

CORRECTIONS ACCREDITATION MANUAL
OF THE
NEW YORK STATE SHERIFFS' ASSOCIATION
FOR SHERIFFS'
CORRECTIONS DIVISIONS

June, 1998

MISSION:

TO ENHANCE THE PROVISION OF SERVICES
BY THE CORRECTIONS DIVISIONS OF THE OFFICE
OF THE SHERIFF THROUGHOUT NEW YORK STATE
AND TO IMPROVE THE PUBLIC PERCEPTION
AND APPRECIATION OF THE WORK
PERFORMED BY THESE AGENCIES.

PREAMBLE

As declared in the mission statement of this document, the purpose of this proposal is to enhance the provision of services by corrections divisions of Sheriffs' Offices, and to improve the public perception of Office of the Sheriff in New York State. As such, this plan addresses the corrections aspect of the Sheriffs' many duties. The standards set forth, therefore, deal with the performance of corrections officers, as well as those employees whose duty it is to support these correctional division functions. These minimum standards are by no means only applicable to corrections division personnel; the Association recommends that these requirements be prescribed for all agency personnel, at the discretion of the Sheriff. The standards set forth are minimums and Sheriffs are encouraged to exceed them wherever possible.

If standards, at any time, are in conflict with newly enacted legislation, such new law will immediately supersede the affected section and become a part of this document.

It has been determined that written documentation of each standard will be required from each Office of the Sheriff seeking NYSSA, Institute accreditation. This may be accomplished by furnishing to the assessment team a written policy statement or general order signed by the Sheriff. The writing should clearly indicate the manner in which the specific standard has been implemented.

Note: This manual is designed and written for Sheriff's Corrections Divisions. Any reference made to deputy sheriff or corrections personnel refers only to those deputies or other personnel assigned to the Sheriff's Corrections Division.

GOAL NO. 1

To establish uniform selection, training, disciplinary and performance standards for the Office of the Sheriff in New York State.

GOAL NO. 2

The adoption of uniform standards of effective operation.

GOAL NO. 3

Each Office of the Sheriff in New York State will participate in a program of sharing technical information and expertise among the other Offices of the Sheriff in New York State.

GOAL NO. 4

To provide a vehicle to insure the continuity of enforcement and organizational philosophy for all Offices of the Sheriff.

GOAL NO. 5

To promote the coordination of all local and state law enforcement with the Office of the Sheriff.

GOAL NO. 6

To provide an opportunity for the development of all personnel through job enrichment.

GOAL NO. 7

To establish minimum professional criteria for the Office of the Sheriff of Counties in the State of New York.

GOAL NO. 8

To improve the general public's perception of the Sheriffs' role.

I. PERSONNEL

A. Recruitment

STANDARD

- 1. The Office of the Sheriff in New York State will adhere to Equal Opportunity and Affirmative Action Guidelines as approved by the NYSSA Inst., Inc.**

COMMENTARY

The Equal Employment Opportunity Commission guidelines for testing procedures apply not only to initial selection, but also to the assignment, advancement and promotion of personnel. These guidelines, enforced by the federal courts, prohibit employment discrimination against any group protected by the 1964 Civil Rights Act; this includes women, as well as minorities.

Under the Extension Act of 1972 (Public Law 92-261) the authority of the Federal Equal Employment Opportunity Commission was extended to cover the employment practices of state and local government agencies. The Equal Employment Opportunity Commission guidelines prohibit the use of any test that adversely affects the hiring of classes of persons protected by the Civil Rights Act unless the test has been validated and evidences a high degree of utility, and suitable alternative tests are unavailable. Validation requires proof that the test will predict job performance or will detect important elements of work behavior connected to the job for which the candidates are being evaluated. Most written tests of mental ability, particularly IQ tests, have not been validated.

STANDARD

- 2. Documentation must be provided to establish that for every entry level corrections officer position, and for all other jobs performed in the corrections division, there is a job announcement. Such announcements must include the following components:**

A description of the duties associated with the position to be filled;

**Requirements that must be met in order to qualify for the position;
Information that prospective candidates need to know about the application process; and
Notice that the agency is an Equal Opportunity Employer.**

Job announcements must be sufficiently advertised in the community pursuant to civil service law where applicable.

COMMENTARY

In the past, some Sheriffs hired deputies and corrections personnel solely by their discretion, and without public announcements, due to the personal liability that Sheriffs have for corrections subordinates. However, adherence to standard practices is appropriate for the hiring of corrections personnel.

Each job assignment should have a comparable job description by rank and position.

I. PERSONNEL

B. Selection

STANDARD

3. **A written policy statement shall set out the sequential steps of the Office of the Sheriff's hiring practice.**

COMMENTARY

The Office of the Sheriff's hiring procedure should include the following steps:

Application screened
Letter sent to appear-deadline
Background questionnaire completed
Photo card
Fingerprint fee

Physical Fitness Screening Test
Pass/Fail

Written Exam
 Pass/Fail
Oral Exam
 Pass/Fail
Background Investigation
Mental Hygiene
Credit Bureau
Fingerprint Records
Hearing Test
 Pass/Fail
Medical Exam
Psychological Exam (may be administered by a written test,
and does not require testing by a physician)
 Pass/Fail
Personal Interview with Sheriff
Final Selection

A list of fully-qualified candidates will be given to the Sheriff for a selection of the exact number of candidates needed to fill existing vacancies.

STANDARD

4. **Documentation must be provided to establish that the Sheriff designates a person(s) or position(s) responsible for administering selection activities. The agency must maintain written documentation that describes all components of the selection process. Agency records must denote the title of the person or group having the authority to appoint new officers.**

STANDARD

5. **All candidates for correction officer shall be required to possess a high school diploma or its equivalency.**

COMMENTARY

The high school education requirement for the selection of correction officers has prevailed for many years. Whereas high school graduation once served as an index of superior achievement, this is no longer true in an era of increasing higher education. It is likely that the future will see some period of college work specified as a prerequisite for initial corrections employment.

So that agencies can deal effectively with corrections problems in an increasingly complex and sophisticated society, there should be parallel increases in the level of education and training required for law enforcement agencies. Officers who have received a broad, general, formal education have a better opportunity to gain a more thorough understanding of society, to communicate more effectively with citizens, and to engage in the exploration of new ideas and concepts. A college education also tends to facilitate subsequent in-service training during an officer's career.

Officers already appointed should be given opportunity and incentives to pursue college education.

STANDARD

6. **All candidates for the position of correction officer shall attain the age of eighteen (18) by their date of appointment. In the event that correction officers are required to attain an age greater than eighteen (18) by the date of their appointment, there shall be appropriate written documentation of such requirement.**

STANDARD

7. **All candidates for correction officer must meet height, weight, and physical fitness standards as prescribed in writing by the Sheriff.**

COMMENTARY

Counties may, but are not required to, use the standards established by the Municipal Police Training Council which establish height, weight, and physical fitness standards for police officer candidates. No authority, judicial or other, has ever denied that physical fitness is essential to the job of corrections law enforcement and the MPTC standards are designed to insure physical fitness.

If the Sheriff chooses to adopt his own standards, they should include such physical testing to insure the ability of the candidate to perform the duties of a corrections officer, such as maintaining discipline, moving quickly about the jail, performing emergency functions, and other necessary duties of the job.

If adopting the MPTC standards for corrections officers, each agency is encouraged to review the procedures currently utilized and where required, take appropriate steps to bring said procedures into compliance with MPTC

standards.

This standard applies to full-time and to part-time officers. Previously, this standard was not intended to apply to part-time officers, but it is now applicable because part-time officers are generally required to meet all other standards that apply to full-time correction officers.

STANDARD

- 8. Candidates for correction officer will be required to successfully complete an emotional stability and psychological fitness examination prior to appointment to probationary status, using valid, useful and non-discriminatory procedures. Such screening must be conducted by qualified professionals.**

COMMENTARY

This standard requires that candidates for correction officer successfully complete a psychological screening test. It expresses the concern of the New York State Sheriffs' Association Institute, Inc. that corrections law enforcement personnel be psychologically healthy and capable of enduring emotional stress.

Stress is a matter of great concern to law enforcement professionals today and is regarded as a critical problem in all areas, urban and rural. Increased levels of ability to handle job stress can be anticipated following psychological screening of candidates, designed to eliminate those who are emotionally or otherwise unfit for law enforcement service.

The basic objective of the psychological screening program is to identify those individuals who, in moments of severe or sustained stress in field conditions would either disorient under stress and become immobilized, or conversely, overreact and precipitate a crisis.

The purpose of the psychological screening program is essentially to screen out unfit candidates, rather than predict good ones, since "good" performance measures are, as yet, virtually impossible to validate and raise serious fair employment issues.

Only psychologists or psychiatrists are to be used to assess the emotional stability and psychological fitness of candidates. Correction officers, personnel technicians, or other agency staff should not attempt to interpret psychiatric or psychological profiles. Only qualified psychologists or

psychiatrists shall make such judgements to ensure proper interpretation and legal defensibility of the selection process.

It is recommended that a record of the results of emotional stability and psychological fitness examination(s) be maintained on file. The agency should also maintain a report of each emotional stability and psychological fitness examination to ensure that proper procedures are followed, and to provide data for continuing research and legal defense, if needed.

STANDARD

9. **Documentation must be provided to establish that a licensed physician and, when appropriate, a psychologist or psychiatrist, uses valid, useful and non-discriminatory procedures to examine each candidate prior to the candidate's appointment.**

STANDARD

10. **A written directive shall require that all candidates for correction officers and civilian personnel be interviewed prior to appointment. The directive shall require that the oral interview be conducted using a set of uniform questions. Those questions must be valid and non-discriminatory, with the results recorded on standardized forms.**

COMMENTARY

An interview is an integral component of the formal process for the selection of qualified correction applicants.

Face to face contact can be used to measure job-related characteristics and personal attributes not readily measured by other components of the hiring process.

The interview's results must be recorded and evaluated using job-related criteria.

The interview is meant to complement required psychological examinations and background investigations and other selection tools such as polygraph examinations.

The Sheriff may appoint a panel to conduct these interviews, but the Sheriff may conduct a separate personal interview with the candidate.

The attributes measured may include such traits as oral communication, self-confidence, self-control, persuasiveness, analytic ability, ethics, creativity, and awareness of social environment.

Rating scales should be designed to result in realistic and statistically significant differences in appraisals.

Legal requirements suggest that the forms be retained in the applicant's files. They may be used in defense of litigation on adverse impact, etc.

STANDARD

- 11. All candidates for correction officer prior to selection must undergo a thorough standardized background investigation by the Office of the Sheriff to determine that they possess acceptable moral character for a correction officer.**

COMMENTARY

A background investigation permits the systematic collection and evaluation of data concerning an applicant's life including information concerning his educational history, work record, physical and emotional health, character and integrity.

An adequate background investigation should be quite comprehensive, covering family data, education, employment, medical and military history, mental hygiene, residences, organizations and affiliations, references, credit record, police record and phone number.

As far as practicable, information concerning a candidate should be gathered through personal interviews with persons who have knowledge of his activities.

A sample standardized questionnaire set out in the appendix contains the in-depth information required, thus making the initial employment application very simple and concise.

STANDARD

- 12. Documentation must be provided to establish that all verbal and written tests used in the selection process for entry level or promotion position are administered, scored, evaluated and interpreted in a uniform and non-discriminatory manner.**

COMMENTARY

The formal process for the selection of qualified police applicants should include a written test of mental ability or aptitude. The mental ability of an applicant should be measured through the use of job related ability or aptitude tests. These job-related ability tests should meet the requirements of Federal Equal Employment Opportunity Commission guidelines.

The Offices of the Sheriff which are civil service shall continue to utilize the civil service-administered testing process for entry level applicants.

Offices of the Sheriff which are not civil service shall require entry level applicants for correction officers to successfully pass an entry level New York State civil service examination for the position of corrections officer or an equivalent examination. Candidates shall be considered for employment as long as they are certified as having passed the civil service examination for corrections officer and are on a currently valid civil service list. The results of the civil service testing and the score obtained by the applicant shall be advisory in nature to the hiring agency and any ranking criteria of applicants shall be at the option of the hiring agency. Applicants for civilian positions may be required to take such written tests as the Sheriff may require.

Written tests must be valid and nondiscriminatory to be used as part of the selection process. This is true for any test used or relied upon by the agency, including those which are commercially developed and those used by state and local civil service commissioners. All cutoff scores, passing points, and/or numerical rankings used in the selection process, should be documented as having validity, utility, and a minimum adverse impact.

Any operational elements of the process--time limits, oral instructions, practice problems, answer sheets, and scoring formulas--should be clearly set forth and carried out identically for all candidates. Failure to do so may prohibit validation of the process and make the agency more susceptible to legal challenges. The selection of qualified candidates requires that all the components of the process be consistent with those applied and administered in actual practice.

The agency shall maintain and have available for inspection all records and data which will disclose the impact of tests and other components of the selection process by identifiable race, sex, and ethnic group. Documentation must be available in the event of litigation or allegations involving alleged discrimination.

STANDARD

13. Documentation must be provided to establish that records of entry level candidates who have been selected will be maintained for a minimum of six years beyond the duration of their employment.

COMMENTARY

The record to be kept should include:

written examination results
physical agility test results
medical examination results
emotional stability psychological findings
oral interview results
background investigations

STANDARD

14. Documentation must be provided to establish that all officers take an appropriate oath of office to enforce the law and uphold the Constitution of the United States, the Constitution of the State of New York, and any other applicable requirement, and that the oath be filed in the County Clerk's Office.

I. PERSONNEL

C. Training

STANDARD

15. Correction officers shall be required to successfully complete the basic course for correction officers within one year of appointment as prescribed by the Commission of Correction.

STANDARD

16. **Correction officers will be required to successfully complete an approved Jail Training Officers Program (J.T.O.). This program must be initiated upon commencement of duties in the correctional facility, last a minimum of two weeks, and be completed in a timely manner. The recruit officer must be accompanied and supervised by a jail training officer.**

COMMENTARY

In addition to the training and skills taught in the classroom, a jail training program for all probationary, first year correction officers will be provided by all agencies. This program of on-the-job training shall be as carefully administered, supervised and evaluated as the formal classroom training. The program will, at minimum, include but not be limited to, daily written evaluation; specific performance criteria; and observed interaction with inmates and the public.

STANDARD

17. **Correction officers shall be mandated to complete an annual course of in-service training. A minimum of twenty-one (21) hours will be dedicated to the following course areas:**

Use of force

Justification (ART.35 N.Y.S.P.L.)

- lecture
- evaluation

Firearms Familiarization (where appropriate)

- range program

Defensive Tactics

- use of police baton, or other impact instrument
- use of chemical agents, if used by the agency
- proper use of handcuffs

Multi-Media or First Responder Course

First Aid (Multi-Media Standard First Aid)

CPR

- suicide-crises prevention

Legal Mandates

- Law Updates/Minimum Standard Updates
- Correction Law
- CPL
- V&T, etc.
- fire evacuations

COMMENTARY

This annual training can be fulfilled through the use of formalized and documented training sessions where lesson plans and attendance records are maintained. It may be provided not only in a traditional classroom setting, but also by video tapes, LETN, home study, shift line-up training, and other such devices. Where training is provided by video instruction, it shall be supervised by a supervisor who is certified as a trainer.

STANDARD

18. **Correction officers promoted to a first-line supervisory rank will be required to successfully complete a course in Correction Supervision within one year from appointment.**

STANDARD

19. **Documentation must be provided to establish that officers shall not be authorized or permitted to carry or use any firearm in connection with the performance of their official duties, with the exception of authorized departmental firearms training, unless such officers have satisfactorily completed that portion of an approved Municipal Police Training Council Program or a program that meets or exceeds those requirements that constitute the basic course of instruction in the use of deadly physical force and in the use of firearms.**

COMMENTARY

Prior to using any personnel or agency issued firearm on or off duty in connection with the performance of official duty, a new officer must have completed a basic firearm training program.

STANDARD

20. **Documentation must be provided to establish that the instructors used by the agency to provide the required 21 hour in-service training be certified in accordance with instructor standards and qualifications as certified by the Commission of Corrections or DCJS.**

COMMENTARY

An agency that sets its own instructor standards must have written instructor standards and qualifications. Evidence must show that the agency adheres to these standards.

STANDARD

21. Documentation must be provided which identifies the positions for which specialized technical and job specific training is required to adequately perform the task. All persons filling these positions must successfully complete an initial training course in the area of specialization and attend periodic in-service training courses to update their skills.

COMMENTARY

A specialist is defined as any officer who uses equipment that requires training beyond that supplied in the basic school. This would apply to such areas as:

chemical agents
firearms
suicide prevention
admission officer

STANDARD

22. Documentation must be provided to establish that the first-line supervisors and above receive annual training to enhance managerial skills. Such training shall be for a minimum period of twenty-one (21) hours annually.

COMMENTARY

It is the intent of this standard to continually provide managerial skill level training to all supervisors and managers. Various mechanisms are available to meet this training, such as private industry, professional seminars, college courses and video.

STANDARD

23. Documentation must be provided to establish that training records are up-to-date and properly documented for all personnel.

COMMENTARY

This standard concerns the individual officers' in-service and specialized training courses, whether sponsored by the agency or not. These records should include, at a minimum, such information as dates attended, total hours and name of the course.

STANDARD

24. Documentation must be provided to establish that the corrections division maintains accurate records for all training courses that it sponsors. Lesson plans and an official copy of the course curriculum must be maintained indefinitely.

COMMENTARY

Law enforcement agencies that have not maintained lesson plans on file have lost court cases. The plans should thus be maintained indefinitely.

STANDARD

25. The office of the sheriff will have a written policy establishing a disciplinary system.

COMMENTARY

There should exist a standard policy with respect to disciplinary procedures.

Effective discipline is a positive process seeking "to train or develop by instruction." Among the programs having an impact on discipline, in a law enforcement agency, are selection, training, direction, supervision, and accountability, all of which are independent elements.

Discipline and accountability are essential to a law enforcement agency whose integrity can only be maintained by an effective and responsive disciplinary system. A clearly defined policy governing an agency's internal discipline, when established, will provide a predetermined method of informing the public and members of the agency when charges prove sustained or unfounded.

STANDARD

- 26. Documentation must be provided to establish that a written directive specifies the circumstances in which an employee may be relieved from duty.**

COMMENTARY

The intent of this standard is to establish the powers and authority of each command level, including supervisory levels, for relieving an officer from duty. Such relief may be a temporary administrative action due to an employee's physical or psychological fitness for duty or the results of an internal affairs investigation.

STANDARD

- 27. Documentation must be provided to establish that a written directive specifies the role of supervisory and command staff in the disciplinary process and the authority of each level thereof relative to disciplinary actions.**

STANDARD

- 28. A tenure policy for employees in the corrections division of the Office of Sheriff without civil service status shall be established which shall insure that all personnel other than a confidential employee, shall not be dismissed after the probationary period except for just cause and**

with an opportunity for an appeal process.

COMMENTARY

Good management practice recognizes that a carefully designed grievance process can help to reduce personnel dissatisfaction, increase morale, identify problems in the organization and increase the positive perception employees have of the organization. Job stability is an integral part of the job enrichment.

1. PERSONNEL

D. Promotion and Evaluation

STANDARD

- 29. The Office of Sheriff will adopt a performance evaluation system for correction officers and civilian personnel, unless such a system is prohibited by a labor contract with these employees.**

COMMENTARY

Evaluation and selection of corrections personnel for promotion and advancement should be an integral part of the personnel development process, beginning with identification of personnel who appear to have the potential for intensive development, continuing with assessment of their progress, and culminating with their final evaluation for advancement or promotion.

Evaluation of personnel should be accomplished on a regular basis and should be related to the skills, ability and knowledge required for a specific position. An employee should be measured by his grasp of these requirements and his performance of the tasks required in the advanced position. His progress should be documented.

Every Office of the Sheriff should periodically evaluate the potential of every employee to perform at the next higher level of responsibility. This evaluation should be part of the regular performance evaluation that should be completed at least annually. Specific data concerning every employee's job performance, training, education and experience should support the periodic evaluation for promotion and advancement.

In the accreditation process, an assessment team shall verify the use of

performance appraisal as a tool in personnel promotion and advancement.

In some counties, however, the labor contract prohibits the establishment of a performance evaluation system, on the grounds that such a system is a form of discipline. Where prohibited by contract, this system shall not be required.

STANDARD

- 30. Documentation must be provided to establish that corrections officers successfully complete a period of probation lasting at least one year from the date of appointment or otherwise as provided by collective bargaining agreements or local civil service rules and regulations. Written documentation demonstrates that the officers are evaluated at least three times during this period.**

COMMENTARY

It is the intent of this standard that the agency evaluate the officer periodically throughout the probationary period in order to adequately assess the individual's development and progress.

STANDARD

- 31. Documentation must be provided to establish that the sheriff's office maintains a written procedure governing the process used for promotion. This procedure must define the role of the office in the promotion process and identify the person(s) responsible for administering the office's role. Procedures used for promotion must be job-related and non-discriminatory.**

COMMENTARY

A written directive should establish criteria and procedures for the development of promotional eligibility lists, if any, to include at least:

- the numerical weight, if any, assigned to each eligibility requirement;
- the system of ranking eligible employees on the lists;
- the duration of the lists;
- written certification of eligible employees; and
- the system for selecting names from the lists.

STANDARD

32. Documentation must be provided that the agency provides a written announcement of the promotional process which includes, at a minimum:

a description of the positions or job classifications for which vacancies exist;
a schedule of dates, times and locations of all elements of the process;
a description of eligibility requirements, and;
a description of the process to be used in selecting personnel for the vacancies.

COMMENTARY

This standard applies only to promotions and not to job assignments within a particular title. It would not apply to the Undersheriff position.

II. UNIFORM STANDARDS OF PROCEDURE

STANDARD

- 33. Each office of the Sheriff will maintain a manual of standard operating procedures for the corrections division.**

COMMENTARY

A standard operating procedure and policy manual will cover all major correction activities consistent with a particular agency's mission and resources. The NYSSA Inst., Inc. working through its Jail Committee will provide technical and staff assistance to any requesting agency in addressing any issue related to standard operating procedure and policy development either on a specific case basis or on a more general basis. The Committee will work with the requesting agency's staff personnel in conducting a review and assessment of current policy and procedures and in developing new policy procedures for manual inclusion. The final approval and acceptance of any policy shall rest with the Sheriff of the requesting Office of Sheriff. Each Sheriff's office should have a copy of a Standard Operating Procedures Manual, previously supplied by the NYSSA.

STANDARD

- 34. The Office of the Sheriff will have a written policy regarding the carrying and use of a firearm by members of the corrections division.**

COMMENTARY

The Office of the Sheriff will have a policy that governs the use of firearms by employees and insures their adherence to such policy. The directive shall conform with Article 35 of the NYS Penal Law and will make reference to the use of deadly physical force and the procedures used upon discharge of any firearm. The policy may also cover such areas as:

- a) Responsibility of a supervisor;
- b) Responsibility of criminal investigations unit;
- c) Responsibility of internal affairs unit;
- d) Administrative assignment pending investigation.

STANDARD

- 35. The Office of the Sheriff will have a written policy regarding arrest**

procedures by all members of the corrections division.

COMMENTARY

The Office of the Sheriff will establish a policy and procedure for making arrests; insuring that members comply with the NYS Criminal Procedure Law as well as departmental policy. The directive will cover areas including:

- a) Authority to arrest;
- b) Procedures for felony and lesser arrests;
- c) Fingerprinting;
- d) Photographing.

STANDARD

- 36. The Office of the Sheriff will have a written policy regarding court appearances and conduct by all members of the agency, which policy must be disseminated to all corrections division personnel.**

COMMENTARY

The Office of the Sheriff will have a policy covering the appearance of any employee or member in any court or before a hearing board. The appearance of members/employees of any agency are constantly being observed by the court jurors while in and out of the courtroom. Members/employees appearance, conduct and attitude should be such as to add to the dignity of the court as well as the credibility of the Office of the Sheriff and its members. The policy shall cover areas such as proper attire, preparedness, and notification of non-appearance.

STANDARD

- 37. The Office of the Sheriff will have a written policy regarding personal appearance of all members of the agency, including uniforms and equipment and grooming.**

COMMENTARY

The Office of the Sheriff will have a written policy covering the acceptable appearance of all members of the agency and necessary equipment carried by them. These standards will relate to such areas as:

- a) Uniforms;

- b) Handcuffs;
- c) Firearms;
- d) All non-issued equipment carried by members;
- e) Grooming.

STANDARD

- 38. The Office of the Sheriff will have a written policy regarding prisoner custody, treatment and transport.**

COMMENTARY

The Office of the Sheriff will have a written policy covering the handling, movement and treatment of persons in the lawful custody of the corrections division. The policy shall refer to such areas as physical searches, proper handcuffing, vehicular transportation and medical attention. The directive may also concern itself with other areas such as: court intake, out of county transports and juvenile transports.

STANDARD

- 39. The Office of Sheriff will have a written policy regarding subpoena and trial notice procedures for all members of the corrections division.**

COMMENTARY

The Office of the Sheriff will have a written directive which ensures that all members who are legally required to appear in court or at a hearing, by virtue of a subpoena, trial notice, etc., are properly served and notified. The policy shall refer to a written record of the issue and receipt of subpoenas and trial notices. The directive will require the retention of the record for a specific period of time.

STANDARD

- 40. The Office of Sheriff will have a written policy regarding the use of handcuffs, non-lethal weapons, and chemical agents by all members of the corrections division.**

COMMENTARY

The Office of the Sheriff will have a written policy governing the proper use of handcuffs, while insuring uniformity and maximum security. The policy

shall also cover the proper use of maintenance of any non-lethal weapons authorized by the agency.

STANDARD

- 41. The Office of Sheriff will have a written policy regarding media relations procedures to be used by members of the agency.**

COMMENTARY

The Office of the Sheriff will have a written policy governing the release of information to the news media. This policy shall cover the authority of a member to release written or verbal information.

STANDARD

- 42. The Office of Sheriff will have a written policy regarding the procedures for the issuing of orders and bulletins to all members of the corrections division.**

COMMENTARY

The Office of the Sheriff will have a written policy which establishes a format and definitions for written orders and bulletins. The policy will provide for proper preparation, indexing and distribution so that all personnel concerned are kept informed of new and revised policies and procedures. Documentation must be provided to establish that the corrections division adheres to an established system for the development and promulgation of written directives including division policies, procedures, rules and regulations, and which:

provides procedures for the formatting, indexing, purging, updating and dissemination of written directives;
vests in the Sheriff the authority to issue, modify, or approve written directives;
identifies by name or position any individual, other than the Sheriff, authorized to issue written directives;
provides procedures for staff review of proposed written directives prior to their implementation; and
requires signed and dated acknowledgment of receipt of the directives by all affected components and personnel, and subsequent placement of the directive into a manual for future

reference or perusal.

STANDARD

- 43. The Office of Sheriff will have a written policy defining the parameters for the use of physical force.**

COMMENTARY

The Office of the Sheriff will have a written policy covering the "use of force" by members. The policy will be consistent with the provisions of the New York State Penal Law and will outline the responsibilities of the members and supervisors.

STANDARD

- 44. The Office of the Sheriff will have a written policy establishing a procedure for the use, dissemination, retention and security of correction records.**

COMMENTARY

The Office of the Sheriff will have a written policy establishing a procedure for the use and dissemination of correction records. The policy will conform to D.C.J.S., Education Department, and all other applicable laws and rules and will provide for security and safeguards to protect the confidentiality of the records.

III. ORGANIZATION OF THE CORRECTION DIVISION

STANDARD

45. **Documentation must be provided to establish that the corrections division has an official organizational chart that is routinely updated and distributed to all members. The chart must reflect the chain of command and lines of authority for communication within the agency and must be hierarchically organized.**

COMMENTARY

It is imperative that a vehicle be designed to insure the continuity of command and organizational behavior for the Office of the Sheriff.

To enhance coordination, all personnel should understand the authority and responsibilities of every organizational component within the Office of the Sheriff.

The Office of the Sheriff should establish a formal structure through which organizational components are arranged, defined, directed and coordinated.

The Office of the Sheriff should establish a policy of employees' accountability. A major priority of a law enforcement agency should be assurance that each employee is made fully accountable for the use of delegated authority, as well as for the failure to use it.

STANDARD

46. **Documentation must be provided to establish that a statement of the duties and responsibilities is prepared for each job classification within the corrections division.**

COMMENTARY

Each job assignment should have a comparable job description by rank and position.

STANDARD

47. **Documentation must be provided to establish that the corrections division has a staffing table that provides the following information:**

total personnel strength as authorized by the county and Sheriff; and
number of personnel, by rank or job title, within each organizational component, including civilians.

STANDARD

48. Documentation must be provided to establish that a written directive states that supervisory personnel are accountable for the performance of employees under their immediate control.

STANDARD

49. Documentation must be provided to establish that a written directive requires employees to obey any lawful order of a superior, including any order relayed from a superior by an employee of the same or lesser rank.

STANDARD

50. Documentation must be provided to establish that a written directive specifies procedures to be followed by an employee who receives a conflicting order or directive.

IV. RECOGNITION OF EMPLOYEE PERFORMANCE

STANDARD

- 51. The Office of the Sheriff shall adopt an awards program for the corrections division.**

COMMENTARY

A uniform statewide awards program is provided in the appendix which establishes methods and criteria for rewarding employees.

This program enhances consistency in the rewarding of employees.

This awards program includes methods of rewarding, letters of recognition, awards for merit and valor.

V. MISSION STATEMENT OF CORRECTIONS DIVISION

STANDARD

52. Documentation must be provided to establish that the agency has a written mission statement defining its role and which is disseminated to all personnel.

STANDARD

53. Documentation must be provided to establish that the agency goals and objectives are developed and that they are periodically reviewed, updated and disseminated to all personnel.

COMMENTARY

By establishing and routinely updating goals and objectives, an agency has a basis for measuring progress, as well as for ensuring direction and unity of purpose.

STANDARD

54. Documentation must be provided to establish that the corrections division periodically prepares and submits to its members a written evaluation of the degree to which the division has attained its goals and objectives.

COMMENTARY

Some goals and objectives may not change annually, while others may change more often. The wording encourages administrators to evaluate goals and objectives as often as may be appropriate.

VI. FISCAL MANAGEMENT

STANDARD

55. Documentation must be provided to establish that the sheriff has the authority and responsibility for the fiscal management of the division. If the Sheriff does not personally perform the fiscal management function, a written directive designates the position or component having the responsibility for fiscal management.

STANDARD

56. Documentation must be provided to establish that the division has an accounting system which includes the preparation of periodic status reports showing:

initial appropriation for each account or program;
balances at the commencement of each period;
expenditures and encumbrances made during the period;
and
unencumbered balances.

COMMENTARY

Due to the diversity of agencies in the State, it is recognized that there will be different types of fiscal systems in place. Allowances will be made for agencies which have fiscal systems not under the direct control of the Chief Executive Officer. However, any such system must give the Chief Executive Officer the ability to determine the fiscal status of the agency's budget at any given time.

STANDARD

57. Documentation must be provided to establish that a written directive outlines procedures for collecting, safeguarding, and dispersing cash, to include at a minimum:

maintenance of an allotment system or, alternatively,
records of appropriations among organizational
components:
preparation of financial statements;
internal monitoring; and

identifications of persons by name or position authorized to accept or disburse funds.

COMMENTARY

Procedures developed to implement this standard will ensure that cash is properly handled within the agency. The system may be simple or complex. Examples of receipt and disbursement of cash include report fees, bail transactions, petty cash, and informant and drug funds.

STANDARD

- 58. Documentation must be provided to establish that a written directive sets procedures for the monitoring of the fiscal activities of the agency.**

COMMENTARY

The Chief Executive Officer or his designee should have a procedure in place for monitoring the fiscal activities of the agency. It is recognized that there will be different types of systems and procedures, but there must be safeguards in place to ensure that the money appropriated in the budget is spent in the proper manner.

VII. MAINTENANCE OF COUNTY OWNED PROPERTY

STANDARD

59. Documentation must be provided to establish that a written directive governs procedures for inventory control of county property, equipment and other assets in the custody of the corrections division.

STANDARD

60. Documentation must be provided to establish that a written directive designates the person(s) responsible for the management and accountability of county owned property.

STANDARD

61. Documentation must be provided to establish that a written directive governs the procurement or requisitioning of county owned property.

COMMENTARY

The intent of this standard is to establish formal control over the requisitioning of supplies and property. Large agencies would find it very difficult to have this function centralized. The intent of the standard can be met as long as a division has formal control of the process.

STANDARD

62. Documentation must be provided to establish that a designated person(s) be responsible for the distribution and issuance of county owned property to authorized users.

COMMENTARY

All property including supplies, must be distributed to the ultimate user. The standard is inclusive of expendable items, equipment, vehicles, munitions, and personal wear items within the custody of the agency. This process must be controlled.

VIII. MAINTENANCE OF NON-COUNTY OWNED PROPERTY

STANDARD

63. Documentation must be provided to establish that the agency maintains a property system for the secure and proper recording, storage, retrieval and disposition of all property belonging to an inmate.

COMMENTARY

An adequate property management system is necessary to protect the chain of custody and to maintain the agency's credibility with the judiciary and the public.

This property system would not apply, however, to monies of the inmate which are accounted for separately.

STANDARD

64. Documentation must be provided to establish that designated person(s) are accountable for control of all property held by the division belonging to an inmate.

STANDARD

65. Documentation must be provided to establish that the property system of the division incorporates special security and control measures to safeguard all money, and high value items held by the division belonging to an inmate.

IX. RECORDS MANAGEMENT

STANDARD

66. Documentation must be provided to establish that the division has a records management system.

STANDARD

67. Documentation must be provided to establish that the divisions records management system includes, but is not limited to:

report review for completeness and accuracy;
report control for indexing, routing and follow-up;
records maintenance to include filing and security;
records retrieval; and
procedures for responding to requests made under the Freedom of Information Law.

STANDARD

68. Documentation must be provided to establish that the agency maintains records, to include but not be limited to, commitments, detainers, and warrants.

STANDARD

69. Documentation must be provided to establish that the division has an administrative reporting program which requires the preparation of daily, monthly and annual inmate records of division activities. Statistical and data summaries based upon such records are periodically prepared.

COMMENTARY

A record may be as simple as a daily form or log sheet or as complicated as a computer printout. The word "report," if that were to be used, might be misinterpreted to mean a much more formal written account than what is intended.

STANDARD

70. Documentation must be provided to establish that the division maintains a master name index of inmates.

STANDARD

71. Documentation must be provided to establish that the division maintains a commitment history record on each person committed to the division.

COMMENTARY

_____ The data should include: name, date of birth, sex, address, social security number (where available), physical description, and other pertinent information.

STANDARD

72. Documentation must be provided to establish that a written directive specifies the procedures for the maintenance of records of disciplinary actions for personnel.

COMMENTARY

The intent of this standard is to ensure that agencies document the results of disciplinary actions and determine where the records are kept, how long they are kept, and when they are purged.

X. USE OF FORCE

STANDARD

73. Documentation must be provided to establish that written directives require that personnel will use only the force necessary to effect lawful objectives. The written policy regarding the use of force must be consistent with Article 35 of the Penal Law.

COMMENTARY

An agency may have a policy that is more restrictive than Article 35 but not less restrictive.

STANDARD

74. Documentation must be provided to establish that all sworn personnel are issued copies of and are instructed in the division's policies concerning the use of force.

COMMENTARY

Compliance with the standard must include a policy for the use of deadly and non-deadly physical force.

STANDARD

75. Documentation must be provided to establish that the division has a written policy regarding the discharge of warning shots and that copies of the policy are disseminated to all sworn personnel.

STANDARD

76. Documentation must be provided to establish that the agency has a written policy regarding the use and carrying of firearms and ammunition both on and off duty and that copies of the policy are disseminated to all personnel.

STANDARD

77. Documentation must be provided to establish that the division has a written policy regarding the use of non-lethal weapons by division personnel and that copies of the policy are disseminated to all

personnel.

COMMENTARY

This standard will ensure the proper use of non-lethal weapons such as chemical agents, impact weapons, batons and tear gas. The agency should also identify any prohibitions against the carrying of such weapons.

STANDARD

- 78. Documentation must be provided to establish that an internal process exists to document, review and dispose of any incident wherein an officer discharges a firearm other than in training or for lawful recreational purposes.**

COMMENTARY

The agency should have a firearms incident review policy to ensure that firearms are used correctly, to evaluate the need for further training, and to evaluate the adequacy of the firearms and ammunition for the incident. The process should evaluate the circumstances and results of the incident and include a review of on and off-duty incidents, accidental discharges and the destruction of animals regardless of whether the incident occurred in or outside of the geographical area of employment.

STANDARD

- 79. Documentation must be provided to establish that a written report detailing the circumstances of the incident is submitted whenever an officer:**

takes an action that results in or is alleged to have resulted in injury or death of another person; and/or applies force through the use of non-lethal weapons.

COMMENTARY

This standard is designed to protect the officer and the agency against potential lawsuits. The report should include the use of deadly and physical force and the use of lethal and non-lethal weapons.

STANDARD

80. Documentation must be provided to establish that an internal process exists for the documentation, review and disposition of any incident wherein an officer:

takes an action that results in or is alleged to have resulted in injury or death of another person; and/or applies force to the person of another through the use of a lethal or non-lethal weapon.

COMMENTARY

The intent of this standard is to ensure that incidents are properly documented and fully investigated. A review policy will ensure that the rules and regulations of the agency are followed, that documentation is maintained in the event of future litigation, that the need for further training is evaluated, and that incidents involving the use of force are properly reviewed.

XI. INTERNAL AFFAIRS

STANDARD

81. Documentation must be provided to establish that a written directive specifies the activities of the internal affairs function, to include:

recording, registering and controlling the investigation of complaints against personnel;
supervising and controlling the investigation of alleged or suspected misconduct within the division; and
maintaining the confidentiality of the internal affairs investigation and records.

COMMENTARY

Every agency should have a policy to investigate and promptly adjudicate all allegations of employee misconduct. In order to ensure the integrity of the agency and its members, all reports or accusations made against members of the agency should be completely investigated.

STANDARD

82. Documentation must be provided to establish that a written directive defines the type of complaints to be investigated by the line supervisors and which are to be reviewed and maintained by the division's internal affairs function.

COMMENTARY

Examples of serious categories of complaints include, but are not limited to: corruption, brutality, death or serious injury, criminal misconduct and breach of civil rights. An agency must provide for the review of these types of investigations by a higher authority.

Other categories of less serious complaints that might be investigated by an immediate supervisor include, but are not limited to: officer tardiness, officer rudeness and insubordination.

STANDARD

- 83. Documentation must be provided to establish that a position or individual is designated within the division as responsible for the internal affairs function with the authority to report directly to the Sheriff.**

COMMENTARY

The internal affairs function is vital to the integrity of the agency. Fundamental fairness to all participants must be guaranteed through impartial investigations and review. The Chief Executive Officer has the primary responsibility for this function.

STANDARD

- 84. Documentation must be provided to establish that the written directives relating to the administration of the internal affairs function are disseminated to all personnel.**

COMMENTARY

It is essential that all members be cognizant of the department's internal affairs policies and procedures and that all steps in the process are explained and understood. These directives should include the authority of the internal affairs officer, the interview process, procedures to be followed, and officer rights.

STANDARD

- 85. Documentation must be provided to establish that the division investigates and maintains a record of all complaints against the division or its employees.**

COMMENTARY

In order to maintain integrity with the department and the high morale of its officers, all complaints must be investigated whenever they contain sufficient factual information to warrant such an investigation. Each complaint - whether in person, by telephone, letter or given anonymously - should be investigated to a logical conclusion. Some complaints may be resolved by giving an explanation to the complainant regarding the department's regulations. Whether or not a full investigation is warranted, an adequate record must be maintained.

STANDARD

- 86. Documentation must be provided to establish that the division notifies the complainant acknowledging the disposition of complaints against the division agency or its employee.**

COMMENTARY

The agency should advise the complainant that a complaint is being investigated. Due to recent court decisions involving Section 50A of the Civil Rights Law, the agency need only advise the complainant that the matter is being administratively handled. It should be stressed, however, that participating divisions are only required to release the disposition of complaints. There is no requirement to release the penalty, if any, or other details.

STANDARD

- 87. Documentation must be provided to establish that records pertaining to internal affairs investigations are securely maintained by those responsible for the internal affairs function.**

COMMENTARY

Due to the sensitivity of these records, they must be maintained under lock and key and only be accessible to designated personnel.

STANDARD

- 88. Documentation must be provided to establish that the division maintains a liaison with the prosecutor's office in investigations involving alleged criminal conduct on the part of an employee.**

COMMENTARY

Participation by the prosecutor's office maintains public confidence in the internal affairs function. Compliance with this standard may be shown by written policy and/or documentation by routine notification to the prosecutor's office for legal advice involving criminal activity.

XII. PUBLIC RELATIONS

STANDARD

89. Documentation must be provided that specifies the position(s) in the division responsible for the public information function and that a directive identifies by name or position those individuals within the division who may release information to the news media:

at the scene of an incident;
from agency files;
at any time the public information officer is not available.

XIII. JAIL FUNCTIONS

STANDARD

90. **Documentation must be provided to establish the circumstances that require the presence of a supervisor at the scene of an incident.**

COMMENTARY

The chief executive officer must establish a procedure that would give direction to subordinates as to when a supervisor is required at an incident scene.

STANDARD

91. **Documentation must be provided to establish command protocol in situations involving personnel of different subdivisions engaged in a single operation.**

COMMENTARY

It should be clearly stated who is in command of a particular operation when two or more components are included in a single operation. Command protocol should clarify who is in charge if patrol and detective personnel are present at the scene of an incident.

STANDARD

92. **Documentation must be provided to establish that there are written guidelines for the use of authorized emergency equipment on official vehicles**

COMMENTARY

As examples, agencies should establish guidelines for use of the following equipment:

Emergency (red/white) lights;
Siren;
Hazardous warning lights;
Spotlight;
Public address system;
Alley lights;

Flares; and
Emergency equipment used at various types of incidents
(vehicle stops, accident scenes, etc.)

STANDARD

- 93. Documentation must be provided to establish that a written directive designates specifications for personal equipment and apparel to be worn by corrections officers.**

COMMENTARY

If equipment is not issued by an agency, guidelines must be established to ensure a degree of uniformity in uniforms and accessories.

STANDARD

- 94. Documentation must be provided to establish that a written directive specifies the equipment to be included in every vehicle used to transport inmates.**

COMMENTARY

It is not the intent of this standard to tell an agency what equipment it must carry in a patrol car, but rather to require the agency to specify such equipment to an official list. Equipment such as first aid kits, blankets, flares, and a fire extinguisher are generally considered the minimum needed by officers to handle emergencies and preliminary investigations effectively. The equipment carried in all patrol vehicles should be standardized within the agency.

STANDARD

- 95. Documentation must be provided to establish that a written directive requires the use of occupant safety restraining devices in agency vehicles.**

COMMENTARY

The use of safety belts has a significant effect in reducing injuries resulting from traffic crashes and in assisting officers to maintain proper control of their vehicles in emergency high-speed operations. It is recognized that there are circumstances in which the use of safety belts may hamper the

efficient conduct of police functions. The commentary should include a list of instances in which the use of restraining devices is not necessary. The IACP has issued guidelines on this matter that should be helpful.

STANDARD

- 96. Documentation must be provided to establish that a written directive requires the monitoring and recording of the status of officers when on assignment.**

COMMENTARY

The directive that the agency develops should be designed for officer safety and control of units while in the field. Some of the agencies, for example, may wish to have dispatchers make periodic checks at regular intervals.

STANDARD

- 97. Documentation must be provided to establish that the division complies with applicable law relative to the fingerprinting and photographing of defendants after commitment, where applicable.**

STANDARD

- 98. Documentation must be provided to establish that every correction officer engaged in a field assignment must have access to two-way radio communications.**

COMMENTARY

This may be fulfilled by portable radios or at the very least mobile units.

STANDARD

- 99. Documentation must be provided to establish procedures for radio communications to and from correction officers, specifying those circumstances requiring such communication by correction officers.**

COMMENTARY

Radio discipline is an important part of officer safety. Clear and concise communications with standardized procedures must be in place to ensure the integrity of the system and officer safety.

STANDARD

- 100. Documentation must be provided to establish that a written directive prescribes the security and control of prisoners being transported.**

COMMENTARY

The intent of this standard is to direct members in proper transporting methods to include: handcuffs, restraints, seating arrangements and security. This should not be limited to vehicle transport.

STANDARD

- 101. Documentation must be provided to establish that a written directive requires the search of transport vehicles prior to and after transporting prisoners.**

COMMENTARY

Transport vehicles should be searched to ensure that no contraband, weapons or other items are present. It should be assumed that a prisoner had an opportunity to deposit such items since constant security surveillance is usually not available. A search of vehicles at the beginning of shift and anytime after the prisoner is released will fulfill the requirements of this standard.

STANDARD

- 102. Documentation must be provided to establish that a written directive requires a search of the prisoner by the transporting officer before and after being transported.**

COMMENTARY

This standard is designed to address the officer safety issue. Although this search will occur before transport whenever possible, it is understood that there are obvious exceptions; the search should be made as soon as practical and safe for both the officer and the prisoner.

STANDARD

- 103. Documentation must be provided to establish that a written directive governs situations permitting transport of prisoners by officers of the**

opposite sex.

STANDARD

104. **Documentation must be provided to establish that a written directive prescribes procedures for transporting/handling sick or injured prisoners.**

COMMENTARY

It is recommended that if a prisoner claims an injury, he/she should receive prompt medical treatment. In addition, the department should have procedures for dealing with prisoners suspected of having AIDS, hepatitis or some other communicable disease to minimize the risks to the officers who will be exposed. Adequate supervisory notification should be made when prisoners are sick or injured.

STANDARD

105. **Documentation must be provided to establish that following an escape of a prisoner while being transported, the transporting officer takes actions prescribed by a written directive.**

COMMENTARY

Policies should be in place in case of an escape by a prisoner. This should address at a minimum the following:

Timely notifications to be made;
Reports to be prepared; and
Further actions to be taken.

NOTE: The following standards, numbers 106-166, deal specifically with health related issues at correctional facilities. Some of the standards are placed in a special category marked by an * sign. As to these standards only, a sheriff's office will have to demonstrate eighty (80%) percent compliance. Sheriff's offices must be in full compliance with all other standards.

XIV. HEALTH STANDARDS

STANDARD

- 106. The jail has designated in writing a health authority who is on site or readily available at least once a week and is responsible for health care services pursuant to a written agreement, contract or job description. The health authority may be a physician, a health administrator, physician's assistant, or an agency. When this authority is other than a physician, final medical judgments rest with a single designated responsible physician licensed in the state.**

COMMENTARY

Health care is the sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of a population. Among other aspects, health care includes medical, dental, mental health, and dietetic services, and environmental conditions.

The health authority's responsibilities include arranging for all levels of health care and ensuring the quality and accessibility of all health services provided to inmates. (it may be necessary for the jail to enter into written agreements with outside providers and facilities in order to meet all levels of care.) A *health administrator* is a person who by virtue of education (e.g., RN, MPH, MHA, or a related discipline) or experience is capable of assuming these responsibilities. Even where policies are established from a central office, there must be a designated health authority at the local level to ensure that policies are carried out.

A responsible physician is required in all instances; he or she makes the final medical judgments regarding the care provided to inmates at a specific facility. This includes reviewing the recommendations for treatments made by health care providers in the community. In most situations, the responsible physician will be the health authority. In many instances, the responsible physician also provides primary care.

Readily available may include having medical authority available through an emergency room or doctor's medical office.

STANDARD

- 107. Documentation must be provided to establish that although the health service staff is subject to the same security regulations as are other staff members, matters of medical, mental health, and dental judgment are the sole province of the responsible clinicians.**

COMMENTARY

The delivery 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 and monitoring of health care services; the official responsible for the facility provides the administrative support for the accessibility of health services to inmates and the physical resources deemed necessary for the delivery of health care. Delivery of cosmetic and all non-emergency care shall be subject to the fiscal constraints imposed by the county.

The term *medical* as used throughout these standards is intended to include psychiatric services, which are a part of the medical program. Written regulations shall guide the type of complaints to be reviewed by nurses, physicians or other health providers.

STANDARD

- 108. Health care (including psychiatric) services are discussed at least annually at documented administrative meetings among the local authority, the official legally responsible for the jail, and other members of the health care and correctional staffs, as appropriate. Minutes of these meetings are kept or summaries are made; the minutes or summaries are distributed to attendees and copies are retained for reference. (In addition, there are regular health service staff meetings to review administrative procedural issues.) Further, a statistical report of the types of health care rendered and their frequency is made at least once a year.**

COMMENTARY

Administrative meetings attended by medical and security personnel, held at least quarterly, are essential. Regular staff meetings that involve the

health authority and the official legally responsible for the jail, and include discussions of health care services, meet compliance if minutes are kept. Meeting minutes must include an account of the effectiveness of the health care system, a description of any health environment factor that may need improvement, changes effected since the last report, and, if necessary, recommended corrective action.

It is also important for the health service staff members to meet among themselves. Monthly health service staff meetings give the supervisor(s) a regular opportunity to receive current information on all aspects of the institution's health care delivery. While the standard does not require minutes *per se* of these meetings, they should be documented in some fashion. Notations of when they were held and who attended and an outline of the topics discussed will suffice. Health care staff members are encouraged to attend other facility staff meetings, to promote a good working relationship within the staff.

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

Meetings held and reports made more frequently than the standard requires also satisfy compliance. Meetings need not always require physical gatherings of appropriate participants, but may also include conferences by telephone and regular visits by health care providers.

STANDARD

- 109. There is a manual of written policies and defined procedures specifically developed for the jail and approved by the health authority. It includes a statement regarding each standard. 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. The manual bears the date of the most recent review or revision, and the signature of the reviewer(s). Policies revised after the annual review also are dated and signed.**

COMMENTARY

The importance of a manual that specifies the health care policies and procedures at a given facility cannot be over-stressed. Such a document serves as an important reference book for the existing health care staff and

as an excellent training tool for orienting new health care staff members to the facility. A *policy* is a facility's official position on a particular issue. The *procedure* describes in detail how the policy is carried out.

It is not required that each policy and procedure in the original manual be signed by the health authority. There may instead be a signed declaration at the beginning of the manual that the entire manual has been reviewed and approved. When changes to specific policies are made in the manual, they must be dated and signed by the health authority.

Annual review of policies, procedures and programs is good management practice. This process allows the various changes made during the year to be formally incorporated into the agency's manual instead of accumulating in a series of scattered documents. More important, the process of annual review facilitates decision-making regarding previously discussed but not resolved matters.

STANDARD

- 110. Written policy and defined procedures prescribe a system of quality assurance. In jails with an average daily population of 200 or more, identified problems are referred to a quality assurance committee, which meets at regular intervals determined by the Sheriff.**

COMMENTARY

The responsible physician must be aware that patients are receiving appropriate care and that all written orders and procedures are properly carried out. The elements to be monitored in a chart review include the adequacy of treatment plans initiated by health care providers, the extent to which physicians' and dentists' orders have been carried out, the completeness and legibility of the medical record, the types of medication ordered and notations regarding their administration, and the implementation and countersigning of treatment protocols, when used.

The selection of charts can be random, (e.g., every tenth chart), on the basis of the disease entity (e.g., all diabetics), or by a special criterion (e.g., all deaths). Certain events should be reviewed routinely; acute care hospital placements, medical emergencies, and conditions requiring outside medical services.

A *quality assurance committee* is a group of health care providers working

at the facility who meet on a fixed schedule to conduct and/or to discuss the results of chart reviews. In addition to the responsible physician, such a committee usually includes representatives of other health services and departments such as nursing, pharmacy, medical records, dentistry, and psychiatry. The number of individuals serving on a quality assurance committee and the services and departments represented vary with the size of the staff and the types of health care provided on-site. A county health department may be considered a quality assurance committee.

It should be noted that periodic inspections by outside groups such as grand juries and public health departments do not meet compliance. While reviews by legally entitled outside groups are encouraged as additional checks on the quality of care provided, they do not take the place of a systematic internal quality assurance program. Review by a county health department shall, however, satisfy this requirement.

STANDARD

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

COMMENTARY

In 1976, the American Medical Association's House of Delegates 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." The Association supports this position and encourages facilities to develop relationships with their county medical societies. Formal peer review by physicians in the community helps to advance the effectiveness of the facility's health care delivery system.

Some county medical societies, upon request from s Sheriff or an administrator, send in a team of specialists to review the jail's health care system and recommend changes. Others agree to include the jail's physician(s) in whatever peer review mechanism has been established for physicians practicing in the community.

STANDARD

- 112. Written policy requires that the physician or his/her designee has access to information contained in the inmate's confinement record when the physician believes such information may be relevant to the inmate's health and course of treatment. Similarly, correctional staff members are apprised of certain medical conditions of inmates.**

COMMENTARY

Arrested and newly convicted persons frequently are in a state of high anxiety and forget details of their lives that may be important to their health. A review of an inmate's arrest and confinement record for previous drug and alcohol use and convictions, condition at the time of arrest, and possession of medication may be important to the physician in determining the health of the inmate. In addition, details of the crime itself may be important to mental health care professionals.

While correctional personnel should not have access to inmate's medical records, they should be told about inmates with chronic conditions (e.g., diabetes and epilepsy), mental instabilities (for instance, psychosis and suicidal ideation), and physical limitations, and about those on medication with potential side effects. Such information can help correctional officers to respond appropriately should a medical crisis occur. Sharing of such information shall be subject to law and regulations imposed by the Commission of Correction.

STANDARD

- 113. Written policy and defined procedures require consultation between the jail administrator and the responsible physician or their designees prior to the following actions being taken regarding patients who are diagnosed as having significant or medical psychiatric illnesses or developmental disabilities:**

**housing assignments;
program assignments;
disciplinary measures; and
admissions to and transfer from institutions.**

COMMENTARY

Maximum cooperation between custody personnel and health care providers is essential so that both groups are made aware of movements and

decisions regarding special patients. Medical or psychiatric problems may complicate housing assignments, work assignments, or disciplinary management, which may have to be adjusted for the patient's safety. Also, inmates' medical and psychiatric problems should be reviewed prior to transfer. Aspects to consider in transferring these patients include suitability for travel based on medical evaluation, preparation of summary of pertinent medical record information, medication or other therapy required en route, and instructions to transporting personnel regarding medication or other special treatment.

STANDARD

114. **Written policy and defined procedures require a system for the notification of the inmate's next of kin or legal guardian in case of serious illness (including major psychiatric disorders), injury, or death.**

COMMENTARY

The jail should have a set procedure for notifying an inmate's next of kin. The written policy should specify when such notification must occur (e.g., "any illness or injury resulting in hospitalization and in all cases of death") and who has the responsibility for such notification (such as the jail administrator, a chaplain, or the chief medical officer.) Information regarding whom to notify should be sought from inmates. While this standard is non-mandatory as to notification in the case of injury or illness, it will be considered *mandatory* regarding death notification.

STANDARD

115. **Written policy and defined procedure requires that in the event of the death of an inmate, the medical examiner or coroner is notified immediately. A postmortem examination shall be required of all deaths occurring within the correctional facility, unless not required by the Correction Law.**

COMMENTARY

If the cause of death is unknown or the inmate was not under current medical care, a postmortem examination is in order. If the death was (or is suspected to be) due to suicide, it is suggested that a postmortem psychological profile be completed as well as an autopsy. Correction Law and Commission of Correction standards shall be complied with.

STANDARD

- 116. Written policy and procedures shall set forth the jail's health care personnel role in participating in the collection of certain information for forensic purposes.**

COMMENTARY

The role of the health care staff is to serve the health needs of the inmate-patients. The position of its members as neutral, caring health care professionals is compromised when they are asked to collect information about inmates that may be used against the latter.

Performing psychological evaluations of inmates for use in adversarial proceedings and conducting body cavity searches for contraband are examples of matters to be considered. Such acts could undermine the credibility of these professionals with their patients, and compromise them by asking them to participate in acts that are usually done without inmate's consent.

Regarding body cavity searches conducted for reasons of security, the House of Delegates of the American Medical Association declared in July 1980 that they should be done in privacy by outside health care providers (as noted above) or by correctional personnel of the same sex as the inmate who have been trained by a physician or other health care provider to probe body cavities (without the use of instruments) so as to cause neither injury to tissue nor infection.

In the case of sexual assault, health care professionals may gather evidence for forensic purposes with the consent of the inmate-victim. Similarly, court-ordered laboratory tests or radiology procedures may be performed by the jail's health personnel with the consent of the inmate.

STANDARD

- 117. Written policy and defined procedures require that the health aspects of the jail's disaster plan be approved by the responsible health authority and the jail administrator. The health service unit's disaster plan is practiced at least annually, so that the staff is familiar with disaster preparation.**

COMMENTARY

Policy and procedures for health care services in the event of a manmade or natural, or an internal (e.g., a riot) or external (e.g., mass arrest) disaster, must be coordinated with the disaster plan, incorporated into the institution's overall emergency plan, and made known to all personnel. Review of the health aspects of the disaster plan must be part of the initial orientation for all applicable personnel and part of the on-going training.

Health aspects of the disaster plan should include but not be limited to the following: the triaging process; outlining where care will be provided; procedures and telephone numbers for calling health care personnel, ambulance, and hospital; evacuation of patients from the facility; specific roles of health care personnel; and a back-up plan. In case injuries need to be treated on-site, separate disaster supplies should be planned, stored and regularly checked.

The need to practice the disaster plan cannot be overemphasized. Staff members must be familiar with disaster preparations. All personnel need to practice their roles so that they will respond appropriately in the event of an actual disaster. Furthermore, practicing the disaster plan helps to identify weaknesses in it that might otherwise remain uncorrected.

It is recommended that the facilities overall disaster plan be drilled annually. At a minimum the standard requires that the health care portion of the disaster plan be practiced annually. Security representatives should participate with the health care staff in planning these drills to ensure that they run smoothly.

STANDARD

- 118. Written policy and procedures require that monthly sanitation inspections of the jail are conducted, and that written reports are submitted to the jail administrator and the health authority.**

COMMENTARY

A safe and sanitary environment promotes good health. The scope of the monthly inspection will vary with the size of the jail and its operations. In general, the areas to be inspected should include food preparation and storage areas, dining, inmate housing (including solitary confinement and segregation), toilets, baths, laundry, health service, and industrial operations.

The inspections may be conducted by representatives of the health services staff, the correctional staff, and outside agency (such as the local health department), or any combination thereof. Regardless of who conducts the inspections, the health authority should review the safety and sanitation program to ensure that health environment issues are adequately addressed.

It may be useful to develop a written checklist for these inspections; the completed checklist can serve as the written report also. For items to be inspected in the kitchen, see next standard. The check of the laundry should include a review of general cleaning and disinfection practices, and the handling of contaminated linen. Baths or showers should be examined for sanitation and to see that there are both hot and cold running water. Toilets should be in working order. Housing and health service areas should be clean. Finally, workplaces should be inspected for safety and sanitation.

STANDARD

- 119. The kitchen, dining, and food storage areas are kept clean and sanitary for the preparation and serving of meals.**

COMMENTARY

A sanitary kitchen is essential to good health. The area should be free of rodents and insects; floors, walls, ceilings, ducts, pipes and equipment should be free of particles (e.g., dirt, dust and dried food). Traps and drains should be free of standing water and debris. Dishwashing equipment, freezers and refrigerators should be equipped with working temperature gauges showing temperatures in accordance with public health requirements. Cooking and baking equipment, utensils and food trays should be properly washed, rinsed and sanitized. Smoking should be prohibited wherever food is stored, prepared, served or held in open containers.

Food (raw and prepared) should be stored off the floor in closed containers, labeled with their contents and dated. If meals are transported to housing areas, the food would be protected from contamination, and the equipment used in the transportation should keep the food at the proper temperature. A sample tray of each meal served should be kept in the refrigerator for 24 hours (or longer as required by local regulations.)

Jail administrators are encouraged to ask their local health departments to make regular inspections.

STANDARD

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

COMMENTARY

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 currently employed personnel.

STANDARD

- 121. Written job descriptions define the specific duties and responsibilities of personnel who serve in the jail's health care system. These are approved by the health authority, reviewed at least annually, and updated as needed.**

COMMENTARY

The job descriptions required by this standard are more than civil service job classifications. They are specific to the facility and to the position held. For example, for a nurse working the evening shift who is assigned to the infirmary, there should be a job description for the "infirmary nurse, evening shift" that specifies the responsibilities associated with that position.

STANDARD

- 122. In jails without any full-time qualified health personnel, written policy and defined procedures require that a designated health-trained staff member on each shift coordinate the health delivery services in the facility under the joint supervision of the responsible physician and the jail administrator.**

COMMENTARY

Invaluable services can be rendered by a health-trained correctional officer and another staff member (e.g., a 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's orders regarding such matters as diet, housing and work assignments.

Qualified health personnel are physicians, dentists, nurses, and other professional and technical workers who by state law engage in activities that support, compliment 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.

The *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, such as Red Cross, AMA, Heart Association, etc.

STANDARD

- 123. Documentation must be provided to establish that an adequate number of health care staff members of varying types is available commensurate with the level of health services provided at the jail.**

COMMENTARY

The numbers and types of health care professionals required at a facility depend upon the size of the facility, the types, (medical, dental, psychiatric) and scope (out-patient, specialty care, in-patient) of services delivered, and the needs of the inmate population. Staffing must be sufficient to ensure that medication is passed out as prescribed and that the inmates have timely access to a physician. Also, special consideration should be given to the number of inmates in segregated housing since the more restricted inmates' movement is, the more demands there are on staff time.

While it is difficult to establish staffing patterns that apply equally to all facilities, it is important to ensure that there is sufficient physician time. It is recommended that there be one full-time equivalent physician in jails with an average daily population of 500 or greater. The tasks of the physician include conducting physical examinations; seeing patients in clinics; reviewing policies, procedures and protocols; monitoring charts; holding staff meetings and in-service training programs; reviewing the results of laboratory and other diagnostic tests; co-signing charts; and developing individual treatment plans.

STANDARD

124. **A written plan approved by the health authority arranges for the participation of all health service personnel in initial orientation and on-going in-service training appropriate to their positions. It outlines the frequency and number of hours of in-service training for each category of the staff. A minimum of 12 hours training is required annually for full-time health care providers. Documentation of all training is maintained.**

COMMENTARY

Providing health services in a correctional facility is a unique task that requires special orientation for new 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 also require regular, continuing staff development and training. Proper initial orientation and continuing training may help prevent burn-out of providers and re-emphasize the goals of the health care system.

In-service training may include instruction given on-site by a member of the health care staff or a guest lecturer, attendance at in-service programs offered by community hospitals or agencies, or participation in a program where formal continuing education credits are offered. Documentation of training should include a list of the courses attended, the dates, and the number of hours for each health care provider.

STANDARD

125. **Written policy and a training program established or approved by the responsible health authority in cooperation with the jail administrator guide the health related training of all correctional officers who work with inmates. Training covers at least the following areas:**

**the administration of first aid;
recognizing the need for emergency care in life-threatening situations (for example, heart attack and potential suicide);
recognizing acute manifestations of certain chronic illnesses (e.g., seizures, intoxication and withdrawal, and adverse reaction to medication);**

**recognizing other chronic conditions (such as mental illness and developmental disability); and
procedures for appropriate dispositions and referral.**

COMMENTARY

It is imperative that correctional personnel be made aware of potential emergencies, what they should do when they face life-threatening situations, and their responsibility for the early detection of illness and injury. The correctional officers are the eyes and ears of the medical staff; they must be able to recognize a symptom and to describe what they have seen.

It is recognized that at a given time, the facility may not have 100% of its correctional staff trained in these areas, although that is the goal. What is required for compliance is evidence that a substantial portion of the staff (75% or more) has been trained and that the facility has an on-going training program.

Implementation of this standard requires the full cooperation and support of the facility's top administrative staff.

STANDARD

- 126. Written policy and defined procedures require initial training and an on-going retraining program in cardiopulmonary resuscitation for all health care providers and correctional officers who work with inmates. Verification of this training is on file.**

COMMENTARY

This standard applies to direct health care providers and to correctional officers who work with inmates. Administrative and clerical personnel are exempt, as are physicians in those states that no longer require them to be CPR certified. However, it is expected that physicians who are not CPR-certified be familiar with advanced life support techniques.

The standard does not require *per se* in CPR. However, CPR training must be provided by an approved body, such as the American Red Cross, a hospital, a fire or police department, a clinic, or a training academy, or from an individual possessing a current instructor's certificate from an approved body.

It is recognized that at a given time, a facility may not have 100% of its correctional staff trained in CPR, although that is the goal. What is required for compliance is evidence that a substantial portion of the staff (75% or more) has been CPR trained and that the facility has an on-going training program.

Verification of CPR training should include an outline of the course content and the length of the course as well as the dates the training was offered and a list of participants.

STANDARD

- 127. Written policy and defined procedures guide the training of personnel who administer medication, and require training from or approval by the responsible physician and the jail administrator or their designees regarding matters of security, accountability for administering medications in a timely manner according to physicians' orders, and recording the administration of medication in a manner and on a form approved by the health authority.**

COMMENTARY

Training from the responsible physician encompasses the medical aspects of the administration of medications, including common side effects of specific drugs. Training from the facility administrator encompasses security matters inherent in the administration of medications in a confinement facility. The concept of administering medications according to orders includes performance in a timely manner. Delivery, but not dispensing of medications is permissible by correction officers.

STANDARD

- 128. Written policy and defined procedures require that (a) all inmates and other persons working in food service are free from diarrhea and skin infections and other illnesses transmissible by food or utensils, and (b) workers are monitored each day for health and cleanliness by the director of food services or his/her designee.**

COMMENTARY

An administrator of the jail should check to see what is required in that jurisdiction in respect to pre-service examinations. If they are not required in that state or locality, it is not necessary to conduct pre-service physical examinations for food service workers. It is more important that workers be checked daily to ensure that they are healthy (e.g., free from diarrhea and open sores) and that they follow hygienic practices. For example, workers should be told to wash their hands upon reporting to duty, after touching contaminated surfaces, before preparing food, and after using the toilet. Also, the use of hairnets or caps and plastic gloves should be considered for those working in food preparation or serving areas.

If the jail's food services are provided by an outside agency or individual, the jail should have written verification that the outside provider complies with the local state regulations regarding food service workers.

STANDARD

- 129. Written policy prohibits inmates from being used as health care workers.**

COMMENTARY

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, brings discredit to the correctional health care field, and gives them unwarranted power over their peers.

Inmates may not be used to schedule appointments, to handle medical records, medication, or surgical instruments, or to provide any patient care. Inmates may be used to clean the health service area only if they are supervised at all times, and supervised closely and directly in those areas that hold medical records, medications, syringes, needles, sharp implements, or supplies. Inmates also may be used in a laboratory that makes prosthetic devices such as dentures or orthodontics provided that the laboratory is located outside the main clinic area and that a coding system is used to protect the identity of the inmate-patient receiving the prostheses.

STANDARD

- 130. Documentation must be established to provide that first aid kits are available in designated areas of the facility. The health authority approves the contents, number, location, and procedure for monthly**

inspection and replenishment of the kits.

COMMENTARY

First aid kits should include roller gauze, sponges, triangle bandages, adhesive tapes, and Band-aids, but not emergency drugs. Kits can be either purchased or improvised from assembled materials. All kits, whether purchased or assembled, meet compliance if the following points are observed in their selection:

the kits have the proper quantities and types of material for the place where they are to be used, and are easily identifiable as first-aid kits;
the contents are arranged so that the desired package can be found quickly without unpacking the entire contents of the box;
material is wrapped so that unused portions do not become dirty through handling.

The monthly inspections must be documented.

STANDARD

- 131. Documentation must be provided to established that equipment, supplies, materials, and current publications (as determined by the health authority) are adequate for the delivery of health care. Inventories exist and are checked at least weekly for those items subject to abuse (e.g., syringes, needles, and sharp instruments).**

COMMENTARY

The types of equipment, supplies, and materials for examination and treatment depend upon the level of health care provided in the facility and the capabilities and desires of health care providers. Basic items generally include these:

handwashing facility;
examining table;
goose-neck light;
scale;
thermometers;
blood pressure cuff;
stethoscope;
ophthalmoscope;

otoscope;
transportation equipment (e.g., wheelchair and stretcher);
current medical reference textbooks and drug information books
(such as the *Physician's Desk Reference* or *AMA Drug Evaluations*, a medical dictionary, general medical and surgical texts, and emergency medical care reference works);
and in institutions housing women, an obstetrical-gynecological text and equipment for pelvic examinations.

It is good administrative practice to maintain inventory lists of all equipment, supplies, and publications purchased for health services. At a minimum, the standard requires that inventories be kept and checked weekly for items that pose a security risk.

STANDARD

- *132. There shall be a written policy providing that there is sufficient space for the maintenance of an adequate health care delivery system in the jail, as follows:**
- a. examination and treatment rooms for medical, dental, and mental health care are large enough to accommodate the necessary equipment and fixtures, and to permit privacy for the inmate-patient.**
 - b. there is sufficient space for the pharmaceuticals, medical supplies, and mobile emergency equipment, and for storage of medical records. There is office space with administrative files, writing desks, and shelves for publications.**
 - c. private interviewing space, desk(s), chairs, and lockable file space are available for the provision of psychiatric services.**
 - d. if laboratory radiological, in-patient, or specialty services are provided on-site, the area(s) devoted to any of these services is appropriately constructed and sufficiently large to hold equipment and records for the provision of the services themselves.**
 - e. there is a waiting area with seats, drinking water, and access to toilets for inmate-patients during sick call. This area can be the jail cell.**

COMMENTARY

While the amount of space and the configuration of the room(s) needed for the care and treatment of inmate-patients vary with the size of the facility and the kinds of service provided on-site, the guidelines for space noted in the standard are considered basic.

STANDARD

- *133. Written policy and defined procedures require a list of the types of laboratory and diagnostic services used by the jail's health care professionals, and where they are available (that is, whether at the jail or at a referral site). Some on-site diagnostic testing with immediate results is available; at a minimum, multiple test dipstick urinalysis, finger-stick blood glucose test (glucose range 0-800), peak flow testing (hand-held or other), and stool blood testing material. where separate laboratory or diagnostic services are provided on-site, a written procedural manual for each service is developed and kept current.**

COMMENTARY

Specific resources for the studies and services required to support the level of care provided to inmates, whether in the facility or outside (as in 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. This standard is not meant to require laboratory or diagnostic services, but only to apply in the event such services are available.

STANDARD

- 134. The jail has a policy in writing providing for in-patient hospital care for medical and psychiatric illnesses in facilities that meet the legal requirements for a licensed general or psychiatric hospital in the state.**

COMMENTARY

Where possible, the jail should have an agreement in writing with each hospital it uses for in-patient medical and psychiatric services. Some hospitals will enter into such written agreements, but others refuse to do so. The agreement may be in the form of a letter acknowledged by both parties,

stating the willingness of the hospital to accept patients from the jail and the conditions imposed on both parties (for example, that the inmate-patient is to be transferred with a summary of his/her medical record and discharged with a summary of the treatment received; the procedure that transporting personnel are to follow at the hospital; and the terms of payment.)

STANDARD

135. There is a written policy to provide that pharmaceutical services are sufficient to meet the needs of the jail and are in accordance with all legal requirements.

a. The jail complies with all applicable state and federal regulations regarding prescribing, dispensing, administering, and procuring pharmaceuticals.

b. All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and injectable medications. Drugs requiring special storage for stability - for example, drugs that need refrigeration - are so stored.

c. Written policies and procedures are followed that govern the pharmaceutical services and that include but are not necessarily limited to the following:

(i) Development and subsequent updating of a facility formulary or drug list for pharmaceutical stocked by the jail. The formulary also includes the availability of non-legend medications.

(ii) Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.

(iii) Maintenance of records as necessary to ensure adequate control of and accountability for all drugs.

(iv) Maximum security storage of and accountability by use for DEA-controlled substances, needles, syringes, and other abusable items.

(v) Automatic drug stop orders or required periodic review of all orders for DEA-controlled substances, psychotropic drugs, or any other drug that should be restricted because it lends itself to abuse or for any other reason dictating that patient compliance be monitored.

(vi) A method for notifying the responsible practitioner of the impending expiration of a drug order, so that the practitioner can determine whether the drug administration is to be continued or altered.

(vii) Administration of drugs only upon the order of a physician, dentist or other authorized individual with designated privileges.

(viii) The prescribing of psychotropic or behavior-modifying medications only when clinically indicated (as on facet of a program of therapy) and not for disciplinary reasons.

(ix) All medications under the control of appropriate staff members. Inmates do not prepare, dispense, or administer medications.

(x) Drug storage and medication areas devoid of drugs that are outdated, discontinued, or recalled.

COMMENTARY

A formulary is a written list of prescription and non-prescription medicines stocked in the facility. This does not restrict prescriptions of medication generated by outside, community health care providers; however, these are still subject to review and approval by the responsible physician.

Procurement is the system for ordering medications for the facility.

Dispensing is the placing of one or more doses of prescribed medication into containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information.

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 accounting is the act of recording, summarizing, analyzing, verifying and reporting medication usage.

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

Disposal is (a) the destruction of medication on its expiration date or when retention is no longer necessary or suitable or (b) upon the discharge of the user from the facility, its destruction or provision to the former inmate (in line with the continuity- of-care principle). When a jail uses the sealed, pre-packaged unit dose system, the unused portion often can be returned to the pharmacy.

DEA-controlled substances are the drugs that come under the jurisdiction of the Federal Controlled Substance Act. They are divided into five schedules (I through V). The Drug Enforcement Administration (DEA) is the leading law enforcement agency charged with the responsibility of combating drug abuse. Requirements of the Controlled Substances Act and a list of controlled substances can be obtained from any office of the DEA.

STANDARD

136. Written policy and defined procedures require receiving screening to be performed on all inmates (including transferees) immediately upon their arrival at the jail. Arrestees who are unconscious, semiconscious, bleeding, or otherwise urgently in need of 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. At a minimum, the screening process includes the following:

a. Inquiry into current illnesses, health problems, and conditions:

**mental, dental and communicable diseases;
medications taken and special health (including dietary) requirements;
for women, current gynecological problems and pregnancy;
use of alcohol and other drugs, including types, methods, date or time of last use, and a history of**

**problems that may have occurred after ceasing use(e.g., convulsions);
other health problems designated by the
responsible physician.**

b. Observation of the following:

**behavior, which includes state of consciousness,
mental status(including suicidal ideation),
appearance, conduct, tremors, and sweating;
bodily deformities and ease of movement; and
condition of skin, including trauma markings,
bruises, lesions, jaundice, rashes, infestations, and
needle marks or other indications of drug abuse.**

**c. Notation of the disposition of the patient, such as
immediate referral to an appropriate health care service,
placement in the general inmate population and later
referral to an appropriate health care service, or placement
in the general inmate population.**

COMMENTARY

Receiving screening is a system of structured inquiry and observation designed to prevent newly arrived inmates who pose a threat to their own or others' health or safety from being admitted to the jail's general population and to get them rapid medical care. It must occur immediately upon the inmate's admission to the facility and must be performed on all new arrivals. The only exceptions permitted are inmates who are transferred from other institutions and are accompanied by their initial health screening forms and a copy or summary of their medical record from the transferring institution. In this case a new initial screening need not be conducted, but the medical information must still be reviewed and verified to ensure continuity of care.

Some studies show that suicide is the number-one cause of death in detention facilities. Another serious problem is withdrawal from alcohol and other drugs. Hence, it is extremely important for screeners to explore fully the inmate's suicide and withdrawal potential. Reviewing with an inmate any history of suicidal behavior, and visually observing the inmate's behavior (delusions, hallucinations, communication difficulties, speech and posture, impaired level of consciousness, disorganization, memory defects, depression or evidence of self-mutilation), are recommended. This approach, coupled with the training of the staff in all aspects of mental health and chemical dependency, should enable facilities to intervene early to treat

withdrawal and to prevent most suicides.

Particular attention also should be paid to careful descriptions of signs of trauma. All staff members should be reminded of their responsibility for reporting suspected abuse of inmates to the appropriate authorities. Inmates arriving with signs of recent trauma should be referred to the medical staff immediately for observation and treatment.

Recognizing that many small facilities do not have round-the-clock coverage by medical personnel, the standard allows receiving screening to be conducted by health-trained correctional staff members. However, where health professionals are available, it is preferable that they conduct the initial screening. At a minimum, the decision to admit an inmate should be left to medical personnel when they are present. Similarly, the inmate's right to decline medical treatment must be acknowledged by jail personnel.

STANDARD

- 137. Written policy and defined procedures require the information about access to health care services be communicated orally and/or in writing to inmates upon their arrival at the jail.**

COMMENTARY

The facility should follow the policy of orally explaining to all inmates the procedures for gaining access to health care. This notification should take place at the time of receiving screening or upon arrival at a new facility. Special procedures should be developed to ensure that inmates who have difficulty communicating (e.g., those who are developmentally disabled, illiterate, mentally ill, or deaf) have access to health services. Where the facility frequently has non-English-speaking inmates, procedures should be written in their language(s), as well as in English, in the form of a handbook, a handout, or signs in the inmates' housing areas.

STANDARD

- 138. Written policy and defined procedures require the following:**
- a. A full health assessment is completed for each inmate within 14 days after the inmate arrives at the jail, and includes these items:**

- (i) a review of the receiving screening results; the collection of additional data to complete the medical, dental, and psychiatric histories;
 - (ii) laboratory and/or diagnostic tests to detect communicable disease, including venereal diseases and tuberculosis, and other tests as determined by the responsible physician upon consultation with the approval by the local public health authority;
 - (iii) recording of height, weight, pulse, blood pressure, and temperature;
 - (iv) a physical examination, with comments about mental and dental status;
 - (v) other tests and examinations as appropriate;
 - (vi) a review of the results of the physical examination and tests, and identification of problems by a physician; and
 - (vii) initiation of therapy and immunizations when appropriate.
- b. The collection and recording of health assessment data are handled as follows. The forms are approved by the health authority. Health history and vital signs are collected by qualified health personnel (see the glossary for definitions). The "hands-on" assessment is performed only by an appropriately trained RN, LPN a PA, an NP, or a physician.

COMMENTARY

The health assessment is the process whereby the health status of an individual is evaluated. The extent of the health assessment, including physical examinations, is defined by the responsible physician, but should include at least the steps above. Pelvic examinations and Pap smears should be considered.

When appropriate, additional investigation should be carried out regarding the abuse of alcohol and/or drugs, including the type(s) of substance abused, mode(s) of use, amounts used, frequency of use and date or time of last use; current or previous treatment for alcohol or drug abuse, and, if any, when and where; whether the inmate is taking any medication for an alcohol or drug abuse problem; current or past illnesses and health problems related to substance abuse, such as hepatitis, seizures, traumatic injuries, infections, and liver diseases; whether the inmate has a history of psychiatric hospitalization and/or is taking medication for a psychiatric disorder, and if so what drug(s) and for what disorder; and the presence of medical and psychiatric factors that contribute to intermittent explosive disorder.

If a facility requests that laboratory tests for a communicable disease be waived, evidence of the incidence of that disease in the institution and the justification for not conducting such tests on all inmates are required. All facilities, especially large urban jails, are encouraged to begin testing for tuberculosis as soon as possible and not to wait for the 14th day. The incidence of this disease in incarcerated populations has been increasing.

A physical examination is a review of the major organ systems for the detection of disease. It may be more extensive depending on the risk factors inherent in the population (to be outlined by the responsible physician). Also, the protocol defining the annual re-examination should take into account inmates' age and risk factors when determining the tests to be performed.

Assessment of mental problems identified at receiving or after admission should be provided by the mental health service staff within 14 days. The mental health service staff can include psychiatrists, physicians with psychiatric experience, clinical psychologists, psychiatric nurses, and clinically trained social workers, practicing within their respective areas of expertise.

Pursuant to regulations of the Commission of Correction, a health assessment of the inmate conducted within the prior six months will satisfy the requirements of this section. Additionally, when an inmate is transferred from one correctional facility to another, the inmate's health assessment should accompany him to avoid the need for another medical examination to meet the requirements of this section and the Commission of Correction.

STANDARD

139. **Written policies and defined procedures require post-admission evaluation of all inmates with 14 days of admission. Inmates found to be suffering from serious mental illness or developmental disability are immediately referred for evaluation. Those who require acute care mental health services beyond those available at the jail or whose adaptation to the correctional environment is significantly impaired are referred to an appropriate facility as soon as the need for such treatment is determined by a mental health professional. A written list of referral sources exists.**

COMMENTARY

Mentally disordered and developmentally disabled inmates must be identified and their treatment needs addressed soon after admission to alleviate their distress and prevent further deterioration and exploitation. The urgency of the problem determines the response. Acutely suicidal and psychotic inmates are emergencies and should immediately be placed in a treatment setting with the jail if one is available, or transferred to an appropriate facility if not. Less seriously disturbed inmates should be housed in a specially designated area with frequent observation by qualified health professionals (when available) or by health-trained correctional personnel.

The post-admission mental health evaluation may include:

- a. a structured interview by a mental health worker in which inquiries into the items listed below are made.
 - history of psychiatric hospitalization and outpatient treatment;
 - current psychotropic medication;
 - suicidal ideation and history of suicidal behavior;
 - drug and alcohol usage;
 - history of sex offenses;
 - history of behavior suggestive or intermittent explosive disorder;
 - special education placement;
 - history of cerebral trauma or seizures; and
 - emotional response to incarceration.
- b. testing of intelligence to screen for mental retardation. It is recommended that inmates identified as possibly retarded on

group tests of intelligence or brief intelligence screening instruments be further evaluated by a comprehensive, individually administered instrument such as the Wechsler Adult Intelligence Scale (WAISR).

In any event, the jail physician or appropriately trained correctional officer may perform such evaluation. An evaluation shall not require a mental health examination of each inmate, and may be comprised of regular observations of inmates by correctional staff.

STANDARD

- 140. Written policy and defined procedures ensure that all inmates have the opportunity to request medical assistance and that their requests are documented. Inmates' requests are received and acted upon by qualified health personnel and, where indicated, followed by appropriate triage and treatment. When qualified health care personnel are not available, health-trained correctional personnel ensure timely access to an appropriate level of health care provider.**

COMMENTARY

Each facility should have a mechanism in place that enables all inmates (including those in segregation) to request health services daily. In some facilities, the staff makes daily rounds of each housing area and notes requests for health services in a log. In others, written request slips are supplied to each housing area; the completed slips are dropped in a locked box or picked up by the medical staff during rounds. In either case, inmates' requests are reviewed daily and appropriate disposition is made and noted (e.g., "scheduled for next sick call", "dental appointment made", "referred to psychologist").

In small jails where medical personnel are not available seven days a week, a health-trained correctional officer should review the requests and contract a medical staff member regarding questions on disposition.

STANDARD

- 141. Written policy and defined procedures require that sick call be conducted by a physician and/or other qualified health personnel and be available to each inmate on the following schedule:**

a. in jails with fewer than 100 inmates, a minimum of once a week;

b. in jails with over 100 inmates, a minimum of three times a week.

COMMENTARY

The size of the facility is determined by annual average daily population, rather than by rated capacity. Sick call is not just triage. Some people refer to "sick call" as a "clinic visit." Clinic care or sick call is care for an ambulatory inmate with health care requests that are evaluated and treated in a clinical setting. It is the system through which each inmate reports for and receives appropriate medical services for non-emergency illness or injury.

Sick call provides inmates with an opportunity to have their requests evaluated by health professionals and responded to within a reasonable time. While it is difficult to give precise time limits, as a rule, non-emergency requests should be triaged within 24 hours and the inmate seen by a qualified health professional at sick call within the next 24 hours (72 hours on weekends); and, when necessary, a referral made for the inmate to see a physician within a week of the original complaint. In general, if an inmate reports to sick call more than two times with the same complaint and has not seen a physician, she/he should receive an appointment to do so.

STANDARD

142. Written policy provides that health care encounters are private, with a chaperon present when indicated, and are carried out in a manner designed to encourage the patient's subsequent use of health services.

COMMENTARY

Health care should be provided with consideration of the patient's dignity and feelings. For example, verbal consent is obtained from the patient before a rectal or pelvic examination is made.

STANDARD

143. Written policy and procedures define the grievances mechanism used

by the jail to address inmates' complaints about health services.

COMMENTARY

Each facility should have a mechanism in place to allow inmates to express their complaints regarding health services. Some facilities include health complaints in their formal grievance process. In other, inmates are told to write to the responsible physician or health authority. Regardless of the means selected, inmates should be told soon after they are admitted what the procedures are. Also, if someone other than a member of the medical staff responds to inmates' grievances, medical staff input should be solicited prior to responding to an inmates's complaints.

Grievance mechanisms are an important component of a facility's quality assurance program. While not all complaints from inmates are well founded, those that are can help administrators to identify problems with specific providers or procedures.

STANDARD

- 144. Written policy provides that treatment by qualified health personnel other than physicians and dentists is performed pursuant to medical orders written and signed by personnel authorized by law to give such orders.**

STANDARD

- 145. Written policies and procedures for the prevention and control of infection are adopted for the jail, as approved by the responsible health authority. The infection control program includes, but is not limited to, concurrent surveillance of patients and staff, prevention techniques, and treatment and reporting of infections in accordance with local or state laws.**

COMMENTARY

An infection control committee that meets on a regular basis to review and discuss infection control policies and procedures, surveillance, cleaning and disinfection techniques, and other matter related to infection control (e.g. banning the shared use of razors) is an appropriate means of meeting this standard in a large facility. Such a committee should include a representative of the jail administration, the responsible physician or a designated medical representative, the director of nursing or designated nursing representative, and other professional personnel involved in

sanitation and infection control. Minutes or records of committee activities should be maintained. In a small facility, the physician may handle the infection control program on his/her own or delegate it to another staff member.

STANDARD

- 146. Written policy and defined procedures require that the jail provide 24-hour emergency medical care, outlined in a written plan that includes arrangements for the following:**

emergency evacuation of the inmate from within the facility when required;
use of an emergency medical vehicle;
use of one or more designated hospital emergency departments or other appropriate facilities;
emergency on-call physician services when the emergency health care facility is not located nearby; and
security procedures for the immediate transfer of inmates when it is necessary.

COMMENTARY

Emergency medical care is care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic. All members of the staff (both health care and correctional) should be familiar with the procedures for obtaining emergency medical care. The names, addresses, and telephone numbers of people to be notified and/or services (such as ambulance and hospital) to be used should be readily accessible to all personnel.

STANDARD

- 147. Written policy and defined procedures require that dental care be provided to each inmate under the direction and supervision of a dentist licensed in the state.**

COMMENTARY

Dental examinations and treatment should be performed only by licensed dentists. X-rays for diagnostic purposes may be taken if necessary. The results of the examination should be recorded on a uniform dental record

system, such as the Attending Dentist's Statement, approved by the American Dental Association.

A professional dental prophylaxis may be performed when prescribed by the dentist. Fluoride toothpaste or oral fluoride rinses should be available for all inmates.

STANDARD

- *148. Written policy provides that an adequate diet incorporating the four basic food groups based on the current Recommended Dietary Allowances, is supplied to all inmates. Written policies and procedures require provision of therapeutic (special) medical diets, which are prepared from specially developed menus or in accordance with an approved diet manual, and served to inmates according to the orders of the treating physician, and/or as directed by the responsible physician. Regular and therapeutic diets are evaluated for nutritional adequacy by a registered dietitian at least every six months or whenever a substantial change in the menus is made. Copies of regular and therapeutic diet menus are retained by the jail for the dietitian's review, along with documentation of deviations from the menu as served.**

COMMENTARY

Adequate diets are based on the recommended national allowances or guidelines. Equivalent nutritional guidelines containing the four basic food groups satisfy the standard. The four basic food groups are milk and milk products; other proteins (meat, poultry, fish, eggs, and vegetable sources, notably legumes); breads and cereals; and vegetables and fruits. Written consultation with a registered dietitian is acceptable if direct access is not possible. The "adequate diet" referred to in this standard should be given to inmates in administrative and punitive segregation as well as to all others.

Certain chronic conditions (e.g., diabetes and obesity), as well as temporary ones (e.g., pregnancy and post-oral-surgery status), require individual attention. Consideration should be given also to dietary restrictions for psychiatric patients on items that may aggravate their symptoms. For example, patients suffering from anxiety disorders or insomnia may benefit from the elimination of caffeine.

Orders for therapeutic diets should include the type of diet, the duration for which it is to be provided, and special instructions, if any. The facility should

have procedures for ensuring that the members of the kitchen staff who prepare therapeutic diets have been trained and that the right patient receives the right diet.

STANDARD

- *149. Written policy and defined procedures outline a program of exercise as required by the New York State Commission of Correction.**

COMMENTARY

Commission of Correction regulations have been revised to eliminate definitions of exercise activities and to allow direct supervision facilities to utilize the housing areas as indoor exercise areas. This should effectively broaden what may constitute exercise, and this standard should be interpreted in the same manner. While it is recognized that many facilities do not have a special facility for exercise, there should be a separate room or area (inside or outside) designated for this purpose. Regarding the use of outside yards, gymnasias, and multi-purpose rooms, making available opportunities for exercise (such as basketball, handball, running and calisthenics) satisfies the standard even if inmates do not take advantage of them. While such activities may be more productive under the supervision of a recreational staff person, this is not required.

STANDARD

- *150. The jail has a written policy on smoking by inmates and staff.**

COMMENTARY

Recognizing the evidence that smoking is dangerous to health, efforts should be made toward smoking prevention and abatement.

STANDARD

- 151. Written policy and defined procedures outline a program of personal hygiene. In every area where inmates are normally detained for at least 48 hours, there is a tub or a shower with hot and cold running water, and bathing is permitted daily. The following items are available to inmates:**

soap;

**toothbrush;
fluoridated toothpaste;
toilet paper;
sanitary napkins and tampons when required.**

COMMENTARY

Laundry services are offered at least weekly. Haircuts and implements for shaving are made available to inmates subject to security regulations and mental health considerations.

STANDARD

- 152. The responsible physician or appropriate mental health professional has approved written policy, procedures, and specific protocols for inmates under the influence of alcohol or other drugs or undergoing withdrawal. Commission of Correction standards for health services are complied with.**

COMMENTARY

Significant percentages of inmates admitted to correctional institutions have a history of alcohol and/or other drug abuse. Newly incarcerated individuals may enter intoxicated or develop symptoms of alcohol or drug withdrawal. Alcohol withdrawal is the abstinence syndrome with the highest mortality rate, although opiate and tranquilizer withdrawal are, on occasion, life threatening. Barbiturate withdrawal, while rare in confinement settings, is also often life-threatening. Severe withdrawal syndromes should never be managed in the non-hospital setting.

With the exception of methadone detoxification, the treatment of most non-life-threatening withdrawal consists of the amelioration of symptoms and can be managed in the convalescent or out-patient setting. Abstinence syndromes in certain groups (including psychotics, geriatrics, epileptics, pregnant women, and juveniles) require special attention.

Detoxification refers to the process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug upon which the person is physiologically dependent, one that is cross-tolerant (antagonistic) to it, or one that has been demonstrated to be effective on the basis of medical research. Detoxification in alcohol-dependent individuals does not involve administering decreasing doses of alcohol; it involves administering decreasing doses of drugs that are cross-

tolerant to it, e.g., benzodiazepines.

STANDARD

- *153. Written policy and defined procedures regarding the clinical management of chemically dependent inmates require diagnosis of chemical dependency by a physician or (if authorized by law) a properly qualified designee or by an appropriate mental health professional.**

COMMENTARY

Existing community resources should be utilized if possible. The term *chemical dependency* refers to the state of physiological and/or psychological dependence on alcohol, opium derivatives and synthetic drugs with morphine-like properties (opioids), stimulants (for instance, amphetamines and cocaine), and depressants.

STANDARD

- 154. There are written policies and procedures regarding the care of inmates with communicable disease, including provision for isolation if medically indicated.**

COMMENTARY

Isolation procedures for inmates with a communicable disease must meet the following requirements:

- a. The inmate is accommodated in a separate room with separate toilet, handwashing facility, soap dispenser, and single-service towels.
- b. If used to house individuals with air-borne diseases (such as tuberculosis), the room is properly vented.
- c. Procedural techniques include, but are not limited to, handwashing upon entering and leaving, proper handling and disposal of infectious materials, proper isolation methods, instructions to the inmate and to visitors, proper handling of food utensils and dishes, proper handling of patient care equipment, and cleaning and disinfection of isolation accommodations.

STANDARD

- *155. Written policy and defined procedures require referral for appropriate evaluation of inmates with moderate or severe physical disability, mental illness, or developmental disability whose adaptation to the correctional environment may be significantly impaired.**

COMMENTARY

All sources of assistance for physically disabled, mentally ill, and developmentally disabled inmates should be identified in advance of need. The Developmental Disabilities Assistance and Bill of Rights Act (U.S. Public Law 95-602, as amended), defines a *developmental disability* as follows:

A severe, chronic disability of a person which (a) is attributable to a mental or physical impairment or combination of mental or physical impairments, (b) is manifested before the person attains age 22, (c) is likely to continue indefinitely, (d) results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; economic self-sufficiency, and (e) reflects the person's need for a combination of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and individually planned and coordinated.

STANDARD

- 156. Written policy and defined procedures guide the care of inmates with special needs requiring close medical supervision, including chronic care and convalescent care. In addition, a written individual treatment plan, developed by a physician or another practitioner, exists for each of these patients. The plan may include instructions about diet, exercise, medication, the type and frequency of laboratory and diagnostic testing, and the frequency of follow-up for medical evaluation and adjustment of treatment modality.**

COMMENTARY

The special needs program serves a broad range of health conditions and problems. Epilepsy, physical handicaps, AIDS, bleeding tendencies, diabetes, potential suicide, pregnancy, chemical dependency, and psychosis are some of the special medical conditions that dictate close supervision. In such cases, the jail must design a program directed to each individual's

needs.

Chronic care is service rendered to a patient over a long period of time; courses of treatment for diabetes, hypertension, asthma, and epilepsy are examples. *Convalescent care* is service rendered to a patient to assist in the recovery from illness or injury.

A *treatment plan* is a series of written statements specifying the particular course of therapy and the roles of medical and non-medical personnel in carrying it out. It is individualized and based on an assessment of the patient's needs, and it includes a statement of short and long-term goals as well as the methods by which these goals will be pursued. When clinically indicated, the treatment plan gives inmates access to the range of supportive and rehabilitative services (such as physical therapy, individual or group counseling, and self-help groups) that the treating practitioner deems appropriate.

Individuals with special needs should be followed closely. Regularly scheduled chronic clinics are a good way to ensure continuity of care. Special medical problems should be identified on the outside of the patient's chart. A master problem list that includes chronic medication and known drug allergies also may be helpful.

STANDARD

- 157. The jail has a written plan for identifying and responding to suicidal individuals.**

COMMENTARY

While inmates may become suicidal at any point during their stay, high-risk periods include the time immediately upon admission to a facility; after adjudication, when the inmate is returned to a facility from court; following the receipt of bad news regarding self or family (such as serious illness or the loss of a loved one); and after suffering some type of humiliation or rejection. Individuals who are in the early stages of recovery from severe depression may be at risk as well. The facility's plan for suicide prevention should include the following elements.

- a. *Identification.* The receiving screening form should contain observation and interview items related to the inmate's potential suicide risk.

- b. ___ *Training*. All appropriate staff members who work with inmates should be trained to recognize verbal and behavioral cues that indicate potential suicide.
- c. ___ *Assessment*. This should be conducted by a qualified trained corrections officer who designates the inmate's level of suicide risk.
- d. ___ *Monitoring*. The plan should specify the facility's procedures for monitoring an inmate who has been identified as potentially suicidal. Regular, documented supervision should be maintained.
- e. ___ *Housing*. A suicidal inmate should not be placed in isolation unless appropriate supervision can be maintained.
- f. ___ *Referral*. The plan should specify the procedures for referring potentially suicidal inmates and attempted suicides to mental health care providers or facilities.
- g. ___ *Communication*. Procedures for communication between health care and correctional personnel regarding the status of the inmate should exist, to provide clear and current information.
- h. ___ *Intervention*. The plan should address how to handle a suicide in progress, including how to cut down a hanging victim and other first-aid measures.
- i. ___ *Notification*. Procedures for notifying jail administrators, outside authorities, and family members of potential, attempted, or completed suicides should be in place.
- j. ___ *Reporting*. Procedures for documenting the identification and monitoring of potential or attempted suicides should be detailed, as should procedures for reporting a completed suicide.
- k. ___ *Review*. The plan should specify the procedures for medical and administrative review if a suicide does occur.

STANDARD

- 158. Written policy and defined procedures guide the use of physical restraints. They specify the type(s) of restraint that may be used and when, where, how, and for how long.**

COMMENTARY

This standard applies to those situations where the restraints are part of health care treatment. Generally an order for medical restraints should not exceed twenty-four hours. There should be fifteen-minute checks by health-trained personnel or qualified health professionals.

The same kinds of *physical restraints* that would be appropriate for individuals treated in the community may likewise be used for medically restraining incarcerated individuals: for example, leather or canvas hand and leg restraints, and straitjackets. Metal or hard plastic devices (such as handcuffs and leg shackles) should not be used for prolonged restraint. Persons should not be restrained in an unnatural position (for instance, hog tied).

When procedures are developed for disciplinary restraint, input from the medical area should be sought. Medical monitoring of the health of inmates held under disciplinary restraint should be carried out periodically by qualified or health trained personnel. When staff members note what they consider to be improper use of restraints, jeopardizing the health of an inmate, they should communicate their concerns as soon as possible to the facility administrator or his/her designee.

STANDARD

- *159. Written policy and defined procedures require that counseling and assistance are given to pregnant inmates in keeping with their express desires in planning for their unborn children.**

COMMENTARY

It is advisable that a formal legal opinion on 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 the jail's staff or community agencies.

STANDARD

- 160. Written policy provides that inmates remaining in the jail after pregnancy has been diagnosed receive regular prenatal care, including medical examinations, advice on appropriate levels of activity and safety precautions, nutrition guidance, and counseling.**

COMMENTARY

Pregnant inmates remaining in the facility should, ideally, be followed by the practitioner who will assist at the birth and, if delivery will be at a community hospital, should be registered at the hospital where the birth will take place. Documentation of the patient's prenatal history should accompany her to the hospital.

A number of communities have excellent agencies that can assist with prenatal care (e.g., county health departments, specialty clinics, and local hospitals). In view of the high-risk nature of many inmates' pregnancies, it is strongly urged that such specialty care be sought.

STANDARD

- *161. Written policy and defined procedures require that medical prostheses be supplied and determined by the Sheriff upon consultation with the jail physician.**

COMMENTARY

Prostheses are artificial devices to replace missing body parts or to compensate for defective bodily functions, such as artificial limbs, eyeglasses, and full and partial dental plates.

STANDARD

- 162. Written policy and defined procedures that establish the principle of confidentiality require that medical records stored in the jail are maintained under secure conditions, separate from confinement records, and that access to medical records is controlled by the health authority.**

COMMENTARY

The principle of confidentiality protects the patient from disclosure of certain

confidences entrusted to a practitioner during a course of treatment. The confidential relationship of doctor and patient extends to inmate-patients and their clinicians. Thus, it is necessary to maintain medical record files under security, and completely separate from inmates' confinement records.

The health authority should maintain a current file on the rules and regulations covering the confidentiality of medical records and the types of information that may or may not be shared. For example, information gathered and recorded about alcohol and drug abuse and psychiatric conditions may have special restrictions on disclosure under state or federal regulations.

STANDARD

- 163. Written policy and defined procedures require that when an inmate is transferred to another correctional facility, summaries or copies of the inmate's medical record are routinely sent to the facility to which the inmate is transferred either before or at the same time as the inmate. Written authorization by the inmate is required for the transfer outside the correctional system of medical records and information, unless otherwise provided by law or administrative regulation. Transfer of records may be restricted by law or Commission of Correction regulations.**

COMMENTARY

An inmate's medical record or summary should accompany or precede the inmate in order to ensure continuity of care and to prevent the duplication of tests and examinations at the receiving institution. For inmates with critical or chronic health problems, the medical record should be flagged in some fashion (e.g., with color coding) to expedite an immediate referral to a medical care provider.

The transferring institution should provide a discharge summary that includes at least the medical history, the date of the last physical examination, the immunization record, a summary of medical problems, the inmate's current health status, current level of activity, and current therapy (including medications), and anticipated future health care needs.

STANDARD

- *164. Written policy and defined procedures require that inactive medical record files are retained according to legal requirements of the**

jurisdiction and are re-activated if an inmate returns to the system.

COMMENTARY

The storage of inactive medical records needs to conform to the legal requirements for record retention. The inactive files should be marked in such a way that inmates can be identified as long-term-care patients if they re-enter the system. The Education Law defines the time period during which all records must be maintained.

STANDARD

- *165. Written policies and defined procedures allow an inmate to refuse, in writing, medical treatment and care, subject to an appropriate court order requiring treatment.**

COMMENTARY

An inmate may, at the time of being offered medical evaluation, treatment or care, refuse it. The refusal should be in writing and describe the nature of the condition for which evaluation, treatment, or care is offered and the nature of the service to be provided. The requirement for written refusal is generally satisfied by the signature of the inmate on the refusal form or had it read to him/her in a language understood by the inmate.

Facilities should not maintain a policy that allows inmates to give a blanket refusal to treatment on admission. By refusing treatment at a particular time, the inmate does not necessarily waive his/her right to subsequent health care. Health professionals should counsel inmates against refusals of treatment and should continue to counsel inmates who have refused a particular treatment, when they believe it to be in the patient's best interest.

STANDARD

- *166. Written policy provides that biomedical, chemical, or behavioral research using inmates as subjects either is not performed, or, if performed, meets ethical, medical, and legal guidelines for human research.**

COMMENTARY

This standard recognizes past abuses in research on involuntarily confined individuals and protects the autonomy of inmate-patients. It is not intended

to discourage the collection of aggregate data and the reporting of information relevant to unraveling the epidemiology of certain conditions. For example, head injury, psychotic symptoms, a history of extreme violence, psychotic relatives, and being a witness or victim of child abuse have been significantly correlated with future homicidal behavior. Correctional facilities can be information collection bases for the confirmation and refinement of such reports.

If research is to be conducted, there should be adequate assurance of the safety and anonymity of the subjects, the research should meet standards of design and control, the inmates must have given their consent, and the project should be reviewed by a human subjects review committee.