IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

STEVEN ROSEN, et al. Plaintiffs	:	Civil Action No. 2000-CV-764
v.	:	
CITY OF PHILADELPHIA Defendant	:	HON. PETRESE B. TUCKER

NOTICE OF FILING OF PLAINTIFFS' FINAL MONITORING REPORT

Pursuant to the Order of the Court dated May 23, 2007, attached hereto for filing is the Final Monitoring Report prepared by counsel for the Plaintiff Class and the American Diabetes Association.

Respectfully submitted,

Alan. L. Yatvin, Esq.
Popper & Yatvin
230 South Broad Street, Suite 503
Philadelphia, PA 19102
(215) 546-5700

/s/ David Rudovsky

David Rudovsky, Esq.
Kairys Rudovsky Epstein & Feinberg, LLP
924 Cherry Street, Suite 500
Philadelphia, PA 19107
(215) 925-4400

Counsel to the plaintiff class and the American Diabetes Association

/s/ Joseph B.G. Fay

Joseph B.G. Fay, Esq. (PA. I.D. No. 33480)
Kenneth M. Kulak, Esq. (PA I.D. No. 75509)
Morgan, Lewis & Bockius LLP
1701 Market Street
Philadelphia, PA 19103
(215) 963-5000

Counsel to the American Diabetes Association

Dated: June 15, 2007

CERTIFICATE OF SERVICE

I hereby certify that the foregoing Notice of Filing Of Final Monitoring Report was served by electronic filing upon the following counsel:

Lynne Sitarski, Esq.
Chief Deputy City Solicitor
Law Department
City of Philadelphia
One Parkway, 14th Floor
1515 Arch Street
Philadelphia, PA 19102-1595

Jeffrey M. Scott, Esq.
Archer & Greiner
One South Broad Street
Suite 1620
Philadelphia, PA 19107

/s/ Alan L. Yatvin
Alan. L. Yatvin, Esq.

Dated: June 15, 2007

PLAINTIFFS' FINAL MONITORING REPORT

I. INTRODUCTION AND SUMMARY

This Final Monitoring Report reviews the parties' implementation of the *Rosen* Injunctive Class Settlement Agreement (the "Agreement") through October 17, 2005, the end of the Agreement's eighteen month monitoring period, and subsequent initiatives undertaken by the City of Philadelphia to address issues identified in six prior monitoring reports prepared by the American Diabetes Association (ADA), its counsel, and counsel for the plaintiff class.[1]

Based upon the City's data and other developments addressed in detail in this report, we have reached the following conclusions:

- **The City's transportation of detainees with diabetes improved over the monitoring period, and the City has now taken additional steps to improve transportation that must be evaluated for effectiveness.** The City's policy is to transport all detainees with diabetes who do not request medical care or exhibit systems of illness from police districts to the central Prison Detention Unit (PDU), where a Prison Health Services (PHS) nurse can medically evaluate the detainee, monitor blood glucose levels and provide other assistance.[2] Throughout the monitoring period, counsel for the plaintiff class analyzed data provided by the Philadelphia Police Department (PPD) on the transportation of detainees with diabetes from police districts to the PDU. The City investigated delays identified in earlier monitoring reports and concluded that most of the delays were a result of data entry error or did not reflect a transportation failure of the PPD. However, the lack of any system for identifying and quickly investigating the basis for delays put both the detainees and the City at risk from transportation failures that could have been corrected before injury.

  On January 16, 2007, the City informed counsel for the ADA and counsel for the plaintiff class that the City has implemented changes to its detainee tracking system (PARS) to permit supervisors to determine the location of any detainee with diabetes. Police district supervisors are now required to review the status of this prisoner information several times during their shift, and provide transportation to the PDU for any detainee with diabetes; failure to follow this policy must be documented, with review by the Commanding Officer. The PPD has also emphasized to all personnel that medical checklists (which must be entered into PARS for the tracking system to operate properly) must be completed upon arrival of a detainee at a police installation.

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[1] The Agreement's monitoring period was extended by four months (to October 17, 2005) by agreement of the parties and approval by the Court, and the data set addressed in this Report is the last production required by the Monitoring Provisions of the amended Agreement.

[2] For detainees who do request medical care or exhibit symptoms of illness, including hyperglycemia or hypoglycemia, the City's policy is to transport such detainees directly to the nearest medical hospital.

While counsel for the plaintiffs have not received any data on the operation or effectiveness of this new system, counsel for the plaintiffs believe that this system and policy, if implemented as described by the City, should significantly reduce the risk of transportation delays.

- After a review of the medical records of detainees by the ADA showed that PHS did not routinely check the blood sugar levels of detainees with diabetes, PHS has improved its diabetes training materials and developed new intake guidelines and other forms for detainees, including PDU-specific intake and monitoring procedures. On January 16, 2007, the City provided counsel for the ADA and the plaintiff class extensive new materials created by PHS, including intake guidelines for use by PHS nursing staff at the PDU and a revised PHS diabetes education program. After extensive review, the ADA prepared a detailed critique of the intake guidelines and education program, emphasizing that the intake guidelines still did not provide for timely initial testing of detainees, sufficient blood glucose monitoring, or procedures for managing certain diabetes-related emergencies. After further discussions between the ADA and PHS, PHS provided specific guidelines for intake and treatment of detainees with diabetes at the PDU. While the ADA has continuing concerns relating to insulin administration at the PDU, blood glucose monitoring in response to symptoms and complaints of hypoglycemia and hyperglycemia, and PHS diabetes-related training and monitoring of compliance with PHS procedures, PHS's PDU-specific guidelines, if fully implemented, represent a significant improvement for detainees with diabetes.

- **The City has fulfilled its obligations under the Agreement with respect to production of an educational training video for police officers and an educational poster providing information on treatment of detainees with diabetes.** Plaintiffs understand that the City intends to incorporate the video into its annual police officer training and replace posters as needed throughout police districts and other areas in which detainees may be held. However, we are unable to determine whether the City has resolved inconsistencies in the treatment of people with diabetes who are detained on summary offenses.

In sum, the ADA and counsel for the plaintiff class believe that the City and PHS have made significant improvements in the policies and procedures for transportation and treatment of people with diabetes in police custody. Because many of these improvements were made only at the beginning of this year after the end of the monitoring period, the ADA and counsel for the plaintiff class do not know whether, in fact, these improvements have been fully implemented and resulted in reduced transportation delays, improved medical care, and reduction in overall risk to individuals detained in Philadelphia.

Throughout the monitoring period, the ADA expressed its willingness to work with the City and PHS to address problems and possible improvements to benefit detainees with diabetes. The ADA and its counsel dedicated substantial effort to preparation of extensive monitoring reports, analysis of PHS material, and presentation of a training program for PHS personnel. As the City and PHS implement and refine their new policies, the ADA remains willing to work with

both the City and PHS to review the results to help ensure that detainees with diabetes receive proper care in the City of Philadelphia.

II. BACKGROUND AND SUMMARY OF PRIOR MONITORING RESULTS

On October 16, 2003, the United States District Court for the Eastern District of Pennsylvania approved the Agreement between the City of Philadelphia, the *Rosen* plaintiff class, and the ADA. The Agreement included a variety of provisions and procedures, including:

- Detailed provisions setting forth PPD policy for detainees with diabetes, including transportation procedures, police interaction with medical providers, maintenance of medical checklists, and provision of a source of sugar in police districts;

- Specific guidelines for PHS in providing medical services at the PDU to detainees with diabetes, including blood glucose testing upon arrival and availability of diabetes-related medications and appropriate food;

- Monitoring provisions requiring the City to produce data on each individual with diabetes detained by the PPD to counsel for plaintiffs and the ADA, including PARS information, detainee medical checklists, and medical administration records;

- Training requirements, including the production of a training video and a poster for police officers describing symptoms of diabetes and appropriate responses by police officers.

On February 12, 2004, the City of Philadelphia made its first production pursuant to the monitoring provisions of the Injunctive Class Settlement Agreement. This production included computer tracking data from PARS for all persons identified as having diabetes, data from the Internal Affairs Division (IAD) Hospital Case computer database, documents corresponding to the "Hospital Cases" and documents relating to detainee meals.

In April of 2004 we submitted our First Monitoring Report to the City, wherein we noted that the data appeared to indicate that a high number of detainees with diabetes were spending significant time in the districts or specialized units outside of Police Headquarters at 8th & Race before being transferred to the PDU. Additionally, we pointed out the need to ascertain why there were discrepancies between the "Med.Facility" entry for detainees with diabetes in the "Queue Event" field of the PARS database and the IAD Hospital Case database/records.[3]

[3] There were detentions where the IAD Hospital Case data indicated that some of the detainees with diabetes were transported to a medical facility, but no "Med.Facility" entry appeared for these detainees in a "Queue Event" field of the tracking (PARS) database. Conversely, we noted that there were detainees with diabetes who had a "Med.Facility" entry in a "Queue Event" field of the tracking (PARS) database, but were not listed in the produced IAD Hospital Case Database, Printout, or Hospital Case Documents. The lack of parallel records raised concerns about the adequacy of the systems set up to insure that this important event (transportation to a hospital)

(continued . . .)

In the wake of that report the City confirmed that the times in the PARS database are not reliable because, for certain events, including arrests and arrival times, the times in PARS reflect the time of data entry, which is not necessarily the time of the event. In response to this problem, the PPD developed a system whereby handwritten logs were maintained at the PDU.[4] These logs were to reflect the actual arrest time and the actual time of arrival at the PDU, along with a calculation of the elapsed time. Although we expressed our concern about a handwritten log system that was not amenable to computerized data review and was not subject to a systemized review process, we nonetheless resolved to give the system time to get up to speed, after which we conducted our second review.

We then issued our Second Monitoring Report, reflecting our review of the computer data and documents provided by the City in connection with persons with diabetes in police custody during the three-month period from June 1, 2004 through August 31, 2004. We found that the data continued to raise questions as to whether the PPD was in compliance with its policies and obligations to people with diabetes who are detained by police. Over one-third of the detainees for whom log times were available had transport to PDU times exceeding two hours. Fifteen percent had transportation times more than four hours. Additionally, the number of detainees with diabetes who apparently never reached the PDU increased to 20 from 17 in the previously audited three month period. We made several recommendations, principal among which was our belief that in order for the City to ensure that its policies toward detainees with diabetes are in fact implemented, the PPD needed to identify and track these detainees with a computerized system that lends itself to simple and routine access and review, and which is reliable in the data it contains.

On February 17, 2005, representatives of the American Diabetes Association were taken on an inspection of the Philadelphia Police Department Detention Unit at Police Headquarters, 8th and Race Streets, as well as the 9th Police District, at 21st and Pennsylvania. These inspections were pursuant to the monitoring provisions of the Agreement (¶ 23). The inspection included a tour of the PDU, with explanations of the flow of detainees through the process and associated paperwork. The PDU tour also included an opportunity to speak with the PHS nurse on duty at her station in the PDU. During this time the nurse explained PHS diabetes-related medical procedures and paperwork, and responded to questions from members of the inspection team. After leaving the secure area of the PDU, we met with police personnel who further explained the PDU paperwork and described the process for gathering documents and data produced under the monitoring provisions of the Settlement Agreement.

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was being adequately logged in the Tracking (PARS) database and that IAD was getting notification of this important event (transportation to a hospital), so it could be logged, tracked and audited by IAD.

[4] "Logs" may be a bit of a misnomer, in that the data was not recorded contemporaneous with the events and the detainee's presence in the PDU. Rather, at a later date. the information was gathered from a variety of sources, some outside of the PDU, and then recorded in the logs.

We then traveled to the 9th Police District at 21st and Pennsylvania Streets. The 9th District, which generally covers center city west of Broad Street, shares a facility with the Central Detective Division. At the 9th District we met with Captain Cullen, the District Commanding Officer. The Captain explained District procedures relating to detainees with diabetes and responded to questions. We were then taken on a tour of the District, including the operations room, juvenile detention "cells" and the cell room. In the cell room we had an opportunity to question cell room personnel about procedures relating to detainees with diabetes.

Following the inspection, we proceeded to reexamine the January 2005 document production, with a new understanding of the procedures involved. This review included both an examination of the PHS paperwork by Dr. Carol Homko for medical issues, and a review of PPD paperwork for inmate tracking issues.[5]

On May 13, 2005 we issued our Third Monitoring Report, the subjects of which were our inspection and medical review of the January 2005 PHS documents. We identified a number of positive developments, as well as some areas which still needed improvement. In addition to our continued insistence on the necessity of a reliable, reviewable, computerized detainee tracking system, we found several areas of major concern with the knowledge and practices of the PHS nurses who were providing care to detainees with diabetes in the PDU. As a result of these findings, the ADA offered to review training materials and protocols for PHS and to provide direct diabetes education to the PHS nurses. PHS subsequently acknowledged the problems identified by the monitors.

On May 31, 2005 we issued our Fourth Monitoring Report, the subjects of which were our review of the March 2005 detainee data and documents. Our review indicated that the times from arrest to transport to the PDU continued to be unacceptable for many detainees with diabetes. Over one-third (1/3) of the detainees for whom log times were available had transport to PDU times exceeding two hours. More than fifteen percent (15%) had transportation times more than double that two hour target. A significant number of detainees with diabetes apparently never reached the PDU. The systems in place for documenting when detainees with diabetes have been taken to a hospital, whatever the reason, were not capturing that information. Information on provision of special meals relied upon record keeping by PHS nurses, which was sporadic, at best.

On July 14, 2005, we issued our Fifth Monitoring Report, which reviewed data and documents for detainees with diabetes in PPD custody during May 2005. We continued to be concerned with the times from arrest to transport to the PDU. Approximately one-third (1/3) of the detainees for whom there were log entries had transport to PDU times exceeding two hours. Fifteen percent (15%) had transportation times more than double that two hour target, while there continued to be detainees with diabetes who apparently never reached the PDU. We again noted that the systems in place for documenting when detainees with diabetes have been taken to a hospital still were not capturing information in a consistent fashion. We also, again, urged the

[5] Carol Homko, R.N., Ph.D., C.D.E., is Nurse Manager of the General Clinical Research Center of Temple University Hospital, and a member of the National Board of Directors of the American Diabetes Association.

City to identify and track detainees with a computerized system containing reliable data which lends itself to simple and routine access and review.

In September of 2005, representatives of the ADA and plaintiffs' counsel met with representatives of the PPD and counsel for the City to discuss an improved computerized tracking of detainees with medical need. The PPD had concluded that such a system was indeed needed and the City had obtained a proposal and budget from a computer software vendor to upgrade PARS. The ADA also provided comments to PHS on a PHS "self-study" diabetes course for PHS nurses. In early December 2005, the City provided documents evidencing the planned computerized tracking system, along with the results of a PPD audit of the problem transports identified in the Fourth Monitoring Report (covering March 2005).

On February 10, 2006, after a specific request to PHS by the City to accept training by the ADA, the ADA presented a training program by Dr. Homko free of charge to the PDU nursing staff. Six PHS staff nurses attended, with two PPD officers and PHS's Director of Nursing Education also in attendance. The program – entitled "Diabetes Mellitus Update" – was held at the Police Administration Building and lasted approximately three hours.

On August 7, 2006, plaintiffs' counsel issued its Sixth Monitoring Report. This report reached the following conclusions:

- Data produced by the City for September 2005 showed that the City required more than four hours to transport 37 detainees to the PDU from time of their arrest, or 14% of the monthly total of detainees with diabetes (245 persons). For 21 of these 37 detainees, more than eight hours elapsed from time of arrest to arrival at the PDU. The City's data included no explanation for many of these delays, which significantly exceeded the time the ADA believes is reasonable for such transportation and were inconsistent with the PPD's own training on detainees with diabetes.

- A review of the medical records of detainees with diabetes at the PDU in September 2005 conclusively showed that PHS did not routinely check the blood sugar levels of detainees with diabetes after initial assessment and treatment at the PDU. For example, for 15 of the 21 individuals who arrived at the PDU with blood sugar levels between 300 and 400 mg/dl, an average of 9 hours elapsed between initial treatment and a second blood sugar level blood check by PHS. For four individuals who had low blood sugar (below 60 mg/dl), PHS performed no monitoring of blood sugar levels until the next nursing staff shift change. Despite the ADA training provided free of charge for PDU nurses after these events, PHS had still failed to revise the single "self-study" course it had for nurses to include specific parameters for testing of blood sugar levels. The Sixth Monitoring Report noted that, to the ADA's knowledge, PHS had no written protocols for its nurses that describe the proper treatment of detainees with diabetes.

The ADA and counsel for the plaintiff class received no response to the Sixth Monitoring Report. After the Court granted an unopposed motion by the ADA and the plaintiff class to file the Sixth Monitoring Report publicly, representatives of the City, the ADA, and the plaintiff class met to discuss the Sixth Monitoring Report, and the City subsequently submitted a letter on

January 16, 2007 (the "January 2007 Response") to counsel for the ADA and the plaintiff class describing new City and PHS policies and procedures.

III. THE CITY'S JANUARY 2007 RESPONSE TO THE SIXTH MONITORING REPORT

The City's January 2007 Response was divided into sections detailing PPD and PHS improvements. We summarize each below.

A. PPD Improvements

In its January 2007 response, the City explained that it had now implemented an improved tracking system for detainees with diabetes. According to the City, the PPD developed an enhancement to the PARS system to permit supervisors to monitor a special queue that identifies the location of all known detainees with diabetes. If the detainee has not been transported to the PDU, the supervisor on duty must arrange for transportation. Failure to arrange for such transportation requires a written report specifying the reason for delay, which is then reviewed by the Commanding Officer. Further action (training or discipline) may be taken.

In addition to the above changes, the City reported that it had issued several general messages regarding detainees with diabetes, and attached copies of messages issued in January 2007, instructing supervisors as to the new monitoring system and informing all police department personnel that it was imperative that medical checklists be prepared immediately for anyone brought into a police installation for investigation or arrest.

B. PHS Improvements

The City's January 2007 response also included extensive information concerning PHS and diabetes. First, the City reported that PHS had gained knowledge from its meetings with ADA representatives to enhance PHS's service to people with diabetes in Philadelphia as well as in thirty other states where PHS provides medical services to prison populations. PHS had undertaken significant enhancements to its diabetes training program and also developed specific new minimum standards, intake guidelines, protocols and forms for use in prison settings, including the PDU. In addition, PHS had determined to devote its company quality improvement screening programs to diabetes for the first quarter of 2007, which was the first time PHS had ever focused on a single disease in this manner. The City's response provided an overview of these changes, as well as copies of PHS's new training materials, forms and protocols that would be used by PHS staff.

IV. REVIEW OF THE CITY'S JANUARY 2007 RESPONSE

After receipt of the City's January 2007 Response, the ADA undertook a detailed medical review of the new materials provided by PHS, including consultation with physicians and diabetes educators. In addition, as part of the preparation of this Final Report, counsel for the plaintiff class requested the City to provide information on the implementation of the changes to the detainee tracking system, including whether any action forms had been generated as a result of delays and if the City had investigated any delays.

As a result of this review, the ADA and counsel for the plaintiff class reached the following conclusions:

- **The City has now taken additional steps to improve transportation of detainees with diabetes which must be evaluated for effectiveness.** The City did not respond to our request for information on implementation. If the new changes to the detainee tracking system are implemented as described by the City, these changes should significantly reduce the risk of transportation delays for detainees. However, the City's failure to provide any data on implementation to date underscores the need for evaluation and monitoring of these new procedures.
- **PHS has improved its diabetes training materials and developed new intake guidelines and other forms for detainees.** The ADA's in-depth review of PHS's new training materials (which was provided separately in written form to the City) identified several problems with PHS's revised materials relating to blood glucose monitoring and insulin administration. As a result, the ADA and PHS subsequently discussed PHS's general procedures and specific PDU procedures, and PHS provided the ADA with a written list of specific PDU procedures (a copy of these procedures is attached as Exhibit A). While these procedures, if fully implemented, will in many ways address the ADA's concerns regarding monitoring, the ADA still has concerns regarding monitoring in response to symptoms and complaints of hypoglycemia and hyperglycemia, and regarding insulin administration, particularly the amount and type of insulin a detainee will receive. In addition, the PHS training materials appear to be only a one-hour self-study training program on diabetes, which the ADA believes is far too limited a time period to learn to provide appropriate care. It is also unclear as to whether there is any central place where PHS diabetes materials are housed or if there is coordination of the various diabetes forms into a comprehensive program for diabetes management, including review of completed nursing forms to determine if procedures are being followed.

V. POLICE TRAINING

On March 9, 2004, the City and the ADA entered into an agreement with a video production company to produce a training video for police officers on diabetes. After extensive work by representatives of the City, the PPD, the ADA, and counsel, a working script was finished and production scheduled. Copies of the completed video were delivered to the City in November, 2005, and we understand that the video has been incorporated into annual training of Philadelphia police officers and new recruits. The ADA and counsel for the plaintiff class believe the video is of high quality and, if used regularly, will be an effective training tool for the PPD.

The ADA has provided the training video and poster to law enforcement agencies around the country. In Philadelphia, the University of Pennsylvania and Temple University Police Departments have each incorporated the video into their officer training. In addition, consistent with paragraph 26 of the Settlement Agreement, the PPD Department recommended inclusion of the video and its contents the Pennsylvania Municipal Police Officers Training and Education Commission Basic Curriculum and Annual In-Service Training.

In February 2005, the City also received 300 copies of a poster jointly produced by the ADA and the PPD that outlines symptoms of diabetes and PPD procedures. We understand that this poster is now displayed in each district and other locations where detainees will be held, and that sufficient copies were ordered to ensure that copies that are destroyed or worn can be replaced for several years. A reduced copy of the poster is attached as Exhibit B.

VI. OTHER ISSUES

Under the Settlement Agreement, the City committed to make a source of sugar in the form of soft drinks available in the PDU and in all Police Districts and Units. Settlement Agreement, ¶ 16. Through the course of discussions with the City and the plaintiffs' inspection, it was not clear that the City implemented this commitment; during the plaintiffs' 2005 inspection tour of the 9th District, we learned that the District was unaware of the PPD's policy of making soda available as a source of sugar for detainees with diabetes. Subsequently, we learned from PPD officials that orange juice is now available in all police installations as a source of sugar for detainees with diabetes.

Another two issues arising from our inspection were the treatment of juvenile offenders with diabetes and completion of medical checklists for individuals with diabetes who are detained on summary offenses. It is not clear from the data produced by the City or our inspection how juveniles with diabetes are treated, or if medical detainee checklists for individuals held on summary offenses are in fact being completed, and the City has not responded to our earlier reports of this issue. While we do not know if grounds for concern exist with respect to these two groups of detainees, we did not receive an explanation of the City's applicable policies after our request in the Sixth Monitoring Report.

CONCLUSION

The City of Philadelphia has taken substantial steps to improve the care of detainees with diabetes through training materials and more timely transportation, as required by the Settlement Agreement. PHS has also improved its diabetes training materials and developed new intake guidelines and other forms for detainees. While the ADA has continuing concerns relating to insulin administration at the PDU, blood glucose monitoring in response to symptoms and complaints of hypoglycemia and hyperglycemia, and PHS diabetes-related training and monitoring of compliance with PHS procedures, PHS's PDU-specific guidelines, if fully implemented, represent a significant improvement for detainees with diabetes.

Because these improvements were all made after the end of the monitoring period and no data has been provided for review, the ADA and counsel for the plaintiff class believe it is essential for the City and PHS to ensure that these improvements are implemented, carefully monitored, and actually result in reduced transportation delays, improved medical care, and reduction in overall risk to individuals detained in Philadelphia.

The monitoring period created by the Settlement Agreement is now over, but counsel for the plaintiff class and the ADA believe it is in the interest of all parties to realize the complete vision of the Settlement Agreement. Both the American Diabetes Association and counsel for the

plaintiff class therefore remain willing to work with the City and the Philadelphia Police Department in the future to help ensure that detainees with diabetes receive appropriate medical treatment.

Respectfully submitted,

Alan. L. Yatvin, Esq.
Popper & Yatvin
230 South Broad Street, Suite 503
Philadelphia, PA 19102
(215) 546-5700

/s/ David Rudovsky

David Rudovsky, Esq.
Kairys Rudovsky Epstein & Feinberg, LLP
924 Cherry Street, Suite 500
Philadelphia, PA 19107
(215) 925-4400

Counsel to the plaintiff class and the American Diabetes Association

/s/ Joseph B.G. Fay

Joseph B.G. Fay, Esq. (PA. I.D. No. 33480)
Kenneth M. Kulak, Esq. (PA I.D. No. 75509)
Morgan, Lewis & Bockius LLP
1701 Market Street
Philadelphia, PA 19103
(215) 963-5000

Counsel to the American Diabetes Association

Dated: June 15, 2007

EXHIBIT A

Procedures for Diabetic Care at the PAB

Upon the arrival of a detainee with diabetes at the PAB, the following steps are initiated:

- The intake screening form is stamped in big red letters, "Diabetic", and kept in a separate folder for easy access for continued care
- The intake screening form is completed. It includes a finger stick blood glucose check, as well as, queries the detainee regarding medications and diet
- If the result of the finger stick blood glucose test is >200 mg/dl, then the Nursing Evaluation Tool (NET) for hyperglycemia is initiated
- If the result of the finger stick blood glucose test is <60 mg/dl, then the NET for hypoglycemia is initiated
- Blood glucose results between 60 mg/dl and 200 mg/dl will be monitored before each meal, as well as, no longer than every six hours while awake
- Current medication orders from the community provider, once verified, will be initiated based on the direction of the facility physician via a verbal order obtained by the nurse
- If medication orders cannot be verified, sliding scale insulin coverage will be initiated
- Sliding scale insulin coverage will also apply to all diabetics, including those whose medications from the community (oral or insulin) have been verified and started, depending on blood glucose readings
- At approximately 9:00 pm, snack packs, consisting of a peanut butter sandwich and OJ are given to the diabetics
- The average length of stay for detainees at the PAB is less than twenty four hours.
- Diabetics who are transferred into the PPS from the PAB will have their care continued. The PAB nurse faxes the intake screening form and calls report to the intake nurse at CFCF (male) and RCF (female)
- At the PPS, longer-term comprehensive diabetic care is provided

EXHIBIT B

Diabetes is serious: It can be life threatening!

People with diabetes control their blood sugar (glucose) level by balancing medication, food, and activity. Many must test their blood sugar levels numerous times each day. People with diabetes must have access to their medication (insulin or oral medication) and food in order to avoid blood sugar levels that are dangerously high or low.

Diabetes Emergencies

People experiencing diabetes emergencies may appear intoxicated, under the influence of drugs or uncooperative. When in doubt, ask the person or his/her companions if the person has diabetes and check for medical identification bracelet, necklace, or card.

Warning Signs that Require Action

HYPOGLYCEMIA
(low blood sugar)

- sweating
- shakiness
- anxiety
- confusion
- difficulty speaking
- uncooperative behavior
- paleness
- irritability
- dizziness
- inability to swallow
- seizure
- loss of consciousness

Action: Give 1/2 can sugared (non-diet) soda (unless the person cannot swallow) and transport immediately to nearest hospital.

HYPERGLYCEMIA
(high blood sugar)

- flushed skin
- labored breathing
- confusion
- cramps
- very weak
- sweet breath
- nausea
- loss of consciousness

Action: Give access to water, bathroom, and medication, and transport immediately to nearest hospital.

Philadelphia Police Department Procedures for Detainees with Diabetes

1. Transport to PDU: Once an adult detainee is identified as having diabetes, the detainee should be transported to the Police Detention Unit (main offender processing unit) for processing and medical evaluation, except:

- A detainee arrested for a summary offense or detained for a **short period of time** for investigative purposes may remain in the district or unit unless he/she is ill.
- A detainee who requests medical care or exhibits symptoms of diabetic illness should be **promptly** transported to the nearest hospital.

2. Medical Checklist: Complete a Detainee's Medical Checklist (75-605) for each adult detainee with diabetes and ensure that it accompanies the detainee to all facilities while he/she is in custody. Document requests for a source of sugar on the checklist.

3. Food: If a detainee with diabetes asks for food, provide him/her with appropriate and timely food.

4. Sugar: If a detainee with diabetes requests a source of sugar to treat his/her diabetes, **immediately** provide that person with a sugared soft drink.

5. Blood Alcohol Testing: Inform the medical staff in the PDU of any individual with diabetes who is awaiting blood alcohol testing.

POLICE

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For more information about diabetes, call 1-800-DIABETES, or visit www.diabetes.org