



DEPARTMENT OF THE NAVY

NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372

IN REPLY REFER TO

NAVMEDCOMINST 6320.11
MEDCOM-31
11 Oct 84

NAVMEDCOM INSTRUCTION 6320.11

From: Commander, Naval Medical Command

Subj: PROCEDURES FOR ADMINISTERING AND TREATING PRISONERS AND
AWARDEES

Ref: (a) BUMEDINST 6320.31B
(b) SECNAVINST 1640.9A
(c) OPNAVINST 1640.6
(d) OPNAVINST 1640.7
(e) NAVMEDCOMINST 6520.1
(f) NAVPERS 15909, Enlisted Transfer Manual

1. Purpose. To promulgate guidelines for providing medical and dental support for prisoners in brigs and awardees in correctional custody units. To ensure adequate measures are implemented when prisoners become patients at Naval Medical Command (COMNAVMEDCOM) activities.

2. Cancellation. BUMED Instruction 6320.49A

3. Policy. Commanding officers and officers in charge of naval hospitals and clinics furnishing medical and dental care to prisoners in brigs and awardees in correctional custody units shall comply with the procedures set forth in this instruction. They shall ensure that adequate measures are instituted which effectively maintain the custody of such prisoner patients and assure the safety of other patients, staff members, and residents of the local area.

4. Scope. These policies are applicable to:

a. Military prisoners, including active duty patients in a prisoner status.

b. Nonmilitary Federal prisoners who are provided emergency care under the provisions of reference (a), section G, or who are treated when such services are provided under contract to the Federal Prison System.

c. Enemy prisoners of war and other detained personnel.

d. Awardees assigned to correctional custody units.

5. Action

a. Medical Services

(1) The commanding officer of the medical activity supporting the brig shall appoint, in writing, a physician in accordance with article 3201.1c of reference (b). The physician shall assure that daily sick call, physical examinations, referral for dental care, and screening for psychiatric referral are conducted at the brig in accordance with the Manual of the Medical Department. The physician shall advise the commanding officer of the brig in matters pertaining to the physical condition and well-being of both prisoners and staff. Evidence of unsanitary or unhealthful conditions must be reported promptly to the commanding officer. Neither segregation nor any form of special diet shall be imposed as a disciplinary measure unless the medical officer has certified, in writing, that it will not result in any serious deterioration of the prisoner's health. The physician shall provide a daily reevaluation of the prisoner's fitness to continue segregation or special diet. Medical personnel making segregation visits shall sign the Inspection Record of Prisoner in Segregation (DD Form 509) kept in the segregation unit.

(2) Only medical personnel shall administer Drug Enforcement Agency (DEA) controlled substances as medication for prisoners. A brig section leader, trained and directed by medical personnel, may administer prisoner medication, other than DEA controlled substances, after working hours. If a section leader administers such medication, he or she shall ensure the medication is consumed by the prisoner in their presence.

(3) Paramedical personnel (Hospital Corpsmen) from COMNAVMEDCOM activities may conduct routine sick call. Paramedical personnel shall refer patients beyond their competence and those patients specifically requesting to be seen by a physician. They shall make followup care visits and may visit prisoners in segregation at the direction of a physician. Paramedical personnel may perform the initial confinement examination under certain circumstances (see chapter 7, article 7205, reference (b)). Paramedical personnel assigned to full-time duty in brigs shall conduct routine sick call.

(4) Medical space shall be provided in every ashore brig. The size of this space shall be in proportion to the rated capacity of the brig and the availability of medical care to be provided. As a minimum, the medical room shall be furnished with an examination table, instrument cabinet, writing desk, and adequate examination lighting. A small safe shall be installed in the medical treatment room for storage of narcotics and other prescription-type drugs. In addition to its own locking device, the safe shall be installed in a lockable closet or cabinet which

is permanently attached to the floor or wall. Brigs with a capacity of 100 or more prisoners shall provide dental care within the brig. In brigs of lesser capacity, in-brig dental service shall be provided to the degree possible.

b. Medical Certification Prior to Confinement

(1) The provisions of article 7205 of reference (b) require that prior to acceptance of persons for confinement, they shall be examined by qualified medical personnel to determine fitness for confinement. The member's medical record, when available, shall be provided to the examining medical personnel at the time of the preconfinement medical examination.

(2) "Fit for confinement" shall normally be determined by a physician. If a physician is not available at the time of confinement, this determination shall be made by paramedical personnel authorized to performed physical examinations and followed by examination by a physician or physicians assistant within 24 hours or on the next working day. In the case of ships at sea, the followup examination may be deferred for those in confinement within 24 hours, or the next working day, after arrival in port or other area where a physician or a physician's assistant is available. The examining official shall certify the person's fitness for confinement on the confinement order (NAVPERS 1640/4). If unfit for confinement, the member shall be admitted to a hospital for inpatient treatment. Fitness for confinement is not synonymous with fitness for arduous duty. A member shall be considered "unfit for confinement" who has a serious physical injury or problem which requires immediate treatment, psychiatric disorders which make the individual a threat to himself/herself or others, requires drugs or other intervention to control his/her behavior, or is suspected to have suicidal ideation or behavior as specified in reference (e). If persons ordered into confinement display irrational or inappropriate behavior which is symptomatic of mental disturbance or of the effects of hallucinatory substances, they shall be admitted to a hospital and be certified as "unfit for confinement" until such time as they are capable of participating in their legal defense. In the cases of prisoners determined "fit for confinement," the examining individual (confirmed by a physician when specified by paramedical personnel) shall indicate in writing on the NAVPERS 1640/4 or attached Chronological Record of Medical care (SF 600) physical limitations to full duty performance. The examining officer shall note on the original form the presence of cuts, bruises, scars, unusual marks, or other physical injuries; any unusual behavior traits, gestures, or actions; and any physical limitations that would restrict participation in the rigorous brig program. Females are to be given a pregnancy test and the results noted on the confinement order.

(3) When any person is sentenced to be confined on bread and water or diminished rations, the signed certificate of a physician containing his/her opinion as to whether serving the sentence would produce serious injury to the health of the accused, must be obtained before the sentence is ordered into execution. The certificate, which shall be attached to the record of proceedings, shall be in the following format:

"I certify that from an examination of _____ and of the place where he/she is to be confined, I am of the opinion that the execution of the foregoing sentence to confinement on (bread and water) (diminished rations) will (not) produce serious injury to his/her health."

(4) Recertification of fitness for confinement is not required except for cause. Any interruption of confinement for periods over 24 hours shall necessitate a new physical examination. Examinations may be required for shorter periods when circumstances indicate. Prisoners transferred between briggs shall not require a new medical certification unless deemed necessary by either the receiving brig or the prisoner escort.

c. Assignment to Correctional Custody Units

(1) Prior to assignment to a correctional custody unit, awardees shall undergo, as a minimum, a screening-type physical examination conducted by medical personnel authorized to perform physical examinations. This examination shall include review of the Health Record and a one-on-one personal observation for the purpose of determining the awardee's overall physical condition, health, and fitness. The results of the examination and review of the Health Record shall be recorded on the Chronological Record of Medical Care (SF 600). Questionable or doubtful conditions shall be referred to and evaluated by the appropriate level of health care provider for resolution and disposition. The scope of examination shall be extended as necessary according to medical history and clinical findings of the examiner. The examination shall include observation for, and recording of, any cuts, bruises, or unusual marks on the body. Medical personnel involved in the physical examination shall be fully familiar with the regimen and physical requirements of correctional custody units. In those cases where an awardee has physical limitations which would restrict full participation in the correctional custody program, appropriate restrictions shall be recorded on the SF 600. Awardees with medical restrictions may be assigned to the correctional custody unit, but shall not be required to participate in those portions of the program for which the awardee is not physically qualified.

(2) A daily sick call should be held at the correctional custody unit by a physician or independent duty corpsman who shall screen awardees for further medical attention. Awardees requiring further medical attention shall be escorted to the medical facility. The results of sick call shall be recorded in the medical log. Medical personnel shall report any unusual injuries or conditions directly to the commanding officer of the activity where the correctional custody unit is located.

(3) When authorized in writing and instructed by medical personnel, the section leader may issue prescribed medicine, except controlled substances, to awardees. All medication provided shall be recorded in the medical log, to include the signature of the section leader and the recipient. Controlled substances must be administered by medical personnel. All medicine shall be kept locked and inventoried.

d. Medical Treatment of Detainees and Prisoners in the Brig

(1) References (b) and (c) require that medical and dental services shall be provided, whenever possible, at the brig. Only in the case of medical or dental emergencies or examinations requiring specialized treatment or equipment should a prisoner be transported outside of the brig.

(2) In those cases where a physician determines that the prisoners's medical problem or injury requires treatment or restricts participation in the full brig regime, but does not require hospitalization, the physician may designate the prisoner "sick in quarters." The physician may restrict participation in specific elements of the brig regimen for a designated period of time. This shall be coordinated with the brig commanding officer or officer in charge, who may direct the use of "special quarters," if appropriate. Special quarters are a management tool of the brig and may only be authorized by the brig staff in accordance with reference (b). Cosmetic treatment should be scheduled after the prisoner's release. Behavioral modification drugs or controlled drugs shall not be administered to prisoners while in the brig, except in medical emergencies.

(3) It shall be the responsibility of the brig staff to transport the prisoner and remain with the prisoner for visits to a medical facility. To minimize transportation and escorting, all nonemergency visits shall be scheduled in advance and all prisoners seen at the same time. When the visit exceeds 2 hours, the medical facility staff shall assume responsibility for the custody of the prisoners. Medical personnel shall remain with and assume responsibility for prisoners while providing treatment and return them to the escort upon completion of treatment. To assist the physician, prisoners shall be available in the medical

spaces at the scheduled time of visit. To preclude possible embarrassing incidents, prisoner visits shall be kept to a minimum. To the maximum extent feasible, prisoners shall be kept out of sight and contact with other patients and visitors.

e. Hospitalization of Pretrial Detainees. Pretrial detainees requiring hospitalization, shall be released from the brig to their parent command or activity designated by the type commander in the case of deployed units, for subsequent admission to the hospital. The parent activity is responsible for any additional security required beyond that provided by the hospital. The provisions of reference (f) shall be complied with for the transfer of personnel. Pretrial detainees shall be returned to their parent command upon release from the hospital.

f. Hospitalization of Prisoners. In those cases involving emergencies, specialized treatment or evaluation, or psychiatric treatment which cannot be deferred and require hospitalization the following procedures shall apply:

(1) Receipt of prisoner or detained persons (DD Form 629) shall be used. The DD Form 629 shall indicate the prisoners custody grade, offense, expected normal release date and whether the prisoner is considered a threat to himself/herself or to others. The brig shall provide any additional information that will assist the hospital in the treatment and supervision of the prisoner. A copy of the DD Form 629 shall be provided to the hospital. In the case of emergencies, a staff member from the brig shall remain with the prisoner until the DD Form 629 is prepared.

(2) Prisoners undergoing psychiatric treatment shall be retained in the psychiatric ward until treatment is completed. Prisoners capable of being released outside of the ward should be returned to the brig directly from the psychiatric ward.

(3) Where the commanding officer or officer in charge of the brig has determined the prisoners custody is medium or minimum, prisoners shall be turned over to hospital security personnel for admission. The hospital shall place the prisoner in a restricted ward or within view of the central station and the prisoners movements off the ward shall be closely controlled. All of the prisoner's clothing shall be secured and a special colored or otherwise identifiable hospital gown issued. The prisoner shall muster at least four times daily with the hospital security personnel and shall be continuously visible to the central station between taps and reveille.

(4) Where the commanding officer or officer in charge of the brig has determined the prisoner's custody is maximum, the brig shall provide a 24 hour watch of the prisoner.

(5) As soon as a prisoner no longer requires hospitalization, he or she shall be returned to the brig for completion of confinement, using the DD Form 629. Prisoners shall not be placed in medical holding companies or on convalescent leave. Prisoners who remain hospitalized upon completion of confinement shall be transferred "temdu for treatment" to the hospital on the scheduled release date.


g. Coordination. The provisions of this instruction and references (b), (c) and (d) were developed to fully meet medical and dental and custodial requirements of awardees, detainees, and prisoners while ensuring the best use of limited resources. Commanding officers of medical and dental facilities providing support to briggs shall provide regular interface with briggs to ensure implementation of these policies and to resolve problems which may arise in individual cases.

6. Forms. The following forms are available in the cognizance LI stock points of the Navy Supply System under the stock numbers indicated.

<u>Form No.</u>	<u>Title</u>	<u>Stock No.</u>
DD Form 509	Military Justice - Prisoner in Segregation, Inspection Record of	0102-LF-005-2500
DD Form 629	Confinement - Prisoner or Detained Person, Receipt for	0102-LF-000-6290
NAVPERS 1640/4	Performance and Discipline - Confinement Orders	0106-LF-016-4023

The following form is available from General Services Administration supply depots sources under National Stock Number indicated:

<u>Form No.</u>	<u>Title</u>	<u>National Stock No.</u>
SF 600	Chronological Record of Medical Care	7540-00-634-4176


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