

ATTACHMENT A

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ACQUISITIONS

AMERICAN MEDICAL ASSOCIATION STANDARDS

FOR HEALTH SERVICES IN JAILS

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AMERICAN MEDICAL ASSOCIATION STANDARDS

FOR HEALTH SERVICES IN JAILS

Preface

The AMA Standards for Health Services in Jails is the result of three years of deliberations by the AMA Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions, several state medical society project advisory committees, three special national task forces and AMA staff. Equally important, several hundred sheriffs, jail administrators and health care providers in jails across the country contributed substantially to the Standards. The development of Standards was made possible through a grant from the Law Enforcement Assistance Administration to the AMA.

Many jails have been or are under legal action for failure to provide adequate health care. The various court decision involving pre-trial detainees have stressed that detainees must be accorded all of the rights of a citizen and deprived only of such liberty as necessary for their confinement to ensure their presence at trial. Standards reflect the viewpoint of organized medicine regarding the definition of adequate medical care and health services as they exist in the community, insisted upon by the courts. They are considered minimal. The trend in court decisions has been to respond positively to systems which are attempting to improve health care delivery even through they have not substantially met minimum standards.

The medical program must function as part of the overall institutional program. Standards call for close cooperation between the medical staff, other professional staff, correctional personnel and facility administration.

Thirty-five jail health care delivery systems have already been accredited by the AMA, utilizing earlier editions of Standards.

Experience has shown that the same AMA Standards have been met by jails which range from the smallest local facilities to the largest metropolitan jails.

Accreditation means professional and public recognition of good performance; accreditation through standards implementation, based upon the success of other fields, is the foundation for professionalization and the public's recognition of criminal justice medicine. As demonstrated in the AMA Jail Project, implementation of the standards results in (1) increased efficiency of health care delivery, (2) greater cost effectiveness and (3) better overall health protection for inmates, staff and the community.

The standards address the following aspects of medical, psychiatric and dental care and health services: (1) Administrative, (2) Personnel,

(3) Medical Legal Issues, (4) Health Records, (5) Pharmaceuticals, and (6) Care and Treatment.

The standards are acknowledged criteria for qualitative and/or quantitative measurement of health care delivery systems. The previous edition of Standards has been approved by the National Sheriffs' Association, American Correctional Association, Commission on Accreditation for Corrections and the AMA House of Delegates. In addition, several state jail inspection/regulatory bodies have adopted the basic standards and several court decisions have been based on the AMA Standards.

Experience dictates that a safe, sanitary and humane environment which meets sanitation, safety and health codes (addressed in other national standards) are pre-requisites for a good health care program.

The Discussion which accompanies each standard elaborates on the conceptual basis of the standard and in some instances identifies alternative approaches to compliance.

Facility administrators and clinicians will find the Standards helpful in providing services to inmates. Standards also provide information useful to administration in program planning and budgeting. Clinicians will be assisted by Standards in establishing priorities, allocating resources and training staff.

This edition of the AMA Jail Standards includes detailed chemical dependency and psychiatric standards. These additions are extremely important as national criminal justice service agencies universally report that a major problem they must address is the detention of mentally ill and chemically dependent people in jails.

Psychiatric illness is not only rarely considered the cause of criminal behavior, but can develop during incarceration, and not always be recognized. Citizens with psychiatric illness will continue to be jailed for cause. The recommended approach for health professionals is to develop appropriate medical services for the seriously mentally ill both in and out of correctional facilities.

The AMA National Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions and the AMA Task Force on Psychiatric Standards for Jails and Prisons strongly support the policy adopted by some law enforcement administrators stating that their officers will not place charges against suspected mentally ill persons for the sole purpose of detention. Admission to appropriate health care facilities and/or the providing of services in the community in lieu of jail detention should be sought for such persons.

The standards proposed herein represent an outline of a program necessary to properly detect, treat and refer psychiatric patients in correctional facilities. Psychiatric services are part of the medical

program with the treatment of psychiatric illness being the goal.

The standards assume a multidisciplinary model of health care delivery. With respect to psychiatric services the primary responsibility remains with the physician. Other health care staff, such as nurses, social workers and psychologists, can provide psychiatric services under physician supervision.

Standards place responsibility on medical staff to consult with their non-medical colleagues in the management of inmates with behavior problems. Medical staff are called upon to provide advocacy services for the alcoholic, drug abuser and mentally retarded. Standards promote the proper diagnosis and referral of these inmates to services appropriate to their needs.

Reliance on community resources for manpower and facilities is the only way that most correctional facilities can provide psychiatric care. Correctional facilities function best as part of the human services system of the surrounding community. The emphasis of Standards is to bring medical resources into the facility for routine care and transfer out inmates with extraordinary needs.

Studies show that the most frequent cause of death in jails is suicide, frequently alcohol and/or drug related, and secondly, withdrawal from alcohol and drugs independent of medical supervision. Standards address not only the need for adequate professional screening, referral and treatment of inmates with psychiatric and chemical dependency problems but the need for training correctional staff in these areas, which impacts heavily on the effectiveness of the health care delivery system.

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ADMINISTRATIVE

Various aspects of management of the health care delivery system in a jail, including processes and resources, are addressed. The method of formalizing the health care system is outlined. However, the standards do not dictate organizational structure.

RESPONSIBLE HEALTH AUTHORITY

- 101 The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract or job description. The health authority may be a physician, health administrator or agency. When this authority is other than a physician, final medical judgments rest with a single designated responsible physician licensed in the state.

Discussion: Health care is the sum of all action taken, preventive and therapeutic, to provide for the physical and mental well-being of a population. Health care, among other aspects, includes medical and dental services, personal hygiene, dietary and food services, and environmental conditions.

The health authority responsibility includes arranging for all levels of health care and assuring quality and accessibility of all health services provided to inmates. It may be necessary for the facility to enter into written agreements with outside providers and facilities in order to meet all levels of care.

A responsible physician is required in all instances; he or she makes the final medical judgments. In most situations the responsible physician will be the health authority. In many instances the responsible physician also provides primary care.

MEDICAL AUTONOMY

- 102 Matters of medical and dental judgment are the sole province of the responsible physician and dentist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

Discussion: The provision of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation. The health authority arranges for the availability of health care services; the official responsible for the facility provides the administrative support for accessibility of health services to inmates.

Health personnel have been called upon to provide non-medical services to inmates: "talking to troublemakers," providing special housing for homosexuals or scapegoats in the infirmary or to medicate unruly inmates. These are examples of inappropriate use of medical care.

ADMINISTRATIVE MEETINGS

- 103 Health services are discussed at least quarterly at documented administrative meetings between the health authority and the official legally responsible for the facility.

Discussion: Administrative meetings held at least quarterly are essential for successful programs in any field. Problems are identified and solutions sought. Health care staff are also encouraged to attend other facility staff meetings to promote a good working relationship among all staff.

Regular staff meetings which include the health authority and facility administrator and discussion of health care services meet compliance.

ADMINISTRATIVE REPORTS

- 104 There is, minimally, a quarterly report on the health care delivery system and health environment and an annual statistical summary.

Discussion: The health authority submits a quarterly report to the facility administrator which includes the effectiveness of the health care system, description of any health environment factors which need improvement, changes effected since the last reporting period and recommends corrective action, if necessary.

The annual statistical report indicates the number of inmates receiving health services by category of care, as well as other pertinent information (e.g., operative procedures, referrals to specialists, ambulance services, etc.).

Reports done more frequently than quarterly or annually satisfy compliance.

POLICIES AND PROCEDURES

- 105 There is a manual of written policies and defined procedures approved by the health authority which includes the following:
- Peer review (Standard 109)*
 - Sharing of information (111)
 - Decision making: psychiatric patients (112)

*Denotes standard to which policy and/or procedures pertain.

105

Cont.

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POLICY, PROCEDURE, PROGRAM UPDATING

- 106 Each policy, procedure and program in the health care delivery system is reviewed at least annually and revised as necessary under the direction of the health authority. Each document bears the date of the most recent review or revision and signature of the reviewer.

Discussion: Regular review of policies, procedures and programs is considered good management practice. This process allows the various changes made during the year to be formally incorporated into the agency manual instead of accumulating a series of scattered documents. More importantly, the process of annual reviews facilitates decision making regarding previously discussed but unresolved matters.

SUPPORT SERVICES

- 107 If health services are delivered in the facility, adequate staff, space, equipment, supplies and materials as determined by the health authority are provided for the performance of health care delivery.

Discussion: The type of space and equipment for the examination/treatment room will depend upon the level of health care provided in the facility and the capabilities and desires of health providers. In all facilities, space should be provided where the inmate can be examined and treated in private.

Basic equipment generally includes:

- Thermometers;
- Blood pressure cuffs;
- Stethoscope;
- Ophthalmoscope;
- Otoscope;
- Percussion hammer;
- Scale;
- Examining table;
- Goose neck light;
- Wash basin; and
- Transportation equipment, e.g., wheelchair and litter.

If female inmates receive medical services in the facility, appropriate equipment should be available for pelvic examinations.

LIAISON STAFF

- 108 In facilities without any full-time qualified health personnel, a health trained staff member coordinates the health delivery services in the facility under the joint supervision of the responsible physician and facility administrator.

Discussion: Invaluable service can be rendered by a health trained corrections officer or social worker who may, full or part-time, review receiving screening forms for follow-up attention, facilitate sick call by having inmates and records available for the health provider, and help to carry out physician orders regarding such matters as diets, housing and work assignments.

Qualified health personnel are physicians, dentists and other professional and technical workers who by state law engage in activities that support, complement or supplement the functions of physicians and/or dentists and who are licensed, registered or certified as appropriate to their qualifications to practice.

Health trained staff may include correctional officers and other personnel without medical licenses who are trained in limited aspects of health care as determined by the responsible physician.

PEER REVIEW

- 109 Written policy defines the medical peer review program utilized by the facility.

Discussion: Quality assurance programs are methods of insuring the quality of medical care. Funding sources sometimes mandate quality assurance review as a condition for funding medical care.

The American Medical Association Resolution 121 (A-76) on quality assurance passed by the AMA House of Delegates (1976) reads, "RESOLVED, That the American Medical Association endorse the principle that correctional facilities provide adequate medical care to their inmates which is subject to physician peer review in each community."

PUBLIC ADVISORY COMMITTEE

- 110 When the facility has a public advisory committee, the committee

- 110 has health care services as one of its charges. One of the committee members is a physician.
- Cont.

Discussion: Correctional facilities are public trusts but are often removed from public awareness. Advisory committees fill an important need in bringing the best talent in the community to help in problem-solving. The role of the advisory committee is to review the facility's program and advise those responsible. Such a monitoring process helps the staff identify problems, solutions and resources.

The committee may be an excellent resource for support or facilitation of medical peer review processes which are carried out by the medical society or other peer review agencies.

The composition of the committee should be representative of the community and the size and character of the correctional facility. The advisory committee should represent the local medical and legal professions and may include key lay community representatives.

SHARING OF INFORMATION

- 111 Written policy requires that the responsible physician or his designate has access to information contained in the inmate's confinement record when the physician believes that information contained therein is relevant to the inmate's health.

Discussion: Arrested persons frequently are in a state of high anxiety and forget details of their lives which may be important from a health standpoint. A review of the record regarding previous drug and alcohol arrests, condition at the time of arrest and possession of medications, may be important to the physician in determining the inmate's total health picture. Additionally, particularly in states which have decriminalized public inebriacy, information on previous alcohol usage, diagnosis and treatment should be reviewed.

DECISION MAKING -- PSYCHIATRIC PATIENTS

- 112 Written policy requires consultation between the facility administrator and the responsible physician prior to the following actions being taken regarding psychiatric patients:

- Housing assignments;
- Program assignments;
- Disciplinary measures;
- Transfers in and out of institution.

112
Cont.

Discussion: Maximum cooperation between custody personnel and health care providers is essential so that both groups are made aware of movements and decisions regarding psychiatric patients. Patients problems may complicate work assignments or disciplinary management. Medications may have to be adjusted for safety at the work assignment or prior to transfer.

TRANSFER OF PATIENTS WITH ACUTE ILLNESSES

- 113 Written policy and defined procedures require that patients with acute psychiatric and other illnesses who require health care beyond the resources available in the facility, are transferred or committed to a facility where such care is available.

Discussion: All too often seriously ill inmates have been maintained in correctional facilities in unhealthy and anti-therapeutic environments. The following conditions should be met if treatment is to be provided in the facility:

- 1) Safe, sanitary, humane environment as required by sanitation, safety and health codes of the jurisdiction.
- 2) Adequate staffing/security to help inhibit suicide and assault, i.e., staff within sight or sound of all inmates.
- 3) Trained personnel available to provide treatment and close observation.

MONITORING OF SERVICES

- 114 The monitoring of health services rendered by providers other than physicians and dentists is performed by the responsible physician who reviews the health services delivered, as follows:

- At least once per month in facilities with less than 50 inmates;
- At least every two weeks in facilities of 50 to 200 inmates; and
- At least weekly in facilities of over 200 inmates.

Discussion: The responsible health authority must be aware that patients are receiving appropriate care and that all written instructions and procedures are properly carried out.

HEALTH TRAINED CORRECTIONAL OFFICERS

- 115 Written policy and defined procedures exist regarding the provision of an adequate number of health trained correctional officers as

115 follows:

Cont. Inmates are within sight or sound of at least one health trained correctional officer at all times; and
Minimally, one health trained correctional officer per shift is trained in basic cardiopulmonary resuscitation (CPR) and recognition of symptoms of illnesses most common to the inmates.

Discussion: Health protection can best be achieved through the providing of an adequate number of correctional officers who are trained in health care.

FIRST AID KITS

116 First aid kit(s) are available in designated areas of the facility. The health authority approves the contents, number, location and procedure for monthly inspection of the kit(s).

ACCESS TO DIAGNOSTIC SERVICES

117 Written policy and defined procedures require the outlining of access to laboratory and diagnostic services utilized by facility providers.

Discussion: Specific resources for the studies and services required to support the level of care provided to inmates of the facility, e.g., private laboratories, hospital departments of radiology and public health agencies, are important aspects of a comprehensive health care system and need to be identified and specific procedures outlined for their use.

ROUTINE TRANSFER OF INMATES

118 Written policy and defined procedures govern medical aspects of routine transfer of inmates to other facilities.

Discussion: The medical aspects may address:
Suitability for travel based on medical evaluation;
Preparation of a summary or copy of pertinent health record information;
Medication or other therapy required en route;
Instructions to transporting personnel regarding medication or other special treatment.

NOTIFICATION OF NEXT OF KIN

- 119 Written policy and defined procedures require notification of the next of kin or legal guardian in case of serious illness, injury or death.

POSTMORTEM EXAMINATIONS

- 120 Written policy and defined procedures require that in the event of an inmate death:

The medical examiner or coroner is notified immediately; and

A postmortem examination is requested by the responsible health authority if the death is unattended or under suspicious circumstances.

Discussion: If the cause of death is unknown or occurred under suspicious circumstances or the inmate was unattended from the standpoint of not being under current medical care, a postmortem examination is in order.

DISASTER PLAN

- 121 Written policy and defined procedures require that the health aspects of the facility's disaster plan are approved by the responsible health authority and facility administrator.

Discussion: Policy and procedures for health care services in the event of a man-made or natural disaster, riot or internal or external (e.g., civil defense, mass arrests) disaster must be incorporated in the correctional system plan and made known to all facility personnel.

PERSONNEL

Standards pertaining to qualifications and training of facility staff, work appraisal and staff supervision are included.

LICENSURE

- 122 State licensure, certification or registration requirements and restrictions apply to health care personnel who provide services to inmates. Verification of current credentials is on file in the facility.

Discussion: When applicable laws are ignored or not applied the quality of health care is compromised.

Verification may consist of copies of current credentials, or a letter from the state licensing or certifying body regarding current credential status..

JOB DESCRIPTIONS

- 123 Written job descriptions define the duties and responsibilities of personnel who provide health care and reflect their roles in the facility's health care system. These are approved by the health authority.

STAFF DEVELOPMENT AND TRAINING

- 124 A written plan approved by the health authority provides for all health services personnel to participate in orientation and training appropriate to their health care delivery activities.

Discussion: Providing health services in a detention/correctional facility is a unique task which requires particular experience or orientation for personnel. These needs should be formally addressed by the health authority based on the requirements of the institution.

All levels of the health care staff require regular continuing staff development and training in order to provide the highest quality of care. The written plan should outline the frequency of continuing training sessions for each staff position.

Proper initial orientation and continuing staff development and training may serve to decelerate "burn-out" of health providers and help to re-emphasize the goals and philosophy of the health care system.

PROFESSIONAL PUBLICATIONS

- 125 Professional staff have available for reference standard and current publications as determined by the responsible health authority.

HEALTH APPRAISAL PERSONNEL

- 126 Written policy and defined procedures for the collection and recording of health appraisal data require that:
The forms are approved by the health authority;
Health history and vital signs are collected by health trained or qualified health personnel; and,
Collection of all other health appraisal data is performed only by qualified health personnel.

Discussion: Please refer to Standard 108 for definitions of the different levels of health personnel.

Please refer to Standard 150 for a definition of health appraisal.

MEDICATIONS ADMINISTRATION TRAINING

- 127 Written policy and defined procedures guide the training of personnel who administer or distribute medication and require:
Training from the responsible physician and the official responsible for the facility or their designees;
Training regarding:
Accountability for administering or distributing medications in a timely manner, according to physician orders; and,
Recording the administration or distribution of medications in a manner and on form approved by the health authority.

Discussion: Training from the responsible physician encompasses the medical aspects of the administration of distribution of medications; training from the official responsible for the facility encompasses security matters inherent in the administration or distribution of medications in a correctional facility.

The concept of administration or distribution of medications according to orders includes performance in a timely manner.

TRAINING FOR EMERGENCY SITUATIONS

- 128 Written policy and a training program established by the responsible health authority in cooperation with the facility administrator guide the training of correctional personnel to respond to health related emergency situations. The training covers at least the following:

- Types of and action required for potential emergency situations;
- Signs and symptoms of an emergency;
- Administration of first aid;
- Methods of obtaining assistance; and
- Procedures for patient transfers to appropriate medical facilities or health care providers.

Discussion: It is imperative that the facility personnel be made aware of potential emergency situations, what they should do in facing life-threatening conditions and of their responsibility for the early detection of illness or injury.

FIRST AID TRAINING

- 129 Written policy requires that all facility personnel have been trained within the past five years in basic first aid equivalent to that defined by the American Red Cross.

TRAINING OF STAFF REGARDING MENTAL ILLNESS AND CHEMICAL DEPENDENCY

- 130 Written policy requires that all facility staff are trained by the responsible physician or designee to recognize signs and symptoms of chemical dependency and emotional disturbance and/or developmental disability, particularly mental retardation.

Discussion: This training is essential for the recognition of inmates who need evaluation and possible treatment, which, if not provided, could lead to life threatening situations.

HEALTH AND HYGIENE REQUIREMENTS -- FOOD SERVICE WORKERS

- 131 Written policy and defined procedures concerning adequate health protection for all inmates and staff in the facility and inmates and other persons working in the food service require:

A pre-service physical examination;
Periodic re-examinations conducted in accordance with
local requirements regarding restaurant and food
service employees in the community;
That when the facility's food services are provided
by an outside agency or individual, the facility
has written verification that the outside pro-
vider complies with the state and local regulations
regarding food service; and,
That all food handlers wash their hands upon reporting
to duty and after using toilet facilities.

Discussion: All inmates and other persons working in
the food service should be free from diarrhea, skin
infections and other illnesses transmissible by food
or utensils.

UTILIZATION OF VOLUNTEERS

- 132 Written policy and defined procedures approved by the health
authority and facility administration for the utilization of
volunteers in health care delivery include a system for
selection, training, length of service, staff supervision,
definition of tasks, responsibilities and authority.

Discussion: To make the experience of volunteers
productive and satisfying for everyone involved --
patients, staff, administration and the public --
goals and purposes must be clearly stated and under-
stood and the structure of the volunteer program
well defined.

Volunteers are an important personnel resource in
the provision of human services. As demands for
service increase, volunteers can be expected to
play an increasingly important part in health care
service delivery.

The most successful volunteer programs treat volun-
teers like staff for all aspects except pay; this
includes requiring volunteers to safeguard the
principle of confidentiality as do staff.

INMATE WORKERS

- 133 Written policy requires that inmates are not used for the follow-
ing duties:

Performing direct patient care services;
Scheduling health care appointments;
Determining access of other inmates to health
care services;
Handling or having access to:
Surgical instruments,
Syringes,
Needles,
Medications,
Health records; and,
Operating equipment for which they are not trained.

Discussion: Understaffed correctional institutions are inevitably tempted to use inmates in health care delivery to perform services for which civilian personnel are not available.

Their use frequently violates state laws, invites litigation and brings discredit to the correctional health care field, to say nothing of the power these inmates can acquire and the severe pressure they receive from fellow inmates.

MEDICAL LEGAL ISSUES

The standards address several medical legal issues frequently occurring in jail health care: informed consent and the right to refuse treatment.

INFORMED CONSENT

134

All examinations, treatments and procedures governed by informed consent standards in the jurisdiction are likewise observed for inmate care. In the case of minors, the informed consent of parent, guardian or legal custodian applies when required by law.

Health care rendered against the patient's will is in accord with state and federal laws and regulations.

Discussion: Informed consent is the agreement by the patient to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences, risks and alternatives concerning the proposed treatment, examination or procedure. Medical treatment of an inmate without his or her consent (or without the consent of parent, guardian or legal custodian when the inmate is a minor) could result in legal action.

Drug dependent inmates are protected by regulations of the United States Public Health Service, Department of Health, Education and Welfare, concerning informed consent.

Obtaining informed consent may not be necessary in all cases. These exceptions to obtaining informed consent should be reviewed in light of each state's laws as they vary considerably. Examples of such situations are:

- a) An emergency which requires immediate medical intervention for the safety of the patient.
- b) Emergency care involving patients who do not have the capacity to understand the information given.
- c) Public health matters, such as communicable disease treatment.

Physicians must exercise their best medical judgment in all such cases. It is advisable that the physician document the medical record for all aspects of the patient's condition and the reasons for medical intervention. Such documentation facilitates review and provides a defense from charges of battery. In certain exceptional cases, a court order for treatment may be sought, just as it might in the free community.

The law regarding consent to medical treatment by juveniles, and their right to refuse treatment, varies greatly from state to state. Some states allow juveniles to consent to treatment without parental consent, as long as they are mature enough to comprehend the consequences of their decision; others require parental

consent until majority, but the age of majority varies among the states. The law of the jurisdiction within which the facility is located should be reviewed by legal counsel, and based upon counsel's written opinion, a facility policy regarding informed consent should be developed. In all cases, however, consent of the person to be treated is of importance.

NOTIFICATION OF COURT: PSYCHIATRIC ILLNESS

- 135 Written policy and defined procedures require notification of the court of jurisdiction if a psychiatric illness is diagnosed in a pretrial detainee.

Discussion: It is essential that the court be notified of psychiatric illness. Many such afflicted individuals are incapable of communicating effectively with their attorneys. The unique circumstances of the correctional setting and the criminal justice system place an added burden on the facility medical staff to provide information on the patient's unique problems to those who have responsibility for the patient's future. Medical staff should not assume that the patient's behavior and symptoms and relationship to psychiatric illness are self-evident to judges, attorneys, etc. The patient's psychiatric condition may have a profound impact on his/her status at trial and at sentencing. The psychiatric services staff are not expected to provide forensic testimony, i.e., competency and insanity, but rather to render psychiatric care in the facility. The court has the obligation to provide psychiatric experts for forensic purposes.

MEDICAL RESEARCH

- 136 Any research done on inmates is done in compliance with state and federal legal guidelines and with the involvement of appropriate Human Subjects Review Committees.

Discussion: This standard recognizes past abuses in the area of research on involuntarily confined individuals and stresses the very narrow guidelines under which any such research should be done.

HEALTH RECORDS

Confidentiality, form and format and transfer of the health care record are covered in the standards, based upon practices in the jurisdiction.

137

The health record file contains:

- The completed receiving screening form;
- Health appraisal data forms;
- All findings, diagnoses, treatments, dispositions;
- Prescribed medications and their administration;
- Laboratory, X-ray and diagnostic studies;
- Signature and title of documentor;
- Consent and refusal forms;
- Release of information forms;
- Place, date and time of health encounters;
- Discharge summary of hospitalizations; and,
- Health service reports, e.g., dental, psychiatric and consultation.

The method of recording entries in the record, and the form and format of the record, are approved by the health authority.

Discussion: The problem-oriented medical record structure is suggested; however, whatever the record structure, every effort should be made to establish uniformity of record forms and content throughout the correctional system. The record is to be complete and all findings recorded including notations concerning psychiatric, dental, and consultative services. A health record file is not necessarily established on every inmate. Any health intervention after the initial screening requires the initiation of a record. The receiving screening form becomes a part of the record at the time of the first health encounter.

CONFIDENTIALITY OF HEALTH RECORD

138

Written policy and defined procedures which effect the principle of confidentiality of the health record require that:

- The active health record is maintained separately from the confinement record;
- Access to the health record is controlled by the health authority.

Discussion: The principle of confidentiality protects the patient from disclosure of confidences entrusted to a physician during the course of treatment.

Any information gathered and recorded about alcohol and drug abuse patients is confidential under federal law and cannot be disclosed without written consent of the patient or the patient's parent or guardian.

The health authority should share with the facility administrator information regarding an inmate's medical

management and security. The confidential relationship of doctor and patient extends to inmate patients and their physician. Thus, it is necessary to maintain active health record files under security, completely separate from the patient's confinement record.

TRANSFER OF HEALTH RECORDS

- 139 Written policy and defined procedures regarding the transfer of health records require that:

Summaries or copies of the health record are routinely sent to the facility to which the inmate is transferred;
Written authorization by the inmate is necessary for transfer of health record information unless otherwise provided by law or administrative regulation having the force and effect of law; and,
Health record information is also transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate.

Discussion: An inmate's health record or summary follows the inmate in order to assure continuity of care and to avoid the duplication of tests and examinations.

RECORDS RETENTION

- 140 Written policy and defined procedures regarding records retention require that:

Inactive health record files are retained as permanent records; and,
Legal requirements of the jurisdiction are followed.

Discussion: Regardless of their being maintained separately or combined with confinement records, inactive health records need to conform with legal requirements for record retention.

PHARMACEUTICALS

The standard addresses the management of pharmaceuticals in line with state and federal laws and/or regulations and requirements for the control of medications. Prescribing practices, stop orders and re-evaluations regarding psychotropic medications are also addressed.

MANAGEMENT OF PHARMACEUTICALS

141 Written policy and defined procedures require that the proper management of pharmaceuticals includes:

- A formulary specifically developed for the facility;
- Adherence to regulations established by the Federal Controlled substances Act relating to controlled substances and state law as related to the practice of pharmacy;
- Prescription practices which require that:
 - Psychotropic medications are prescribed only when clinically indicated, as one facet of a program of therapy and are not allowed for disciplinary reasons;
 - The long term use of minor tranquilizers is discouraged;
 - "Stop order" time periods are stated for behavior modifying medications and those subject to abuse.
- Re-evaluation by the prescribing provider prior to renewal of a prescription;
- Procedures for medication dispensing and administration or distribution; and,
- Maximum security storage and weekly inventory of all controlled substances, syringes and needles.

Discussion: A formulary is a written list of prescribed and non-prescribed medications stocked in the facility or obtained in the community for use in the facility. Prescribing providers may order only those medications contained in the formulary for the treatment of inmate patients.

Dispensing is the issuance of one or more doses of medication from a stock or bulk container. The dispensed medication should be correctly labeled to indicate the name of the patient, the contents and all other vital information needed to facilitate correct patient usage and drug administration or distribution.

Medication administration or distribution is the act in which a single dose of an identified drug is given to a patient.

A controlled substance is a medication that requires a written prescription listing the prescribing physician's or dentist's Drug Enforcement Administration registration number.

CARE AND TREATMENT

Various aspects of the care and treatment of patients, including treatment philosophy, access to services, practices and procedures are included.

LEVELS OF CARE

142

Written policy and defined procedures guide the following levels of care provided to inmates of the facility: self-care, first aid, emergency care, clinic care, infirmary care and hospitalization.

Discussion: The services may be provided on-site, off-site in the community or at another correctional facility.

Self-care is defined as:

Care for a condition which can be treated by the inmate and may include "over the counter" type medications.

First aid is defined as:

Care for a condition which requires immediate assistance from a person trained in first aid procedures.

Emergency care is defined as:

Care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.

Clinic care is defined as:

Care for an ambulatory inmate with health care complaints which are evaluated and treated at sick call or by special appointment.

Infirmary care is defined as:

Inpatient bed care for illness or diagnosis which requires limited observation and/or management and does not require admission to a licensed hospital.

An infirmary is defined as:

An area established within the correctional facility which maintains and operates organized bed care facilities and services to accommodate two or more inmates for a period of 24 hours or more and which is operated for the express or implied purpose of providing skilled nursing care for persons who are not in need of hospitalization.

Hospitalization is defined as:

Inpatient care for illness or diagnosis which requires optimal observation and/or management in a licensed hospital.

TREATMENT PHILOSOPHY

143

Written policy states that health care is rendered with consideration of the patient's dignity and feelings.

Discussion: When rectal or pelvic examinations are indicated, verbal consent should be obtained from the patient.

Medical procedures are performed in privacy, with a chaperone present which indicated, and in a manner designed to encourage the patient's subsequent utilization of appropriate health services.

CONTINUITY OF CARE

- 144 Written policy and defined procedures require continuity of care from admission to discharge from the facility, including referral to community care when indicated.

Discussion: As in the community, health providers should obtain information regarding previous care when undertaking the care of a new patient; likewise, when the care of the patient is transferred to providers in the community, appropriate health information is shared with the new providers in accord with consent requirements.

ACCESS TO TREATMENT

- 145 Written policy and defined procedures require that information regarding access to and the processing of complaints regarding health care or services is communicated orally and in writing to inmates upon arrival at the facility.

Discussion: The facility should follow the policy of explaining access procedures orally to inmates unable to read and where the facility frequently has non-English speaking inmates, procedures should be explained and written in their language. Signs posted in the day room/living area do satisfy compliance; signs posted in the booking area do not satisfy compliance.

DIRECT ORDERS

- 146 Treatment by health care personnel other than a physician or dentist is performed pursuant to direct orders written and signed by personnel authorized by law to give such orders.

Discussion: Medical and other practice acts differ in various states as to issuing direct orders for treatment and therefore laws in each state need to be studied for implementation of this standard.

STANDING ORDERS

- 147 If standing medical orders exist, they are signed by the responsible physician.

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Discussion: Standing medical orders are written for the definitive treatment of identified conditions and for on-site treatment of emergency conditions for any person having the condition to which the order pertains.

RECEIVING SCREENING

148 Written policy and defined procedures require receiving screening to be performed by health trained or qualified health care personnel on all inmates, including transfers, upon arrival at the facility with the findings recorded on a printed screening form approved by the health authority. The screening includes at least:

Inquiry into:

- Current illness and health problems, including venereal diseases;
- Medications taken and special health requirements;
- Use of alcohol and other drugs which includes types of drugs used, mode of use, amounts used, frequency used, date or time of last use and a history of problems which may have occurred after ceasing use (e.g., convulsions);
- Other health problems designated by the responsible physician.

Observation of:

- Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating;
- Body deformities, ease of movement, etc.;
- Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.

Disposition:

- General population; or
- General population and later referral to appropriate health care service; or
- Referral to appropriate health care service on an emergency basis.

Discussion: Receiving screening is a system of structured inquiry and observation designed to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the facility's general population and to rapidly get newly admitted inmates to medical care. Receiving screening can be performed by health personnel or by a trained correctional officer at the time of booking/admission.

Facilities which have reception and diagnostic units and/or a holding room must conduct receiving screening on all inmates upon arrival at the facility, as part of the booking/admission procedures. In short, placing two or more inmates in a holding room pending screening the next morning fails to meet

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compliance.

DELOUSING

- 149 Written policy approved by the responsible physician defines delousing procedures used in the facility.

HEALTH APPRAISAL

- 150 Written policy and defined procedures require that health appraisal for each inmate is completed within 14 days after arrival at the facility; in the case of an inmate who has received a health appraisal within the previous 90 days, a new health appraisal is not required except as determined by the physician or his designate. Health appraisal includes:

- Review of the earlier receiving screening;
- Collection of additional data to complete the medical, dental, psychiatric and immunization histories;
- Laboratory and/or diagnostic test results to detect communicable disease, including venereal diseases and tuberculosis;
- Recording of height, weight, pulse, blood pressure and temperature;
- Other tests and examinations as appropriate;
- Medical examination with comments about mental and dental status;
- Review of the results of the medical examination, tests and identification of problems by a physician; and,
- Initiation of therapy when appropriate.

Discussion: Information regarding the inmate's physical and mental status may dictate housing and activity assignments. It also assures the inmate that his health status is recorded.

The extent of health appraisal, including medical examination, is defined by the responsible physician.

When appropriate, additional investigation should be carried out regarding:

- The use of alcohol and/or drugs, which includes types of substances abused, mode of use, amounts used, frequency of use, and date or time of last use.

- Current or previous treatment for alcohol or drug abuse and if so, when and where.

- Whether the inmate is taking medication for an alcohol or drug abuse problem such as disulfiran, methadone hydrochloride and those under clinical investigation, naltrexone or LAAM (levo-alpha-acetylmethadol).

- Whether the inmate is taking medication for a psychiatric disorder and if so, what drugs, and for what disorder.

- Current or past illnesses and health problems related to

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the substance abuse such as hepatitis, seizures, traumatic injuries, infections, liver diseases, etc.

Further assessment of psychiatric problems identified at reception screening or after admission is provided by either the medical staff or the psychiatric services staff within 14 days. In most facilities it can be expected that assessment will be done by a general practitioner or family practitioner.

Psychiatric services staff are psychiatrists, general-family physicians with psychiatric orientation, psychologists, psychiatric nurses, social workers and trained correctional counselors.

DENTAL CARE

- 151 Written policy and defined procedures require that dental care is provided to each inmate under the direction and supervision of a dentist licensed in the state as follows:

- Dental screening within 14 days of admission;
- Dental hygiene services within 14 days of admission;
- Dental examinations within three months of admission; and,
- Dental treatment, not limited to extractions, when the health of the inmate would otherwise be adversely affected as determined by the dentist.

Discussion: Dental screening and hygiene are performed by trained correctional officers, health personnel or dentists; dental hygiene consists of measures taken to protect the health of the mouth and chewing apparatus, such as instruction in proper brushing of teeth. Dental examination and treatment are performed only by a dentist or designated assistant.

INTERIM HEALTH APPRAISALS: MENTALLY ILL AND RETARDED

- 152 Written policy and defined procedures require post-admission screening and referral for care of mentally ill or retarded inmates whose adaptation to the correctional environment is significantly impaired.

The health authority provides a written list of specific referral resources.

Discussion: Psychiatric problems identified either at receiving screening or after admission must be followed up by medical staff. The urgency of the problems determines the response. Suicidal and psychotic patients are emergencies and require prompt attention.

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Inmates awaiting emergency evaluation should be housed in a specially designated area with constant supervision by trained staff. Inmates should be held for only the minimum time necessary but no longer than 12 hours before emergency care is rendered.

All sources of assistance for mentally ill and retarded inmates should be identified in advance of need, and referrals should be made in all such cases.

DAILY TRIAGING OF COMPLAINTS

153 Written policy and defined procedures require that inmates' health complaints are processed at least daily, as follows:

Health trained personnel solicit and act upon all inmate health complaints with referral to qualified health care personnel; and,

Appropriate triage and treatment follow immediately, performed by qualified health personnel as designated by the responsible physician.

SICK CALL

154 Written policy and defined procedures require that sick call, conducted by a physician and/or other qualified health personnel, is available to each inmate as follows:

In small facilities of less than 50 inmates, sick call is held once per week at a minimum;

Medium-sized facilities of 50 to 200 inmates hold sick call a minimum of three times per week; and,

Large-sized facilities of over 200 inmates hold sick call a minimum of five times per week.

If an inmate's custody status precludes attendance at sick call, arrangements are made to provide sick call services in the place of the inmate's detention.

Discussion: Sick call is the system through which each inmate reports and receives appropriate medical services for non-emergency illness or injury.

HEALTH EVALUATION - INMATES IN ISOLATION

155 Written policy and defined procedures require that inmates removed from the general population and placed in segregation/isolation are evaluated at least daily by health-trained personnel as determined by the responsible physician.

Discussion: Due to the possibility of injury and/or

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depression during such periods of isolation, daily health evaluations should include notations of bruises or other trauma markings, and comments regarding attitude and outlook.

Carrying out this policy may help to prevent suicide or an illness from becoming serious.

CHEMICALLY DEPENDENT INMATES

156

Written policy and defined procedures regarding the clinical management of chemically dependent inmates require:

- Diagnosis of chemical dependency by a physician;
- A physician deciding whether an individual requires non-pharmacologic or pharmacologically supported care;
- An individualized treatment plan which is developed and implemented;
- Referrals to specified community resources upon release when appropriate.

Discussion: Existing community resources should be utilized if possible.

The term chemical dependence refers to individuals who are physiologically and/or psychologically dependent on alcohol, opium derivatives and synthetic drugs with morphine-like properties (opioids), stimulants and depressants.

DETOXIFICATION

157

Written policy and defined procedures require that detoxification from alcohol, opioids, stimulants and sedative hypnotic drugs is effected as follows:

When performed at the facility it is under medical supervision; and,

When not performed in the facility it is conducted in a hospital or community detoxification center.

Discussion: Detoxification refers to the process by which an individual is gradually withdrawn from a drug by administering decreasing doses either of the same drug upon which the person is physiologically dependent or one that is cross-tolerant to it or a drug which has been demonstrated to be effective on the basis of medical research. The detoxification of patients who may pose special risks, e.g., psychotics, seizure-prone, pregnant, juvenile, geriatric, require special attention.

Opioids refer to derivatives of opium (e.g., morphine, codeine) and to synthetic drugs with morphine-like properties.

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Detoxification in alcohol dependent individuals does not involve administering decreasing doses of alcohol; it does involve administering decreasing doses of drugs which are cross-tolerant (antagonistic) with alcohol, e.g., benzodiazepines.

SPECIAL MEDICAL PROGRAM

158 Written policy and defined procedures guide the special medical program which exists for inmates requiring close medical supervision. A written individual treatment plan exists for these patients, developed by a physician, which includes directions to health care and other personnel regarding their roles in the care and supervision of these patients.

Discussion: The special medical program services a broad range of health problems, e.g., seizure disorders, diabetes, potential suicide, chemical dependency, psychosis. These are some of the special medical conditions which dictate close medical supervision. In these cases, the facility must respond appropriately by providing a program directed to these needs.

The program need not necessarily take place in an infirmary, although a large facility may wish to consider such a setting for the purposes of efficiency. When a self-contained (infirmary) type program exists, the following are provided:

Correctional officer staff trained in health care;

Sufficient staff to help prevent suicide and assault; at a minimum, all inmate patients are within sight of a staff person;

Trained professional personnel to provide treatment.

A treatment plan is a series of written statements which specify the particular course of therapy and the roles of medical and non-medical personnel in carrying out the current course of therapy. It is individualized and based on assessment of the individual patient's needs and includes a statement of the short and long term goals, and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitation services, e.g., individual or group counseling and/or self-help groups that the physician deems appropriate.

INFIRMARY CARE

159

Written policy and defined procedures guide infirmary care and require:

Definition of the scope of infirmary care services available;

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A physician on call 24 hours per day;
Nursing service under the direction of a registered nurse on a full-time basis;
Health care personnel on duty 24 hours per day;
A manual of nursing care procedures; and,
A separate individual and complete medical record for each inmate.

Discussion: An infirmery is defined as an area established within the correctional facility which maintains and operates organized bed care facilities and services to accommodate two or more inmates for a period of 24 hours or more and which is operated for the express or implied purpose of providing skilled nursing care for persons who are not in need of hospitalization.

Advancement of the quality of care in this type of facility begins with the assignment of responsibility to one physician. Depending on the size of the facility, the physician may be employed part or full-time.

Nursing care policies and procedures should be consistent with professionally recognized standards of nursing practice, and in accordance with the Nurse Practice Act of the state. They should be developed on the basis of current scientific knowledge and take into account new equipment and current practice.

HOSPITAL CARE

160 If a facility operates a hospital it meets the legal requirements for a licensed general hospital in the state.

Discussion: Compliance with this standard can only be achieved by meeting state legal requirements, even though the facility is statutorially exempted from such provisions.

PREVENTIVE CARE

161 Written policy and defined procedures require that medical preventive maintenance is provided to inmates of the facility.

Discussion: Medical preventive maintenance includes health education and medical services, such as inoculations and immunizations, provided to take advance measures against disease, and instruction in self-care for chronic conditions.

Subjects for health education may include: Personal hygiene and nutrition; venereal disease, tuberculosis and other communicable diseases; effects of smoking; self-examination

- 161
cont. for breast cancer; dental hygiene; drug abuse and danger of self-medication; family planning, including, as appropriate, both services and referrals; physical fitness; and chronic diseases and/or disabilities.

EMERGENCY SERVICES

- 162 Written policy and defined procedures require that the facility provides 24-hour emergency medical and dental care availability as outlined in a written plan which includes arrangements for:
- Emergency evacuation of the inmate from within the facility;
 - Use of an emergency medical vehicle;
 - Use of one or more designated hospital emergency rooms or other appropriate health facilities;
 - Emergency on-call physician and dentist services when the emergency health facility is not located in a nearby community; and
 - Security procedures providing for the immediate transfer of inmates when appropriate.

Discussion: Emergency care must be provided with efficiency and speed.

CHRONIC AND CONVALESCENT CARE

- 163 Written policy and defined procedures require that chronic and convalescent care are provided to inmates of the facility.

Discussion: Chronic care is medical service rendered to a patient over a long period of time; treatment of diabetes, asthma and epilepsy are examples.

Convalescent care is medical service rendered to a patient to assist the recovery from illness or injury.

PREGNANT INMATES

- 164 Written policy and defined procedures require that comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children, whether desiring abortion, adoption service, or to keep the child.

Discussion: It is advisable that a formal legal opinion as to the law relating to abortion be obtained, and based upon that opinion, written policy and defined procedures should be developed for each jurisdiction.

- 164 cont. Counseling and social services should be available from either facility staff or community agencies.

NUTRITIONAL REQUIREMENTS

- 165 The food provided to inmates meets National Research Council Standards for Recommended Daily Amounts of Nutrients.

Discussion: Conditions such as pregnancy and obesity require individualized attention.

Menus should be retained for at least one month for compliance auditing.

Proper nutrition is essential for good health and morale.

SPECIAL DIETS

- 166 Written policy and defined procedures guide the provision of special medical and dental diets and require that they are prepared and served to inmates according to the orders of the treating physician or dentist or as directed by the responsible physician.

USE OF RESTRAINTS

- 167 Written policy and defined procedures guide the use of medical restraints.

Discussion: This standard applies to those situations where the restraints are part of a health care treatment regimen and should identify when, where, duration, authorization needed and how they may be used.

The health care staff should not participate in disciplinary restraint of inmates.

PROSTHESES

- 168 Written policy and defined procedures require that medical and dental prostheses are provided when the health of the inmate-patient would otherwise be adversely affected as determined by the responsible physician or dentist.

Discussion: Prostheses are artificial devices to replace missing body parts or compensate for defective body processes.

EXERCISING

- 169 Written policy and defined procedures outline a program of exercising and require that each inmate is allowed a daily minimum of one hour of exercise involving large muscle activity, away from the cell, on a planned basis.

Discussion: It is recognized that many facilities do not have a separate facility or room for exercising and that the dayroom adjacent to the cell will be used for this purpose. This meets compliance if planned, programmed activities are directly supervised by staff and/or trained volunteers; otherwise, the designated hour would not be different from any of the other hours of the day. Examples of large muscle activity include walking, jogging in place, basketball, ping pong, and isometrics. Television and table games do not meet compliance.

PERSONAL HYGIENE

- 170 Written policy and defined procedures outline a program of personal hygiene and require that:

Every jail/detention facility that would normally expect to detain an inmate at least 72 hours, furnishes bathing facilities in the form of either a tub or shower with hot and cold running water;

Regular bathing is permitted twice a week;

In facilities without air temperature control, daily bathing is permitted in hot weather;

The following items, if not furnished by the inmate, are provided by the facility:

Soap,

Toothpaste or powder,

Toilet paper,

Sanitary napkins, when required, and

Laundry services at least weekly.

Haircuts and implements for shaving are made available to inmates, subject to security regulations.

END