STANDARDS FOR HEALTH SERVICES IN JAILS

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Preface

A. INTRODUCTION

The standards in this document are the result of over five years of deliberations by the AMA's Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions and its successor, the Advisory Group on Accreditation; several state medical society project advisory committees; three special national task forces and AMA staff. Equally important, several hundred sheriffs, facility administrators and health care providers in jails across the country contributed substantially to the standards. The development, printing, distribution and revision of Standards for Health Services in Jails were made possible through grants from the Law Enforcement Assistance Administration to the American Medical Association.

The previous editions of Standards have been approved by the National Sheriffs' Association, the American Correctional Association, the Commission on Accreditation for Corrections and the AMA's House of Delegates. In addition, several state jail inspection/regulatory bodies have adopted the basic standards and various court decisions have incorporated aspects of the AMA's Standards document.

Many jails have been or are under legal action for failure to provide adequate health care. A number of court decisions 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 to ensure their presence at trial. Additionally, the courts have stated that sentenced individuals should not be denied adequate medical care on the grounds that such deprivation constitutes "cruel and unusual punishment" prohibited by the Eighth Amendment to the Constitution of the United States.

The AMA's standards reflect the viewpoint of organized medicine regarding its definition of adequate medical care and health services for correctional institutions. They are considered minimal. The basic philosophy underlying these standards is that the health care provided in institutions should be equivalent to that available in the community and subject to the same regulations.

Standards are acknowledged criteria for qualitative and/or quantitative measurement of health care delivery systems. The AMA's standards form the basis of a program to accredit jail health care

systems. As of July 1981, there were 14 facilities which were AMA accredited under earlier editions of the Standards. Interestingly, experience has shown that the same 54 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 is the foundation for professionalization of and public support for criminal justice medicine. As demonstrated in the AMA's Jail Program, implementation of these standards can result in (1) increased efficiency of health care delivery, (2) greater cost effectiveness and (3) better overall health protection for inmates, staff and the community.

I. Contents

These standards address the following aspects of medical, psychiatric and dental care and overall health services: (1) Administrative Matters, (2) Personnel Matters, (3) Care and Treatment, (4) Pharmaceuticals, (5) Health Records and (6) Medical Legal Issues. Experience dictates that a safe, sanitary and humane environment which meets sanitation, safety and health codes is a prerequisite for a good health care program. Since environmental issues are addressed in detail in other national standards, they are not included in this document as a special section.

The health care of women inmates is also not addressed in a special section. For the most part, the basic health care needs of incarcerated individuals will be the same regardless of sex. Where differences exist on the basis of sex, the special needs of women are identified within the standards themselves. The AMA's standards are meant to apply equally to male and female inmates. A facility cannot meet compliance if the required services are available to only one sex and not the other.

The medical program must function as part of the overall institutional program. The implementation of standards calls for close cooperation between the medical staff, other health professionals, correctional personnel and the facility's administration. Facility administrators and clinicians will find the standards helpful in providing services to inmates. The standards also provide information useful to administrators in program planning and budgeting. The Standards document will also assist clinicians to establish priorities, determine services, allocate resources and train staff.

This edition of the AMA's 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.

The AMA's National Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions; its successor, the AMA Advisory Group on Accreditation, and the AMA's Ad Hoc 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 provision of services in the community in lieu of jail detention should be sought for such persons.

However, it is also recognized that a number of serious offenders jailed for cause may be mentally ill and that psychiatric problems can develop during incarceration. Thus, 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 standards contained 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.

Implementation of these standards assumes 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 a physician's supervision.

The standards place responsibility on medical staff to consult with non-medical colleagues in the management of inmates with behavior problems. Medical staff are called upon to provide advocacy services for the alcoholic, the drug abuser and the mentally retarded individual. Standards help to 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 special services such as detoxification and psychiatric care. Correctional facilities function best as part of the human services system of the surrounding community. The emphasis of the 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--followed by withdrawal from alcohol and drugs independent of medical supervision. These standards address not only the need for adequate professional screening, referral and treatment of inmates with psychiatric and chemical dependency problems, but also the need for training correctional staff in these areas, which can impact heavily on the effectiveness of the health care delivery system.

Finally, various health providers report that a number of inmates on sick call come there because of social problems which have not been addressed. Some jails employ social workers/counselors to handle these problems. Others use volunteers who are properly screened, oriented/trained and supervised. Please refer to the AMA's monograph "The Use of Volunteers in Jails," for guidance concerning the development of such a program.

C. HOW TO USE THIS DOCUMENT

There are fifty-six standards included in this document. They are arranged numerically within specific topic areas (e.g., Administrative, Personnel, etc.), with the title of each preceding the standard. Essential standards are listed first in each topic area, followed by the Important standards. For accreditation, all applicable essential standards must be met. In addition, 70% of the applicable important standards must be achieved for one year accreditation and 85% for two years.

Following each standard is a Discussion. The Discussion elaborates on the conceptual basis of the standard and in some instances, identifies alternative approaches to compliance. In addition, definitions of key terms will be found in the Discussion sections. The first time a key term appears, it is underlined in the standard itself and if not defined in the standard, it is defined in the Discussion. Further, a Glossary of terms is provided in the Appendix and key words are listed alphabetically in the Index.

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A. 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.

1. ESSENTIAL STANDARDS

101 - Responsible Health Authority

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's 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.

The health administrator is a person who by education (e.g., RN, MPH, MHA and related disciplines) is capable of assuming responsibilities for arranging for all levels of health care and assuring quality and accessibility of all services provided to inmates.

Regarding the use of allied health personnel, please refer to the AMA monograph on "The Use of Allied Health Personnel in Jails." Also, new health care providers may find helpful information in the AMA monograph "Orienting Health Providers to the Jail Culture."

102 - Medical Autonomy

Matters of medical (including psychiatric) 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 trouble-makers," providing special housing for homosexuals or scapegoats in the infirmary, medicating unruly inmates, conducting body cavity searches for contraband and taking blood alcohol samples for the possible purpose of prosecution. These are examples of inappropriate use of medical personnel. Regarding body cavity searches, the AMA House of Delegates established policy on this matter in July, 1980. In summary, it declared that:

1. Searches of body orifices conducted for security reasons should generally be performed by correctional personnel with special training.

2. Where laws or agency regulations require body cavity searches to be conducted by medical personnel, they should be performed by health care personnel other than those providing care to inmates.

3. Where searches of body orifices to discover contraband are conducted by non-medical personnel, the following principles should be observed:

   a. The persons conducting these searches should receive training from a physician or other qualified health care provider regarding how to probe body cavities so that neither injuries to the tissue nor infections from unsanitary conditions result;

   b. Searches of body orifices should not be performed with the use of instruments; and

   c. The search should be conducted in privacy by a person of the same sex as the inmate.

103 - Administrative Meetings and Reports

Health services (including psychiatric) are discussed at least quarterly at documented administrative meetings between the health authority and the official legally responsible for the facility or their designees.

There is, minimally, an annual statistical report outlining the types of health care rendered and their frequency.

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 involve the health authority and the official legally responsible for the facility and include discussions of health care services, meet compliance if documentation exists.

If administrative and regular staff meetings are held but neither is documented, the health authority needs to submit 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 if necessary, recommended corrective actions. Health environment factors which are of the greatest concern are those in which there are life-threatening situations, i.e., a high incidence of suicides and/or physical assaults and severe overcrowding which affects inmates' physical and mental health.

The annual statistical report should indicate 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.

104 - Policies and Procedures

There is a manual of written policies and defined procedures approved by the health authority which includes the following:

Liaison Staff (106)
Peer Review (107)
Public Advisory Committee (108)

Decision-Making -- Special Problem Patients (109)
Special Handling: Patients With Acute Illnesses (110)
Monitoring of Services/Internal Quality Assurance (111)
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Health Evaluation - Inmates in Segregation (140)
Health Promotion and Disease Prevention (141)
Chemically Dependent Inmates (142)
Pregnant Inmates (143)
Dental Care (144)
Delousing (145)
Exercising (146)
Personal Hygiene (147)
Prostheses (148)
Food Service (149)
Management of Pharmaceuticals (150)
Health Record Format and Contents (151)
Confidentiality of the Health Record (152)
Transfer of Health Records and Information (153)
Records Retention (154)

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: The facility need not develop policies and procedures for the following standards when the processes, programs and/or services do not exist:

Standard 106 - Liaison Staff
Standard 108 - Public Advisory Committee
Standard 124 - Utilization of Volunteers
Standard 133 - Skilled Nursing/Infirmary Care
Standard 138 - Standing Orders
Standard 143 - Pregnant Inmates

It is not expected that each policy and procedure in the original manual be signed by the health authority. Instead, a declaration paragraph should be contained at the beginning or end of the manual outlining the fact that the entire manual has been reviewed and approved, followed by the proper signature. When individual changes are made in the manual, they would need to be initialed by the health authority.

Periodic 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 review facilitates decision-making regarding previously discussed but unresolved matters.

2. IMPORTANT STANDARDS

105 - Support Services

If health services are delivered in the facility, adequate staff, space, equipment, supplies, materials and publications 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 items generally include:

- Thermometers;
- Blood pressure cuff;
- Stethoscope;
- Ophthalmoscope;
- Otoscope;
- Percussion hammer;
- Scale;
- Examining table;
- Goose neck light;
- Wash basin;
- Transportation equipment (e.g., wheelchair and litter);
- Drug and medications books, such as the Physician's Desk Reference or AMA Drug Evaluations; and
- Medical dictionary.

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

If psychiatric services are provided in the jail, the following basic items should be provided:

- Private interviewing space;
- Desk;
- Two chairs; and
- Lockable file.

106 - Liaison Staff

In facilities without any full-time qualified health personnel, written policy and defined procedures require that 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; further, they practice only within their license, certification or registration.

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

107 - Peer Review

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."

A sample policy might be:

"If complaints regarding health care of jail inmates exist, they will be referred to the county medical or specialty society for follow-up the same as complaints are handled regarding health care provided to residents in the community."

Formal, periodic peer review by an outside agency, while not required by the standard, is implemented by some jails on the basis that it helps to advance the effectiveness of the jail health care delivery system. Some county medical societies, upon request from the sheriff or jail administrator, send in a volunteer team of various specialists to review the jail's health care system and make recommendations regarding needed changes.

108 - Public Advisory Committee

If the facility has a public advisory committee, the committee has health care services as one of its charges. One of the committee members is a physician.

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.

While grand juries and public health department inspection teams play an important role in advising jails in some communities, their operations do not satisfy compliance, mainly because they are more official than "public" bodies.

Please refer to the AMA monographs "The Role of State and Local Medical Society Jail Advisory Committees" and "Organizing and Staffing Citizen Advisory Committees to Upgrade Jail Medical Programs."

109 - Decision-Making -- Special Problem Patients

Written policy requires consultation between the facility administrator and the responsible physician or their designees prior to the following actions being taken regarding patients who are diagnosed as having significant medical or psychiatric illnesses:

Housing assignments;
Program assignments;
Disciplinary measures; and
Admissions to and transfers from institutions.

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

Significant aspects of medical or psychiatric illness may include:

1) Suitability for travel based on medical evaluation;

2) Preparation of a summary or copy of pertinent health record information (please refer to Standard 151 for guidelines);

3) Medication or other therapy required enroute; and

4) Instructions to transporting personnel regarding medication or other special treatment.

Please refer to the AMA monographs "The Recognition of Jail Inmates with Mental Illness: Their Special Problems and Need for Care" and "Management of Common Medical Problems In Correctional Institutions."

110 - Special Handling: Patients With Acute Illnesses

Written policy and defined procedures require post-admission screening and referral for care of patients with acute psychiatric and other serious illnesses as defined by the health authority; those who require health care beyond the resources available in the facility or whose adaptation to the correctional environment is significantly impaired, are transferred or committed to a facility where such care is available. A written list of referral sources, approved by the health authority, exists.

Discussion: Psychiatric and other acute medical problems identified either at receiving screening or after admission must be followed up by medical staff. The urgency of the problems determines the responses. Suicidal and psychotic patients are emergencies and should be held for only the minimum time necessary, but no longer than 12 hours before emergency care is rendered.

Inmates awaiting emergency evaluation should be housed in a specially designated area with constant supervision by trained staff.

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

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); and

3) Trained personnel available to provide treatment and close observation.

111 - Monitoring of Services/Internal Quality Assurance

Written policy requires that the on-site monitoring of health services rendered by providers other than physicians and dentists, including inmate complaints regarding such, the quality of the health record, review of pharmaceutical practices, carrying out direct orders, and the implementation and status of standing orders, is performed by the responsible physician who reviews the health services delivered as follows:

1) At least once per month in facilities with less than 50 inmates;

2) At least every two weeks in facilities of 50 to 200 inmates; and

3) 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. Except in unusual circumstances, it is felt that this process of internal quality assurance can be accomplished only by on-site monitoring.

In many jails where qualified health care providers are not on staff, the health trained correctional officer may be the only person available to help carry out physicians' direct orders (e.g., administering medications, implementing special diets, etc.). It is expected that these health related services of the correctional officer/jailer would be included for monitoring by the responsible physician.

112 - First Aid Kits

First aid kits are available in designated areas of the facility. The health authority approves the contents, number, location and procedures for monthly inspection of the kits.

Discussion: Examples of content for first aid kits include: roller gauze, sponges, triangle bandages, adhesive tape, band aids, etc., but not emergency drugs.

Kits can be either purchased or assembled from improvised materials. All kits, whether purchased or assembled, meet compliance if the following points are observed in their selections:

1) The kits should be large enough and should have the proper contents for the place where they are to be used;

2) The contents should be arranged so that the desired package can be found quickly without unpacking the entire contents of the box; and

3) Material should be wrapped so that unused portions do not become dirty through handling.

113 - Access to Diagnostic Services

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.

114 - Notification of Next of Kin

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

115 - Postmortem Examination

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

1) The medical examiner or coroner is notified immediately; and

2) 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.

116 - Disaster Plan

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.

Health aspects of the disaster plan, among other items, include the triaging process, outlining where care can be provided and laying out a back-up plan.

B. PERSONNEL

Standards pertaining to qualifications, training, work appraisal and supervision of staff are included in this section.

1. ESSENTIAL STANDARDS

117 - Licensure

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

Discussion: When applicable laws are ignored, the quality of health care is compromised.

Verification may consist of copies of current credentials or letters from the state licensing or certifying bodies regarding the status of credentials for current personnel.

118 - Job Descriptions

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

119 - Staff Development and Training

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 and outlines the frequency of continuing training for each staff position.

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.

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.

Please refer to the following AMA monographs:

1) "Orienting Health Providers to the Jail Culture";

2) "Orienting Jailers to Health and Medical Care Delivery Systems"; and

3) "The Use of Allied Health Personnel in Jails: Legal Considerations."

120 - Basic Training of Correctional Officers/Jailers

Written policy and a training program established or approved by the responsible health authority in cooperation with the facility administrator, guide the training of all correctional officers regarding:

1) Types of and action required for potential emergency situations;

2) Signs and symptoms of an emergency;

3) Administration of first-aid, with training to have occurred within the past three years;

4) Methods of obtaining emergency care;

5) Procedures for transferring patients to appropriate medical facilities or health care providers; and

6) Signs and symptoms of mental illness, retardation, emotional disturbance and chemical dependency.

A sufficient number of correctional officers are trained in basic cardiopulmonary resuscitation (CPR) so that they can always respond to emergency situations in any part of the facility within four minutes.

Minimally, one health trained correctional officer per shift is trained in the recognition of symptoms of illnesses most common to the inmates.

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

Current first aid certification must be from an approved body, such as the American Red Cross (ARC), a hospital, fire or police department, clinic, training academy or any other approved agency, or an individual possessing a current ARC instructor's certificate.

Training regarding emotional disturbance, developmental disability and chemical dependency is essential for the recognition of inmates who need evaluation and possible treatment which, if not provided, could lead to life-threatening situations.

Please refer to the following AMA monographs which can be used to help train correctional officers in the above subjects:

1) "The Recognition of Jail Inmates With Mental Illness: Their Special Problems and Needs for Care";

2) "Guide for the Care and Treatment of Chemically Dependent Inmates";

3) "Management of Common Medical Problems in Correctional Institutions"; and

4) "Orienting Jailers to Health and Medical Care Delivery Systems."

Training materials on the recognition of symptoms of common illnesses can be found in the AMA Manual For The Training of Jailers in Receiving Screening and Health Education.

121 - Medication Administration Training

Written policy and defined procedures guide the training of personnel who administer medication and require training from or approved by the responsible physician and the facility administrator or their designees regarding:

1) Accountability for administering medications in a timely manner according to physician orders; and

2) Recording the administration of medications in a manner and on a form approved by the health authority.

Discussion: Training from the responsible physician encompasses the medical aspects of the administration of medications. Training from the facility administrator encompasses security matters inherent in the administration of medications in a correctional facility.

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

Please refer to Standard 150 for the definition of administration of medications.

122 - Inmate Workers

Written policy requires that inmates are not used for the following duties:

1) Performing direct patient care services;

2) Scheduling health care appointments;

3) Determining access of other inmates to health care services;

4) Handling or having access to surgical instruments, syringes, needles, medications or health records; and

5) Operating medical 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 may receive from fellow inmates.

2. IMPORTANT STANDARDS

123 - Food Service Workers - Health and Hygiene Requirements

Written policy and defined procedures require that inmates and other persons working in food service:

1) Are subject to the same laws and/or regulations as food service workers in the community where the facility is located;

2) Are monitored each day for health and cleanliness by the director of food services or his/her designee; and

3) Are instructed to wash their hands upon reporting to duty and after using toilet facilities.

If the facility's food services are provided by an outside agency or an individual, the facility has written verification that the outside provider complies with the local and state regulations regarding food service.

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.

124 - Utilization of Volunteers

Written policy and defined procedures approved by the health authority and facility administrator 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 understood and the structure of the volunteer program well-defined.

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

The most successful volunteer programs treat volunteers like staff for all aspects except pay, including requiring volunteers to safeguard the principle of confidentiality.

Please refer to the AMA monograph on "The Use of Volunteers in Jails."

C. CARE AND TREATMENT

Various aspects of the care and treatment of patients, such as types of services, access to services, practices, procedures and treatment philosophy are included in this section.

1. ESSENTIAL STANDARDS

125 - Emergency Services

Written policy and defined procedures require that the facility provide 24-hour emergency medical and dental care availability as outlined in a written plan which includes arrangements for:

1) Emergency evacuation of the inmate from within the facility;

2) Use of an emergency medical vehicle;

3) Use of one or more designated hospital emergency departments or other appropriate health facilities;

4) Emergency on-call physician and dentist services when the emergency health facility is not located in a nearby community; and

5) Security procedures that provide for the immediate transfer of inmates when appropriate.

Discussion: Emergency medical and dental care is care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

126 - Receiving Screening

Written policy and defined procedures require receiving screening to be performed by health trained or qualified health care personnel on all inmates (including transfers) immediately upon arrival at the facility. Arrestees who are unconscious, semi-conscious, bleeding or otherwise obviously in need of immediate medical attention, are referred immediately for emergency care. If they are referred to a community hospital, their admission or return to the jail is predicated upon written medical clearance. The receiving screening findings are recorded on a printed form approved by the health authority. At a minimum the screening includes:

Inquiry into:

1) Current illness and health problems including mental, dental and communicable diseases;

2) Medications taken and special health requirements;

3) Use of alcohol and other drugs, including types, methods, amounts, frequency, date or time of last use and a history of problems which may have occurred after ceasing use (e.g., convulsions);

4) Other health problems, as designated by the responsible physician, including mental illness; and

5) For females, a history of gynecological problems and pregnancies.

Observation of:

1) Behavior, which includes state of consciousness, mental status, appearance, conduct, tremors and sweating;

2) Body deformities and ease of movement; and

3) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations and needle marks or other indications of drug abuse.

Disposition such as:

1) Referral to an appropriate health care service on an emergency basis; or

2) Placement in the general inmate population and later referral to an appropriate health care service; or

3) Placement in the general inmate population.

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 get them rapidly admitted 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 immediately upon arrival at the facility as part of the booking/admission procedure. In short, placing two or more inmates in a holding room pending screening the next morning fails to meet compliance.

Some studies indicate that alcohol-related suicide is the number one cause of death in jails; second is "cold turkey withdrawal" from alcohol and other drugs. Hence, it is considered extremely important for booking officers to fully explore the inmate's suicide and/or withdrawal potential. Reviewing with the inmate any history of suicidal behavior and visually observing the inmate's behavior (delusions, hallucinations, communication difficulties, speech and posturing, impaired level of consciousness, disorganization, memory defects, depression or evidence of self-mutilation) are recommended. Most jails following this approach, coupled with the training of all jailers regarding mental health and chemical dependency aspects, are able to prevent all or most suicides and "cold turkey withdrawals."

If a copy of the receiving screening form accompanies transferees, a full receiving screening need not be conducted, but the receiving screening results should be reviewed and verified.

127 - Detoxification

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 at the facility, it is conducted in a hospital or community detoxification center.

Discussion: Drug 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 certain patients (e.g., psychotics, seizure-prone, pregnant, juveniles or geriatrics) may pose special risks and thus, require special attention. Detoxification from alcohol should not include decreasing doses of alcohol; further, supervised "drying out" may not necessarily involve the use of drugs.

Opioids refer to derivatives of opium such as morphine and codeine and synthetic drugs with morphine-like properties.

Medical supervision means that for in-jail alcohol and opioid detoxification, at a minimum, the inmate must be under 24 hour per day, 60 minutes per hour supervision of a health trained correctional officer working under a physician's direction. For detoxification from barbiturates and other sedative hypnotic drugs, the program in the jail must be under the 24 hour supervision of a licensed nurse at a minimum.

Fixed drug regimens (i.e., every patient gets the same dose of medication regardless of individual symptoms and medical condition) are generally not recommended.

Please refer to the AMA monograph "Guide for the Care and Treatment of Chemically Dependent Inmates" for further information on the subject.

128 - Access to Treatment

Written policy and defined procedures require that information regarding access to the health care services is communicated orally and in writing to inmates upon their arrival at the facility.

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

129 - Daily Triaging of Complaints

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

Solicited daily and acted upon by health trained correctional personnel; and

Followed by appropriate triage and treatment by qualified health personnel where indicated.

Discussion: Some jails note on the complaint slip the action taken regarding triaging and file such slips in the inmate's medical record; others use a log. These are examples of health complaints being documented.

130 - Sick Call

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

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

2) In medium-sized facilities of 50 to 200 inmates, sick call is held at least three days per week; and

3) Facilities of over 200 inmates hold sick call a minimum of five days a 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: Some people refer to sick call as a "clinic visit." Clinic care or "sick call" is care for an ambulatory inmate with health care complaints which are evaluated and treated at a particular place in time. It is the system through which each inmate reports for and receives appropriate medical services for non-emergency illness or injury.

The size of the facility is determined by yearly average daily population, rather than rated capacity.

131 - Health Appraisal

Written policy and defined procedures require that:

Health appraisal is completed for each inmate 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/her designee. Health appraisal includes:

1) Review of the earlier receiving screening;

2) Collection of additional data to complete the medical, dental and psychiatric histories;

3) Laboratory and/or diagnostic tests (as determined by the responsible physician with recommendations from the local public health authority) to detect communicable disease, including venereal diseases and tuberculosis;

4) Recording of height, weight, pulse, blood pressure and temperature;

5) Other tests and examinations as appropriate;

6) Medical examination (including gynecological assessment of females) with comments about mental and dental status;

7) Review of the results of the medical examination, tests and identification of problems by a physician and/or his/her designee when the law allows such; and

8) Initiation of therapy when appropriate.

The collection and recording of health appraisal data are handled as follows:

1) The forms are approved by the health authority;

2) Health history and vital signs are collected by health trained or qualified health personnel; and

3) Collection of all other health appraisal data is performed only by qualified health personnel.

Discussion: The extent of the health appraisal, including medical examinations, is defined by the responsible physician, but should include at least the above. When appropriate, additional investigation should be carried out regarding:

1) The use of alcohol and/or drugs including the types of substances abused, mode of use, amounts used, frequency of use and date or time of last use;

2) Current or previous treatment for alcohol or drug abuse and if so, when and where;

3) Whether the inmate is taking medication for an alcohol or drug abuse problem such as disulfiram, methadone hydrochloride or others;

4) Current or past illnesses and health problems related to substance abuse such as hepatitis, seizures, traumatic injuries, infections, liver diseases, etc.; and

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

Further assessment of psychiatric problems identified at receiving screening or after admission should be 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 can include psychiatrists, family physicians with psychiatric orientation, psychologists, psychiatric nurses, social workers and trained correctional counselors.

Please refer to Standard 106 for definitions of the different levels of health personnel.

Regarding waiver of laboratory tests for tuberculosis and venereal diseases, a letter from the public health authority citing the incidence of the disease(s) in that locality and the justification for not conducting such tests on all inmates is required for consideration of waiver.

132 - Direct Orders

Treatment by qualified and health trained 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.

133 - Skilled Nursing/Infirmary Care

Written policy and defined procedures guide skilled nursing or infirmary care and require:

1) A definition of the scope of skilled nursing care provided at the facility;

2) A physician on call 24 hours per day;

3) Supervision of the infirmary by a registered nurse on a daily basis;

4) A health trained person on duty 24 hours per day;

5) All inmate patients being within sight or sound of a staff person;

6) A manual of nursing care procedures; and

7) A separate individual and complete medical record for each inmate.

Discussion: An infirmary is an area established within the correctional facility in which organized bed care facilities and services are maintained and operated 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.

Skilled nursing/infirmary care is defined as inpatient bed care by or under the supervision of a registered nurse for an illness or diagnosis which requires limited observation and/or management and does not require admission to a licensed hospital.

Supervision is defined as overseeing the accomplishment of a function or activity.

Advancement of the quality of care in this type of medical area begins with the assignment of responsibility to one physician. Depending upon the size of the infirmary, 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. Policies and procedures should be developed on the basis of current scientific knowledge and take into account new equipment and current practices.

2. IMPORTANT STANDARDS

134 - Hospital Care

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

Discussion: Even though a hospital operated by a correctional facility may not be considered a "general" hospital, and therefore not reviewed by a state licensing body, it is important that the care provided be consistent with that provided generally within the state. Where conditions in the facility are inadequate to meet state standards, the quality of care is compromised.

135 - Treatment Philosophy

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

When rectal and pelvic examinations are indicated, verbal consent is obtained from the patient.

Discussion: Health care should be rendered with consideration of the patient's dignity and feelings.

Please refer to the discussion in Standard 102, which outlines the American Medical Association's policy on the conducting of body cavity searches.

136 - Use of Restraints

Written policy and defined procedures guide the use of medical restraints and include an identification of the authorization needed, and when, where, duration and how restraints may be used. The health care staff do not participate in disciplinary restraint of inmates, except for monitoring their health status.

Discussion: This standard applies to those situations where the restraints are part of health care treatment. The same kinds of medical restraints that would be appropriate for individuals treated in the community may likewise be used for medically restraining incarcerated individuals (e.g., leather or canvas hand and leg restraints, chemical restraints and straight jackets).

Medical monitoring of the health status of inmates held under disciplinary restraints should be carried out on a periodic basis by qualified or health trained personnel.

137 - Special Medical Program

Written policy and defined procedures guide the special medical program which exists for inmates requiring close medical supervision, including chronic and convalescent care. A written individualized treatment plan, developed by a physician, exists for these patients and 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 and 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 individual 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 (see Standard 133). When a self-contained type of program does not exist, the following are provided:

1) Correctional staff officer trained in health care;

2) Sufficient staff to help prevent suicide and assault;

3) At a minimum, all inmate patients are within sight of a staff person; and

4) Qualified health personnel to provide treatment.

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 in the recovery from illness or injury.

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 course of therapy. It is individualized and based on assessment of the patient's needs and includes a statement of the short and long term goals as well as 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 rehabilitative services (e.g., individual or group counseling and/or self-help groups) that the physician deems appropriate.

Please refer to the following AMA monographs for further suggestions: "Management of Common Medical Problems in Correctional Institutions" and "Guide for the Care and Treatment of Chemically Dependent Inmates."

138 - Standing Orders

If standing medical orders exist, written policy requires that they are developed and signed by the responsible physician. When utilized, they are countersigned in the medical record by the physician.

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.

139 - Continuity of Care

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.

140 - Health Evaluation - Inmates in Segregation

Written policy and defined procedures require that inmates removed from the general population and placed in segregation are evaluated

at least three (3) days per week by health trained personnel and that the encounters are documented.

Discussion: Due to the possibility of injury and/or depression during such periods of isolation, health evaluations should include notation of bruises or other trauma markings and comments regarding the inmate's attitude and outlook.

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

141 - Health Promotion and Disease Prevention

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. Self-care is defined as care for a condition which can be treated by the inmate and may include "over-the-counter" type medications.

Subjects for health education may include:

1) Personal hygiene and nutrition;

2) Venereal disease, tuberculosis and other communicable diseases;

3) Effects of smoking;

4) Self-examination for breast cancer;

5) Dental hygiene;

6) Drug abuse and danger of self-medication;

7) Family planning, including, as appropriate, both services and referrals;

8) Physical fitness; and

9) Chronic diseases and/or disabilities.

142 - Chemically Dependent Inmates

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

1) Diagnosis of chemical dependency by a physician or properly qualified designee (if authorized by law);

2) A physician deciding whether an individual needs pharmacological or non-pharmacological supported care;

3) An individualized treatment plan which is developed and implemented; and

4) Referral to specified community resources upon release when appropriate.

Discussion: Existing community resources should be utilized if possible.

The term chemical dependency 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.

Please refer to the AMA monograph "Guide For The Care and Treatment of Chemically Dependent Inmates."

143 - Pregnant Inmates

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.

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

144 - Dental Care

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:

1) Dental screening within 14 days of admission;

2) Dental hygiene service within 14 days of admission;

3) Dental examinations within three months of admission; and

4) Dental treatment, not limited to extractions, when the health of the inmate would otherwise be adversely affected as determined by the dentist.

Discussion: While dental hygiene by standard definition includes clinical procedures taken to protect the health of the mouth and chewing apparatus, minimum compliance will be instruction in the proper brushing of teeth.

The dental examination should include taking or reviewing the patient's dental history and examination of hard and soft tissue of the oral cavity by means of an illuminator light, mouth mirror and explorer. X-rays for diagnostic purposes should be available if deemed necessary. The results are recorded on an appropriate uniform dental record utilizing a number system such as the Federation Dentaire Internationale System.

Please refer to the AMA monograph "Dental Care for Jail Inmates."

145 - Delousing

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

146 - Exercising

Written policy and defined procedures outline a program of exercising and require that each inmate is allowed a daily (i.e., 7 days per week) minimum of one hour of exercise involving large muscle activity, away from the cell, on a planned, supervised basis.

Discussion: Examples of large muscle activity include walking, jogging in place, basketball, ping pong and isometrics.

Facilities meet compliance of a planned, supervised basis under the following conditions:

It is recognized that many facilities do not have a separate facility or room for exercising. The dayroom adjacent to the cell may be used for this purpose. The dayroom 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. Television and table games do not meet compliance.

Regarding the use of outside yards, gymnasiums and multi-purpose rooms, making available exercising opportunities (e.g., basketball, handball, jogging, running and calisthenics) does satisfy compliance even though inmates may not take advantage of them. While such activities may be more productive under the supervision of a recreational staff person, this is not required. For supervision purposes, inmates should be within sight or sound of a staff person.

147 - Personal Hygiene

Written policy and defined procedures outline a program of personal hygiene and require that every facility that would normally expect to detain an inmate at least 48 hours:

1) Furnish bathing facilities in the form of either a tub or shower with hot and cold running water;

2) Permit regular bathing at least twice a week;

3) Permit daily bathing in hot weather in facilities without air temperature control; and

4) Provide the following items:

   Soap;
   Toothbrush;
   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.

148 - Prostheses

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 bodily functions.

149 - Food Service

An adequate diet involving the four basic food groups, based on the Recommended Dietary Allowances, is provided to all inmates.

Written policies and defined procedures require provision of special medical and dental diets which are prepared and served to inmates according to the orders of the treating physician and/or dentist and/or as directed by the responsible physician.

Discussion: Adequate diets frequently are based on those developed by other agencies which utilize the recommended national allowances/guidelines. Equivalent nutritional guidelines containing the four basic groups, satisfy compliance. The four basic food groups are:

Milk and milk products;
Meats, fish and other protein foods (e.g., eggs, dried beans and peas and cheese);
Breads and cereals; and
Vegetables and fruits.

The adequate diet referred to in the standard applies to inmates in segregation/isolation as well as all others.

D. PHARMACEUTICALS

This 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.

ESSENTIAL STANDARD

150 - Management of Pharmaceuticals

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

1. Compliance with all applicable state and federal laws and regulations regarding prescribing, dispensing and administering of drugs;

2. At a minimum, a formulary specifically developed for both prescribed and non-prescribed medications stocked by the facility;

3. Discouragement of the long-term use of tranquilizers and other psychotropic drugs;

4. Prescription practices which require that:

    a. Psychotropic medications are prescribed only when clinically indicated (as one facet of a program of therapy) and are not allowed for disciplinary reasons;

    b. "Stop-order" time periods are stated for behavior modifying medications and those subject to abuse; and

    c. Re-evaluation be performed by the prescribing provider prior to renewal of a prescription.

5. Procedures for medication dispensing, distribution, administration, accounting and disposal; and

6. 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. This does not restrict the prescribing of medications generated by outside community health care providers.

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.

Medication distribution is the system for delivering, storing and accounting for drugs from the source of supply to the nursing station or point where they are administered to the patient.

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

Accounting is the system of recording, summarizing, analyzing, verifying and reporting the results of medication usage.

Disposal involves destruction of the medication upon discharge of the inmate from the facility or providing the inmate with the medication, in line with the continuity of care principle. The latter procedure is preferred. Further, when a facility uses the sealed, pre-packaged unit dose system, the unused portion can be returned to the pharmacy.

A controlled substance is a drug or other substance that is subject to special controls due to its abuse potential.

E. HEALTH RECORDS

The contents, form and format, confidentiality, transfer and retention of the health care records are covered in these standards, based upon practices in the jurisdiction.

1. ESSENTIAL STANDARD

151 - Health Record Format and Contents

At a minimum, the health record file contains:

- 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;
- Health service reports (e.g., dental, psychiatric and other consultations); and
- Specialized treatment plan (if such exists).

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 completed and all findings recorded including notations concerning psychiatric, dental and other consultative services.

A health record file is not necessarily established on every inmate. However, 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. If an inmate is incarcerated more than once, existing medical records should be re-activated.

Where patients are seen only at the physician's office, the record generally is kept there. However, a form for recording the disposition should accompany the inmate, so that the physician can provide instructions regarding follow-up care.

Please refer to the AMA monograph "Health Care in Jails: Inmates' Medical Records and Jail Inmates' Right to Refuse Medical Treatment."

2. IMPORTANT STANDARDS

152 - Confidentiality of the Health Record

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

1. The active health record is maintained separately from the confinement record under lock and key; and

2. 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 is confidential under federal regulations and cannot be disclosed without written consent of the patient or the patient's parent or guardian (see 42 Code of Federal Regulations Sec. 2.1 et. seq.)

The health authority should share information with the facility administrator 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.

153 - Transfer of Health Records and Information

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

1. Summaries or copies of the health record are routinely sent to the facility to which the inmate is transferred;

2. Written authorization by the inmate is necessary for transfering health records and information unless otherwise provided by law or administrative regulation having the force and effect of law; and

3. 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.

154 - Records Retention

Written policy and defined procedures require that inactive health record files are retained according to legal requirements of the jurisdiction.

Discussion: Regardless of whether inactive health records are maintained separately or combined with confinement records, they need to conform to legal requirements for records retention.

F. MEDICAL-LEGAL ISSUES

These two standards address the inmate's right to informed consent and the right to refuse treatment and guidelines for the inmate's participation in medical research.

IMPORTANT STANDARDS

155 - Informed Consent

All examinations, treatments and procedures governed by informed consent 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.

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 complications.

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 law as they vary considerably. Examples of such situations are:

1. An emergency which requires immediate medical intervention for the safety of the patient;

2. Emergency care involving patients who do not have the capacity to understand the information given; and

3. 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.

156 - Medical Research

Any biomedical or behavioral research involving inmates is done only when ethical, medical and legal standards for human research are met.

Discussion: This standard recognizes past abuses in the area of research on involuntarily confined individuals and stresses the protective measures and prisoner/patient autonomy interests that must be considered in a decision to include such persons in clinical research.

There should be adequate assurance of safety to the subject, the research should meet standards of design and control and the inmate must have given his/her informed consent.

G. APPENDIX

Glossary and Subject Index

GLOSSARY

Accounting (Medications) ..... Accounting is the system of recording, summarizing, analyzing, verifying and reporting the results of medication usage.

Administrative Meetings ..... Meetings are held at least quarterly between the health authority and the official legally responsible for the facility or their designees. At these meetings, problems are identified and solutions sought.

Alcohol Detoxification ..... (See "Detoxification")

Annual Statistical Report ..... The annual statistical report should indicate 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 service, etc.).

Chemical Dependency ..... Chemical dependency 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.

Chronic Care ..... Chronic care is medical service rendered to a patient over a long period of time (e.g., treatment of diabetes, asthma and epilepsy).

Clinic Care ..... Clinic care is medical service rendered to an ambulatory patient with health care complaints which are evaluated and treated at sick call or by special appointment.

Controlled Substance ..... A controlled substance is a drug or other substance that is subject to special controls due to its abuse potential. There are five federally established schedules/ categories of controlled substances.

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

Dental Examination ..... The dental examination should include taking or reviewing the patient's dental history and examination of hard and soft tissue of the oral cavity by means of an illuminator light, mouth mirror and explorer. X-rays for diagnostic purposes should be available if deemed necessary. The results are recorded on an appropriate uniform dental record utilizing a number system such as the Federation Dentaire Internationale System.

Dental Hygiene ..... While dental hygiene by standard definition includes clinical procedures taken to protect the health of the mouth and chewing apparatus, minimum compliance will be instruction in the proper brushing of teeth.

Detoxification ..... Drug 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.

Detoxification from alcohol should not include decreasing doses of alcohol; further, supervised "drying out" may not necessarily involve the use of drugs.

Disaster Plan, Health Aspects ..... Health aspects of the disaster plan, among other items, would include the triaging process, outlining where care can be provided and laying out a back-up plan.

Dispensing, Medication ..... Dispensing is the issuance of one or more doses of medications 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.

Disposal, Medication ..... Disposal refers to the destruction of the inmate's medication upon his/her discharge from the facility, the return of sealed unused pre-packaged medications to the pharmacy or providing the inmate with the medication, in line with the continuity of care principle.

Distribution, Medication ..... Distribution of medication is the system for delivery, storing and accounting for drugs from the source of supply to the nursing station or point where they are administered to the patient.

Documented Inmates' Health Complaints ..... Examples of health complaints being documented are:

1. Some jails note on the complaint slip the action taken regarding triaging and file such slips in the inmate's medical record; and

2. Others use a log and record the complaint and its disposition.

Drug Detoxification ..... (See "Detoxification")

Emergency Care (Medical, Dental and Mental) ..... Emergency care is care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.

Formulary ..... A formulary is a written list of prescribed and non-prescribed medications used within the facility.

Four Basic Food Groups ..... The four basic food groups are:

Milk and milk products;
Meats, fish and other protein foods (e.g., eggs, dried beans and peas and cheese);
Breads and cereals; and
Vegetables and fruits.

Health Administrator ..... A health administrator is a person who by education (e.g., RN, MPH, MHA or related disciplines) is capable of assuming responsibilities for arranging for all levels of health care and assuring quality and accessibility of all services provided to inmates.

Health Appraisal ..... Health appraisal is the process whereby the health status of an individual is evaluated. The extent of health appraisal, including medical examinations, is defined by the responsible physician, but does include at least the items noted in Standard 131.

Health Aspects (Disaster Plan) ..... Health aspects of the disaster plan, among other items, include the triaging process, outlining where care can be provided and laying out a back-up plan.

Health Authority ..... The health authority is the individual who has been delegated the responsibility for the facility's health care services, including arranging for all levels of health care and assuring quality and accessibility of all health services provided to inmates.

Health Care ..... 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.

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

Hospital Care ..... Hospital care is inpatient care for an illness or diagnosis which requires optimal observation and/or management in a licensed hospital.

Infirmary ..... An infirmary is an area established within the correctional facility in which organized bed care facilities and services are maintained and operated to accommodate two or more inmates and which is operated for the express or implied purpose of providing skilled nursing care for persons who are not in need of hospitalization.

Infirmary Care ..... Infirmary care is defined as inpatient bed care by or under the supervision of a registered nurse for an illness or diagnosis which requires limited observation and/or management and does not require admission to a licensed hospital.

Informed Consent ..... Informed consent is the agreement by the patient to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequence, risks and alternatives concerning the proposed treatment, examination or procedure.

Large Muscle Activity ..... Examples of large muscle activity include walking, jogging in place, basketball, ping pong and isometrics.

Medical Preventive Maintenance ..... (See "Preventive Maintenance")

Medical Restraints ..... (See "Restraints")

Medical Supervision/ Detoxification ..... Medical supervision means that for in-jail alcohol and opioid detoxification, at a minimum, the inmate must be under 24 hour per day, 60 minutes per hour supervision of a health trained correctional officer working under a physician's direction. For detoxification from barbiturates and other sedative hypnotic drugs, the program in the jail must be under the 24 hour supervision of a licensed nurse at a minimum.

Medication Accounting ..... (See "Accounting")

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

Medication Dispensing ..... (See "Dispensing, Medication")

Medication Disposal ..... (See "Disposal, Medication")

Medication Distribution ..... (See "Distribution, Medication")

Monitoring of Services/ Internal Quality Assurance ..... Monitoring is the process for assuring that quality health care services are being rendered in the facility by non-physician providers of health care. The monitoring is accomplished by on-site observation and review (e.g., studying inmates' complaints regarding care; reviewing the health records, pharmaceutical processes, standing orders, and performance of care).

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

Peer Review ..... Peer review is the evaluation by practicing physicians of the quality and efficiency of services ordered or performed by other practicing physicians. 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."

Planned, Supervised Basis (Exercising) ..... Facilities meet compliance of exercise on a "planned, supervised basis" under the following conditions:

It is recognized that many facilities do not have a separate facility or room for exercising. The dayroom adjacent to the cell may be used for this purpose. The dayroom 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. Television and table games do not meet compliance.

Regarding the use of outside yards, gymnasiums and multi-purpose rooms, making available exercising opportunities (e.g., basketball, handball, jogging, running and calisthenics) does satisfy compliance even though inmates may not take advantage of them. While such activities may be more productive under the supervision of a recreational staff person, this is not required. For supervision purposes, inmates should be within sight or sound of a staff person.

Preventive Maintenance (Medical) ..... Medical preventive maintenance refers to health promotion and disease prevention. This includes the provision of individual or group 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.

Prostheses ..... Prostheses are artificial devices to replace missing body parts or compensate for defective bodily functions.

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

Public Advisory Committee ..... The public advisory committee represents the local medical and legal professions and may include key lay community representatives. While grand juries and public health department inspection teams play an important role in advising jails in some communities, they are more official than "public" bodies.

The role of the advisory committee is to review the facility's program and advise those responsible. Such a monitoring process helps staff identify problems, solutions and resources.

Qualified Health Personnel ..... 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; further, they practice only within their licenses, certification or registration.

Receiving Screening ..... 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.

Responsible Physician ..... The responsible physician is the individual physician who is responsible for the final decisions regarding matters of medical judgement.

Restraints (Medical) ..... Medical restraints are physical and chemical devices used to limit patient activity as a part of health care treatment. The same kinds of restraints that would be medically appropriate for the general population within the jurisdiction are likewise to be used for the medically restrained incarcerated individual (e.g., leather or canvas hand and leg restraints, chemical restraints and straight jackets).

Self Care ..... Self care is defined as care for a condition which can be treated by the inmate and may include "over-the-counter" type medications.

Sick Call ..... Sick call is the system through which each inmate reports for and receives appropriate medical services for non-emergency illness and injury. Some people refer to "sick call" as a "clinic visit."

Skilled Nursing Care ..... (See "Infirmary Care")

Special Medical Program ..... The special medical program refers to care developed for patients with certain medical conditions which dictate a need for close medical supervision (e.g., seizure disorders, diabetes, potential suicide, chemical dependency and psychosis).

Standing Medical Orders ..... Standing medical orders are pre-existing written medical orders 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.

Supervision ..... Supervision is defined as overseeing the accomplishment of a function or activity.

Treatment Plan ..... 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.

SUBJECT INDEX

AMERICAN HEALTH CARE CONSULTANTS
JAIL HEALTH CARE ACCREDITATION PROGRAM

APPLICATION FOR ACCREDITATION OF
MEDICAL CARE AND HEALTH SERVICES IN JAILS

INSTRUCTIONS FOR COMPLETING THE AHCC APPLICATION FOR ACCREDITATION UNDER THE AMA STANDARDS FOR HEALTH SERVICES IN JAILS:

Some of the items on this questionnaire may not apply to your particular facility. In such cases, please mark NA in the answer space.

Question 16 is for purposes of our information only. The answers we receive will be used in an evaluative context and will not affect the status of your application in any manner.

1-1. Name of facility_____

1-2. Address of facility_____
City State Zip

1-3 Facility phone number ( ) _____

1-4. Approximate population of area served by facility_____

2-1. Title of official legally responsible for facility_____

2-2. Name of official_____

2-3. Address of official_____
City State Zip

2-4. Phone number of official ( ) _____

3-1. Year facility was built_____

3-2. Any major renovations? Yes_____ No_____

3-3. Year of renovations_____

3-4. Briefly describe_____

_____

Number of admissions to facility in previous year

4-1. Adult males _____

4-2. Adult females _____

4-3 Juvenile females _____

4-4. Juvenile males _____

4-5. TOTAL ADMISSIONS _____

5-1. Design rated capacity_____

5-2. Average daily population for previous year_____

5-3. Average daily intake_____

In the previous year, what percent of your inmates would you estimate stayed:

6-1. Less than 24 hours_____% 6-3. One to two weeks_____%

6-2. One day to a week_____% 6-4. Longer than two weeks_____%

7-1. Are there any persons currently providing medical care to inmates of jail? Yes_____ No_____

If you answered yes, please complete the rest of Section 7, providing numbers and whether full-time or part-time.

7-2. Number of physicians hours/month:_____; Number of physicians: FT_____ PT_____.

7-3. Number of nurse hours/month:_____; Number of RNs: FT_____ PT_____.

Number of LPNs/LVNs: FT_____ PT_____.

7-4. Number of physician's assistant hours/month: FT_____ PT_____.

7-5. Hours/month provided by others (please specify type, e.g., EMTs):_____

_____

7-6. Name of physician responsible for medical care:_____

7-7. Address of physician:_____
City State Zip

7-8. Phone number of physician: ( )_____

8-1. Is regular sick call conducted by a trained medical person?
Yes_____ No_____

8-2. How often is sick call held?_____

8-3. What level of staff performs sick call?_____

9-1. Does your facility have a medical examining room? Yes_____ No_____

9-2. Does your facility have any medical bed space? Yes_____ No_____

10-1. Does your jail do any routine screening for potential medical problems upon an inmate's arrival at your facility? Yes_____ No_____

If you answered yes, please complete the rest of Section 10.

10-2. Who performs this screening?_____

10-3. Exactly, when is this screening done?_____

11-1. Does your jail offer on-going medical services or just emergency medical treatment? On-going_____ Emergency only_____

11-2. If you answered "On-going," where are they provided? In jail_____ Other_____ Describe:_____

_____

_____

11-3. What type facility provides emergency services?_____

_____

12-1. Does your jail offer on-going mental health services or just emergency mental health treatment? On-going_____ Emergency only_____

12-2. Describe type of facility which provides psychiatric in-patient services:_____

12-3. Describe type of agency which provides outpatient mental health services:_____

13-1. Does your jail offer on-going dental services or just emergency dental treatment? On-going_____ Emergency only_____

13-2. Where are they provided? In jail_____ Other:_____ Describe:_____

_____

14-1. Does your jail offer medically supervised alcohol detoxification?
Yes_____ No_____ (If no, go to 15-1.)

14-2. If you answered yes to 14-1, does the jail itself provide these services?
Yes_____ No_____

14-4. If you answered no to the question immediately above, what type of agency/facility does the detoxification?_____

_____

_____

15-1. Does your jail offer medically supervised drug detoxification?
Yes_____ No_____ (If no, go to 16-1.)

15-2. If you answered yes to 15-1, does the jail itself provide these services?
Yes_____ No_____

15-3. If you answered no to 15-2, is withdrawal done without medical help?
Yes_____ No_____

15-4. If you answered no to the question immediately above, what type of agency/facility does the detoxification?_____

16-1. Have there been any law suits against your jail within the past five years where the adequacy of the health care services offered was an issue? Yes_____ No____

If you answered yes, please complete the rest of section 16.

16-2. Is your jail currently under such a suit? Yes_____ No_____

16-3. If yes to 16-2, when was the suit filed? (Month & Year)_____

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17. What types of benefits do you think your jail would derive from being in the health care program?

18. Do you think you would have much difficulty in getting your medical staff to asist you with changes in the jail's health care system if this proved necessary in order to meet the AMA's Standards?

19. If improving the health care in your jail required an increase in the jail's medical budget, would you be willing to go to the funding body and request the additional funding?

20. If you are unable to provide information on the cost of current medical care, are you willing to help obtain this information and develop records to reflect future changes?

I HEREBY APPLY TO THE AMERICAN HEALTH CARE CONSULTANTS FOR ACCREDITATION OF MEDICAL CARE AND HEALTH SERVICES OF THE FACILITY FOR WHICH I AM LEGALLY RESPONSIBLE. IF ACCEPTED, I RECOGNIZE THAT IN ORDER TO KEEP ACCREDITATION IN FORCE, THE FACILITY'S HEALTH CARE PROGRAM MUST BE MAINTAINED ACCORDING TO THE AMA STANDARDS DURING THE ACCREDITATION PERIOD.

Signature _____ Title _____ Date _____

NOTE: Application should be accompanied by check in the amount of $25 made payable to: American Medical Association Education and Research Foundation and mailed to:

American Health Care Consultants, Inc.
Suite 2902-B, 333 E. Ontario St. Chicago, Illinois 60611

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