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TO: Lieutenant Ryan Padua, Lebanon Police Department
FROM: Sheila Lorange, CIS Risk Management Consultant
DATE: June 30, 2025
RE: Updated information on reopening the Jail

On April 12, 2023, I wrote a memo regarding the top three areas of risk for the Lebanon Police Department City Jail and included recommendations on ways to help mitigate the risk. Since that time, the Lebanon Jail has remained closed however, reopening the jail is being considered at this time.

The top three risks and recommendations made in the 2023 memo included:

- Dedicated jail staff (24/7),
- Readily available qualified medical staff, and
- Suicide prevention strategies.

If the decision is made to reopen the jail, the recommendations I made in 2023, remain the same. However, I have included additional information regarding the recommendations made as well as updated technology that may help support those recommendations.

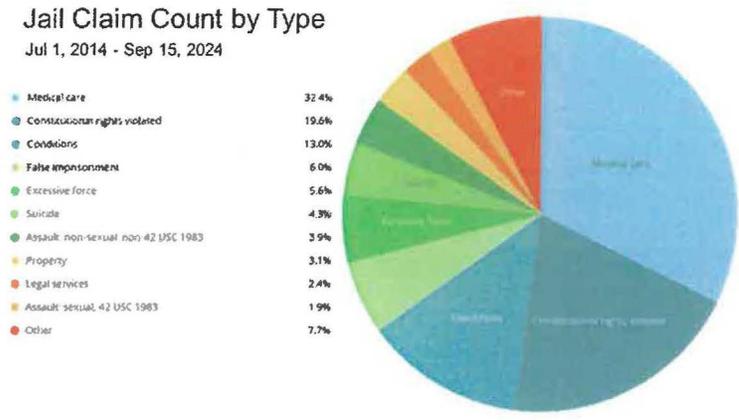
Without readily available medical staff, the adults in custody (AIC) may not receive timely treatment for chronic conditions, injuries or emergencies, potentially leading to severe health deterioration or death. Jails throughout Oregon are tasked with caring for individuals in our communities who are experiencing substantially greater physical needs than the average population. It is common to see a significant increase in complications from physical illness, including chronic medical conditions, alcohol/drug withdrawal, infectious diseases and substance abuse disorders with this population.

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CIS data indicates medical negligence claims are currently the highest risk for jail/correctional facilities. Over the past decade, CIS has seen a total of 134 claims regarding medical care (representing 32.4% of all jail claims) and 18 suicide claims (4.3%). This highlights the growing concern about medical care standards in correctional facilities across the state. See graph below for additional detail.



The high cost of jail medical claims can place a substantial financial burden on a correctional facility, highlighting the need for effective medical screening, readily available medical staff and risk management strategies to reduce unnecessary expenses. As mentioned, jail medical claims have proven to be a leading cause of lawsuits and financial losses, often resulting in hundreds of thousands of dollars or multi-million-dollar payouts.

In the 2023 memo, I mentioned health monitors that could be used to help monitor the AIC. Since that time, the technology continues to improve, and additional options are available. I have included a link below to one of the options I have seen a demonstration of. While CIS cannot recommend specific companies, you are encouraged to conduct your own research and vetting of potential vendors. The technology available could be a useful tool to enhance health and suicide monitoring. However, health monitors should not be considered without the full support of correctional officers and medical staff. Effective monitoring requires coordinated observation, and a timely response to health changes. Without trained staff to interpret data, conduct assessments and intervene when needed, health monitors alone cannot adequately address medical risks or prevent emergencies. If you are interested in additional information on either of these, let me know.

<https://www.4sightlabs.com/unified-biometric-solutions>

Another thing to consider is this year the CIS Board of Trustees asked that the CIS Law Enforcement Risk Managers continue to focus on the highest risk areas in both Jails and Law Enforcement operations and that the best practices/risk assessment be scored (the reports have not been scored in the past). I will forward a copy of the scored questions for the jail risk assessment, so you have a clear understanding of what is expected. Depending on the score for each section (jail operations, jail medical, policies and procedures, safety and security and accreditation) you can receive up to a 5% reduction in premiums or up to a 5% surcharge. Although I haven't done a full risk assessment/best practices assessment of the Lebanon Jail, based on what I observed during the jail tour and conversations with Lieutenant Padua, I believe you would meet the standards in some sections (policies and procedures, safety and security). However, you may struggle to meet the standards in other sections (jail operations, jail medical and accreditation). As mentioned, this would result in a surcharge and create additional costs.

As mentioned throughout this report, operating a jail is inherently high risk due to the responsibility for the health, safety and constitutional rights of all individuals in custody, as well as the need to manage security threats, medical emergencies and legal liabilities on a daily basis. If the decision is made to re-open the jail, I would strongly recommend these risks and the above recommendations be carefully evaluated and given serious consideration.

Relating to health care; creating new provisions; amending **ORS 3.450, 30.302, 30.800, 30.802, 31.260, 31.740, 58.376, 87.555, 87.560, 87.565, 87.575, 87.581, 109.640, 109.650, 109.675, 109.680, 109.685, 124.050, 127.663, 127.700, 135.139, 136.220, 137.076, 137.473, 137.476, 146.181, 146.750, 147.403, 169.076, 169.077, 169.750, 192.547, 192.556, 192.566, 315.616, 336.479, 336.490, 339.870, 343.146, 348.303, 353.450, 408.310, 408.315, 408.340, 410.530, 413.273, 413.574, 413.590, 414.550, 418.747, 418.782, 419B.005, 419B.020, 419B.023, 419B.035, 419B.352, 421.467, 421.590, 430.401, 430.735, 431.180, 431A.570, 432.005, 433.010, 433.017, 433.110, 433.260, 433.443, 433.800, 433.815, 435.205, 435.305, 436.225, 436.235, 436.295, 438.010, 441.064, 441.098, 441.775, 441.776, 442.490, 443.065, 443.075, 443.850, 453.307, 463.015, 475.005, 475.528, 475.744, 475.950, 475.975, 475.976, 475.978, 475C.777, 475C.891, 496.018, 616.750, 628.270, 656.005, 656.245, 656.260, 656.799, 659A.150, 659A.413, 675.755, 676.340, 676.345, 676.347, 676.454, 676.650, 676.860, 677.085, 677.095, 677.097, 677.135, 677.137, 677.139, 677.141, 677.235, 677.494, 677.495, 677.500, 677.505, 677.510, 677.511, 677.512, 677.515, 677.518, 677.520, 677.525, 677.535, 680.205, 680.545, 688.132, 688.405, 688.510, 688.515, 688.525, 688.805, 694.042, 735.631, 742.400, 742.504, 743A.036, 743A.044, 743B.221, 743B.222, 743B.427, 744.364, 744.367, 746.230, 746.600, 750.055, 759.693, 759.698, 807.090, 811.220, 811.604** and **811.611** and section 9, chapter 550, Oregon Laws 2011, section 2, chapter 575, Oregon Laws 2015, section 20, chapter 349, Oregon Laws 2021, and section 9, chapter 629, Oregon Laws 2021; and prescribing an effective date.

Each local correctional facility shall:

- (1) Provide sufficient staff to perform all audio and visual functions involving security, control, custody and supervision of all confined detainees and prisoners, with personal inspection at least once each hour. The supervision may include the use of electronic monitoring equipment when approved by the Department of Corrections and the governing body of the jurisdiction in which the facility is located.
- (2) Have a comprehensive written policy with respect to:
 - (a) Legal confinement authority.
 - (b) Denial of admission.
 - (c) Telephone calls.
 - (d) Admission and release medical procedures.
 - (e) Medication and prescriptions.

- (f) Personal property accountability that complies with ORS 133.455 (Receipts for property taken from person in custody).
- (g) Vermin and communicable disease control.
- (h) Release process to include authority, identification and return of personal property.
- (i) Rules of the facility governing correspondence and visitations.
- (3) Formulate and publish plans to meet emergencies involving escape, riots, assaults, fires, rebellions and other types of emergencies, and regulations for the operation of the facility.
- (4) Not administer any physical punishment to any prisoner at any time.
- (5) Provide for emergency medical and dental health, having written policies providing for:
 - (a) Review of the facility's medical and dental plans by a licensed physician, physician assistant, naturopathic physician or nurse practitioner.
 - (b) The security of medication and medical supplies.
 - (c) A medical and dental record system to include request for medical and dental attention, treatment prescribed, prescriptions, special diets and other services provided.
 - (d) First aid supplies and staff first aid training.
- (6) Prohibit firearms from the security area of the facility except in times of emergency as determined by the administrator of the facility.
- (7) Ensure that confined detainees and prisoners:
 - (a) Will be fed daily at least three meals served at regular times, with no more than 14 hours between meals except when routinely absent from the facility for work or other purposes.
 - (b) Will be fed nutritionally adequate meals in accordance with a plan reviewed by a registered dietitian or the Oregon Health Authority.
 - (c) Be provided special diets as prescribed by the facility's designated physician, physician assistant, naturopathic physician or nurse practitioner.
 - (d) Shall have food procured, stored, prepared, distributed and served under sanitary conditions, as defined by the authority under ORS 624.041 (Rules).
- (8) Ensure that the facility be clean, and provide each confined detainee or prisoner:
 - (a) Materials to maintain personal hygiene.
 - (b) Clean clothing twice weekly.

- (c) Mattresses and blankets that are clean and fire-retardant.
- (9) Require each prisoner to shower at least twice weekly.
- (10) Forward, without examination or censorship, each prisoner's outgoing written communications to the Governor, jail administrator, Attorney General, judge, Department of Corrections or the attorney of the prisoner.
- (11) Keep the facility safe and secure in accordance with the State of Oregon Structural Specialty Code and Fire and Life Safety Code.
- (12) Have and provide each prisoner with written rules for prisoner conduct and disciplinary procedures. If a prisoner cannot read or is unable to understand the written rules, the information shall be conveyed to the prisoner orally.
- (13) Not restrict the free exercise of religion unless failure to impose the restriction will cause a threat to facility or order.
- (14) Safeguard and ensure that the prisoner's legal rights to access to legal materials are protected.
- (15) In addition to the items listed in subsection (8) of this section, make available tampons, sanitary pads, postpartum pads and panty liners at no cost to all confined detainees and prisoners for use in connection with vaginal discharge. Facilities shall maintain a sufficient supply, which shall be stored, dispensed and disposed of in a sanitary manner. The supply of products available shall include at least the following:
 - (a) Regular absorbent and super absorbent tampons;
 - (b) Regular absorbent and super absorbent sanitary pads;
 - (c) Postpartum pads; **and**
 - (d) Regular absorbent panty liners. [1979 c.487 §6 (enacted in lieu of 169.075); 1987 c.320 §92; 2005 c.471 §6; 2009 c.595 §116; 2013 c.63 §2; 2014 c.45 §29; 2017 c.356 §20; 2019 c.213 §46; 2019 c.489 §1]

Location: https://oregon.public.law/statutes/ors_169.076

Original Source: Section 169.076 — Standards for local correctional facilities, https://www.oregonlegislature.gov/bills_laws/ors/ors169.html (last accessed May 10, 2025).