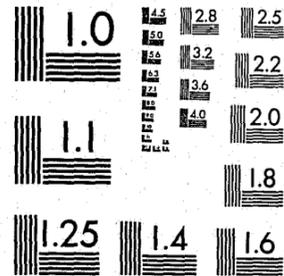


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National Institute of Justice  
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# American Medical Association Self-Survey Questionnaire for the Evaluation of Health Services in Jails

AUGUST 1979

80948

American Medical Association  
Program to Improve Medical Care and Health Services  
in Correctional Institutions  
535 North Dearborn Street  
Chicago, Illinois 60610

U.S. Department of Justice  
National Institute of Justice

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SELF-SURVEY QUESTIONNAIRE FOR THE EVALUATION OF  
HEALTH SERVICES IN JAILS

GENERAL INSTRUCTIONS

You have received two copies of the A.M.A. "Self-Survey Questionnaire" (a working copy and an official copy). The purpose of the questionnaire is to assist you in identifying the areas of your jail's health care delivery system which are in compliance with the AMA's standards. For definitions of terms used, please consult the latest Standards for Health Services in Jails (July 1979).

The questionnaire is intended to document the health services available at your jail at two points in time so that changes may be recognized. The first column should be completed based on current services available when you first receive the questionnaire. Upon completion, forward it to your state medical society. Then, when your jail is ready to be officially surveyed or when you believe you have implemented your complete health care program, request that your initial self-survey questionnaire be returned and complete the second column.

DIRECTIONS:

The answer "Yes" is used only to indicate an unqualified affirmative response to a statement. The answer "No" should be used to indicate anything other than an unqualified affirmative response, unless the standard is completely not applicable to your facility. In this case, enter "NA".

INITIAL SELF-SURVEY

1. Complete Column I in your working copy by placing an "X" in the appropriate "Yes" or "No" space for each question. Sign and date the last page under "Column I".
2. Transcribe the working copy to the official copy and check for accuracy. Retain the working copy in your files.
3. Send the official copy to the state medical society staff.

FOLLOW-UP SELF-SURVEY

1. Complete Column II as above. Repeat steps 2-3.

SELF-SURVEY QUESTIONNAIRE FOR THE  
EVALUATION OF HEALTH SERVICES IN JAILS

		<u>Column I</u>		<u>Column II</u>	
		YES	NO	YES	NO
101	There is a designated health authority with responsibility and authority for health care services.	—	—	—	—
	There is a written agreement, contract or job description designating the health authority.	—	—	—	—
	The health authority is a:				
	Physician,	—	—	—	—
	Health administrator,	—	—	—	—
	Agency.	—	—	—	—
	If the health authority is other than a physician, final medical judgments rest with a single designated responsible physician licensed in the state.	—	—	—	—
102	Matters of medical and dental judgment are the sole province of the responsible physician and dentist, respectively.	—	—	—	—
	Security regulations applicable to facility personnel also apply to health personnel.	—	—	—	—
103	Health services are discussed at least quarterly between the health authority and the official legally responsible for the facility.	—	—	—	—
	These meetings are documented.	—	—	—	—
104	There is minimally a quarterly report on the following:				
	Health care delivery system.	—	—	—	—
	Health environment.	—	—	—	—
	There is an annual statistical summary.	—	—	—	—
105	There is a manual of written policies and defined procedures approved by the health authority.	—	—	—	—

105  
cont.

	Column I		Column II	
	YES	NO	YES	NO
If yes, the following policy and defined procedure topic areas are included.				
Peer review	—	—	—	—
Sharing of information	—	—	—	—
Decision-making: psychiatric patients	—	—	—	—
Transfer of patients with acute illnesses	—	—	—	—
Health-trained correctional officers	—	—	—	—
Access to diagnostic services	—	—	—	—
Routine transfer of inmates	—	—	—	—
Notification of next of kin	—	—	—	—
Postmortem examination	—	—	—	—
Disaster plan	—	—	—	—
Health appraisal personnel	—	—	—	—
Medications administration training	—	—	—	—
Training for emergency situations	—	—	—	—
First aid training	—	—	—	—
Training of staff regarding mental illness and chemical dependency	—	—	—	—
Health and hygiene requirements: food service workers	—	—	—	—
Utilization of volunteers	—	—	—	—
Inmate workers	—	—	—	—
Levels of care	—	—	—	—
Treatment philosophy	—	—	—	—
Continuity of care	—	—	—	—
Access to treatment	—	—	—	—

105  
cont.

	Column I		Column II	
	YES	NO	YES	NO
Receiving screening	—	—	—	—
Delousing	—	—	—	—
Health appraisal	—	—	—	—
Dental care	—	—	—	—
Interim health appraisals: mentally ill and retarded inmates	—	—	—	—
Daily triaging of complaints	—	—	—	—
Sick call	—	—	—	—
Health evaluation: inmates in isolation	—	—	—	—
Chemically dependent inmates	—	—	—	—
Detoxification	—	—	—	—
Special medical program	—	—	—	—
Infirmity care	—	—	—	—
Preventive care	—	—	—	—
Emergency services	—	—	—	—
Chronic and convalescent care	—	—	—	—
Pregnant inmates	—	—	—	—
Special diets	—	—	—	—
Use of restraints	—	—	—	—
Prostheses	—	—	—	—
Exercising	—	—	—	—
Personal hygiene	—	—	—	—
Management of pharmaceuticals	—	—	—	—
Confidentiality of health record	—	—	—	—
Transfer of health records and information	—	—	—	—

105  
cont.

		<u>Column I</u>		<u>Column II</u>	
		YES	NO	YES	NO
	Record retention	—	—	—	—
106	The following documents of the health delivery system are reviewed at least annually and revised as necessary under the direction of the health authority:				
	Policies,	—	—	—	—
	Procedures,	—	—	—	—
	Programs.	—	—	—	—
	Each document bears the date of the most recent review or revision and signature of the reviewer.	—	—	—	—
107	If health services are delivered in the facility, the following are adequate for the performance of health care delivery as determined by the health authority:				
	Staff,	—	—	—	—
	Space,	—	—	—	—
	Equipment,	—	—	—	—
	Supplies and materials.	—	—	—	—
108	There is a health-trained staff member who coordinates the health delivery services in the facility, when there is no full-time qualified health personnel available.	—	—	—	—
	If yes, the health-trained staff member performs the services under the joint supervision of the responsible physician and facility administrator.	—	—	—	—
109	The medical peer review program utilized by the facility is defined in written policy.	—	—	—	—
110	The facility has a public advisory committee.	—	—	—	—
	If yes, the committee has health care services as one of its charges.	—	—	—	—

110  
cont.

		<u>Column I</u>		<u>Column II</u>	
		YES	NO	YES	NO
	One of the committee members is a physician.	—	—	—	—
111	The responsible physician or his/her designee 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.	—	—	—	—
112	There is consultation between the facility administrator and the responsible physician or their designees prior to the following actions being taken regarding diagnosed psychiatric patients:				
	Housing assignments,	—	—	—	—
	Program assignments,	—	—	—	—
	Disciplinary measures,	—	—	—	—
	Transfers in and out of institution.	—	—	—	—
113	Patients with acute psychiatric and other serious illnesses who require health care beyond the resources available in the facility are transferred or committed to a facility where such care is available.	—	—	—	—
114	The monitoring of health services rendered by providers other than physicians and dentists is performed by the responsible physician.	—	—	—	—
	The responsible physician reviews these health services 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.	—	—	—	—
	At least weekly in facilities of over 200 inmates.	—	—	—	—

	Column I		Column II	
	YES	NO	YES	NO
115 Inmates are within sight or sound of at least one health-trained correctional officer at all times.	—	—	—	—
Minimally, one health-trained correctional officer per shift is trained in:				
Basic cardiopulmonary resuscitation (CPR),	—	—	—	—
Recognition of symptoms of illnesses most common to the inmates.	—	—	—	—
116 First aid kits are available in designated areas of the facility.	—	—	—	—
If yes, the health authority approves:				
Content,	—	—	—	—
Number,	—	—	—	—
Location,	—	—	—	—
Procedures for monthly inspection of kits.	—	—	—	—
117 Access to the following services utilized by facility providers is outlined in written policy for:				
Laboratory services,	—	—	—	—
Diagnostic services.	—	—	—	—
118 Written policy defines medical aspects to be considered in all routine transfers of inmates to other facilities.	—	—	—	—
119 In case of serious illness, injury or death, the inmate's next of kin or legal guardian is notified.	—	—	—	—
120 In the event of an inmate's death:				
The medical examiner or coroner is notified immediately.	—	—	—	—

	Column I		Column II	
	YES	NO	YES	NO
120 cont. A postmortem examination is requested by the responsible health authority, if the death is unattended or under suspicious circumstances.	—	—	—	—
121 The facility's disaster plan includes health aspects which are approved by:				
The responsible health authority,	—	—	—	—
The facility administrator.	—	—	—	—
122 The state's licensure, certification or registration requirements and restrictions apply to health care personnel who provide services to inmates.	—	—	—	—
Verification of current credentials for each provider is on file in the facility.	—	—	—	—
123 The duties and responsibilities of personnel who provide health care are defined in job descriptions in accordance with <u>their roles</u> in the facility's health care system.	—	—	—	—
The job descriptions are approved by the health authority.	—	—	—	—
124 All health service personnel participate in orientation and training appropriate to their health care delivery activities.	—	—	—	—
There is a written plan, approved by the health authority for the above.	—	—	—	—
125 Standard and current publications are available for professional health care staff.	—	—	—	—
The selection of these publications is determined by the responsible health authority.	—	—	—	—
126 Health history and vital signs are collected by health-trained or qualified health personnel.	—	—	—	—

	Column I		Column II	
	YES	NO	YES	NO
126 cont.				
Collection of all other health appraisal data is performed only by qualified health personnel.	---	---	---	---
All health appraisal data are recorded on forms approved by the health authority.	---	---	---	---
127 The personnel who administer or distribute medication:				
Have training from the responsible physician and the facility administrator or their designees.	---	---	---	---
Are accountable for administering or distributing medications in a timely manner according to physician's orders.	---	---	---	---
Record the administration or distribution of medications in a manner and on a form approved by the health authority.	---	---	---	---
128 All correctional personnel who work with inmates have training for health-related emergency situations.				
If yes, the training program was established by the responsible health authority in cooperation with the facility administrator.	---	---	---	---
The training includes:				
Types of and action required for potential emergency situations.	---	---	---	---
Signs and symptoms of an emergency.	---	---	---	---
Administration of first aid.	---	---	---	---
Methods of obtaining emergency care.	---	---	---	---
Procedures for patient transfers to appropriate medical facilities or health care providers.	---	---	---	---

	Column I		Column II	
	YES	NO	YES	NO
129 All correctional personnel have been trained within the past five years in basic first aid equivalent to that defined by the American Red Cross.	---	---	---	---
130 All correctional personnel who work with inmates are trained to recognize signs and symptoms of:				
Chemical dependency,	---	---	---	---
Emotional disturbance and/or developmental disability, and	---	---	---	---
Mental retardation.	---	---	---	---
This training is done by the responsible physician or his/her designee.	---	---	---	---
131 All inmates and other persons working in food service:				
Have a pre-service physical examination.	---	---	---	---
Are subject to periodic re-examinations conducted in accordance with local requirements regarding restaurant and food service employees in the community.	---	---	---	---
Have instructions to wash their hands upon reporting to duty and after using toilet facilities.	---	---	---	---
If the facility's food service is provided by an outside agency or individual, this facility has written verification that the outside provider complies with the state and local regulations regarding food service.	---	---	---	---
132 If volunteers are utilized in health care delivery, there is a system for their:				
Selection,	---	---	---	---
Training, and	---	---	---	---
Supervision by staff.	---	---	---	---

132  
cont.

Policy and procedures for the above have been approved by the health authority and facility administrator.

In addition, written policy defines their:

Tasks at the facility,

Length of service,

Responsibilities to the facility, and

Authority regarding inmates.

133 Are inmates prohibited from the following 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.

Operating equipment for which they are not trained.

134 The following levels of care are provided to inmates either within the facility, at another correctional institution or in the free community:

Self-care,

First aid,

Column I		Column II	
YES	NO	YES	NO

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134  
cont.

Emergency care,

Clinic care,

Infirmery care,

Hospitalization.

135 Health care is rendered with consideration of the patient's dignity and feelings.

136 Continuity of care from admission to discharge is provided to inmates of the facility, including referral to community care when indicated.

137 Upon arrival at the facility, information is communicated orally and in writing to inmates regarding:

Access to health care or services.

Processing of complaints regarding health care or services.

138 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.

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

140 Receiving screening is performed by health-trained or qualified health care personnel on all inmates, including transfers, upon arrival at the facility.

If yes, the screening includes at a minimum:

Inquiry into:

Current illness and health problems, including venereal diseases.

Column I		Column II	
YES	NO	YES	NO

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140  
cont.

	Column I		Column II	
	YES	NO	YES	NO
Medications taken and special health requirements.	—	—	—	—
Use of alcohol and other drugs including 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.	—	—	—	—
<u>Observation of:</u>				
Behavior, which includes state of consciousness, mental status, apperance, conduct, tremor and sweating.	—	—	—	—
Body deformities and ease of movement.	—	—	—	—
Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.	—	—	—	—
<u>Disposition to:</u>				
General inmate population or	—	—	—	—
General inmate population and later referral to appropriate health care service or	—	—	—	—
Referral to appropriate health care service on an emergency basis.	—	—	—	—
The health findings are recorded on a printed screening form approved by the health authority.	—	—	—	—
141 When delousing is performed, is it done as defined by the responsible physician.	—	—	—	—

Column I      Column II

YES   NO      YES   NO

142	A 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, the need for a new health appraisal is determined by the physician or his/her designee.	—	—	—	—
	The 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 examination 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.	—	—	—	—
	Initiation of therapy when appropriate.	—	—	—	—
143	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.	—	—	—	—

	Column I		Column II	
	YES	NO	YES	NO
143 cont. Dental examinations within three months of admission.	---	---	---	---
Dental treatment, not limited to extractions, when the health of the inmate would otherwise be adversely affected.	---	---	---	---
144 There is post-admission screening of mentally ill or retarded inmates whose adaptation to the correctional environment is significantly impaired.	---	---	---	---
Mentally ill or retarded inmates are referred for care.	---	---	---	---
There is a written list of specific referral resources provided by the health authority.	---	---	---	---
145 Inmates' health complaints are processed at least daily.	---	---	---	---
All inmate health complaints are solicited and acted upon by health trained personnel.	---	---	---	---
Appropriate triage and treatment by qualified health personnel follow.	---	---	---	---
146 Sick call is conducted by a physician and/or other qualified health personnel.	---	---	---	---
Sick call 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.	---	---	---	---
In medium sized facilities of 50 to 200 inmates, sick call is held at least three times per week.	---	---	---	---
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.	---	---	---	---

	Column I		Column II	
	YES	NO	YES	NO
147 Inmates removed from the general population and placed in segregation are evaluated at least three times weekly by health trained personnel.	---	---	---	---
148 The clinical management of chemically dependent inmates includes:				
Diagnosis of chemical dependency by a physician.	---	---	---	---
A physician deciding whether an individual requires pharmacological or non-pharmacological supported care.	---	---	---	---
An individualized treatment plan which is developed and implemented.	---	---	---	---
Referral to specified community resources upon release when appropriate.	---	---	---	---
149 Detoxification from alcohol, opioids, stimulants and sedative hypnotic drugs is effected as follows:				
When performed at the facility, it is under medical supervision.	---	---	---	---
When not performed in the facility, it is conducted in a hospital or community detoxification center.	---	---	---	---
150 A special medical program exists for inmates requiring close medical supervision.	---	---	---	---
A written individualized treatment plan for each of these patients is developed by a physician	---	---	---	---
If yes, the treatment plan includes directions to health care and other personnel regarding their roles in the care and supervision of these patients.	---	---	---	---
151 If the facility has an infirmary (as defined by Standard 151), the scope of infirmary care services available is defined in writing.	---	---	---	---

	<u>Column I</u>		<u>Column II</u>	
	YES	NO	YES	NO
151 cont.				
A physician is on call 24 hours a day.	—	—	—	—
Nursing services are under the direction of a registered nurse on a full-time basis.	—	—	—	—
Health care personnel are on duty 24 hours per day.	—	—	—	—
All inmates are within sight or sound of a staff person.	—	—	—	—
A manual of nursing care procedures exists.	—	—	—	—
A separate and complete medical record is maintained for each inmate.	—	—	—	—
152				
If the facility operates a hospital, it meets the legal requirements for a licensed general hospital in the state.	—	—	—	—
153				
Medical preventive maintenance is provided to inmates of the facility.	—	—	—	—
154				
There is 24-hour emergency medical and dental care availability.	—	—	—	—
If yes, arrangements include:				
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.	—	—	—	—

	<u>Column I</u>		<u>Column II</u>	
	YES	NO	YES	NO
154 cont.				
Security procedures providing for the immediate transfer of inmates when appropriate.	—	—	—	—
155				
Chronic care is provided to inmates of the facility.	—	—	—	—
Convalescent care is provided to inmates of the facility.	—	—	—	—
156				
Comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children regarding these options:				
Abortion,	—	—	—	—
Adoption service ,	—	—	—	—
To keep the child .	—	—	—	—
157				
An adequate diet, based on the recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council, is provided to inmates.	—	—	—	—
158				
Special medical and dental diets are prepared and served to inmates according to the orders of the treating physician or dentist or as directed by the responsible physician.	—	—	—	—
159				
The use of medical restraints is guided by written policy and procedures.	—	—	—	—
160				
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.	—	—	—	—
161				
Each inmate is allowed a daily minimum of one hour of exercise involving large muscle activity, away from the cell, on a planned supervised basis.	—	—	—	—

	Column I		Column II	
	YES	NO	YES	NO
162 The facility furnishes bathing facilities in the form of either a tub or shower with hot and cold running water.	—	—	—	—
Regular bathing is permitted at least 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,	—	—	—	—
Toothbrush,	—	—	—	—
Toothpaste or powder,	—	—	—	—
Toilet paper,	—	—	—	—
Sanitary napkins, and	—	—	—	—
Laundry services at least weekly.	—	—	—	—
Haircuts and implements for shaving are made available to inmates, subject to security regulations.	—	—	—	—
163 The management of pharmaceuticals include:				
Adherence to state law as related to the practice of pharmacy.	—	—	—	—
A formulary specifically developed for the facility.	—	—	—	—
Adherence to regulations established by the Federal Controlled Substances Act.	—	—	—	—
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.	—	—	—	—

163 cont.	Column I		Column II	
	YES	NO	YES	NO
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 be performed by the prescribing provider prior to renewal of a prescription.	—	—	—	—
Procedures for medication dispensing and administration or distribution.	—	—	—	—
Maximum security storage and weekly inventory of all controlled substances, syringes and needles.	—	—	—	—
164 The health record file contains at a minimum:				
The completed receiving screening form.	—	—	—	—
Health appraisal data forms.	—	—	—	—
All findings, diagnoses, treatments, and dispositions.	—	—	—	—
Prescribed medications and their administration.	—	—	—	—
Laboratory, X-ray and diagnostic studies.	—	—	—	—
Signature and title of each documenter.	—	—	—	—
Consent and refusal forms.	—	—	—	—
Release of information forms.	—	—	—	—
Place, date and time of health encounters.	—	—	—	—
Discharge summary of hospitalizations.	—	—	—	—
Other health service reports (e.g. dental, psychiatric and other consultations).	—	—	—	—

	<u>Column I</u>		<u>Column II</u>	
	YES	NO	YES	NO
164 cont.				
The method of recording entries in the record and the form and format of the record are approved by the health authority.	___	___	___	___
165 The active health record is maintained separately from the confinement record.	___	___	___	___
Access to the health record is controlled by the health authority.	___	___	___	___
166 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 and information, unless otherwise provided by law or administrative regulation having the force and effect of law.	___	___	___	___
Health record information is transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate.	___	___	___	___
167 Inactive health record files are retained as permanent records.	___	___	___	___
Legal requirements of the jurisdiction are followed.	___	___	___	___
168 Informed consent practices applicable in the general community are likewise observed for all inmate examinations, treatments and procedures.	___	___	___	___
In the case of minors, the informed consent of parent, guardian or legal custodian applies where required by law.	___	___	___	___
169 Research performed on inmates is done:				
In compliance with state and federal legal guidelines.	___	___	___	___
With the involvement of an appropriate "Human Subjects Review Committee" where required.	___	___	___	___

This Survey Questionnaire for the Evaluation of Health Care in Jails was completed by:

<u>Column I</u>	<u>Column II</u>
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____
Name of Facility _____	
Address of Facility _____	
Facility Phone Number (     ) _____	
Title of official legally responsible for facility _____	
_____	
Name of official _____	
Phone number of official _____	

**END**