including medical equipment. They violated that policy. It's black and white, it's mechanical, it's mathematical. I mean, it's a mathematical rule violation which you can consider as evidence of gross negligence as soon as he walked in the door and then remained for at least six days.

You heard Kyle talk about the hole in the screen. There's a screen in the detention center. People are not supposed to come in, people are not supposed to go out. They're supposed to leave. There's a hole in the screen. They had a system for it. They had a -- they had a safety catch. They had this rule that required a physician. And if you go to the post orders, that's the bare minimum

standards. They violated that at least twice because the doctor didn't see him and they didn't call the doctor. And there's other stuff in there they violated, too, but I won't go through all of it now.

If you look at the post orders, they broke Rule 1.0 and 2.5, because Rule 1.0 requires good physical health. He was thrown through a windshield and had all these broken bones.

Rule 2.5 requires that you do a visible evaluation. You can't deal with him, you get somebody to, you know, say, yes, you can come in, and you make paperwork to that effect. None of that stuff was done. They want a pass. They're the government. They hold all the power. They hold all the documents. It's easy to -- by definition, because he was there, he's done something, made a bad decision, so it's easy for them to point to that. Oh, well, he did this and he did that. Don't look at us. Don't hold us responsible. I mean, it's just the Eighth Amendment we violated. Don't look over here. Look over there in October when we took him to the doctor. It's just the Tort Claims Act we violated. But don't look over here. Look over there when we did take some Advil to his cell.

And by the way, speaking of Advil, did y'all hear Lonnie Smith say if somebody came in with a severed leg

they would take him? His leg's cut off. That person would bleed to death out of their femoral artery. That's what will happen. And they said -- he told you they'll take that person because nobody's making them follow the rules. Do they give that person Advil?

I'm going to sit down in just a minute, and I'm just going to leave you all with this. I'm passionate about this because I don't like to see the government, whether it's the sheriff's office or anybody else in the government get by with what it does to people sometimes and the danger that it poses to the community. And I don't have any say-so in that jury room. The 11 of you have all the say-so. Some of you probably have known people that have maybe been at the detention center or somewhere like that. When it's somebody close to you, even if they made a bad decision, they don't deserve to be treated like they're in a Turkish prison. He didn't want the Holiday Inn. He just wanted his neck brace. He just wanted a little bit of comfort. That was robbed from him because they already screened him through and took away the doctor's medication. So I'm asking y'all to hold them responsible. And I don't care what you write now on the last line, just something to hold them responsible.

CHARGE ON THE LAW

THE COURT: All right. Now, ladies and gentlemen, it

now becomes my obligation to instruct you on the law that applies in this particular case, and I will let you know that the way in the past this was done 25, 26 years ago when I first started practicing law, the way most judges did it and the way many judges still do it today is they sit up here and they read you basically ten pages taken from the law books, and you're supposed to get it in the ten minutes that it takes me to read it to you. I always found that a little unreasonable. Like most people, it took me three years to get through law school. It took me three years to learn this stuff. So what I'm telling you, ladies and gentlemen, is that you'll have a copy of these instructions that you can refer to if you need to in the jury room during your deliberations.

Of course, please pay attention to the instructions as a whole and don't simply ignore other parts of the instructions to the detriment of other portions of the instructions.

If you have any questions, Mr. Foreman, about the law on this, simply give me a note, write me a note, give it to the bailiff and I'll try and answer whatever legal question you may have.

Of course, if you have any factual question, odds are I'm not going to be able to help you because at this stage of the case, it's not possible to reopen the record, it's

not possible to take additional testimony. So if you've got a factual question, I'm probably going to have to tell you that you're just out of luck. You'll have to judge the case based upon your recollection.

Now, ladies and gentlemen, I remind you that during this trial you and I have certain duties to perform, and as the trial judge it's been my responsibility to preside over the case and rule on the admissibility of evidence. You're to consider only the evidence before you, so any testimony which was presented and struck from the witness stand, ordered -- if I ordered you to disregard it, you have to disregard that testimony because you consider only the competent evidence before you.

I have the additional duty to charge you the law applicable, and as the judge, I'm, of course, the sole judge of the law. You're sworn to accept and apply the law as I state it to you now. So if you've got any ideas of what the law is or what it should be and that idea disagrees with what I tell you the law is, you have to abandon this idea because, again, you're sworn to accept and apply the law as I state it to you now.

Now, as has been said several times, ladies and gentlemen, you are the sole and exclusive judges of the facts in this case. Understand that a trial judge is not permitted to comment on or make any statement about the

facts in any case tried by a jury. Since you're the sole judges of the facts, please don't think by anything that I've said during the progress of this trial in ruling upon the admissibility of evidence or otherwise that I have any opinion about the facts in this case. Ladies and gentlemen, the law does not permit me to have any opinion about the facts. This is solely for you to determine.

Now, in judging the facts, ladies and gentlemen, there are typically two types of evidence presented during a trial: direct evidence and circumstantial evidence. Direct evidence is the testimony of a person who claims to have actual knowledge of a fact such as an eyewitness. It's evidence which immediately establishes the main fact which is sought to be proven. Circumstantial evidence is proof of a chain of facts and circumstances which then indicate the existence of a fact. It's evidence which immediately establishes collateral facts from which the main fact may be inferred.

Circumstantial evidence is based on inference and not on personal knowledge or observation. It's proof that does not actually establish the fact in question but that asserts or describes something else from which you may either reasonably infer the truth of the fact or at least reasonably infer an increase in the probability that the fact is true.

For circumstantial evidence to be sufficient to warrant the finding of the fact, the circumstances must lead to that fact with reasonable certainty. The facts and circumstances should be considered in light of your ordinary experience and common sense. And again, the existence of a fact cannot be based on speculation, surmise or conjecture.

Now, the law makes absolutely no distinction between the weight or value to be given to either direct or circumstantial evidence, nor is a greater degree of certainty required of circumstantial evidence than of direct evidence.

Now, as part of your job, ladies and gentlemen, necessarily, you have to determine the credibility of witnesses who have testified in this case. And again, credibility just means believability. It becomes your duty as jurors to evaluate the evidence and determine which evidence convinces you of its truth.

In determining the believability of witnesses who have testified, you can believe one witness over several or several witnesses over one witness; you can believe a part of the testimony of a witness and reject the remaining part of the testimony of that same witness; you may believe the testimony of a witness in its entirety or reject it in its entirety; you may consider whether the

witness has any interest in the result of the trial, whether the witness is prejudiced towards either the plaintiff or the defendant; you can consider the opportunity for the witness to have seen the matters and things about which they testify; and you may also consider the way they act while on the witness stand.

Now, ladies and gentlemen, I instruct you that under the law a detention center has a duty to provide access to reasonable and necessary medical care and treatment for an inmate. The question for you is whether the defendant breached this duty in a grossly negligent manner. I instruct you that the plaintiff has the burden of proof in this case, and to recover, the plaintiff must prove that the defendant was grossly negligent. While negligence is merely the failure of a person to exercise due care, gross negligence is the failure to exercise even slight care. That is, gross negligence involves a conscious failure to exercise due care. A person who was so indifferent to the consequences of his conduct as to not give a slight care as to what he is doing acts with gross negligence.

Now, in this case, ladies and gentlemen, there's been some testimony about policies and procedures. The plaintiff claims that the defendant failed to comply with one or more of its own policies or procedures as it relates to not consistently dispensing the nonnarcotic

pain medication to the plaintiff and/or not providing him with his neck brace. Under the law where there is a relevant internal policy or procedure and the plaintiff shows that the defendant violated the policy or procedure, the violation may be considered by you as evidence of gross negligence and may be considered in connection with all other facts and circumstances surrounding the case in determining whether the defendant was grossly negligent.

A defendant may also delegate a duty to an independent contractor to provide medical care or dispense medication to inmates of a detention center, but if the independent contractor breaches the duty by acting negligently or improperly, the defendant remains liable for that breach. In other words, a duty to properly dispense medication may be delegated to another, but any liability for a failure to perform that duty is not delegable.

Next, ladies and gentlemen, the plaintiff must prove that the defendant's gross negligence was the proximate cause of any excess pain that he would otherwise -- than he otherwise -- than he would have normally -- let me just start over with that one, okay? Next, the plaintiff must prove that the defendant's gross negligence was the proximate cause of any excess pain than what he would have normally experienced if he had possession of his neck

brace and/or if medication had been dispensed to him appropriately.

Now, if you decide that the plaintiff is entitled to a verdict, your next step would be to decide how much money the defendant should be required to pay. Actual damages are to compensate the plaintiff for the plaintiff's injuries or loss and to put the plaintiff as near as possible in the same position that he was in before the incident occurred. In other words, actual damages would be the actual losses and pain which the plaintiff has suffered because of the defendant's negligence.

I instruct you that under the law, pain and suffering compensates the plaintiff for physical discomfort and emotional response to the sensation of pain caused by the injury. There is no definite standard by which to compensate the plaintiff for pain and suffering. You have the authority to determine the amount, if any, to be allowed for pain and suffering using your calm and reasonable judgment to ensure that the damages are just and reasonable in light of the testimony and the evidence presented in this case.

Furthermore, ladies and gentlemen, I instruct you that mental suffering, apprehension, shock, fright, emotional upset, humiliation and anxiety, either present

or expected, can be properly considered as an element of damages. The amount of damages for mental suffering, of course, cannot be exactly measured.

Now, ladies and gentlemen, in this case the defendant claims that the plaintiff's own negligence proximately caused the plaintiff's injuries. If you find that the defendant was negligent, then you must then decide whether the plaintiff was negligent. Defendant must prove by a preponderance or greater weight of the evidence that the plaintiff breached a duty of care which proximately caused the plaintiff's injuries, in this case the excessive pain. The same law that I've instructed you on that you will use in deciding whether the defendant was grossly negligent should be used in deciding whether the plaintiff was negligent.

If you find that the negligence of both the plaintiff and the defendant proximately caused the plaintiff's injuries, you must then decide how much of the negligence of the plaintiff contributed to his injuries and how much the defendant's negligence contributed to the plaintiff's injuries.

In deciding the percentages of negligence of the plaintiff and the defendant, you may consider among other things the following factors: first, whether each party's conduct was only inadvertent or whether it was engaged in

with an awareness of the dangers involved; you may consider each party's capabilities and abilities to realize and eliminate the risks involved; you may consider the relative closeness of the causal relationship of the negligent conduct of the defendant and the harm to the plaintiff; and you may consider whether the conduct of either party involved, involved a violation of a safety statute or regulation.

Now, Mr. Foreman, I've prepared a verdict form that will help guide your deliberations, and it kind of spells out sort of maybe a flowchart way that you can approach this case in this matter, all right? And I'm just going to explain it to you. I don't think you're going to have any questions about it. If you do, send me a note. I'll try to help you, all right?

But basically, the first question asks: Was the defendant grossly negligent based upon the definition of gross negligence that I've given you here? If you answer that the defendant was grossly negligent, you would then go on to Question Number 2. If you find that the defendant was not grossly negligent, then you stop your deliberations, sign the verdict form, knock on the door, let the bailiff know, okay? And we'll get you back out here.

So if you find that the sheriff's department was

grossly negligent, you would then go down to Question Number 2, which asks: Was the defendant's gross negligence a proximate cause of the plaintiff's injuries, namely, his excessive pain? If you answer yes, you go to Question 3. If you answer no, you stop your deliberations, sign the verdict form, knock on the door, and we bring you in.

Question 3 then asks: Was the plaintiff negligent? If the answer is yes, you go to the next question. If the answer is no, then you go to Question 7. There's a typo here so I'm going to correct that right now.

If you conclude that the plaintiff did contribute in some way to his own pain, then you would go to Question Number 4. That asks: Was the plaintiff's negligence also a proximate cause of his injuries, his excessive pain? If yes, you go to Question 5. If no, you go to Question 7.

Question 5 then says: Using the combined negligence that proximately caused the plaintiff's injuries is 100 percent, what percentage of the negligence is attributable to the plaintiff and what percentage is attributable to the defendant? You've got to break down on the next page plaintiff's percentage, defendant's percentage, okay? That, of course, has to add up to 100 percent.

The next question, Number 6: Was the plaintiff's

negligence greater than 50 percent? If the answer is yes, then the plaintiff is not entitled to any recovery. You would sign the verdict form, knock on the door. If you find that the plaintiff's negligence was 50 percent or less, then you would answer no and you go to Question 7 which asks about the amount of damages as I've instructed you, okay?

Again, not terribly complicated, the verdict form. I think you're not going to have any problem with it, all right?

Now, ladies and gentlemen, all 12 [sic] of you have to agree on the verdict. In South Carolina, we do not have majority verdicts. You have to be unanimous. So all 11 of you have to agree on the outcome in this particular case, okay?

Understand that your verdict cannot be based on sympathy, passion, prejudice, any emotion or any other consideration which is not in evidence in this case.

I'll ask you to return to the jury room at this time or in just a few moments, but I do want to let you know that your cue to begin your deliberations will be receipt of these instructions, the verdict form and the evidence which has been introduced into the record in this particular case, okay?

Additionally, ladies and gentlemen, I sometimes get a

question from jurors. This happens periodically. They'll ask me, well, how long do we have to deliberate? Ladies and gentlemen, five minutes, 15 minutes, five hours. Hopefully, it's not five days. It's entirely up to you, okay? There is no set time in the law. The key thing is that all 11 of you have to agree on whatever the outcome is, and you have to agree as it relates to each and every question posed on the verdict form, all right? So there is no time limit, there is no minimum, there is no maximum.

However, if we start bumping up against 1:00, odds are I'm going to bring you out and let you break for lunch and then we're going to move everything that you're working on. So if you're still deliberating around 1:00, we're going to move everything that you're working on over into the grand jury room, because I have a second jury coming up to start a case at 2:00, so I kind of need that room.

Don't mean to kick y'all out, but the grand jury room is more comfortable.

So if you're still deliberating around 1:00, that's what's going to happen, just to let you know, all right? So deliberating at 1:00, we'll kick you out of there, you go to lunch, and when you come back, you'll go to the grand jury room.

With that, adjourn to the jury room. Don't begin your deliberations. Your cue to begin your deliberations will be receipt of these instructions, the evidence and the verdict form. Thank you.

(WHEREUPON, the jury exits the courtroom.)

THE COURT: All right. Let's double check the evidence and make sure that everything is square as far as what is going back to the jury, and we will get it to them.

MR. HAWKINS: And, Judge, can we briefly just make a record ---

THE COURT: Sure.

MR. HAWKINS: --- and review our objections on the inclusion of the comparative negligence and the noninclusion of the occurrence instruction and then also including the comparative negligence on the verdict form? Just to renew that from yesterday.

THE COURT: Very good point. Very good point. That's renewed. Same ruling as yesterday.

MR. HAWKINS: Thank you, Your Honor.

(WHEREUPON, the jury begins deliberating and a recess is taken.)

THE COURT: All right. Since the jury is still deliberating, I'll go ahead and dismiss them for an hour and 15 minutes and have them report back at 2:15 to the

grand jury room, and let them get some lunch and let us get some lunch, okay?

Let's have the jury in, please.

(WHEREUPON, the jury entered the courtroom.)

THE COURT: All right. The jury is back.

Ladies and gentlemen, we're going to go ahead -- since you're still deliberating, we're going to go ahead and take a lunch break. When you return, when all 11 of you are present in the grand jury room back here, we'll send the material that you've got back there. The evidence that's been introduced, we'll send that back and you can resume your deliberations.

Mr. Foreman, have y'all marked anything on the verdict form yet? Nothing's been marked on it? Okay. If you haven't written anything on -- I was going to give you -- if you'd written something on it, I was going to give you an envelope to put the verdict form in, but if it's still completely blank, just if there's nothing written on it, it can go with the other evidence, okay?

Go ahead and take your lunch break. Be back here at 2:15. Again, I'm going to be starting a case, another case that we picked a jury on in this courtroom at 2:00, so I'll need you to report to the grand jury room, which is right back here, it's right next to my office, okay? So the door right next to where it says Frank Addy, can't

miss it, and they'll help you find it, okay?

So with that, be back at 2:15, and as soon as everybody's here, we can resume deliberations on that, all right? Enjoy your lunch. Don't talk to anybody about it over lunch. Thanks.

When you come back, come to the side door over here. It's locked. Okay. I'll have a bailiff out there, and they'll get you through that locked door that's right back there instead of coming in the main courtroom. Or hold on.

THE BAILIFF: It may be better if they come in -- we put them all in 201 right now, and when they all get there, then bring them around.

THE COURT: That is a better idea.

Go to Room 201 when you come back. 201 is the room you were in on Monday when you first came in, okay? 201. Thanks, guys.

(WHEREUPON, the jury exits the courtroom.)

THE COURT: All right. I'll see you all back around 2:15. Thank you.

(WHEREUPON, a recess is taken.)

THE COURT: I'm told the jury has reached a verdict, in Young vs. Greenwood Sheriff's Department.

Nothing before the jury is received in the courtroom from the plaintiff? Nothing from the defense?

MR. HAWKINS: No, Your Honor.

(WHEREUPON, the jury entered the courtroom.)

THE COURT: All right. The jury is back and seated.

Mr. Foreman, I'm told that the jury has, in fact, reached a verdict in this case; is that correct?

JURY FOREPERSON: Yes, Your Honor.

THE COURT: All right. And all 11 of you agree as to the outcome in this case?

JURY FOREPERSON: Yes.

THE COURT: All right. If you would, hand the verdict form, please, to the bailiff.

All right. Madam Clerk, if you'll publish, please.

VERDICT

THE CLERK: State of South Carolina, County of Greenwood, Tony Young vs. Greenwood County Detention Center, Case Number 16-CP-24-157. Was the defendant grossly negligent? No. Signed by the foreperson, dated September 27th.

THE COURT: All right. Ladies and gentlemen, if this is your verdict, please indicate by raising your right hand. The record will reflect all hands are up.

Anything prior to the jury being discharged from the plaintiff?

MR. WHITE: Not from the plaintiff.

THE COURT: Nothing from the defense?

MR. HARTER: No, sir. Thank you.

THE COURT: Ladies and gentlemen of the jury, I want to thank you for your service here this week. You are done. I've got another jury waiting in there so I'm not going to keep you long except to just tell you a couple of quick things. First of all, your debit cards will be loaded with the payment that you get for jury service. Is it $10 or $15 a day?

THE CLERK: $15 a day.

THE COURT: $15 a day. So it should be $60. That will be loaded on Monday, so these will be available for you to use on Monday. And the clerk will give those to you as you leave.

Also, with your juror payment is a letter from me. I'm saving myself $0.47, $0.48, by simply giving it to you instead of putting it in the mail.

The letter's purpose is primarily to thank you for your jury service this week, but I do have, like most people, I may have an ulterior motive, and I do in this case. It's also to solicit feedback. So if there's anything you liked, I want to know about it, anything you didn't like about jury service, I definitely want to know about it. Any questions that you have about the judicial system, this case, how I did, who I am, my favorite color, give me a call, shoot me an email, whatever the case may

be. I will respond to you. So any questions that you have, I'm more than happy to answer those for you, okay?

I will not keep you any longer except to remind you that because you served here on this jury this week, you do get that get-out-of-jury-service-free card. It's not an actual card. You've got to remember in September 2018 you came here, okay? But the next three years, if you get summoned for General Sessions or Common Pleas Court and you do not want to come, just let the clerk of court know that in September 2018 you came here, you served as a juror, and you will be exempted, okay? You won't even have to show up on the first day. Can't help you if it's Federal Court, magistrates court or city court, but if it's General Sessions or Common Pleas, you're good to go, okay?

With that, I'm not going to keep you any longer. Again, you have my appreciation, you have my most sincerest thanks for the work that you have done here this week. And I won't keep you. Y'all have a great time, great weekend. Watch the game. Stay safe, stay dry. Be good. Thanks.

(WHEREUPON, the jury exits the courtroom.)

THE COURT: Gentlemen, I typically afford ten days for any posttrial motions, so if you want to file a motion for a new trial, that's perfectly fine. Otherwise, it's

been a pleasure working with you guys on this. Hope you've enjoyed your time in Greenwood.

MR. HAWKINS: Thank you, Judge.

MR. WHITE: Thank you, Your Honor.

THE COURT: Y'all take care.

MR. WHITE: We'll take you up on that ten days.

THE COURT: Very good.

(End of transcript of record.)

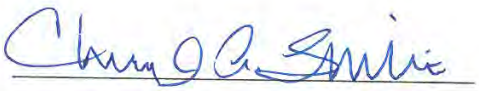
CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA)
COUNTY OF GREENWOOD)

I, CHERYL A. SMITH, Official Court Reporter for the Thirteenth Judicial Circuit of the State of South Carolina, do hereby certify that the foregoing is a true, accurate and complete Transcript of Record of the proceedings had and evidence introduced in the trial of the captioned case, relative to appeal, in the Court of Common Pleas for Greenwood County, South Carolina, on the 26th and 27th day of September, 2018, reported by Circuit Court Reporter Tara Scott and transcribed by me.

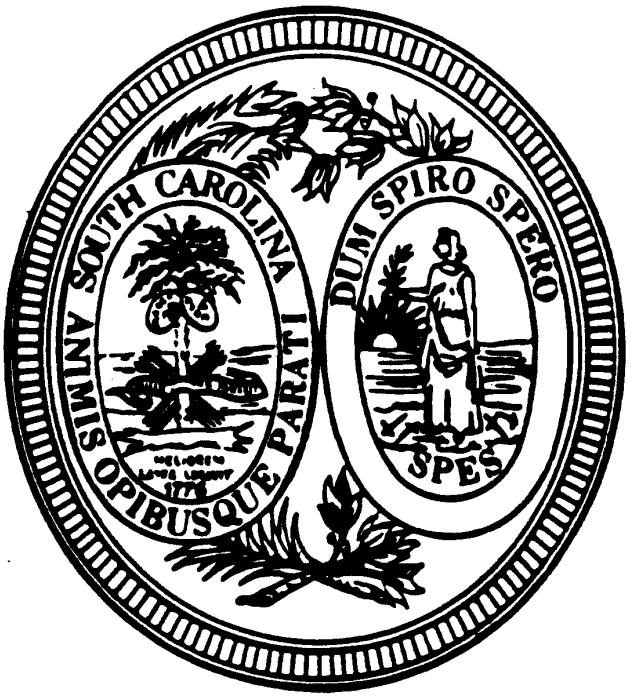
I do further certify that I am neither of kin, counsel, nor interest to any party hereto.

August 2, 2019



Cheryl A. Smith, CVR-M
Court Reporter

Minimum Standards for Local Detention Facilities In South Carolina



TYPE II AND/OR IV FACILITY
CITY, COUNTY, OR REGIONAL JAIL
AND/OR COMBINED JAIL/PRISON CAMP

12/19/2006 *VERSION*

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MINIMUM STANDARDS FOR LOCAL DETENTION FACILITIES IN SOUTH CAROLINA
CHRONOLOGICAL DEVELOPMENT

July 1980	Standards Initially Approved and Adopted
July 1981	Juvenile Standards Added
August 1985	Revisions to Standards 1033 and 1044
December 1987	Local Inmate Work Programs and 4000 Series Added
February 1989	Revisions to Standards Allowing Pre-Trial Multiple Occupancy
April 1991	Revisions to Training Standards and Other Standards Revised
December 1992	Standards Added to Facilitate Direct Supervision
February 1994	Juvenile Secure Holdover Facility Standards Added and Other Standards Revised
August 1994	Juvenile Non-Secure Holdover Facility Standards, Juvenile Detention Center Standards, and Juvenile Community Residential Facility Standards Added
May 1997	Revisions and Additions to Standards After Comprehensive Review
June 1998	Revisions to Standard 1044 Based Upon Freedom of Information Act
December 2004	Home Detention Standards Added
August 2005	Revisions and Additions to Standards After Comprehensive Review

12/19/2006 *VERSION*

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1000 GENERAL INSTRUCTIONS

1001 STATUTORY AUTHORITY

The authority to establish and enforce the standards and requirements herein, unless otherwise noted, is based upon the South Carolina Code of Laws, 1976, as amended, Sections 24-9-10 through 24-9-50, which read as follows:

24-9-10. Jail and Prison Inspection Division established in Department of Corrections; personnel.

There is hereby established a Jail and Prison Inspection Division under the jurisdiction of the Department of Corrections. The inspectors and such other personnel as may be provided for the Division shall be selected by the Director of the Department.

24-9-20. Inspection of State and local penal facilities housing prisoners or pretrial detainees ; reports.

The Division shall be responsible for inspecting, in conjunction with a representative of the State Fire Marshal, at least annually every facility in this State housing prisoners or pretrial detainees operated by or for a state agency, county, municipality, or any other political subdivision, and such inspections shall include all phases of operation, fire safety, and health and sanitation conditions at the respective facilities. Food service operations of the facilities must be inspected at least annually by an employee of the Department of Health and Environmental Control. The inspections of local confinement facilities shall be based on standards established by the South Carolina Association of Counties and adopted by the Department of Corrections, and appropriate fire and health codes and regulations. The division, the inspecting fire marshal, and the food service inspector of the Department of Health and Environmental Control shall each prepare a written report on the conditions of the inspected facility. Copies of the reports shall be filed with the chairman of the governing body of the political subdivision having jurisdiction of the facility inspected, the chairman of the governing body of each political subdivision involved in a multi-jurisdictional facility, the administrator, manager, or supervisor for the political subdivision, the responsible sheriff or police chief if he has operational custody of the inspected facility, and the administrator or director of the inspected facility. All reports shall be filed through the Director of the Department of Corrections.

24-9-30. Enforcement of minimum standards.

(a) If an inspection under this chapter discloses that a local confinement facility does not meet the minimum standards established by the South Carolina Association

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of Counties and adopted by the Department of Corrections, and the appropriate fire and health codes and regulations, the Director of the South Carolina Department of Corrections shall notify the governing body of the political subdivision responsible for the local confinement facility. A copy of the written reports of the inspections required by this chapter shall also be sent to the resident or presiding judge of the judicial circuit in which the facility is located. The governing body shall promptly meet to consider the inspection reports, and the inspection personnel shall appear, if requested, to advise and consult concerning appropriate corrective action. The governing body shall initiate appropriate corrective action within ninety days or may voluntarily close the local confinement facility or objectionable portion thereof.

(b) If the governing body fails to initiate corrective action within ninety days after receipt of the reports of inspections, or fails to correct the disclosed conditions, the Director of the South Carolina Department of Corrections may order that the local confinement facility, or objectionable portion thereof, be closed at such time as the order may designate. However, if the Director determines that the public interest is served by permitting the facility to remain open, he may stipulate actions to avoid or delay closing the facility. The governing body and the resident or presiding judge of the judicial circuit shall be notified by registered mail of the Director's order closing a local confinement facility.

(c) The governing body shall have the right to appeal the Director's order to the resident or presiding judge of the circuit in which the facility is located. Notice of the intention to appeal shall be given by registered mail to the Director of the South Carolina Department of Corrections and to the resident or presiding judge within fifteen days after receipt of the Director's order. The right of appeal shall be deemed waived if notice is not given as herein provided.

(d) The appeal shall be heard before the resident or presiding judge of the circuit who shall give reasonable notice of the date, time, and place of the hearing to the Director of the South Carolina Department of Corrections and the governing body concerned. The hearing shall be conducted without a jury in accordance with the rules and procedures of the Circuit Court. The Department of Corrections, the governing body concerned, other responsible local officials, and fire and health inspection personnel shall have a right to be present at the hearing and present evidence which the court deems appropriate to determine whether the local confinement facility met the required minimum standards on the date of the last inspection. The court may affirm, reverse, or modify the Director's order.

24-9-35. Reports of deaths of incarcerated persons; penalty.

If any person dies while being incarcerated in any municipal or county overnight-

Legislative Services Agency

lockup, or jail, county prison, or state correctional facility, the jailer or any other person physically in charge of the facility at the time death occurs shall immediately notify the coroner of the county in which the institution is located. The jailer or other person in charge shall also report the death and circumstances surrounding it within seventy-two hours to the Jail and Prison Inspection Division of the Department of Corrections. The division shall retain a permanent record of such reports. Reports shall be made on forms prescribed by the division.

Any person knowingly and willfully violating the provisions of this section shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than one hundred dollars.

24-9-40. Certification of compliance with design standards; notification of opening or closing of state or local prison facility.

In order to certify compliance with minimum design standards, the Jail and Prison Inspection Division of the Department of Corrections shall be provided with architectural plans before construction of any state or local confinement facility. Further, the Jail and Prison Inspection Division shall be notified not less than fifteen days prior to the opening of any state or local prison facility so that inspections and reports may be made. Ninety days prior to the closing of any state or local prison facility, the Division shall be notified by the officials concerned.

24-9-50. Reports on detention facilities to the Department of Corrections; electronic reporting preferred.

(A) Each local governmental entity responsible for a municipal, county, regional, or multi-jurisdictional detention facility shall report to the Department of Corrections, at the times and in the form required by the department, data and information prescribed by the department:
(1) for the classification and management of inmates who receive sentences greater than three months; and
(2) on the classification and management of inmates who are in pretrial status and inmates who receive sentences to be served locally.

(B) Data and information authorized in the Minimum Standards for Local Detention Facilities in South Carolina for the operation and management of a statewide jail information system shall be reported to the department by each local governmental entity.

(C) To the greatest extent possible, reports should be submitted through a means of electronic data transfer approved by the department. If it is not possible for a local governmental entity to submit reports through the approved means of electronic data transfer, it shall certify such to the department. The department and the respective local governmental entity shall determine a suitable alternative means for submission of reports until such time as the local

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governmental entity is able to electronically transfer data in the manner approved by the department.

1002 INTRODUCTION

These regulations have been prepared and adopted for the purpose of establishing minimum standards for the operation, administration, and design of detention facilities. These regulations shall be known as "Minimum Standards." The development of these standards has not been an arbitrary or discretionary procedure. Various agencies and organizations involved in local corrections in South Carolina were solicited and asked for comments on these standards. Various national standards developed by professional organizations such as the American Correctional Association, the National Sheriffs' Association, and the American Medical Association, as well as sound management principles, were the fundamental guides for the development of the standards.

The appendices to these standards are provided as reference material. As such, they shall be updated as deemed necessary.

1003 INTEGRITY OF INDEPENDENT SECTIONS

If any section, subsection, sentence, clause, or phrase of these standards is, for any reason, subsequently held to be unconstitutional; contrary to federal or state law; or otherwise inoperative, such decisions shall not affect the validity of the remaining portion of the standards.

1004 OTHER STANDARDS AND REQUIREMENTS

These are considered minimum standards and nothing that is contained in these standards shall be construed to prohibit a city, county, or multi-jurisdictional agency operating a local detention facility from adopting other standards and requirements governing its own employees and facilities, provided such standards exceed and do not conflict with these standards. Nor shall these standards be construed as an authority to violate any state fire safety regulation or code, building code, or health and safety regulation or code.

1005 DEFINITIONS

The following definitions shall apply:

(a) "Agency Director " means the governing authority for the South Carolina Department of Corrections, who and which act by and through the Director of the Jail and Prison Inspection Division and his/her designated employees.

(b) "Facility Administrator" herein means the County Administrator/Manager/Supervisor, Sheriff, Mayor, City Administrator/Manager, or other official charged by law with the administration of a local detention facility.

(c) "Facility Manager" means the director, chief jailer, warden, superintendent, administrator, or other comparable employee who has been delegated the responsibility for operating a local detention facility by a Facility Administrator.

(d) "Shall" is mandatory; "should" is expected practice; and "may" is permissive.

(e) "Security personnel" means those officers with the rank of deputy, correctional officer, detention officer, or other equivalent sworn or civilian rank whose primary duties include the supervision of inmates.

(f) "Emergency" means any significant disruption of normal policies, procedures, or activities caused by riot, fire, attack, or other similar disturbance.

(g) "Facility" is, for the purposes of these standards, any holding cell (if not part of another facility as defined in this paragraph); overnight lockup; juvenile holdover facility; city, county, or multi-jurisdictional jail; county prison camp or work camp; work/punishment center; juvenile detention center; or juvenile community residential facility.

(h) "Holding Cell" is a facility (City/County/Multi-Jurisdictional Lockup) for the temporary holding of persons for detoxification or who are awaiting bond, other judicial action, or transportation. If a person is to be detained longer than six (6) hours, he/she shall be transferred to a Type I or Type II facility.

(i) "Type I Facility" is a facility (overnight lockup) for the temporary detention of persons who are being held while awaiting a judicial hearing. If a person is going to be detained longer than forty-eight (48) hours, he/she shall be transferred to a Type II facility unless there is some documented compelling reason for not doing so.

(j) "Type II Facility" is a facility (City, County, or Multi-Jurisdictional Jail) which houses persons awaiting court action, inmates sentenced to three (3) months or less, and civil contemptors.

(k) "Type III Facility" is a separate facility (County or Multi-Jurisdictional Prison Camp) which houses only sentenced adult inmates.

(l) "Type IV Facility" is a facility (combined County or Multi-Jurisdictional Jail/Prison Camp) which houses persons awaiting court action, civil contemptors, and inmates sentenced to three (3) months or less, and which may also house inmates with longer sentences under a designated facilities agreement with the Department of Corrections.

(m) "Type V Facility" is a work/punishment center, stand alone or otherwise, which houses sentenced inmates and civil contemptors who are participating in community programs such as work release or education release.

(n) "Type VI Facility" is a Juvenile Holdover Facility for the temporary custody of juveniles who are awaiting an initial detention hearing. If a juvenile is not released after the hearing, he/she must be transferred to a Type VII or VIII facility.

(o) "Type VII Facility" is an approved Juvenile Detention Center for the lawful custody and treatment of juveniles who are alleged to have committed acts that would actually constitute a violation of criminal law if committed by an adult.

(p) "Type VIII Facility" is a Juvenile Community Residential Facility which is a structure, or is within a structure, that lacks security hardware and other more traditional confinement accessories and which serves as an alternative for providing non-secure housing and/or programming for pre- and/or post-adjudicatory juveniles.

(q) "Type IX Facility" is Home Detention, which means confinement of a person to his/her place of residence and/or other location(s) as an alternative to incarceration when there are both legal authority and administrative provisions to do so. (Added December 2004)

(r) "Standards" are the paragraphs, sections, or lines preceded by a four (4) digit number, which are considered minimum standards for the operation of a local detention facility. "Discussion" following a standard is for guidance and clarity, but it is not part of the official standard nor is it mandated. "Recommendations" should not be considered standards. They are principally suggestions for the efficient operation of a facility, but they are not mandatory.

*(s) "Juvenile" is an individual who is under the age of seventeen years.

* (t) "Delinquency" means the commission of an act by a juvenile which, if committed by an adult, would constitute a violation of the law.

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* (u) "Status Offenders" are juveniles who are charged with, or who have committed, offenses that would not be criminal if committed by an adult.

* (v) "Juvenile Detention" means the temporary care of juveniles in physically restrictive facilities. This does not constitute " arrest" but "custody." Custody is not punitive.

(w) "Direct Supervision" means management of inmates in which security personnel are not separated by a barrier that prohibits visual and audio interactions with the inmates. Officers work directly in housing units and provide frequent, non-scheduled observation of and personal interaction with inmates. Each housing unit has at least one (1) Security Officer posted to supervise the unit twenty-four (24) hours a day, seven (7) days a week. Security Personnel are assigned/posted to housing units at a ratio of no less than one (1) per every sixty-four (64) inmates or portion thereof. When the entire inmate population in a living unit is in a secured mode (e.g., cells/rooms are locked for sleeping, etc.), the ratio may be altered, provided that adequate supervision is maintained in each living unit. (Revised August 2005)

(x) "Housing Unit" means a group or cluster of single and/or multiple occupancy cells or detention rooms that houses inmates and is immediately adjacent and directly accessible to a day or activity room.

(y) "Local Detention Committee" refers to the permanent, formal group established by the South Carolina Association of Counties for the purpose of considering requests for waivers, proposed classification plans, and other appropriate matters as determined by the Association's Board of Directors.

(z) "Variance" is a temporary deviation from a standard(s) in extenuating circumstances which can be overcome in a reasonable period of time; "waiver" is a long term deviation from a standard(s) in extenuating circumstances which are not likely to be overcome in a reasonable period of time.

(aa) "Essential Support Functions" are the duties and activities identified by the Facility Manager and the Jail and Prison Inspection Division for the safe, secure, and efficient operation of the facility. (Revised August 2005)

(ab) "Juvenile Charged as Adult" is a person under the age of criminal majority, who may be housed in an approved adult facility which meets separation requirements because his/her case is being handled in General Sessions Court. (Revised August 2005)

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(ac) "Average Daily Population (ADP)" is the official count taken at midnight for an aggregate time period and divided by the number of days in the specified time period. (Revised August 2005)

(ad) "Average Length of Stay (ALOS)" is the period of time spent in a facility by pre-trial inmates as calculated using the following formula: ALOS = (365 x Pre-trial ADP ÷ Total Pre-trial Bookings for One Year). (Revised August 2005)

(ae) "Operational Capacity" is the optimum number of inmates that a facility can efficiently and effectively manage and classify. Operational capacity is usually expressed as a percentage of design or rated capacity (e.g., 80% of rated capacity). This percentage will vary from one facility to another, based on factors such as the types of inmates held, housing unit design, and proximity of staff. *Note: Authoritative Reference: "Resource Guide for Jail Administrators", Mark D. Martin & Thomas A. Rozazza, NIC, December 2004, Page 52.* (Revised August 2005)

(af) "Design Capacity" is the total number of beds in a facility as envisioned by the architect and initially built. (Revised August 2005)

(ag) "Rated Capacity" is the total number of recognized beds in a facility as approved by the Jail and Inspection Division based upon criteria in the Minimum Standards. (Revised August 2005)

(ah) "Intercom" refers to equipment or a system that enables initiating and receiving sound at each station within a facility without dependence upon staff assistance.

(ai) "Unit Management" means a management system that subdivides a detention facility into units. The unit management system has several basic requirements: (Added December 2006)

1. Each unit holds a relatively small number of inmates. Ideally, there should be fewer than 150 but not more than 500 inmates.

2. Inmates are housed in the same unit for a major portion of their confinement.

3. Inmates assigned to a unit work in a close relationship with a multidisciplinary staff team who are regularly assigned to the specific unit and whose Detention Officers are located within the unit.

4. These staff members have actual decision-making authority for the

institutional programming and living conditions for the inmates assigned to the unit within broad rules, policies, and guidelines established by the Facility Manager and approved by the Facility Administrator.

5. Inmate assignments to each unit are determined by using the facility's classification plan, and are based on the individual inmate's need for control and security, as well as the inmate's need for services and programs offered.

Discussion:
Unit management increases contact between staff and inmates, fosters improved interpersonal relationships, and leads to more knowledgeable decision-making as a direct result of staff dealing with a smaller, more permanent group. At the same time, the facility benefits from the economies inherent in centralized services, programs, and systems, such as utilities, food service, health care, educational systems, vocational programs, and recreational facilities.

*These definitions are not intended to denote language of the current state law, but are given to assist in possible categories of classification.

1006 ACRONYMS (Revised August 2005)

ACA - American Correctional Association
ADA - Americans With Disabilities Act
AJA - American Jail Association
ANSI - American National Standards Institute
DHEC - Department of Health and Environmental Control
IBC - International Building Code
IEBC - International Existing Building Code
IFC - International Fire Code
IMC - International Mechanical Code
IPC - International Plumbing Code
MASC - Municipal Association of South Carolina
NFPA - National Fire Protection Association
NSA - National Sheriffs' Association
OSHA- Occupational Safety and Health Administration
SBC - Standard Building Code
SC - South Carolina - used to denote existing edition of the Minimum Standards for Local Detention Facilities in South Carolina
SCAC - South Carolina Association of Counties
SCDC- South Carolina Department of Corrections
SCDJJ - South Carolina Department of Juvenile Justice
SCJAA - South Carolina Jail Administrators' Association

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SCSA - South Carolina Sheriffs' Association
SEBC -Standard Existing Building Code
SFMRR - State Fire Marshal Rules and Regulations
SFPC- Standard Fire Prevention Code
SL- State Law
SMC - Standard Mechanical Code
SMSA - Standard Metropolitan Statistical Area

1010 APPLICATION OF STANDARDS

1011 TYPES OF FACILITIES

All standards and requirements herein shall apply to every local detention facility in South Carolina except as where distinctions are made by type of facility. (Refer to Standard 1005, DEFINITIONS, paragraphs (g) through (q).)

(a) All standards herein preceded by "J" shall apply only to juveniles.

(b) All other standards shall apply to all persons.

1012 VARIANCES AND WAIVERS

(a) The Director, Jail and Prison Inspection Division, may grant specific variance from these standards for sufficient reasons and in the public interest. Any variance granted shall be reviewed at least annually by the Director and continued only if substantial progress is being made to comply with the standard(s).

(b) All requests for waivers shall be submitted in writing to the Director, Jail and Prison Inspection Division, with explanation of extenuating circumstances and justification included. He/she shall review all documentation available to him/her, may consult with local officials where the facility is located, and may request additional information. A written recommendation from the Director, Jail and Prison Inspection Division, shall be submitted within thirty (30) days to the Local Detention Committee of the South Carolina Association of Counties. The Committee may request additional information from any of the parties involved, and may ask them to appear in person to clarify issues and answer questions from members of the Committee. A written response shall be rendered by the Committee within sixty (60) days after receiving the referral and recommendation from the Director, Jail and Prison Inspection Division. Decisions of the Committee shall be final.

1013 EMERGENCY SUSPENSION OF STANDARDS

The Facility Administrator may temporarily suspend, for a period not to exceed thirty (30) days, any standard herein in the event of an emergency which threatens the safety of the local detention facility, any of its inmates or staff, or the public.

Such suspension shall be reported to the Jail and Prison Inspection Division immediately, or no later than the next business day, by telephone, and then in writing via fax; through e-mail; or by letter as soon as practical, outlining the nature of the emergency; expected end of the emergency; and steps taken to reduce or eliminate it. In no event shall such a suspension continue more than thirty (30) days without the approval of the Director, Jail and Prison Inspection Division, for a time specified by him/her. (Revised August 2005)

1014 INSPECTIONS

Inspecting authorities employed by the Department of Corrections are charged with the duty of inspecting all detention facilities within the State. Inspecting authorities may enter any detention facility in this State at any time without prior notice; shall be admitted without unnecessary delay; and may confer privately with any employee or inmate after coordination with the Facility Manager or the senior official on duty. Visits will deal with inspections and/or related matters but will not involve investigations of criminal activities. As a professional courtesy, inspecting authorities will attempt to meet with the Facility Manager or senior official on duty at the time of the visit. Inspecting authorities may make additional visits to provide technical assistance when requested.

In accordance with South Carolina Code of Laws § 24-9-20, staff from the Jail and Prison Inspection Division of the Department of Corrections will conduct an annual inspection of each facility. The inspecting authorities will conduct an exit interview with the Facility Manager or designee. A written report will be provided within sixty (60) days of the inspection. (Revised August 2005)

1020 ADMINISTRATION/MANAGEMENT

Once a year, the Facility Administrator should arrange for a visit of the facility by the governing body, circuit court judges, magistrates, and other interested parties, to examine the facility's condition, the treatment of inmates, and the programs available to inmates.

1021 MANUAL OF POLICIES AND PROCEDURES

(a) Each facility shall have a written manual of all policies and procedures for the operation of the facility. Each policy and procedure shall be reviewed

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annually and updated as needed. These policies and procedures shall be made readily available to all personnel.

(b) The following standards require written policies and procedures:

1022	1066	2034
1036	1067	2035
1037	1068	2036
J1041.1	1081	2037
1042	1083	2051
1043	1091	2052
1044	1092	2053
1045	1093	2054
1046	2001	2055
1051	2002	2056
1061	2014-24	2070
1062	2030	2080
1063	2031	2090
1064	2032	3001
1065	2033	

(c) Comprehensive post descriptions for each facility operational position shall be in writing and made available to each employee performing the function. (Revised August 2005)

1022 EMERGENCY PRE-PLANNING

Each facility shall have current written procedures to be followed in emergency situations. These plans shall include procedures for the following emergency situations:

fire	disturbances
escape	suicides and attempted suicides
taking of hostages	power failures
group arrests	natural disasters
bomb threats	homeland security issues

(Revised August 2005)

Discussion:
The facility should detail in writing specific procedures which can be implemented quickly when an emergency occurs. The procedures should contain provisions for sounding an appropriate alarm, alerting officials, mobilizing needed resources, and ending the alert. For example, a fire suppression plan would be coordinated with, and recognized by, the local fire department and would include a fire prevention plan

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in the policies and procedures manual; regular facility inspection by staff; fire prevention inspections by the fire department having jurisdiction; an evacuation plan; and a plan for the emergency housing of inmates in case of a fire.

1023 INMATE POPULATION REPORT

Each facility shall conduct and record an inmate head count at least once per shift.

1030 PERSONNEL

At least one (1) security officer per shift should have Cardio-Pulmonary Resuscitation (CPR) training.

1031 NUMBER OF PERSONNEL

(a) The Facility Administrator shall designate a Facility Manager qualified by training and experience to supervise staff and inmates. (Revised August 2005)

(b) Each facility shall have sufficient personnel to provide twenty-four (24) hour supervision and processing of inmates, to arrange full coverage of all identified security posts, and to accomplish essential support functions. (Revised August 2005)

(c) If one (1) or more female inmate(s) is/are in custody, there shall be at least one (1) female security officer on duty, who shall be immediately available and accessible to female inmates.

(d) A staffing analysis (using NIC Staffing Analysis Workbook or other industry recognized plan) shall be conducted to determine facility staffing needs. The staffing analysis shall be reviewed annually and updated as needed. (Revised August 2005)

(e) Each facility shall have a designated training coordinator. (Revised August 2005)

1032 JAIL MANAGEMENT TRAINING

All managerial personnel, including the Facility Manager and supervisory personnel, of each local detention facility, shall successfully complete a jail management training program as prescribed and/or approved by the South Carolina Criminal Justice Academy. Such management training shall include but not be limited to:

(a) Fiscal and personnel management

(b) Administrative and logistical support management
(c) Correctional program development
(d) Jail planning
(e) Legal problems in Jail administration
(f) Community relations
(g) Community resources for juvenile detention alternatives
(h) Suicide prevention.

Such management training shall be satisfactorily completed by all managerial personnel as soon as practical but, in any event, within not more than one (1) year after the date of assignment to supervisory duties. Anyone who has completed jail management training prior to current assignment within the last three (3) years and/or has three (3) years of corrections management or corrections supervisory experience may be exempted from this requirement upon a review of credentials by the Criminal Justice Academy. (Revised August 2005)

1033 JAIL OPERATIONS TRAINING

All security personnel and supervisory personnel shall successfully complete the comprehensive jail operations training program and orientation to the facility's mission and tasks as prescribed and provided by the South Carolina Criminal Justice Academy. Such training shall include but not be limited to:

(a) Security and emergency procedures
(b) Inmate attitudes and behavior
(c) Inmate supervision techniques
(d) Inmate disciplinary procedures
(e) Supervision of special inmates
(f) Minority group relations
(g) Inmate correctional programs
(h) Care and management of juveniles
(i) Laws pertaining to local detention and holding facilities
(j) Suicide prevention.

A Red Cross first aid training course shall be successfully completed in addition to the jail operations training curriculum.

Such jail operations training shall be satisfactorily completed by all security personnel and supervisory personnel as soon as practical but, in any event, within not more than one (1) year after the date of assignment to security duties.

The Facility Manager or designee shall coordinate with the Criminal Justice Academy within the first six (6) months of each employee's hire date to schedule jail operations training. (Revised August 2005)

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1034 JAIL PRE-SERVICE TRAINING

All non-security personnel (to include: administrative, support, and contract) and volunteers will be required to complete an orientation program which has been approved by the Facility Manager. (Revised August 2005)

Before assignment to custodial or supervisory duties, all security and supervisory personnel shall satisfactorily complete a pre-service course of not less than forty (40) hours of training. Training materials, to include but not limited to, lesson plans, audio-visual aids, and testing instruments, shall be approved by the South Carolina Criminal Justice Academy. Such training shall include but not be limited to: (Revised August 2005)

(a) Security and emergency procedures, including fire safety, fire suppression, and evacuation in case of fire
(b) Handling intoxicated persons
(c) Intake medical screening
(d) Suicide prevention
(e) Classification of inmates to reduce the probability of assaults
(f) Use of force
(g) Facility specific issues.
(Revised August 2005)

The facility shall maintain records of such training. All approved pre-service training may count toward the first year of in-service training required.

NOTE: Such pre-service training shall also be completed by supervisory and security personnel assigned to Holding Cell facilities.

1035 IN-SERVICE TRAINING

All non-security personnel shall be required to complete in-service training which has been approved by the Facility Manager.

All security personnel shall successfully complete required in-service training of no less than forty (40) hours each year. This training shall be approved by the South Carolina Criminal Justice Academy. Such training should include but not be limited to: (Revised August 2005)

(a) Review and update of safety and security procedures, regulations, and equipment
(b) Recent legal decisions on the confinement and treatment of all types of persons detained
(c) Report writing

(d) Sexual harassment
(e) Suicide prevention
(f) Inmate supervision
(g) Use of force regulations and tactics
(h) Emergency plans and procedures
(i) Interpersonal communication
(j) Cultural diversity
(k) CPR and first aid training
(l) Sexual abuse/assault awareness and response
(m) Facility specific issues.
(Revised August 2005)

Discussion:
The purpose of the in-service training is to keep the employees up to date on procedures and incidents and methods of handling them. This requirement may be met by sessions scheduled on a weekly or monthly basis.

1036 TRAINING RECORDS

Each facility shall maintain records on types and hours of training completed by each security officer. This training shall be reported to the South Carolina Criminal Justice Academy in a form acceptable to the Academy.

Each facility shall maintain records on types and hours of training completed by non-security personnel and volunteers. These records shall be reviewed at least quarterly by the training coordinator, and they shall be available for examination by inspectors on-site. (Revised August 2005)

1037 EMPLOYEE REGULATIONS

Each facility shall adopt a written personnel policy which, in effect, prohibits any employee from accepting or presenting to, an inmate, the inmate's family, or any other person, loans, favors, or gratuities on behalf of an inmate.

Employees are encouraged to follow the South Carolina Jail Administrators' Association's Code of Ethics as outlined in Appendix A. (Revised August 2005)

1038 ORGANIZATIONAL CHART

Each facility shall have an organizational chart which reflects the line of authority and responsibility within the facility.

1040 ADMISSION, RECORDS, AND RELEASE

J1041 JUVENILES

No neglected, dependent, or abused child, nor any juvenile who is alleged to be, or adjudicated as, a status offender, shall be detained or confined in an adult detention facility

J1041.1 ADMISSION - JUVENILES

Each facility shall have written procedures for admitting juveniles.

(a) Every attempt shall be made to contact the parent or legal guardian of any juvenile as soon as possible upon his/her admission to the facility provided that this has not already been done by another agency. These attempts may be by telephone call and/or personal visit.

(b) When a juvenile is not released to a parent, guardian, or custodian, the Family Court shall be notified upon admission; or, if admission occurs after business hours, the Family Court shall be notified at the beginning of the next business day.

(c) If a juvenile is not released to the custody of his or her parents, or other responsible adult, upon arrival at the facility, the Department of Juvenile Justice shall be contacted upon admission.

(d) Unless otherwise ordered by the court, a juvenile shall be released to the custody of his/her parents, guardian, custodian, DJJ, or others as designated by the court.

(e) A juvenile who has been taken into custody shall not be detained or placed in secure confinement for more than six (6) hours in any facility which is not approved as a juvenile holdover facility or a juvenile detention center.

(f) A juvenile who is to be detained or placed in secure confinement for more than six (6) hours must be given a detention hearing within forty-eight (48) hours from the time of being taken into custody, excluding weekends and holidays.

(g) After the initial forty-eight (48) hour detention, a juvenile shall not be held longer than seven (7) days without a court-ordered extension. Additional extensions, not to exceed seven (7) days each, may be made only by subsequent orders of the court. Such orders shall be in writing.

1042 ADMISSION - TYPE II FACILITIES

Each facility shall have written procedures for admitting new inmates which include:

(a) Verification of arrest or commitment documents
(b) Proper search of the individual
(c) Inventorying, packing, and storing of clothing and personal possessions
(d) Medical screening (See 2053)
(e) Telephone calls by inmates
(f) Shower and hair care, if necessary
(g) Issue of clean clothing
(h) Photographing and, if applicable, fingerprinting
(i) Interview for obtaining identifying data
(j) Screening interview
(k) Orientation
(l) Issue of personal hygiene items
(m) Classification for assignment to a housing unit
(n) Assignment to a housing unit
(o) Obtaining victim information as required by § 16-3-1530.
(Revised August 2005)

1043 GUIDELINES FOR COMMITMENT DOCUMENTS

(a) Arrestees should never be accepted without a formal charging document. Verbal holds shall not substitute for commitment documentation.

(b) An arrest or booking report shall contain a charge and include the name and agency of the arresting officer.

(c) Persons sentenced to the facility shall be legally confined on the authority of a commitment order issued by the court.
(Revised August 2005)

1044 BOOKING AND RECORD INFORMATION

(a) A record for each detainee shall be established at admission, or as soon as possible after admission, and maintained throughout the period of confinement. Such record(s) shall include:

(1) Picture
(2) Booking number
(3) Date and time of arrest
(4) Name and aliases of person
(5) Social Security number (Revised August 2005)

(6) Last known address
(7) Date and time of commitment and authority thereof
(8) Names and titles of officers presenting and receiving detainee
(9) Specific charges
(10) Court and sentence (if sentenced prisoner)
(11) Sex
(12) Age and date of birth,
(13) Race
(14) Marital status
(15) Name and address of next of kin
(16) Health status
(17) Record of cash and property
(18) Record of misconduct and discipline administered
J(19) Name, address, relationship, and telephone number of parent(s), legal guardian(s), and person(s) with whom a juvenile resides at time of admission and/or other methods of contact.
(20) Medical records
(21) Bond information.
(Revised August 2005)

Medical records shall be secured and shall be available to staff members only when such access is required in the performance of duties. Juveniles shall be photographed and fingerprinted only in accordance with state law.

(b) Each facility shall comply with applicable laws regarding information in its possession and for which it is responsible.

(1) Each facility shall maintain a mechanism for the release of information for public inspection and copying and shall include items 3, 4, 6, 7, 8, 9, 11, 12, 13, and 21 of (a), above.

(2) Each facility shall maintain documents which identify all persons confined during the preceding three (3) months. This information shall be made available for public inspection and copying without the requestor being required to make a written request to inspect or copy the records when the requestor appears in person. Reasonable fees may be charged as allowed by the Freedom of Information Act (SC Code §30-4-10).
(Revised August 2005)

J(c) Each facility shall have written policies and procedures for safeguarding juvenile records from improper and unauthorized disclosure.

(1) Juvenile records shall be clearly marked "Confidential."

(2) Juvenile records shall be kept secured and separate from adult records.

(3) Records of juveniles shall not be opened to public for inspection, and shall be opened to inspections only by such government agencies as are legally authorized.

1045 RETENTION OF INMATE PROPERTY

Facility policy shall require that, whenever cash or personal property is taken from an inmate, the following actions shall be taken:

(a) A listing, including description, of each item shall be made and signed by both the employee and the inmate. A copy of this list shall be made available to the inmate as a receipt. If an inmate refuses to sign, the reasons for his/her refusal should be noted on the list and witnessed by a second employee.

(b) The property taken shall be kept under lock and key.

(c) When the property is returned to an inmate, he/she shall be directed to sign a statement saying that the property has been returned to him/her. If he/she refuses to sign, a second witness is needed.

(d) A facility shall not release inmate property to any third party without the inmate's written permission or by court order.

(e) Facility policy shall govern the possession of items of clothing or jewelry.

1046 ADMISSION OF INJURED, ILL, OR INTOXICATED DETAINEES

Any prisoner who appears to be either severely injured or acutely ill, or who is in a stupor or a coma, even though the apparent cause may be intoxication, shall be examined by a physician prior to acceptance or admission to rule out the possibility of brain injury or organic disease as a cause of the apparent disability.

Further, if after an examination and treatment as appropriate, and upon advice and concurrence of the examining physician, the prisoner is kept at the facility, he/she shall be maintained by security staff under the level of observation determined necessary by the physician until such time that he/she shall have completely recovered from the stupor or coma. If, after a reasonable period of time, he/she has not completely recovered, the prisoner shall be transferred to a medical facility for further examination and treatment.

1047 DEATH OF AN INMATE

The death of a inmate must be reported in writing to the Jail and Prison Inspection Division within seventy-two (72) hours of the occurrence. The Facility Administrator shall request an autopsy by the County Coroner or his/her designee to ascertain the cause of death.

1048 RECORDING AND REPORTING OF ATTEMPTED SUICIDES

A report of each attempted suicide shall be included in the records of the attempting inmate and of the facility. Each attempted suicide shall be reported immediately to the responsible medical authority or a health or mental health authority.

1049 LOG REPORTS

All unusual incidents which involve or endanger the lives or physical welfare of employees, inmates, and/or visitors shall be recorded and retained. Incidents involving death, fire, or escape should be reported by telephone to the Jail and Prison Inspection Division on the day they occur or, when they occur after business hours, they shall be reported on the next business day. Deaths shall be reported in writing within three (3) days, and other incidents shall be reported in writing within five (5) days.

1050 ORIENTATION

An orientation program by the facility's staff shall be conducted for new inmates. The orientation shall include but not be limited to:

(a) Information pertaining to facility procedures such as those concerning wake-up time, meals, mail, visiting, telephone, work, and medical care
(b) Rules of conduct
(c) Disciplinary procedures
(d) Contraband
(e) Information regarding available programs.

Reasonable accommodations shall be made for non-English speaking inmates, illiterate inmates, and inmates with disabilities. (Revised August 2005)

1051 DISCHARGE, TRANSFER, OR RELEASE OF AN INMATE

Positive inmate identification shall always be made by the releasing officer before discharge, transfer, or release is effected. An NCIC check should be conducted prior to the release of an inmate. Upon determination and verification that a release has been properly authorized, clearance procedures should be carried out expeditiously

in order to avoid unnecessary delay. Whenever a discharge, transfer, or release is effected, a record shall be made of the date, time, and authority.

The discharge process should also address the following issues:

(a) A signed property form verifying the return of all inmate property, including valuables and money; (If the inmate refuses to sign the property form, another employee should sign as witness that the inmate refused.)

(b) A signed form verifying that all approved medication has been given to the inmate;

(c) A signed form verifying that all facility owned property has been turned in by the inmate;

(d) Verification of identity and completion of a NCIC check, fingerprint card, and current photo on file;

(e) Verification that there are no existing holds and detainers;

(f) Confirmation of victim notification as outlined in South Carolina Code of Laws §16-3-1530. (Revised August 2005)

1060 SECURITY

1061 WEAPONS CONTROL

(a) Except in emergency situations, no employee, law enforcement personnel, or other official shall be permitted to carry firearms within the security portion of a facility.

(b) Space for temporary storage of firearms should be provided at each facility.

(c) Each facility shall establish policies and procedures governing the use of less lethal devices. (Revised August 2005)

1062 CHEMICAL AGENTS/OC SPRAY

(a) Facility personnel authorized to use tear gas, mace, and other noxious gases shall be trained in the proper employment of the chemical agents.

(b) Chemical agents shall be inventoried, inspected, and, if applicable, weighed every month to determine their condition and expiration dates.

(c) Each facility shall have procedures stating that a report to the Facility Administrator must be filed each time that chemical agents are used. (Revised August 2005)

Discussion:
Special attention should be given to the potential danger of the spreading of gas through the air ventilation system. Inmates must be removed if the area becomes contaminated.

1063 KEY CONTROL

(a) Facility and vehicle keys shall be inventoried and stored in a secure key locker when not in use.

(b) There shall be one (1) full set of well-identified facility keys, other than those in use, secured in a place accessible only to authorized personnel for use in the event of an emergency.

(c) No inmates, including trusties, shall be permitted access to, nor allowed to handle, facility or vehicle keys. (Revised August 2005)

(d) An inventory and log of all keys shall be made at the beginning of each shift. (Revised August 2005)

(e) Keys necessary for unlocking doors installed in a means of egress shall be individually identifiable by both touch and sight as mandated by Standard 408.7.4. of the International Fire Code. (Added August 2005)

1064 TOOL CONTROL

There shall be a tool control plan including the standard use of inventory shadow boards, etchings, or color coding of facility tools to ensure that such tools are not used to breach the security of the facility. This plan shall include tools used in the kitchen and medical units. Tools brought into the facility for maintenance or repairs shall be accounted for at all times. (Revised August 2005)

1065 FACILITY SECURITY

(a) All inmates leaving the confines of the facility for any reason should be searched prior to leaving and shall be searched prior to re-entering the facility. (Revised August 2005)

(b) All security locks and doors shall be regularly inspected to ensure proper working order.

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(c) All cellblock doors and all corridor doors shall be kept locked except when necessary to permit entry or exit.

(d) Unoccupied cells, detention rooms, and storage rooms shall be kept locked at all times.

(e) All facilities shall have two-way intercom systems for emergency communications. This shall not substitute for security personnel, as required in Standard 1031.

(f) All incidents that result in serious physical harm to or threaten the life of any inmate in the facility shall be reported promptly to the Facility Manager. (Revised August 2005)

(g) Vehicles in the facility's parking lot should be kept locked. (Added August 2005)

1066 INMATE MOVEMENT

(a) Each facility shall have written policies and procedures for handling inmate movement which include classification by custody level, consideration of medical and mental health, and employee escort protocol. (Revised August 2005)

(b) Juveniles shall not be transported in the same vehicle transporting adult inmates.

(c) Female inmates shall not be transported in the same vehicle with male inmates unless there is secure separation between the females and males and there is clear visual observation and supervision by a security officer.

1067 USE OF RESTRAINTS

Each facility shall have written policies and procedures which provide that instruments of restraint shall not be used except:

(a) As a security precaution during a transfer or temporary emergency

(b) On medical grounds at the direction of the physician or responsible medical authority

(c) By order of the Facility Manager or designee to prevent an inmate from injuring himself/herself or others.

1068 INMATE GOVERNANCE

Written policy and procedure shall provide that no inmate or group of inmates is given control or authority over other inmates nor given access to records, legal documents, or confidential information pertinent to other inmates.

1080 CLASSIFICATION

1081 CLASSIFICATION PLAN

Each facility shall develop and implement a written classification plan to properly assign inmates to classification categories for placement in housing and other detention specific functional situations based upon consideration of sex; age; sentenced/non-sentenced; criminal sophistication; seriousness of crime; assaultive/non-assaultive behavior; medical rules; and other applicable criteria. (Revised August 2005)

1082 CLASSIFICATION CATEGORIES

(a) The facility provides for the separate management of the following categories of inmates:

* female and male inmates
* sentenced and non-sentenced inmates
* other classes of detainees (witnesses, civil inmates)
* community custody inmates (work releasees, weekenders, trusties)
* inmates with special problems (alcoholics, narcotics addicts, mentally disturbed persons, physically handicapped persons, persons with communicable diseases)
* inmates requiring disciplinary detention
* inmates requiring administrative separation
* juvenile detainees
* other categories that may pose a security problem which include but are not limited to: high profile cases; geriatric inmates; sexual deviants; sex offenders; predators; and inmates undergoing sex changes.

(Revised August 2005)

(b) The admission of all inmates to separation units shall be documented in a permanent log, specifying the name; number; location; date admitted; reason for admission; tentative release date; and special circumstances and needs of each inmate. (Revised August 2005)

Additional Reference: ACA 4-ALDF-4B-03
SC 1081 *SC 1094*
SC 1091 *SC J1095*

SC 1092 *SC 1096*
SC 1093

1083 CLASSIFICATION REVIEW

The inmate classification plan specifies criteria and procedures for determining and changing the status of an inmate, including custody, transfers, and major changes in programs. The plan includes an appeals process for classification decisions.

Additional Reference:
ACA 4-ALDF-4B-02

1090 SEPARATION

1091 COMMUNICABLE DISEASES

Each facility shall have written policies and procedures providing for the separation of all inmates with communicable diseases.

Discussion:
To determine if such separation shall be made, in absence of medically trained personnel at the time of admission, an inquiry shall be made of the person to establish whether he/she has or has had tuberculosis or whether he/she presently has hepatitis, a sexually transmitted disease, or other special medical problems. (See Medical Standards 2050 through 2056.)

1092 MENTALLY DISORDERED PERSONS

Each facility shall have written policies and procedures providing for the appropriate housing of all mentally disordered inmates as determined by the classification plan.

1093 ADMINISTRATIVE SEPARATION

Each facility shall develop and implement written policies and procedures for the administrative separation of inmates who are determined to be prone to escape or to assault staff and other inmates, or whose presence in the general population poses a serious threat to the orderly operation or security of the facility. Such policies and procedures shall include:

(a) Documentation of reasons for placement and retention in administrative separation;

(b) Self placement (protective custody): inmate signs agreement requesting to be placed in, or removed from, protective custody;

(c) Periodic review (at least monthly) of each inmate in administrative separation.

Administrative separation shall consist of separate and secure housing but shall not involve any other deprivation of privileges except as necessary to obtain the objective of protecting the inmates and staff.

1094 FEMALES

(a) Female inmates shall be confined in an area separated from normal auditory and visual contact with male inmates.

(b) Female inmates shall be afforded the same rights and privileges as male inmates.

J1095 JUVENILES

(a) No juveniles, including those who have been waived to General Sessions Court for the purpose of being tried as adults and those whose criminal charges and/or circumstances cause them to be tried as adults, may be detained or confined in a facility which does not provide normal visual and sound separation from adult inmates.

(b) Juveniles shall be afforded the same rights and privileges as adult inmates, except when prohibited by law.

(c) Juveniles who are detained or placed in secure confinement for more than six (6) hours must be held in an approved juvenile holdover facility or an approved juvenile detention center unless they are legally waived to General Sessions Court or their charges and/or circumstances cause them to be tried as adults.

(d) Juveniles who are detained or placed in secure confinement for more than forty-eight (48) hours, excluding weekends and holidays, must be held in an approved juvenile detention center unless they are legally waived to General Sessions Court or their charges and/or circumstances cause them to be tried as adults.

(e) Juveniles shall be checked visually at least every thirty (30) minutes or more frequently as conditions warrant. (Added August 2005)

Additional Reference:
ACA 4-ALDF-4B-04

1096 RESERVED FOR FUTURE USE

1097 SAFEKEEPERS

Inmates who are in pre-trial status, inmates who have received sentences of three (3) months or less for criminal convictions, and inmates who have received sentences of any length for civil convictions in Family Court shall not be transferred to SCDC without legal authorization and prior coordination with appropriate SCDC officials. Application requests, screening, decision making, maintenance, and management of safekeepers will be handled in accordance with South Carolina Code of Laws § 24-3-80 and the most current Executive Order. (See Appendix E) (Revised August 2005)

2000 DISCIPLINE

2001 RULES AND DISCIPLINARY PENALTIES

Each facility shall have established written rules and specific penalties for major and minor violations to guide inmate conduct. Such rules shall be stated simply and posted conspicuously in housing units and the booking area, or issued to each inmate upon admission.

Reasonable accommodations shall be made for non-English speaking inmates, illiterate inmates, and inmates with disabilities. (Revised August 2005)

2002 PLAN FOR INMATE DISCIPLINE

Each facility shall develop and implement a formal written procedure for imposing punishment for violation of rules, which includes:

(a) Summary punishment for minor violations;

(b) Procedures for major violations, which include:

Written notice (at least twenty-four (24) hours prior to hearing) to the inmate(s) of the charge(s) against him/her

An opportunity for the inmate(s) to prepare a defense to the charge(s) against him/her

A hearing before an impartial panel or officer

An opportunity for the inmate to present information and to request witnesses in his/her own behalf

A decision based upon the charge(s) and information produced at the hearing

Preparation and retention of a summary of the proceedings

A review of the decision of the hearing officer or panel by the Facility Manager;

J(c) Assurance that no adult or juvenile inmate shall sit in judgement of, or have supervisory authority over, juveniles. (Revised August 2005)

Discussion:

The determination of whether a violation of facility rules and regulations is major or minor is determined not in the substantive violation but in the potential punishment. Any violation that results in a forfeiture of good time or in punitive segregation is major and requires the attendant due process protection. Those violations resulting in suspension of privileges, extra duties, etc., may be classed as minor, requiring only notice of charges, opportunity to respond, and disposition reduced to writing.

2003 FORMS OF AND LIMITS ON DISCIPLINARY ACTION

(a) Summary punishment shall not exceed a reprimand, extra work detail, or the loss of privileges including disciplinary detention of no more than three (3) consecutive days. (Revised August 2005)

(b) Punishment for major violations may include forfeiture of "good time"' credits and/or placement in disciplinary separation for loss of privileges.

(c) Inmates placed in disciplinary separation shall maintain their basic rights, including access to courts, counsel, legal materials, and/or medical care.

(d) No inmate shall be deprived of the implements necessary to maintain an acceptable level of personal hygiene.

(e) The use of restrictive diets as a form of punishment is prohibited.

(f) Strip cells shall not be used as a form of punishment.

(g) Medication or the withholding of medication and/or treatment shall not be used for the purpose of discipline.

(h) No inmate shall be subjected to discipline or treatments which are dehumanizing, including but not limited to disrespect, profanity, or taunting.

(i) Inmates shall not be deprived of sleep as a form of disciplinary action.

(j) Serious violations of rules, e.g., assaults, sexual assaults, malicious damage to property, and escapes, shall be referred to the solicitor for prosecution. Reported offenses must be investigated and documented. (Added August 2005)

(k) Inmates shall be entitled to correspondence, visitation, and telephone privileges in accordance with the rules and regulations established by each facility. Restrictions on these privileges should not be imposed unless such privileges have been suspended and/or restricted based on legitimate government interests related to the safe and secure operation of the facility; to prevent continued criminal activities; or other similar concerns. (Added August 2005)

(l) Inmates may be held financially responsible for damage to or destruction of government or personal property as outlined in South Carolina Code of Laws § 24-13-80. Inmates may also be held responsible for the cost of medical treatment for injuries committed against other inmates. (Added August 2005)

J(m) No adult or juvenile inmate shall inflict punishment of any type on a juvenile inmate. (Revised August 2005)

2010 PHYSICAL PLANT

2011 INITIAL PLANNING

(a) When the construction of a new facility, or the extensive remodeling of, or addition to, an existing facility is considered, the governing body shall file a letter of intent with the Jail and Prison Inspection Division within ten (10) days of the resolution or formal action to proceed.

Discussion:

Upon receipt of a letter, the Jail and Prison Inspection Division will offer to assist agencies with arranging for the technical expertise necessary for the effective and economical construction of detention facilities.

(b) Prior to the design phase, a program statement shall be filed with the Jail and Prison Inspection Division which includes the following:

(1) Projected capacity of facility
(2) Types of inmates to be housed
(3) Inmate movement
(4) Food preparation and serving

(5) Staffing
(6) Bookings
(7) Visiting and attorneys' interviews
(8) Laundry operations
(9) Inmate separation
(10) Future needs and possible expansion
(11) Activities such as recreation and rehabilitation programs.

(c) A copy of the preliminary design documents and working drawings shall be submitted to the Jail and Prison Inspection Division for pre-construction review to evaluate compliance with these standards prior to releasing for bid. The Division shall respond in writing to advise whether materials reviewed were in compliance with relevant standards, and to remind all parties concerned of their responsibility to adhere to applicable laws, standards, codes, and regulations in the design and construction of the project.

(d) The Jail and Prison Inspection Division shall provide consultation service to the city or county, as may be requested.

2012 RATED CAPACITY

The Director of the Jail and Prison Inspection Division shall ascertain the maximum number of inmates, of whatever classifications, based upon square footage and other relevant requirements, that can properly be housed in each facility and in the various living areas within each facility. After determining the rated capacity, the Director shall notify, in writing, the Facility Manager, the Facility Administrator, and the governing body which has responsibility for the facility. These numbers shall be reviewed annually.

2013 LIVING UNITS - EXISTING FACILITIES PRIOR TO JULY 1980
(Revised August 2005)

Unless otherwise noted, this standard applies to all facilities which were operational or for which plans were submitted and approved prior to July 1980. Each such facility shall comply with the following requirements for living units:

(a) The number of inmates occupying a cell, room, or dorm shall not exceed the rated capacity of the cell, room, or dorm when based upon the average daily population for the previous three (3) months.

(b) In an existing Type II facility, all cells or rooms with a minimum of thirty-five (35) square feet and less than seventy (70) square feet shall have a rated capacity of one (1) inmate.

(c) In an existing Type II facility, all cells or rooms of seventy (70) square feet or greater may be considered multiple occupancy cells or rooms, with rated capacity based upon a minimum of thirty-five (35) square feet per inmate.

(d) Any existing Type II facility with less than fifty (50) square feet per cell or room shall not confine an inmate to his/her cell or room more than sixteen (16) hours per day excluding counts. (An exception to this requirement is that inmates temporarily assigned to separation may be confined more than sixteen (16) hours.)

(e) Each facility shall provide dayroom (communal activity) space for each cellblock or cluster of rooms. (Any area within a dormitory or other living unit considered dayroom space shall not be added to the square footage when determining rated capacity.)

(f) Any cell, room, or area to which inmates are confined (locked in) shall have one (1) operable water closet at a minimum ratio of one (1) each per ten (10) inmates, and one (1) operable lavatory with running water at a minimum ratio of one (1) each per twelve (12) inmates, that are accessible twenty-four (24)hours a day. (Urinals may be substituted one-for-one for water closets in male areas; however, at least two thirds of fixtures shall be water closets.)

(g) Each facility shall provide a bed for each inmate.

(h) Each facility shall provide, in addition to the bed, a desk or approved writing surface; hooks or storage space; and a chair or stool for each inmate.

(i) Artificial lighting shall be provided of at least twenty (20) footcandles measured three (3) feet off the floor. Night light should provide good visibility for supervision, but should not hinder restful sleep.

(j) Forced air circulation of at least ten (10) cubic feet per minute turnover of fresh or purified air shall be provided for each inmate.

(k) There shall be a minimum of one (1) operable shower head for every twelve (12) inmates.

(l) Each facility shall have an automatic fire alarm system in accordance with Fire Codes. (Reference NFPA 72)

(m) Where correctional programs are offered, sufficient area for them shall meet the need and provide space for the following:

(1) Religious Services

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(2) Counseling
(3) Interviews
(4) Classroom
(5) Library
(6) Recreation.

(n) Each facility shall have adequate space for the secure storage of inmate personal clothing, personal property, and institutional clothing and bedding.

(o) Each facility shall have an emergency lighting system in case of power failure.

(p) Each facility shall have adequate storage area(s) for cleaning utensils and supplies.

2014 PHYSICAL PLANT - ALL NEW FACILITIES SINCE JULY 1980
(Revised August 2005)

2014 - 1 SPECIAL PURPOSE CELLS

Each facility shall have at least one (1) special-purpose cell or room that is designed to prevent injury to an inmate who is under the influence of alcohol or narcotics, or for inmates who are uncontrollably violent or self-destructive. This room shall be subject to direct observation from a twenty-four (24) hour staff position.

2014 - 2 FIRE CODES

The facility conforms to applicable federal, state, and/or local building and fire safety codes. Compliance is documented by the authority having jurisdiction. A fire alarm and automatic smoke detection system are required, as approved by the authority having jurisdiction. (See Appendix B)

Discussion:
The applicable code(s) should be applied to all areas of the facility. Reports of periodic inspections and any actions taken in respect to those inspections must be available. The authority having jurisdiction in South Carolina is the State Fire Marshal.

Additional Reference:
ACA 4-ALDF-2A-02
SBC 409.2.16, 1988 ed. wl89 & 90 revisions
State Code of Laws *29-8-30 1976,* as *amended*
SFMR Subarticles 9 & 11
NFPA 72A & 72E, 1987 ed.

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2014 - 3 DESIGN FOR SEPARATION

The facility is designed and constructed so that inmates can be separated according to existing laws, regulations, standards, and according to the facility's classification plan.

Additional Reference:
ACA 4-ALDF-2B-02
NFPA 101, *14-,1.4*
SBC 409.2.3

2014 - 4 ACCESSIBILITY TO THE HANDICAPPED

All parts of the facility that are available to the public are accessible to and usable by handicapped staff and visitors.

Additional Reference:
ACA 4-ALDF-2F-03
ADA

2014 - 5 ADMINISTRATIVE AREAS

Adequate space is provided for administrative, security, professional, and clerical staff. This space includes conference rooms, storage room for records, public lobby, and toilet facilities.

Additional Reference:
ACA 4-ALDF-2F-01
OSHA 1910.141
ADA

2014 - 6 STAFF AREAS

Staff needs are met through providing adequate spaces in locations that are convenient for use. Staff are provided with the following:

* an area to change clothes and to shower
* an area, room, and/or employee lounge that offers privacy from inmates and provides space for meals
* reasonable access to exercise/physical training facilities and equipment
* space for training
* space for shift change briefings
* toilets and wash basins that are not used by inmates.

Discussion:
Facilities are appropriate for male and female staff.

Additional Reference:
ACA 4-ALDF-2F-02
OSHA 1910.141
ADA

2014 - 7 SECURITY

The facility has adequate exits that are properly positioned, unobstructed, and distinctly and permanently marked to ensure the timely evacuation of inmates and staff in the event of fire or other emergency.

Discussion:
Exits should be provided to ensure the safety of inmates, staff, and visitors. All exits should be kept clear and free of obstructions and maintained in a usable condition. They should lead directly to a hazard-free area where adequate supervision can be provided.

Additional Reference:
ACA 4-ALDF-2G-05
NFPA 101, 14-2, 1991 ed.
SFPC 802, 1988 w/89 & 90 revisions
SBC 409.2, 1101.1, 1103.1 & .2, 1114 & 1116, 1988 w/89 & 90 revisions

2014 - 8 CONTROL CENTER

Space is provided for a twenty-four (24) hour control center for monitoring and coordinating the facility's security, life safety, and communications systems. The control center provides access to a wash basin and toilet.

Discussion:
The control center should contain sufficient space for monitoring and coordination of all internal and external security systems, communications systems, safety alarms and detection systems, key control, and other mechanical and electrical systems.

Additional Reference:
ACA 4-ALDF-2G-01
SC 1065(e)

2014 - 9 PERIMETER SECURITY

The facility's perimeter is controlled by appropriate means to provide that inmates

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remain within the perimeter and to prevent access by the general public without proper authorization.

Discussion:
The means chosen to ensure perimeter security should reflect the facility's needs based on size and the degree of security required. Some methods are: perimeter surveillance devices (e.g., electronic, pressure, or sound detection systems), mobile patrols, or a combination of these techniques. All areas adjacent to the perimeter should be visible under all conditions.

Additional Reference:
ACA 4-ALDF-2G-02
SBC 409.2.6.6

2014 - 10 ENTRANCES AND EXITS

Pedestrians and vehicles enter and leave at designated points in the perimeter. Safety vestibules and sally ports constitute the only breaches in the perimeter.

All safety vestibules and sally ports shall be of sufficient size to permit passage of a loaded ambulance stretcher between interlocking doors.
(Revised August 2005)

Additional Reference:
ACA 4-ALDF-2G-03

2014 - 11 EMERGENCY POWER AND COMMUNICATIONS

The facility has the equipment necessary to maintain essential lights, power, and communications in an emergency.

The facility should have emergency power units, either battery- or motor-driven, to provide essential lighting and life-sustaining functions within the facility and to maintain outside communications in an emergency.

Power generators are tested according to manufacturer's recommendations or at least every two weeks, and other emergency equipment and systems are tested at least quarterly, for effectiveness; and they are repaired or replaced if necessary. (Revised August 2005)

Additional Reference:
ACA 4-ALDF-3B-06
NFPA 101, 14-3,4.1.3, 1991 ed.
SBC 409.2.22, 1988 ed. w/89 & 90 revisions

2014 - 12 INTAKE AREA

Inmates are separated from the general population during the admissions process. Temporary holding cell(s) or room(s) with fixed benches to seat all inmates at rated capacity (twenty (20) square feet per inmate), and which have operable water closets, lavatories, and drinking fountain available, shall be provided. The following additional components shall be included:

(1) Booking area
(2) Medical examination room
(3) Shower facilities
(4) Secure vault or room for storage of inmates' personal property
(5) Telephone facilities
(6) Interview room
(7) Sally port.

Additional Reference:
ACA 4-ALDF-4A-03

2014 - 13 HOUSING FOR THE HANDICAPPED

Handicapped inmates are housed in a manner that provides for their safety and security. Rooms, cells, or housing units used by the handicapped are designed for their use and provide for integration with the general population. Appropriate facility programs and activities are accessible to handicapped inmates who are confined in the facility.

Discussion:
If the facility accepts handicapped individuals, it must provide for their housing and use of/access to facility resources.

Additional Reference:
ACA 4-ALDF-2C-13
ANSI A117.1
ADA

2014 - 14 EQUIPMENT SPACE

Separate and adequate space is provided for mechanical and electrical equipment.

Additional Reference:
SBC 409.2.14.1 & 806.1.1 806.1.2 NFPA 101 14-3.2
SFMR Subarticle 9, 19-308.7, 1991 ed.

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2014 - 15 JANITORIAL CLOSETS

Adequate space is provided for janitorial storage accessible to the living and activity areas. The storage area is equipped with a sink and with cleaning equipment.

2014 - 16 TOILETS

Inmates have access to toilets and hand-washing facilities twenty-four (24) hours per day and are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Toilets are provided at a minimum ratio of one (1) for every twelve (12) inmates in male facilities and one (1) for every eight (8) inmates in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three (3) or more inmates have a minimum of two (2) toilets. (Revised August 2005)

2014 - 17 WASH BASINS

Inmates have access to operable wash basins with hot and cold running water in the housing units at a minimum ratio of one basin for every twelve occupants.

Discussion:
Provision must be made for inmate access in cells or sleeping areas, dayrooms, and other parts of the facility.

Additional Reference;
ACA 4-ALDF-2C-09
SBC 808

2014 - 18 SHOWERS

Inmates have access to operable showers with temperature controlled hot and cold running water at a minimum ratio of one (1) shower for every eight (8) inmates. Water for showers is thermostatically controlled to temperatures ranging from one hundred (100) degrees to one hundred twenty (120) degrees Fahrenheit in order to ensure the safety of inmates and to promote hygienic practice.

2014 - 19 FURNISHINGS

Each inmate confined to a cell/room is provided a sleeping area with the following: a bed; a desk or approved writing surface, and chair or stool; storage for personal items; and a place to store clothes.

2014 - 20 NATURAL LIGHT - CELLS OR ROOMS

Inmates in the general population who are confined in their rooms/cells have access to natural light.

2014 - 21 INMATE ROOMS/CELLS LIGHT LEVELS

Lighting in inmate rooms/cells is at least twenty (20) foot candles at desk level and in personal grooming areas, as documented by an independent, qualified source.

Additional Reference:
ACA 4-ALDF-2D-02

2014 - 22 FACILITY LIGHT LEVELS

Lighting throughout the facility is determined by the tasks to be performed, interior surface finishes and colors, type and spacing of light sources, outside lighting, and shadows and glare.

Additional Reference:
ACA 4-ALDF-2D-01

2014 - 23 INDOOR AIR QUALITY

Ventilation system(s) is/are in compliance with the applicable Standard Mechanical Code and Standard Building Codes or portions thereof adopted by the State of South Carolina.

Forced air circulation of at least ten (10) cubic feet per minute of fresh or purified air per inmate.

Additional Reference:
ACA 4-ALDF-2D-07
SBC 801, 1988 ed. w/89 & *90 revisions*
SMC 307

2014 - 24 SMOKING

Written policy and procedure govern the smoking practices within the facility.

2014 - 25 DAYROOMS

Dayrooms with space for varied inmate activities are situated immediately adjacent to the inmate sleeping areas. Dayrooms provide a minimum of 35 square feet of

space per inmate (exclusive of lavatories, showers, and toilets) for the maximum number of inmates who use the dayroom at one time, but no less than thirty-five (35) square feet per inmate to accommodate one half the rated capacity in each housing unit.

Additional Reference:
ACA 4-ALDF-2C-05
SBC 409.2.5.2

2014 - 26 DAYROOM FURNISHINGS

Dayrooms provide sufficient seating and writing surfaces for every inmate using the dayroom at one time. Dayroom furnishings are consistent with the custody level of the inmates assigned.

Discussion:
The standard provides managers and designers with flexibility in designing and furnishing dayrooms and takes into consideration the range of activities that may occur (e.g., television viewing, reading, exercise, friendly conversation, and sometimes meals and work). In lower security settings, the use of more traditional furnishings should be considered.

Additional Reference:
ACA 4-ALDF-2C-07
NFPA 101, 31-5
SFMR 19-308.8

2014 - 27 MULTIPURPOSE ROOM

There is at least one multipurpose room available for inmate activities such as religious services, education programs, or contact visiting.

2014 - 28 EXERCISE AREAS

Indoor and outdoor space for inmate exercise is provided. Indoor exercise may be conducted in the dayroom or in the multi-purpose room. Outdoor areas shall be at least fifty (50) feet by thirty (30) feet, except that in facilities such as those which are designed for direct supervision, when outside exercise space is provided for individual housing units, minimum space requirements are as follow:

(1) General Population Units:
Outdoor exercise areas shall provide at least fifteen (15) square feet per inmate for the maximum number of inmates who are expected to use the area at one time, but not less than 750 square feet of unencumbered space, with none of the dimensions

less than fifteen (15) feet.

(2) Segregation/ Maximum Security Units
Outdoor exercise areas shall provide at least fifteen (15) square feet per inmate for the maximum number of inmates who are expected to use the area at one time, but not less than 200 square feet of unencumbered space.

Additional Reference:
3-ALDF-2E-01
NFPA 101, 14-2.7.1, 91 edition
SBC 409.2.6.6, 88 ed. w/89 & 90 revisions

2014 - 29 VISITING AREAS

Adequate space for visiting is separate from the inmate housing area and communal activity space. Space to permit appropriate screening and searching of both inmates and visitors is provided. Space should be provided for the storage of items which are not allowed into the visiting area. Video visitation may be used as an alternative or supplement to other means of non-contact visitation. (Revised August 2005)

2014 - 30 SECURITY EQUIPMENT STORAGE

Firearms, chemical munitions, and related security items are stored in a secure but readily accessible depository outside inmate housing and activity areas.

Additional Reference:
ACA 4-ALDF-2G-04

2014 - 31 HEALTH CARE FACILITIES AND EQUIPMENT

For health care delivered in the facility, adequate space, equipment, supplies, and materials are provided as determined by the health authority.

Discussion:

The type of space and equipment/treatment room will depend on the level of health care provided in the facility and the capabilities and desires of the health providers. In all facilities, space should be provided where the inmate can be examined and treated in private.

Additional Reference:
ACA 4-ALDF-4E-07 and 4E-19
DHEC Reg. #61-16

2014 - 32 CLOTHING AND SUPPLIES

Space is provided in the facility to store and issue clothing, bedding, cleaning supplies, and other items required for daily operations.

Discussion:
General guidelines which may be useful for planning are: two (2) cubic feet per inmate for personal clothing; one (1) cubic foot per inmate for personal property; two (2) cubic feet per inmate for institutional clothing and bedding; and five and one-fourth (5 1/4) cubic feet per mattress times twenty-five (25%) percent of the facility's rated capacity. This storage room should be well ventilated.

Additional Reference:
ACA 4-ALDF-2E-10
NFPA 101, 14.3.2.1, 91 ed.
SBC 409.2.14.-1 88 ed. w/89 & 90 revisions
State Code of Laws 23-15-135

2014 - 33 TELEPHONES

Telephones are available for inmate use.

Discussion:
Telephone facilities should permit reasonable and equitable access for all inmates and permit a reasonable amount of privacy.

Additional Reference:
ACA 4-ALDF-5D-09
SC 1043(e)
SC 2033

2014 - 34 HAIR CARE SERVICES

Hair care services and facilities are available to inmates.

Discussion:
Inmates should be permitted freedom in personal grooming as long as their appearance does not conflict with the facility's requirements for safety, security, identification, and hygiene. All regulations concerning personal grooming should be the least restrictive necessary.

Additional Reference:
ACA 4-ALDF-4D-13
SC 1043

SC 2076

2014 - 35 CANTEEN/COMMISSARY

Space is provided for an inmate canteen/commissary, or provisions are made for a canteen/commissary service.

Additional Reference:
ACA 4-ALDF-2E-13
NFPA 101, 14-3.2.1, 91 ed.
SBC 409.2.14.1, 88 ed. w/89 & 90 revisions
State Code of Laws 23-15-135
SC 2074

2014 - 36 FOOD PREPARATION AREA

The food preparation area includes adequate space for food preparation based on population size, type of food preparation, and methods of meal service.

Discussion:

Plans for preparation and food service areas shall be submitted to DHEC for review and approval prior to construction.

Additional Reference:
ACA 4-ALDF-2E-06
DHEC - Division of Food Protection
NFPA 101, 7-2.3
SBC 409.2.14.3

2014 - 37 DINING

Space is sufficient to serve all inmates in four or fewer shifts per meal while giving each inmate the opportunity to have at least twenty (20) minutes of dining time for each meal.

Discussion:
Dayrooms may also be used for dining space when meals are not served to each cell and/or when it is not appropriate to provide separate dining facilities.

Additional Reference:
ACA 4-ALDF-2E-05
DHEC - Division of Food Protection

2014 - 38 FOOD STORAGE

There are sanitary, temperature-controlled facilities for the storage of all foods.

Additional Reference:
ACA 4-ALDF-2E-07
DHEC - Division of Food Protection

2014 - 39 SANITATION AND HYGIENE - FOOD SERVICE

Toilet and wash basin facilities are available to food service personnel and inmates in the vicinity of the food preparation area.

Additional Reference:
ACA 4-ALDF-2E-08
DHEC - Division Of Food Protection
OSHA 1910.141

2014 - 40 MAINTENANCE

All portions of existing buildings, both interior and exterior, are maintained in such manner that structural strength, stability, sanitation, indoor air quality, and safety of life and property are free from fire and other hazards. Repairs and upkeep are provided to ensure public safety, health, and general welfare.

Discussion:
The building structural system is maintained structurally sound with no evidence of deterioration, and capable of supporting the load of normal use. All exterior walls are free of holes, breaks, loose or rotting boards or timbers, and any other conditions which might admit rain or dampness to the interior portions of the walls or to the occupied spaces of the building. All siding materials are kept in repair. Roofs are structurally sound and maintained in a safe manner and have no defects which might admit rain or cause dampness in the walls or interior portion of the building.

Additional Reference:
SEBC

2015 LIVING UNITS - NON-DIRECT SUPERVISION FACILITIES SINCE JULY 1980 (Revised August 2005)

Unless otherwise noted, this standard applies to all facilities which became operational or for which plans were submitted and approved after July 1980.

(a) Each facility shall provide at least half its pre-trial rated capacity bed space

for single occupancy living. Multi-occupancy cells or rooms also may be provided for housing certain pre-trial inmates according to an appropriate classification plan. However, if a city or county develops a comprehensive classification plan which requires less single occupancy housing, it shall be submitted to the Local Detention Committee of the South Carolina Association of Counties for consideration. If approved in writing by the Local Detention Committee, the classification plan may be implemented as an alternative. Sentenced prisoners may be housed in cells, rooms, or dormitories designed for multiple occupancy according to an appropriate classification plan.

(b) All cells, rooms, or dormitories shall have, at a minimum, seventy (70) square feet of floor space per inmate if single occupancy, and forty (40) square feet of floor space per inmate if multiple occupancy, with no less than seven (7) feet between walls and eight (8) feet between floor and ceiling.

2016 **RESERVED FOR FUTURE USE** (Revised August 2005)

2017 **PHYSICAL PLANT - DIRECT SUPERVISION FACILITIES ONLY**

Unless otherwise noted each standard in the 2017 series applies to all new construction of, renovations to, and additions on facilities for which plans were submitted and approved in accordance with Standard 2011, Initial Planning, after January 1, 1993, if the new facilities or components are being managed by direct supervision. In facilities that have been constructed, or have undergone major renovations or added new housing units since July, 1980, the responsible governing body may elect to adopt the 2017 standard series. All facilities operational prior to July, 1980, however, shall continue to be inspected utilizing that edition of the Minimum Standards for Local Detention Facilities in South Carolina which is appropriate.

Discussion:
It should be noted that whenever renovations exceed 50% of the current value of the building, State Fire Marshal Regulations require that current codes for new construction be met. Plans for renovations, additions, and new construction must be submitted to the State Fire Marshal's Office in addition to the Jail and Prison Inspection Division for review and approval prior to starting of work.
(Revised August 2005)

Additional Reference:
SFMR 19-300.7, 19-300.8
SC 2011

2017-1 STAFF/INMATE INTERACTION

Physical plant design facilitates continuous personal contact and interaction between staff and inmates in the general population housing units.

Discussion:
Separation of supervising staff from inmates reduces interpersonal relationships and staff awareness of conditions on the housing unit. Staff effectiveness is limited if the only staff available are isolated in control centers as observers or technicians in charge of electronic management systems.

Additional Reference:
NFPA 101, 14-1.1, *1991 ed.*
SC 1031
ACA 4-ALDF-2B-01

2017-2 UNIT SIZE

All living areas are constructed to facilitate continuous staff observation, excluding electronic surveillance, of cell or detention room fronts and areas such as dayrooms and recreation spaces.

Discussion:
Continuous observation of inmate living areas is a fundamental requirement for maintaining safe, secure custody and control. The physical plant should facilitate the performance of this operational function.

Additional Reference:
ACA 4-ALDF-2B-03

2017-3 INMATE HOUSING (GENERAL POPULATION)

(a) The facility is designed to provide single occupancy housing for at least one-third of the pre-trial population. Multi-occupancy cells or rooms also may be provided for housing certain pre-trial inmates according to an appropriate classification plan. However, if a city or county develops a comprehensive classification plan which requires less single occupancy housing, it shall be submitted to the Local Detention Committee of the South Carolina Association of Counties for consideration. If approved in writing by the Local Detention Committee, the classification plan may be implemented as an alternative.

(b) If the facility has, or would have, a rated capacity that is greater than seven hundred fifty (750) by applying all traditional criteria from the Minimum Standards for Local Detention Facilities in South Carolina, and the city or

county elects to implement unit management throughout the facility and also develops a comprehensive classification plan which requires single occupancy housing for at least one-sixth of the pre-trial population, then the proposal shall be submitted to the Local Detention Committee of the South Carolina Association of Counties for consideration. If approved in writing by the Local Detention Committee, the classification plan in conjunction with the use of unit management may be implemented as an alternative.

(c) Single occupancy cells/rooms shall be available when indicated for the following:

- inmates with severe medical disabilities
- inmates suffering from serious mental illness
- sexual predators
- inmates likely to be exploited or victimized by others
- inmates who have other special needs for single occupancy housing.

Discussion:
Good security, control, and programmatic practices require that the Facility Manager have adequate housing options available. "When indicated" refers to determinations made by the classification system, medical diagnosis, or other professional conclusion. (Revised December 2006)

2017-4 INMATE HOUSING (MAXIMUM SECURITY)

Single cells are required for inmates assigned to maximum security. All cells in which inmates are confined conform with the following requirements:

(a) There must be at least 35 square feet of unencumbered space for the single cell occupant.

(b) When confinement exceeds 10 hours per day, there are at least 70 square feet of total floor space for the occupant.

(c) "Unencumbered space" is usable space that is not encumbered by furnishings or fixtures. At least one dimension of the unencumbered space is no less than seven feet. In determining unencumbered space, all fixtures must be in operational position and must provide the following minimum areas per person: bed, plumbing fixtures, desk or approved writing surface, and chair or stool.

Discussion:
This standard encourages design flexibility and creativity by relating cell size to the amount of unencumbered or free space provided.

Additional Reference:

ACA 4-ALDF-2C-01
SC 1093
SBC 409.2.5.2, 1988 ed. w/89 & 90 revisions

2017-5 INMATE HOUSING (MINIMUM & MEDIUM SECURITY)

Single cells/rooms and multiple occupancy cells/rooms may be used for housing inmates in medium/minimum custody when the classification system, cell/room size, and level of supervision meet the following requirements:

(a)

Number of Occupants	Amount of Unencumbered Space*
1	35 square feet per occupant
2-64	25 square feet per occupant**

(Revised August 2005)

*"Unencumbered space" is that usable space which is not encumbered by furnishings or fixtures. In determining unencumbered space in the cell or room, the total square footage is obtained and the square footage of fixtures and equipment is subtracted. All fixtures and equipment must be in operational position and must provide the following minimums per person: bed, plumbing fixtures (if inside the cell/room), desk or approved writing surface, and chair or stool.

**Sleeping area partitions are required if more than six (6) people are housed in one sleeping area. At least one dimension of the unencumbered space is no less than seven feet. (Revised August 2005)

(b) When confinement exceeds 16 hours per day, there is at least 70 square feet of total floor space per occupant.

(c) Housing is in compliance with Standards SC 1082, SC 2014-16, 2014-17, 2014-18, and 2014-20. (Revised August 2005)

A classification system is used to divide the occupants into groups which reduce the probability of assault and disruptive behavior. At a minimum, the classification system evaluates the following:

* mental and emotional stability
* escape history
* history of assaultive behavior
* medical status
* age
* enemies of record
* other categories that may impact facility security (Revised August 2005)

Medium security inmates housed in multiple occupancy cells/rooms require direct supervision. (See glossary for definition of direct supervision.)

2018 - 2029 RESERVED FOR FUTURE USE (Revised August 2005)

2030 INMATE PROGRAMS AND ACTIVITIES

Each facility should provide an array of programs that includes social services, religious services and events, library services, vocational counseling, and educational courses.

The plan for inmate programs should emphasize the list of community resources available.
(Revised August 2005)

2031 VISITING

Each facility shall develop and implement an inmate visiting plan which shall include the following:

(a) A minimum of one (1) hour per week of visitation per inmate shall be permitted. Restrictions on visitation should not be imposed unless such privileges have been suspended and/or restricted based on legitimate government interests related to the safe and secure operation of the facility; to prevent continued criminal activities; or other similar concerns.

(b) Visitors shall be treated with courtesy. An explanation shall be given of visitors' rights and restrictions; and procedures visitors must follow to file complaints should either be posted conspicuously or provided in written handouts.

(c) Special visiting hours and arrangements shall be made available for visitors who have transportation problems, who have handicaps, or who are working on regular visiting days.

(d) Appointments for visits at any time may be required.

J(e) Parents, guardians, or custodians, as well as teachers and tutors of juveniles, shall be allowed to visit at any appropriate time between 8:00 a.m. and 10:00 p.m. for a reasonable length of time. Restrictions on visitation should not be imposed unless such privileges have been suspended and/or restricted based on legitimate government interests related to the safe and secure operation of the facility; to prevent continued criminal activities; or other similar concerns.

All policies and procedures related to visitor searches should be reviewed by competent legal authority. (Revised August 2005)

2032 CORRESPONDENCE

Each facility shall develop and implement a written plan for the handling of inmate mail. Such a plan shall include the following provisions:

(a) Inmate mail shall not be read except where there is reasonable suspicion that a particular item of correspondence threatens the safety or security of the institution, the safety of any person, or is being used for furtherance of illegal activities. All official mail shall be opened in the presence of the inmate to whom it is addressed.

Official mail is defined as mail from officials or organizations including, but not limited to: courts, counsel, officials of the confining authority, government officials, administrators of grievance systems, Department of Corrections, Jail and Prison Inspection Division, Department of Juvenile Justice, and members of the Parole Board.

(b) Inmates shall be permitted to send sealed letters to a specified class of persons and organizations as defined in (a), above.

(c) The facility shall not limit mail to or from an inmate except when there is clear and convincing evidence to justify such limitation.

(d) If an inmate is indigent, he/she shall be provided sufficient postage, envelopes, and writing materials to write two (2) personal letters per week if he/she wishes to do so. Like provisions apply should an indigent inmate wish to communicate with his/her lawyer(s) and court officials.

(e) Outgoing mail shall be collected and incoming mail shall be delivered without unnecessary delay.

(Revised August 2005)

2033 TELEPHONE

Each facility shall develop and implement a written plan for the use of the telephone. Inmates may be required to pay for telephone calls. If telephone calls are to be monitored and/or recorded, notice shall be provided.

Restrictions on making telephone calls should not be imposed unless such privileges have been suspended and/or restricted based on legitimate government interests related to the safe and secure operation of the facility; to prevent continued criminal

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activities; or other similar concerns.
(Revised August 2005)

Telephone terminal devices for the deaf, interpreters, and other reasonable accommodations shall be provided to inmates with hearing or other special needs. (Revised August 2005)

2034 ACCESS TO LEGAL COUNSEL, COURTS, AND LEGAL MATERIALS

Each facility shall establish policies and procedures to ensure the right of inmates to have access to legal counsel, courts, and legal materials. Such policies and procedures shall include at least the following:

(a) The right of an inmate to communicate with legal counsel without censorship or monitoring.

(b) The right of an inmate to prepare and file legal papers in any court without any reprisal by the facility.

(c) The right of an inmate for adequate access to legal materials if desired.

Discussion:
While it should not be considered the responsibility of the facility to pay for an inmate's legal counsel, the facility must provide the assistance necessary for the inmate to have effective access to counsel. The assistance provided may range from providing a listing of local attorneys, with their office phone numbers and mailing addresses, to obtaining requested legal materials from the county law library.

2035 EXERCISE

Each facility shall develop and implement an exercise program which includes the following provisions:

(a) For those inmates held more than seventy-two (72) hours, each inmate in the general population shall be given the opportunity to participate in at least one (1) hour of physical exercise each day outside the cell. When weather allows, a minimum of three (3) hours per week of such exercise should take place outdoors.

(b) Whenever possible, three (3) hours per week of physical exercise away from the cell or room should be provided for any inmate confined to segregation. When weather allows, such exercise should take place outdoors.

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2036 GRIEVANCE PROCEDURE

There shall be a written inmate grievance procedure made available to all inmates.

Discussion:
A grievance procedure is an administrative means of expressing and resolving inmates' problems. The facility's grievance mechanism should include provisions for the following:

(a) Written responses to all grievances, including the reasons for the decision;

(b) Responses within prescribed, reasonable time limit, with special provisions for responding to emergencies;

(c) Advisory review of grievances;

(d) Participation by staff in the design and operation of the grievance procedure;

(e) Access by all inmates, with guarantees against reprisal;

(f) Applicability over a broad range of issues;

(g) Means for resolving questions of jurisdiction.

While the procedure need not be as detailed as outlined in the discussion above, some mechanism should exist for resolving inmate grievances.

2037 INMATE CANTEEN/COMMISSARY

(a) A canteen/commissary may be operated in the detention facility. If a canteen/commissary is established, then an inmate welfare fund shall also be established.

(b) If a canteen/commissary is established, the Facility Administrator or designee shall establish a procedure for providing canteen/commissary services or access to purchase canteen items for the benefit of the inmate(s).

(c) Canteen/commissary prices shall be set so as not to exceed the fair market value for comparable products sold in the community where the facility is located.

(d) Profits from the canteen/commissary shall be used for overall inmate welfare. The Facility Administrator or designee shall have final authority on expenditures.

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(e) The Facility Administrator or designee shall be responsible for an audit of the fiscal management of the canteen/commissary on an annual basis.

(f) Inmate canteen/commissary is a privilege. It may be withheld or be restricted as deemed necessary.
(Revised August 2005)

2050 MEDICAL SERVICES

2051 RESPONSIBLE PHYSICIAN

Each facility shall have a written agreement or arrangement with a licensed or certified physician or medical authority for the review and approval of the facility's medical services.

Discussion:
The medical authority may be the county or a public health department, a physician group, a hospital, a clinic, or the county medical society.

2052 MEDICAL PROCEDURES

Each facility shall develop and implement written standard operating procedures, which are approved by the responsible physician or medical authority, for the following:

(a) Receiving screening (See 2053)
(b) Health appraisal data collection (See 2056)
(c) Non-emergency medical services
(d) Emergency medical and dental services
(e) Deciding the emergency nature of illness or injury
(f) Dental screening, hygiene, examination, and treatment
(g) Provision of medical and dental prostheses
(h) First aid
(i) Chronic care
(j) Convalescent care
(k) Medical preventive maintenance
(l) Delousing
(m) Detoxification
(n) Pharmaceuticals
(o) Screening, referral, and care of mentally ill and of mentally retarded inmates
(p) Notification of next of kin or legal guardian in case of serious illness, injury, or death
(q) Prohibition against conducting medical and/or pharmaceutical testing for experimental or research purposes
(r) Suicide prevention

J(s) Prompt notification of parents or guardian and DJJ when a juvenile requires medical treatment of a non-routine nature.

2053 SCREENING

Each facility shall perform screening of all inmates immediately upon admission to the facility, with the findings recorded on a form approved by the responsible physician or medical authority. In every case, such screening shall occur before the inmate is placed in the general population or housing area and shall include inquiry into:

(a) Current illnesses / pre-existing conditions and health problems
(b) Medications taken and special health requirements
(c) Screening of other health problems designated by the responsible physician
(d) Behavioral observation, including state of consciousness and mental status
(e) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, and other physical characteristics of medical interest
(f) Overall condition of skin and body, including rashes and infestations
(g) Disposition/referral of inmates to qualified medical personnel on an emergency basis
(h) Likelihood of suicide attempt by inmate.

2054 EMERGENCIES

Each facility shall provide twenty-four (24) hour emergency medical and dental care availability, as outlined in a written plan which includes arrangements for:

(a) Emergency evacuation of inmates from the facility

(b) Use of an emergency medical vehicle

(c) Use of one (1) or more designated hospital emergency rooms or other appropriate health facilities

(d) Emergency on-call physician and dentist services when the emergency health facility is not located in a nearby community

(e) An inmate has the right to refuse routine medical, dental, psychological, or psychiatric treatment. (Revised August 2005)

J(f) A juvenile detainee has the right to refuse routine medical, dental, psychological, or psychiatric treatment. However, if a juvenile or his/her parents refuse treatment deemed necessary, those special needs shall be presented to the court for resolution.
(Revised August 2005)

Discussion:

Refusal of such routine treatment should be documented.

2055 SICK CALL

The facility shall have written policies which ensure adequate medical attention for those inmates requesting it.

Discussion:
Sick call is the procedure through which each sick inmate reports his/her illness and receives non-emergency medical services by a physician or a medically trained person working under the physician's standing orders.

2056 HEALTH APPRAISAL

The health appraisal data collection shall be completed within fourteen (14) days after admission and shall include:

(a) Review of earlier receiving screening

(b) Completion of medical, dental, and psychiatric history (Revised August 2005)

(c) Taking of height, weight, pulse, blood pressure, and temperature

(d) Other examinations deemed appropriate by the responsible physician or his/her designee

(e) Screening for communicable disease and, if medically indicated, testing for communicable disease.

2057 PHARMACY STANDARDS

All medications at each facility shall be safely and properly accounted for and managed. (See Appendix G) (Added August 2005)

2070 INMATE CLOTHING AND PERSONAL HYGIENE

2071 CLOTHING ISSUE

The standard clothing issue for anyone detained longer than forty-eight (48) hours in a facility shall include the following:

(a) Clean outer garments

(b) Footwear.

Clean inmates' personal clothing (if available) may be substituted for institutional clothing at the discretion of the Facility Administrator.

2072 LAUNDRY

Inmate clothing, whether personal or institutional, shall be exchanged and cleaned at least twice weekly unless work, climatic conditions, or illness necessitate more frequent exchange.

2073 PERSONAL CLOTHING STORAGE

If an inmate is to be detained longer than forty-eight (48) hours, his/her personal clothing shall be securely stored.

2074 PERSONAL CARE ITEMS

Each inmate detained longer than twenty-four (24) hours shall be provided the following items, as appropriate:

(a) Toothbrush
(b) Toothpaste or tooth powder
(c) Soap
(d) Shaving implements
(e) Comb
(f) Feminine hygiene items (if female).

Inmates may be required to purchase personal care items. However, basic hygiene items shall be provided to indigent inmates by the facility. (Revised August 2005)

2075 SHOWERING

Each inmate shall be given the opportunity to shower at least every other day and more often if possible. Inmates working on outside details shall be given the opportunity to shower daily.

2076 HAIR

There shall be no restrictions on the rights of pre-trial adults or juveniles to determine the length and style of hair except in individual cases where such restrictions are necessary for reasons of health and safety.

2080 BEDDING AND LINENS

2081 BEDDING AND LINEN ISSUE

Each inmate who is detained longer than twenty-four (24) hours shall be provided with the following standard issue:

(a) One clean, serviceable, fire-retardant mattress
(b) Clean sheets and/or clean mattress cover
(c) Sufficient clean blankets to provide comfort under existing temperature conditions
(d) One clean towel.

2082 LAUNDERING OF BEDDING AND LINENS

An adequate supply of bedding and linens shall be maintained so that the following laundry or cleaning frequencies may be adhered to:

(a) Issued linens shall be changed and washed at least once a week.
(b) Mattresses shall be disinfected or sanitized monthly and before re-issue.
(c) Blankets shall be laundered, or otherwise sterilized, monthly and before re-issue.
(d) A clean towel shall be issued at least twice weekly.

2090 FOOD

2091 FREQUENCY OF SERVICE

Each facility shall provide three (3) nutritional meals at regular meal times during each twenty-four (24) hour period, with no more than fourteen (14) hours between the evening meal and breakfast.

2092 DIET

The food must be of sufficient nutritional value and quantity to satisfy, within reason, the inmates' needs.

2093 SPECIAL DIETS

Reasonable arrangements shall be made to provide special diets prescribed by authorized medical personnel and when inmates' religious beliefs require their adherence to dietary restrictions.

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2094 FOOD GROUPS

The basic food groups shall be used in establishing a minimum basic food ration for inmates as determined by a registered dietician or other appropriate medical authority.

2095 MENUS AND FOOD PREPARATION

Menus shall be planned in advance and approved by the Facility Administrator and/or designee. Meals prepared and served at the facility shall always be under the supervision of an employee or contract service provider. If meals are purchased from the local economy, an employee should be responsible for their distribution.

2096 SANITATION AND FOOD STORAGE

Sanitation, food handling, and food storage shall comply with standards set forth by the Department of Health and Environmental Control.

(See Appendix F for DHEC Inspection Form)

2097 KITCHEN STAFF

Each facility shall carefully screen inmates assigned to food services to ensure that they are in good health and free from communicable disease or open wounds.

3000 SANITATION

3001 GENERAL REQUIREMENTS

Each facility shall develop and implement a written plan for the maintenance of an acceptable level of cleanliness and sanitation throughout the facility. Such plan shall include the following:

(a) The daily sweeping and mopping of floors, removal of trash, and dusting;

(b) The cleaning of toilets and shower facilities with hot water, soap, and scouring powder, each day;

(c) The emptying and cleaning of receptacles provided for cigarette stubs, burned matches, and other refuse, each day;

(d) The scrubbing and rinsing of living units, each week;

(e) The thorough cleaning of mops and other sanitation tools after each use, and their storage in a well-ventilated place.

3002 EQUIPMENT

(a) Suitable containers, easily cleaned and with tight fitting lids, shall be provided for the storage of solid waste material to control unpleasant odors, vermin, and insects. If plastic containers are used, they must be tested and approved against toxic reaction by a national testing laboratory.

(b) Trash and garbage shall be removed at least daily and disposed of in a sanitary manner.

(c) Grease shall be disposed of in compliance with DHEC Regulations. (Added August 2005)

3003 VERMIN, INSECTS, AND PESTS

(a) Each facility shall have a regularly scheduled program of pest and vermin control and extermination.

(b) Effective measures shall be taken to keep flies, rodents, and other vermin out of the confinement facility and to prevent their breeding or continued presence on the premises. The facility shall be kept neat, clean, and free of litter. All openings to the outer air shall be effectively protected against the entrance of insects and rodents by self-closing doors, closed windows, sixteen (16) mesh or finer screening, or other effective means.

3004 DRINKING FOUNTAINS

Individual drinking cups or water fountains shall be provided. If drinking fountains are provided, they shall be made so that there is a mouth guard and a free vertically angled flow of water. The use of the common drinking cup is prohibited.

4000 INMATE WORK PROGRAMS

4001 TYPES OF LOCAL WORK PROGRAMS

As required by the Omnibus Criminal Justice Improvements Act of 1986, standards have been established to govern the types of programs that may be established by local governments: (Revised August 2005)

(a) local work/punishment programs (work release) established pursuant to Section 24-13-910. The work/punishment standards shall include, but are not limited to, provisions ensuring that rates of pay and general conditions of employment are not less than those provided to workers in the general public performing work of a similar nature in the same community, and provisions establishing reasonable criteria for the selection, humane treatment, and

dismissal of inmates in local work/punishment programs; and

(b) local public work programs pursuant to Section 17-25-70.

4002 PUBLIC FACILITIES

Public facilities as used in the standards include all property owned by or under the jurisdiction and control of a governmental agency or subdivision of government, whether federal, state, county, municipal, multi-jurisdictional, or other such recognized entity properly created by statute or ordinance. The facilities may be buildings, roads, farms, grounds, equipment, or other real property belonging to or leased by such an entity. Public property does not include that which is owned by an individual or by an organization unless it is legally leased by the entity for a public purpose.

4003 MEALS AND BEVERAGES

Food provided to all inmates shall be in accordance with Standards 2090-2097. Additionally, inmates who work outside the facility shall be provided an adequate meal at approximately the same time that inmates inside the facility are fed. If it is not practical to return the inmates to the facility for the meal, food provided to the outside workers shall be provided by the facility in a sanitary, palatable condition or obtained from elsewhere at no cost to the inmates. Beverages for outside workers shall be available with meals and, at a minimum, potable water will be available to inmate workers at least hourly.

4004 WEATHER CONDITIONS

The Facility Administrator shall ensure that inmates are not required to work outside in extremely hazardous weather conditions, including dangerous lightning, severe heat or cold for prolonged periods, and at other times when it is considered unsafe or unreasonable for local government employees to be outside.

4020 WORK/PUNISHMENT (WORK RELEASE) PROGRAMS

Each facility which operates a work/punishment (work release) program shall have written policies and procedures for properly administering consistent and uniform work and educational programs within the local community. These policies and procedures shall include provisions for:

(a) Processing of applicants and selection of inmates, to include minimal criteria to be met by each inmate for participation in work and educational programs.

(b) Permitting inmates access to communities in order to seek employment opportunities;

(c) In-processing and orientation of each participant as to the rules, regulations, and special conditions of the program and information regarding the consistent disciplinary actions to be taken as a result of any violations;

(d) Developing quality employment, placement of inmates within community jobs, job counseling and monitoring, and recording and reporting such activities;

(e) Proper receipt of, total financial accounting for, and authorized disbursement of all participant earnings;

(f) Approving and monitoring transportation arrangements for participants to and from their designated places of employment or education program participation;

(g) Arrangements to provide other human services needed through available community resources, e.g., local vocational training, education, drug/alcohol abuse counseling, marriage counseling, psychological and social services, housing needs for release, etc.;

(h) Establishing and maintaining a system for general program files, individual participant records, and corresponding statistical data.

4022 SCREENING AND SELECTION OF INMATE PARTICIPANTS

(a) Local Correctional Facility Inmates - Inmates assigned to local correctional facilities who request community work/educational participation shall be required to complete and sign an appropriate application form to be submitted to and approved by the official so designated by the local governing body. In applying for educational program participation, an inmate shall be required to submit, along with the application, supporting documentation of his/her acceptance to the school and statement of adequate finances to defray the cost of education and subsistence payments to the local facility while on the program.

(b) State Inmates - In order for state inmates to participate in community work programs at the local correctional facility, that facility must have contracted with the South Carolina Department of Corrections to house such inmates. Application processing and selection of such inmates will be in accordance with Department of Corrections Policies/Procedures relating to Inmate Pre-Release and Community Work/ Educational Programs. Unless contractual arrangements have been made, state inmates will not be permitted community work programs privileges at the local facility.

4023 CRITERIA FOR PLACEMENT

For community work/punishment program participation, the local facility inmate must meet the following minimum criteria.

(a) Institutional Adjustment - An inmate must have maintained a clear adjustment and disciplinary record since assignment to the local correctional facility.

(b) Prior Criminal Record - Prior criminal records must be considered, to include the nature and number of previous offenses committed by the inmate.

(c) Nature of Current/Prior Offense - Careful consideration should be given to the nature of the current offenses and any prior offenses of a violent nature. No offenders committed for any degree of Criminal Sexual Conduct will be eligible for placement. No offenders committed for any of the following crimes will be eligible for placement in the county in which the crime was committed:
Murder
Voluntary Manslaughter
Assault and Battery With Intent to Kill
Kidnaping
Arson (First Degree)
Burglary (First and Second Degree under Section 16-11-312(B))
Drug Trafficking (Section 44-53-370e).

(d) Medical and Psychological Factors - Consideration should be given to any noted medical or psychological factors potentially detrimental to an inmate's health. (Revised August 2005)

(e) Drug/Alcohol Problems - Consideration shall be given to any noted drug or alcohol problems of the inmates; and, if approved, the inmate will be subjected to unannounced testing and mandatory counseling in that area while he/she is a work program participant. (Revised August 2005)

(f) Community Recommendations - When deemed appropriate, the program administrator, if he/she is not the local sheriff, will notify the local sheriff of an inmate's pending placement within the community work program. Consideration in this regard should be given to the individual's present or prior offenses if of a violent nature or to any other extensive criminal history.

(g) Contempt of Court Cases - A person sentenced for a violation of Section 20-7-1350 (Contempt of Court) will be eligible for work/educational programs only upon a finding and as recorded by the sentencing judge that he/she is eligible.

4024 FINANCIAL ACCOUNTING AND DISBURSEMENT OF PARTICIPANT EARNINGS

The official responsible for administering the work program shall ensure that the rates of pay and other conditions of employment are not less than those provided to workers in the general public performing work of a similar nature in that community. All earnings, less payroll deductions as required by law, shall be surrendered to the Facility Administrator or his/her authorized representative who shall ensure an appropriate schedule for disbursement in the following order:

(a) Any amount that the inmate may be legally obligated to pay, or that the inmate desires to pay (if greater), for the support of the inmate's dependents;

(b) Any amount that the inmate may be legally obligated to pay in restitution to the victim of the offense;

(c) Any fair and reasonable amount within the range specified by state law that the inmate may be required by the governmental entity to pay in order to help offset the cost to the local facility for providing food, lodging, supervision, clothing, and care to the inmate. Any remaining amount of the inmate's earnings must be credited to the inmate's earnings account to be disbursed to the inmate upon release or to be disposed of according to applicable regulations of the local correctional facility.

4025 RULES/REGULATIONS/DISCIPLINARY ACTIONS

In accordance with Standards 2000-2003, each local correctional facility shall establish consistent rules and regulations for participation in the community work/ educational programs, and appropriate and consistent disciplinary action for violations, including removal from the program.

4026 TRANSPORTATION

The local facility shall provide, arrange, or approve suitable and acceptable transportation for participants to and from their places of employment/education participation. Transportation methods and schedules should be closely monitored in order to avoid abuse.

4030 LOCAL PUBLIC WORK PROGRAMS

Counties and municipalities may require able-bodied sentenced adult inmates to perform labor for a public purpose. (Revised August 2005)

4031 REGULATIONS FOR MANDATORY PROGRAMS

The governing body of a county or municipality may develop and prescribe regulations to clarify how inmate labor is to be managed. The Facility Administrator shall publish, and maintain for employees and inmates to see, written policies and procedures concerning how the work to be performed will be approved and by whom, and how the inmates will be supervised while performing such labor.

4032 CLOTHING FOR MANDATORY PROGRAMS

Inmates assigned to all work programs will have clothing issued and maintained in accordance with Standards 2070-2073. For inmates assigned to work outside the facility, statutory provisions dealing with clothing to be issued to inmates, such as Section 24-13-640, must be followed; or else documented, approved waivers of such requirements must be available for inspection at all times.

4033 ENFORCEMENT OF WORK REQUIREMENT

When an able-bodied sentenced adult inmate refuses to obey clear and repeated instructions to do work which conforms to Standard 4031, then the Facility Administrator or his/her designee may treat the refusal as a violation of rules and proceed to discipline the inmate. Standards 2000-2003 must be followed in carrying out disciplinary action. (Revised August 2005)

4034 SAFETY OF INMATE WORKERS

No inmates will be assigned to carry out job tasks which are considered to be extremely dangerous nor to work under conditions which are in violation of the Occupational Safety and Health Act. Clearly understood and documented instructions on how to obtain emergency medical care for inmates who are injured or seriously ill shall be made available to all persons who supervise inmate workers.

4035 EXCESS PROPERTY

Inmates should be discouraged from bringing any excess property into the facility. Inmates who work outside the facility should be searched upon their return and should not be allowed to keep unauthorized items which they have found or been given.

4036 SENTENCE COMPUTATION GUIDELINES

Inmates shall receive mandatory good time and work credits in accordance with the applicable South Carolina Statutes. (Refer to Appendix C)
(Revised August 2005)

4037 HOME DETENTION STANDARDS

In each local jurisdiction where a Home Detention Program is implemented, the governing body and the Facility Administrator shall ensure that it is operated in accordance with all applicable Statutes and Standards. (Refer to Appendix H) (Revised August 2005)

APPENDIX A

SOUTH CAROLINA JAIL ADMINISTRATORS' ASSOCIATION'S CODE OF ETHICS

As an officer employed in a detention/correctional capacity, I swear (or affirm) to be a good citizen and a credit to my community, state, and nation at all times. I will abstain from questionable behavior which might bring disrepute to the agency for which I work, my family, my community, and my associates. My lifestyle will be above and beyond reproach and I will constantly strive to set an example of a professional who performs his/her duties according to the laws of our country, state, and community and the policies and procedures, written and verbal orders, and regulations of the agency for which I work.
On the job I promise to:

KEEP the institution secure so as to safeguard my community and the lives of the staff, inmates, and visitors on the premises.

WORK with each individual firmly and fairly without regard to rank, status, or condition.

MAINTAIN a positive demeanor when confronted with stressful situations of scorn, ridicule, danger, and/or chaos.

REPORT either in writing or by word of mouth to the proper authorities those things which should be reported, and keep silent about matters which are to remain confidential according to the laws and rules of the agency and government.

MANAGE and supervise the inmates in an evenhanded and courteous manner.

REFRAIN at all times from becoming personally involved in the lives of the inmates and their families.

TREAT all visitors to the jail with politeness and respect and do my utmost to ensure that they observe the jail regulations.

TAKE advantage of all education and training opportunities designed to assist me to become a more competent officer.

COMMUNICATE with people in or outside of the jail, whether by phone, written word, or by word of mouth, in such a way so as not to reflect in a negative manner upon my agency.

CONTRIBUTE to a jail environment which will keep the inmate involved in activities designed to improve his/her attitude and character.

SUPPORT all activities of a professional nature through membership and participation that will continue to elevate the status of those who operate our nation's jails. Do my best through word and deed to present an image to the public at large of a jail professional, committed to progress for an improved and enlightened criminal justice system.

The South Carolina Jail Administrators' Association has approved the AJA Code of Ethics as part of an integral program to achieve a high standard of professional conduct among those officers employed in our nation's jails.

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APPENDIX B

FIRE REGULATIONS APPLYING TO DETENTION FACILITIES

2004 Code of Regulations
(unannotated)
Current through State Register Volume 28, Issue 9, effective September 24, 2004.

71-8308. Fire Safety: Construction and Operation of Local Detention Facilities.

71-8308.1. Application.

These regulations shall apply to the construction and operation of all local detention facilities, regardless of intended capacity. Facilities constructed on or before May 28, 1991, are exempt from the requirements contained therein.

71-8308.2. Definitions.

A. "SBC" means the Standard Building Code, adopted in 71-8300.9.

B. "NFPA" means the National Fire Protection Association.

C. "Local Detention Facility" means any municipal, county, or multi-jurisdictional overnight lockup, jail, prison camp, or detention center where one or more persons are held for more than six hours.

D. "UL" means Underwriters' Laboratories, Inc.

71-8308.3. Policy.

Consistent with the requirements of these regulations, each newly constructed and opened local detention facility shall:

1. be equipped with and maintain necessary fire detection, control and protection equipment;

2. establish, in writing, procedures for the prevention of, control of, and response to fires;

3. ensure that all facility staff members are trained in the use of fire detection, control, and protection equipment.

71-8308.4. Fire Detection Equipment.

A. Each local detention facility shall have installed and maintained a smoke-activated fire detection system that meets the requirements of NFPA 72, 1996 edition, for that type of fire detection system.

B. The smoke-activated fire detection system installed in a local detention facility shall:

1. be equipped with a sufficient number of manually operated signaling devices, with at least one on each floor, to ensure that an auxiliary means of activating the system is available; and

2. be designed and installed so as to detect fire in its initial stage in all areas of a local detention facility and upon such detection to automatically activate an audible signal, distinct from all signals of other sounding

devices used in the vicinity, to warn all persons within a local detention facility in the event of fire or other emergency.

71-8308.5. Fire Control Equipment.

A. Standpipe Systems.

1. Each local detention facility two or more stories and exceeding 50 ft. in height shall install and maintain a Class III standpipe system per NFPA 14.

2. Any standpipe system installed pursuant to this section shall:

a. be designed and installed so that all facility areas can be quickly reached by an effective stream of water;

b. be designed to furnish heavy hose streams for severe fires, and first-aid streams to control incipient fires;

i. (As used in this section, the term heavy hose means hose which is 2 ½ "' in diameter. It is not necessary that such hose be installed or maintained within a local detention facility;)

ii. (As used in this section, the term first-aid means hose which is 1 ½ "' in diameter; such hose shall be immediately available for use in the facility by staff members and local fire fighter agencies.)

c. include a clear indication of the location of all standpipe system outlets and equipment;

d. have a reliable and adequate source of water sufficient to maintain an effective flow for a minimum of thirty minutes; and

e. have fire department connections with siamese feature for the injection of additional water at appropriate pressure into the standpipe system.

B. Sprinkler System.

1. Each local detention facility shall have installed and maintained an automatic sprinkler system per NFPA 13.

C. Each local detention facility shall install and maintain a sufficient number of fire extinguishers as required by NFPA 10. Such fire extinguishers shall:

1. be easily accessible for emergency use;

2. be maintained in a fully charged and operable condition;

3. not exceed 40 lbs. in gross weight;

4. if maintained in a facility area which contains electrical equipment, flammable liquids, solvents, paints or petroleum-based products, be of the carbon dioxide or multi-purpose dry chemical-type or other types as approved in NFPA 10;

5. if maintained in a facility area which contains wood, paper, cloth or rubbish, be of the multi-purpose dry chemical or water type; and

6. not be of the soda and acid type.

71-8308.6. Fire Detection, Control, and Protection Equipment Specifications and Installation.

All fire detection, control, and protection equipment installed in a local detention facility shall be maintained per the requirements of the applicable NFPA standard. Such conformances shall be determined by the Resident Fire Marshal with the assistance of the Office of State Fire Marshal's Office and based on guidelines issued by the Office of State Fire Marshal.

71-8308.7. Hazardous Areas.

All hazardous areas, including boiler rooms, laundries, kitchens, storage rooms, paint shops, and trash rooms, shall be protected by proper separation or automatic extinguishing equipment to prevent spread of fire.

71-8308.8. Prohibition of Polyurethane Products.

Use of polyurethane products in the secured interior portions of local detention facilities is prohibited.

71-8308.9. Fire Retardant Paint.

All paint used within the secured portions of local detention facilities shall be fire retardant at least to the extent that, if applied to Douglas Fir and other tested combustible surfaces, it reduces flame spread to a flame spread classification value of 25 or less, and has a smoke developed rating not exceeding 450 when tested per ASTM E-84.

71-8308.10. Minimum Requirements.

Except as provided by more stringent requirements included in these regulations, the minimum standards for new construction shall be the SBC for Group I, Restrained Occupancies.

71-8308.11. Emergency Fire Plans and Procedures.

The chief administrative officer of the local detention facility shall:

1. establish and maintain contact with a local fire fighting agency or other fire fighting authority;

2. ensure that a local fire fighting agency or other fire fighting authority shall, at a minimum, be familiar with:

a. the physical plant of the local detention facilities; and

b. the location and type of fire detection, control, and protection equipment available and maintained within the facility;

3. establish, in conjunction with a local fire fighting agency or other local fire fighting authority, an emergency fire safety plan which shall be in writing and shall include, but not be limited to:

a. procedures for the detection and reporting of fires to the local fire fighting agency;

b. procedures for the immediate and safe and secure evacuation of all persons;

c. procedures for fire control and extinguishment;

4. require that each local detention facility shall have within the facility and available for use by the staff a number of self-contained breathing apparatuses sufficient to equip all detention facility personnel working on a shift or seven, whichever is the smaller number;

5. ensure that weekly inspections of the facility are conducted by facility personnel for the purpose of detecting and alleviating potential fire hazards, and ensure that reports of such inspections and remedial action based on such inspections are maintained;

6. ensure that all fire detection, control, and protection equipment maintained within the facility is inspected and tested at least every six months or per the recommendations of the manufacturer, whichever requires the more frequent inspection. Written records of such inspections shall be maintained for three years and shall include, but not be limited to:

a. the name of the inspecting person;

b. the date of the inspection;

c. the condition of the equipment; and

d. action taken to correct any deficiencies in the equipment.

7. The evacuation plan describing means and routes of exit for all persons within the facility shall be prominently posted throughout the facility.

71-8308.12. Fire Hazard Policies.

A. Each facility shall, by written regulation or policy, provide for the following:

1. controlled inmate access to smoking materials and matches;

2. prohibition of use of smoking materials and matches by intoxicated inmates and inmates who have been identified as presenting a high risk of suicide;

3. prohibition of inmate use of electrical extension cords and electrical equipment without express approval of the Facility Administrator and the resident fire marshal; and

4. prohibition of inmate use of polyurethane products, including mattresses and pillows.

71-8308.13. Training.

A. All facility staff members shall:

1. be provided with a written copy of the facility emergency fire plans and fire hazard policies;

2. be tested quarterly in the execution of the emergency fire plan;

3. be given pre-service and in-service training concerning fire hazard policies.

71-8308.14. Reporting.

Any incident of fire shall be reported immediately to the local fire fighting agency and shall be reported to the Jail and Prison Inspection Division of the Department of Corrections and the Office of State Fire Marshal within 24 hours of such incident.

71-8309. Fire Safety: Existing Local Detention Facilities.

71-8309.1. Application.

These regulations shall apply to all local detention facilities already constructed or approved for construction before May 29, 1991.

71-8309.2. Definitions.

A. "SBC" means the Standard Building Code, adopted in 71-8300.9.

B. "NFPA" means the National Fire Protection Association.

C. "Local Detention Facility" means any municipal, county, or multi-jurisdictional overnight lockup, jail, prison camp, or detention center where one or more persons are held for more than six hours.

D. "UL" means Underwriters' Laboratories, Inc.

71-8309.3. Policy.

A. Consistent with the requirements of these regulations, each local detention facility shall:

1. be equipped with and maintain necessary fire detection, control, and protection equipment;

2. establish in writing procedures for the prevention of, control of, and response to fires; and

3. ensure that all facility staff members are trained in the use of fire detection, control and protection equipment.

71-8309.4. Fire Detection Equipment.

A. Each local detention facility shall have installed and maintained a smoke-activated fire detection system that meets the requirements of NFPA 72, 1996 edition, for that type of fire detection system.

B. The smoke activated fire detection system installed in a local detention facility shall:

1. be equipped with a sufficient number of manually operated signaling devices to ensure that an auxiliary means of activating the system is available; and

2. be designed and installed so as to detect fire in its initial stage in all areas of a local detention facility and upon such detection to automatically activate an audible signal, distinct from all signals of other sounding devices used in the vicinity, to warn all persons within a local detention facility in the event of fire or other emergency.

71-8309.5. Fire Control Equipment.

A. Standpipe Systems.

1. Each local detention facility two or more stories and exceeding 50 ft. in height shall install and maintain a Class III standpipe system per NFPA 14.

2. Any standpipe system installed pursuant to this section shall:

a. be designed and installed so that all facility areas can be quickly reached by an effective stream of water;

b. be designed to furnish heavy hose streams for severe fires, and first-aid streams to control incipient fires;

i. (As used in this section, the term heavy hose means hose which is 2 ½ "' in diameter. It is not necessary that such hose be installed or maintained within a local detention facility.)

ii. (As used in this section, the term first-aid means hose which is 1 ½ "' in diameter. Such hose shall be immediately available for use in the facility by staff members and local fire fighting agencies.)

c. include a clear indication of the locations of all standpipe system outlets and equipment;

d. have a reliable and adequate source of water sufficient to maintain an effective flow for a minimum period of 30 minutes; and

e. have fire department connections with Siamese feature for the injection of additional water at appropriate pressure into the standpipe system.

B. Each local detention facility shall install and maintain a sufficient number of fire extinguishers as required by NFPA 10. Such fire extinguishers shall:

1. be easily accessible for emergency use;

2. be maintained in a fully charged and operable condition;

3. not exceed 40 lbs. in gross weight;

4. if maintained in a facility area which contains electrical equipment, flammable liquids, solvents, paints or petroleum-based products, be of the carbon dioxide or multi-purpose dry chemical type or other types as approved in NFPA 10;

5. if maintained in a facility area which contains wood, paper, cloth or rubbish be of the multi-purpose dry chemical or water type; and

6. not be of the soda and acid type.

C. Each local detention facility shall have within the facility and available for use by the staff a number of self-contained breathing apparatuses sufficient to equip all detention facility personnel working on a shift or seven, whichever is the smaller number.

71-8309.6. Fire Detection, Control, and Protection Equipment Specifications and Installation.

All fire detection, control, and protection equipment installed in a local detention facility shall be maintained per the specification requirements of the National Fire Protection Association's National Fire Codes. Such conformances shall be determined by the resident fire marshal with the assistance of the Office of State Fire Marshal and based on guidelines issued by the Office of State Fire Marshal.

71-8309.7. Exits.

A. Means of egress shall consist of continuous and unobstructed paths of travel to the exterior of a building at all times. Means of egress shall not be permitted through kitchens, closets, restrooms, and similar areas nor through adjacent tenant spaces.

B. Consistent with the requirements of subdivision C of this section, each local detention facility shall maintain at least two exits from each facility housing area.

C. Exits shall be so located that the distance from the most remote point in the floor area, room, or space

served by them to the nearest exit, measured along the line of travel, shall not be so great as to create a hazard to human life in case of fire.

D. Where more than one exit is required, at least two shall be located as remote from each other as practicable and shall be so arranged and constructed to provide direct access in separate directions from any point in the area served and to minimize the possibility that both may be blocked by any one fire or other emergency condition.

E. Exits shall be:

1. clearly visible or the route to reach such exit conspicuously indicated;

2. illuminated;

3. exit doors shall be constructed so as to be unlocked from both the inside and the outside of the door by the facility staff, who shall have immediate access at all times to necessary keys or other unlocking mechanisms; and

4. kept clear and maintained in usable condition.

F. Each vertical way of exit and other vertical openings between floors of a facility shall be suitably enclosed or protected to afford reasonable safety to all persons while using such exits.

G. All required exit stairs shall be enclosed in one-hour fire resistant construction.

71-8309.8. Hazardous Areas.

All hazardous areas, including boiler rooms, laundries, kitchens, storage rooms, paint shops, and trash rooms shall be protected by proper separation or automatic extinguishing equipment to prevent spread of fire.

71-8309.9. Prohibition of Polyurethane Products.

Use of polyurethane products in the secured interior portions of local detention facilities is prohibited.

71-8309.10. Fire Retardant Paint.

All paint used within the secured portions of local detention facilities shall be fire retardant at least to the extent that, if applied to Douglas Fir and other tested combustible surfaces, it reduces flame spread to a flame spread classifications value of 25 or less and has a smoke developed rating not exceeding 450 when tested per ASTM E-84.

71-8309.11. Other Code Requirements.

Local detention facilities constructed under a building code shall, regarding any specific area of regulation, be required to comply with the applicable section of these regulations or of the construction building code, whichever is more stringent.

71-8309.12. Emergency Fire Plans and Procedures.

A. The chief administrative officer of each local detention facility shall:

1. establish and maintain contact with a local fire fighting agency or other fire fighting authority;

2. ensure that a local fire fighting agency or other fire fighting authority shall, at a minimum, be familiar with:

a. the physical plant of the local correctional facility; and

b. the location and type of fire detection, control, and protection equipment available and maintained within the facility;

3. establish, in conjunction with a local fire fighting agency or other local fire fighting authority, an emergency fire safety plan which shall be in writing and shall include, but not be limited to:

a. procedures for the detection and reporting of fires to the local fire fighting agency;

b. procedures for the immediate and safe and secure evacuation of all persons; and

c. procedures for fire control and extinguishment;

4. ensure that weekly inspections of the facility are conducted by facility personnel for the purpose of detecting and alleviating potential fire hazards; and ensure that reports of such inspections and remedial action based on such inspections are maintained;

5. ensure that all fire detection, control, and protection equipment maintained within the facility is inspected and tested at least every 6 months or per the recommendations of the manufacturer, whichever requires the more frequent inspection. Written records of such inspections shall be maintained and shall include, but not be limited to:

a. the name of the inspecting person;

b. the date of the inspection;

c. the condition of the equipment; and

d. action taken to correct any deficiencies in the equipment.

6. the evacuation plan describing means and routes of exit for all persons within the facility shall be prominently posted throughout the facility.

71-8309.13. Fire Hazard Policies.

A. Each facility shall, by written regulation or policy, provide for the following:

1. controlled inmate access to smoking materials and matches;

2. prohibition of use of smoking materials and matches by intoxicated inmates and inmates who have been identified as presenting a high risk of suicide;

3. prohibition of inmate use of electrical extension cords and electrical equipment without express approval of the facility administrator and the local resident fire marshal (local fire safety inspector); and

4. prohibition of inmate use of polyurethane products, including mattresses and pillows.

71-8309.14. Training.

A. All facility staff members shall:

1. be provided with a written copy of the facility emergency fire plan and fire hazard policies;

2. be tested quarterly in the execution of the emergency fire plan;

3. be given pre-service and in-service training concerning fire hazard policies; and

4. be trained in the use of self-contained breathing apparatus.

71-8309.15. Reporting.

Any incident of fire shall be reported immediately to the local fire fighting agency and shall be reported to the Jail and Prison Inspection Division of the Department of Corrections and the Office of State Fire Marshal within 24 hours of such incident.

71-8310. Fire Safety: Renovation of Existing Local Detention Facilities.

71-8310.1. Review of Plans.

Plans for renovation (alterations, repairs, or rehabilitation) of local detention facilities shall be submitted to the Office of State Fire Marshal for approval regarding compliance with these regulations and other fire safety codes.

71-8310.2. Compliance with Regulations.

All renovation of local detention facilities shall, to the extent determined by the State Fire Marshal, comply with the requirements of these regulations for the construction of new local detention facilities.

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APPENDIX C

COMPUTATION OF GOOD TIME CREDITS

South Carolina Code of Laws
(unannotated)
Current through the end of the 2004 Regular Session

SECTION 24-13-40. Computation of time served by prisoners.

The computation of the time served by prisoners under sentences imposed by the courts of this State shall be reckoned from the date of the imposition of the sentence. But when (a) a prisoner shall have given notice of intention to appeal, (b) the commencement of the service of the sentence follows the revocation of probation or (c) the court shall have designated a specific time for the commencement of the service of the sentence, the computation of the time served shall be reckoned from the date of the commencement of the service of the sentence. In every case in computing the time served by a prisoner, full credit against the sentence shall be given for time served prior to trial and sentencing. Provided, however, that credit for time served prior to trial and sentencing shall not be given: (1) when the prisoner at the time he was imprisoned prior to trial was an escapee from another penal institution; or (2) when the prisoner is serving a sentence for one offense and is awaiting trial and sentence for a second offense in which case he shall not receive credit for time served prior to trial in a reduction of his sentence for the second offense.

SECTION 24-13-210. Credit given convicts for good behavior.

(A) A prisoner convicted of an offense against this State, except a "no parole offense" as defined in Section 24-13-100, and sentenced to the custody of the Department of Corrections including a prisoner serving time in a local facility pursuant to a designated facility agreement authorized by Section 24-3-30, whose record of conduct shows that he has faithfully observed all the rules of the institution where he is confined and has not been subjected to punishment for misbehavior, is entitled to a deduction from the term of his sentence beginning with the day on which the service of his sentence commences to run, computed at the rate of twenty days for each month served. When two or more consecutive sentences are to be served, the aggregate of the several sentences is the basis upon which the good conduct credit is computed.

(B) A prisoner convicted of a "no parole offense" against this State as defined in Section 24-13-100 and sentenced to the custody of the Department of Corrections, including a prisoner serving time in a local facility pursuant to a designated facility agreement authorized by Section 24-3-30, whose record of conduct shows that he has faithfully observed all the rules of the institution where he is confined and has not been subjected to punishment for misbehavior, is entitled to a deduction from the term of his sentence beginning with the day on which the service of his sentence commences to run, computed at the rate of three days for each month served. However, no prisoner serving a sentence for life imprisonment or a mandatory minimum term of imprisonment for thirty years pursuant to Section 16-3-20 is entitled to credits under this provision. No prisoner convicted of a "no parole offense" is entitled to a reduction below the minimum term of incarceration provided in Section 24-13-125 or 24-13-150. When two or more consecutive sentences are to be served, the aggregate of the several sentences is the basis upon which the good conduct credit is computed.

(C) A prisoner convicted of an offense against this State and sentenced to a local correctional facility, or upon the public works of any county in this State, whose record of conduct shows that he has faithfully observed all the rules of the institution where he is confined, and has not been subjected to punishment for misbehavior, is entitled to a deduction from the term of his sentence beginning with the day on which the service of his sentence commences to run, computed at the rate of one day for every two days served. When

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two or more consecutive sentences are to be served, the aggregate of the several sentences is the basis upon which good conduct credits must be computed.

(D) If a prisoner confined in a facility of the department commits an offense or violates one of the rules of the institution during his term of imprisonment, all or part of the good conduct credit he has earned may be forfeited in the discretion of the Director of the Department of Corrections. If a prisoner confined in a local correctional facility pursuant to a designated facility agreement commits an offense or violates one of the rules of the institution during his term of imprisonment, all or part of the good conduct credit he has earned may be forfeited in the discretion of the local official having charge of the prisoner. The decision to withhold forfeited good conduct time is solely the responsibility of officials named in this subsection.

(E) Any person who has served the term of imprisonment for which he has been sentenced less deductions allowed therefrom for good conduct is considered upon release to have served the entire term for which he was sentenced unless the person is required to complete a community supervision program pursuant to Section 24-21-560. If the person is required to complete a community supervision program, he must complete his sentence as provided in Section 24-21-560 prior to discharge from the criminal justice system.

(F) No credits earned pursuant to this section may be applied in a manner which would prevent full participation in the Department of Probation, Parole, and Pardon Services' prerelease or community supervision program as provided in Section 24-21-560.

SECTION 24-13-220. Time off for good behavior in cases of commuted or suspended sentences.

The provisions of Section 24-13-210 shall also apply when a portion of a sentence which has been imposed is suspended. Credits earned for good conduct shall be deducted from and computed on the time the person is actually required to serve, and the suspended sentence shall begin on the date of his release from servitude as herein provided.

SECTION 24-13-230. Reduction of sentence for productive duty assignment or participation in academic, technical, or vocational training program.

(A) The Director of the Department of Corrections may allow any prisoner in the custody of the department, except a prisoner convicted of a "no parole offense" as defined in Section 24-13-100, who is assigned to a productive duty assignment or who is regularly enrolled and actively participating in an academic, technical, or vocational training program, a reduction from the term of his sentence of zero to one day for every two days he is employed or enrolled. A maximum annual credit for both work credit and education credit is limited to one hundred eighty days.

(B) The Director of the Department of Corrections may allow a prisoner in the custody of the department serving a sentence for a "no parole offense" as defined in Section 24-13-100, who is assigned to a productive duty assignment or who is regularly enrolled and actively participating in an academic, technical, or vocational training program, a reduction from the term of his sentence of six days for every month he is employed or enrolled. However, no prisoner serving a sentence for life imprisonment or a mandatory minimum term of imprisonment for thirty years pursuant to Section 16-3-20 is entitled to credits under this provision. No prisoner convicted of a "no parole offense" is entitled to a reduction below the minimum term of incarceration provided in Section 24-13-125 or 24-13-150. A maximum annual credit for both work credit and education credit is limited to seventy-two days.

(C) No credits earned pursuant to this section may be applied in a manner which would prevent full participation in the Department of Probation, Parole, and Pardon Services' prerelease or community supervision program as provided in Section 24-21-560.

(D) The amount of credit to be earned for each duty classification or enrollment must be determined by the director and published by him in a conspicuous place available to inmates at each correctional institution. If a prisoner commits an offense or violates one of the rules of the institution during his term of imprisonment all or part of the work credit or education credit he has earned may be forfeited in the discretion of the official having charge of the prisoner.

(E) The official in charge of a local detention or correctional facility to which persons convicted of offenses against the State are sentenced shall allow any inmate serving such a sentence in the custody of the facility who is assigned to a mandatory productive duty assignment a reduction from the term of his sentence of zero to one day for every two days so employed. The amount of credit to be earned for each duty classification must be determined by the official in charge of the local detention or correctional facility and published by him in a conspicuous place available to inmates.

(F)(1) An individual is only eligible for the educational credits provided for in this section, upon successful participation in an academic, technical, or vocational training program.

(2) The educational credit provided for in this section, is not available to any individual convicted of a violent crime as defined in Section 16-1-60.

(G) The South Carolina Department of Corrections may not pay any tuition for college courses.

SECTION 24-13-235. Voluntary program.

Notwithstanding any other provision of law, the governing body of any county may authorize the sheriff or other official in charge of county correctional facilities to offer a voluntary program under which any person committed to such facility may perform labor on the public works or ways. The confinement of the person must be reduced by one day for every eight hours of labor on the public works or ways performed by the person. As used in this section, "labor on the public works or ways" means manual labor to improve or maintain public facilities, including, but not limited to, streets, parks, and schools.

The governing body of the county may prescribe reasonable regulations under which such labor is to be performed and may provide that such persons wear clothing of a distinctive character while performing such work.

Nothing contained in this section may be construed to require the sheriff or other such official to assign labor to a person pursuant to this section if it appears from the record that the person has refused to perform labor as assigned satisfactorily or has not satisfactorily complied with the reasonable regulations governing such assignment. A person is eligible for supervised work under this section only if the sheriff or other such official concludes that the person is a fit subject therefor.

If a court sentences a defendant to a period of confinement of fifteen days or more, the court may restrict or deny the defendant's eligibility for the supervised work program.

The governing body of the county may prescribe a program administrative fee, not to exceed the pro rata cost of administration, to be paid by each person in the program, according to the person's ability to pay.

SECTION 24-13-260. Effect of failure of officer having charge of convict to allow deduction in time of serving sentence.

Any officer having charge of any such convict who shall refuse to allow such deduction in time of serving sentence shall be guilty of a misdemeanor and shall, upon conviction, suffer imprisonment for not less than

thirty days or pay a fine of not less than one hundred dollars.

SECTION 20-7-1350. Penalties for violations by adults.

An adult who wilfully violates, neglects, or refuses to obey or perform a lawful order of the court, or who violates any provision of this chapter, may be proceeded against for contempt of court. An adult found in contempt of court may be punished by a fine, a public work sentence, or by imprisonment in a local correctional facility, or any combination of them, in the discretion of the court, but not to exceed imprisonment in a local correctional facility for one year, a fine of fifteen hundred dollars, or public work sentence of more than three hundred hours, or any combination of them. An adult sentenced to a term of imprisonment under this section may earn good time credits pursuant to Section 24-13-210 and work credits pursuant to Section 24-13-230 and may participate in a work/punishment program pursuant to Section 24-13-910 unless his participation in any of these programs is prohibited by order of the sentencing judge.

APPENDIX D

MISCELLANEOUS STATUTES APPLYING TO DETENTION CENTERS

South Carolina Code of Laws
(unannotated)
Current through the end of the 2004 Regular Session

SECTION 22-5-510 Bailing persons; bond hearing.

(A) Magistrates may admit to bail a person charged with an offense, the punishment of which is not death or imprisonment for life; provided, however, with respect to violent offenses as defined by the General Assembly pursuant to Section 15, Article I of the Constitution of South Carolina, magistrates may deny bail giving due weight to the evidence and to the nature and circumstances of the event. "Violent offenses" as used in this section means the offenses contained in Section 16-1-60. If a person under lawful arrest on a charge not bailable is brought before a magistrate, the magistrate shall commit the person to jail. If the offense charged is bailable, the magistrate shall take recognizance with sufficient surety, if it is offered, in default whereof the person must be incarcerated.

(B) A person charged with a bailable offense must have a bond hearing within twenty-four hours of his arrest and must be released within a reasonable time, not to exceed four hours, after the bond is delivered to the incarcerating facility.

SECTION 22-5-530. Deposits in lieu of recognizance; payment to jail or detention facility to secure immediate release.

2. (A) A person charged and to be tried before a magistrate or municipal judge for a violation of law is entitled to deposit with the magistrate or municipal judge, in lieu of entering into recognizance, a sum of money not to exceed the maximum fine in the case for which the person is to be tried.

(B) In a jurisdiction in which the governing body has established a system for receipt of deposits in lieu of recognizance, a person held or incarcerated in a jail or detention center who is entitled to deposit a sum of money in lieu of entering into recognizance under this section may secure his immediate release from custody by paying to or depositing the sum of money required by this section with the jail or detention facility in which he is being held.

(C) Money paid to or deposited with a jail or detention facility under the authority of this section is considered paid to or deposited with the magistrate or municipal judge in lieu of entering into recognizance and must be accounted for and paid over to the magistrate or municipal judge by the jail or detention facility for disposition according to law. Money paid to or deposited pursuant to this section must be accounted for and audited in the manner required by the governing body and any other appropriate agency.

The provisions of this section must not be construed to abrogate or otherwise affect the notice requirements for victims of crime and other rights of victims of crime provided for in Article 5 of Title 16.

SECTION 23-1-145. Employees of county and municipal correction facilities to have status of peace officers.

Employees of any county or municipal jail, prison, work camp or overnight lockup facility, while performing their officially assigned duties relating to the custody, control, transportation or recapture of any inmate or prisoner in this State, shall have the status of peace officers anywhere in the State in any matter relating to the custody, control, transportation or recapture of such inmate or prisoner. Provided, that for the purposes of this section no trustee shall be considered an employee.

SECTION 24-5-300. Definitions.

For the purposes of this article:

(1) "Reserve detention officer" means a person assigned part-time jailer or detention officer duties without being regularly assigned to full-time jailer or detention officer duties and who serves in that capacity without compensation.

(2) "Director" means the detention director, jail administrator, or other manager employed for the operation of a county, municipal, or multi-jurisdictional local detention facility.

(3) "Responsible authority" means the sheriff, county administrator, mayor, city manager, or other appropriate official who has legal responsibility for the management of a local detention facility within a particular jurisdiction.

SECTION 24-5-310. Appointment of reserve detention officers; criminal and background inquiry; oath, bond, and training requirement.

The director, in his discretion, may appoint the number of reserve detention officers approved by the responsible authority, but not exceeding the number of regular full-time jailers or detention officers funded and employed at the facility, if participation in the reserve detention officer program has been approved by the governing body having jurisdiction over the detention facility. The number of full-time jailers or detention officers must not be decreased because of the institution or expansion of a reserve force. Each period of time a reserve serves must be determined and specified by the director in writing. The powers and duties of a reserve are subject to the provisions of this article and must be prescribed by the director and approved by the responsible authority.

A reserve is subject to removal by the director at any time. A criminal history inquiry and other appropriate background inquiry must be conducted on an applicant before his selection as a reserve.

Before assuming his duties, a reserve must:

(1) take the oath of office required by law;

(2) be bonded in an amount determined by the governing body of the county, municipality, or other political entity and which must be not less than one thousand five hundred dollars; and

(3) successfully complete the course of training required by this article.

SECTION 24-5-320. Pre-service training; comprehensive test.

No reserve shall assume a jailer or detention officer function until he has completed successfully a jail pre-service training program approved by the Department of Public Safety pursuant to Article 9, Chapter 6 of Title 23, and passed a comprehensive test prepared by the South Carolina Criminal Justice Academy and administered by the director of the local detention facility. Within one year of appointment, a reserve must successfully complete a jail operations training program promulgated by the Department of Public Safety pursuant to Article 9, Chapter 6 of Title 23 in order to be eligible for continuation as a reserve. A reserve who serves more than one year must complete the same annual in-service training requirements as regular full-time jailers or detention officers. All training which is provided locally or regionally is subject to review by the South Carolina Law Enforcement Training Advisory Council and approval of the South Carolina

Department of Public Safety.

SECTION 24-5-330. Physical competence and capability.

Before final acceptance as a reserve, a candidate, at his own expense or through the offices of the doctor of his political entity, shall submit to the director a summary of the results of a current physical examination for the satisfaction of the director concerning physical competence and capability. Other minimum selection standards recognized by law as applicable to full-time jailers or detention officers also shall apply to reserves.

SECTION 24-5-340. Additional requirements.

Additional requirements beyond those set out in this article may be imposed by the local political entity through the responsible authority.

Upon request by the director and assurance by the director that minimum requirements have been met, identification cards registering a reserve's status may be issued by the Department of Public Safety.

SECTION 24-5-350. Duties of reserve detention officer; supervision.

A reserve shall serve and function as a jailer or detention officer only on specific orders and directions of the director. To maintain status, a reserve shall perform a minimum logged service time of ten hours a month or thirty hours a quarter.

No reserve detention officer shall perform any jailer or detention officer duties except under the direct supervision of a full-time jailer or detention officer. A reserve shall not assume full-time duties of jailers or detention officers without complying with the requirements for full-time jailers and detention officers.

A department utilizing reserves shall have at least one full-time officer as a coordinator-supervisor who must be responsible directly to the director.

SECTION 24-5-360. Additional training to become full-time jailer or detention officer.

A reserve who has been in active status for at least two years and desires to become a full-time jailer or detention officer, upon application of his director to the Department of Public Safety and upon completion of other existing requirements, may be accepted at the South Carolina Criminal Justice Academy for additional hours of training required by the Department of Public Safety pursuant to Article 9, Chapter 6 of Title 23.

SECTION 24-5-370. Reserve identification card for former full-time jailers or detention officers.

A currently certified full-time jailer or detention officer who leaves his position under honorable conditions within twelve months, at the request of his director and with the concurrence of the Department of Public Safety, may be issued a registration card identifying him as a member of the reserve if the use of reserve detention officers has been approved by the responsible authority. The officer is not required to undergo the preliminary training for reserves but is required to have a current physical exam and to continue the same annual in-service training requirements as regular full-time jailers or detention officers.

SECTION 24-5-380. Uniforms and equipment; handguns.

The uniforms and equipment issued by the political entity shall remain the property of the entity but, in the discretion of the director, may be entrusted to the care and control of the reserve. A reserve shall wear a uniform which will identify him as a jailer or detention officer. Handguns, if issued, must be of a caliber approved by the responsible authority.

SECTION 24-5-390. Workers' Compensation benefits.

Workers' Compensation benefits may be provided for reserves by the governing body in the same manner benefits are provided for full-time jailers or detention officers.

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For purposes of compensation or benefits arising from duty-related injury or death, reserves must be considered employees of the political entities for which they were appointed and must be included with regular duty jailers or detention officers in the assigned responsibility for prevention, suppression, and control of crime.

SECTION 24-13-50. Monthly reports required from municipal and county officials responsible for custody of convicted persons.

Every municipal and county official responsible for the custody of persons convicted of any criminal offense shall on or before the fifth day of each month file with the Department of Corrections a written report stating the name, race, age, criminal offense and date and length of sentence of all prisoners in their custody during the preceding month.

SECTION 24-13-60. Screening of offenders for possible placement on work release.

The Department of Corrections shall automatically screen all offenders committed to its agency for non-violent offenses with sentences of five years or less for possible placement on work release or supervised furlough.

SECTION 24-13-65. Prisoners to be provided for litter control projects.

The Department of Corrections shall provide prisoners not otherwise engaged in a useful prison occupation for litter control projects proposed by counties and municipalities.

SECTION 24-13-80. Prisoners to pay for certain costs; definitions; criteria for deductions from inmates' accounts; reimbursement to inmates; recovery from estates of inmates.

(A) As used in this section:

(1) "Detention facility" means a municipal or county jail or state correctional facility used for the detention of persons charged with or convicted of a felony, misdemeanor, municipal offense, or violation of a court order.

(2) "Inmate" means a person who is detained in a detention facility by reason of being charged with or convicted of a felony, a misdemeanor, a municipal offense, or violation of a court order.

(3) "Medical treatment" means each visit initiated by the inmate to an institutional physician, physician's extender including a physician's assistant or a nurse practitioner, dentist, optometrist, or psychiatrist for examination or treatment.

(4) "Administrator" means the county administrator, city administrator, or the chief administrative officer of a county or municipality.

(5) "Director" means the agency head of the Department of Corrections.

(B) The administrator or director, whichever is appropriate, may establish, by rules, criteria for a reasonable deduction from money credited to the account of an inmate to:

(1) repay the costs of:

(a) public property wilfully damaged or destroyed by the inmate during his incarceration;

(b) medical treatment for injuries inflicted by the inmate upon himself or others;

(c) searching for and apprehending the inmate when he escapes or attempts to escape. The costs must be limited to those extraordinary costs incurred as a consequence of the escape; or

(d) quelling a riot or other disturbance in which the inmate is unlawfully involved;

(2) defray the costs paid by a municipality or county for elective medical treatment for an inmate, which has been requested by him, if the deduction does not exceed five dollars for each occurrence of treatment received by the inmate at the inmate's request. If the balance in an inmate's account is five dollars or less, the fee must not be charged. This item does not apply to medical costs incurred as a result of injuries sustained by an inmate or other medically necessary treatment for which that inmate is determined not to be responsible.

(C) All sums collected for medical treatment must be reimbursed to the inmate if the inmate is acquitted or otherwise exonerated of all charges for which the inmate was being held.

(D) The detention facility may initiate an action for collection of recovery of medical costs incurred pursuant to this section against an inmate upon his release or his estate if the inmate was executed or died while in the custody of the detention facility.

SECTION 24-13-410. Escaping or attempting to escape from prison or possessing tools or weapons therefor.

(A) It is unlawful for a person, lawfully confined in prison or upon the public works of a county or while in the custody of a superintendent, guard, or officer, to escape, to attempt to escape, or to have in his possession tools or weapons which may be used to facilitate an escape.

(B) A person who violates this section is guilty of a felony and, upon conviction, must be imprisoned not less than one year nor more than fifteen years.

(C) The term of imprisonment is consecutive to the original sentence and to other sentences previously imposed upon the escapee by a court of this State.

SECTION 24-13-420. Harboring or employing escaped convicts.

A person who knowingly harbors or employs an escaped convict, is guilty of a felony and, upon conviction, must be fined in the discretion of the court or imprisoned not more than ten years, or both.

SECTION 24-13-430. Rioting or inciting to riot.

(1) Any inmate of the Department of Corrections, city or county jail, or public works of any county that conspires with any other inmate to incite such inmate to riot or commit any other acts of violence shall be deemed guilty of a felony and upon conviction shall be sentenced in the discretion of the court.

(2) Any inmate of the Department of Corrections, city or county jail, or public works of any county that participates in a riot or any other acts of violence shall be deemed guilty of a felony and upon conviction shall be imprisoned for not less than five years nor more than ten years.

SECTION 24-13-440. Carrying or concealing weapon.

It is unlawful for an inmate of a state correctional facility, city or county jail, or public works of a county to carry on his person a dirk, slingshot, metal knuckles, razor, firearm, or any other deadly weapon, homemade or otherwise, which usually is used for the infliction of personal injury upon another person, or to wilfully conceal any weapon within any Department of Corrections facility or other place of confinement.

A person violating this section is guilty of a felony and, upon conviction, must be imprisoned not more than ten years. A sentence imposed under this section must be served consecutively to any other sentence the inmate is serving.

SECTION 24-13-450. Taking of hostages.

An inmate of a state, county, or city correctional facility or a private entity that contracts with a state, county, or city to provide care and custody of inmates, including persons in safekeeper status, acting alone or in concert with others, who by threats, coercion, intimidation, or physical force takes, holds, decoys, or carries away any person as a hostage or for any other reason whatsoever shall be deemed guilty of a felony and, upon conviction, shall be imprisoned for a term of not less than five years nor more than thirty years. This sentence shall not be served concurrently with any sentence being served at the time the offense is committed.

SECTION 24-13-460. Furnishing prisoners alcoholic beverages or narcotic drugs.

It shall be unlawful for any person in this State to furnish any prisoner in a jail or on a chain gang any alcoholic beverages or narcotic drugs. Anyone violating the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of five hundred dollars or imprisonment for six months or both.

SECTION 24-13-470. Throwing of body fluids on correctional facility employees and certain others; penalty; blood borne disease testing.

(A) An inmate, detainee, a person taken into custody, or a person under arrest who attempts to throw or throws body fluids including, but not limited to, urine, blood, feces, vomit, saliva, or semen on an employee of a state or local correctional facility, a state or local law enforcement officer, a visitor of a correctional facility, or any other person authorized to be present in a correctional facility in an official capacity is guilty of a felony and, upon conviction, must be imprisoned not more than fifteen years. A sentence under this provision must be served consecutively to any other sentence the inmate is serving. This section shall not prohibit the prosecution of an inmate for a more serious offense if the inmate is determined to be HIV-positive or has another disease that may be transmitted through body fluids.

(B) A person accused of a crime contained in this section may be tested for a blood borne disease within seventy-two hours of the crime if a health care professional believes that exposure to the accused person's body fluid may pose a significant health risk to a victim of the crime.

(C) This section does not apply to a person who is a "patient" as defined in Section 44-23-10(3).

(D) For purposes of this section, "local correctional facility" includes, but is not limited to, a local detention facility.

SECTION 44-23-1150. Sexual misconduct with an inmate, patient, or offender.

(A) As used in this section:

(1) "Actor" means an employee, volunteer, agent, or contractor of a public entity that has statutory or contractual responsibility for inmates or patients confined in a prison, jail, or mental health facility. Actor includes individuals who supervise inmate labor details outside of an institution or who have supervisory responsibility for offenders on parole, probation, or other community supervision programs.

(2) "Victim" means an inmate or patient who is confined in or lawfully or unlawfully absent from a prison, jail, or mental health facility, or who is an offender on parole, probation, or other community supervision programs. A victim is not capable of providing consent for sexual intercourse or sexual contact with an actor.

(B) An actor is guilty of sexual misconduct when the actor, knowing that the victim is an inmate, offender,

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or patient voluntarily engages with the victim in an act of sexual intercourse, whether vaginal, oral, or anal, or other sexual contact for the purpose of sexual gratification.

(C)(1) When the sexual misconduct involves an act of sexual intercourse, whether vaginal, oral, or anal, the actor is guilty of the felony of sexual misconduct, first degree and, upon conviction, must be imprisoned for not more than ten years.

(2) When the sexual misconduct does not involve sexual intercourse but involves other sexual contact which is engaged in for sexual gratification, the actor is guilty of the felony of sexual misconduct, second degree and, upon conviction, must be imprisoned for not more than five years. The term sexual contact, as used in this subsection, refers to an intrusion of any part of a person's body or of any object into the "intimate parts", as defined in Section 16-3-651(d), of another person's body, or to the fondling of the "intimate parts" of another person's body, which is done in a manner not required by professional duties, but instead is done to demonstrate affection, sexually stimulate that person or another person, or harass that person.

(D) A person who knowingly or wilfully submits inaccurate or untruthful information concerning sexual misconduct as defined in this section is guilty of the misdemeanor of falsely reporting sexual misconduct and, upon conviction, must be imprisoned for not more than one year.

(E) A person who has knowledge of sexual misconduct who has received information in the person's professional capacity and fails to report it to the appropriate law enforcement authority, or a person who threatens or attempts to intimidate a witness is guilty of a misdemeanor and, upon conviction, must be fined not more then five hundred dollars or imprisoned for not more than six months, or both.

APPENDIX E

SAFEKEEPERS

EXECUTIVE ORDER NO. 2000-11

WHEREAS, an individual held in a pretrial confinement facility may be transferred to the custody of the South Carolina Department of Corrections for safekeeping by commitment duly authorized by the Governor pursuant to § 24-3-80; and

WHEREAS, the current guidelines and procedures for approval for the admission and detention in an institution of the Department of Corrections for safekeeping of a prisoner tendered by a law enforcement officer of this State are set forth in Executive Order #76-15, issued May 17, 1976; and

WHEREAS, there is a need to establish new criteria and procedures for approval for the admission and detention in an institution of the Department of Corrections for safekeeping of a prisoner tendered by a law enforcement officer of this State and rescind the previous safekeeping procedures set forth in Executive Order #76-15.

NOW, THEREFORE, I hereby establish the following criteria and procedures for approval for the admission and detention in an institution of the Department of Corrections for safekeeping of a prisoner tendered by a law enforcement officer of this State and rescind the previous safekeeping procedures set forth in Executive Order #76-15:

Section 1. An individual held in a county pretrial confinement facility may be transferred to the custody of the South Carolina Department of Corrections by commitment duly authorized by the Governor pursuant to § 24-3-80, if the individual: (1) is a high escape risk; (2) exhibits extremely violent and uncontrollable behavior; and/or (3) must be removed from the county facility to protect the individual from the general population or from other detainees.

Section 2. To obtain an order of safekeeping, a county must apply to the Director of the Department of Corrections, with notice to the individual's attorney. The application must include: (1) a properly issued arrest warrant for the individual; (2) an affidavit from the chief county law enforcement officer providing the reason(s) why the individual should be committed to the custody of the Department of Corrections; (3) a certificate prepared by the circuit solicitor indicating concurrence with the proposed safekeeping transfer; (4) a certificate of service indicating that notice of the application of safekeeping has been filed by the county and has been given to the individual's attorney. Upon receipt of the application, the Director of the Department of Corrections shall review the documents submitted and any other relevant facts and forward his recommendation of action to the Governor. If issuance of a safekeeping order is recommended, a draft order will be forwarded with the Director's recommendation to the Governor for consideration.

Section 3. Upon receipt of the recommendation of the Director of the Department of Corrections, the Governor shall make a determination as to whether a safekeeping order should be granted and, if appropriate, issue the requested order.

Section 4. Upon issuance of a safekeeping order, officials of the county requesting the order must deliver the individual to the Department of Corrections and provide the Department with all appropriate documentation and relevant records relating to the individual, including but not limited to any special facts, issues, or circumstances known to the appropriate county officials concerning the particular propensities, special medical or dietary needs of the individual, or any special dangers posed by the individual.

Section 5. Safekeeping orders for detention in the Department of Corrections are valid for no more than one hundred twenty (120) days from the date of issuance. A safekeeping order may be renewed for up to ninety (90) days upon a showing of good cause and/or no material change in circumstances. If the order is not renewed, the individual must be transferred back to the applicable county detention facility. The Department

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of Corrections must notify the proper county officials at least ten (10) days prior to the expiration of the safekeeping order.

Section 6. A safekeeping order must not be utilized as a means to acquire or provide medical services, medical attention or to hospitalize a pretrial detainee in the Department of Corrections. Mentally ill or retarded individuals are not eligible for safekeeping at the Department of Corrections.

Section 7. All medical costs associated with an individual held by the Department of Corrections for safekeeping who develops a need for hospitalization or other special medical attention while in the custody of the Department of Corrections is the responsibility of the County that requested the safekeeping of the individual.

Section 8. Transportation to court hearings and necessary appointments of an individual being held for safekeeping by the Department of Corrections is the responsibility of the County that requested the safekeeping of the individual. In emergency situations, the Department of Corrections may provide transportation.

Section 9. A safekeeping order or renewal may be issued orally by the Governor under extraordinary circumstances; provided, however, that a written order must be issued as soon thereafter as practicable.

Section 10. Any and all individuals in the custody of the Department of Corrections as of the date of this Executive Order pursuant to a safekeeping order issued pursuant to the guidelines and procedures set forth in Executive Order #76-15, are now subject to the provisions of this order.

Section 11. This Executive Order supersedes Executive Order # 76-15, issued May 17, 1976, and renders it void.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF SOUTH CAROLINA, THIS 16th DAY OF FEBRUARY, 2000.

JIM HODGES
GOVERNOR

APPENDIX F

D H E C
PROMOTE PROTECT PROSPER

Inspection Report
Bureau of Environmental Health
Division of Food Protection

Type of Inspection: _____ Permit Number: _____ Program Code: _____

City, County or District	Name and Address of Establishment	Owner or Operator

Based on an inspection this day, the items marked below identify the violations in operations or facilities which must be corrected by the next routine inspection or such period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in suspension of your permit (or downgrading of the establishment as applicable).

Item		Pts	Item		Pts	Item		Pts
1	FOOD * Source; sound condition, no spoilage	5	18	Wash, rinse water: clean, proper temperature	1	31	GARBAGE AND REFUSE DISPOSAL Containers or receptacles: approved, covered, adequate number, insect/rodent proof, clean	2
2	Original container, properly labeled; record retention	1	19	* Sanitization rinse: clean, temperature, concentration, exposure time, equipment, utensils sanitized	4	32	Outside storage area enclosures properly constructed, clean; cleaning facility provided; controlled incineration	1
3	FOOD PROTECTION * Potentially hazardous food meets temperature requirements during storage, preparation, display, service, transportation	5	20	Wiping cloths: clean, properly stored, use restricted	1	33	INSECTS, RODENT, ANIMAL CONTROL * Presence of insects/rodents; animals restricted	4
4	* Potentially hazardous food to be refrigerated after processing; stored in shallow containers	4	21	Food-contact surfaces of equipment and utensils clean, free of abrasives, detergents	2	34	FLOORS, WALLS AND CEILINGS Floors and floor coverings: drained, constructed, clean, good repair	1
5	* Potentially hazardous food properly thawed; frozen food kept frozen	4	22	Non-food contact surfaces of equipment and utensils clean	1	35	Walls, ceilings, attached equipment constructed, good repair, clean	1
6	* Cross-contamination prevented	5	23	Storage, handling of clean equipment and utensils	1	36	LIGHTING Lighting provided as required, fixtures shielded	1
7	Food protection during storage, preparation, display, service, transportation	2	24	Single-service articles: stored, handled, dispensed; no reuse	1	37	VENTILATION Rooms and equipment vented as required	1
8	Thermometers provided and accurate, conspicuous	1	25	WATER * Water source, safe; hot and cold under pressure	5	38	PERSONAL ITEMS AND DRESSING ROOMS Personal items: properly stored; rooms, areas, lockers provided; clean, located, used	1
9	Handling of food (ice) minimized	2	26	SEWAGE * Sewage and waste water disposal	5	39	OTHER OPERATIONS * Poisonous and toxic items properly stored, labeled, used	5
10	In use, food (ice) dispensing utensils properly stored	1	27	PLUMBING Installed, maintained	1	40	Premises maintained free of litter, unnecessary articles; cleaning maintenance equipment properly stored; authorized personnel; distressed items properly stored	1
11	PERSONNEL * Personnel with infections restricted	5	28	* Cross-connection, back-siphonage, backflow	5	41	Complete separation from living/sleeping quarters	1
12	* Hands washed and clean, good hygienic practices	5	29	TOILET AND HANDWASHING FACILITIES * Adequate, convenient, accessible, designed, installed	4	42	Clean, soiled linen properly stored	1
13	Outer clothing clean	1	30	Toilet rooms: enclosed, self-closing doors; fixtures good repair, clean; tissue, hand cleanser, sanitary towels/hand-drying devices provided, proper waste receptacles	2			
14	FOOD EQUIPMENT & UTENSILS Food (ice) contact surfaces designed, constructed, maintained, installed, located	2						
15	Non-food contact surfaces: designed, constructed, maintained, installed, located	1						
16	Warewashing facilities: designed, constructed, maintained, installed, located, operated	2						
17	Accurate thermometers, chemical test kits provided, gauge cock (¼" IPS valve)	1						

INSPECTION RESULTS
Rating Score of the Establishment: _____
Posted Grade: _____
☐ Non-Grading Program

RATING SCALE
88-100 Points = A
78-87 Points = B
70-77 Points = C
Less Than 70 Points = Permit Suspension

FOLLOW-UP
Yes ..... ☐ Date: _____
No ..... ☐
* **Critical Items Requiring Immediate Action**

Time allowed to correct violations: _____
Remarks: _____

Owner, Manager or other interviewed | Date | Health Authority | Phone

DHEC 1722 (12/2002) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

APPENDIX G

BOARD OF PHARMACY REQUIREMENTS

Policy and Procedure #141

A correctional facility does not require a SC Board of Pharmacy permit if they operate under the following standards:
1. They do not store stock-bottles of legend drugs or maintain an emergency box or auxiliary kit of legend medications.
2. All medications on-site are labeled inmate-specific and are administered;
a. by the inmate himself,
b. by a medically licensed professional (i.e. RN, LPN, etc.),
c. by a facility officer/staff caregiver.

A correctional facility will be required to obtain an SC Board of Pharmacy permit if they store stock-bottles of legend drugs or maintain an emergency box or auxiliary kit of legend medications. This permit would be a Non-Dispensing Drug Outlet Permit.

Requirements for obtaining a SC Board of Pharmacy permit for these facilities is as follows:

40-43-86(A)(1) Must have sufficient space for safe & proper storage.
40-43-86(A)(10) Storage areas must have adequate temperatures.
40-43-86(A)(13) Medication storage area must have physical or electronic barrier.
40-43-86(A)(16)(a) Medication storage area must be in a dry, well-ventilated, adequate lighting.
40-43-86(A)(16)(b) Medication storage area must be free from dust, insects, rodents, and contamination.
40-43-86(A)(16)(c) Outdated, damaged, unlabeled drugs must be removed from active stock.
40-43-86(A)(16)(d) Refrigerator Temperature must be between 36-46 degrees F.
40-43-86(C)(1)(a) Consultant RPh must establish P&P's for procurement, storage, compounding, and distribution of drugs.
40-43-86(C)(1)(b) Consultant RPh must establish record-keeping system for purchase, possession, storage, safe-keeping of drugs.
40-43-86(C)(1)(c) Consultant RPh must facilitate recalls and removal of outdated and adulterated drugs.
40-43-86(C)(1)(d) Consultant RPh must supervise all employees related to procurement, compounding, distribution, and storage of drugs.
40-43-86(C)(1)(e) Consultant RPh must act as information source for facility staff.
40-43-86(C)(1)(f) Consultant RPh must perform written monthly inspections.
All medications administered must be checked and prepared by a SC-licensed healthcare professional prior to administration to the patient.
All legend drugs obtained by a correctional facility must be obtained from a facility permitted by the SC Board of Pharmacy.

Must have policy in place for identification of drugs brought into facility by inmates.

Those facilities that maintain stock bottles of legend drugs to dispense to inmates must obtain a pharmacy permit and meet the statutory requirements of the SC Pharmacy Practice Act Section 40-43-86. This permit would be a Dispensing Pharmacy Permit.

Those facilities who do not have SC-licensed healthcare professional to administer medications to inmates must have their non-medically trained personnel complete a Board of Pharmacy-approved training course in drug administration and accountability and must be renewed biennially. These facilities may not floor-stock any legend medications. They must also have a Policy & Procedure in place for identification of drugs brought in by inmates.

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APPENDIX H

Minimum Standards for Local Detention Facilities in South Carolina

HOME DETENTION STANDARDS

HOME DETENTION

Pursuant to § 24-13-1530 of the Code of Laws of South Carolina, minimum standards for the development and implementation of a home detention program are hereby established.

(1) "Department", as defined by § 24-13-1520(1), means, in the case of a juvenile inmate/ offender/defendant, the Department of Juvenile Justice and, in the case of an adult inmate/offender/defendant, the Department of Probation, Parole and Pardon Services, the Department of Corrections, and any other law enforcement agency created by law. "Department" includes a local detention facility of any county, municipal, or multi-jurisdictional governmental entity.

(2) "Court", as defined by § 24-13-1520(2), means a circuit, family, magistrate's, or municipal court having criminal, civil, or juvenile jurisdiction to sentence an individual to incarceration for a violation of law.

(3) "Approved electronic monitoring device", as defined by § 24-13-1520(3), means a device approved by the department which is primarily intended to record and transmit information as to the inmate's/offender's/defendant's presence or nonpresence in the home and/or other location(s) as designated by the department.

An approved electronic monitoring device may record or transmit: oral or wire communications or an auditory sound; visual images; or information regarding the inmate's/offender's/defendant's activities while inside the inmate's/offender's/defendant's home and/or other location(s) as may be designated by the department. These devices are subject to the required consent as set forth in § 24-13-1550.

Such devices may be used for identification and supervision of the inmate/offender/defendant, to include monitoring and recording as appropriate, but not for the purpose of eavesdropping or conducting any other illegally intrusive monitoring.

(4) "Home detention", as defined by § 24-13-1520(4), means the confinement of a person convicted of or charged with a crime, delinquency, or violation of court order to his/her place of residence and/or other location(s) as designated by the department and under the terms and conditions established by the department.

(5) "Participant", as defined by § 24-13-1520(5), means an inmate/offender/defendant placed into an electronic monitoring program or into some other suitable program (including non-electronic home detention for properly screened and classified inmates/offenders/defendants) which provides supervision and/or monitoring in the community.

PLACEMENT

Section 24-13-1530 (A) of the Code of Laws of South Carolina permits the placement of certain inmates/offenders/defendants as selected by the court into a home detention program if there is a home detention program available in the jurisdiction. The applicant must meet the criteria of the department's program. Such placement is an alternative to:

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(1) pretrial or pre-adjudicatory detention;

(2) probation (intensive supervision);

(3) community corrections (diversion);

(4) parole (early release);

(5) work release or work/punishment;

(6) institutional furlough;

(7) jail diversion; or

(8) shock incarceration.

Section 24-13-1530 (B) further permits local governments to establish by ordinance the same alternative to incarceration for persons who are awaiting trial and for inmates/offenders/defendants whose sentences do not place them in the custody of the Department of Corrections.

VOLUNTARY PROGRAMS

Each applicant/participant, whether selected by the court and/or by the department, must sign a consent form acknowledging, but not limited to, his/her understanding of and concurrence with the following conditions:

(1) Participation in a home detention program is voluntary in nature; and, should he/she elect to participate in the program, he/she will abide by the program's rules and regulations and will follow all written and verbal instructions of the department's staff.

(2) He/she agrees and acknowledges that no person has a right or expectation to be enrolled in and/or to participate in the program and/or to stay in the program, and can be removed at any time at the department's discretion.

(3) He/she agrees to pay all program fees, including any advance payment as may be required.

(4) He/she agrees to install and maintain a telephone as may be required.

(5) He/she agrees to obtain the consent of adult residents in the participant's home/residence, as determined by the department's coordinator.

(6) He/she acknowledges that, in accordance with § 24-13-1570, a violation of the order for home detention subjects the participant to prosecution for the crime of escape; that being arrested or charged with another crime revokes the order for home detention; and that, if there is a violation of the order or commission of another crime, the court will sentence him/her to imprisonment.

(7) He/she acknowledges that he/she agrees to abide by all conditions as set forth by the department, and that failure to comply with any such condition, including the non-payment of fees, will result in the participant's removal from the program without appeal and return to the custody of the local detention facility, exclusive of any criminal charges that may be filed.

Since program participation is voluntary in nature for both the department as well as the participant, a participant can be removed from the program at any time for any or no reason without appeal, including a department's decision to terminate or abolish the program. In the event that the participant is a pre-trial inmate/offender/defendant and he/she is enrolled in the program as a condition of bond, the participant is still subject to all the program's rules and regulations. Violations of any of these conditions will result in his/her removal from the program in the same manner as any other participant. However, should such removal occur, the person in charge of the program must, as soon as possible, notify the court of jurisdiction of the participant's removal from the program.

After acceptance into the program, the participant must remain incarcerated or in secure custody until all

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paperwork has been completed and until the electric monitoring device has been attached to the inmate.

ADMINISTRATIVE FEES

The governing body of the county, municipality, or other multi-jurisdictional governmental entity may, if it deems it to be necessary and desirable, impose a program administrative fee, not to exceed the pro rata cost of administration, to be paid by each person in the program. Documentation of all such fees imposed, collected, and disbursed will be maintained by the county's, municipality's, or the other multi-jurisdictional governmental entity's treasurer and must be available for inspection and audit at all times. These funds are to be used at the discretion of the department's administrator.

Failure to pay such fees will be sufficient grounds for an individual's removal from the program.

PROMULGATION OF REGULATIONS

Pursuant to § 24-13-1540, the department must promulgate regulations that prescribe reasonable guidelines under which a home detention program may operate.

VERIFICATION

In accordance with § 24-13-1550:

The participant must admit a person or agent designated by the department into his/her residence at any time for purposes of verifying the participant's compliance with the conditions of his/her home detention.

The participant must make the necessary arrangements to allow for a person designated by the department to visit the participant's place of education or employment at any time, subject to the approval of the educational institution or employer, for the purpose of verifying compliance.

Failure to grant or receive such approval will be reason for the denial of an individual to participate in the home detention program.

USE OF ELECTRONIC MONITORING DEVICE

If so instructed by the department, the participant must use an approved electronic monitoring device at all times to verify compliance with the conditions of detention and must maintain a monitoring device in his/her home, at some other approved location, or on his/her person in accordance with § 24-13-1560.

CRITERIA FOR PLACEMENT

In accordance with § 24-13-1570, 24-13-1580, and 24-13-1590 and other criteria as established by the department, the following will serve as a guide to applicant/participant selection:

Unless otherwise established by ordinance, the court of jurisdiction must make all applicants/participants eligible for participation.

A. Family Court:

1. The presiding judge must make an individual eligible for participation. The candidate must meet the department's criteria for placement.
2. Eligibility alone does not entitle any Family Court inmate/offender/defendant to be placed into the program unless approved by the department.
3. Participation is contingent upon:
   a. Voluntary consent agreement;
   b. Agreement of the inmate/offender/defendant to pay all associated fees, including any court ordered monies;
   c. No additional pending criminal charges;

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d. No history of escape, Criminal Domestic Violence, or crimes of violence;

e. Compliant behavior and adherence to local detention facility rules;

f. Residency in the county of jurisdiction; (If the inmate/offender/defendant resides in another county, the department must provide prior notification to the sheriff of such county before enrollment in the program. The sheriff will be provided criminal background history and information concerning the current charges. Under no circumstances will an inmate/offender/defendant reside outside of the boundaries of the State of South Carolina and enroll in the program.)

g. Having or maintaining valid verifiable employment, if required;

h. Agreement to one month supervision fee in advance, if required;

i. Agreement to install and maintain a telephone or other device as so designated;

j. Consent obtained from other adults in the participant's home/residence;

k. Agreement to abide by all other conditions as set forth by the department.

B. Magistrate Court and General Sessions Court:

1. The presiding judge must make an individual eligible for participation. The candidate must meet the department's criteria for placement. Magistrates and Circuit Judges may order as a condition of bond that individuals be admitted into the home detention program if one is available.

2. Eligibility alone does not entitle, mandate, or require an individual's placement or acceptance into the program unless approved by the department.

3. Participation is contingent upon:

a. Voluntary consent agreement;

b. Agreement of the inmate/offender/defendant to pay all associated fees, including any court ordered monies;

c. No additional pending criminal charges;

d. No history of escape, Criminal Domestic Violence, or crimes of violence;

e. Compliant behavior and adherence to local detention facility rules;

f. Residency in the county of jurisdiction; (If the inmate/offender/defendant resides in another county, the department must provide prior notification to the sheriff of such county before enrollment in the program. The sheriff will be provided criminal background history and information concerning the current charges. Under no circumstances shall an inmate/offender/defendant reside outside of the boundaries of the State of South Carolina and enroll in the program.)

g. Having or maintaining valid verifiable employment, if required;

h. Agreement to one month supervision fee in advance, if required;

i. Agreement to install and maintain a telephone or other device as so designated;

j. Consent obtained from other adults in the participant's home/residence;

k. Agreement to abide by all other conditions as set forth by the department.

C. Participation as a Condition of Bond:

1. Magistrates and Circuit Judges may order as a condition of bond that an individual be admitted into the home detention program if one is available. The candidate must meet the department's

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criteria for placement.

2. Unless a home detention program is established by ordinance, no person awaiting trial will be eligible or placed on home detention without approval of the court.
3. Once notified by the appropriate court that a person is eligible for release on bond as a condition, local detention facility staff will:
   a. Interview and screen such persons;
   b. Explain the program's rules and regulations, including that program participation is voluntary and, as such, any participant can be removed for any or no stated reason at any time.
   c. Have the inmate/offender/defendant agree to obtain all consents; to pay all program fees; and to abide by all conditions of the program, including the department's rules and regulations.
   d. Have the inmate/offender/defendant wear and maintain any authorized electronic monitoring device and agree to the installation and maintenance of a telephone line if so designated.
   e. Have the inmate/offender/defendant: (1) permit entry to his/her residence at any time to verify compliance with the program's rules and (2) obtain consent to authorize permission for the department to enter his/her place of employment or school to verify the same.
   f. Should an inmate/offender/defendant be removed from the program for any reason prior to the disposition of the inmate's/offender's/defendant's pending criminal charges, the person in charge of the program must so notify the court.

VICTIM INPUT

Pursuant to § 24-13-1570(D), the victim of the participant's crime, or his/her immediate family, must be provided the opportunity for oral and/or written input and comment to the department or to the court, or to both, regarding the participant's home detention sentence.

RESPONSIBILITY FOR FOOD, CLOTHING, MEDICAL CARE, AND TRANSPORTATION

Any inmate/offender/defendant who is released on home detention shall be responsible for his/her own transportation to and from work, school, or other authorized designations as approved by the department. He/she shall be responsible for his/her own clothing, food, medical and dental care, and/or other terminal obligations and responsibilities including any court ordered fines, restitution, or other payments.

SPECIAL CONDITIONS

Besides any other conditions set forth by applicable State law, local ordinance, and/or the department operating the home detention program, the participant must:

(1) Obtain the department's approval of adult residents living in the participant's home/residence, as determined by the department's coordinator.

(2) Agree that no individuals may join the household unless notification to the department is received in advance.

(3) Agree that no social gatherings, including parties, serving alcoholic beverages and/or illegal substances will take place at the participant's residence.

(4) Agree to keep all animals at the residence confined to allow departmental agents and/or law enforcement officers access to his/her residence.

(5) Agree not to operate any motor vehicle, either for personal or employment purposes, unless properly licensed and covered by insurance as required by law.

(6) Agree not to operate a motor vehicle while under the influence of alcohol or drugs, whether prescribed

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or not.

(7) Agree not to associate with persons deemed undesirable by the department.

(8) Agree not to have telephone communications or personal communications with, and/or not to visit or otherwise attempt to harm or harass, a victim of the participant's crime or charges.

(9) Agree not to communicate with another program participant or person confined in a local detention facility or state/federal prison unless such person is an immediate family member, being limited to spouse, parent, child, grandparent, grandchild, sibling, in-law, or other person approved by the department.

(10) Agree and acknowledge that all residents of the household may be asked to agree to:

(a) Have no alcohol in the residence;

(b) Have no illegal drugs or narcotics in the residence;

(c) Have no firearms or dangerous weapons in the residence;

(d) Not consume or possess alcoholic beverages;

(e) Submit to random alcohol and drug testing at participant's expense if so requested by the department;

(f) Notify the department of all prescribed medication.

(11) Agree to participate in any court ordered counseling program unless otherwise completed.

(12) Agree to submit the participant's person, vehicle, and/or place of residence to search any time day or night with or without a search warrant by a department officer/agent upon request.

(13) Agree to obey and comply with all federal and state laws and all county and municipal ordinances.

(14) Agree to comply with all instructions of the department, both verbal as well as written.

(15) Agree to report as directed by the department.

(16) Agree to pay all supervision and program fees in the form of cash, money order, or certified check.

(17) Agree to comply with other conditions as may be set forth.

CONTRACT SERVICES

The county/municipality/other multi-jurisdictional governmental entity/department may contract with a private non-governmental entity to provide and/or to lease equipment, to provide monitoring services, to assist in supervising the participant(s), and/or to assist the county/department in the collection of fees. However, in all circumstances, the county/municipality/department retains overall authority for the program, and no private non-governmental entity or its employees will have any authority to arrest, detain, apprehend, or otherwise take into custody any participant who allegedly fails to abide by the conditions of the program, such authority being retained by the department operating the program and in whose custody the participant remains.

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APPENDIX I

BEST PRACTICES

1030 PERSONNEL

Salaries for detention center officers should be equal to that of other law enforcement officers.

1031 NUMBER OF PERSONNEL

Each facility should have an officer whose job functions include risk management and safety related activities.

SOUTH CAROLINA JAIL ADMINISTRATORS' ASSOCIATION RESOLUTIONS

The following are philosophical and professional policies that represent the membership of the South Carolina Jail Administrators' Association.

AGAINST THE USE OF THE TERM "GUARD"

Associations such as the American Jail Association, the National Sheriffs' Association, and the American Correctional Association have enacted resolutions regarding the use of inappropriate terms to describe the men and women who supervise the prisoners in our nation's jails and prisons.

Jail administrators, correctional staffs, and sheriffs should undertake to counter this practice and oppose the use of the term "Guard". Terms such as "Correctional Officer" "Deputy" or "Detention Officer" should be substituted instead.

AIDS

The South Carolina Jail Administrators' Association supports the following guidelines and procedures with respect to AIDS in all jail settings:

Infection control and health precaution should follow the U.S. Public Health Service/Centers for Disease Control "universal precaution" infection control procedures. These guidelines are based on an assumption that no person's blood or body fluids are safe.

Training of all sections staff and inmates is a critical, essential part of the management of health care. Training should be updated with current knowledge and should be recurring for staff and inmates. Ordinarily, training should be provided to prisoners upon admission and/or release from custody. Training should be varied with the opportunity for questions to be asked by knowledgeable staff.

Jails should adopt procedures for HIV screening. Such procedures should reflect current public standards and legal constraints. Procedures may be adopted to pursue effective medical management goals and to pursue inquiries into management questions about prevalence of the disease in the population. Confidentiality of results must follow current public health and legal standards. Ordinarily, disclosure of test results is limited to those with a need to know, based on medical, legal, and security concerns.

Referral to counseling or treatment for patients, and in appropriate circumstances for those in close relationship to them, is an important part of any AIDS program.

Management of AIDS requires a policy for housing those inmates who are symptomatic. Inmates who are HIV positive need not be separated unless medically indicated or unless there is a security or health threat justification. Jails should have procedures and practices established to handle risk situations such

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as body fluid spills, altercations, CPR, and biting incidents. In addition to training, these may require special equipment and precise directions for handling these situations.

DISCRIMINATION AND SEXUAL HARASSMENT

There have been a number of laws, rules, and regulations, at the national, state, and local levels against discrimination of individuals on the basis of race, creed, religion, sex, age, race, disability, or national origin.

Sheriffs, jail administrators, and jail and detention staff have made conscientious efforts to comply with both the spirit and the letter of these laws, rules, regulations, and written injunctions.

The SC Jail Administrators' Association (SCJAA) strongly supports and encourages efforts to educate all jail staff as to the importance of eliminating discriminatory behavior through training, education, and written policies and procedures prohibiting such behavior.

HOUSING OF INDIVIDUALS WITH MENTAL ILLNESS IN AMERICA'S JAILS

Many of the individuals with mental illness who are arrested are or were clients of the mental health system and failed to gain access to effective mental health treatment.

Criminal justice officials are concerned about the increasing percentage of calls for assistance involving untreated/non-medicated mental health clients, and corresponding decreases in available community and state treatment resources.

Court officials, already overwhelmed by crowded dockets, struggle to respond appropriately to defendants with mental illness. Defendants often cycle through the courts repeatedly with the outcome failing to address long-term placement and treatment issues.

The growing number of inmates with mental illness and the lack of appropriate resources in jails to screen, treat, and properly house these individuals, strain daily jail operations and weaken staff morale. Additionally, the problem compromises the safety of staff and inmates alike, exacerbates crowding, and increases the cost of operating our nation's jails.

The jail setting is not the proper therapeutic milieu for effective, long-term treatment of mental illness and steps by state and local governments can improve the response to people with mental illness who come into contact with the criminal justice system.

Facility Administrators and Managers should strive to improve the response to people with mental illness who come into contact with the criminal justice system by developing and promoting programs, policies, and legislation that accomplish the following goals:

Improve collaboration among stakeholders in the criminal justice and mental health systems;

Integrate mental health and substance abuse services to more effectively address the needs of individuals who have co-occurring mental health and substance abuse disorders;

Focus efforts toward providing the mental health system with resources and training regarding the criminal justice system;

Recognize that the solution to this complex problem depends on an effective and accessible community mental health system;

Support efforts to establish mental health courts that would effectively divert non-violent offenders from the criminal justice system into appropriate treatment and/or supporting social services;

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The housing of juveniles in the nation's jails has been a problem that jail officials have tried to deal with across the years with very little success. Juveniles charged with certain major crimes in this state may be legally housed in jails, and according to law, juveniles must be housed separately from adult inmates and this results in costly additional expenditures for staff and training.

It is well known that juveniles housed in adult jails may use the experience to escalate their criminal standing with peers when returned to society.

The care and legal requirements of housing juveniles are not a part of an adult jail facility's responsibilities, and require specially trained staff and specially designed programming which are not readily available in an adult facility.

PAY PARITY FOR CORRECTIONAL OFFICERS/ DEPUTIES

The National Sheriffs' Association study, The State of Our Nation's Jails -1982, cited a number of sheriffs' departments where jail officers/deputies are paid less than other members of sheriffs' departments. The disparity between salaries is a contributing factor in job turnover among jail personnel and helps to defeat the purpose of developing a professionally trained jail cadre.

The SC Jail Administrators' Association, in conjunction with the American Jail Association and the American Correctional Association, supports the position of pay parity for jail officers/deputies with law enforcement counterparts. (Guideline 039A of the National Sheriffs' Association Jail Audit Manual - A Systems Approach to Jail Evaluation reads: "Are salary levels and employee benefits for jail officers comparable with those for law enforcement officers working in the same municipality?")

PRIVATIZATION OF JAILS

Jails have traditionally been operated by city, county, state, or federal officials, and the responsibility and constitutional liability of jail operations rest squarely on the shoulders of the officials in charge of jails and privatization of jails does not relieve officials of responsibility or liability of private jail operations.

Private providers often are not held to the same high standard of public disclosure as is government, thus diminishing the public's ability to know how their jail is operating.

Therefore it is important that, in keeping with State Statute, all SC jail facilities should be an element of the public sector of government.

RESTRAINT ASPHYXIA

In restraint-related deaths, including in-custody deaths, asphyxia has occurred in persons restrained in the hogtie position. This usually involves subjects with one ore more predisposing or debilitating conditions that could have been the direct cause of their deaths.

The hogtie restraint position is dangerous for individuals with diminished capacity to exert strong respiration or in excitatory states. Unfortunately, there are situations requiring immediate control and restraint of agitated or aggressive individuals which do not allow for screening of pre-existing medical conditions or risk factors, and individuals exhibiting such behavior are more likely to be under the influence of alcohol or other drugs. Therefore the hogtie or hobble position should be considered risky practice and avoided. In cases where force and restraining have been used, immediate and continuous monitoring of respiration, oxygenation, and consciousness is important.

STAFF SEXUAL MISCONDUCT

Staff sexual misconduct is unethical and unprofessional and threatens the safety and security of the institution, staff, and inmates. Inmates and staff have a right to a non hostile workplace with no inappropriate sexual remarks.

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Sexual misconduct does not only include rape, but also a range of behaviors including inappropriate remarks, sexualized name-calling, correspondence, fondling, inappropriate viewing, and sexual contact.

Staff and inmates cannot engage in consensual sexual relations. Inmates have a right to be free from staff sexual misconduct.

All facility administrators and managers should support the implementation of policies that prohibit staff sexual misconduct and encourage the passage of laws that identify criminalization of this conduct.

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GREENWOOD COUNTY DETENTION CENTER

CHAPTER: Institutional Services	GCDC# 4B MS-SCLDF# 1080, 1081, 1082, 1083, 1091, 1092, 1093, 1094, J1095, 1096 ACA# 4B-01 to 4B-04	
SUBJECT: Classification		
ISSUED: July 6, 2005	EFFECTIVE	REVIEW 07/26/05
_____NEW	____X__AMENDMENT	
Administrator: Major P.C.Anderson		

Index As:
4B-01 Classification/Policy
4B-02 Classification/Procedures
4B-03 Special Management Inmates
4B-04 Classification/Juveniles

4B-01 CLASSIFICATION/POLICY

Policy

A. Classification is an ongoing process that occurs at frequent intervals during the inmate's stay in the facility. It is used to identify inmates and separate inmates with behavioral patterns into groups to ensure the safety and security of the individual inmates as well as the orderly operation of the facility.

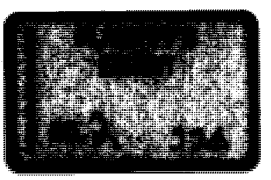
B. Classification policies and procedures are reviewed annually and updated as necessary. Inmates are classified using the Classification Manual /Policy.

Procedures

1. During admission, an inmate is assigned to temporary housing in accordance with his/her immediate needs. This first step in the classification process is Initial Classification.

2. The Officer who completes the book-in process will assign temporary housing and a custody status based upon the following:

    1. Sex (males and females will be housed separately)
    2. Observed behavior
    3. Work release status
    4. Special risk factors (i.e., medical, protective custody, max security, witnesses,



civil, enemies)

3. Primary classification is the assignment of housing and a custody status by the Shift Supervisor based upon information gathered during the orientation process. The Operations Lieutenant assigns permanent housing and custody status based on the following:

   a. Sex (males and females will be housed separately)
   b. Observed violent behavior (at present)
   c. Past violent behavior (propensity towards violence)
   d. Special risk factors - those inmates shall be classified according to their housing and programming needs.
   e. Escape history
   f. Suicide risk

4. Housing assignments may be made as follows:

   1. Intake Holding - for all newly admitted inmates, prior to move to orientation housing, who do not fall into any special risk category.

   2. Orientation Housing - for all male inmates moved from intake, prior to classification, which do not fall into any special risk category.

   3. General Population - for all male general population inmates who have completed orientation and primary classification.

   4. Women's Housing - all newly admitted and general population female inmates.

   5. Women's Special Management – currently held in general house on lock down status.

   6. Medical -Inmates with physical/psychological dysfunctions or who are suffering from drug/alcohol withdrawal may be housed in this unit at the direction of the medical staff.

   7. Protective Custody - for inmates, who, for reasons not related to medical or disciplinary problems, may be separated from general population.

   8. Administrative Custody - for inmates who are dysfunctional in a general population status.

   9. Disciplinary Custody - for inmates serving active disciplinary sentences or

who are in pre-hearing detention.

10. Maximum Security - for inmates who have classified to the highest possible custody status based upon institutional conduct, severity of offense, etc.

11. Male Work Release - male inmates granted work release by the courts.

12. Female Work Release - female inmates granted work release by the courts.

13. Inmate Worker - Male inmates who are selected, as inmate workers will be housed in this housing unit. Female inmate workers will be housed in the women's housing unit.

5. If the Shift Supervisor or Operations Lieutenant learns during the initial orientation interview that two (2) or more inmates are enemies, the Officer will use the information when housing assignment considerations are made. If information concerning an enemy situation is received from another staff member, the Shift Supervisor will maintain written documentation of the information and any action taken will be documented in the confinement of all involved inmates. Any information regarding a visitor who may be an enemy of an inmate will be forwarded to the Shift Supervisor or Visitation Officer. Inmates will not be scheduled for visitation at the same time as other inmates who are documented enemies or "Keep Separates". When possible, inmates who are listed as "Keep Separates" will not be transported together. Inmates who are co-defendants will not be automatically separated unless they are known enemies or the court has directed the jail to keep them separate. The Arresting Officer or prosecuting attorney may request the co-defendants to be kept separate by contacting the Shift Supervisor or Operations Lieutenant.

6. Any classification action that significantly deprives an inmate of privileges afforded other inmates or in any way places him/her in a lesser status will be justified in writing and may be appealed by the inmate in writing to the Administrator or designee.

7. An inmate may be reclassified any time his/her custody status changes. These changes may occur due to medical reasons, changes in disciplinary actions, or to ensure the safety and security of the inmates and staff in the facility. These changes will be fully documented and maintained by the Operations Lieutenant. Inmates may make a written appeal of any classification decision to the Administrator or designee.

Record/Warrant Checks

An NCIC check will be conducted to ensure there are no outstanding warrants on the inmate. If an outstanding warrant is found, a teletype will be sent notifying the issuer of the warrant, advising of the subject's incarceration at the GCDC, and asking the originating agency to send a response as to whether they wish to have a detainer placed against the subject. If an inmate has been housed fourteen (14) days or more prior to his/her release, this check will be repeated. Before releasing an inmate a warrant and NCIC must be completed.

4B-02 RECLASSIFICATION

Policy

The Operations Lieutenant will reclassify all inmates who have status changes during their stay in the GCDC, and after every 90 days of incarceration.

Definitions

Reclassification- The custody and housing reassessment of general population and special management inmates following status changes or every 90 days of incarceration. The reason for a reclassification will fall into one or two categories, these are "aggravating" or "mitigating" circumstances.

Rules

A. Inmates will be reclassified at the time of status changes. Status changes include, but are not limited to:

Aggravating Circumstances

If it is determined that a reclassification is warranted and the reclassification will be higher than the current classification due to aggravating circumstances such as a disciplinary infraction, a change in legal status (i.e. serious new felony charges), status change from sentenced back to unsentenced (due to new charges being added), etc., use the Reclassification for Aggravating Circumstances Tree.

1. Serious assault/escape behavior problems
2. Serious non-assault or escape behavior problem
3. Less serious behavior problem
4. Serious behavior problem
5. Legal status change

Mitigating Circumstances

If it is determined that a reclassification is warranted and the reclassification will be lower than the current classification or that the current classification may likely stay unchanged, use the reclassification for Mitigating Circumstances Tree. This would be due to mitigating circumstances such as a periodic review for positive program involvement, positive attitude change, court/staff compliance, an extended period of disciplinary free, good behavior, a change in legal status from unsentenced to sentenced, removal of detainers, warrants, or holds, etc.

1. Marked improvement in compliance or positive attitude change
2. Program effort, positive attitude change or court/staff compliance
3. Detainers, warrants or balance of length of stay greater than 2 years
4. Sentenced
5. Felon or misdemeanor
6. Community ties
7. Overrides
8. High risk
9. Special condition
10. Change in medical status

A. Inmates may appeal, the assigned classification status.

Procedures

The Classification Officer will:

A. Review all pertinent information.

B. Reassign custody level (if applicable)

C. Document the classification status change on:

1. JICS reclassification tree form.
2. Assignment sheet

D. Inform the inmate of any change in classification.

Reference: MS-SCLDF 1083

4B-03 SPECIAL MANAGEMENT INMATES

Policy

The GCDC will provide Special Management units for the housing and supervision of individuals whose continued presence in the general population poses a threat to the safety and security of the facility, staff, themselves, or other inmates. Special management units include administrative custody, disciplinary detention, protective custody, and medical segregation.

Rules

A. The Administrators, Operations Lieutenant, Training Sergeant or Shift Supervisor may order immediate change of custody of an inmate when it is necessary to protect the inmate or others. The Operations Lieutenant or designee will review the action within 72 hours.

B. All inmate requests for placement in Special Management must be in writing by the inmate and will be documented in the inmate's confinement screen. The Operations Lieutenant will be notified immediately of the inmate's request.

C. Inmate request for Special Management will be evaluated by the Operations Lieutenant to determine if a move is warranted and no reasonable alternatives are available.

D. Special Management may be ordered when:

1. An incident concerning a violation of GCDC rules is pending and the inmate presents a danger to staff, other inmates or self.

2. Pending investigation or trial for a criminal act committed in the GCDC and are dangerous to staff, other inmates or self.

3. Admission to Protective Custody for their own protection is requested or required.

4. The inmate is prone to escape attempts.

5. The inmate is mentally or physically handicapped.

6. The inmate is in transit or pending transfer.

7. The inmate has been found guilty of violating a severe or major facility rule

And a disciplinary action is imposed

E. Cell occupancy, except in an emergency, will be in single cells. Any variance requires an incident report from the Shift Supervisor.

F. All inmates housed in Special Management units will be afforded the same basic living conditions as those housed in general population. However, if an overriding security concern exists or the status is a result of a disciplinary hearing, some privileges may be restricted. Restrictions are permitted only when found necessary by the Shift Supervision and must be documented and justified in writing. Basic living conditions include, but are not limited to the following:

1. The opportunity for personal hygiene
   a. Shaves and showers
   b. Barbering services
   c. Possession of personal hygiene products

2. A minimum of one (1) hour per day exercise outside the cell.

3. The same basic quality and quantity of food as the inmate's in general population.

4. The same clothing/bedding supplies as the inmates in general population.

5. Visiting and correspondence privileges when not restricted by disciplinary sanctions.

6. Telephone privileges. In no case may telephone access for official calls, family emergencies, or legal status changes be restricted.

7. Access to legal materials.

8. Access to the grievance and judicial process.

9. Medical care and medications.

10. Access to the GCDC programs and services.

G. Inmates will be held in Special Management only as long as the reason for their initial placement remains valid.

H. All personnel assigned to housing areas with Special Management units will receive related training.

I. If an inmate uses food or food service equipment in a hazardous manner, alternative meal service may be provided.

J. The Administrator or designee will make daily visits to Special Management units.

Procedures

A. When an inmate is placed in Special Management, an entry will be made on the inmate's confinement record and will include:

1. Date, time and reason for admission
2. Any unusual activity or behavior exhibited by the inmate
3. All activity required by policy, such as shower schedule, exercise, medical visits.
4. Tentative release date and time, if applicable.

B. All inmates in Special Management will be monitored on a continuous basis. Well being checks will be documented on the housing logbook, and any unusual inmate behavior will be noted on the inmate's confinement record.

1. Housing Officers will conduct well being checks of inmates in Special Management every 30 minutes, or more frequently if ordered.
2. If the GCDC health care staff determines an inmate is actively suicidal, that inmate will be placed under continuous observation.

C. All inmates in Special Management will be reviewed in the following manner:

1. On a daily basis, the Operations Lieutenant will review the status of all inmates held in Special Management.
   a. This review will be documented in the inmate's file.
   b. If the Operations Lieutenant believes an inmate's Special Management status is no longer necessary, the inmate may be moved to more appropriate housing.

2. On a daily basis, the Shift Supervisor will personally visit each inmate in Special Management. The results of these visits will be documented on the shift log.

3. A GCDC health care staff member will personally visit each inmate housed in Special Management a minimum of two times per week. These visits will be documented on the inmate's confinement record.

4. The Shift Supervisor or designee will review all inmates in Special Management once per week to ensure all standards are met and procedures followed. This review will be documented on the inmate's confinement record.

D. If an Officer determines an inmate's possession of items usually authorized by the GCDC threatens the safety and security of the facility:

1. The Officer will remove the items, if the immediacy of this action is in the best interest of the inmate and/or the GCDC.
2. The Officer will notify the Shift Supervisor.
3. The Officer will document the reasons for this action on the inmate's file.
4. The Officer will complete a GCDC Incident Report that will be signed by the Shift Supervisor.

Reference: MS-SCLDF 1082

GREENWOOD COUNTY DETENTION CENTER

CHAPTER: Personnel	GCDC#_____ MS-SCLDF#_____ ACA#_____	
SUBJECT: Code of Ethics		
ISSUED: 07/05/2005	EFFECTIVE	REVIEW 07/27/06
___X___NEW	_____AMENDMENT	
Administrator: Major P.C. Anderson		

1. **POLICY:**

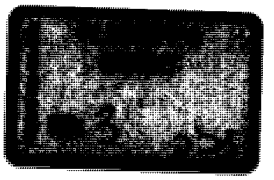
A written code of ethics that prohibits employees from using their official position To secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest is provided to all employees.

11. **PURPOSE:**

To protect the integrity of the Detention Center, it's staff, all personnel must be thoroughly familiar with the code of ethics, and the code must be strictly enforced.

A. **Regulations:**

1. All officers are expected to report for duty on time and in approved clothing, which is clean and presentable. Officers are expected to report for duty in a physical and mental condition suitable for performing their assignments.
2. Detention Officers will conduct themselves in such a manner that there demeanor, deportment and speech is a positive reflection on themselves and the Detention Center.
3. The Detention Center Staff is expected to use good judgment, tact and careful attention to detail in discharging their duties.
4. Detention Officers will treat each person in custody humanely and fairly in pursuit of individual and constitutional rights. Each staff member will comply freely with all existing laws and policy and procedures pertaining with the handling of inmates and overall operation of the Detention Center.
5. Detention Staff is to maintain a relationship with inmates that is at all times fair, firm, business-like, impartial and helpful without associating with others in a brotherly or congenial way.



6. Inmates are entitled to fair and impartial treatment. Detention Staff must recognize the dignity of each person in their control and are to refrain from profane, callous or degrading remarks directed toward any inmate.
    a. Staff is to be firm, impartial and consistent in requiring compliance with Detention Center Policy.
    b. No staff member has the right to inflict corporal punishment or verbal abuse on any inmate, nor will such action be condoned.
    c. Disciplinary action against an inmate must be initiated through a written report and processed as required by Detention Center policies and procedures.

B. **Use of Force**:
Use of force by detention staff will be restricted to instances of justifiable self, protection, protection of others, protection of property and prevention of escape. Use of force will only be to the degree necessary and in accordance with Greenwood County Detention Center Policy.

C. **Physical Force**:
Physical Force is to used only when the exercise of persuasion, advice and warning are found to be insufficient to obtain the inmate's cooperation. Should any physical be necessary, the correctional staff member is to have regard for the safety of the inmate and other staff members, as is to use only that physical force which is necessary for the occasion. In no case should force be considered justifiable as punishment or discipline.

D. **Cooperation**:
All staff members are expected to cooperate at all times with fellow employees and to respond appropriately to emergency conditions with courage, good judgment and knowledge of the Detention Center policies and procedures.

E. **Public Relations:**
Detention Officers shall treat the public with respect and courtesy. Telephones will be answered in a polite and professional manner. The staff member will take the time to politely answer all questions the caller may have and to assist the caller in any way possible, prescribed by Detention Center policy and procedure.
    1. Telephones are usually the most common form of contact detention staff has with the public. It is very important that the caller is left with a favorable impression.
    2. The only information that can be given over the phone to the public is that which is provided in the jail log as well as the date of the next court appearance, amount of bond and whether he/she has been released.

F. **Security:**
Detention Staff employees will follow established security procedures in the course of their duties.

G. **Administrative Rules of Conduct:**
All Detention Officers are obligated under the Greenwood County Detention Center's Policies and Procedures, whether written or oral, to familiarize him/herself with any orders, memos, procedures, or regulations issued by a superior officer of the Detention Center.

H. **Interpersonal Relationships:**
Most staff act responsibile with respect to behavior toward inmates. However, on occasion, staff may not use the best professional judgment in their behavior with inmates or former inmates. Detention staff must realize that the nature of detention work exposes employees to the possibility of exploitation by inmates.

I. **Prohibited Acts:**
The following are activities, which are prohibited by an employee of the Detention Center:

1. Accepting gifts or favors from inmates, inmate's family or their agent.
2. Providing gifts or favors to any inmate, family of an inmate or agent except as authorized in the official performance of duties.

Note: Sections (1) and (2) do not refer to the transfer of items relating to scheduled programs or activities with the Detention Center.

3. Do not borrow any money from or lend any money to an inmate.
4. Do not bargain for purchase of any nature of an inmate's property.
5. Do not enter into a business arrangement with an incarcerated inmate.
6. Do not recommend or furnish any advice concerning the retention of a specific lawyer or bail bondsman. A listing of attorneys and bail bondsmen is available in the yellow pages, detention center lobby, booking area, and housing units.

J. **General Standards of Conduct:**

1. Any effort to recieve personal gain through public employment, beyond the remuneration provided by the Detention Center, is a violation of public trust, as is any conduct which would create a justifiable impression in the public's mind that such trust is being violated.
2. Any effort by any person to influence an employee of the Detention Center to violate standards of ethical conduct set forth in this policy or to engage in conduct which would create a justifiable impression in the public's mind that such trust is being violated, shall be in violation of ethical standards.

K. **Conflicts of Interest**:
It shall be prohibited for any public employee to engage in any activity, which directly or indirectly, constitutes a conflict of interest. The following are prohibited activities which could be determined a conflict of interest:

A. No employee with an interest, financial or otherwise, in any business entity shall participate in a decision or action affecting such a business entity or,

knowingly, participate in any decision or action affecting his/her immediate family in relationship with the Detention Center.

L. **Confidential Information:**

1. No employee shall use confidential information obtained in the course of his or her official duties for actual or anticipated gain.
2. An employee found guilty of dispensing confidential information may be prosecuted in accordance with Detention Center rules, state or federal statutes.

M. **Conduct and Responsibilities of Detention Officers on Duty and Off Duty:**

A. Termination of Duty/ Assignment:

Officers shall not terminate their duty/ assignment unless properly relieved or dismissed by constituted authority.

B. Conflicting or Illegal Orders:

Officers who are given an otherwise proper order which is in conflict with a previous order, rule, regulation or directive shall respectfully inform the superior issuing the order of the conflict. If the superior issuing the order does not alter or retract the conflicting order, the order shall stand. Under these circumstances, the responsibility for the conflict shall be upon the superior. Officers shall obey the conflicting order and shall not be held responsible for disobedience of the order, rule, regulation or directive previously issued. Officers will be required to document their concerns and give a copy to the Operations Lieutenient.

C. **Insubordination:**

Officers shall not refuse to obey any lawful orders of a superior or orders relayed from a superior by an officer of the same or lesser rank. Insubordination shall include, but not necessarily limited to, any disrespectful, mutinous, insolent, or abusive language or action toward a superior whether in or out of the presence of the superior.

D. Arrest, Search and Seizure:

Officers shall not make any arrest, search or seizure, which they know, is not in accordance with the law and Detention Center procedures that have been or may be established.

E. Neglect of Duty:

1. Officers shall not engage in any activities, which would cause them to neglect or be inattentive to duty. Examples includes but are not limited to reading, playing games, watching television, or otherwise engaging in entertainment while on duty except as may be required in the performance of their duty: absent without leave; failure to report for duty at the time and place designated: or unnecessary absent from one's duty assignment during a tour of duty will be dealt with accordingly.

2. Allowing an inmate to escape from custody due to negligence or inattention will be considered **NEGLECT OF DUTY.**

3. It shall be an officer's duty to read all Detention Center policies and procedures, rules, information bulletins, and other publications or notices which in any way reasonably affect their post assignments, responsibilities, or general or specifically designated duties: and any employee who is in doubt as to the meaning of any information contained in any official publication shall seek clarification through the chain of command.

4. **Secondary Employment:**

   Any employee wishing to engage in secondary employment must abide by the County's Personnel Policy. Approval may be denied, or withdrawn, where it appears that the outside employment might:

   1. Render the officer unavailable during an emergency.
   2. Physically or mentally exhaust the officer to the point that his/her performance maybe affected.
   3. Require that any special consideration be given to scheduling of officer's regular duty hours.
   4. Brings the Detention Center into disrepute or impair the operation or efficiency of the facility or the officer.
   5. Place an officer in situations that may result in utilization of Detention Center resources for non-facility activities/ employment.
   6. Be a conflict of interest, i.e., Security Officer or Bartender.

N. Abuse of Position:

   1. Officers shall not use the prestige or influence of one's official position, or use the time, facilities, equipment or supplies of the Detention Center for the private gain or advantage to oneself or another.
   2. Officers shall not lend to another person their identification cards or badges or permit them to be photographed or reproduced without the written approval of the Administrator.

3. Officers shall not authorize the use of their names, photographs or official titles that identifies them as officers, in connection with testimonials or advertisements of any commodity or commercial enterprise without the written approval of the Administrator.

O. <u>Professional Conduct With Other Employees and Agencies:</u>

1. Officers shall treat superiors, subordinates with respect, courtesy and civility.
2. Officers shall be courteous to and cooperative with all law enforcement agencies, other departments of this jurisdiction and other jurisdictions, and public service organizations and shall give aide and information to such organizations, as may be so entitled, consistent with Detention Center Policies and Procedures.

P. **<u>Sleeping on Duty:</u>**

1. Officers shall remain awake and alert while on duty. If unable to do so, they shall report to their Supervisor who shall determine the proper course of action.

Greenwood County Detention Center
Greenwood, S.C.
Major Phillip C.Anderson, Jail Administrator

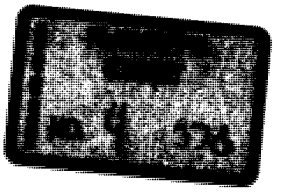
Subject: General Population

1. General Rules

   A. The Pod officer shall impose and retain authority under **all** circumstances and shall not relinquish this authority to any individual inmate or groups of inmate.
   B. At no time shall an inmate or groups of inmates be granted supervisory authority or ever be implied.
   C. The Pod Officer shall be consistent, direct activities and have consequences for rule violators.

2. Responsibilities
   The responsibilities of the Pod Officer are to:
   A. Prevent Escape
   B. Maintain order and control
   C. Enforce proper safety practices
   D. Prevent damage to County property
   E. Facilitate services
   F. Prevent the introduction and or passing of contraband
   G. Comply with facility policies and procedures.

3. Incoming Inmates:
   When inmate first reports to the unit the Pod Officer shall:
   A. Check the inmate's paperwork and compare the name with the name provided to the officer by the Booking Officer or Shift Supervisor.
   B. DO NOT accept inmate or add inmates name to your roster until notifying Operations or Booking for verification of inmates housing assignment.
   C. When verification is complete, confirm that the inmates have arrived at the unit by writing the inmates name on the unit's roster.
   D. The Pod Officer shall ensure that the inmate receive all county issued items, i.e., linen, toilet items, and a list of inmate rules.
   E. The Pod Officer shall explain the rules to all inmates upon entry into unit.
   F. The Pod Officer shall use the unit's Cell Condition checklist and together with the inmate, inspect the cell to which he/ she is assigned.
   G. The Pod Officer shall demonstrate to the inmate the following:
      1. Correct method for making and maintaining bed.
      2. Correct method for displaying washcloth and towel.
      3. Correct method of storing personal and toiletry items.



4. Correct method of displaying shoes.

H. Upon completion of the cell checklist, the officer shall have the inmate sign the sheet on the appropriate line. The officer will then answer of the inmate's questions, and upon completion of the inmate's questions he/ she will return to his/her station where the cell checklist will be filed alphabetically for later referral.

4. Outgoing Inmates

A. Upon notification of an inmates release from custody or reassignment from one unit to another, the unit officer shall notify the inmate of the move. The condition of the inmate's cell shall be checked and verified against the condition of the cell when the inmate first moved in.

B. If damage noted was not a result of normal wear or life expectancy, and was not listed in the cell checklist condition, the officer is to immediately contact the supervisor on duty for possible corrective actions.

C. If everything has been checked and cleared for the inmate's release/ transfer, Supervisor shall be notified of the inmate's destination. Prior to departure all inmates shall be frisked searched.

D. All bedding, towels, washcloths, and extra clothing will be collected and turned into the laundry. Any books, mazagines, ect. Will be collected for return to the library.

E. The inmate will be allowed to carry any personal letters, legal mail, and / or clothing that he/ she has accumulated.

F. Inmates shall be in full uniform and uniform shall not be altered, i.e., pants rolled above the ankle, pants worn below the waist, clothes worn inside out, ect.

G. Prior to departure, the Pod Officer will sign the cell check list and give it to the inmate to take to his/ her destination, where it will be surrendered to the receiving officer who is assuming custody and/ or release of the inmate. If the inmate is transferring to another housing unit, the new officer shall file the checklist away and issue a new one, per the same procedure as listed above. If the inmate is to be released, the Releasing Officer will verify the inmate's identification and file the checklist in the inmate's file.

5. Court

A. The Shift Supervisor or Technician shall provide each Pod Officer with a list of those inmates scheduled for court.

B. The Pod Officer shall announce, over the intercom, those inmates scheduled for court.

C. The Pod Officer shall contact the Supervisor for uniforms if needed

D. All inmates shall be in full uniform before leaving the unit. Jumpsuits are to be worn right side out, pants are not to be worn rolled above the ankles and jumpsuits are not to be worn over clothing.

E. The Pod Officer shall frisk search each inmate before the inmate is allowed to leave the unit. Smoking materials, food items, pens or pencils shall not be permitted. Legal material shall be permitted, however, the Pod Officer shall verify validity of the inmate's paperwork by opening, glancing, and shaking the papers out for possible contraband

F. The Pod Officer shall sign the inmate(s) out on the log provided along with the inmate(s) destination.

G. When the inmate(s) return to the unit, the sign- out log shall be updated by stating the time the inmate(s) was actually received.

6. Visitation

A. The Pod Officer shall be notified by the Control Center of inmate(s) to send to visitation.

B. The Pod Officer shall announce those inmate's names and instruct them to report to the Visitation Area. The inmate shall carry no items to visitation.

C. The Pod Officer shall inform the Control Center of the inmate(s) destination.

D. When the Pod Officer is notified by Control Center of the inmate's return for visit he/ she shall secure the Pod's door. Inmate(s) returning shall be frisked searched by the Pod Officer; this will deter the passing of contraband.

9. Inmate Information

A. The Pod Officer shall answer questions an inmate may have pertaining to court status or charges or charges by contacting Control Center or verify information through Visions.

B. Request to see a Pastor shall require the inmate to submit an inmate's request form to the Pod Officer. If in the Officer's judgment, the request requires priority, the Pod Officer shall contact his/ her supervisor immediately.

C. Request to attend funerals shall require the inmate to submit an inmate 's request form to the Pod Officer. Special arrangements may be possible for immediate family only, Mother, Father, Sister, Brother or Children.

D. Pod Officer shall ensure inmate request forms are properly filled out, i.e. inmates requesting to attend funeral should state deceased name, relationship to deceased, and location of body. Inmate's name, location, date and officer's signature.

E. Pod Officer shall ask the inmate the nature of his/ her request, request may be answered by referring to policy and / or inmate rules.

Count, Principles and Procedures

1.0 Policy The physical accountability of inmates at all times is a primary mission of the facility. To insure this accountability, frequent and accurate counts shall be made. These include formal and informal counts to insure around- the- clock accountability of all inmates within the facility and a physical count of all inmates on temporary absence from the facility.

2.0 Definitions:

A. Formal Count- Counts that are conducted at specific times of the day or night in an organized manner.

B. Informal Count and Irregular Counts- Counts made while inmates are working, engaged in daily activities, recreation, sick call, ect. Frequent but irregular checks should be made to insure that inmates under the supervision of an employee are present. A report is only made if an inmate is missing.

C. Emergency Counts- An emergency count is an official count taken at other than regularly schedule counts. If there is a reason to believe an inmate is missing, a count may be necessary to determine who and how many are gone. After a major disturbance

is under control, a count must be taken to determine that no one has escaped or is hiding. During emergency counts, all inmates shall be confined to their quarters.

3.0Responsibility- Detention Officers have the primary responsibility for the completion of an accurate count of all inmates within the facility. All officers shall be familiar with the procedures for conducting a count, types of counts and possible errors that can occur.

4.0 Principles of Counting:

A. Formal counts shall be conducted at the beginning and end of each shift. Movement should cease into and out of housing unit during count. Inmates will cease all movement and conversations and are required to stand next to their beds. Officers shall count only living and breathing flesh and be alert to the possibility of inmates switching identification, making dummies and /or other types of deceptions.

B. Report all counts to the intake area for coordination and verification. If after all counts have been telephoned to the intake area and a discrepancy exist, a recount shall be called. If the count remains incorrect, shift supervisor shall send officers to the unit to assist with the third count. Additionally, the intake technician shall audit all records for error. No count shall be cleared and no employees shall be relieved until all counting errors have been cleared.

C. Records of all counts shall be maintained.

D. Informal counts shall be made by all employees supervising inmates to verify the inmate's presence. The employee conducts these counts during the work details, sick calls, recreational periods, receiving and issuing laundry, meals, ect. These counts are not reported unless a problem exists.

E. While counting, Officers shall allow nothing less than an emergency to distract them.

F. Officers shall call inmates by name when conducting a formal count and informal count.

G. Officers shall ensure all inmates counted are alive, moving, and breathing.

H. At night, Officers shall use a flashlight JUDICIOUSLY, however, a flashlight should be used to ensure that he / she living breathing flesh and not a dummy. This will help prevent escapes, assaults, ect.

I. Counts are the responsibility of the officers and the staff; inmates shall never participate in the preparation or documentation of the count.

Head Count

1. Fifteen (15) minutes prior to the end of shift, the on duty officer instructs all inmates to go to their cell and prepare for headcount. Inmates should be sure beds are made neatly and the cell in order. Inmates should be standing in front of their bed when the count begins.
2. Off going officer should be sure all paperwork has been completed and his / her station is clean and in neat order.
3. Pod Officer may keep Pod Worker(s) out to continue cleaning if day area, showers, or recreation yard does not meet his / her satification.
4. When oncoming officer arrives, he /she should inspect equipment and make notation if any equipment is missing, broken, or not complete.
5. The off-going officer will accompany on- coming to cells to begin count. The Annex officers will accompany on- coming to the sleeping area to begin count.
6. The on-coming officer enters the cells and checks for the following:
   A. Verifies identity of the inmate standing next to the bunk by calling name from roster.
   B. Is the inmate hurt or injured?
   C. Beds made properly. (On first and second shift)
   D. Towel and washcloths hung accordingly.
   E. Bins and shoes neatly positioned under bed. Items inside bins should be neat and meet facility rules, as far as quantity. Empty jars, bottles, food wrappers, or any type of trash will not be stored in bin. Food, condiments, eating utensils, or containers from food trays is considered contraband if saved after meals have been served. No food or drink items will be kept in cell or on inmate after 2200 hours.
   F. Any vandalism, writing on walls or floors. Efforts to dig mortar from walls, toilets, sink, desk, chair and light working properly.
   G. Any signs of illegal or authorized inmate behavior.
   H. Cell cleanliness

7. On-coming officer should make notations by the inmate's name if any discrepancies are found. Keep in mind; on-coming officer should make a sweeping glance around the inmate's cell. A through inspection of the inmate's cell should be conducted after the off-going officer has been relieved, this will avoid holding up the headcount process.

8. Off going should stand outside the cell as security back up to watch activity of other inmates. Be sure inmates are not hanging on rails or standing in the doorway. Second shift officers will secure cell doors after they have been cleared.

9. Officers will continue until all names have been called. If an inmate is missing, recount, if inmate is not located contact supervisor.

10. On-coming officer will return to station to call in count, if there is any questions as to the location of an inmate verify with the shift supervisor before reading the roster. Officers shall give the total number amount to the shift supervisor after roster has been called and cleared.

11. On-coming officer will then receive the keys from the off-going officer. Officer shall inspect keys for damage and should know how many keys there ought to be.

12. Off-going Officer shall brief on-coming officer of any medical problems, inmates dressed in orange waiting to transported, altercation, and incidents, inmates who are locked down and when they are to come out of their cells, if laundry has been completed, ect.

13. Off-going Officer shall only leave his /her station when the count has been called clear by the on-coming shift from the booking area.

14. After the count has been cleared, the Pod Officer assembles all inmates in day area, making any announcements and / or instructions on activities and expected behavior.

15. Officer may begin normal activities.

Principles of Report Writing

1.Of all the official duties a detention officer must undertake during his / her shift, report writing is perhaps the most important. A detention officer's report is an official document and often serves as the basic for actions which are taken by other personnel, including:

A. Arresting an inmate or visitor
B. Disciplining an inmate
C. Repairing a safety hazard
D. Correcting a security breach
E. Referring an inmate with emotional or mental problems to proper medical professional.
F. Counting the number of meals served
G. Keeping track of medication administered
H. Check jail security (rounds)
I. Passing on information to other officers

2. Greenwood County Detention Center requires officers report specific actions which they take as they make their rounds of the Pod and Linear Units or perform other tasks.

These actions often involve potential liability problem for the department, and must be documented in writing. For example, accurate and up to date medical reports are necessary to prove that a sick or injured inmate received proper medical care.

3.Reports also are used by the jail administration to update and maintain records, provide the necessary data for statistical analyses of various jail functions (number of meals per day, cost of each meal served, ect.) and to help the administrators evaluate detention policies to determine if they are effective.

4. In addition, reports provide a format for detention officers to communicate up the chain of command and assure that vital information is not lost, as it tends to be when messages are passed on orally. With a clearly written report, the officer on duty is able to advise his/ her supervisors about safety and security defects which need to be repaired quickly. Through a report, the officer can alert on-coming shifts about who will need to be watched closely because of problems, which became evident on the officer's shift. (Potential suicide, fight brewing, threats on officers, ECT.)

5. The detention officer's best defense in liability suits brought by inmates is the ability to prove that he/she followed the facilities policy and procedures and acted in "good faith". If the officer keeps good records, he /she will be able to defend themselves in courts, even years later.

6. The following list covers most situations in the facility which could lead to legal complaints by inmates:

    A. **Life Safety Inspections:** As the officer patrols the pod/ unit, dormitory, and common areas, he /she should prepare written reports about any fire hazards, physical hazards (broken stair railing), and electrical problems (exposed wires) which he/she observes.

    B. **Security Inspections:** The officer should prepare written reports about all security related problems, such as jammed cell door locks, broken windows, disputes between inmates, and missing tools. This category also includes filing reports about inmates who have been exhibiting behavioral changes (a normally loud and boisterous inmate has been withdrawn and keeping to him, indicating a potential suicide problem).

    C. **Inmate Misconduct and Disciplinary Action:** Inmate misconduct may be a violation of inmate rules, facility rules may be illegal, such as possession of narcotics which have been smuggled into the jail. All incidents of inmate mis-conduct, including those which the officer administers on the spot discipline should be documented in either a formal narrative report or in the pod/ unit's log book, depending on the seriousness of the incident and whether or not it is a "repeat performance" on the part of the inmate. The facility should maintain complete written

records on all formal disciplinary action taken against inmates, especially those which result in segregation, loss of "good time", or restriction of privileges.

D. **Inmate Complaints:** When inmates have complaints about various situations (cold food, alleged officer misconduct, threats from another inmate, ect.) the officer should prepare a written report documenting the complaint. As the complaint is investigated and resolved, reports should also be prepared to document the action taken. Since it is often difficult to sort out legitimate complaints from everyday griping, all inmates' complaints should be documented (by inmate request forms, officer's log book, and/or incident report) so that a serious problem is not overlooked.

7. Written records concerning other inmate or administrative activities are kept either in the logbooks or on forms designed to record information about each specific activity. Accurate records should be maintained daily for the following inmate activities because they often form the basis for legal complaints.

   A. Inmate correspondence
   B. Visitation
   C. Religious activities
   D. Medical / dental treatment
   E. Recreation
   F. Court
   G. Attorney visits
   H. Inmate property records (release /intake)
   I. Meal service
   J. Inmate work activities

8. With good facility records, the detention officer and the administration will be able to prove that inmates were afforded their legal rights and privileges.

Mechanics of Report Writing

A. Report must contain

1. Who – reported it

- Discovered it
- Victims
- Offenders
- Witnesses
- Accomplices
- Contacted

2. **What - Offense committed**

- Damage done
- Value lost, stolen, recovered
- Evidence at scene
- Weapon or tools used
- Further action needed

3. **Where-** exactly in jail
   - Victim when occurred
   - Where were witnesses
   - Were tools and weapon detained
   - Happen before

4. **When** - approximate or about
   - Did it happen
   - Discovered
   - Was it reported
   - How long did it take to commit the infraction

6. **How** – weapon or tool enter the jail
   - Was damage done
   - Crime committed

7. **Why** – did it happen
   - Was the method used
   - Particular victim selected
   - Was time commission selected
   - Reported late
   - Certain things taken
   - Certain tools used

8. **Action** - taken with evidence
   -Taken with defendant
   -Taken with offender
   Taken at scene
   Disposition needed in future

Mechanics of Report Writing

B. Note Taking

1. Must be comprehensive
2. Notes to include:
    A. Inmate and Quarters
    B. Time and Place
    C. Time and Place notes being recorded
    D. Name of witnesses
    E. Statement of witnesses
    F. Statements of participants recorded
    G. Sketch scene
    H. Evidence documented with dispositions
    I. Disposition of participants
    J. Chronological order
3. Record notes in permanent personal notebook
    A. Recommend pocket size
    B. Records only facts
    C. File in chronological order

C. Format chronological reports
    1. Reports should be
        A. Complete
        B. Concise
        C. Clear
        D. Correct
    2. Paragraph construction
        A. Topic sentence
        B. Narrative
        C. Conclusion
        D. Transitional
    3. Fact Sheet
        A. Spaces for information
        B. Benefit administrator and officer
        C. Synopsis of incident
    4. Writing Chronological
        A. Record in sequence of time
        B. Write in past tense
        C. Use correct spelling
        D. Be sure to sign report

5. Write the incident up as soon as you can, for supervisor

Subject: Report Writing

1.The following page is a report written about an assault on an officer. The report is fictional; it should be used as a guide only.

2. When writing a report, officers shall not use abbreviations or radio codes such as:

A. Gwd.Det. Ctr. (Greenwood Detention Center)
B. Signal 30 (Self Memorial Hospital)
C. 202 (Sergeant)
D. I/M (inmate)
E. B/M (Black Male)

Reports shall be written so that a juror, who may know nothing about a detention officer's job, may read the report and understand the incident exactly as it happened.

3. Thorough documentation may include photographs. Still pictures and or videos are very persuasive forms of documentation. Still and moving photography show many things, such as:

A. Inmate's hostility.
B. Officer giving the inmate instructions.
C. Inmate's refusal to comply
D. Officer's technique to gain compliance.
E. Inmate resisting or complying.
F. Inmate's assault on staff or destruction of property.
G. Inmate's mental state, ect.

Subject: Service of food and drink at mealtime.

Officers shall apply this procedure along with post orders stated in this facilities policy and procedure manual.

1. Hall Officer shall notify pod officer, when food is being transported to their unit. Pod officer shall acknowledge the Hall Officer by radio and prepare his inmates for feeding.
2. Pod officer shall have all inmates wash their hands and stand by their doors.
3. The unit to feed first shall have the drink cart, unless more than one is available.
4. Pod officer shall call inmates name one at a time, to ensure each inmate is offered a meal. Calling the inmate's name allows the officer to conduct an informal headcount and discourages theft of food trays.
5. Kitchen Worker shall hand one tray and one drink to an inmate. The Officer shall instruct inmates to be sure they have all food items, condiments, and utensil on tray before leaving the line. Once food and drink are received the inmate shall be seated at an available or assigned table or returned to cell.
6. This shall continue until all inmates have received their meals. Inmates that are out to court or on loan from the cells or pod, meals shall be held for them in the cart. Cart is to remain in pod until all inmates are fed any left over drink may be given to those inmates requesting refills only after all inmates have been served.

7. After eating, each inmate shall clean up his table, empty remains of tray in trash bin provided, place tray and cup in designated area, and report to his assigned cell. Inmates shall be instructed; any item saved from meals is considered contraband.
8. Inmate Workers shall clean day area. Pod Officer shall inspect day area and if satisfied, resume to normal activities.

Subject: Medication

1. Nurse Shall pre-package medication and mark the slab with the inmate's name, and unit number, name of medication, dispensing instructions.
2. Officers shall distribute medication along with medication sheet to the inmate's cell at the appropriate time. Each inmate must sign that he/she has received and taken their medication and the officer shall also sign that medication was given or refused by the inmate(s)
3. Officer shall keep medication locked in the Medical Room, away from inmates at all times.
4. Inmates shall never have access to the Medical Room, without an officer or medical staff being present.
5. When it is time to distribute medication, the Officer shall locate his/ her medication and medication receipt sheets in the medical room. The officer shall check the name on the slab with the name on the receipt to be sure the names match.
6. The officer shall gather all of his/ her medication and sheets (Tylenol, ect.) and

return to his/ her unit to prepare for distribution of medication.

7. The officer shall call names of all inmates receiving medication. Inmates requesting Tylenol, Maalox, or non-prescription medication shall be instructed to please wait until prescription medication is distributed.
8. Inmates shall receive water and medication from the cart when his/ her name is called.
9. The officer shall pour the medication from the cup/ slab into the inmate's hand. The inmate shall take his/ her medication while standing in the officer's presence. The officer shall inspect the inmate's mouth to be sure the medication was swallowed. The officer shall check the cup, and inmate's hand to be sure medication is not held back.
10. The unit officer shall have the inmate sign his/her medication receipt sheet after medication has been taken. If the inmate refuses to take his medication the officer must receive the inmate's signature for refusal. This documentation is important; it will show the inmate was afforded medical attention.
11. If an inmate refuses to sign, contact your supervisor for his/her signature. Always leave notation with medical if an inmate is found saving medication, whether it be his or not.
12. The officer shall place the slab with the receipt sheet aside and continue until all inmates who are to receive medication, names have been called.
13. After all prescription medication has been distributed the unit officer shall

announce the distribution of non-prescription medication. Inmates are not to save any medication distributed by the county. The officer shall ensure all medication is taken in front of him/her.

14. The officer shall return all medication and sheets to the medical room when complete. The medical staff shall collect to refill.

Subject: Laundry

1. Housekeeping Officer checks with housing officer to see how many inmates are in the units and cell areas.
2. Unit officers / Hall Officers prepares a list with inmate's name and size. Officers must not delegate this task to in house inmates workers, if inmate worker is given this task some inmates will not receive the proper size and/or may make payment to receive "choice" laundry items.
3. Officers shall place laundry list outside his/her workstation for housekeeping to pick up.
4. Shift Supervisor or designee shall notify officers when laundry is ready to be delivered.
5. Officers may receive laundry at door. The Unit Officer or Housekeeping Officer shall receive laundry by opening doors and/or bar gate and allow the inmate worker to pull the laundry cart into the unit or runaround area. At no time shall the officer surrender the laundry to the inmate worker without supervision.
6. Inmates are to stand in doorway of his /her cell, not sitting in doorway, leaning on rails, standing between cells, talking to other inmates, on the telephone or talking with officers. Officers shall maintain order until all laundry is distributed.
7. Officers shall call inmates by names to receive his/her laundry. Inmate shall return to his/her cell to change into clean laundry. Officers shall not allow inmates to hold up laundry exchange by showering first before changing into clean laundry.
8. Inmate workers shall shake laundry out and examine for holes, this will discourage the passing of contraband and inmates attempting to exchange what he/she has received for a preferred piece of laundry. Officers shall position him/her self in the best area to observe the distribution of laundry and the inmate activity.
9. The officer shall check the inmate's first name when he/she receives the clean laundry. After the distribution of clean laundry is complete

the officer shall begin calling the inmates forward by name to turn in his/her dirty laundry. The officer shall check the last name of the inmate to show the inmate has received clean laundry and has turned in his/her dirty laundry. The officer must show documentation of complete laundry exchange or the inmate may attempt to undermine what you have done by throwing what he/she has received into the dirty cloths bin, and when the next shift reports to duty the inmate will say he/she received nothing. If your documentation is not thorough the next officer will have no choice but to re-issue laundry to the inmate.

10. After all laundry has been distributed the officer shall instruct inmate worker to remove the laundry cart from the area.
11. The unit officer shall resume normal activities.
12. Inmates returning from court or other scheduled appointments, shall immediately receive clean laundry, change and return dirty laundry to the officer. Orange/Blue uniforms or other dirty laundry shall be placed in the corridor for the laundry workers to pick up.

Laundry Schedule:

Linear Side:
Monday: Uniforms and Towels Only
Thursday: Uniforms, Towels and Sheets

Direct Supervision: Units A & B
Tuesday: Uniforms and Towels Only
Wednesday: Inmate's Personal Laundry
Friday: Uniforms, Towels and Sheets
Blankets: Washed the 1st Wednesday of each month

1. Officers shall collect laundry from all inmates, except those who have just been housed in his/her unit.
2. Inmates shall not be given a choice; all are to be picked up for laundering. Officers shall document to show all items scheduled for that day were picked up and re-distributed.
3. Inmates are not to wash clothing or bed linen in his/her cell.
4. After distribution of bed linen, bed shall be made immediately. Inmate uniform shall be worn properly and when not worn, uniform shall be folded neatly and

placed under inmate's bed. Beds not made neatly and uniforms laying on an inmate's bed are a violation of this facilities rule.

5. Underwear, socks and tee shirts purchased from the canteen shall, shall be marked with the inmate's name and cell number. The office shall check underwear, socks and tee shirts before sending them out to be laundered, if necessary re-write the inmate's name and cell number to ensure the items are returned to the inmate.
6. Underwear, socks and tee shirts, purchased from the canteen shall be collected along with county issued whites to be laundered. Washing these items in an inmate's cell is a violation of this facilities rules as well as Osha standards.

Subject: Distribution of Razors

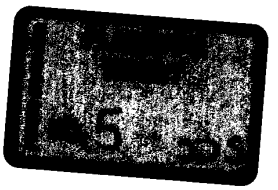
1. Razors will be issued on change- out days.
2. Razors are to be cleaned by each inmate after they have used it before giving it to another inmate.
3. Inmates are to use the razors to shave their face and not their head. They are not clippers.
4. When razors are returned, officers are to check the razors for cleanliness and to make sure they are not broken or parts missing.
5. The officers for each inmate to shave shall give a reasonable amount of time.
6. The officer shall write down each inmate's name that wishes to shave on the sign up sheet.
7. The officer shall check the inmate's name off on the sign up sheet as they return the razor. This shall continue until all inmates have shaved and razors returned.
8. If a razor is not returned, the officer shall alert the inmate of his/her error and asked that the razor be returned immediately. The inmate maybe subject to disciplinary action for not following orders.
9. If a razor cannot be located, notify the Shift Supervisor immediately. The supervisor shall initiate a through search for the razor.

GREENWOOD COUNTY DETENTION CENTER

CHAPTER: Institutional Services	GCDC# 4E MS-SCLDF#1022 1033 1034 1035 1047 1048 1049 1050 1091 1092 2051 2052 2053 2054 2055 2056 ACA# 4E-01 to 4E-48	
SUBJECT: Health Care		
ISSUED: July 6, 2005	EFFECTIVE	REVIEW 07/29/06
NEW	X AMENDMENT	
Jail Administrator: Major: P.C.Anderson		

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4E-01 HEALTH CARE SERVICES

Policy

The Greenwood County Detention Center shall provide health care services to all inmates who are in need of treatment and care. The medical and health care services shall be provided by qualified Health Care personnel and directed by the Facility Nurse and in compliance with informed consent standards.

General Information

1. In a situation where a medical emergency conflicts with a security requirement, Health Care Personnel and Security Staff shall coordinate to assist in solving the medical emergency.

2. All scheduled medical appointments shall be conducted in the designated medical offices inside the medical service area.

3. Health Care Personnel employees shall have appropriate state and federal license to provide health care services to inmates.

4. Health Trained personnel (Detention Officers) shall medically screen all committed

inmates upon arrival. This screening should include at a minimum the following:

a. Inquiry into current health status.
b. Observations of behavior and general physical appearance.
c. Disposition of housing status.

5. Detention personnel and other staff shall be trained to respond to health-related situations with a five-minute response time. The Sergeant of Training shall establish this training program in cooperation with the Facility Health Personnel. The training shall include:

   a. Recognition of signs and symptoms and knowledge of action required in potential emergency situations.
   b. Administration of first aid and cardiopulmonary resuscitation (CPR)
   c. Methods of obtaining assistance
   d. Signs and symptoms of mental illness, retardation, and chemical dependency.
   e. Procedures for patient transfers to appropriate medical facilities or health care providers.

6. Dental care shall be provided to each inmate under the direction and supervision of a licensed dentist, with the following guidelines:

   a. Dental screening and hygiene services within fourteen (14) days of admission.
   b. Dental examinations within three (3) months of admission.
   c. Dental treatment, not limited to extractions, within three (3) months of Admission when the health of the inmate would otherwise be adversely affected.

7. Medical and dental prophecies shall be provided when the health of the inmate would otherwise be adversely affected (This is determined by the Facility Nurse or Dentist).

8. Detoxification of inmates shall be performed under the supervision of the Facility Nurse.

9, All Health Care personnel shall assist in the management of inmates with medical, dental and mental problems.

10. Restraints shall only be used as a precaution against escapes during transfer, for medical reasons directed by the Facility Nurse or Hospital Health Authority, as a precaution against inmate self-injury, or injury to others.
Reference: MS-SCLDF 2051, 2052

4E-02 HEALTH CARE SERVICES

Refer to 4E-01

4E-03 ADMINISTRATIVE MEETINGS AND REPORTS

Policy

It is the policy of the GCDC that administrative meetings be held at least quarterly between the Administrators and the Health Care Personnel.

Purpose

To ensure quality medical care to inmates by providing a variety of services and to further communication between detention and medical care staff.

Procedures

A. Administrative meetings are to include Health Care Personnel, Administrators, and other members of detention and health care staff as appropriate. Minutes of these meetings are to be kept as well as copies of reports. Minutes of the quarterly meetings will be used to meet the requirements for a quarterly report.

B. A Statistical Report will be due in July for the previous year. It will include the types of care rendered, the numbers of patients with chronic diseases and the numbers of inmates that were sent out of the facility for medical care/treatment. The report is to include but not be restricted to these matters.

Sergeant of Training will review Policy, procedures, and programs in the health care delivery system annually and Facility Nurse/ Montgomery Center and revised if necessary.

4E-04 ANNUAL REVIEW OF HEALTH PLAN

Refer to 4E-03

4E-05 CONTINUITY OF CARE

Policy

It is the policy of the GCDC that continuity of care begins at the time the inmate is received by obtaining health care history with follow up reports from past health records either from inside or outside the jail system. This process continues with the provision and documentation of proper medical treatment throughout incarceration, followed by adequate discharge planning and referral for post discharge care. A single health care record that documents medical, mental health, and dental care is utilized. When an inmate's health care status requires the services of a specialist, arrangements are made with qualified specialists in a timely manner.

4E-06 UNIMPEDED ACCESS TO CARE

Refer to 4E-01

4E-07 FACILITIES AND EQUIPMENT

Refer to 4E-01

4E-08 EMERGENCY MEDICAL AND DENTAL CARE

Policy

It is the policy of the GCDC that emergency medical and dental care is provided for inmates in the GCDC.

Procedures

A. Emergency Care

If an inmate is in need of emergency medical or dental care, the officers will notify the medical staff and the officer in charge. If the medical staff is not present at the time of the emergency, the Health Authority / EMS will be notified immediately and proper treatment and or measures taken. Emergency Care will consist of:

1. Maintaining the airway
2. Controlling bleeding
3. Stabilizing the patient

The patient will be transported immediately to Self Regional Healthcare ER for further care. The patient will be transferred either by ambulance or transport

car. The decision will be based on time and availability.

B. Emergency Evacuation

1. If a situation arises of a medical emergency nature, the Family Practice Physician will be notified of the patient's condition. The Family Practice Physician will advise measures to be taken.

2. The officer in charge on duty and the physician will work together for the best interest of the patient (s).

3. The Health Authority will advise to call an ambulance, paramedic or transport car based on which one will render the best care for that particular situation.

Reference: MS-SCLDF 2054

4E-09 PERSONNEL QUALIFICATIONS

Policy

All medical personnel of the GCDC shall provide a copy of his/her state license or certification. Current credentials from the state certifying body shall be on file at the GCDC at all times.

Procedures

Appropriate state and federal licensure, certification, and registration requirements and restrictions apply to all personnel that provide health care to inmates. Written job descriptions outlining the duties and responsibilities of such personnel are governed and approved by the designated health authority.

Only qualified health care personnel determine and supervise health care procedures. Written job descriptions include the required professional qualifications and the individual's role in the health care system.

4E-10 DIRECT ORDERS

Policy

It is the policy of the GCDC to permit treatment of inmates by qualified nursing personnel pursuant to written or verbal orders signed by personnel authorized by law to give such orders. (Must be signed within 72 hours if it is a verbal order.) In such cases as telephone orders, the use of a facsimile (FAX) machine will be established in order that the nurse may

begin orders immediately for the health and well being of the patients. In these instances the orders will be taken verbally, written down and FAXED to the physician. The physician will sign the order, return it via FAX. The signed order is placed in the patient's file until the physician visits again at which time he will AGAIN SIGN THE ORDER IN HIS ORIGINAL HAND.

Standing Orders and Nursing Protocol

Standing orders are not used in the GCDC.

Policy

It is the policy of the GCDC that nursing protocols are employed only after they are developed by the Facility Physician/Dentist. Each protocol is dated, signed and reviewed at least annually by the Facility Physician/Dentist. Each protocol is appropriate to the level of skill and preparation of the nursing personnel who will carry it out and complies with the relevant state practice act(s). When a protocol is used, it is countersigned in the medical record by the Facility Physician/Dentist within 72 hours.

4E-11 MENTAL HEALTH SERVICES

Policy

It is the policy of the GCDC to identify inmates of the GCDC who are mentally impaired. The Shift Supervisor shall provide special management for mentally impaired inmates.

Procedures

A. Identification and Intervention

1. Inmates committed to the GCDC shall be screened by Shift Supervisor and Facility Nurse The screening shall include questions and observation to identify mentally impaired inmates who:

   a. May have problems adapting to the correctional environment
   b. May be imminently dangerous to themselves or others

2. Staff shall observe inmates continuously throughout incarceration to identify mental health problems.

3. When staff suspects an inmate may be mentally impaired, Medical staff shall be contacted. Medical staff shall notify Beckman Mental Health and request an evaluation.

   a. Staff shall notify a Supervisor when they suspect an inmate to be mentally impaired. The Supervisor shall contact Facility Nurse.
   b. Staff shall take appropriate action to ensure the safety of inmates and staff prior to notifying Facility Nurse of the suspected mentally impaired inmate.

4. Referrals by officers shall be documented on the activity log. Referrals by Administrative staff shall also be documented in files.

5. In a situation where the inmate may present an imminent danger to self or others, the initial referral may be verbal.

6. The Supervisor shall document emergency referrals in the Shift Supervisor log, prior to the end of the shift.

7. The initial evaluation by Mental Health is to determine whether the inmate requires further evaluation, continued mental health treatment, or emergency hospitalization.

8. Mental Health shall complete the Inmate Medical Record Form and forward a copy to the Facility Nurse. The completed form shall be available for review by Operations Lieutenant and officers assigned to the Facility.

9. Following the evaluation, Mental Health shall provide the Medical Unit with a written report of their findings.

10. Facility Nurse and the Administrators shall consult with Beckman Mental Health Staff prior to making decisions on inmates who have been diagnosed as having a psychiatric illness. The decisions may concern classification status, housing assignments, program assignments, or disciplinary sanctions.

11. Mental Health and Medical Staff may make recommendations on the monitoring, observation, and handling of an inmate who has been diagnosed as having a psychiatric illness.

B. Determination of Insanity after Conviction

1. An inmate who has been convicted may be determined to be insane and in need of treatment in a mental hospital rather than a correctional institution. I

4E-14 PERSONNEL REQUIREMENTS

Policy

It is the policy of the GCDC to provide proper Health Care for inmates incarcerated in the GCDC.

Procedures

The Health Care Provider will be responsible for maintaining sufficient staffing levels, facilities, supplies, and equipment for the medical area.

The Health Care provider will coordinate with the Facility Administrators to provide needed resources for maintaining proper Health Care.

4E-15 STUDENTS AND INTERNS

Policy

It is the policy of the GCDC to provide proper Health Care for inmates incarcerated in the GCDC.

Procedures

Direct staff supervision will be provided for all students or interns involved in health care delivery commensurate with their level of training and experience.

4E-16 INMATE ASSISTANTS

Refer to 4E-01

4E-17 PHARMACEUTICALS

Policy

The GCDC provides pharmaceutical services that meet the needs of the facility and are in accordance with all legal requirements.

A. The GCDC complies with all applicable state and federal regulations regarding prescribing, dispensing, administering, and procuring pharmaceuticals.

B. The GCDC does not provide a staff pharmacist. The Detention Center's Physician will prescribe pharmaceuticals for inmates in the GCDC and report quarterly on such usage.

C. All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and inject able medications. Drugs requiring special storage for stability — for example, drugs that need refrigeration — are so stored.

D. An adequate and proper supply of antidotes and other emergency drugs, and related information are readily available to the staff to meet the needs of the facility.

E. The Health Care Provider provides written policies and procedures that govern the pharmaceutical services and that include, but are not limited to the following:

1. Development and subsequent updating of a facility formulary or drug list for pharmaceuticals stocked by the GCDC. The formulary also includes the availability of non-legend medications.

2. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.

3. Maintenance of records as necessary to ensure adequate control of and accountability for all drugs.

4. Maximum-security storage of and accountability by use for Drug Enforcement Agency (DEA)- controlled substances, needles, syringes, and other abusable items.

5. Automatic drug stop orders or required periodic review of all orders for DEA-controlled substances, psycho tropic drugs, or any other drug that should be restricted because it lends itself to abuse or for any other reason dictating that patient compliance be monitored.

6. A method for notifying the responsible practitioner of the impending expiration of a drug order so that the practitioner can determine whether the drug administration is to be continued or altered.

7. Administration of drugs only upon the order of a physician, dentist, or other authorized individual with designated privileges.

8. The prescribing of psycho tropic or behavior-modifying medications only when clinically indicated (as one facet of a program of therapy) and not for disciplinary reasons.

9. Maintaining all medications under the control of appropriate staff members, except for self-medication programs approved by the Administrator and responsible physician. Inmates do not prepare, dispense or administer medication.

10. Maintenance of drug storage and medication areas devoid of drugs that are outdated, discontinued, or recalled.

The GCDC uses the Health Care Provider to provide and monitor pharmaceuticals.

4E-18 PSYCHOTROPIC DRUGS

Refer to 4E-17

4E-19 RECEIVING SCREENING

Policy

Medical and Mental Health screening is performed on all inmates upon arrival at the GCDC. All findings are recorded by the Booking Officer on the Medical Screening Form (M/S Form). If an emergency condition exists, the Booking Officer immediately notifies the Medical personnel. If there are no emergency conditions, the information is recorded on the Medical/Screening Form and forwarded to the Medical Department for their review and reference.

Procedures

Information included on the M/S Form includes, but is not limited to the following:

Inquiry into:

- Current illness and health problems, including venereal diseases and other infectious diseases
- Dental problems
- Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use and history of any problems that may occurred after ceasing use (e.g., convulsions)
- Past and present treatment or hospitalization for mental disturbance or suicide
- Possibility of pregnancy
- Other health problems designated by the responsible physician

Observation of:

- Behavior, including state of consciousness, mental status, appearance, conduct, tremor and sweating
- Body deformities, ease of movement, etc.
- Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse

Medical disposition of inmate:

- General population
- General population with prompt referral to appropriate health care service
- Referral to appropriate health care service for emergency treatment

Upon being incarcerated in the GCDC, the inmate is taken to the booking area for processing. Included in the book-in procedure is the processing of the M/S Form, which is completed by the booking officer. The inmate is asked a series of questions. If any questions are answered in the affirmative, then the emergency process is initiated (see Emergency Procedure) and necessary actions are taken. The completed M/S Form is than placed in the nurse's box to be picked up by the medical department and handled accordingly. If the inmate is currently on medication or has other significant medical problems, then the inmate will be triaged within an acceptable period of time. The M/S Form will be kept in a separate folder in the medical department until the 14-day health exam is completed, then it will become a part of the inmate's permanent chart along with the signed consent form.
Reference: MS-SCLDF 2053

4E-20 INTRA-SYSTEM TRANSFERS

This standard is non-applicable by function.

4E-21 HEALTH ASSESSMENTS

Policy

A. All newly booked in inmates will be required to have a complete health assessment within (14) days of incarceration. The health assessment is completed in order to identify illnesses, injuries, and/or disorders that may pose a threat to the inmate or others. The assessment includes a complete health history and a physical examination by qualified health care professionals.

B. Every inmate will be asked to sign a consent form that indicates their authorization allowing the health care services staff to complete the physical assessment, obtain and exchange health care information with other health care professionals for continuity of care.

Procedures

The collection and recording of health care data are handled as follows:

A. The history and physical assessment are recorded on forms that have been approved by the Responsible Physician.

This information will include, but not be limited to:

1. Blood pressure/pulse
2. Respiratory rate/lung sounds
3. Temperature
4. Height/weight
5. Dental status
6. Substance abuse history/withdrawal symptomatology
7. Current medications/allergies
8. Past/present communicable diseases
9. Recent hospitalizations
10. Significant past medical history
11. Mental Health history

B. The Facility Physician has orientated and observed the nurses with implementation of said physical and all health records are scheduled for review and countersignature quarterly.

C. Inmates who have undergone a complete health assessment within the previous six (6) months will not have to participate in another assessment; however, their previous health care record will be reviewed and updated as needed.

D. Certain elements of the health assessments are repeated at the appropriate frequency as determined by the responsible physician in consideration of age, sex and health needs of inmate in the population consistent with the recommendations of professional organizations.

E. Inmates whose physicals are due will be escorted by an officer to the Medical Exam Room. It will be at this time that the Physical Consent Form will be introduced to the inmate and signed accordingly. The inmate, at this time, will also have the right to "refuse" said physical. A nurse will explain to the inmate what the physical consists

of.

F. Upon completion of said physical, the book-in screening form will become part of the inmate's chart.

Reference: MS-SCLDF 2056

4E-22 HEALTH APPRAISAL DATA

Refer to 4E-21

4E-23 DENTAL SCREENING

Refer to 4E-01

4E-24 MEDICAL EMERGENCIES

Refer to 4E-01

4E-25 FIRST AID KITS

Policy

Greenwood County Detention Center shall establish a practice for the location, inspection and replenishment of supplies in First Aid Kits. This shall ensure the safety of inmates, staff and visitors.

Procedures

A. First Aid Kits

1. First aid kits shall be utilized for a condition that requires immediate assistance by non-medical staff.

2. First aid kits shall be available throughout the facility, and be approved by the Facility Health Care Authority. Kits are located in the following areas:

   a. All housing unit control stations
   b. Maintenance
   c. Intake area
   d. Central control
   e. Kitchen

f. Administrative area

3. Non-medical personnel shall have access to first aid kits in designated area and once the seal is broken they shall notify Facility Health Care Personnel for replenishment.

4. First aid kits contain the following items:

a. Band aids
b. Alcohol pads
c. Ace bandages
d. Tape
e. Butterfly closures
f. Gauze
g. Rubber gloves
h. Ammonia inhalants
i. Rescue breathing tube
j. Tourniquet
k. Sling
l. Eye pads
m. Antibiotic cream
n. Bite stick
o. Dressings
p. Temperature dots
q. Wooden splints

B. Health Care personnel shall:

1. Inventory first aid kits as needed or on a monthly basis.

4E-26 SICK CALL

Policy

It is the policy of the GCDC that sick call is conducted on a scheduled basis by or at the direction of a registered nurse and is available to all inmates. Health care services are comparable to health care provided within the community.

General Information

1. During sick call, a nurse examines inmates who have non-emergency illnesses or injury. This provides the means by which the nurse can assess inmate referrals to the Physician.

2. The Medical Officer remains in the Nurse Station at all times when inmates are present.

3. Request for Medical appointments are accepted from inmates Monday through Friday on the Day Shift.

4. The Facility Nurse may consult the Facility Physician regarding the well being of an inmate.

5. Medical treatment for each inmate is documented in his/her medical record's file.

6. The GCDC provides a Physician on a regularly scheduled basis for the inmates.

7. When the nurse determines the need to see an inmate on a regular basis to follow progress of a non-emergency illness, the nurse adds the name of this inmate to the Sick Call list for the necessary days.

8. When medically necessary, the Nurse, Administrators or his designee authorizes the transport of an inmate to the hospital.

9. When a physician other than the Detention Center's Physician decides an inmate needs to be admitted to the hospital, the Detention Center's Physician must be consulted for confirmation prior to an inmate being admitted. The Detention Center's Physician makes the final decision.

10. Medical care for inmates is never refused. However, some medical services are charged to the inmate.

11. Free medical services are:

    a. Admitting physical screening
    b. Admitting dental screening
    c. Mental health screening
    d. Medical emergencies
    e. Follow-up visits as determined necessary by medical staff

12. The Medical Staff determines when an emergency medical problem exists. If deemed an emergency, there is no charge.

13. Costs for non-emergency treatment are charged to the inmates as follows:

a.	Sick-Call Visit	$5.00
b.	Doctor Visit	$5.00
c.	Dentist Visit	$5.00
d.	Prescription Handling Fee	$5.00
e.	Hospital Visit	$5.00

14. Non-prescription medications provided by the facility are charged to the inmate and will not exceed commissary prices.

Procedures

A. Sick Call for general population

1. The Sick-Call Officer obtains the inmate Request for Medical treatment Forms from the nurse.

2. The Housing Officer completes the Inmate Request for Medical Treatment Forms for the inmates.

3. The officer will complete the Inmate Request for Medical Treatment Form only for inmates who requests medical.

4. The forms will be completed by the officer and returned to medical no later than 0900.

5. The Officer delivers the forms to the Nurse Station. The Nurse evaluates and prioritizes the slips according to need and then provides the officer with a list of names of the inmates to be treated.

6. The sick call Officer advises the proper housing Officer, via telephone, of the appropriate inmate's names to be seen by the Nurse.

7. The housing officer notifies the appropriate inmates, via intercom, to prepare to see the nurse.

8. The Housing Officer logs the inmate's name and time on the Inmate destination log.

9. The sick call officer comes to the unit to escort the inmate to medical.

10. The nurse examines the inmate, initiates appropriate treatment, and completes necessary paperwork.

11. When the nurse determines an inmate needs to be seen by the Detention Center's Physician, the inmate's name is placed on the list to see the Detention Center's Physician on the next scheduled visit.

12. The sick call officer will remain in medical until all the inmates have been seen for security purposes.

13. When treatment is completed by the nurse, the inmate(s) are escorted back to their housing unit by the sick call officer.

14. This procedure is followed until all inmates have been seen/ treated by the Nurse.

15. If an inmate has left his housing unit for any reason and misses Sick Call, the inmate re-submits an Inmate Request for Medical Treatment Form the following day.

1. Sick Call for Maximum Custody

1. All maximum custody status inmates shall be brought to the medical unit individually for sick call. Each inmate shall be restrained by handcuffs and leg irons.

2. The supervising officer shall remain with the inmate during the entire sick call process.

3. Maximum custody status inmates shall be brought to the medical unit after all the other housing units have completed the sick call process.

4. Procedures 1 thru 3 should be repeated until the entire maximum custody status inmates have completed the sick call process.

C. Dental Sick Call

The procedures listed in section A shall be followed for inmates scheduled to attend dental sick call.

D. Inmates Unable to Attend Sick Call

1. In the event an inmate is unable to attend sick call, the Medical Staff will conduct sick call at his or her place of confinement.

E. Charge for Services

1. At the conclusion of each sick call visit, the nurse completes a Charge Slip, the inmate receives a copy.

2. The nurse submits one copy of the Medical Charge Form to the Food Service Supervisor for appropriate action on the inmate's account.

3. One copy of the Medical Charge Form is placed in the inmate's medical file.

Reference: MS-SCLDF 2055

4E-27 HEALTH CARE SPECIALIST

Refer to 4E-05

4E-28 SPECIAL MEDICAL PROGRAMS

Refer to 4E-05

4E-29 PROSTHESES AND ORTHODONTIC DEVICES

Refer to 4E-01

4E-30 TRANSPORT TO ANOTHER FACILITY OR CLINIC

Policy

In order to ensure continuity of care when an inmate is transported from the GCDC, a summary of the inmate's medical history, date of last health assessment, chronological listing of medical problems, current health status, mental health status, and current medications is completed and forwarded to the receiving facility or clinic either prior to transport or along with the inmate.

Procedures

A. The health care staff will be provided a listing of all inmates who are being prepared for transport to another facility. This list will be the responsibility of the Transport Officer. The list is to be provided at the earliest possible time frame in order to allow sufficient time for health care staff to complete a record's review and document the appropriate information on the designated form.

B. The Facility Nurse will provide Operations with appropriate documentation for inmates when transported to an outside clinic.

C. The health care staff will pull all active health care records.

D. One form will be completed for each inmate that is being transported.

E. When each transfer sheet is completed, a copy will be placed in the inmate's health record.

F. The original transfer sheets will be sealed in an appropriately labeled envelope to ensure confidentiality.

G. The sealed envelope will be handed to the Transport Officer.

H. Medical staff will inform Transporting Officer of medication, behavior management procedures, and other treatment or special requirements for observation and care during travel.

I. In the event that the medical staff is not available at the time of the transport of the inmate, transfer form will be faxed to the receiving facility or clinic immediately upon their return.

J. Written authorization by the inmate is necessary for transfer or release of information to specific and designated physicians or medical facilities in the community.

4E-31 INMATE TRAVEL

Refer to 4E-30

4E-32 USE OF RESTRAINTS

Refer to 4E-01

4E-33 HEALTH EDUCATION

Policy

It is the policy of the GCDC to have instruction and information of good health is available to all inmates confined within the jail system. Patient education is available through direct verbal interaction between the health care service providers as well as through distribution of printed material and multimedia resources.

Procedure

A. Written and audiovisual educational information covering a wide range of health care and self-help topics is available to all inmates upon request or through staff referral.

B. Shift Supervisors will instruct inmates during orientation with the inmate handbook.

C. Medical staff will instruct inmates, at the time service is rendered, on how to avoid preventable diseases such as athlete's foot, flu, the common cold, tooth decay, etc. Instruction on health promotion involving chronic conditions such as epilepsy, diabetes, asthma, hypertension, and heart disease will be provided and documented in a similar fashion whenever indicated.

D. Examples of appropriate patient education topics:

1. Dental hygiene
2. Proper Nutrition
3. Effects of tobacco product usage
4. Tuberculosis
5. HIV infection and AIDS
6. Sexually transmitted diseases
7. Self examination for breast or testicular cancer
8. Chronic diseases
9. Self-esteem
10. Parenting skills

4E-34 SUICIDE PREVENTION AND INTERVENTION

Policy

It is the policy of the GCDC to provide assessment and prevention of suicidal potential of inmates while incarcerated. This assessment begins at the time the inmate is incarcerated in the GCDC and continues throughout their stay at this facility. This process is done by any and all of the employees that come in contact with the inmates in this facility.

Procedures

A. During the process of book-in, the inmate is asked questions pertaining to the individual's history of mental illness, history of suicide, and "nervous problems." The officer also has the option to note any unusual behavior exhibited by the inmate being committed. These "flag" items are noted on the inmate's book-in record and are referred to the medical department for further evaluation.

B. All staff members who work with inmates receive in-service training yearly. To maximize training opportunities, several different classes are offered and the

employee may choose the most appropriate to their specialty.

C. The assessment of inmates that are designated to possibly be suicidal is done by the Nurse at the first available time. This will involve an interview and observation of the individual's behavior in the housing unit. After the assessment is done, the lethality and suicide potential of the individual will be assessed and the appropriate precautions will be assigned and taken to ensure the safety of the individual.

D. Monitoring of the possible suicidal individual will be done continuously by the housing officer. Periodic checks will also be conducted by the health care staff. This will be done on several levels:

1. Suicide Risk Status: The individual will be monitored by the officer(s) on a fifteen (15) minute basis. This will be a visual check of the individual to make sure there are no problems occurring.

2. Strict Suicide Risk Status: The officer(s) will make a check on the individual every five (5) to ten (10) minutes and document the status of the individual on the log sheet.

3. Strict Suicide Risk Isolation: The inmate who is placed on this status will be placed in a cell designated by the supervisor and be dressed in the suicide gown and blanket. An officer will be assigned to document and observe the status of the inmate on the log sheet every five (5) minutes.

These status levels may at any time at the discretion of the supervisor, nursing staff of Detention Center Doctor.

E. When an inmate becomes suicidal or a change in behavior is noticed by the officer(s), the shift supervisor will be notified. If the inmate's behavior is deemed to be threatening, self destructive, or psychotic, the nurse for the facility will be notified and a decision to promote the inmate's best interest will be made. This decision may include, but is not limited to:

1. Psychiatric Hospitalization
2. Emergency Evaluation by the Nurse
3. Isolation within the Facility

F. When an inmate is deemed suicidal or a possible suicide risk, the housing officer will be notified by Inter-Office Communication (I.O.C.) and be briefed by the officer from the previous shift. The monitoring and status of the inmate will be done as discretely and professionally as possible to ensure the confidentiality of the inmate. The observations made by the officers of the inmate's mood and behavior will be passed

on to the next shift to ensure the safety of the inmate.

G. When a staff member or another person notices that there appears to be a suicide in progress, the housing officer tells the other inmates to lockdown immediately while sounding a **"CODE BLUE"** for assistance. The inmate will be treated immediately for any injuries incurred in the attempted suicide. While the inmate's physical well being is being provided for, E.M.S., the Sheriff, Administrator and Assistant Administrator will be contacted and informed of the situation. The individual will be assessed by the nurse or another appropriate designee for hospitalization or further mental health care. The Assistant Administrator or Operations Lieutenant will contact the family of the inmate to inform them of the incident and to relate to them the status of the inmate. The shift supervisor will ensure that the following documentation is completed and turned in prior to any of the individuals involved leaving at the end of the shift:

1. Incident Report
2. SCDC Report Of Suicide Attempt
3. Appropriate Security Log entries
4. Medical treatment paperwork from the hospital if inmate was taken.

H. In the event an attempted suicide is successful, the shift supervisor will notify the Greenwood County Sheriff's Office, Sheriff, Coroner's Office, Administrator, Assistant Administrator, Operation, Facility Nurse, and the Detention Centers Training Sergeant. An investigation surrounding the death will ensue. The officers assigned to investigation will take control of the area and situation in order to facilitate a complete investigation. This investigation will be done in order to assess the facts surrounding the case.

I. In the event that an inmate successfully completes an attempt at suicide, once the investigation is complete, the facts will be reviewed with the medical staff. This review will be done with the Administrators, Sheriff, the Facility Physician and the Medical Staff. This review of the incident will review the procedures used to ensure the inmate's safety, what failed, and what could be changed to prevent this from happening in the future. Counseling will be provided to those individuals requesting assistance.

Training - All jail employees, including medical staff and officers will have initial training to recognize verbal and behavioral cues that indicate a potential for suicide. This initial training will be provided as part of the basic academy. Additional training will be provided as in-service programs at least every year. The following are among the recognized signs and symptoms that are taught:

1. Despair/hopelessness

2. Poor self image/inadequacy
3. Great concern over "What will happen to me"
4. Past history of suicide attempts
5. Verbalization of a specific suicide plan
6. Extreme restlessness such as continuous pacing back and forth
7. Loss of interest in activities or relationships and reductions in the participation in recreational activities and visitation refusals
8. Depressed state, indicated by withdrawal, crying, insomnia, lethargy, indifference to surroundings
9. Sudden drastic change in eating or sleeping habits
10. Hallucinations and loss of touch with reality, manifested by psychotic behavior
11. Sudden improvement in mood following a marked obvious period of depression

Reference: MS-SCLDF 1022, 1033, 1034, 1035, 1048, 1049, 2052

4E-35 INFECTIOUS DISEASE

Policy

It is the policy of the GCDC to provide all staff with information and preventive program which address the management of serious and infectious diseases such as hepatitis B virus (HBV), the human immunodeficiency virus (HIV) which causes AIDS, and tuberculosis (TB). This policy shall be reviewed at least annually and updated as new information becomes available.

General Information

1. Universal precautions shall be practiced by all employees of the GCDC. All inmates should be considered infected with a Blood Borne Pathogen.

2. Medical Isolation shall be utilized when inmate isolation is required.

3. The provisions for isolation are as follows:

   a. Contact
   b. Respiratory
   c. Bodily fluids
   d. Officers safety

4. Hazardous Communication Signs are available in the medical unit and are to be placed on the entrance door to the cell.

5. If an inmate refuses above physical tests, administrative lockdown in orientation until compliance.

F. Newly hired GCDC employees shall receive a Tuberculin Skin Test and health physical exam.

7. Annual employee tuberculin testing is conducted.

H. Infectious Control/Blood Borne Pathogens officers' training is held semi-annually by the Staff Training Sergeant.

Procedures

1. Staff and infectious Diseases

   a. Testing

      1. All staff is tested for tuberculosis (TB) annually.
      2. All staff is given the opportunity to receive the hepatitis B vaccination free-of-charge.

   b. Education/Training

      1. All staff will be trained regarding infectious blood borne pathogens (HBV) and (HIV) and airborne pathogens (TB) at the time of initial employment, annually, during work hours (i.e., Roll Call, etc.) And as new information becomes available.

      2. All staff must understand and increase their awareness about risks, modes of transmission and the procedures for handling infectious diseases.

2. Inmates and Infectious Diseases

   a. Testing

      1. All inmates during the booking in process are medically screened by the Booking Officer. The medical screening is designed to obtain pertinent information regarding the individual's past and/or present medical problems, which includes questions regarding infectious diseases.

2. All inmates are tested for tuberculosis upon admittance or during medical evaluation at orientation.

3. All inmates will be tested within 14 days of admissions to detect communicable/infectious diseases.

b. Education/Training

1. All inmates shall be educated on infectious diseases by staff personnel during orientation process.

2. Staff personnel shall explain to inmates how susceptible they are to becoming infected due to the environment in which they are living.

3. Training personnel shall explain the following regarding infectious diseases:
   a. Known symptoms
   b. Different types
   c. How each disease differs and how each can be contacted
   d. How to manage and minimize the risks of infection when dealing with any person or with any body fluids.

c. Control Plan

The Booking Officer shall:

1. Complete a Medical Receiving Screen on all inmates immediately upon arrival.

2. Contact Health Care personnel for reports of concerns of possible infections or communicable conditions.

The Health Care Personnel shall:

1. Perform a tuberculin skin test on all committed Inmates.
2. Initiate proper medical care.
3. Coordinate with shift Supervisor for appropriate housing assignment if necessary.

The Shift Supervisor

1. Coordinate with medical staff for appropriate housing assignment if Necessary.

Reference: MS-SCLDF 1091, 2053

4E-36 INFECTIOUS DISEASE

Refer to 4E-35

4E-37 MENTAL ILLNESS AND RETARDATION

Policy

It is the policy of the GCDC to identify inmates who are mentally impaired or retarded. The Shift Supervisor will provide special management for these inmates.

Procedures

1. Identification and intervention

   a. Inmates committed to the GCDC shall be screened by Medical Staff and Booking Staff. The screening shall include questions and observation to identify mentally impaired and retarded inmates who:

      1. May have problems adapting to the correctional environment;
      2. May be imminently dangerous to themselves or others.

   b. Staff shall observe inmates continuously throughout incarceration to identify mental health problems.

   c. When staff suspects an inmate may be mentally impaired, Medical Staff shall be contacted. Medical Staff shall notify Mental Health and request an evaluation.

      1. Staff shall notify a Supervisor when they suspect an inmate to be mentally impaired. The Supervisor shall contact Medical Staff.

      2. Staff shall take appropriate action to ensure the safety of inmates and staff (such as use of restraints) prior to notifying Medical Staff of the suspected mentally impaired inmate.

d. Referrals by officers shall be documented on the Shift Log. Referrals by Operations Lieutenant shall also be documented in Visions.

e. In a situation where the inmate may present an imminent danger to self or others, the initial referral may be verbal.

f. The Supervisor shall document emergency referrals on an Incident Report Form and enter that information in Visions, prior to end of shift.

g. The initial evaluation by Mental Health is to determine whether the inmate requires further evaluation, continued mental health treatment, or emergency hospitalization.

h. Mental Health shall complete the Inmate Medical Record Form and forward a copy to the Medical Staff. The completed form shall be available for review by Administrative Staff and officers assigned to the Detention Center.

i. Following the evaluation, Mental Health shall provide the Medical Unit with a written report of their findings.

j. Administrative Staff and the Shift Supervisor shall consult with Mental Health staff prior to making decisions on inmates who have been diagnosed as having a psychiatric illness. The decisions may concern classification status, housing assignments, program assignments, or disciplinary sanctions.

k. Mental Health and Medical Staff may make recommendations on the monitoring, observation, and handling of an inmate who has been diagnosed as having psychiatric illness.

2. Determination of Insanity after Conviction

a. An inmate who has been convicted may be determined to be insane and in need of treatment in a mental hospital rather than a correctional institution. In such instances, the court shall order the inmate committed to the proper hospital, in accordance with the South Carolina Code of Law 17-24-40 section C subsection 2 B.

b. A convicted inmate sentenced to State time might be determined by Mental Health to be mentally impaired and not appropriate for incarceration in the jail. In such an instance, The Operations Lieutenant shall notify the

Department of Corrections and request that the inmate's transfer to the State system be expedited.

Reference: MS-SCLDF 1092

4E-38 MENTAL ILLNESS AND RETARDATION

Refer to 4E-37

4E-39 DETOXIFICATION

Refer to 4E-01

4E-40 PROGRAM SERVICES

Policy

It is the policy of the GCDC to provide a wide variety of programs and services at the GCDC to promote opportunities for inmates to engage in positive activities.

Procedures

Assistant Administrator and/or Operations Lieutenant shall coordinate with Greenwood-Edgefield-McCormick-Abbeville Commission on Alcohol & Drug Abuse Council (Cornerstone) for alcohol and substance abuse programs to be conducted weekly in the GCDC.

4E-41 CHEMICAL DEPENDENCY

Policy

An inmate diagnosed, as chemically dependent by a physician or other properly qualified designee, will be clinically managed according to an individual treatment plan developed and implemented shortly after incarceration. All medical staff that is involved in the initial assessment shall be alert to the need for a thorough evaluation of chemically dependent inmates. Chemical dependency refers to individuals who are physiologically and/or psychologically dependent on alcohol, opium derivatives, synthetic or organic drugs with morphine-like properties, stimulants or depressants.

Procedures

A. Depending on the observed or stated physical and/or mental condition of an inmate, the following courses of action are to be taken:

1. Inmates who report or are observed to be in acute physical withdrawal should be escorted to the health care services unit for assessment and then referred to physician sick call for specific treatment plan development.

2. Inmates who are not in acute withdrawal, but report that they are recent substance abusers or those who advice that they have been attending substance abuse programming are to be referred to the jails special programs for possible involvement.

3. When an inmate who is a substance abuser in need of continuing special care is being released or transferred, the medical staff will make every effort to schedule appropriate follow up with outside agencies or individual providers.

4E-42 INFORMED CONSENT

Policy

All examinations, treatments and procedures governed by informed consent practices within the jurisdiction are observed for all prisoner care. The informed consent of next of kin, guardian or legal custodian applies when required by law.
Informed consent is the written agreement of the patient to treatment, examination or other procedures after the prisoner receives adequate information about the nature, consequences and risks of the proposed treatments.

Exceptions to the requirement for informed consent include life-threatening conditions where the inmate is unable to give consent, emergency care of inmates who are unable to comprehend information given and public health matters as mandated by the Greenwood County Public Health Department.

When care is provided without written consent, the medical staff must exercise his/her best professional medical judgement. Thorough documentation will be completed with entries in that inmate's health record. The Facility Physician will also be advised via written memo that completely describes the rationale for such action and specific treatment and care rendered.

Procedures

A. The physician, dentist or other qualified health care provider will fully inform the inmate of the risks and benefits in all cases of invasive procedures and ensure that the inmate understands the information provided and has chance to ask questions prior to the procedure.

B. Following informing of the inmate, the health care professional will complete an

informed consent form and obtain the inmate's signature. The completed form will become a part of the permanent health record.

C. The health care professional may obtain informed consent for any case he/she feels it is appropriate to do so. However, the following are specific areas that require the health care professional to obtain informed consent prior to performing the procedure:

1. Dental extractions
2. Incision and drainage
3. Removal of moles, warts or other growths
4. All procedures requiring local anesthesia
5. Suturing

4E-43 INMATE PARTICIPATION IN RESEARCH

Policy

Under no circumstance will inmates be used for medical, pharmaceutical or cosmetic experiments. This does not preclude individual treatment of an inmate based on his/her need for a specific medical procedure that is not generally available.

Procedures

In the event that an inmate request treatment that could be considered controversial or experimental, the Facility Physician will convene the ethics review committee before treatment is administered. The board will consist of the following personnel:

Facility Physician
Administrator
Nurse
Mental Health Worker
Clergy

Reference: MS-SCLDF 2052

4E-44 NOTIFICATION OF DESIGNATED INDIVIDUALS

Policy

It is the policy of the GCDC that inmates designate individuals to be notified in case of serious illness or injury.

Procedures

During the book-in process the booking officer will receive from the inmate names of individuals to be notified in case of illness or injury.

During orientation the Booking Officer will have inmate sign notification statement, naming individuals to be notified.

4E-45 INMATE DEATH

Policy

It is the policy of the GCDC that the family of an inmate who dies while in custody of the GCDC will be notified promptly and that the death will be fully investigated.

Procedures

A. Should the death of an inmate occur while in custody of the GCDC, the officer who first observes the deceased should?

1. Render all assistance to the inmate possible.

2. Notify the medical unit and instruct the medical staff to respond to the scene immediately.

3. Preserve the scene.

4. Notify the Shift Supervisor and request that he or she responds to the scene immediately.

B. Upon confirmation by the medical staff that death has in fact occurred, the supervisor at the scene shall:

1. Notify the Greenwood County Sheriff's Office that a death has occurred. The Sheriff's Office shall conduct an investigation concerning the death. The Detention staff shall assist with the investigation in any way possible.

2. Notify the County Coroner's office 942-8532 that a death has occurred.

3. Notify the Administrators and Sheriff.

4. The death of an inmate shall be reported on an Incident Report form by the officer who discovered the deceased. All reports will be filed in the inmate's

record file.

5. The Administrators or his designee will report to the South Carolina Dept. of Corrections, Division of Inspections, and the death of any inmate within seventy-two (72) hours after death. The Administrators shall request an autopsy by the County Coroner or his designee to ascertain the cause of death.

6. The Operations Lieutenant shall be advised of the deceased inmate's name, address, telephone number and relationship of the relative or designee who is to be contacted. The Lieutenant shall make notification and advise the Administrator, Assistant Administrator promptly after the relative or designee has been notified. The Sheriff Office, Administrators and Operations Lieutenant shall begin an internal affairs investigation immediately.

7. Collect the inmate's property, (after receiving approval from the investigating officer), from both the deceased's cell and his or her property bin for release to the inmate's relative or designee. Notify the relative or designee by telephone or letter that the property is available for him or her to pick up at the GCDC. When property is claimed, the inmate's relative shall be required to sign a receipt for it, and the receipt shall be attached to and filed with the inmate's record.
Reference: MS-SCLDF 1047

4E-46 HEALTH RECORD FILES

Policy

It is the policy of the Greenwood County Detention Center to maintain a health record file on each inmate who has received any medical attention.

Procedures

The health record file will contain at a minimum:

1. A completed Medical Screening form
2. Health appraisal data form
3. All findings, diagnoses, treatments and dispositions
4. Prescribed medications and their administration
5. Laboratory, X-ray and diagnostic studies
6. Signature and title of each documenter

7. Consent and refusal forms
8. Release of information forms
9. Place, date and time of health encounters
10. Discharge summaries of hospitalization
11. Other health service reports (i.e., dental, psychiatric and other consultations)
12. Specialized treatment plan (if such exists)

The form, format and method of recording entries are approved by the health authority.

These records are maintained in the Medical Unit.

4E-47 CONFIDENTIALITY OF HEALTH RECORDS

Policy

It is the policy of the GCDC to provide confidentiality of all health records. Health records stored in the facility are maintained under secure conditions. Records are kept separate from custody records and access to health records is controlled by the health authority consistent with applicable local, state, and federal law, South Carolina Detention Standards, ACA/NCCHC accreditation and the American Medical Association.

Procedures

Current health records are located in roll files under secure conditions in the office of the medical unit. When an inmate is released, his/her health record is then moved to a different section of the roll file. This file cabinet contains current year files only and remains accessible for future use.

All health records are stored and maintained within the medical office, under secure conditions, listed in alphabetical order for the last three years. Health records for the years prior to those maintained within the medical department are boxed, securely sealed, and stored in the storage area of this facility designated for locked storage.

4E-48 TRANSFERRED AND INACTIVE RECORDS

Refer to 4E-30

GREENWOOD COUNTY DETENTION CENTER

CHAPTER: Administration and Management	GCDC# 1F MS-SCLDF# 1044 ACA# 1F-01 to 1F-11	
SUBJECT: Information System and Research		
ISSUED: July 6, 2005	EFFECTIVE	REVIEW 07/29/06
NEW	X AMENDMENT	
Administrator: Major P.C.Anderson		

Index As:
1F-01 Information System
1F-02 Information Security System
1F-03 Sharing of Information
1F-04 Inmate Population Accounting System
1F-05 Inmate Location
1F-06 Daily Records
1F-07 Booking Information
1F-08 Inmate Records
1F-09 Conduct of Research
1F-10 Facility Research Projects
1F-11 Inmate Participation

1F-01 INFORMATION SYSTEM

Policy

It is the policy of the GCDC to maintain an accurate record of all inmate information in the facility computer system. This organized system of information storage, retrieval and review is secured by the use of access codes, which only allow authorized persons who have been properly trained to examine confidential inmate information. The system is part of the constant research and observation, which aids in the decision making capacity relating to both inmate and operational needs.

Procedures

A. At the time of committal, information is entered into the computer by the Booking Officer.

B. Information which can be retrieved, but is not limited to:

1. Total intakes/releases
2. Average stay
3. Court assigned weekenders
4. Comparison of misdemeanants/felonies
5. Comparison of males/females
6. Federal billing
7. Awaiting trial vs. sentenced
8. Inmate location

C. This information is reviewed by and used to assist the Administrator in making decisions relating to both inmate and operational needs.

1F-02 INFORMATION SECURITY SYSTEM

Policy

A. Security levels for the information system of the GCDC are grouped into five (5) levels and are decided by the job classification, job functions, and/or responsibilities of the particular job. Level one (1) is the highest security clearance and is held by the Information Technology Dept. This level is held for the administration of the different security levels.

B. The remaining four levels, level two (2), three (3), four (4), and five (5), are determined by the job responsibilities related to the position within the GCDC.

C. Level two (2) is primarily for the System Administrators at GCDC who have full access to the security system. For an employee to be changed from one level to another, a level two (2) employee must make the appropriate changes in the system.

D. Levels three (3), four (4), and five (5) are used for data entry and information exchanges within the system (Supervisors, Classification and Staff respectively).

1F-03 SHARING OF INFORMATION

Policy

The GCDC actively participates in the gathering, exchange, and standardization of prisoner information. This information is secured by the use of security codes, allowing only authorized persons with proper training access to confidential inmate information.

Procedures

The Solicitors Office, Sheriff's Dept and Magistrate Office can retrieve information from the GCDC by computer link. These reports contain information on all prisoners committed into the GCDC.

1F-04 INMATE POPULATION ACCOUNTING SYSTEM

Policy

It is the policy of the GCDC to maintain a current, accurate record of inmates in the GCDC.

Procedures

A current list of inmates and assigned housing areas will be maintained in the GCDC computer management system. Any time an intake, release, discharge or movement of an inmate occurs, the inmate management system will be updated.

1F-05 INMATE LOCATION

Refer to 1F-04 and 4B-02

1F-06 DAILY RECORDS

Policy

A. Each Shift Supervisor will maintain an accurate log of all personnel working on their respective shifts, the assignment given each officer, any activity, and any unusual occurrences that develop on their shift. The Shift Supervisor will record an accurate population count at the beginning and end of their assigned shifts including all intakes, releases, or discharges. The jail physician, dentist, attorney's, clergy and other visitors will record their entry and exit in the visitor registration book located in the jail lobby.

B. All Officers will maintain a log, which reflects their assignment, beginning and ending population, visitors to the housing unit, and movement of inmates in and out of the housing unit, meals, medication, and any other significant activities occurring during the shift.

Procedures

The shift reports will be forwarded to the Shift Supervisor, for review and processing. Incident reports will be picked-up or reviewed in visions by the Operations Lieutenant for review, then forwarded to the Assistant Administrator for his review and signature.

1F-07 BOOKING INFORMATION

Policy

Intake booking information is recorded for every person processed into the facility. Information will include at least the following data, unless prohibited by law:

A. Photograph
B. Name and aliases
C. Booking number
D. Current or last known address and phone number
E. County of residence
F. Drivers license and social security numbers
G. Date and place of birth
H. Current occupation
I. Hair and eye color
J. Court information
K. Arresting agency/Officer & Date of Offense
L. Time and date of arrest and book-in
M. Gender, race and age
N. Weight and height
O. Official charge(s)
P. Sentence, fines and costs, and a copy of the court order or other legal basis for commitment
Q. Health status, including any current medical or mental health needs
R. Spouse or next of kin
S. Emergency contact person (name, address, and phone number)
T. List of all cash and personal property
U. Identifying characteristics such as scars, missing limbs, birthmarks, or tattoos
V. Indication inmate received a copy of the Inmate Handbook

Procedures

Upon receiving a new inmate, the Booking Officer will examine the inmate's commitment papers to ensure compliance with appropriate legislation and agency rules. A custody file will be established in the computer and the Booking Officer will enter the information listed above.
Reference: MS-SCLDF 1044

1F-08 INMATE RECORDS

Policy

Inmate records maintained in the facility computer system will be divided into custody records and classification records.

Procedures

A. Custody records will include, but not be limited to, the following information:

1. Intake/book-in information.
2. Court generated background information (when available)
3. Cash and property receipts.

B. Classification records will include, but not be limited to, the following information:

1. Classification and reclassification decisions
2. Reports of disciplinary actions, incidents, and crimes committed while in custody
3. Medical and mental health information relevant to classification
4. Records of program participation including information on work release, inmate worker programs, and "good time" accumulated

All information will be secured with only authorized persons having access to them.

1F-09 CONDUCT OF RESEARCH

Policy

The Administrator or designee will authorize research projects conducted within the GCDC. All research will comply with state and federal guidelines for the use and dissemination of research findings as well as accepted professional and scientific ethics. Such testing and research may be permitted to the extent such activities are not adverse to the inmates(s) and/or the facility.

Procedures

This procedure will apply to all GCDC personnel.

A. All requests/proposals for inmate involved research projects at the GCDC will be reviewed by the Administrator or designee.

1. All requests for research projects will include a summary of the goals of the study and the justification for the research.

2. Research projects will comply with state and federal guidelines. The GCDC legal advisor will be consulted for legal interpretation, if necessary.

B. Review/Approval

The Administrator or designee will review the requests/proposals weighing the possible benefits of the study, versus impact on inmate population and staff availability. The Administrator or designee will inform the researchers of department policies and procedures concerning the research project prior to any research being conducting. The Administrator or designee will approve or deny the project.

C. Follow-up Reports on Research Projects

The principal researcher will:

1. Comply with all appropriate facility policies and procedures
2. Follow accepted professional and scientific ethics and guidelines
3. Follow state and federal guidelines for the use and dissemination of the research.
4. Submit a written completion report to the Administrator summarizing the completed project.

D. Research Violations

1. The Administrator or designee will document any violation of agency rules and regulations and federal or state regulations.

2. Should the Administrator terminate the project, a letter of termination will be sent to the principal researcher stating the reasons for termination.

E. Inmates will not participate in experimental projects involving medical, pharmaceutical, or cosmetic research including aversive conditions, psychosurgery, electrical stimulation of the brain, or the application to the body of cosmetic substances that are being tested prior to sale to the general public.

F. Research Disclaimer

The principal researcher will verify, in writing, that the research project will not produce negative side effects to inmate participants and the project is not pharmaceutical, medical, or cosmetic in nature.

G. Documentation of Consent

The Administrator or designee will require written, voluntary consent from any inmate participant in a research project.

H. This order does not preclude the use of a new medical procedure for the individual treatment of an inmate by his/her physician, subsequent to full explanation of the positive and negative features of the treatment.

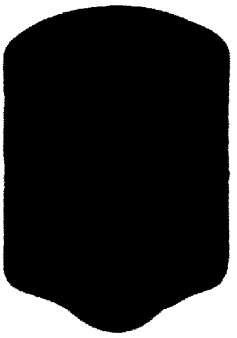
1F-10 FACILITY RESEARCH PROJECTS

Refer to 1F-09

1F-11 INMATE PARTICIPATION

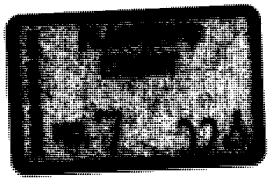
Refer to 1F-09

GREENWOOD COUNTY
DETENTION
CENTER



INMATE HANDBOOK

Greenwood County Detention Center



INTRODUCTION

This handbook outlines the policies, procedures, rules and regulations that guide your behavior while incarcerated at Greenwood County Detention Center. We realize that being incarcerated can be stressful and unnerving situation. This handbook is designed to provide persons housed at this facility with information that will assist them in adjusting during their stay.

Like any other community, there are rules and regulations that must be followed to ensure the safety of the inmates that are incarcerated at the facility and the staff that supervise them. It is important that you have knowledge of the material in this book, as **you will be held accountable** for conducting yourself within the policies, procedures, rules and regulations of the Greenwood County Detention Center.

This material contained in this handbook is by no means all conclusive; the fact that a rule or regulation is not included herein does not mean it may not exist in another publication within the Detention Center. If you have any questions in regard to the material in this handbook, feel free to ask the staff members for clarification and/or counsel.

Sincerely,

Major P.C.Anderson
Administrator

DIRECTORY

Clerk of Court
528 Monument Street
Greenwood, SC 29646

Greenwood County Sheriff Office
528 Edgefield Street
Greenwood, SC 29646

Public Defender's Office
Box P-133/ Suite 208
600 Monument Street
Greenwood, SC 29646

Solicitor's Office
P.O. Box 516
Greenwood, SC 29648

Family Court
Room 208
Greenwood County Courthouse
Greenwood, SC 29646

Greenwood Police Department
P.O. Box 40
Greenwood, S.C. 29648

S.C. Dept. Probation Parole Pardon Services
Box P 111
Park Plaza
600 Monument Street
Greenwood, S.C. 29646

RULES AND REGULATIONS

1. Upon being booked in to the Greenwood County Detention Center, you will be fingerprinted and photographed.
2. You will be allowed to attempt two (2) phone calls after the booking process to contact your family or friends and to make arrangements for bond, provided your case is bondable. Telephones are located inside each cell area and are toll - collected calls.
3. All personal clothing and certain personal property, including items brought from another facility or home will be taken from you and you will be allowed up to five sets of personal underclothing as long as they are white and five pair of white socks. **No personal property will be accepted from outside**. Money orders, cashiers checks and government checks may be brought in at any time or mailed through the United States Postal Service to be applied to your account.
4. You are offered three meals a day. You will be asked during the booking process if you are on a special diet for medical reasons. We will honor any bonafire request.
5. Personal hygiene is mandatory. Your living area is to be cleaned twice daily. You are expected to assist in cleaning the dayroom, and your assigned cell room, or bunk area. You are not allowed to lie under the cover of your bed during the daytime. **Non-compliance will result in loss privileges.**
6. Shaving equipment will be issued to you on a scheduled basis. You are responsible for returning it and cleaning it.
7. **Horseplay, fighting, use of obscene or loud language, talking during headcounts or talking in hallways is prohibited and will not be tolerated.**
8. Any inmate receiving narcotics, alcohol, or any unauthorized items of contraband, or to get any of the above into the facility will be prosecuted. This includes any tobacco, money, or items made from destruction of County property.
9. **Complaints should be directed to the officer in your area, then to the Supervisor.**
10. **Orders given by the staff must be obeyed at once without delay.**
11. If you destroy County property of any value, you will be prosecuted.
12. Medical treatment will be furnished to inmates on an as needed basis. The sick call hours are determined based on the need. Sick call requests will be entered into the computer by the officer at the inmate's request **The Greenwood County Detention Center will not be responsible for pre-existing medical, dental conditions or conditions caused by your wrongful acts.**
13. Providing you abide by the rules of the facility, you will be allowed one visit per week. Family and Friends should arrive for visitation fifteen (15) minutes prior to the time they wish to visit. Only two (2) visitors per inmate. All visitors must have picture identification, and they must be on the inmate's visiting list. The number of approved visitors on the list is limited to five (5).
14. Pastors, Ministers and Attorneys may visit any reasonable time provided they make an appointment ahead of time.

15. You may purchase items from the canteen once a week. (Thursday)
16. Weather permitting you may go outside for exercise three hours weekly.
17. You may write as many letters as you wish at your expense. Incoming mail will be delivered to you as soon as possible. Our address is Greenwood County Detention Center, 528 Edgefield Street, Greenwood, SC 29646. **All outgoing mail is to be turned in by 1:00 pm daily for delivery to post office excluding holidays and weekends. Inmates are not allowed to correspond with one another.**
18. **No sheets hanging in doors or toilet areas. No clotheslines are to be hung in any area.**
19. Any inmate who violates any of these rules is subject to lose their privileges of visitation, telephone, canteen, television and extended time daily outside of the cell. **Sentenced inmates who violate the rules are subject to "fail to earn" or forfeit good time credits which would result in an early release from incarceration**
20. **You are expected to treat the staff with respect. Officers are to be addressed as, Officer ---------. Staff are to be address as Mr., Mrs., and / or Ms.**

21. There are Intercom Stations located in each cell area; these stations are only to be used in Emergency Situations (medical, fighting, ect.) Any inmate(s) using the Inmate Intercom System for other reasons will be subject to disciplinary actions.

22. You are prohibited from engaging in the following behavior. Such behavior will result in immediate removal from Housing Unit and will expose the inmate to disciplinary and possible criminal sanctions.

(A.) Assault on an Officer and / or Staff Member.
(B.) Assault and /or Fighting with another Inmate.
(C.) Riot and /or Inciting Riot.
(D.) Escape and /or Attempted Escape
(E.) Creating a Disturbance and / or Disruptive Behavior.
(F.) Possession of Contraband.
(G.) Destruction of Public, Private and /or Jail Property.
(H.) Possession of Tools and /or Weapons.
(I.) Use of Alcohol, Narcotics, and/ or Other Drugs.
(J.) Theft
(K.) Participation on Sexual Activities.
(L.) Arson
(M.) Tampering with Locks and/ or Jail Fixtures.
(N.) Possession of Monies.
(O.) Being Out of Place.
(P.) Abusing Mail, Telephone, and /or Visiting Privileges.
(Q.) Obtaining or Attempting to Obtain Unauthorized Medication.
(R.) Disrespect to Officers and / or Staff.
(S.) Interfering with Duties of Officer and / or Staff.
(T.) Using Indecent or Threatening Language Toward Officer, Staff, or Another Inmate.
(U.) Actions Threatening the Peaceful Operation of the Facility.

(V.) Recklessness / Horseplay
(W.)Failure to Clean and / or Perform Assigned Tasks.
(X.) Failure to Clean Oneself.
(Y.) Yelling and / or Making Comments to the Public.
(Z.) Actions Counterproductive to the Purpose of the Facility.
(AA.Failure to Report to Work and / or Designated Place as Ordered and / or Instructed.
(BB.) Other Actions that severely threaten the Safety or Security of the Staff, the Facility and/ or the Public.

REIMBURSEMENT FOR PROPERTY LOSS
It is the policy of the Greenwood County Detention Center to seek reimbursement for County property, which is lost, stolen or damaged during an inmate's incarceration when an inmate is determined to be responsible for the lost.

You were issued certain items of property upon your admission and will be reissued replacement items on a scheduled basis. You must keep up with your own items. **Failure to return these items or to damage these items in any way will result in you being charged for their replacement. You may also be criminally charged for destruction of County property.**

REIMBUURSEMENT FOR MEDICAL SERVICES
It is the policy of the Greenwood County Detention Center to provide as little restriction as necessary, for order and security, to each inmate regarding opportunity for medical, dental and mental health services. We strive to offer inmates the same right to self medicate for elective medical treatment, as do individuals in the free community, and to choose if they need to see the medical staff.

A fee of $5.00 per visit for requested in-house medical (including mental health) or dental health services. No inmate will be denied such services if they cannot afford the established fee.

Inmates shall be responsible for the procurement and costs of elective medical (including mental health) or dental health services external to the facility for themselves. You will be responsible for such costs to others if your behavior results in injury to someone else.

THIS BROCHURE CONTAINS INFORMATION THAT YOU MUST KNOW AND ADHERE TO.
YOU SHOULD KEEP IT WITH YOU AS A REFERENCE.

You must obey all the rules of the facility and conduct yourself in an orderly manner with respect for the rights of others.
Inmates are not allowed to swap, buy, or sell articles of value during their confinement or prior to release.

If you have any questions, please feel free to ask the Detention Officer working in your area.

GREENWOOD COUNTY DETENTION CENTER

CHAPTER: Institutional Operations	GCDC# 3E MS-SCLDF# 1081 2003 2027-2 2031 2032 2033 2034 2036 2074 2075 4020 4022 ACA# 3E-01 to 3E-11	
SUBJECT: Inmate Rights		
ISSUED: July 4, 2005	EFFECTIVE	REVIEW 07/29/06
NEW	X AMENDMENT	
Administrator: Major P.C.Anderson		

Index As:

3E-01 Access to Courts
3E-02 Access to Counsel
3E-03 Access to Legal Services
3E-04 Access to Programs and services
3E-05 Access to Programs and Services/Equal Opportunity
3E-06 Access to Programs and Services/Equal Access
3E-07 Access to Media
3E-07-1 Diplomatic Representation
3E-08 Protection from Harm
3E-09 Protection from Unreasonable Searches
3E-10 Freedom in Personal Grooming
3E-11 Grievance Procedures

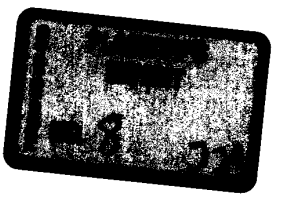
3E-01 ACCESS TO COURTS

Policy

The Administrator recognizes the rights of inmates to free access to courts, attorneys and government officials. This access will not be hindered or restricted in the operation of the GCDC in any way.

Procedures

The right of access to the courts minimally provides that inmates have the right to present any issue, including the following:



A. Challenging the legality of conviction or confinement.
B. Seeking redress for illegal conditions or treatment while under correctional control.
C. Pursuing remedies in connection with civil legal problems.
D. Asserting against correctional or other government authority any other rights protected by constitutional or statutory provision or common law.

Inmates seeking judicial relief will not be subjected to reprisals or penalties because of the decision to seek such relief.
Reference: MS –SCLDF 2032, 2034

3E-02 ACCESS TO COURTS

Policy

Inmates at the GCDC are assisted with maintaining contact with attorneys, their representative or experts retained by them.

Procedures

This will be accomplished through correspondence, telephone communications, and official visits. Limited only as necessary to maintain order and security. Inmates have the right to request assistance from a public defender or choose any attorney of their choice.
Reference: MS-SCLDF 2031, 2032, 2033

3E-03 ACCESS TO LEGAL SERVICES

Policy

All inmates admitted to GCDC that does not have an attorney are reviewed by the Public Defenders Office for eligibility. If eligible the court will appoint a public defender. Appointments of legal counsel are the responsibility of the inmate or the court, NOT the Greenwood County Detention Center. It is also the responsibility of the inmate or his /her family to pay the fee of $ 50.00 to the Clerk of Court for the Public Defender. Transportation Officer will sign up each inmate requesting the service of the Public Defender. (Inmates that are incarcerated this fee maybe waived.)

Procedures

A. The court appointed public defender or hired attorney would research the issues for the inmate and bring copies of material to discuss with the inmate(s.)

B. Notaries public are available in the facility. A written request for notary services must be forwarded to the Shift Supervisor or Operations Lieutenant.

Reference: MS-SCLDF 2031, 2032, 2034

3E-04 ACCESS TO PROGRAMS AND SERVICES

Policy

The GCDC provides qualified inmates an equal opportunity to attend or participate in all programs, services, and work assignments offered without regard to an inmate's, race, religion, national origin, sex, handicap or political views.

Procedures

A. All programs and services are posted in each housing unit.

1. Any inmate who desires to participate will sign a list or obtain an Inmate Request Form from the Officer(s).

2. The Officer(s) will forward the Inmate Request Form to the Housing Officer or Officer working that post.

B. Male and female inmates may be inmate workers if they meet the requirements. Refer to 4D-05.
Reference: MS-SCLDF 1081, 4020, 4022

3E-05 ACCESS TO PROGRAMS AND SERVICES/EQUAL OPPORTUNITY

Male and female inmates are provided opportunities for participation in programs and services.

3E-06 ACCESS TO PROGRAMS AND SERVICES/EQUAL ACCESS

Male and female inmates are provided separate sleeping quarters, but equal access to all available programs and services. Neither sex is denied opportunities solely on the basis of their smaller number in the population.
Reference: MS-SCLDF 4020

3E-07 ACCESS TO MEDIA

Policy

The GCDC recognizes the right of inmates to communicate or correspond with persons and/or organizations associated with the media. Limitations are necessary to maintain order

and security of the facility.

Procedures

The Administrators or designee, are the only persons who may grant approval for an inmate to communicate with the media.
Refer to 1A-19 and 1A-19-1 for Media Policies and Procedures.
Refer to 5D-02 for Inmate Mail Policy and Procedures.
Reference: MS-SCLDF 2032

3E-07-1 DIPLOMATIC REPRESENTATION

Policy

The GCDC will provide assistance to foreign nationals to contact the diplomatic representatives of their country of citizenship.

Procedures

A. The problem or need to contact the diplomatic representative will be identified.

B. The Shift Supervisor will be notified for the contact to be made.

3E-08 PROTECTION FROM HARM

Policy

All inmates held in the GCDC remain secure in their complete personal and constitutional rights as determined by law. Under no circumstances is there to be an abridgement of these rights without due process and good cause. All inmates have the right to be secure in their persons at all times without threat of physical abuse, personal injury or any form of harassment. **UNDER NO CIRCUMSTANCES WHATSOEVER WILL ANY FORM OF CORPORAL OR PHYSICAL PUNISHMENT BE INFLICTED.** Any staff member proven to have administered corporal punishment to an inmate may be criminally charged and/or terminated from employment.

Definitions

A. Corporal Punishment - Any physical punishment or physical injury administered to an inmate for any purpose whatsoever. This includes beatings, sexual assault or any unnecessary use of force. Any withholding of food, heat, and medical/dental care

(tooth extractions) is also to be considered a form of corporal punishment.

B. Harassment - Any form of sustained physical, verbal, emotional or psychological assault injurious to the personal or emotional well being on an inmate. Harassment may include commentary or innuendo upon an inmate's background, charges, or sexual orientation.

C. Unnecessary Searches - Under no circumstances will unnecessary searches be administered to an inmate for any reason. Body cavity searches, strip searches, and frisk searches are not to be used as punishment. Any searches which are carried out in violation of departmental policies and procedures may be considered a form of harassment and/or corporal punishment. All strip and body searches must be in accordance with facility policies and procedures.
Refer to 3A-18.

Procedures

A. Under no circumstances will an inmate be punished by a denial of the following:

1. Three normal meals a day.
2. All normal facility clothing and linens. (Except in destruction of same)
3. A blanket and mattress. (except in destruction of same)
4. Changes of linen and uniforms according to the facility schedule.
5. One (1) hour of access to the dayroom every twenty-four (24) hours during which time the inmate may engage in physical exercise, take a shower or use the phone.
6. Access to sick call.
7. Items necessary for maintaining personal hygiene, such as soap, toothbrush, toothpaste, towels and toilet paper.
8. Writing material and Legal Material.
9. Regular mail pick up and delivery.
10. Access to attorneys, clergy and bondsmen.

B. Medical care is never to be withheld from any inmate whatsoever. Inmates also have the right to be separated from other inmates with suspected communicable diseases.

C. Only the amount of physical force necessary to maintain order and contain disturbances will be used. Under no circumstances will an inmate disturbance be used as a pretext to inflict unnecessary physical and corporal punishment. Inmates who are a threat to other inmates will be separated from the general population according to the approved GCDC procedure. Inmates separated from general

population will remain secure in their constitutional rights.

D. Under no circumstances will any inmate be the object of verbal, physical, emotional, psychological or sexual harassment by facility staff. Any employee engaged in such actions is subject to disciplinary charges and/or termination.

E. All inmates have the right to maintain personal property both in storage and in their living areas. The amount and type of personal property is determined by the Assistant Administrator.

F. In the event that an inmate believes that his/her rights have been violated they may seek legal redress without threat, retaliation or sanction. Any inmate may proceed against the facility either through their attorney or through their own efforts or through the facility grievance procedure.

G. Specific procedures to fulfill requirements described in this policy are detailed in other sections of this manual. To ensure compliance with the policy's intent, reference is made to the sections listed below:

1. Mail, Telephone, Visiting (5D)
2. Food Service (4C)
3. Health Care (4E)
4. Sanitation and Hygiene (4D)
5. Inmate Programs (5A, B, C, D, E & F)
6. Security and control (3A)

Reference: MS-SCLDF 2003

3E-09 PROTECTION FROM UNREASONABLE SEARCHES

Refer to 3A-18, 19 and 20. (Control of Contraband)

3E-10 FREEDOM IN PERSONAL GROOMING

Policy

Inmates are permitted freedom in personal grooming as long as their appearance does not conflict with the facility's requirements for safety, security, identification and hygiene.

Procedures

Anytime an inmate's is booked, the inmate's photograph and fingerprints will be taken and added to their institutional record.

The following are made available to inmates for personal grooming:

A. Haircuts (if ordered by courts or attorney for trail)
B. Razors for shaving
C. Personal hygiene items
D. Showers in each housing unit.

Reference: MS-SCLDF 2027-2, 2074, 2075

3E-11 INMATE GRIEVANCES

Policy

It is the policy of the GCDC to provide a grievance procedure for all inmates. All inmates will be informed of the grievance procedure during orientation.

Steps will be taken to informally resolve grievances through inmate interaction with Officers. If this is not successful, the inmate may request a request form to fill out and submit. All inmates filing a request form will receive a response within five (5) working days from the Administrators or designee, if the grievance is not resolved at a lower level.

Under no circumstances will any reprisals or sanctions be brought against an inmate for submitting a grievance report. However, abuse of the grievance mechanism will be cause for disciplinary action. Abuse will include deliberate falsification of information included in a grievance report.

Definition

Grievance - A cause of distress affording reason for complaint or resistance.

Procedures

A. The first step in the grievance procedure is to **attempt to resolve the problem informally.** The Housing Officer will either address the problem or forward it to his/her supervisor to address. The form will be returned to the Operation Office with in three days. This response should be kept by Operations to show that the officers tried to solve the problem informally. If the inmate feels the problem has not been resolved through the informal process that ends with the Office of Operations. The inmate Request Form becomes an official Inmate Grievance form to be handled by Administration or Designee.

B. The Operation Lieutenant will investigate the grievance and report findings to the inmate, with a response, within three (3) working days. The original form will be placed in the Operations Inmate File. If the Operation Lieutenant cannot answer the grievance, it will be forwarded to the appropriate personnel to address the grievance.

C. Letters addressed to law enforcement officers only (i.e., county and municipal) will be accepted and forwarded to that particular officer.

Appeals

If an inmate is not satisfied with the response to his/her grievance they may file an appeal. The inmate may request a grievance appeal form from the Officer, fill it out and return it. The grievance appeal will be forwarded through the chain of command and the original will be attached to it. The Administrators will review and respond to the grievance appeal. The decision of the Administrators is final.
Reference: MS-SCLDF 2036

Line Officer _____ Inmate

Shift Supervisor (Request Form)

Operations Lieutenant (Request Form)

(This should take three Days)

Administration (Grievance) Formal (5 days)

Post Orders
July 7, 2005

Title: Admissions, Records, and Release
Subject: Intake and Booking of Inmates

1.0 Policy – The Admission of an inmate will require that he be legally arrested, that his property be in tact, that he is in good mental and physical health, and that his/her rights will not be violated by his/her incarceration.

2.0 Procedure – The Detention Officer will insure that the law enforcement officers have removed their weapons at the point of entry to the building.

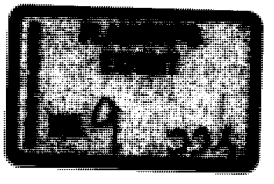
2.1 The Booking Officer will check the identity of the Arresting Officer to ensure that he has the authority to book individuals into the facility. Authorized individuals are Military Police, City, County, and State sworn officers; magistrate constables, and correction and court officers. Note: Bail Bondsman is required to take persons before the judge of jurisdiction to obtain custody before incarceration can be effected.

2.2 At intake there must be a temporary custody or a custody order submitted for untried persons being admitted, a commitment for tried persons, and S.C.D.C. transfer form for persons returning from SCDC for court.

2.3 The Committing Officer should remain in the Booking Area until custody is transferred. Booking Officers should take into consideration the workload and the conditions on the road.

2.4 A Detention Officer should conduct a Pat Search of the arrested person prior to the Booking Process at the point of entry. This is to be done even if the Detention Officer observes the Arresting Officer do a Pat Search (it is our responsibility). This will ensure that no weapon or contraband is brought into the facility.

2.5 The Booking Officer will complete a medical Screening Form. If the subject is visibly injured or obviously physically or mentally ill, and it is believed that the person needs prompt medical attention, the senior officer present will refuse the subject until the committing officer takes the subject to the hospital or Beckman's Mental Health for an evaluation and or examination. If the subject is examined by medical personnel and deemed fit to be incarcerated paperwork to that effected must be in writing and return with the subject.



2.6 The Booking Officer will complete the basic information on the Booking Report and the Clothing Sheet.

2.7 The Booking Officer will obtain the following information from the Arresting Officer or agency booking report and enter into the appropriate space on the Booking Report. The Arresting Officers' agency, name and badge number, specific charges against the person, If person was armed if so, type of weapon, jurisdiction, warrant numbers and other relevant information.

2.8 The Searching Officer will remove all items, cash and valuables from his property for inventory and recording by the Booking Officer.

2.9 The Booking Officer shall complete the booking. At this time the custody of the inmate is transferred to the Detention Center from the Arresting Officer.

3.0 Some clothing and Accessories (belt, shoes Jacket) will be removed and placed in a Property Bin and stored in property Room. This door will remain locked at all times. After subject has had bond hearing subject will be dressed out, allowed to shower and delouse agent will be used if necessary and subject then will be placed in population by Operation Lieutenant.

3.1 Inmates will be issued a mattress, towel, sheet and blanket. Each inmate will receive an Inmate Hygiene Kit at a cost of $3.00.

Management Policy

1. The Greenwood County Detention Center is operated under the authority of the Sheriff of Greenwood County and is a part of the Sheriff's Office.

2. The Detention Center Administrator is responsible for all aspects of the institution's operation, including policy development and recommendation. He/ she oversees the performance of the staff and secretary. He / she is a liaison between the Detention Center and Sheriff.

3. The area of responsibility of the institution lies solely within the confines of the institution. Inmates being transported to SCDC, the dentist, court and the doctor's office The only exception being Trusty's used outside the building, work crews assigned to the city, the Department of Public Works, persons on work release programs.

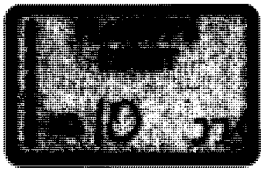
4. Inmates will be treated with dignity and respect at all times. While inmates, themselves maybe abusive, no member of the staff will act in a manner that may be interpreted as abusive or to provoke aggression and hostility.
5. Officers should develop a caring attitude toward inmates rather than one of strict enforcement. All dealings should be firm but fair.

6. Staff should not have unofficial contacts with inmates, correspondence with present or former inmates except when professional requirements demand it. Officers are cautioned not to socialize with former inmates, except where contact cannot be tactfully avoided.

7. Staff is prohibited from soliciting a loan, favors, gifts, services, promises, and employment from inmates and inmates' families while employed at the Detention Center.

8. All Department Staff should accommodate inmates, who request to and initiate the need to converse with Law Enforcement Personnel.

9. The Jail Book is Public Record. If a citizen request to look up a name in the book the officer shall assist. Citizens viewing Jail Book must view it from an area other than the Booking Area. Juvenile Records are never opened for Public Viewing.



10. Release of information of persons employed by the department is restricted to confirming that the person is employed. Employee telephone numbers are never to be given out. If contact is required, a staff member should get the caller's number, call the employee and relay the message or switch the caller to the employee's voice mail.

11. All staff members are representatives of the department and should respond to the public in a courteous and tactful way. They should demonstrate a helpful attitude and be mindful that their behavior is a reflection on the department.

12. All personnel will have a telephone for emergency contact and post the number with the department. When an employee's address and or telephone numbers are changed updated information should be given to the proper person to be revised on the Employee Directory.

13. All Detention Center Employees should enter the department through the Sally Port or Sheriff's Department Entrance. Pass Codes will be issued to each employee and should not be shared or used by anyone else other than the employee it is assigned to.

14. Former employees will not be permitted to enter the secure areas of the Law Enforcement Center unless they are employed by another agency or are on official business.

15. No Detention Officer will ride in a Sheriff's Department Car unless approval by the Sheriff and Detention Center Administrator except for transportation to and from work or official Detention Center business.

16. All Detention Center Employees should cooperate with each other as a team. It is the responsibility of all employees to make sure all duties are accomplished.

17. The Shift Supervisor is responsible for their shift's tour of duty, a liaison with the Assistant Administrator and Detention Center Administrator, a supervisor of the personnel on their shift. In the Shift Supervisor's absent, the Assistant Shift Supervisor will carry out the functions of the Shift and make proper decisions and contacts, as policy requires.

18. The Assistant Administrator and Operations Lieutenant will assist the Detention Center Administrator in the performance of his/her duties. Be a liaison between the Staff Supervisors and perform other duties as outlined in the job description.

19. The Inmate's Record's Office will keep records, calculate time, manage accounts and all tasks as stated in the job description.

20. The Detention Center Officers will supervise inmates and perform the duties outlined in their job description.

21. Dual employment will only be obtained with the approval of the Sheriff and Administrator. A written request should be submitted.

22. If an emergency arises where a person calls in sick, or is unable to report to duty. They will call their Shift Supervisor and the Shift Supervisor on duty.

23. Under no circumstances shall a juvenile be housed at the Detention Center.

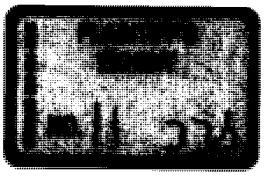
24. The Training Sergeant shall co-ordinate training programs with the Administrators.

GREENWOOD COUNTY DETENTION CENTER

MISSION STATEMENT

The purpose of the Greenwood County Detention Center is to provide, in a cost effective manner, the highest degree of security for all citizens of Greenwood County and the safety for both the inmates and staff.

The Staff and Management of the Greenwood County Detention Center are committed to the preservation of the basic-human right and dignity of the inmate population, as prescribed in the constitution of the United States and the Minimum Standards of the State of South Carolina.

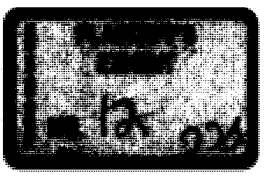


GREENWOOD COUNTY DETENTION CENTER

CHAPTER: Administration and Management	GCDC# 1D MS-SCLDF# 1032, 1033, 1034, 1035, 1036, 1047, 1063 ACA# 1D-01 to 1D-22	
SUBJECT: Training and Staff Development		
ISSUED: July 05, 2005	EFFECTIVE	REVIEW 07/29/06
_____NEW	____X___AMENDMENT	
Administrator: Major P.C. Anderson		

Index As:

1D-01 Training Function
1D-02 Annual Evaluations, Updating, and Revising
1D-03 Training Resources Reference Services
1D-04 Uses of Resources of Public and Private Organizations
1D-05 Program Affiliations with College or University
1D-06 Job Task Analysis Used in Development of Training Programs
1D-07 Training Committee
1D-08 Space Provided for Internal Training
1D-09 In-Service Training Reimbursements
1D-10 Employee Reimbursements
1D-11 Clerical Support Training
1D-12 Training Required for Officers
1D-13 Administrative Staff
1D-14 Support Staff
1D-15 Part-time Staff
1D-16 Emergency Units
1D-17 Use of Force Training
1D-18 Uses of Firearms Training
1D-19 Uses of Chemical Agents Training
1D-20 Continuing Education
1D-21 Outside Training and Educational Programs
1D-22 On-the-job Training



1D-01 TRAINING FUNCTION

The Greenwood County Detention Center will provide training for all personnel in accordance with state and federal regulations. Additional training will be given as needed above the minimum standards required by the State of South Carolina.

A. The planning and developing of training programs is accomplished by meetings between the Administrators, the Sheriff, the Chief, the Operation Lieutenant, and the Training Sergeant. Training needs in each division are discussed and recommendations are made to the Administrators and Training Sergeant for implementation.

B. The Greenwood County Detention Center recruit training is covered in the training program.

C. Posting of all training, whether required or optional, is placed in the Shift Supervisor's Office and the Direct Supervision Units at least two (2) weeks in advance of the scheduled training dates. Documentation of all training will be maintained in the Training Office. Each employee's training file contains copies of certificates of completion, registration, and test scores for all internal and external types and hours of training completed. This training shall be reported to the South Carolina Department of Public Safety-Criminal Justice Academy in a form acceptable to the Academy.

D. Required training programs consist of firearm's qualifications and re-qualifications for all officers carrying weapons. For all sworn personnel working in the Detention Center, an additional twenty-four (24) hours of annual Detention Center related in-service training. Attendance is taken by the training officer to assure total compliance. Failure to complete mandated training may result in disciplinary sanctions or dismissal.

E. Training is provided to all civilian and sworn personnel as necessary for compliance with state standards. Training is provided in video format or a hands-on approach with an instructor in the classroom. Both methods require validation testing.

F. All hands-on training will be conducted by training officers with expertise and documented certification or specialty training in the field of study. Instructors teaching courses applying toward re-certification hours required with the South Carolina Department of Public Safety-Criminal Justice Academy will be certified as Instructors by the SCDPS-CJA or such instruction will be pre-approved prior to instructing.

G. Training programs will be evaluated on an annual basis by the Sheriff, Administrator, Assistant Administrator and Training Sergeant. Recommendations and/or suggestions are made at that time.

H. The Administrators and Training Sergeant coordinate and supervise all training programs.

Reference: MS-SCLDF 1032
MS-SCLDF 1035
MS-SCLDF 1036

1D-02 ANNUAL EVALUATIONS, UPDATING, AND REVISING

1. Annually, the Training Sergeant or designee will publish a comprehensive report of the previous year's training. The Sheriff and the Detention Center Administrators will review this. Recommendations, suggestions and changes are made based on their input at the annual training review.

2. State minimum standards will also be reviewed at that time to ensure continued compliance.

1D-03 TRAINING RESOURCES REFERENCE SERVICES

A. The Greenwood County Detention Center has on file lesson plans, overheads, handouts, videos, and other reference materials available for each in-service class. Additional reference materials may be available through the local library, South Carolina Department of Public Safety-Criminal Justice Academy library, South Carolina Department of Corrections, and local community college criminal justice programs.

B. The Administrators and Training Sergeant will maintain a network of communications with consultants and field training personnel throughout the Corrections Training Network. The Administrators and Training Sergeant makes frequent field observations, particularly in suspected problem areas.

C. The Administrators actively participates in the training and personally approves all specialized classes.

D. The Administrators and Training Sergeant utilizes causative factors in investigative reports and internal investigations to detect specialized training needs.

1D-04 USES OF RESOURCES OF PUBLIC AND PRIVATE ORGANIZATIONS

A. Public and private organizations occasionally offer specialized training that is beneficial to the Greenwood County Detention Center. In these instances, employees will be selected on an as needed basis to receive training. Employees attending such training are expected to share their knowledge with others in the department and to brief the Training Officer on their experience in the event the training might be beneficial to other Greenwood County Detention Center employees.

B. The Greenwood County Detention Center receives mailings on a daily basis from a wide range of training agencies. The Training Sergeant maintains catalogs in the training office from major agencies specializing in corrections programs.

Training Provided by or to Other Criminal Justice Agencies

Employees are encouraged to attend training by other criminal justice agencies when compatible with Greenwood County Detention Center policies and procedures and when pre-approved.

1D-05 PROGRAM AFFILIATIONS WITH COLLEGE OR UNIVERSITY

To Be Determined

1D-06 JOB TASK ANALYSIS USED IN DEVELOPMENT OF TRAINING PROGRAMS

A. All material presented for required training is job related. Some optional training material provided may not specifically address an employee's job task; however, it is provided in an effort to broaden one's base of knowledge.

B. Suggestions for future training are requested from all personnel by the Training Sergeant and Administrators. These suggestions, along with set standards of training by the State of South Carolina and the American Corrections Association, are developed, evaluated, and updated based on an annual assessment that identifies current job related training needs.

1D-07 TRAINING COMMITTEE

Refer to 1D-02.

1D-08 SPACE PROVIDED FOR INTERNAL TRAINING

The Greenwood County Detention Center has classroom space with all of the necessary audio/visual components, desks, tables, boards, and chairs to accommodate employee training.

1D-09 IN-SERVICE TRAINING REIMBURSEMENTS

Detention Officer

A. State minimum standards for Detention Centers in South Carolina require twenty-four (24) hours minimum in-service training each year. Since current certification is a condition of continued employment, attendance at this training is mandatory.

All management personnel shall successfully complete the Jail Management Training Program as prescribed and provided by the South Carolina Law Enforcement Training Council as provided through the SCDPS-CJA. This training shall be completed as soon as possible, but in any event, within not more than one year after the date of assignment to supervisory duties.

Clerical/Support Employees

1. Clerical/Support Employees are those who have minimal contact with inmates.

1D-10 EMPLOYEE REIMBURSEMENTS

In instances where an employee receives specialized training by an external agency, reimbursement will be made only when the necessary expenses have been pre-approved within the Greenwood County Detention Center guidelines governing per diem rates.

1D-11 CLERICAL SUPPORT TRAINING

Orientation and New Employee Training

A. All newly appointed employees are trained in accordance with the Greenwood County Detention Center's Policy and Procedures and an overview of the Mission Statement.

B The Personnel Director discusses working conditions and regulations with the

employee during orientation.

C. The responsibilities and rights of employees are discussed with the employee during orientation by the Personnel Director.

Training Prior to Assumption of Responsibilities

The training required prior to the assumption of job responsibilities is found in the qualification section of specific job descriptions. No civilian will be hired without a definable and qualified skill or ability that matches the job task in question. While on the job training may consist of familiarizing oneself with procedural matters unique to the GCDC, the basic skills necessary to undertake the job are a prerequisite to employment.

Annual Retraining for Civilians

Civilian personnel assigned to the Detention Center, who have daily contact with inmates, are required to complete a minimum number of training hours in Detention Center related topics. This instruction is provided primarily through classroom in-service training.
Also refer 1D-09.

1D-12 TRAINING REQUIRED FOR OFFICERS

New Employee Training

A. All newly appointed employees are given the Greenwood County Detention Center Policy and Procedure Manual and an overview of the Mission Statement.

B. The Training Sergeant, GCDC administrative personnel, and Greenwood County Human Resources personnel discuss working conditions and regulations with the employee during orientation.

C. The Training Sergeant, GCDC administrative personnel, and Greenwood County Human Resources personnel discuss the responsibilities and rights of employees with the employee during orientation.

D. Prior to assignment, all new officers will attend Pre-service Training. Such training shall include but not be limited to:

a) Security and emergency procedures, including fire safety, fire suppression, and evacuation in case of fire
b) Handling intoxicated persons
c) Intake medical screening
d) Suicide prevention

e) Classification of inmates to reduce the probability of assaults
f) Use of force
g) Inmate supervision techniques
h) Inmate attitudes and behavior
i) Inmate disciplinary procedures
j) Minority group relations
k) Inmate correctional programs
l) Care and management of juveniles (according to assignment)
m) Laws pertaining to local detention facilities

E. Officers are required to have completed the Basic Jail Training for Class 2 Detention Officers at the South Carolina Department of Public Safety-Criminal Justice Academy for certification within one (1) year from their hire date. Only one Basic Jail Training School is provided to the employee. During employment with the Greenwood County Detention Center, specialized training may be necessary for some positions depending on the job tasks defined in the job descriptions. In these cases, training will be provided for the employee.

Training Components

A. Specialized training, when necessary, will be provided to employees. When an employee is assigned to a position requiring specialized training, the Training Sergeant consults with the appropriate Shift Supervisor as to specific training needs. When the needs are determined, a source for the training is located and the Assistant Administrator sends the employee to the training with his approval.

B. Specialized training met by schools, supervised on the job training, seminars and/or certification training will include:

1. The development and/or enhancement of the skills, knowledge, and abilities relevant to the specialization as determined by a job task analysis
2. Management, administration, supervision, personnel policies and operations, or support services in each function or component.
3. Performance standards of the function/component
4. The agency's policies, procedures, rules, and regulations specifically related to the function or component
5. Supervised on the job training
6. In addition to the development of specific skills, personnel assigned to specialized activities will be aware of the administrative requirements and relationships of the specialized function or component to other parts of the agency

Annual Retraining Program

A. Quarterly in-service training topics will include, but are not limited to:

1. Agency directives and general orders
2. Changes in the law
3. New methods or procedures
4. Equipment
5. Interviewing
6. Use of force
7. Emergency medical services
8. Fire suppression techniques
9. Hazardous materials incidents
10. Contingency plans
11. Report writing
12. Sexual harassment
13. Corrections issues

B. Firearms training are provided for all officers carrying weapons. Firearm re-qualification is conducted annually. Sworn Officers must qualify with the weapons provided by the GCSO.

C. Minimum state standards require CPR certification for all Officers working in the Detention Center. Re-certification training is provided annually.

Advanced Training

A. Appropriateness of training for the officer is the primary criteria for selecting personnel to attend. The advanced training must be relevant to the officer's responsibilities. The Training Sergeant will periodically post announcements of available advanced training. Interested Officers are required to make a written request and forward the request to the Training Sergeant for approval. The Training Sergeant will consider possible conflicts in scheduling, which might make training impossible. If a conflict exists, the Officer will be denied and notified of the decision. If no conflict exists, the Training Sergeant will make a written request for the Administrators to allow the officer(s) to attend the training, attach all necessary paperwork to the request, and forward the packet back to the Assistant Administrator. The Assistant Administrator will review the request for appropriateness in content. The Training Sergeant must ensure the training is practical, of value to the Officer's job, and of benefit to the overall mission of the Greenwood County Detention Center. If denied at this level, the applicant will be notified and advised of the reason. If approved, the request will be forwarded to the Administrator to ensure monies exist for the training and for any other consideration. The Officer will be advised whether

the request is denied or approved.

B. Completion of advanced training does not necessarily affect the assignment of personnel within the agency. Advanced training is seen as the ongoing professional development and growth of the individual career officer. Assignment within the agency is accomplished through needs of the Detention Center.

C. There is no mandatory training requirements satisfied by "advanced training." All mandatory training is "basic" in nature. Mandatory training in firearms, for example, involves a review of firearm's policies and procedures, safety practices, and re-qualification. "Mandatory" training in cell searches is a review of the "basic" principles and practices of searching cells.

Reference: MS-SCLDF 1034/Also refer to 1D-09

1D-13 ADMINISTRATIVE STAFF

1. Training will be conducted in classrooms in a lecture format, but will also include hands-on applications such as CPR, First Aid, and firearm qualifications. Additionally, specially prepared video training programs are provided as self-study segments for professional development. The Training Sergeant maintains records of the training provided.

2. Every attempt will be made to ensure the training provided is in accordance with current policies and procedures of the Greenwood County Detention Center.

Also refer to 1D-09

Reference: MS-SCLDF 1033

1D-14 SUPPORT STAFF

1. All support employees (i.e. medical, food service, commissary) who have regular or daily contact with inmates will receive 24 hours of training, in addition to orientation training, during their first year of employment.

2. Support employees will receive basic training in inmate supervision and security, as well as specialized training in their field. Training is provided in lecture format or video programming. All training provided supports the policies and procedures of the Greenwood County Detention Center.

3. The Sergeant of Training or his/her designee is the coordinator of all specialized training and keeper of the training records.

Also refer to 1D-09.

1D-15 PART-TIME STAFF

All part-time staff members receive orientation training. This includes training in areas such as facility rules, security, and operational procedures. Orientation includes a complete reading of the policy and procedure manuals. Additional specialized training is provided.

1D-17 USE OF FORCE TRAINING

All Officers are trained in approved self-defense methods and the use of force.
Also refer to 3A-25.

1D-18 USES OF FIREARMS TRAINING

All Officers authorized to carry firearms will receive training in the proper use, safety and care of firearms and the constraints of their use. All firearm training is thorough, documented, and conducted using a systematic curriculum. All Officers re-qualify two times a year.

Policy Instruction before Carrying a Firearm

All Detention Center personnel authorized to use firearms will receive appropriate training in the use of firearms weapons, and must demonstrate competency in their use before being assigned to a post that requires their use. All personnel authorized to use firearms must demonstrate competency in their use two times a year.

A. **Firearms:**

All certified South Carolina Criminal Justice Academy firearm instructor using lesson plans provided or approved by the Criminal Justice Academy would instruct Detention Officers in the use of firearms.

1. The training will cover the use, safety, care and the constraints on their use.
2. All personnel must demonstrate competency in the use of their firearm that they are carrying.
3. A certified firearm instructor with a score of pass or fail will determine the course of the fire.
4. Certified Detention Officers assigned to specialized details are authorized to carry weapons. Detention Officers are authorized to carry weapons **ONLY** when they are in performance of duty. Any violation of this policy shall result in loss of firearm certification.
5. No officer will be assigned to a post that might require the utilization of a firearm unless they have been certified.
6. All assignments given to Detention Center officers do not require certification in firearms. However, certain assignments require officers to be qualified with firearms. The following assignments at GCDC require certification with firearms:

a. Transportation/ Court officers transporting high risk inmates or inmates who represent a Substantial Security Risk
b. Shift officers transporting inmates outside facility that are high risk and who represent a Substantial Security Risk
c. Shift officers assigned to hospital duty that are high-risk inmates and /or inmates who represent a Substantial Security Risk.

7. The above staff must maintain a current firearm certification to be assigned to this position. Failure to maintain a current certification shall result in removal from the assignment.

Warning Shots

Under NO circumstances will an Officer discharge WARNING SHOTS?

Off Duty Firearms and Ammunition

NO OFF DUTY FIREARM WILL BE APPROVED BY THE GREENWOOD COUNTY DETENTION CENTER.

NO PERSONAL WEAPONS WILL BE ALLOWED ON GCDC PROPERTY OR ASSOCIATED TRAINING FACILITIES ULESS IN AN OFFICIAL CAPACITY.

Reporting discharge of firearm

Whenever a firearm is discharged, either intentionally or accidentally, the incident will be investigated and a written report will be submitted to the Administrator through the chain of command. The report will set forth all circumstances surrounding the incident. The Officer involved, if physically able, must submit a written report prior to going off duty. If the facts of the incident support a conclusion that the discharge was the result of negligence, the Officer may be subject to disciplinary action and/or required to undergo additional firearm certification training.

The South Carolina Department of Corrections, Division of Inspections will be notified within seventy-two (72) hours of the death of an inmate and surrounding circumstances according to South Carolina Code of Laws 24-9-35.

Reference: MS-SCLDF 1047

1D-19 USES OF CHEMICAL AGENTS TRAINING

All Officers authorized to use chemical agents receive thorough training in their use and in the treatment of individuals exposed to a chemical agent. Training for use of chemical agents is thorough, documented, and conducted annually using a systematic curriculum.

Also refer to 3A-25.
Reference: MS-SCLDF 1063

1D-20 CONTINUING EDUCATION

Refer to 1D-10.

1D-21 OUTSIDE TRAINING AND EDUCATIONAL PROGRAMS

Refer to 1D-10.

1D-22 ON-THE-JOB TRAINING [Field Training Officer (FTO) Program]

Policy

It is the policy of the Greenwood County Detention Center that all personnel will be provided with on-the-job training.

Procedures

New officers will be placed with designated Officers for on-the-job training. Training will continue in the FTO Program until all material is successfully completed.

Title: Security and Control
Subject: Transportation of Inmates Outside Facility

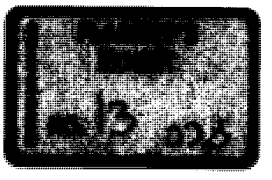
General Procedure:

When an inmate is being transferred from the facility to the Self Regional Health Center, the following procedures will be followed:

1. Inmate will be searched and placed in restraints in accordance with facility policy.
2. Officers will obtain a copy of the inmate's booking which will be presented to the Admitting Clerk upon arrival at the hospital. The inmate's booking shall contain at minimum the following information: Inmate's Name, Address, Date of Birth, Social Security Number, Next of Kin, and Telephone Number.
3. Escorting Officer will obtain and have the inmate complete a Release of Information Consent Form.
4. The Escorting Officer will check with medical staff and obtain a copy of any records to be transferred with the inmate.
5. The inmate will be transported in accordance with Facility Policy either by County Vehicle and/or by EMS in an emergency.
6. The escorting Officer will remain with the inmate at all times.
7. Officer working hospital detail will take the Hospital Log and document all activities that occur during their rotation.

2. Upon arrival the Emergency Department, Officers will used the Ambulance Entrance located to the right of the Emergency Entrance. Should the inmate be violent and or be evaluated for Psychiatric Commitment, the hospital staff is to be notified prior to arrival, and the inmate is to be escorted to the rear entrance where he/she will be admitted, avoiding the waiting area

4. Upon entrance, officers will provide the Hospital Staff stationed at the desk a copy of the inmate's booking report and /or any other documents forwarded by the Facility's Medical Staff.
5. As soon as the inmate is processed, the hospital staff will assign a waiting room to the inmate, and at this point, the escorting officer will escort the inmate to the designated area to wait disposition by the attending physician.
6. Officers are to insure that all inmates under their control wait quietly. Officers will not allow inmates to smoke, wander about the Emergency Department, interfere with hospital staff, and/or create security problems.



7. Officers are to maintain a constant vigil to insure inmates do not secrete contraband and they are to be alert to any escape attempts.
8. Officers should refuse any visits by outside visitors (family members, friends,) referring any questions to the on duty physician and/or the Administrator. In the event that the inmate is near death, suffering serious injury or illness, the Operation Lieutenant or Assistant Administrator may grant visitation requests after consulting with the physician and utilizing good judgment based on the facts known to him/her at the time.
9. In the event of an emergency, the escorting officer should summon assistance from the Hospital Security Staff and/or the Greenwood Police Department.
10. Leave all restraints in place unless necessary to remove them for medical examination. In that event, remove only those necessary for examination and replace as soon as possible.

Admission of an Inmate into the Hospital:

Should an inmate be admitted to the hospital to Self Regional Health Care, the Escorting Officer will:

1. Remain with the inmate until properly relieved.
2. Maintain Security
3. Notify the Supervisor on duty of the inmate's room location as soon as possible.
4. Use restraining devices as reasonably as possible, using good judgment.
5. Prevent use of the telephone and/or visitation except as permitted by facility policy.
    A. Officer should use Sound Judgment.
    B. Inmate permitted reasonable access to the telephone as per facility's policy (three times a day- except where abused)
    C. In the event the inmate has surgery, immediate family members may be present as security dictates, however officers are to alert.
    D. Normal visitation to be restricted and monitored by officers on duty.
    E. Officers have the authority to terminate visits and/or refuse visits.
    F. In the event of an emergency, referral should be made to the hospital security staff, unless the officer on duty has authority to make an arrest, (furnishing contraband, weapons assaults, attempted escape ect.)
    G. Officers on hospital duty are to be alert to possibility of contraband or escape.
    H. They are not to sleep and /or leave inmate unattended.
    I. Inmate are not permitted to leave their assigned room/ floor.
    J. Visitors are not to leave or give inmate any items during their stay in the hospital. Money should be left at the Detention Center.

000980022474DS 0800137010510320 13%%
GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
GREENVILLE MEMORIAL HOSPITAL
MEDICAL RECORD
NAME: YOUNG, TONY
PATIENT MR#: 000-980-02-2474 Billing NO: 080013701051

DATE OF ADMISSION: 08/10/2011
DATE OF DISCHARGE: 08/15/2011

REASON FOR ADMISSION: Motor vehicle accident with multiple fractures.

DISCHARGE DIAGNOSES:
1. Odontoid type 1 fracture.
2. Left superior inferior public ramus non-displaced fracture.
3. Left fourth/fifth proximal phalanx fractures.
4. Left posterior rib fractures with pulmonary contusion.
5. Lumbar 2-4 transverse process fractures.

SERVICE: General surgery B-team.

ATTENDING PHYSICIAN: Dr. Benjamin Manning.

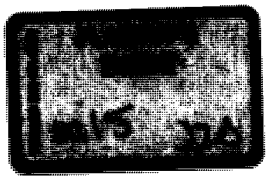
RESIDENTS: Dr. Brian Boland and Dr. Julia Lee, Dr. Phil Way.

CONSULTS:
1. Orthopedic consult.
2. Hand surgery consult.
3. Neurosurgery consult.

BRIEF HISTORY OF PRESENT ILLNESS/PERTINENT PHYSICAL EXAMINATION/LABS:
Briefly, from admission HP done on august 10th, this is a 40-year-old white male that was involved in a motor vehicle collision as an unrestrained and ejected passenger. There was positive loss of consciousness at the scene. He was intubated at the scene as well. He was admitted to the Green surgery team, placed in ICU after initially being seen in the trauma bay and having a thorough workup there as below.

Initially on physical examination, important findings included vital signs showing heart rate of 120, blood pressure of 180/130, respiratory rate of 22, and O2 saturation 95%. Pertinent physical examination findings included Patient missing a few anterior teeth. His tympanic membranes were clear and atraumatic. He had equal breath sounds, no deformity to his chest other than some abrasion to the right upper check. He was intubated initially. Patient was tachycardia but had regular rate. He did have some left sided flank abrasions but no distention in the abdomen. His pelvis was stable and his rectal examination showed no high riding prostate or gross blood. The extremities showed multiple bilateral knee and left hip abrasions and his initial GCS was 3T.

Pertinent labs on admission show a glucose of 120, white blood cell count of 20, hemoglobin of 17, hematocrit of 55, platelets of 242, INR of 1.1,



and alcohol of 242.

Important radiologic findings on admission show chest x-ray within normal limits. CT scan of the head was negative. CT scan of the C-spine was negative. CT scan of the abdomen and pelvis showed left superior inferior pubic ramus fracture, right sacral fracture, left L2-L4 transverse process fractures, left posterior rib fractures, and questionable splenic contusions. FAST scan performed and was negative.

HOSPITAL COURSE BY PROBLEM:

1. Multiple fractures including superior/inferior pubic ramus fracture and L2-L4 transverse process fractures. Orthopedics was consulted and followed the patient throughout the hospital course. Once the patient was extubated, his chief complaint ws back pain, but he was moving all extremities. Patient became alert and oriented x3 and per ortho, was allowed to have weightbearing as tolerated on his left lower extremity with non-weightbearing to his left upper extremity and non-weightbearing to his right lower extremity. PT was consulted and Patient was allowed out of bed once he was stabilized from the primary team's perspective Pelvis films were reviewed by ortho and decided the patient could have touchdown weightbearing on his right lower extremity for balance. This was reviewed with physical therapy and Patient understood and was cooperative with these orders. Patient, on day of discharge, was able to climb stairs with the help of PT and mobilize with a crutch and with a walker. At this point, will have him follow with ortho in two weeks as an outpatient, as he is currently stable and his pelvic films after weightbearing were reviewed by them.
2. Hand fracture. Initially Patient was intubated, but upon waking up complained of hand pain. Hand x-rays were performed which showed fourth and fifth proximal phalanx fractures. Patient had casting placed per hand team and post x-rays were satisfactory from their standpoint. He will continue weightbearing per their recommendations of the left upper extremity with follow up with their clinic at time of discharge.
3. Type 1 odontoid fracture. Patient had neurosurgery involved in his care after finding of a type 1 odontoid fracture. He remains alert and oriented x3 and neurologically intact throughout his hospital course with 5/5 strength in all extremities once initially awoken and extubated. At this time, Patient is to remain in a Miami J collar for three months and will follow up with neurosurgery in the near future for further evaluation, but is currently stable for discharge from their standpoint.
4. General surgery. The patient was initially admitted to general surgery team, intubated. He was stabilized overnight and was able to be extubated and transferred to the floor. As above, this was the result of multiple medical conditions for handle by the referring consult. Regarding pain control, he was able to be titrated from IV to p.o. pain medication for his multiple fractures. He was ambulating and physical

examination findings remained unremarkable other than his multiple fractures as above. His labs remained stable and after Patient was cooperative with physical therapy and able to transfer 30-40 feet and walk stairs, it was felt that he was stable for discharge with appropriate follow up.

Of note, during the patient's hospital course, he did have multiple readings of elevated blood pressure. This was attributed to his pain and on day of discharge, his pressures were 130/70 and below. At this point, we will not start him on any hypertension medication and he will need to follow up with the primary care provider as an outpatient for further evaluation.

DISCHARGE CONDITION/DISPOSITION: The patient is discharged home in stable condition.

DISCHARGE MEDICATIONS: Lortab 10 mg one p.o. q. 6 p.r.n. for pain, dispensed No. 90.

DISCHARGE INSTRUCTIONS: The patient is discharged ho ELECTRONICALLY SIGNED BY Manning, Benjamin M. - 26232 09/01/2011 08:48:27
He is to follow up with ortho trauma clinic in two weeks. He is follow up with neurosurgery also and Dr. Kanos in two weeks. He is non-weightbearing in the right upper extremity and limited weight. Touchdown weightbearing on the right lower extremity. Per physical therapy, he is aware to keep his C-spine in place for approximately three months per neurosurgery and he will follow up with them in 2-3 weeks as well. He is also aware to contact us should he develop any increasing pain, weakness, loss of motor function, or other worrisome symptoms.

ELECTRONICALLY SIGNED BY
Way, Philip - 32013
09/02/2011 21:39:49

Philip Michael Way, MD

cc: Philip Michael Way, MD

D: 08/15/2011 03:33 P T: 08/16/2011 11:08 A sw1/C qa-js DVI: 741909
C/S#: 3421910

Patient Discharge Information

ame:	YOUNG, TONY	MRN:	980022474	Age/Sex:	42Y/M
ı DTime:	08/10/2011	Acct No:	08013701051	DOB:	[redacted]
h DTime:		NS/Bed:	GMH 2D 2422AM	Atn Dr:	Manning, Benjamin MD
rgies:	No Known Food Allergies, Unable to Assess				

ischarge Instructions

Actual Discharge Date	08/16/2011
Discharged To	Home
Accompanied By	Other
Accompanied By Comment	friend
Temperature	98.3 F
Pulse	66
Respirations	18
BP #1	111/69
Source of Vitals	Discharge VS
Diet at Discharge	Regular (No Restrictions)
Discharge Activities- Driving	Restricted
Discharge Activity Instructions	Other
Discharge Activities Comment	non weight bearing lt arm/ touch down weight bearing to right lower leg
Skin breakdown/wound/incision at discharge	Yes
Discharge Wound/Skin Location Description	abrasions
Post Discharge Wound/Skin Instructions	keep clean
IV Device at Discharge	Removed
IV Access Type	Saline Lock
IV Location at Discharge	rue
N_MedInstruction	Discharged Medication/Side Effects Reviewed, Remember to take your medications as prescribed
Physician Referral #1	DR. KANOS
Physician #1 Telephone #	797-7150
Physician #1 Appointment	AUG. 31 AT 10:00
Physician #2 Referral	ORTHO CLINIC
Physician #2 Telephone #	455-7861
Physician #2 Appointment	SEPT. 2 AT 12:00
Instructed to Call Dr For Any Following Symptoms?	Yes
Symptom List	Temperature greater than 101, Chest Congestion, Problems Breathing, Swelling of the Legs, Abnormal Bleeding, Unable or Difficulty Urinating, Prolonged Vomiting, Any Change in Feeling (Numbness, Tingling, Increased Burning Sensation), Pain or Tenderness in Lower Leg, Increased Confusion or Changes in Mental Status, Any Unusual Drainage or Odor, Any Increase in Swelling, Severe Pain (Unrelieved by Prescribed Meds), Chest Pain or Tightness (Unrelieved by Prescribed Meds), Weigh yourself every day at the same time on the same scales, Call your Dr if you gain more than 2 pounds overnight or more than 5 pounds in one week, Call your physician if you have shortness of breath: that

PLAINTIFF'S EXHIBIT
NO. 16 338

GCSO Young 000040

Patient Discharge Information

lame:	YOUNG, TONY	MRN:	980022474	Age/Sex:	42Y/M
n DTime:	08/10/2011	Acct No:	08013701051	DOB:	[redacted]
h DTime:		NS/Bed:	GMH 2D 2422AM	Atn Dr:	Manning, Benjamin MD
rgies:	No Known Food Allergies, Unable to Assess				

Discharge Instructions

	awakens you, occurs at rest, or with activity, Call your physician if you need to sleep with more than your usual number of pillows, Call your physician if you have any swelling of legs, ankles, feet, or waistline
Stop Smoking If You Smoke	Yes

Patient Belongings

All Personal Items Returned to Patient.	Yes
Personal Items Comment	PT WENT TO BUSINESS OFFICE TO GET ITEMS

Patient Discharge Information

Name:	YOUNG, TONY	**MRN:**	980022474	**Age/Sex:**	42Y/M
m DTime:	08/10/2011	**Acct No:**	08013701051	**DOB:**	[redacted]
ch DTime:		**NS/Bed:**	GMH 2D 2422AM	**Atn Dr:**	Manning, Benjamin MD

ergies: No Known Food Allergies, Unable to Assess

ou may receive a call from a nurse 24-48 hours after discharge.

have received a copy of the Patient Discharge Instructions that includes a list of my medicines, as well as the ursing discharge summary. I have also received all of my valuables, personal belongings, and/or ledications brought from home.

atient/Other Tony Young Date 8-16-11

lurse P. Collins RN Date 8-16-11

Discharge Pt Education
Greenville Hospital System

08013701051 980022474
YOUNG TONY
Benjamin M Manning, MD
8/10/2011
M C M 42Y [redacted]

PATIENT DISCHARGE INSTRUCTIONS

DRUG ALLERGIES

WEIGHT

DIAGNOSIS: MVC w/ pelvic fx, L2-L4 TP Fracture, with Fx, odontoid type 1 fx

ORDERED DAY	ORDERED TIME	PATIENT DISCHARGE INSTRUCTIONS
8/11	3:00	All items without a box are active orders. Items with a (☐) must be checked to become an active order.
		DATE AND TIME OF PHYSICIAN DISCHARGE ORDER MUST BE DOCUMENTED
		Discharge Patient Home Discharge Time: 15:30
		DIET: ☐ Regular ☐ Diabetic 60 gram Carbohydrate ☐ Low Salt ☐ Low Cholesterol ☐ Other _____
		LEVEL OF ACTIVITY: ☐ Unrestricted ☐ Bedrest ☑ Other NWB & Limited weight (TDWB RLE)
		FOLLOW-UP: -Ortho trauma clinic 2 weeks ~~Hand-Dr.~~ -NS office Dr. Kanus 2 weeks
		HOME HEALTH : ☐ Yes ☒ No ~~PT Home~~ Equipped For Life (Swelter) 255-5300
		OTHER INSTRUCTIONS: - Keep C-spine in place for 3 months per NSurgery. TO F-up w/ them in 2-3 weeks.
		MEDICATION DISCHARGE EDUCATION/INSTRUCTIONS:(COMPLETE BY DISCHARGING RN) ☐ Patient or caregiver provided with written information on the medications the patient should be taking after discharge from the hospital or at the end of an outpatient visit. [The written information should include medication name, dose, route, frequency and purpose] ☐ Patient or caregiver instructed to give a copy of discharge medication information to his or her primary care physician; ☐ Patient or caregiver instructed to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; ☐ Patient or caregiver instructed to carry medication information at all times in the event of emergency situations. **Discharge Nurse's Signature:** _____ **Date:** _____ **Time:** _____ **Print Name:** _____
		This form is part of the Physician's Discharge Summary

TELEPHONE ORDERS MUST BE READ BACK AND CONFIRMED. **GCSO Young 000038**

ician's Signature: Timothy Way **Date:** ~~08/11/11~~ **Time:** 700 AM

Name: Way

Exhibit 17 930

Southern Health Partners
Your Partner in Affordable Inmate Healthcare

Intake/Release
Medication or Supplies Form

I, _____, (nurses name) have received the following medications/medical supplies:

Hydrocodone/Acetab 1 q 6 hrs as Needed Qty. 90 tablets
_____ Qty. _____
_____ Qty. _____
_____ Qty. _____
_____ Qty. _____
_____ Qty. _____
_____ Qty. _____
_____ Qty. _____

for Tony Young (inmate name) at the GCSC County Jail on 8/16/11 (date).

I _____, (inmate name) understand my medication/supplies may be used by the medical staff in continuity of care to my prescription/condition, upon approval by the site Medical Director.

I _____, (inmate name) understand that if I am released from this facility and I do not return to pick up my medication/supplies within 5 days, then it will be destroyed as per policy stated.

I _____, (inmate name) may designate the following person to pick up my medication/supplies within 5 days of my incarceration. otherwise I understand my medication/supplies will be destroyed in accordance with SHP procedures:

Designated Person/Relationship: _____

Inmate Signature Date

Nurses Signature Date

Witness Signature Beverly Weaver Date 8-16-11

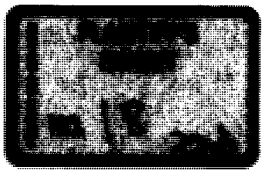
To be completed by Medical Staff ONLY:
Medication and/or Supplies were released to:

Name: _____

Date Released: _____

Nurses Signature Date

Witness Signature Date



GCSO Young 000034

SS934 1700
8/16/11

GREENWOOD COUNTY DETENTION CENTER

TEMPORARY CUSTODY ORDER

IN LIEU OF

CUSTODY ORDER BY PROPER JUDICIAL OFFICER

AND

(TO BE ASKED OF TRANSPORTATION OFFICER)

INITIAL INTAKE/TRIAGE QUESTIONS

Let the record show that the following name defendant Tony Ray Young

Who has been charged with the crime of Felony DUI w/ Great Bodily Injury

Has been put into the custody of the Greenwood County Detention Center by officer:

Name: J.M. Munlee

Department: SCHP

To be held in custody until the next scheduled meeting of the court of

1300 at this time and place: Greenwood Det. Center

Magistrate/Municipal

1. Has this person been injured or have any observable medical problems? Y (N)
   If yes explain:
2. Has this person exhibited any mental health/suicidal behaviors? Y (N)
   If yes explain:
3. Has this person tried to escape or acted violently? Y (N)
   If yes explain:
4. Is there any other information about this individual which we need to know? Y (N)
   If yes explain:

Comments:

Arresting Officer's Signature: J.M. Munlee

Detention Officer's Signature:

Young Sheriff's Office Docs 001

Southern Health Partners

RECEIVED 9-22-11 0760 SB

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 9-21 Pod/Location: B Cell: 208 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: yes I have been trying to get up to see someone cause I've been hurting in my neck pretty bad & can't get any sleep hardly, I just need something. I don't care what it is, I've been told 2 or 3 different times about it but I'm still not getting anything. So could I please get some Tylenol or anything for pain, cause it hasn't let up. They since Sunday and is getting worse. Thank you.

How long have you had this problem? a while

Inmate's Signature: Tony Ray Young Date: 9-21

********** *********** ********** *********** ********** *********** **********

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ *See Clinical Pathway for Documentation/Response*
- ☐ *See Physician Order for Response to this Sick Call*
- ☐ *See Progress Note for Response to this Sick Call*
- ☐ *See Below for Response to this Sick Call*

Nurse's Signature/Date: _____

Document Patient's Vital Signs: Temp_____ Resp_____ Pulse_____ B/P_____

Instructions/Assessment: Document your findings, Inmate's responses/actions

Pt was started on new meds by MD last night. SBenjet 9-22-11

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
☐ Follow-Up Required? If checked, date to be seen again_____
☐ Chronic Condition
☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical:_____ Seen by:_____

Place original form in patient's medical record. SHP Form 12/06/Updated 6/2008

GCSO Young 000113

RECEIVED 2 5 DEC 2011
VT
0640

Southern Health Partners

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12-24-11 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony RAY Young

Complaint/Problem: I was wondering if i can have some Tylenol Please for my tooth Please. The Nurse said she wanted the Name of the dentist I was supposed to went to. (Western Carolina Oral Surgery Leicester St.)

How long have you had this problem? Couple days

Inmate's Signature: Tony R. Young Date: 12-24-11

TO BE COMPLETED BY MEDICAL STAFF:

- ☑ See Clinical Pathway for Documentation/Response
- ☐ See Physician Order for Response to this Sick Call
- ☐ See Progress Note for Response to this Sick Call
- ☑ See Below for Response to this Sick Call

Nurse's Signature/Date: Kimberly Dulles, LPN

Document Patient's Vital Signs: Temp 98.4 Resp 18 Pulse 74 BP 112/82

Instructions/Assessment: Document your findings, inmate's responses/actions

IBU 200 mg iii po BID x 1 day dose

☐ Received Orders – thru Treatment Protocols: via telephone order, via verbal order
☐ Follow-up Required? If checked, date to be seen again: _____
☐ Dentist Referral
☐ Inmate to be charged through medical co-pay for this visit

Kimberly Dulles LPN 12/25/11

GCSO Young 000093

RECEIVED 26 DEC 2011
VT 1830

Southern Health Partners

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12-26-11 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: I hate to keep bugging y'all but my teeth or hurting, its two or three now I am using that mate but it don't last to long. my neck is still hurting also Could i get some tylenol Please. Again I am sorry to

How long have you had this problem? keep bugging y'all Nurse's

Inmate's Signature: Tony Ray Young Date: 12-26-11

****

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ *See Clinical Pathway for Documentation/Response*
- ☐ *See Physician Order for Response to this Sick Call*
- ☐ *See Progress Note for Response to this Sick Call*
- ☐ *See Below for Response to this Sick Call*

Nurse's Signature/Date: _____

Document Patient's Vital Signs: Temp_____ Resp_____ Pulse_____ B/P_____

Instructions/Assessment: Document your findings, inmate's responses/actions RECEIVED 27 DEC 2011

12-27-11 See pathway 12-27-11 Staughton LPN MTA

☐ Received Orders – thru Treatment Protocols: via telephone order, via verbal order

☐ Follow-Up Required? If checked, date to be seen again: _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit.

GCSO Young 000091

Southern Health Partners

RECEIVED 2 8 DEC 2011

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12-27-11 Pod/Location: B Cell: 105 DOB: [redacted]

Inmate's Full Name: TONY RAY Young

Complaint/Problem: I know iam being a pain, about getting something, but I cant help it if my neck still hurts, and my teeth hurt, my hand hurts, my back, and i cant afford to buy pills off the canteen, i know i dont need pills everyday, because it may hurt my stomach, but i would rather take that chance instead of hurting every day.

How long have you had this problem? most of it since i been here.

Inmate's Signature: Tony Ray Young Date: 12-27-11

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ See Clinical Pathway for Documentation/Response
- ☐ See Physician Order for Response to this Sick Call
- ☐ See Progress Note for Response to this Sick Call
- ☐ See Below for Response to this Sick Call

Nurse's Signature/Date: _____

Document Patient's Vital Signs: Temp_____ Resp_____ Pulse_____ B/P_____

Instructions/Assessment: Document your findings, inmate's responses/actions_____

seen yesterday – Instructed to write prev to Admin for tooth(teeth) extraction Dr Massey & gabapentin for pain MTA

- ☐ Received Orders – thru Treatment Protocols: via telephone order: via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again_____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

GCSO Young 000090

1-15-12
KM0630

Southern Health Partners

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 1-14 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: Can i have a couple of Tylenol my back is hurting + I've had a headache for the last 3 or 4 days Thank You

How long have you had this problem? A While

Inmate's Signature: Tony Ray Young Date: 1-14

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ See Clinical Pathway for Documentation/Response
- ☐ See Physician Order for Response to this Sick Call
- ☐ See Progress Note for Response to this Sick Call
- ☐ See Below for Response to this Sick Call

Nurse's Signature/Date: _____

Document Patient's Vital Signs: Temp 98.3 Resp 20 Pulse 84 BP 111/80

Instructions/Assessment: Document your findings, inmate's responses/actions

Ibuprofen 1000mg PO 1x dose

See Pathway

- ☐ Received Orders – thru Treatment Protocols: via telephone order: via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again _____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

1-15-12 Kayce Mclain LPN

GCSO Young 000086

Southern Health
Partners

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 1-25-12 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: Nurse: Can I Please have some Tylenol today
iam still hurting in my neck and head, them yellow pills
don't seem to help, or monday morning. Last time i had something was sunday

How long have you had this problem? Im sorry For keep on asking For something but I can't help it I cant rest or sleep.

Inmate's Signature: Tony Young Date: 1-25-12

********** ********** ********** ********** ********** ********** **********

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ *See Clinical Pathway for Documentation/Response*
- ☐ *See Physician Order for Response to this Sick Call*
- ☐ *See Progress Note for Response to this Sick Call*
- ☐ *See Below for Response to this Sick Call*

Nurse's Signature/Date: _____

Document Patient's Vital Signs: Temp_____ Resp_____ Pulse_____ B/P_____

Instructions/Assessment: Document your findings, Inmate's responses/actions_____

1K dose per MD - will
email for addt'l orders - SB
1-26-12

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again_____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical:_____ Seen by:_____

Place original form in patient's medical record. SHP Form 12/06/Updated 6/2009

GCSO Young 000085

RECEIVED 27 JAN 2012
KM 0030

Southern Health Partners

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 1-25-12 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: Nurse, I know you'll don't like giving me 1B proton every day, but i need something, Like i said. Tums pills I'm taking now or doing nothing. Could i just have a couple of Tylenol each day or something. I just need something. Thank you

How long have you had this problem?

Inmate's Signature: Tony Young Date: 1-25-12

********** *********** ********** ********** *********** *********** **********

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ *See Clinical Pathway for Documentation/Response*
- ☐ *See Physician Order for Response to this Sick Call*
- ☐ *See Progress Note for Response to this Sick Call*
- ☐ *See Below for Response to this Sick Call*

Nurse's Signature/Date: _____

Document Patient's Vital Signs: Temp_____ Resp_____ Pulse_____ B/P_____

Instructions/Assessment: Document your findings, Inmate's responses/actions

See Pathway

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
☐ Follow-Up Required? If checked, date to be seen again_____
☐ Chronic Condition
☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 1-27-12 Seen by: Kayla Wallace LPN

Place original form in patient's medical record. SHP Form 12/06/Updated 6/2009

GCSO Young 000083

Southern Health Partners

RECEIVED

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 1-29-12 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: Nurse: I am still hurting in my neck and my head still hurts a/lots I hate to keep asking for something but I can't afford to buy my on, so could i please have some Tylenol i know i shouldn't take it all the time, but i would rather my stomach hurt than my neck and head. Thank you.

How long have you had this problem?

Inmate's Signature: Tony R. Young Date: 1-29-12

********** *********\

Southern Health Partners

RECEIVED 0 4 FEB 2012
1500 CL

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 2-4-12 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: Nurse's I Hate to keep Writing and complaining, but I'm still Hurting, my neck is feeling worse and worse, they haven't giving me any tylenol since monday, and them pills that i am taking aren't helping much, its getting harder to sleep at night because of my neck and still have them headaches in the back of my heads i just need something for it if not to problem give me Tylenol if you can. Thank You.

How long have you had this problem? _____

Inmate's Signature: Tony R. Young Date: 2-4-12

********** ********** ********** ********** ********** ********** **********

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ *See Clinical Pathway for Documentation/Response*
- ☐ *See Physician Order for Response to this Sick Call*
- ☐ *See Progress Note for Response to this Sick Call*
- ☐ *See Below for Response to this Sick Call*

Nurse's Signature/Date: _____

Document Patient's Vital Signs: Temp_____ Resp_____ Pulse_____ B/P_____

Instructions/Assessment: Document your findings, Inmate's responses/actions_____

put on MD list

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again_____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 2/4/12 Seen by: [signature]

GCSO Young 000081

Place original form in patient's medical record.

SHP Form 12/06/Updated 6/2009

Southern Health Partners

RECEIVED 0 4 FEB 2012
1500 CL

INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 2-4-12 Pod/Location: B Cell: 205 DOB [redacted]

Inmate's Full Name: Tony Ray Young

Complaint/Problem: Nurses I Hate to keep Writing and complaining, but I am still Hurting, My Neck is feeling Worse and worse, they haven't giving me any tylenol since Monday, and them pills that i am taking aren't helping much, its getting harder to sleep at night because of my neck and still have them headaches in the back of my head, i just need something for it if not tomorrow give me tylenol if you can. Thank You.

How long have you had this problem?

Inmate's Signature: Tony R. Young Date: 2-4-12

********** *********** ********** ********** ********** ********** **********

TO BE COMPLETED BY MEDICAL STAFF:

- ☐ *See Clinical Pathway for Documentation/Response*
- ☐ *See Physician Order for Response to this Sick Call*
- ☐ *See Progress Note for Response to this Sick Call*
- ☐ *See Below for Response to this Sick Call*

Nurse's Signature/Date:

Document Patient's Vital Signs: Temp_____ Resp_____ Pulse_____ B/P_____

Instructions/Assessment: Document your findings, Inmate's responses/actions

put on MD list

- ☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again_____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 2/4/12 Seen by: [signature]

Place original form in patient's medical record.

SHP Form 12/06/Updated 6/2009

GCSO Young 000081

PROGRESS NOTES

Date/Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKDA
8-16-11	I/M was brought in this afternoon @ approxima 1645. Nurse Burkright went to ~~medical~~ book on her way out of GEDC to observe/clear I/M for booking. I/M has multiple breaks, recd brace (R) arm/fingers in cast and multi cuts & bruises. I/M states he has cracked vertebrae in his neck/back and a broken pelvis & ribs. I/M came in c Lortab for pain #90 and Officer Tutt Booke into property due to I/M not being allowed to have Narcotics. I Nurse Burkwright ~~made~~ I/M aware that whi here @ GEDC he would only receive Advil 200mg x3 or Naproxen 500mg BI BID. Naproxen was placed on pharm order to be placed on 8/17/11. I/M stated that he understood and the booking process was completed by Officer Tutt & Sgt Manley. Nurse McMahan will give I/M Advil tonight for pain & he will Rec on 8/17/11 until Naproxen arrives from pharmacy. I/M will be placed on Medical watch and will receive an additional mat. ——— Sargent LPN
1800	I/M was asked if he is allergic to meds, DOB & Name. These are the only words spoken to Nurse ~~Burk~~ McMahan. I/M was sitting in W/C in booking staring @ the wall. Nurse McMahan asked for I/T but officers @ booking stated it was not complete @ that time. Nurse McMahan gave I/M IBU 200mg x3 while holdi his water. I/M placed IBU in mouth an Nurse intern handed him his water. I/M mad No further comments ——— [illegible]

PROGRESS NOTES

Date/Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKDA
8-17-11 0900	I/m was given IBU 200mg X3 this AM. I/m was @ hall desk c officer Richmond. I/m accepted medication and Nurse Breckenridge asked if anything further he needed & he (I/m) stated "NO". I/m was not in a wheel chair at this time but had walked from B unit c a walker/crutch. -SBreckenridge
1600	Nurse called to Court room to meet c I/m & family. Family was very upset due to I/m not receiving meds from Hosp D/C meds are Narcotics and can't be given explained that a substitute has been ordered to be resd on 8/18. family was concerned sleep situation. Explained will provide additional mat and will monitor I/m daily for wound clos —SBreckenridge
8-18-11	I/m took his meds in bed in cell. Nurse did not open to him. Ø c/o pain and or discomfort & I/m can. do medical for BP ✓ and wound eval. I/m has bandage on his chest (from surgery from arm) Will need labels to be sched for appt to eval I/m —SBreckenridge, LPN
1550	
11/9/87	
CB/HP	
8/19/11	I/M has no open sores, all scabed over. I/M says
120/83	gets dizzy even now & then & wants to go to hosp for this. Says "can't get comfortable" said "Dr said if he gets dizzy to come back to hosp b/c if he falls it could kill him." will not send out to ER. BP WNL. advised to A positions SBreckenridge, LPN
8-20-11	I/M sores remain scabbed over. Ø concerns voiced. Ø S/S of infection. Ø Ø redness —Kendall
8-21-11	0715 I/Mate took Meds S difficulty - Ø c/o pain or discomfort voiced - Ø dizziness reported.
8-20-11	645 pm I/M accepted meds difficulty. Stated states naproxen is not helping. Kendall

Southern Health Partners, Inc.
CONFIDENTIAL MEDICAL INFORMATION

Please print legibly.

PROGRESS NOTES

Date/Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKI
8-22-11 0850	I/m took Am. meds w/o any voiced Complai I/m was asleep but got up, got cup of W and walked to door of cell for meds. Bro
8-23-11	I/m walked to ~~tell~~ B Unit desk for me pain. C-Spine collar in place. Cast on (R) arm & detached cast on (L) pinky & ri fingers. I/m's wounds on arms & face and heal well & scabs & infection noted. —Brought I/m will see MD today during MD visit —Beth
8/23/11	I/M in MRC- tx @ Grace Memorial for 1week. States broken fingers, 2 broken ribs, pelvis fx, bruised spleen and lung, fx in neck and back road burn arms chest, (R) temporal area. has cast (R) fa, using walker for ambulation. c/o some sneezing & pain in ribs. is walking walker, has extra mat and positions self for comf O- (R)temple wound & scab, o drainage. OP & missing teeth. nose wnl. neck- C-collar (hard) on. chest- clear, wnl. (R)ant chest abrasions healing (R) lat chest TTP abd- soft, NT, ND, (+)BS. ext WFD. (R)fa cast on- bx cap refill, eswelly ambulates well & walker. abrasions (R) forearms & scab, o drainage AP) mult traumatic ortho injuries- cont & Dr plan per ortho. C-collar to remain on at all tim use walker for ambulation. keep flu appt. & abrasions- Abx oint or silvadene daily N's Moss
8/24/11	Silvadene applied to wounds on stoma and arms & bandages to cover —— Beth + LPN M

PROGRESS NOTES

Date/Time	Inmate's Name: Tony Young D.O.B. [redacted] Allergies: NKA
8/26/11	A'ed I/M drsg to arms & stomach. appl. Silvadene & covered w/ 2x3 nonstick gau. I/M TOL. well, voiced ø c/o pain. —Kayla Graha
8/27/11	A'ed I/M old drsg to arms & stomach. scabs appear to be sloughing off. has the look that scabs have after you shower. reapplied sml. amt Silvadene to each wound & covered w/ 2x3 nonstick gauze. I/M asked for tylenol which here gave 325mg tylenol x2 I/x dose. —Kayla Graha
8-28-11 11:00 AM	A'ed I/M ad drsg to arms & stomach scabs. Reapplied Silvadene to each wou & covered c bandage. I/M tolerated well. ø c/o pain or discomfort voiced. —Ane Ma
8/29/11	Instructed I/m on proper dressing A's and gave instruction supplies for A's. Will monitor q/x daily during Med Pass & wkly Obser and as needed. —Bright
9/2/11	I/M has appt on 9/23/11 1:00 @ orthopedic Clinic in greenville. —Kayla Graham
1450	Transport Order given to Thompson for tran —Kayla Graham
9/20/11	I/M placed on MD list ø seen by MD. MD reviewed sick call. New order received and processed for Neurontin 100mg q/hs.
10/4/11 0750	During Book Rental in Built (NOT in unit with med pass) Nurse observed inmate trip & fall due to I/m Cooks wheelchair being moved by inmates passing from book ca I/m states he is OK, needs no additiona Tylenol but shows Nurse a scrap that on his left knee due to fall. Officer Jackson & Officer Richmond were present time of fall —Bright

PROGRESS NOTES

Date/Time	Inmate's Name: Jony Young D.O.B.: [redacted] Allergies: NKDA
10/4/11	C/o burning pain in neck and into shoulders worse lying down. has seen ortho pedic clinic 9/23, has appt c neck/spine in Greenville - unsure when. Will try to move appt sooner for pt.

SHP Form 3/07

Southern Health Partners

...CAL STAFF RECEIVING SCREENING FORM

INTAKE DATE: SCREENING DATE:

...T NAME: Young FIRST NAME: Tony MIDDLE: Ray

...E AM/PM: ...IOUS INCARCERATIONS: SEX: M SOCIAL SECURITY NO: [redacted] DOB: [redacted]

...SENT INSURANCE COVERAGE? ...CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION:

	YES	NO
...SUAL / MEDICAL OBSERVATION: *(Explain all "Yes" Answers) Circle Y or N:*		
...Inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need ...r immediate emergency medical referral? yes:	Y	N
...e there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries; needle ...arks, body vermin? yes:	Y	N
...oes the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? yes:	Y	N
...oes the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? yes:	Y	N
...the inmate's mobility restricted in any way due to deformity, cast, injury, etc. yes:	Y	N
...SK THE INMATE THESE QUESTIONS: *(Explain all "Yes" answers)*		
...ave you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood ...ressure, mental health problems, seizures, ulcers, or other conditions? other:	Y	N
...lave you taken or are you taking any medication(s) prescribed for you by a physician? yes:	Y	N
...re you allergic to any medications, foods, plants, etc.? yes: Inmate Started on IBU instead of Lortab	Y	N
...u fainted or had a head injury within the last 72 hours? yes:	Y	N
...o you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? B10 ...TB, ask if he/she has had night sweats; had weight loss recently; persistant coughing. yes:	Y	N
...lave you been hospitalized by a physician or psychiatrist within the last year? for 6 days	Y	N
...lave you ever considered or attempted suicide? If yes: Ordered Naproxen	Y	N
...o you have a painful dental condition? If yes: to be delivered 8/18	Y	N
...re you on a specific diet prescribed by a physician? If yes: Bright	Y	N
...o you use drugs? How often? Last time? What kind? How much?	Y	N
...o you use alcohol? How often? Once Last time? What kind? Beer How much?	Y	N
Females: LMP Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes:		

...NOTE VITAL SIGNS:

Respiration:	Pulse:	Temperature:	Blood Pressure:

...HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE?

GCSO Young 000031

ARE ALL STATED CHRONIC CONDITIONS NOTED:

PPD IMPLANTED? Y OR N ARM LOCATION: R OR L IS H&P SCHEDULED FOR 14 DAYS:

RE...IKS:

...ave answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon ...ase. I hereby give my consent for professional services to be provided to me by and through Southern Health Partners, Inc.

Inmate's Signature: Tony Ray Young Date:

Interviewer's Signature and Title: Beverly Reaves Date: 8-16-11

[redacted]

GREENVILLE HEALTH SYSTEM

YOUNG, TONY
42 Y old Male, DOB: [redacted]
1120 ROCKHOUSE RD, GREENWOOD, SC 29646
Guarantor: YOUNG, TONY Insurance: SELF PAY
Appointment Facility: Ortho Clinic-Greenville

09/02/2011

Progress Notes: John Anthony Tanksley, Jr, M.D.

Current Medications
Neurontin capsule 1 cap(s) bid
Medication List reviewed and reconciled with the patient

Past Medical History
Measles
Finger fx.

Surgical History
No Surgical History documented.

Family History
Father: stroke, arthritis, high bld. pressure

Social History
Interpersonal/family relationships: Divorced.

Lives With: children.
Occupation: Elite Painting- Painter.
Alcohol: yes Points: 3, Interpretation: Negative.
no Smoking Are you a: current smoker, How often do you smoke cigarettes?: every day, How many cigarettes a day do you smoke?: 11-20.
right handed.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
MVA 08/10/11-Odontoid type 1 fracture, lumbar 2-4 transverse process fractures- GHS 08/10/11 to 08/15/11

Reason for Appointment
1. SOC OTRR ER F/U MULTIPLE FX

Assessments
1. PELVIC FRACTURE NOS-CLOS - 808.8 (Primary)
2. Phalangeal Fx - 826.0
3. Metacarpal Fx, closed - 815.00

L hand xrays: No interval displacement of proximal phalanx fracture. Minimal PIP articular stepoff again appreciated. 4th MC fx without interval displacement.
Continue closed treatment with buddy taping of the fingers.
Pelvic XR:.

Treatment
1. **PELVIC FRACTURE NOS-CLOS**
Weightbearing as tolerated.
Wean from rolling walker as tolerated.
Remove Left hand cast today, replace with cock up wrist splint
Follow up 3 weeks.

Procedures
Ortho Cast Removal:
Cast Removal Left arm, Short Arm Cast, Wright,Arthur 09/02/2011 01:56:50 PM EDT > .
I was either present and/or available for assisting, guiding, and/or directing the resident in the care of this patient.

Diagnostic Imaging
Hand (min 3 views), left, PELVIS (3VW MIN), PELVIS (3VW MIN) (Ordered for 09/23/2011), Hand (min 3 views), left (Ordered for 09/23/2011)

Follow Up
3 Weeks

History of Present Illness
Past History:
42 WM follows up 3 weeks after sustaining a L 4th metacarpal shaft fx, L P1 small finger fx, R zone 1 and 2 sacrum and R sup and inferior pubic rami fx. He has been weightbearing on BLE with a walker. L hand is in a short arm cast. No complaints.

Vital Signs
Temp (F) 98.3, Ht 66, Wt lbs 154, BMI 24.85, HR 66, BP 116/81, Pain score 7-pelvic area, Tech Initial rwb.

Examination
SOC-Ortho Finger/Thumb:
L hand: cast with sharp edges distally but no skin compromise. small and ring fingers buddy taped together, full rom, nml sensation, CR<2 s.
Bilateral Hip/Thigh/Pelvis:
+EHL, FHL, TA, GS
palpable pulses DP/PT
Tolerates IR and ER of the hips with minimal pain.
Slow gait.

Procedure Codes
29705 REMOVAL/REVISION OF CAST, Full arm/leg
29125 APPLICATION SHORT ARM SPLINT STATIC

Electronically signed by Dr. Thomas Schaller M.D. on 09/13/2021 at 10:02 AM EDT
Sign off status: Completed

Ortho Clinic-Greenville
13 Edgewood Drive
Greenville, SC 29605
Tel: 864-455-7861
Fax: 864-241-9243

Consultation Notes for TONY YOUNG on 09/02/2011

Current Medications
Neurontin capsule 1 cap(s) bid
Medication List reviewed and reconciled with the patient

Treatment
1. PELVIC FRACTURE NOS-CLOS
Weightbearing as tolerated.
Wean from rolling walker as tolerated.
Remove Left hand cast today, replace with cock up wrist splint
Follow up 3 weeks.

Diagnostic Imaging
Hand (min 3 views), left, PELVIS (3VW MIN), PELVIS (3VW MIN) (Ordered for 09/23/2011), Hand (min 3 views), left (Ordered for 09/23/2011)

Follow Up
3 Weeks

Electronically signed by John Tanksley Jr on 09/02/2011 at 01:15 PM EDT
Sign off status: Pending

Ortho Clinic-Greenville
13 Edgewood Drive
Greenville SC 29605
Tel: 864-455-7881
Fax: 864-241-9243

Patient: YOUNG, TONY
DOB: [redacted]

Provider: Tanksley, John, Jr
Date: 09/02/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

JOHN TANKSLEY JR.

GREENVILLE HEALTH SYSTEM

YOUNG, TONY
48 Y old Male, DOB: [redacted]
524 SMITH STREET EXT, DONALDS, SC-29638
Phone: 828-925-2002
Guarantor: YOUNG, TONY Insurance: SELF PAY
Appointment Facility: Ortho Clinic-Greenville

09/23/2011

PROGRESS NOTE: John Anthony Tanksley, Jr, M.D.

Current Medications
Neurontin capsule 1 cap(s) bid
NKDA * as directed
Medication List reviewed and reconciled with the patient

Past Medical History
Measles
Finger fx.

Surgical History
No Surgical History documented.

Family History
Father: stroke, arthritis, high bld. pressure

Social History
Interpersonal/family relationships: Divorced.

Lives With: children.
Occupation: Elite Painting- Painter.
Alcohol: yes Points: 3, Interpretation: Negative.
no Smoking Are you a:: current smoker, How often do you smoke cigarettes?: every day, How many cigarettes a day do you smoke?: 11-20.
right handed.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
MVA 08/10/11- Odontoid type 1 fracture, lumbar 2-4 transverse process fractures- GHS 08/10/11 to 08/15/11

Reason for Appointment
1. SOC OTRR MULTIPLE FX PELVIC FX

Assessments
1. PELVIC FRACTURE NOS-CLOS - 808.8 (Primary)
2. Phalangeal Fx - 826.0
3. Metacarpal Fx, closed - 815.00

6 weeks out and doing well with nonoperative treatment.

Treatment
1. PELVIC FRACTURE NOS-CLOS
Weight bearing as tolerated. May remove cock up wrist splint. No further followup needed.

Procedures
I was either present and/or available for assisting, guiding, and/or directing the resident in the care of this patient. I was either present and/or available for assisting, guiding, and/or directing the resident in the care of this patient.

Diagnostic Imaging
HAND 3+ VIEWS, LEFT, PELVIS 3+ VIEWS

Follow Up
none needed

History of Present Illness
Past History:
42 WM follows up now 6 weeks after sustaining a L 4th metacarpal shaft fx, L P1 small finger fx, R zone 1 and 2 sacrum and R sup and inferior pubic rami fx. He has been weightbearing on BLE without assistive device. L hand has been doing well in a cock up wrist splint. No complaints.

Vital Signs
Temp (F) 97.2, Ht 66, Wt lbs 154, BMI 24.85, HR 64, BP 111/76, Pain score 10, Tech Initial dm.

Examination
SOC-Ortho Finger/Thumb:
L hand: skin healthy, CUWS in proper position. small and ring fingers buddy taped together, full rom, nml sensation, CR<2 s.

Bilateral Hip/Thigh/Pelvis:
+EHL, FHL, TA, GS
palpable pulses DP/PT
Tolerates IR and ER of the hips with minimal pain.
Slow gait.



Electronically signed by Dr. Thomas Schaller M.D. on 01/17/2012 at 12:15 PM EST

Sign off status: Completed

Ortho Clinic-Greenville
18 Edgewood Drive
Greenville, SC 29605
Tel: 864-455-7861
Fax: 864-241-9213

RECEIVED 11/03/11 1405 fmg for Cpthompson

UNIVERSITY MEDICAL GROUP

YOUNG, TONY
43 Y old Male, [redacted]
524 SMITH STREET EXT, DONALDS, SC-29638
Home: 999-999-9999
Guarantor: YOUNG, TONY Insurance: SELF PAY
Appointment Facility: Southeastern Neurosurgical and Spine Institute (Upper)

10/31/2011 Progress Note: Charles C. Kanos

Reason for Appointment
1. Follow up on odontoid type 1 fx, s/p MVA on 08/10/11. Patient had cervical spine x-rays completed at the office today and is wearing a cervical collar. Patient's pain score is a 5/10. Patient states dull pain in the neck.

History of Present Illness
Cervical Pain:
Location posterior neck.
Previous Treatments / Therapies:
Medications Ibuprofen- good.

Current Medications
Neurontin capsule 1 cap(s) bid
NKDA * as directed
Ibuprofen tablet 200 mg 2 tab(s) bid
Medication List reviewed and reconciled with the patient

Active Problem List
808.8 PELVIC FRACTURE NOS-CLOS

Past Medical History
Measles
Finger fx.

Surgical History
Denies Past Surgical History

Family History
Father: stroke, arthritis, high bld. pressure

Social History
Interpersonal/family relationships: Divorced.
Lives With: children.
Occupation: Elite Painting- Painter.
Alcohol: yes Points: 3, Interpretation: Negative.
no Smoking Are you a:: current smoker , How often do you smoke cigarettes?: every day, How many cigarettes a day do you smoke?: 11-20.
right handed.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
MVA 08/10/11- Odontoid type 1 fracture, lumbar 2-4 transverse process fractures- GHS 08/10/11 to 08/15/11

Review of Systems

11-1-11

Musculoskeletal:
Muscle pain no. Painful joints no. Weakness no.
Integumentary:
Bruises easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.
Neurological:
Change in alertness no, dizziness-yes. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.
Psychological:
Feels sad more than usual no.
Endocrine:
Feels hot when others do not no. Feels cold no.
Allergic, Infectious, and Immunologic:
Food intolerance no. Seasonal rhinitis no.
Genitourinary:
Blood in urine no. Urination no problems. Frequency of urination no. Pain or burning with urination no.
Respiratory:
Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.
Cardiovascular:
Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.
Constitutional Symptoms:
Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.
Eyes:
Loss of vision no. Spots or specks no.
Ears, Nose, Mouth, and Throat:
Hearing loss no. Nasal congestion no.

Vital Signs
Ht 66, Wt lbs 154, Wt kg 69.85, BMI 24.85.

Examination
General Exam:
General Appearance: well groomed, well developed and well nourished, communicates normally.
Psych: appropriate mood and affect, normal speech.
Neurological:
Cranial Nerves: CN's III and VII grossly intact. Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.

Assessments
1. FRACTURE CERVICAL VERT UNSP CL - 805.00 (Primary)
2. Low back pain - 724.2

Treatment
1. Others
43 year old man who was involved in an MVA /10/11. He has a chip of the tip of his dens. His x-ray today shows no subluxation. I am going to remove his c-collar. He has had thoracic T fractures. He can follow up as needed.

Diagnostic Imaging
Cervical Spine, 2-3 views Ulanska,Nina 10/31/2011 10:52:24 AM EDT > . Ulanska,Nina 10/31/2011 11:08:29 AM EDT > AP, lateral. odontoid.

Procedure Codes
72040 C-SPINE (2 VIEWS) X-RAY

Follow Up
prn

11-1-11

GCSO Young 000027

Patient: YOUNG, TONY [redacted] Progress Note: Charles C. Kanos 10/31/2011
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Electronically signed by Charles Kanos on 10/31/2011 at 12:14 PM EDT
Sign off status: Pending

Southeastern Neurosurgical and Spine Institute (Upper)
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7155

Patient: YOUNG, TONY [redacted] **Progress Note: Charles C. Kanos 10/31/2011**

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Doctors Orders

Transfer Medication Reconciliation

Pt Name:	YOUNG, TONY	MRN:	980022474
Pt ID:	2011217295	Acct No:	08013701051
DOB:	[redacted]	Age/Sex:	42Y/Male
Adm Date:	08/10/2011 17:12	Atn Dr:	Manning Benjamin M
Nurs Sta:	GMH 2D	Rm/Bed:	2422AM
Dx:			
Alrg:	No Known Food Allergies, Unable to Assess		

Reconciliation Period : 08/15/2011 15:26 TO 11/13/2011 23:59

Hospital Medications

Order ID	Medication Name	Dose	Route	Frequency	Start	Stop	Doctor Orders circle one C (continue) DC (discontinue) R (continue with change)		
3375282	NICOTINE PATCH 14MG/24HR (NICODERM 14MG/24HR, SAME AS)	14 MG = 1 PAT	TOP	QAM	08/12/2011 22:00	08/25/2011 08:00	C	DC	R

Unspecified Medications

Order ID	Medication Name	Dose	Route	Frequency	Start	Stop	Doctor Orders circle one C (continue) DC (discontinue) R (continue with change)		
3322991	5 MG/ML MORPHINE (MORPHINE SULFATE)	2-10 MG	IV	Q1HP SEVERE PAIN	08/10/2011 18:39	08/17/2011 18:39	C	DC	R
3388847	ACETAMINOPHEN (TYLENOL)	650 MG = 1 TAB	PO	Q6HP	08/14/2011 08:08	Until Discontinued	C	DC	R
3388519	LORazepam (ATIVAN)	1 MG = 0.5 ML	IV	Q4HP ANXIETY	08/14/2011 11:47	08/13/2011 11:47	C	DC	R
3388520	LORazepam (ATIVAN, SAME AS)	1 MG = 1 TAB	PO	Q4HP ANXIETY	08/14/2011 11:48	08/13/2011 11:48	C	DC	R
3314854	ONDANSETRON HCL (ZOFRAN)	4 MG = 2 ML	IV	Q4HP	08/10/2011 22:28	Until Discontinued	C	DC	R
3388946	oxyCODONE	5-15 MG	PO	Q4HP PAIN	08/14/2011 08:08	08/21/2011 08:08	C	DC	R

Physician's Signature: Thai Uyen Way Date/Time: 8/15/11 3:30 PM

Nurse Signature: Date/Time:

Unit Secretary: Scanned Date/Time:

GCSO Young 000039

[redacted]

Discharge Pt Education
Greenville Hospital System

08013701051 980022474
YOUNG TONY
Benjamin M Manning, MD
8/10/2011
M C M 42Y [redacted]

PATIENT DISCHARGE INSTRUCTIONS

DRUG ALLERGIES

WEIGHT

DIAGNOSIS: MVC - L pubic fx, L2-L4 TP fractures, L3 FX, odontoid type 1 fx

ORDERED DAY	ORDERED TIME	PATIENT DISCHARGE INSTRUCTIONS
7/11	3:00	All items without a box are active orders. Items with a (☐) must be checked to become an active order.
		DATE AND TIME OF PHYSICIAN DISCHARGE ORDER MUST BE DOCUMENTED
		Discharge Patient Home Discharge Time: 15:30
		DIET: ☐ Regular ☐ Diabetic 60 gram Carbohydrate ☐ Low Salt ☐ Low Cholesterol ☐ Other
		LEVEL OF ACTIVITY: ☐ Unrestricted ☐ Bedrest ☑ Other NWB & Limited weight (TLSO BLE)
		FOLLOW-UP: -Ortho trauma clinic 2 weeks ~~Neuro Dr.~~ - NS office Dr. Kraus 2 weeks
		HOME HEALTH: ☐ Yes ☑ No ~~PT Home~~ Equipment For Life (walker) 255-5300
		OTHER INSTRUCTIONS: - Keep C-spine in place for 3 months per NSurgery. FU f-up up then in 2-3 weeks.

MEDICATION DISCHARGE EDUCATION/INSTRUCTIONS:(COMPLETE BY DISCHARGING RN)

- ☐ Patient or caregiver provided with written information on the medications the patient should be taking after discharge from the hospital or at the end of an outpatient visit. [The written information should include medication name, dose, route, frequency and purpose]
- ☐ Patient or caregiver instructed to give a copy of discharge medication information to his or her primary care physician;
- ☐ Patient or caregiver instructed to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added;
- ☐ Patient or caregiver instructed to carry medication information at all times in the event of emergency situations.

Discharge Nurse's Signature: _____ Date: _____ Time: _____

Print Name: _____

This form is part of the Physician's Discharge Summary

TELEPHONE ORDERS MUST BE READ BACK AND CONFIRMED. **GCSO Young 000038**

Physician's Signature: [signature] Date: 8/11/11 Time: 3:00 pm

Name: Way

PT DISCHARGE INSTRUCTIONS M10505 (4/11) DISCHARGE PT EDUCATION PAGE 1 OF 1

[redacted]

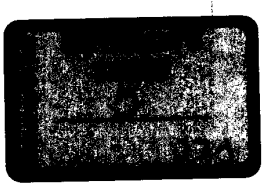
Patient Discharge Information

ame:	YOUNG, TONY	MRN:	980022474	Age/Sex:	42Y/M
DTime:	08/10/2011	Acct No:	08013701051	DOB:	[redacted]
h DTime:		NS/Bed:	GMH 2D 2422AM	Atn Dr:	Manning, Benjamin MD
rgies:	No Known Food Allergies, Unable to Assess				

Discharge Instructions

Actual Discharge Date	08/16/2011
Discharged To	Home
Accompanied By	Other
Accompanied By Comment	friend
Temperature	98.3 F
Pulse	88
Respirations	18
BP #1	111/69
Source of Vitals	Discharge VS
Diet at Discharge	Regular (No Restrictions)
Discharge Activities- Driving	Restricted
Discharge Activity Instructions	Other
Discharge Activities Comment	non weight bearing lt arm/ touch down weight bearing to right lower leg
Skin breakdown/wound/incision at discharge	Yes
Discharge Wound/Skin ocation Description	abrasions
ost Discharge Wound/Skin Instructions	keep clean
IV Device at Discharge	Removed
IV Access Type	Saline Lock
IV Location at Discharge	rue
N_Medinstruction	Discharged Medication/Side Effects Reviewed, Remember to take your medications as prescribed
Physician Referral #1	DR. KANOS
Physician #1 Telephone #	797-7150
Physician #1 Appointment	AUG. 31 AT 10:00
Physician #2 Referral	ORTHO CLINIC
Physician #2 Telephone #	455-7861
Physician #2 Appointment	SEPT. 2 AT 12:00
Instructed to Call Dr For Any Following Symptoms?	Yes
Symptom List	Temperature greater than 101, Chest Congestion, Problems Breathing, Swelling of the Legs, Abnormal Bleeding, Unable or Difficulty Urinating, Prolonged Vomiting, Any Change in Feeling (Numbness, Tingling, Increased Burning Sensation), Pain or Tenderness in Lower Leg, Increased Confusion or Changes in Mental Status, Any Unusual Drainage or Odor, Any Increase in Swelling, Severe Pain (Unrelieved by Prescribed Meds), Chest Pain or Tightness (Unrelieved by Prescribed Meds), Weigh yourself every day at the same time on the same scales, Call your Dr if you gain more than 2 pounds overnight or more than 5 pounds in one week, Call your physician if you have shortness of breath: that

GCSO Young 000040



Patient Discharge Information

lame:	YOUNG, TONY	MRN:	960022474	Age/Sex:	42Y/M
DTime:	08/10/2011	Acct No:	08013701051	DOB:	[redacted]
h DTime:		NS/Bed:	GMH 2D 2422AM	Atn Dr:	Manning, Benjamin MD
rgies:	No Known Food Allergies, Unable to Assess				

Discharge Instructions

	swakens you, occurs at rest, or with activity, Call your physician if you need to sleep with more than your usual number of pillows, Call your physician if you have any swelling of legs, ankles, feet, or waistline
Stop Smoking If You Smoke	Yes

Patient Belongings

All Personal Items Returned to Patient.	Yes
Personal Items Comment	PT WENT TO BUSINESS OFFICE TO GET ITEMS

Patient Discharge Information

Name:	YOUNG, TONY	MRN:	980022474	Age/Sex:	42Y/M
n DTime:	08/10/2011	Acct No:	09013701051	DOB:	[redacted]
ch DTime:		NS/Bed:	GMH 2D 2422AM	Atn Dr:	Manning, Benjamin MD
ergies:	No Known Food Allergies, Unable to Assess				

ou may receive a call from a nurse 24-48 hours after discharge.

have received a copy of the Patient Discharge Instructions that includes a list of my medicines, as well as the ursing discharge summary. I have also received all of my valuables, personal belongings, and/or ledications brought from home.

atient/Other Tony Young Date 8-16-11

lurse P. Collins for Date 8-16-11

GCSO Young 000042

GHS Discharge Instructions
Printed By: Collins, Paula

GREENVILLE HOSPITAL SYSTEM
APPOINTMENT

Tony Young
(patient name)

Dr. Kanas 797-7150
(physician or clinic)

1 West St 2 weeks
(address)

Aug 31st 2011
Day Month Date Year

10:00 A.M. _____ P.M.

23873

GREENVILLE HOSPITAL SYSTEM
APPOINTMENT

Tony Young
(patient name)

(physician or clinic)

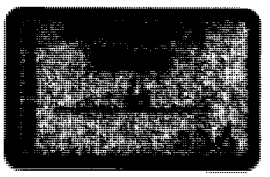
Ortho Trauma Clinic
(address)

455-7861

Sept. 2 2wks.
Day Month Date Year

_____ A.M. 12:00 P.M.

GCDC Young 000133



SHP Form 3/07

Southern Health Partners

IE CAL STAFF RECEIVING SCREENING FORM

INTAKE DATE

SCREENING DATE

IT NAME: Young FIRST NAME: Tony MIDDLE: Kay

SE AM/PM

SEX: M SOCIAL SECURITY NO: [redacted] DOB: [redacted]

IOUS INCARCERATIONS:

CURRENT INSURANCE COVERAGE?

CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION:

	YES	NO
SUAL / MEDICAL OBSERVATION: *(Explain all "Yes" Answers) Circle Y or N:*		
Inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need r immediate emergency medical referral? yes:	(Y)	N
e there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries; needle arks, body vermin? yes:	(Y)	N
oes the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? yes:	Y	(N)
oes the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? yes:	Y	(N)
the inmate's mobility restricted in any way due to deformity, cast, injury, etc. yes:	Y	(N)
SK THE INMATE THESE QUESTIONS: *(Explain all "Yes" answers)*		
ave you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood ressure, mental health problems, seizures, ulcers, or other conditions?	Y	(N)
ther:		
lave you taken or are you taking any medication(s) prescribed for you by a physician? yes:	(Y)	N
re you allergic to any medications, foods, plants, etc.? Inmate Started on	Y	(N)
u fainted or had a head injury within the last 72 hours? IBU instead of Lortab	Y	(N)
s: Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? B1 B		
TB, ask if he/she has had night sweats; had weight loss recently; persistant coughing. es:	(Y)	N
lave you been hospitalized by a physician or psychiatrist within the last year? for 6 days	Y	(N)
f yes: lave you ever considered or attempted suicide? Ordered Naproxen	Y	(N)
f yes: Do you have a painful dental condition? to be delivered 8/18	Y	(N)
f yes: Are you on a specific diet prescribed by a physician? Brought	Y	(N)
f yes: Do you use drugs? How often? Last time? What kind? How much?	(Y)	N
Do you use alcohol? How often? Once Last time? What kind? beer. How much?	Y	N
Females: LMP Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes:		

NOTE VITAL SIGNS:

Respiration:	Pulse:	Temperature:	Blood Pressure:

HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE?

ARE ALL STATED CHRONIC CONDITIONS NOTED:

PPD IMPLANTED? Y OR N ARM LOCATION: R OR L IS H&P SCHEDULED FOR 14 DAYS:

RE KS:

GCSO Young 000031

ave answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon asc. I hereby give my consent for professional services to be provided to me by and through Southern Health Partners, Inc.

Inmate's Signature: Tony Kay Young Date:

Interviewer's Signature and Title: Beverly Reaves Date: 8-16-11

[redacted]

Southern Health Partners

SPECIAL NEEDS INMATE REPORT TO CORRECTIONS

Date: 8-16-11 5pm Report Given to: Cptn Middleton

From the medical staff, the following inmates have been evaluated and deemed to have a special need as indicated below. Should you need further information, please feel free to contact the Medical Team Administrator of the medical unit.

These inmates will continue to have the noted restrictions listed below unless otherwise notified by the Medical Team Administrator. This list will be updated by medical staff to the correctional officers on an as needed basis.

Inmate Name *List the Inmate's Complete Name: Last Name, First Name*	Housing Restriction *Note medical isolation; lower bunk, etc.*	Activity Restriction *Note light exercise, crutches, etc.*	Special Diet *Note Low salt; Diabetic; etc.*	Other *Use this section to note any other medical restrictions inmate may be placed upon while incarcerated.*
Tony Young [redacted]	B208			
		- Check wounds daily		
		- Check C Spine Collar daily		
		- extra mattress if needed		
		- if meds for pain needed other than Am/PM med pass - Complete Sick Call		
		- 15 minute medical watch		
		- 0 stairs		

GCSO Young 000108

Thank you for your cooperation in this matter.

Signed by Medical: Barkwight 8/17/11

Southern Health Partners, Inc.

ADMISSION DATA / HISTORY AND PHYSICAL FORM

SHP Form 6/10

Medical Staff: Review Intake Screening Information in conjuction with completing this form. Check when done: ✓

The following information is to be completed by the medical staff:

Exam Date	8-25-11	Patient Name (Last, First, Middle Initial	Young - Tony		
Booking Date	8-16-11	Current Address:	1112 C Rockhouse Rd Gwd -		
Phone No.	804-357-2773	Birthdate:	[redacted]	Soc. Sec. No.	[redacted]
Marital Status	Divorced	Religion: Baptist	Education Level:	GED	
Read/Write English:		Sex: Male or Female	Previous Incarcerations (Facility/Date)	Denies	

MEDICAL HISTORY

Emergency Contact Info (Name/Relationship:		Samantha Porter	
Phone No	337-1677	Family Phys Name	Denies
Health Ins. Info:	Denies	Family Phys Address	Denies
Past Hospitalizations:	Greenville Hosp Aug 10 - 16th		
Last Tetanus:	2008	Immunizations Current:	Yes
Any Allergies:	NKDA	Current Medications:	See MAR
Name current medical conditions/diagnoses you have:			

MENTAL HEALTH EVALUATION

Any Mental Health Hospitalizations (If yes, where/when):	NO
Any prior counseling/outpatient Mental Health TX? (If yes, where/when)	NO
Have you ever attempted Suicide: How/When?	NO
Have you recently considered committing suicide?	NO
Do people consider you a violent person?	NO
Have you ever been arrested for a violent crime/sexual offense? Specify	NO
Do you drink alcohol? If yes, what kind, how much, how often:	Beer - occ
Do you smoke? If yes, how much, how often:	Yes qd

Inmate's Signature: [signature] Date: 8-25-11

Interviewer's Signature: [signature] Date: 8-25-11

Witness: (if physical is refused): _____ Date _____

GCSO Young 000064

[redacted]

MEDICAL HISTORY & PHYSICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision		✓	Hypertension		✓	Gonorrhea		✓
Hearing		✓	Anemia		✓	Syphilis		✓
Balance/Dizziness	✓		Blood		✓	Muscle Problem		✓
Blackouts		✓	Stomach Pain		✓	Joint Problem	✓	
DT's		✓	Heartburn		✓	Arthritis		✓
Headaches		✓	Ulcer		✓	Other		
Seizures		✓	Nausea/Vomiting		✓	Other		
Nervous Disorder		✓	Gall Bladder		✓	Regular Menstrual Period		
Throat		✓	Liver		✓	Irregular Menstrual Period		
Teeth		✓	Hepatitis		✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease		✓	Gravida/Para		
Pneumonia		✓	Bladder Infection		✓	Last Pap		
Tuberculosis		✓	Trouble Voiding		✓	Contraception		
Heart		✓	Pediculi (lice)		✓	Other		

EXAM: Age 42 Sex M Race W Ht 5'6" Wt 157

Pulse 74 BP 120/70 Temp 98.3 Resp 20

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color, Condition, Turgor, Recent Inj.	N	Wrists to ↑ lt elbow healing ✓	Chest (Breasts): Configuration, Auscultation, Respirations, Cough/Sputum	N	Resp 20
Head: Glasses, Pupils, Sclera, Conjunctive, Vision	N	PEARRLA	Heart: Auscultation: Radial pulses, Apical pulse, Rhythm	N	A. Pulse 74
Ears: Appearance, Canals, Hearing	N	✓ ✓	Extremities: Pulses, Edema, Joints	N	edema no bilat
Mouth: Teeth/Gums, Dentures, Plates, Throat, Tongue, Tonsils	N	Missing some teeth ↑ front	Abdomen: Shape	N	Abd soft nondistended
			Palpation: Hernia, Bowel Sounds	N	Bs+ all 4 quad
Nose	N	✓	Spine	N	✓
Neck: Veins, Mobility, Thyroid, Carotids, Lymph nodes	N	✓ ✓ ✓ neck brace	Genital/Urinary System	N	✓

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	8-28-11	
VDRL / RPR		
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)	N	x 4
General appearance (motor behavior, mannerisms	N	pleasant
Affect (mood)	N	cooperative
Content of thought, history of suicide, present thoughts of suicide	N	no S/Sx of suicidal ideation

CHRONIC CARE: Based on H&P, is patient to be added to Chronic Care List: Y or N

Initial here after patient has been added to Chronic Care listing: _____

Physical Examiner's Signature: J. McMahan LPN Date: 8-28-11

Physician's Signature: [signature] Date: 8-30-11

GCSO Young 000063

PROGRESS NOTES

Date/Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKDA
8-16-11	I/m was brought in this afternoon @ approx 1645. Nurse Bouknight went to medicate book on her way out of BEDC to observe clear I/m for booking. I/m has multiple breaks, neck brace, (R) arm/fingers in cast and multi cuts & bruises. I/m states he has cracked vertebrae in his neck/back and a broken pelvis & ribs. I/m came in C Cortab for pain #90 and Officer Tutt stated into property due to I/m not being allowed to have narcotics. Nurse Bouknight made I/m aware that while here @ BEDC he would only receive Advil 200mg x3 or Naproxen 500mg BID BID. Naproxen was placed on pharm order to be placed on 8/17/11. I/m stated that he understood and the booking process was completed by Officer Tutt & Seth Mancey. Nurse McMahan will give I/m Advil tonight for pain & he will see MD in 11 until Naproxen arrives from pharmacy. I/m will be placed on Medical watch and will receive an additional visit. ——— Bouknight LPN
1800	I/M was asked if he is allergic to meds, DOB & Name. These are the only words spoken to Nurse McMahan. I/m was sitting in W/C in booking staining @ the wall. Nurse McMahan asked for I/T but officers @ booking stated it was not complete @ that time. Nurse McMahan gave I/m IBU 200mg x3 while holding his water. I/m placed IBU in mouth and Nurse inturn handed him his water. I/m made No further comments ——— Tony Young 8/16/11

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[redacted]

PROGRESS NOTES

Date / Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKDA
8-17-11 0900	I/m was given IBU 200 mg X3 this AM. I/m was @ hall desk c Officer Richmond. I/m accepted medication and Nurse Breckenridge asked if anything further he needed & he (I/m) stated "NO". I/M was not in a wheel chair at this time but had walked from B unit c a walker/crutch. -Breckenridge
1600	Nurse called to current room to meet c I/m a female. Female was very upset due to I/m & Beverly meds from Hosp D/C meds are Narcotics and can't be give- explained that a substitute has been ord to be given on B/P. female was conc of sleep situation. Explained will pro additional rest and will monitor pain daily for wound clos -Breckenridge
8-18-11 1550	I/m took the meds in bed in cell. Nurse went in to him. ø c/o pain and or discomfort -S
11/9/87 CBC/HIV	I/m came to medical for BP ✓ and wound eval. I/m has bandage c/d/i on left calf (from an) will need labwork to check for ppt to eval I/m -Breckenridge, LPN
8/19/11 120/83	I/M has no open sores, all scabbed over I/M says gets dizzy every now & then & wants to go to hosp. for this. Says "can't get comfortable" said Dr said if he gets dizzy to come back to hosp b/c if he falls it could kill him." will not send out to ER. POP WNL. advised to A portions slowly -Kaufmann LPN
8-20-11	I/M sores remain scabbed over. ø concerns voiced. ø S/S of infection. ø ø redness -Kenard
8-21-11	0715 Inmate took meds S difficulty -ø C/O pain or discomfort voiced -ø dizziness reported.
8-20-11 6:45 pm	I/M accepted meds S difficulty. I/M states naproxen is not helping. Kenard

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GCSO Young 000067

PROGRESS NOTES

Date/Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKA
8-22-11 0850	I/m took AM meds w/o any voiced Complai I/m was asleep last pt up, pt cup of H and walked to door of cell for meds. Pt
8-23-11	I/m walked to tent B Unit desk for me pain. C-spine collar in place. Cast on L dsn & detached cast on L pinky & ri fingers. I/m's wounds on arms & face and heal well & scabs & infection noted. — Brought to I/m will see MD today during MD visit — Beth
8/23/11	Ltd in MRC- to ER Buffalo Memorial for 1 week States broken fingers, 2 broken ribs, pelvis fx, bruised spleen and lung, fx in neck and back road burn arms chest, L temporal area. Has cast L fa, using walker for ambulation. C/o some sneezing & pain in ribs. Is walking walker, has extra mat and positions self for comf O- L temple wound & scab, draining. OP & missing teeth, nasal. neck- C-collar (hard) on. Chest- clear, unlab. L ant chest abrasions healing L lat chest TTP abd- soft, NT, ND, BS. ext WFD. L fa cast on- bicep infil, swelling ambulates well & walker. abrasions L forearms & scab, drainage AP & mult traumatic bilat injuries- cont & DC plan per ortho. C-collar to remain on at all time use walker for ambulation keep flu appt. L abrasions- bx oint & silvadene dsg I's
8/24/11	Silvadene applied to wounds on face and arms & bandages to cover — Beth & LPN M

PROGRESS NOTES

Date/Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKA
8/26/11	A'ed 1/M drsg to arms & stomach. Appl. Silvadene & covered w/ 2x3 nonstick gauze 1/M TDI. well. voiced 0 c/o pain. —Kayla Ugalde
8/27/11	A'ed 1/M old drsg to arms & stomach. Scabs appear to be sloughing off. has the look that scabs have after you shower. reapplied sml. amt Silvadene to each wound & covered w/ 2x3 nonstick gauze. 1/M asked for tylenol which here gave 325mg tylenol x2 1x dose. —Kayla Ugalde
8:28-11 11:00 AM	A'ed 1/M dd drsg to arms & stomach Scabs. Reapplied Silvadene to each wound & covered w/ bandage. 1/M tolerated well. 0 c/o pain or discomfort voiced. —Rene Nal
8/29/11	Instructed 1/m on proper dressing A's and gave inmate supplies for A's. Will monitor q/d daily during Med pass & wkly Observ and q as needed. —Brent
9/2/11	1/M has appt on 9/23/11 1:00 @ orthopedic Clinic in Greenville. —Kayla Ugalde
1450	Transport Order given to Thompson for trac —Mikal Stallworth
9/20/11	1/M placed on MD list & seen by MD. MD reviewed sick call. New order recieved and processed for Neurontin 100mg qhs.
10/4/11 0950	During Book rental in Bunit (Nurse unit quarte Med pass) Nurse observed inmate trip & fall due to 1/m Cooks waiter being moved by inmates passing from book ca 1/m states he is OK, needs no additiona help but shows Nurse a scrap that on his left knee due to fall. Officer Jackson & Officer Richmond were present time of fall. —Bright

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GCSO Young 000065

PROGRESS NOTES

Date/Time	Inmate's Name: Jonny Young D.O.B. [redacted] Allergies: NKDA
10/4/11	C/o burning pain in neck and into shoulders when laying down. Has been ortho pedic clinic 9/23. Has appt c neck/spine in Greenville - unsure when. Will try to move appt sooner for rel.

GCSO Young 000077

PROGRESS NOTES

Date/Time	Inmate's Name: Doug Young D.O.B.: [redacted] Allergies: NKDA
1/17/12	IM c/o having pain in neck - mostly on R side of causing some R occipital headaches and having back pain - low back pain was placed on Neurontin @ hs. pain constant. poor sleep @ hs. cannot sleep on R side. pain worse @ laying down, better w activity - "up during the day" states he has been doing exercises w R hand / prev fractures. was in MHC - Hosp Greenville prior to coming to jail. unsure when court date is. O- alert NAD full strength throughout. no focal weakness NL gait tender @ cervical → trap. AP) neck pain, back pain - Will increase Neurontin Ibuprofen scheduled x 7 days Massey
2/7/12 15/01 96% RA. 112 100.1	IM c/o R knee pain - reports having hx gout in that knee. painful and not able to sleep. painful to ambulate, c/o nausea 2° to pain. gets Neurontin BID but has not been on ibuprofen or tylenol for this knee. states neurontin has not been effective for neck pain or headaches. O- alert, NAD R knee w effusion, tender, erythema, mild warmth. AP) R knee inflammation - prob gout by hx. tylenol given in medical. will start Indocin per tx protocol. ice if available. 2) chronic neck pain - Neurontin ineffective - will wean off. Massey

GCDC Young 000160

PROGRESS NOTES

Date/Time	Inmate's Name: Jimmy Young D.O.B.: [redacted] Allergies: NKDA
11/8/11	IM states she he has already seen nurse re2 teeth – has been on Abx now much better. two front teeth broken mvc in 8/2011. had dental caries prior to breaking them.
3/4/4 P 80	NO further tx rec for teeth
	Moore.
12/5/11 0900 12/6/11	IBU 200mg x3 since 9/26/11 to currently. Add to MD list for further orders — SBaylor RN OIC therapy of IBU — SBaylor RN
12-22-11	Add to MD list to discuss pain prn therapy. — SBaylor RN
1-10-12	Approved per Capt. Middleton to have tooth extracted Tues. Jan 18 @ 10am – Noted & Transport Order Given to Capt. Middleton — SBaylor RN
2/1/12	I/m put on MD list about his medication. I/m put in slc that medication not working. — Cleonie RN
2/6/12	I/m states to Nurse during med pass that his knee was starting to hurt & asked if she had ever heard of "Gout". He said "that is what she have." Nurse asked if he had been treated for DX of Gout & he said "Yes @ SRHC & other places but never given any medications for it." I/m c/o pain & swelling in knee & neck states medications aren't working & that no tylenol has been given in many days. On RLD list for addtl review — SBaylor

GCDC Young 000161

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PROGRESS NOTES

Date/Time	Inmate's Name: Jonny Young D.O.B. [redacted] Allergies: NKDA
1/17/12	MC/O having pain in neck - mostly on R side of cervical spine @occipital headaches and having back pain - low back pain. Was placed on Neurontin @ hs. pain constant. poor sleep @ hs. cannot sleep on R side. pain worse @ laying down. better w activity - "up during the day" states he has been doing exercises w @ hand (prev fractures). was in MVC - loss greenville prior to coming to jail. worse when cant date is. O- alert, NAD full strength throughout no focal weakness. R gait. tender @ cervical → trap. AP) neck pain, back pain - will increase Neurontin (Ibuprofen scheduled x 7days Mooney
2/7/12	MC/O @ knee pain - reports having hx gout in that knee. painful and not able to sleep. painful to ambulate, c/o nausea 2° to pain. gets Neurontin BID but has not been ibuprofen or tylenol for his knee. states neurontin has not been effective for neck pain or headaches. O- alert, NAD @ knee w effusion, tender, erythema, mild warmth. AP) @ knee inflammation - prob gout by hx. tylenol given in medical will start Indocin per tx protocol. ice if available.) chronic neck pain - Neurontin ineffective - will wean off. Mooney
1/31	
96% RA.	
112	
100.1	

GCSO Young 000075

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PROGRESS NOTES:

Date/Time	Inmate's Name: Tony Young D.O.B.: [redacted] Allergies: NKDA
2/2/12 1415	IM seen 2wks ago for @ knee swelling/inflammation c probable gout. Has been on indocin & feeling much better. States knee is still a little swollen but denies pain. is ambulating well. today IM c/o persistent neck pain. Variable in intensity, denies any significant change c weakness of ~~face~~ Neuropathy. States pain is always on @ side up to base of skull. IM came here from Greenville hospital Emg. has been back to ~~see~~ "neck/spine doctors" twice and was released to follow-up. Discussed options for management - has not improved c Naproxen - OK c weaning and will cont to wean off. Will tx course & steroids and tylenol. Offered referral to Specialist but IM denies stating family "does not have that kind of money". Will see how he responds to the steroids
2-22-12	Prednisone recvd & will start on 2/23 for a 12d course. Tylenol will also start for a 6d course as ordered —SBoseman LVN
2-29-12	Pt asked why he didn't recv his tylenol today and how much longer he was going to take steroids? I explained that tylenol was only for 6d course as MD order in his presence as well as steroids and 12ds are for a 12d course at he has 5d left. Pt said OK & returned back into cell —Staff
3/6/12	Recvd sick call today in regards to Tylenol. Discussed previously in Jan with MD but will forward chart & sick call for review —Staff LVN
3/6/12	Will give Tylenol qHS but will make Pt aware of long term use —Staff LVN

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GCSO Young 000074

Southern Health Partners
Your Partner in Affordable Inmate Healthcare

Inmate Name: [illegible]

DOB or ID#: [redacted]

Allergies: NKDA

Start at top and write Subsequent orders below

Date of Physician's Order: 1 Noted KM 11/5/11 1315	Amoxil 500 mg 1 cap PO qam, 2 cap PO qhs x10 days for abscess teeth. Kayla Nicholson LPN | Tami Massey MD 11-5-11
Date of Physician's Order: 2 12/6/11 SB Noted 12-6-11 SB	OC IBU therapy per v/o 12-6-11 Tami Massey MD | SBoyd HHA
Date of Physician's Order: 3 12-12-11 SB 12-12-11 Noted SB	Tylenol 325mg x2 x1 dose v/o for HA 12-13-11 Tami Massey MD | SBoyd HHA
Date of Physician's Order: 4 12-20-11 SB 12-20-11 Noted SB	IBU 200mg x3 re: back/neck pain per v/o 12-20-11 Tami Massey MD | SBoyd HHA
Date of Physician's Order: 5 12-22-11 SB 12-22-11	IBU 200mg x3 x1 dose per v/o 12-22-11 Tami Massey MD | SBoyd HHA
Date of Physician's Order: 6 12-23-11 KM Noted 1430	Amoxicillin 500mg 1 PO QAM + 2 PO QHS x 10 days for tooth 12-23-11 Tami Massey MD | Kayla Nicholson LPN

[redacted]

GCDC Young 000157

Southern Health Partners

Inmate Name: Tony Young

DOB or ID#: [redacted]

Allergies: NKDA

Start at top and write Subsequent orders below

Date of Physician's Order: 1 — 12/25/11 VT 0730 NOTED	IBU 200mg ii-iii po BID x 1 day Tami Massey, MD / Kimberly Allen, LPN MAR 12/25/11
Date of Physician's Order: 2 — 12/27/11	4qdbagestin 300 x po qhs may increase to BID x 1 week if still pain MAR
Date of Physician's Order: 3 — 1-4/12 SB 1/4/12 SB voided	Orajel packs x3 for tooth pain per V/O MAR 1/17/12 Tami Massey MD / SBaughman NP orders per email per SBaughman NP MTH add to MD list MAR 1/17/12
Date of Physician's Order: 4 — 1-13-12 KM NOted 1230	Tami Massey MD / Kayla Mitchell LPN Ibuprofen 600mg PO 1x dose MAR 1/17/12
Date of Physician's Order: 5 — 1-15-12 KM NOted 1200	Tami Massey MD / Kayla Mitchell LPN
Date of Physician's Order: 6	

GCDC Young 000156

Partners

Young, [redacted]

DOB or ID#: [redacted]

Allergies: NKDA

Start at top and write Subsequent orders below

Date of Physician's Order: 1 — 1/17/12 — Noted SB 1-17-12	Neurontin 300mg po qam; 600mg po qpm; clarinex 600mg po BID x 7 days Massey.
Date of Physician's Order: 2 — 1-27-12 KM Noted 1120	Ibuprofen 600mg PO BID x 2 days awaiting orders 1/28/12 Tami Massey MD | Kaye Michael, PA
Date of Physician's Order: 3 — 1-30-12 SB — Noted SB 2012	Gabapentin (Neurontin) 300mg 1600mg po BID per V/O 1/31/12 Tami Massey MD | Sbourght LPN/LVN
Date of Physician's Order: 4 — 2/7/12 — Noted SB 2-7-12	Tylenol 650mg po Low. Cladorin 50mg po BID x 14 days ↓ Neurontin 300mg 1 daily each week. Massey
Date of Physician's Order: 5 — 2-21-12 SB Noted	IBU 200mg x 3 x 1 dose RE Pain per V/O 2/21/12
Date of Physician's Order: 6 — 2-21-12 SB Noted	Tami Massey MD | Sbourght LPN/LVN Tylenol 500mg x 1 po BID x 6d Prednisone 60mg qd x 3 40mg qd x 3 20mg qd x 3 10mg qd x 3 per V/O Tami massey MD / Sbourght LPN/LVN

SCDC Young 000155

Partners

DOB or ID#: Tony Young

Allergies: NKDA [redacted]

Start at top and write Subsequent orders below

Date of Physician's Order: 1 3-16-12 SO Signed	Tylenol 325mg x 2 po q HS per VO Lori Massey MD | Signature Massey 3/16/12.
Date of Physician's Order: 2	
Date of Physician's Order: 3	
Date of Physician's Order: 4	
Date of Physician's Order: 5	
Date of Physician's Order: 6	

GCDC Young 000154