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| <p align="center">POLICY OF</p> <p align="center">STATE OF DELAWARE</p> <p align="center">DEPARTMENT OF CORRECTION</p> | <p align="center">POLICY NUMBER</p> <p align="center">G-06</p> | <p align="center">PAGE NUMBER</p> <p align="center">1 of 2</p> |
| <p>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</p> | <p>RELATED NCCHC/ACA STANDARDS:</p> <p>P-G-06/4-4376 (ESSENTIAL)</p> | |
| <p>APPROVED BY THE COMMISSIONER:</p> | <p>SUBJECT:</p> <p>INTOXICATION AND WITHDRAWAL</p> | |
| <p>EFFECTIVE DATE: 11/14/07</p> | <p>REVISED: 4/13/2008; 1/24/2011</p> | |
| <p>APPROVED FOR PUBLIC RELEASE</p> | | |

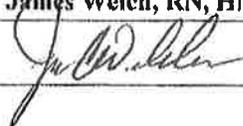
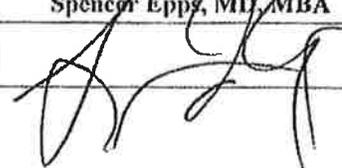
- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: Provide treatment and observation of offender manifesting moderate to severe symptoms of intoxication or withdrawal from alcohol and other drugs.
- III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. DEFINITIONS: See policy.
- V. POLICY:
1. Offenders experiencing severe, life-threatening intoxication or withdrawal will be transferred to an acute care facility.
 2. A qualified member of the health care staff will assess an offender at risk for progression to a more serious level of withdrawal. The following conditions would indicate the potential for such progression:
 - a. Nausea and/or vomiting
 - b. Tremors, tremulousness or agitation
 - c. Known drug abuser.
 - d. Past history of seizure and drug abuse
 - e. Abnormal vital signs
 - f. Auditory and/or visual hallucinations
 - g. Sweating, fever, fast pulse
 - h. Seizures
 - i. Confusion
 3. Offenders having any of these conditions will be enrolled on the Clinical Institute Withdrawal Assessment (CIWA) detoxification protocol. All offenders

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| STATE OF DELAWARE DEPARTMENT OF CORRECTION | POLICY NUMBER G-06 | PAGE NUMBER 2 of 2 |
| SUBJECT: INTOXICATION AND WITHDRAW | | |

should have access to clinically appropriate withdrawal treatment, including benzodiazepines, as clinically indicated, and adequate hydration.

4. When detoxification is clinically indicated, it will be under medical supervision following procedures outlined by the attached protocol. Healthcare will notify institutional staff of the need to transfer the individual.

Approval:

| Date of Policy/Revision | BCHS Bureau Chief, James Welch, RN, HN-BC | Date | DOC Medical Director, Spencer Epps, MD, MBA | Date |
|-------------------------|---|--------|--|--------------|
| 1/24/2011 |  | 3/4/11 |  | 4 March 2011 |

References:

National Commission on Correctional Mental Health Care: Standards & Guidelines for Delivering Services.
2008, P-G-06

American Correctional Association: Standards for Audit Correctional Institutions, 4th Edition , 2008 Supplement,
4-4376