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July Is Social Wellness Month

Social wellness means nurturing yourself and your relationships.

It means giving and receiving social support - ensuring that you have friends and other people, including family, to turn to in times of need or crisis to give you a broader focus and positive self-image.

Why is Social Wellness Important?

Healthy relationships are a vital component of health. The health risks from being alone or isolated in one's life are comparable to the risks associated with cigarette smoking, blood pressure, and obesity.

Research shows that:

- People who have a strong social network tend to live longer.
- The heart and blood pressure of people with healthy relationships respond better to stress.
- Strong social networks are associated with a healthier endocrine system and healthier cardiovascular functioning.
- Healthy social networks enhance the immune system's ability to fight off infectious diseases.

By Earl E. Bakken Center for Spirituality and Healing - https://csh.umn.edu/.

ATTENTION NIRMA CONTACT PERSONS

Have you ever felt it can sometimes be a challenge to keep up with changes in personnel or contact information that occur in your county or agency?

Now, imagine keeping track of that information for the 84 counties and 26 county-associated agencies that are NIRMA members. Yes, it is challenging, but that is why we are relying on you.

NIRMA maintains an extensive database containing the names of officeholders, their mailing addresses, email addresses and telephone numbers. This information is used when sending out this monthly Safety Shorts newsletter, our monthly **Interchange** magazine, periodic mailings, or when it is necessary to contact someone directly.

We certainly know you already have a lot to do with your job, but we would appreciate you letting us know in a timely manner when changes occur in your county or agency. That way we can keep our database up-to-date and ensure we can make contact when necessary.

Next time a change occurs in your county or agency, please forward your updated information to Pat Clancy at **pat@nirma.info.**

LAW ENFORCEMENT AND CORRECTIONS

By Todd Duncan, Law Enforcement and Safety Specialist

Care and Custody of Intoxicated Individuals

For law enforcement officers and jail staff, interacting with individuals under the influence of alcohol or drugs is a common occurrence. Whether responding to a disturbance at the local bar, stopping a swerving car on a dark county road at 2:00 AM, or working as the jail intake officer, dealing with intoxicated persons is just part of the job. However, when law enforcement or corrections officers take a person, intoxicated or otherwise, into custody for any reason it triggers a clear constitutional duty to protect the individual from harm as long as they remain in custody.

There are many ways that detainees have been injured or died while in custody that have resulted in federal civil rights violation lawsuits, including medical emergencies following prolonged face down positioning and restraint after an arrest; vehicle crashes during unrestrained transport to jail; suicide; assaults by other inmates; untreated serious medical issues; and acute alcohol toxicity, drug overdose, or withdrawal. It is the last set of scenarios, acute alcohol toxicity, drug overdose, or severe withdrawal that are the focus of this article.

Intoxicated individuals in police or jail custody are at greater risk of injury or death from dangers such as falls, asphyxiation (vomit), assault by other inmates, respiratory arrest from high BACs (.300+), and potentially fatal withdrawal symptoms to name just a few. In 2019, there were 184 deaths in local jails due to drug or alcohol intoxication, the highest recorded in the 20 years that the Bureau of Justice Statistics has collected mortality data[1].

A sheriff's office in Colorado recently reached a $3.2 million settlement in connection with the death of a 33-year-old inmate, Zachary Moffitt, who was arrested and booked into jail by deputies after causing a disturbance at a local hospital while seeking treatment for alcohol poisoning (.392 BAC at hospital). Attorneys for Moffitt's estate allege jail staff ignored Moffitt's repeated requests for medical care and obvious symptoms of delirium tremens (DTs) were ignored for three days before he died in his cell.

Earlier this year, an Illinois county reached a $3 million settlement following the death of a 28-year-old woman, Elissa Lindhorst, who died in custody from complications related to opioid withdrawal within a few days of being arrested on an outstanding controlled substance warrant. Sheriff's office jail staff allegedly observed Lindhorst's health decline and received several requests for help from Lindhorst and fellow inmates but failed to take any steps to provide medical attention leading up to Lindhorst's death. The sheriff, 17 sheriff's office employees, and the third-party medical vendor for the jail were all named in the lawsuit. Unfortunately, NIRMA members are not immune to this risk, as several inmates have died in Nebraska jails under similar circumstances.

As a result, courts have put law enforcement officers and jail staff on notice that they must exercise due caution in caring for intoxicated individuals in their custody. This seems straightforward, but it can be easy to grow complacent given that many contacts with intoxicated persons in the field or booking area of the jail are relatively uneventful. It is also easy to become distracted by the intoxicated person's bizarre or disruptive behavior and overlook potentially serious underlying safety or health concerns created by the alcohol or drugs.

Ensuring the safety of intoxicated individuals in custody while reducing risk and liability begins with identifying detainees who are at increased risk of injury or death. Unlike DUI laws where a defined blood alcohol level dictates whether enforcement action can or should be taken, the decision of whether to arrange medical care or require medical clearance for confinement based on a subject's level of intoxication is not always obvious. Deputies and jailers should take a case-by-case approach and consider the big picture when evaluating the risk posed by the individual's level of intoxication. Factors to consider include the subject's size, age, gender, experience with alcohol or drugs (tolerance, dependency, etc.), rate of alcohol consumption, last meal, underlying medical conditions, whether BAC is on the way up or down, subject's request for medical care, etc.

When determining whether to seek medical attention for an intoxicated detainee, **it is better to be safe than sorry**. If in doubt, have the inmate check out. Furthermore, NIRMA recommends that agencies have a written policy requiring deputies and jail personnel to obtain medical clearance from an emergency room provider prior to admission to the jail for arrestees who are suspected to be under the influence of alcohol or drugs and have one or more of the following:

1. BAC of over 300 mg/dl (potentially life threatening[2]),
2. Recent loss of consciousness,
3. Unable to walk unaided,
4. Unable to speak intelligibly,
5. Incontinent (has peed or had a bowel movement on themselves),
6. Confused as to what is happening, or
7. Violent

While preliminary assessments in the field by emergency medical services personnel may be helpful or even necessary, they should not be relied upon as a means of determining whether a highly intoxicated detainee is fit for confinement. Emergency room providers are better trained and equipped to make this determination and identify potentially life-threatening levels of drug or alcohol intoxication.

Once admitted to jail, proper classification, close observation, and timely, appropriate medical care are crucial to ensuring the safety of the inmate. Thorough documentation of these processes is also important, especially when defending claims of deliberate indifference or negligence later should they arise.

Alcohol and drug withdrawal can also create significant risk to an inmate's physical and mental health, particularly in the days immediately following admission to jail. Inmates who drink every day or are actively abusing opioids often suffer from Alcohol Use Disorder (AUD) or Opioid Use Disorder (OUD) and as such have become physically dependent so that their body chemistry will undergo dangerous, sometimes deadly changes after alcohol or drug use is stopped cold turkey. For individuals suffering from AUD and OUD, the only safe way to detox is under closely monitored medical supervision and treatment. It is important to identify these inmates during the initial screening process and arrange the necessary medical supervision to prevent serious illness or death.

It is no surprise that "care, custody, and control of inmates and detainees" is considered a high risk – critical task for law enforcement and jail operations. Add alcohol or drugs to the equation and the risks only go higher. With more than 20 million adults and adolescents in the United States experiencing substance use disorder in the past year, law enforcement and jail staff will continue to encounter intoxicated individuals on a regular basis, many of which will be taken into custody. While these situations present greater risk to law enforcement, jail staff, and detainees, much can be done to mitigate those risks. Taking time to properly assess the

individual's level of intoxication, current circumstances, and history and erring on the side of caution when deciding whether to arrange medical care can go a long way towards preventing unnecessary injury or death while simultaneously reducing liability.

Additional Resources:
U.S. Department of Justice, Civil Rights Division, Disability Rights Section Technical Assistance document: The Opioid Crisis and the ADA, https://archive.ada.gov/opioid_guidance.pdf

Please contact Todd at 531-510-7446 or tduncan@nirma.info if you have any questions or would like to request training.

GENERAL SAFETY

By Chad Engle, Loss Prevention and Safety Manager

Reducing the Risk of Heat Injuries

With three days left in June, we have already experienced temperatures in the 90s fourteen times this month. I can only imagine what July and August have in store for us. As the temperatures increase, along with the humidity, we need to focus on protecting our employees from heat illness and injury.

Heat illness is preventable. OSHA encourages employers to have cool drinking water available and easily accessible while also recommending the consumption of one liter of water each hour. Employers shall provide fully shaded areas for resting and cooling down. OSHA's program is referred to as Water/Rest/Shade.

OSHA's Fact Sheet, Protecting Workers from the Effects of Heat, is available online here.

It is important for employees to keep an eye on each other while working in a hot environment. Monitor yourself for signs and symptoms of heat illness, but also remember to monitor your coworkers and ensure they are not falling prey to the heat and humidity. If you recognize the symptoms early and act, serious illness and injury can easily be avoided.

The most serious heat-related illness is heat stroke. According to the Centers for Disease Control and Prevention (CDC), heat stroke occurs when the body can no longer control its own temperature: the body's temperature rises rapidly, sweating ceases, and the body can no longer cool itself. Heat stroke can cause permanent disability or death if the victim does not receive immediate treatment.

Signs and Symptoms of **heat stroke** include:

- Confusion, altered mental status, slurred speech.
- Loss of consciousness (coma)
- Hot, dry skin or profuse sweating
- Seizures
- Very high body temperature
- Fatal if treatment is delayed

Treatment for **heat stroke** includes:

- Call 911
- Stay with the person until EMS arrives
- Move the person to a shaded, cool area and remove outer clothing
- Cool the person quickly, using the following methods:
- Cold water or ice bath, if possible
- Wet the skin.
- Place cold wet clothes on the skin
- Soak clothing with cool water
- Circulate air around the worker to speed cooling.
- Place cold wet cloths or ice on the head, neck, armpits, and groin; or soak the clothing with cool water

Heat exhaustion is essentially a point on the heat illness spectrum before heat stroke. Heat exhaustion is the body's response to excessive loss of water and salt, usually through excessive sweating. Heat exhaustion is most likely to affect:

- The elderly
- People with high blood pressure
- Those working in a hot environment

Signs and symptoms of **heat exhaustion** include:

- Headache
- Nausea
- Dizziness
- Weakness
- Irritability
- Thirst
- Heavy sweating
- Elevated body temperature
- Decreased urine output

Treatment for **heat exhaustion** includes:

- Take a person to a clinic or emergency room for medical evaluation and treatment
- Call 911 if medical care is unavailable
- Have someone stay with the person until help arrives
- Remove the person from the hot area and give liquids to drink
- Remove unnecessary clothing, including shoes and socks
- Cool the person with cold compresses or have the worker wash their head, face, and neck with cold water
- Encourage frequent sips of cool water

Educate employees about the signs and symptoms of heat related illness and encourage them to monitor themselves and their coworkers. If you recognize the signs or symptoms of heat illness in yourself or someone else, act quickly.

As always, I can be reached for questions at chad@nirma.info or 4.800.642.6671. Have a great summer!

HIGHWAY DEPARTMENT

By K C Pawling, Road Safety and Loss Prevention Specialist

Culturally Speaking

I was doing a little research to write this article, and I looked up the definition of culture. The interweb was just ripe with all kinds of definitions. One definition I found was: "the behaviors, beliefs, values, and symbols that a group of people accept, generally without thinking about them."

Some of you that know me well, know that I could not just leave it there. Something so simple I had to dig a little bit deeper and make it a little more complex, just for grins and giggles. With this, I found something that really resonated with me. I will try to keep this relatively short, so I don't lose any more of you than I already have. I found the theory of cultural determinism . . . now stay with me. The two theories that struck a nerve were: *The optimistic version* believes that a human being can choose the ways of life they prefer. *The negative version* maintains that people are what they are conditioned to be; this is something they have no control over, and they are passive creatures that do whatever their culture tells them to do.

Applying this theory to my experiences in road departments, I will say there is probably a mix of the positive and negative versions. The important question is, what is your department's safety culture? Are you managing safety in your workplace OR are circumstances managing you?

OSHA's Voluntary Protection Program instructs that developing a positive safety culture has the single greatest impact on accident reduction. For this single reason, developing a positive safety culture should be a top priority for all managers at every level, including the county board. The following are seven keys to an effective safety culture.

- The entire workforce pursues the identification and remediation of hazards.
    - Correcting hazards and having good communication about them will create a safer workplace and will improve employees' involvement.
- All employees are comfortable stopping each other when risky behavior is observed. This is employees at all levels, from managers to those not overseeing other employees.
    - This is essential for building safe work habits. The more involved all levels of the department are, the stronger the culture will be.
- No one is blamed for near misses or incidents.
    - Pursue systemic causes, are there organizational systems that encourage at-risk behavior? Uncover and make changes to the systems or practices to encourage safe behavior.
- Discipline has a place, but most safety incidents can be effectively dealt with without discipline
    - The fear of discipline drives under-reporting and discourages involvement has driven the positive out of the culture. Give the opportunity to learn from mistakes, but if the practice seems to be repetitive that's when it should be dealt with in a different manner.
- Your workforce has good relationships at all levels.
    - Employees that have good working relationships with management will be more likely to be honest about what is working and what needs to be changed. Trust is what we are looking for.

- Safety should be part of the day-to-day operation.
  - Safety should not be something separate and only discussed at safety meetings, but part of every conversation and considered in every decision.
- Successes should be celebrated along the way.
  - The focus shouldn't be on a safety record, but it should be on what is being done every day, all day, to result in a positive record.
  - Targeted positive reinforcement of desired behaviors can lead to rapid change. Generally, effects will multiply as employees begin to practice desired behaviors and they will reinforce the same behaviors in others.

So, in closing, do you have an optimistic or negative perspective of your safety culture? Are you going to choose to happen to life, your life, or are you going to let life happen to you? What can you do today to improve the conditions of your life, and in this case, your safety and well-being? Start by encouraging your fellow employees with the optimistic version of cultural determinism, those with the negative version will come around.

If you have any safety training needs or questions about this article or other road or work safety-related subjects, you can reach me at kcpawling@nirma.info or 402-310-4417. My office number is 402-742-9236. Let's make sure everyone makes it home tonight.