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**Justice System Pandemic Preparedness Planning Initiative**

**Case Study Series:**

**Outbreak of Methicillin-Resistant Staphylococcus  
Aureus (MRSA)  
In the Lake County, Indiana  
Jail in August 2006**

Consultant:

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## **I. INTRODUCTION**

This case study was prepared under the auspices of the Bureau of Justice Assistance (BJA)'s National Training and Technical Assistance Project (NTTAP) at American University as a component of BJA's justice system pandemic preparedness planning activities. It is the first of a series of case studies prepared by the NTTAP that address public health emergencies encountered by justice agencies and is designed to provide a summary of the emergency, the agency's actions taken in response, and lessons learned of potential interest to other jurisdictions.

The present case study provides a synopsis of the background relating to the outbreak of infectious Methicillin-resistant Staphylococcus aureus (MRSA) at the Lake County, Indiana jail during August 2006, the impact of the outbreak on jail operations, responses of jail officials to the outbreak, and the various management, operational, and other issues which the outbreak presented<sup>1</sup>

The following is a synopsis of the situation, further described in the sections which follows: MRSA, an infectious disease, was identified in the jail population housed in the work release program and the booking area of the Lake County Jail (LCJ). During the MRSA outbreak, Sheriff Rogelio "Roy" Dominguez and his staff identified the agent responsible for the outbreak, isolated the individuals who had contracted the disease, disinfected areas suspected of being contaminated, and were able to quickly stop the spread of infection to other inmates, staff and external personnel. The Sheriff, with advice from his medical staff, closed the jail intake unit to admission of new prisoners. Arrestees who would otherwise have been incarcerated in the facility, were detained in a neighboring jail in Porter County, pursuant to a pre-existing inter-agency verbal agreement. As soon as the outbreak was detected, the Sheriff issued a quarantine order for a 48 hour period until the situation was brought under control. No prisoners in the affected units had a release date during this 48 hour period. All prisoners detained in the jail during this period were held under the authority of their court commitment order and no additional orders were issued affecting the liberty of any detainees or staff as a result of the outbreak.

## **II. DESCRIPTION OF THE OUTBREAK**

### **A. Detection and Immediate Response**

On Thursday, August 10<sup>th</sup>, 2006, LCJ nurse Valerie Kalamaras<sup>2</sup> detected a potential MRSA outbreak in the booking area of the Lake County Jail when she examined an inmate from the

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<sup>1</sup> This case study was prepared by Judge Linda Chezem (Ret.), with assistance from Dr. James McGlothlin, and Christina Jackson of Purdue University. Judge Chezem who has been serving as a consultant to the BJA National Training and Technical Assistance Project, served as a full time judge in Indiana for twenty-two years, first on the trial bench in Lawrence County, Indiana and, subsequently, on the Indiana Court of Appeals, Fourth District. She presently holds a part-time appointment at the Indiana University School of Medicine in the Department of Medicine and Purdue School of Science-Indianapolis, Forensic Science Program. Dr. McGlothlin is an Associate Professor of Industrial Hygiene and Ergonomics in the College of Pharmacy, Nursing and Health Sciences at Purdue University. Christina Jackson is a senior at Purdue University, majoring in Health Sciences.

<sup>2</sup> Nurse Kalamaras was able to recognize the presence of the MRSA infection as a result of recent training she had received at a conference which had educated medical practitioners to recognize key signs of a Staphylococcus aureus (SA) infection.

Hammond, Indiana area and another inmate who was participating in the jail's work-release program who had draining wounds. The infection appeared to be the result of a spider bite but Nurse Kalamaras was aware that it might be the result of MRSA infection. Nurse Kalamaras obtained a culture from each of the infected inmates to identify the infecting agent and informed appropriate jail staff, including Sheriff Rogelio Dominguez. Within an hour of realizing the presence of the infectious disease, the jail was "quarantined" and infection control procedures were implemented. The imposition of the isolation and quarantine measures was pursuant to the Sheriff's Order rather than an order issued by a judge or health officer.

At that time, Sheriff Dominguez placed the jail under a 48 hour quarantine, to end Saturday, August 12<sup>th</sup> at 12:00 p.m. During the time the quarantine was in effect, no inmates were accepted into the jail population or released from the jail, and no inmates were allowed to participate in the work release program or attend scheduled court appearances. The Sheriff consulted with the judges and the prosecuting attorney. The judges of the local courts with affected inmates were notified. Court staff, defense counsel, as well as other visitors were also prohibited from entering the jail. Additionally, the infected work-release inmate had his status revoked and was isolated in the booking area of the jail.

During this period, the Lake County Health Department visited the LCJ to review the jail's actions and policies regarding responses to infections and provide any additional guidance on the implementation of protective policies that might be warranted.

Pursuant to a pre-existing verbal agreements with Lake County, neighboring Porter County agreed to accept arrestees from Lake County for the duration of the quarantine. Lake County officials also made a determination to hold non-emergency arrests to a minimum and the various police chiefs in Lake County released individuals facing minor charges from their departments' lockups to reduce the number of individuals that would need to be taken to jail.

At the time of the incident, the population of the LCJ was close to 1,200 --well over its 1,040 capacity. LCJ staff also indicated that there were additional prisoners who had not been booked into the jail housed in the holding tanks because the jail was over capacity.<sup>3</sup> During the incident, one jail staff member, a transportation officer, became infected with the disease, while at least eight inmates in the booking area became infected with MRSA.

## **B. MRSA Infection Characteristics and Control Procedures**

*Methicillin resistant Staphylococcus aureus* (MRSA) is considered endemic within jail or prison populations. The Indiana State Department of Health (ISDH) has noted two challenges in identifying an outbreak as MRSA; first, because many individuals enter and leave the jail in a short time period, jail staff are often unaware of the existence of such an infection within the jail population, and second, CA-MRSA can be easily interpreted as an "epidemic of spider bites"<sup>4</sup>. Indeed, the Center for Disease Control and Prevention has noted that areas with an increasing rate of CA-MRSA may be more common in correctional facilities with shorter jail or prison stays, as there is an increased opportunity for inmates to bring the disease into the jail population or out of jail into the community.<sup>5</sup>

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<sup>3</sup> Until booked into the jail, the booking area population does not count against the population count.

<sup>4</sup> <http://www.in.gov.isdh/healthinfo/mrsa.htm>. last viewed October 8, 2007.

<sup>5</sup> [http://www.cdc.gov/ncidod/dhgp/ar\\_mrsa.html](http://www.cdc.gov/ncidod/dhgp/ar_mrsa.html). last viewed October 8, 2007

To establish that a suspected outbreak is MRSA, a culture must be performed and the antimicrobial sensitivity pattern then determined. It is unnecessary to attempt to eradicate colonization of the bacteria with antimicrobial agents as this practice may produce a bacterial strain that is resistant to the microbial agent. Instead, the jail's medical staff should attempt to stop infection by first understanding the general characteristics of the bacteria.<sup>6</sup>

The Indiana State Department of Health (ISDH) recommends that, to eradicate the outbreak, the bacterial load in the environment must be reduced and contact between inmates and the bacteria must be prevented wherever possible. The Centers for Disease Control (CDC) has determined that inadequate personal hygiene and barriers to medical care, among other factors, have contributed to sustained transmission of MRSA within correctional settings and the approach most likely to be ultimately effective at reducing the risk of MRSA is the improvement of hygiene and infection-control practices. According to the CDC, an effective strategy should include:

- 1) *“skin infection screening and monitoring (e.g., maintaining a log of skin infections and visual skin screening on intake)*
- 2) *culturing suspect lesions and providing targeted antimicrobial therapy*
- 3) *efforts to improve inmate hygiene (e.g., education about appropriate hand and body hygiene, appropriate laundering techniques, measures to limit use of shared items, and greater availability of soap)*
- 4) *improved access to wound care and trained health-care staff.”*<sup>7</sup>

The ISDH recommendations to reduce the risk of MRSA transmission include the following:

- at no location should towels be shared
- cleaning solutions should contain ammonium compounds and be appropriately diluted
- objects that cannot be properly disinfected should be retired
- the booking area, laundry facilities, and bathrooms should be inspected and efforts to reduce the potential of transmission should be made, such as more frequent cleaning with bactericidal products
- both the inmate population and jail staff should be educated to identify an infection and the transmission process
- barriers to medical care, such as a high co-pay requirement, should be avoided, as these barriers may prolong an outbreak<sup>8</sup>

### **III. CONTEXT: DESCRIPTION OF THE LAKE COUNTY JAIL, LAKE COUNTY, AND RELEVANT STATUTORY AND OTHER PROVISIONS RELEVANT TO THE JAIL'S OPERATIONS**

#### **A. Description of Lake County, Indiana and the Lake County Jail**

As of 2006, Lake County, with a population of 494,202, was the second largest county in Indiana. Lake County is racially diverse with a large percentage of African-American, Caucasian and

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<sup>6</sup> [http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_labtest.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_labtest.html). Last viewed October 8, 2007

<sup>7</sup> *ibid.*

<sup>8</sup> ISDH. *op cit.*

Hispanic residents. The table below depicts the population estimates by Race or Hispanic Origin in 2005, with data provided by the United States Census Bureau.

**Table 1: Population Estimates by Race or Hispanic Origin in 2005<sup>9</sup>**

	Number	Rank in State	Pct Dist. in County	Pct Dist. in State
American Indian or Alaska Native Alone	1,660	2	0.3%	0.3%
Asian Alone	4,807	6	1.0%	1.2%
Black Alone	129,246	2	26.2%	8.8%
Native Hawaiian and Other Pac. Isl. Alone	400	2	0.1%	0.0%
White Alone	351,676	2	71.3%	88.6%
Two or More Race Groups	5,508	3	1.1%	1.1%
Hispanic or Latino (can be of any race)				
Non-Hispanic or Latino	425,483	2	86.3%	95.5%
Hispanic or Latino	67,814	1	13.7%	4.5%

<sup>1</sup> Table taken from *Stats Indiana*, an information service of the Indiana Business Research Center at Indiana University's Kelley School of Business

The 2005 Per Capita Personal income in Lake County was \$29,136, as compared to the overall Indiana Per Capita Personal income of \$31,173. The Poverty Rate in 2004 was approximately 14.8%, as compared to the overall Indiana Poverty rate of 11.1%. The 2004 poverty rate for children under 18 was 22.4%, as compared to the overall Indiana poverty rate for children of 15.7%.<sup>10</sup>

The Lake County Jail (LCJ) served the second largest jail population in Indiana. There are approximately 1050 inmates at the Lake County Jail and Work Release program. Of these inmates, 83% are adult males, 12% adult females, and 5% juveniles. The jail capacity is 1,040 inmates and approximately 15,000 people were projected to be booked into the Lake County in 2007.<sup>11</sup>

## **B. Relevant Statutory and Constitutional Provisions Relating to Correctional Institutions in Indiana**

### **1. Relevant State Legal Provisions**

The operation of the Lake County Jail and the responsibilities of the Sheriff of Lake County are governed by the Indiana Code, the Indiana Constitution and the United States Constitution.

<sup>9</sup> Table taken from *Stats Indiana*, an information service of the Indiana Business Research Center at Indiana University's Kelly School of Business.

<sup>10</sup> (data are from *Stats Indiana*, an information service of the Indiana Business Research Center at Indiana University's Kelley School of Business

<sup>11</sup> <http://www.lakecountysheriff.com>. Last viewed on October 8, 2007.

Specifically, IC 36-2-13-5 describes the duties of the sheriff as including the responsibility to “take care of the county jail and the prisoners there....”

In addition to the provisions of the Indiana Code, the Indiana Constitution provides important protections for the rights of prisoners. The Indiana Constitution establishes a framework for the legal and humane treatment of inmates in Indiana:

#### ARTICLE 1.

##### *Bill of Rights.*

Section 12. All courts shall be open; and every person, for injury done to him in his person, property, or reputation, shall have remedy by due course of law. Justice shall be administered freely, and without purchase; completely, and without denial; speedily, and without delay....

Section 13. (a) In all criminal prosecutions, the accused shall have the right to a public trial, by an impartial jury, in the county in which the offense shall have been committed; to be heard by himself and counsel; to demand the nature and cause of the accusation against him, and to have a copy thereof; to meet the witnesses face to face, and to have compulsory process for obtaining witnesses in his favor...

Section 15. *No person arrested, or confined in jail, shall be treated with unnecessary rigor.*

Section 16. Excessive bail shall not be required. Excessive fines shall not be imposed. Cruel and unusual punishments shall not be inflicted. All penalties shall be proportioned to the nature of the offense.

Section 17. Offenses, other than murder or treason, shall be bailable by sufficient sureties. Murder or treason shall not be bailable, when the proof is evident, or the presumption strong.

Section 18. The penal code shall be founded on the principles of reformation, and not of vindictive justice. ...

Section 21. No person's particular services shall be demanded, without just compensation. No person's property shall be taken by law, without just compensation; nor, except in case of the State, without such compensation first assessed and tendered....

Section 26. The operation of the laws shall never be suspended, except by the authority of the General Assembly.

Section 27. The privilege of the writ of *habeas corpus* shall not be suspended, except in case of rebellion or invasion; and then, only if the public safety demand it....

## 2. Relevant federal authority

From a national perspective, beginning in the 1960s, the United States Department of Justice began to focus on its responsibility for the safety and well-being of all inmates. The civil rights movement of the 1960's effectively established that “the protection of the [United States] Constitution extends into correctional facilities, the only question being the extent of those protections”.<sup>12</sup> *Jail Design and Operation and the Constitution: An Overview*, written by Attorney William C. Collins, outlines the background and issues raised in *Brock v. Warren County*, 713 F. Supp. 238 (E.D. Tenn., 1989), in which Brock, a 62 year old man suffered heat

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<sup>12</sup> William C. Collins. *Jail Design and Operation and the Constitution: An Overview*.

stroke after temperatures in the jail reached 110°. Brock died several days later and the court “found that forcing a person to live in temperature conditions so extreme that they endangered his health was cruel and unusual punishment”<sup>13</sup> The civil rights movement of the 1960’s effectively established that “the protection of the [United States] Constitution extends into correctional facilities, the only question being the extent of those protections.”<sup>14</sup>

There are four key amendments to the United States Constitution that have obvious implications for detained criminal justice populations are listed below:

First Amendment: *Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances.*

Fourth Amendment: *The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.*

Eighth Amendment: *Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.*

Fourteenth Amendment: *Section 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the state wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws*

### **C. Essential Responsibilities of the Jail Relevant to the Care and Protection of Inmates**

Indiana law provides that the sheriff shall: “... (7) take care of the county jail and the prisoners there....”<sup>15</sup> Additional guidance on inmate health care is provided by the *Indiana Administrative Code* in Title 210 Department of Corrections: Article 3. “County Jail Standards.”

## **IV. HANDLING THE OUTBREAK**

### **A. Critical Immediate Tasks**

Within the framework of existing statutory provisions, jail personnel undertook the following tasks in immediate response to the outbreak:

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<sup>13</sup> *Jail Design and Operation and the Constitution: An Overview* (No. 96 J1052) WC Collins-Washington, DC: National Institute of Corrections, US Department of Justice. 1998.

<sup>14</sup> *Ibid.*

<sup>15</sup> I.C.36-2-13-5, Sec. 5(a)

- (1) recognized the presence of the infectious disease (MRSA)
- (2) obtained additional assistance from health professionals
- (3) determined and put in place appropriate immediate measures to halt the spread of the infection
- (4) notified the Sheriff of the outbreak
- (5) identified those persons who had been exposed to the infection as well as those who were infected
- (6) Undertook infection control measures by extreme cleaning as well as providing education to prisoners and staff

In addition:

- the Sheriff consulted with the judges, county prosecutor and other county officials, ordered the jail closed to new prisoners, and, pursuant to pre-existing agreement, diverted new prisoners to the jail in neighboring Porter County; and
- Lake County Health Department officials followed up with the Sheriff and inspected the jail to provide additional assistance

## **B. Key Decisions Required**

### 1. Identification/Diagnosis of the MRSA Infection

Nurse Kalamaras was able to recognize the presence of the MRSA infection as a result of recent training she had received at a conference which had educated medical practitioners to recognize key signs of a Staphylococcus aureus (SA) infection.

### 2. Imposing Isolation and Quarantine Measures at the Jail

After being informed of the potential outbreak, Sheriff Dominguez consulted with the LCJ Warden, Assistant Warden, Deputy Wardens, jail command staff, infectious disease specialist Dr. Rodolfo Jao, the jail's Chief Medical Officer and Nurse Kalamaras to ascertain the best options for managing the outbreak. Medical and mental health support within the jail was provided by the Southlake Center for Mental Health, led by director Mike Pancini. Dr. Jao shared with the group his medical knowledge of MRSA and CA-MRSA outbreaks. Dr. Jao also noted the difficulty in using appropriate personal protective equipment (PPE), such as caps, masks and gowns, due to expense and the frequent ineffectiveness of PPE measures when individuals fail to routinely use the PPE and to also employ other effective necessary infection control procedures, such as hand washing. The group therefore decided the most effective way to manage the outbreak would be the introduction of a quarantine period to attempt to isolate the infection and limit it to the booking area of the jail where it had been initially discovered.

### 3. Activating pre-existing housing agreement with the Porter County Jail.

Since Lake County had developed a pre-existing housing agreement with the Porter County Jail, arrestees in Lake County who required incarceration were diverted to the Porter County jail for the duration of the quarantine.

### 4. Decontamination of the jail

The decision was made to decontaminate the entire section of the jail that was affected. Work-release inmates scrubbed and cleaned the booking area to disinfect it. All persons within the jail were instructed to wash their hands frequently or use anti-bacterial gel.

#### 5. Communicating the quarantine decision to other agencies and the community

Once the decision was made to quarantine the jail, the decision was communicated to partner agencies, the media and the community. Sheriff Dominguez's spokesman, Mike Higgins, issued several statements that reached the community primarily through the county's two main newspapers, *The Times* and *The Post-Tribune*. The newspapers have news partners in Chicago, including CBS, which also covered the outbreak. In an initial statement on Thursday, August 10<sup>th</sup>, 2006, Higgins identified the agent responsible for the outbreak as MRSA; however, in a later statement, issued on Friday, August 12<sup>th</sup>, 2006, Higgins stated that he was unable to comment on his earlier speculation. Nick Doffin, the county health department administrator, former Warden Caren Jones, and Merrillville, Indiana Police Chief Nicholas Bravos also spoke to the media regarding the outbreak. Additionally, several inmates at the LCJ contacted the media regarding the situation. The Sheriff's office also contacted all police departments within Lake County to inform the officers of the situation within the jail so that extra precautions could be taken in handling arrested persons within the area. Since Lake County had preexisting arrangements with Porter County, the Porter County Jail agreed to house persons arrested in Lake County for the duration of the quarantine.

The Lake County Health Department played a minimal supporting role throughout the outbreak. While the Department was not requested to provide assistance it later inspected the jail. The State Health Department was also not formally consulted.

#### C. Postscript

The management of the outbreak was effective. The MRSA outbreak did not spread beyond the booking area and, with the one exception of the transportation officer, did not affect the 179 merit corrections officers, two merit police officers, or the approximately 70 civilian support staff working at the Lake County Jail. While the outbreak was relatively minimal, it allowed the Sheriff and his team an opportunity to evaluate the effectiveness of the existing infection control procedures, as well as identify areas for improvement in the event of future infectious disease outbreaks.

### V. LESSONS LEARNED

The outbreak provided an opportunity for local officials to assess a number of formal and informal procedures and policies that had been recently instituted.

First: It demonstrated the importance of staff education in recognizing an infectious disease within the jail population. In this case, early identification of a potential outbreak allowed jail staff to effectively isolate infected inmates and quarantine those exposed in the booking area before they had a chance to enter the general jail population. This action validated the existing LCJ policy on isolation and quarantine as well as staff training that had been provided on the policy and its implementing procedures.

Second: The incident also established the importance of developing effective personal infection control procedures. The jail now has antibacterial gel that is frequently used. Every corrections

officer is trained on how to safely handle an inmate. Corrections officers have also been instructed to take precautions as though all inmates are potentially infected; this practice includes wearing gloves and frequent hand washing.

Third: The incident reinforced the importance of the sheriff's office's emphasis on the importance of providing protective equipment to street officers. As a result, the office created packs that are kept in each squad car that contain, among other items, gloves, respirators, goggles, and biological waste containers.

Fifth: The incident highlighted the importance to the Sheriff and his staff of introducing isolation and quarantine measures as soon as it is determined that there is an infectious disease within the jail population. To arrive at the decision to isolate and quarantine, the Sheriff noted the importance of his being able to rely upon the recommendations of the Office's medical team and to then effectively communicate and review those recommendations with all staff.

It should be noted that the method for issuing a quarantine order does present legal issues. The Sheriff has determined that there would have been legal benefits to having the Local Health Officer issue the order for the isolation and quarantine. If the order is issued by the Local Health Officer, it is lawful to continue to hold inmates who have already served the full time of their sentence under the conditions of the health officer's order. The holding of inmates past their time served then becomes a clear public health protection measure established under the authority of the Local Health Department and not the sheriff's office.

The updated *Indiana Public Health Law Bench Book for Indiana Courts* states, "A public health authority may petition a circuit or superior court for an order of isolation or quarantine by filing a civil action in accordance with IC 16-41-9."<sup>16</sup> Indiana Code 16-19-3-9 states "The ISDH is empowered to establish quarantine and do what is reasonable and necessary for the prevention and suppression of disease." The Local Health Officer "has the responsibility to take any action authorized by state statute or ISDH rule to control communicable disease" according to IC 16-20-1-21; Board of Comm'rs v. Fertich, 46 N.E. 699 (Ind. Ct. App. 1897).<sup>17</sup>

In "lessons learned", Sheriff Dominguez stated the importance of bringing in the local health department quickly and having the department assume a broader role in the management of infectious disease. Sheriff Dominguez also acknowledged the importance of bringing in individuals knowledgeable in public health law to ensure that the civil liberty interests of all inmates are preserved. Part of the suggested planning for the future will be to identify those individuals and engage them in the planning process. Having the local health department participate also protects the sheriff's office against statutory problems concerning civil rights violations.

The situation in the Lake County, Indiana Jail clearly demonstrates the importance of understanding public health law and its applications within a correctional setting. Additionally, this case demonstrates the importance of preparing the Local Health Officers to assume a broad role in jail and prison health. The local health department has the statutory authority to isolate and quarantine populations to prevent the spread of dangerous communicable disease. Partnering with the local health department during an infectious disease outbreak provides not only public health

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<sup>16</sup> available at [www.american.edu/justice](http://www.american.edu/justice)

<sup>17</sup> IC 16-20-1-21; Board of Comm'rs v. Fertich, 46 N.E. 699 (Ind. Ct. App. 1897).

expertise but, in addition, legal authority for necessary actions while assisting the sheriff's office. Both the health and the liberty interests of the inmates will be better served by such cooperation.

## APPENDICES

### APPENDIX 1: LIST OF ACRONYMS

BJA-Bureau of Justice Assistance

CDC- Center for Disease Control and Prevention

ISDH- Indiana State Department of Health

LC- Lake County

LCJ- Lake County Jail

LHD- Local Health Department

LHO Local health Officer

MRSA- *Methicillin resistant Staphylococcus aureus*

PPE- Personal Protective Equipment

SA- Staphylococcus aureus

## **APPENDIX 2: DESCRIPTION OF THE LAKE COUNTY JAIL**

### 1. Jail and Staff Descriptions<sup>18</sup>

The current Lake County Jail, located at 2293 North Main Street, was occupied on January 5, 1975. This facility has five floors and was constructed to house 286 inmates. It cost approximately \$13.5 million to build. In January of 1991 an \$8 million addition brought the capacity to 460 inmates. The average daily population is 525 inmates.

In the spring of 1999, construction was begun on an addition to that jail and it was completed in October 2000. This new addition is constructed in a series of "pods". Each pod contains cells located on two levels within the pod.

In the pods, all cell doors open into a communal day room where an inmate spends 14-16 hours per day. The biggest contrast between the existing jail and the podular model is the way supervision is accomplished. In the older jail correctional officers could only supervise inmates by frequent foot patrols through the sections. With the podular concept correctional officers are located in a secure area behind one-way glass. Officers are in direct visual contact with all activity in the pod at all times. This provided 560 additional beds for a total of 1,085 beds.

The Sheriff's Department employs 174 sworn police officers, 179 corrections officers and 156 civilians. The salary range for police is \$31,556 for patrolman to \$41,201 for commander. Corrections officer's salary is \$28,054 for correctional officer to \$36,060 for Deputy Warden.

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<sup>18</sup> From the web site of the Lake County Jail. Last viewed October 8, 2007

**APPENDIX 3: DEPARTMENT OF CORRECTIONS: INDIANA JAIL REGULATIONS.**

**Department of Corrections: Indiana Jail Regulations.**

ARTICLE 3. COUNTY JAIL STANDARDS

Rule 1. Maintenance of County Jails

210 IAC 3-1-1 Definitions

Authority: IC 11-8-2-5; IC 11-12-4-1

Affected: IC 11-12-4-1

Sec. 1. Definitions

"Chronic Care" shall mean medical service rendered to an inmate over a long period of time, i.e., treatment of diabetes, asthma, or epilepsy.

"Convalescent Care" shall mean medical service rendered to an inmate to assist in the recovery from illness or injury.

"Emergency Care" shall mean care for an acute illness or unexpected health care need that cannot be deferred until next scheduled sick call or physician's visit.

"Inmate" shall mean any person detained or confined in any jail governed by these rules [210 IAC 3].

"Jail" shall mean a secure county detention facility used to confine prisoners prior to appearance in court and sentenced prisoners.

"Jail Officer" shall mean a sheriff's employee whose primary duties are the daily or ongoing supervision of jail inmates.

"Medical Preventive Maintenance" shall mean those health services including health education, medical services, and

instruction in self-care for chronic conditions.

"Physician" shall mean an individual holding a license to practice medicine in Indiana, issued by the Medical Licensing Board of Indiana.

"Qualified Medical Personnel" shall mean individuals engaged in the delivery of a medical or health care service who have been licensed, certified, or otherwise properly qualified under the laws of Indiana applicable to that particular service.

"Unusual Occurrence" shall mean any significant incident or disruption of normal jail procedures, policies, routines or activities such as fire, riot, natural disaster, suicide, escape, assault, medical emergency, hostage taking, or other violation of jail rules or state

laws. (*Department of Correction; 210 IAC 3-1-1; filed Jul 27, 1981, 10:30 am: 4 IR 1808; readopted filed Nov 15, 2001, 10:42 a.m.: 25 IR 1269; readopted filed Jul 6, 2007, 2:54 p.m.: 20070725-IR-210070277RFA*)

210 IAC 3-1-9 Safety and sanitation

Authority: IC 11-8-2-5; IC 11-12-4-1

Affected: IC 11-12-4-1

Sec. 9. Safety and Sanitation.

(a) Each jail shall be maintained in a safe and sanitary condition, in compliance with state and local health, sanitation, safety, and fire laws.

(b) Inmates incarcerated in each jail shall have the responsibility for maintaining their own cells and living areas in a safe and sanitary condition. Jail officials shall make cleaning equipment, including mops, brooms, scouring cleanser, soap and disinfectant,

available to inmates on a daily basis to assist inmates in meeting their cleaning responsibility.

210 IAC 3-1-11 Medical care and health services

Authority: IC 11-8-2-5; IC 11-12-4-1

Affected: IC 11-12-4-1

Sec. 11. Medical Care and Health Services.

- (a) A duly licensed physician shall be responsible for medical services in each jail.
- (b) Procedures necessary to deliver medical services to inmates shall be in writing and shall be approved by the responsible physician.
- (c) State licensing and/or certification requirements and restrictions shall apply to all health care personnel working with jail inmates. Copies of all licensing and/or certification credentials shall be on file with the sheriff. Jail security regulations shall apply to all medical personnel.
- (d) Whenever medical services are to be delivered routinely in any jail, adequate space, equipment, supplies and materials as determined by the responsible physician shall be provided.
- (e) First-aid kits shall be available in each jail. The responsible physician shall approve the contents, number and location of such kits and the procedure for periodic inspection of all first-aid kits.
- (f) Each inmate shall be medically screened upon admission to jail and before placement in the general population or living area. Screening data must be recorded on a form approved by the responsible physician and shall include, but not be limited to:
- (1) Current illnesses and health problems, including those specific to women;
  - (2) History of drug and/or alcohol use;
  - (3) Medications taken;
  - (4) Special health requirements;
  - (5) Screening of other health problems designated by the responsible physician;
  - (6) Behavioral observations, including state of consciousness and mental status.
  - (7) Notation of body deformities, trauma markings, bruises, lesions, jaundice and ease of movement;
  - (8) Condition of skin and body orifices, including rashes and infestation; and
  - (9) Disposition/referral of inmate to qualified medical personnel on an emergency basis.
- (g) Within fourteen (14) days following arrival at the jail, an inmate shall be given the opportunity to receive a medical examination conducted by the responsible physician or his designees.
- (h) Inmate medical complaints shall be collected daily and responded to by medically trained personnel. Qualified medical personnel shall follow up all complaints and allocate treatment according to priority of need. A physician shall be available at least once a week to evaluate and respond to inmate medical complaints.
- (i) Each jail shall provide 24-hour emergency medical and dental care availability pursuant to a written plan which includes as a minimum arrangements for:
- (1) Emergency evacuation of the inmate from within the facility;
  - (2) Use of an emergency medical vehicle;
  - (3) Use of one or more designated hospital emergency rooms or other appropriate health facilities;
  - (4) Emergency on-call physicians and dentist services when the emergency health facility is not located in a nearby community; and
  - (5) Security procedures that provide for the immediate transfer of inmates when appropriate.
- (j) Jail personnel shall be trained in the use of emergency care procedures and shall have current training in basic first-aid equipment. At least one person per shift shall have training in receiving screening, cardio pulmonary resuscitation (CPR) and recognition of symptoms [*sic.*] of the illnesses most common to the facility. All jail officers shall be trained regarding recognition of symptoms of mental illness and retardation.
- (1) No jail shall accept delivery of an unconscious or critically injured person.
  - (2) All injured inmates shall be examined immediately, by a competent medical person. A description of the injury should be recorded and photographs taken when appropriate.
- (k) Jail officials shall use their best efforts to obtain any medication prescribed by a physician. All medications shall be administered in the dosage and with the frequency prescribed. No substitutions of medications shall be made without the prescribing physician's approval.
- (1) Any jail officer who administers medication shall have received training from the responsible physician and the jail administrator, is accountable for administering medications according to orders, and must record the administration of medication in a manner and on a form approved by the responsible physician.

(2) A structured system for pharmacy storage and distribution shall be established in accordance with recognized medical standards as determined by the responsible physician.

(l) Each jail shall be listed with the Drug Enforcement Administration as a place of practice by the responsible physician.

(m) Each sheriff shall establish policies and procedures for the development and disposition of each inmate's medical records and shall provide secure and confidential storage of such records consistent with physician-patient privileges. (*Department of Correction; 210 IAC 3-1-11; filed Jul 27, 1981, 10:30 am: 4 IR 1812; readopted filed Nov 15, 2001, 10:42 a.m.: 25 IR 1269; readopted filed Jul 6, 2007, 2:54 p.m.: 20070725-IR-210070277RFA*)