

Section B: Health Care

HEALTH CARE: Intake Health Screening

B.1 The Facility Director ensures that medical, dental, and mental health screenings are performed by trained, licensed health care professionals at intake and that follow-up action is taken, when necessary.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning health screenings and dispositions.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

Observe health screens to determine if:

- Screens are performed properly;
- Medications are handled properly; and
- Language barriers are accounted for.

Review health records for:

- Screening upon admission to the facility;
- Screening form;
- Referral of detainees with health care needs; and
- Reordering of medications.
- Documented tuberculosis status

Check the percentage of detainees being screened within the required time frame.

Interview staff regarding depth and quality of training with respect to intake health screening.

Spot check health screening records of detainees observed during facility tour who appear to have health conditions or health needs.

	Review Checklist		Comments
B.1.1	Ensure written policies and procedures exist that provide for receiving health screens upon booking. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.1.1a	Policies provide for licensed, trained personnel to conduct such screens and provide for necessary referrals.	Y N NA	
B.1.2	Policies and procedures are communicated to:		
B.1.2a	Appropriate staff members	Y N NA	
B.1.2b	Detainees, where appropriate	Y N NA	
B.1.3	Policies and procedures are reviewed and updated.	Y N NA	
B.1.4	Intake Health Screening is performed upon booking (for facilities housing detainees more than 72 hours).	Y N NA	

	Review Checklist		Comments
B.1.5	Health screenings include:		
B.1.5a	Urgent or emergent medical needs are identified	Y N NA	
B.1.5b	Emergency medical needs are identified	Y N NA	
B.1.5c	Chronic care problems documented	Y N NA	
B.1.5d	Current medications or medication needs	Y N NA	
B.1.5e	Mental status:		
	Current or past hospitalization for mental disorders	Y N NA	
	Current or past need for mental health treatment, especially in previous incarcerations	Y N NA	
	Current or past thoughts of hurting or killing oneself	Y N NA	
	Current or past suicidal plans	Y N NA	
	History of suicidal attempts	Y N NA	
	Hearing voices (auditory hallucinations)	Y N NA	
	Seeing things that other people do not appear to see (visual hallucinations)	Y N NA	
B.1.5f	Tuberculosis:		
	- Interview detainee to ascertain if they have had	Y N NA	
	months		
	tuberculosis screening within the last twelve		
	- A tuberculin skin test or chest radiograph is	Y N NA	
	performed in conjunction with intake for all		
	detainees. This test should be performed within 72		
	hours of arrival.		
	- Symptoms screening for tuberculosis is	Y N NA	
	performed at the intake screening (e.g. is the		
	patient asked if he/she has cough, weight		
	loss, night sweats)		
	- Persons who have symptoms of tuberculosis are	Y N NA	
	referred to a health professional within the same day		
	of identification of symptoms		
	- Persons with positive tuberculin skin testing	Y N NA	
	have a follow up assessment within 48 hours		
B.1.5g	Pregnancy testing (as appropriate)	Y N NA	
B.1.5h	Drug and alcohol intoxication and withdrawal	Y N NA	
B.1.5i	Data on positive skin tests for TB are maintained.	Y N NA	

	Review Checklist		Comments
B.1.6	Until detainees are health screened:		
B.1.6a	Staff provide visual monitoring.	Y N NA	
B.1.6b	Detainees are provided the opportunity to report illness and emergent medical, mental and dental health needs	Y N NA	
B.1.6c	The facility follows up on identified needs in a timely manner	Y N NA	
B.1.7	Health screened detainees are:		
B.1.7a	Referred for further follow-up to medical personnel within the next business day, if any medical, mental or dental health issue is identified by the screening process.	Y N NA	
B.1.7b	Promptly referred for emergency treatment as indicated.	Y N NA	
B.1.8	Detainees who enter the facility on prescription medications receive those medications in a timely manner, (medication is determined either by verification with the detainee's treating physician or through a review by the mid-level provider).	Y N NA	

HEALTH CARE: Medical, Dental, and Mental Health Appraisals

B.2 The Facility Director ensures that full medical, dental, and mental health assessments are completed by trained, licensed health care professionals for each detainee, within 14 days of arrival. (K. 4)

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
Reviewer's Initials:			Date:	

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning health appraisals.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

Review a sampling of detainee medical records (not including transfers) to determine compliance with:

- Health appraisals within 14 days of booking
- Components of health appraisals
- Components of mental health appraisals
- Components of dental screenings
- Signature blocks for staff conducting health appraisals
- Dispositions of detainees based upon their health status
- Signature blocks for staff conducting mental health appraisals

	Review Checklist		Comments
B.2.1	Adequate written policies and procedures exist for full medical, dental, and mental health appraisals. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.2.1a	Timely completion of health appraisals	Y N NA	
B.2.1b	Collection and recording of health assessment data	Y N NA	
B.2.1c	Protocols and procedures for appraisals are determined by the responsible physician and meet recognized professional standards	Y N NA	
B.2.1d	Documented provisions for people who wish to refuse the assessment.	Y N NA	
B.2.2	Policies and procedures are reviewed and updated as appropriate.	Y N NA	
B.2.3	Full medical, mental health and dental health assessments of detainees are completed within 14 days of their arrival at the facility unless the detainee is referred for immediate full appraisal or emergency care at the time of intake health screening.	Y N NA	

B.2.4	Health appraisals include:		
B.2.4a	Review of health screenings and prior medical records	Y	N NA
B.2.4b	History of past and current illnesses	Y	N NA
B.2.4c	Vital signs, including temperature, blood pressure, and pulse	Y	N NA
B.2.4d	Weight and height,	Y	N NA
B.2.4e	Physical examination	Y	N NA
B.2.4f	Clinically appropriate diagnostic testing	Y	N NA
B.2.4g	Review of immunizations for juveniles	Y	N NA
B.2.4h	Oral/dental inspections	Y	N NA
B.2.4i	Abuse history	Y	N NA
B.2.4j	Pelvic exams, as appropriate	Y	N NA
B.2.4k	Allergies and chemical sensitivities	Y	N NA
B.2.4l	Determination of whether the detainees medical circumstances preclude the use of any force devices	Y	N NA
B.2.5	Mental health appraisals include:		
B.2.5a	Chemical dependency	Y	N NA
B.2.5b	Psychiatric hospitalizations	Y	N NA
B.2.5c	Psychiatric treatments	Y	N NA
B.2.5d	Mental retardation	Y	N NA
B.2.5e	Cognitive impairments	Y	N NA
B.2.5f	Developmental disabilities	Y	N NA
B.2.5g	Mental status examination	Y	N NA
B.2.5h	Suicide risk assessment	Y	N NA
B.2.6	Physical examinations are conducted only by a physician's assistant, nurse practitioner, or physician (and trained registered nurse permitted by law).	Y	N NA
B.2.7	Information regarding medical circumstances that impact upon use of force, housing or programming for detainees, is communicated to security or other staff.	Y	N NA

B.2.8	Mental health dispositions are formulated based on the health care appraisal results.	Y N NA	
B.2.9	Mental health appraisals are conducted by a physician or other licensed health/mental health professional.	Y N NA	
B.2.10	Dental appraisals include:		
B.2.10a	Review of screenings and prior dental records	Y N NA	
B.2.10b	Need Dental Checklist from PHS staff	Y N NA	
B.2.10c	Documentation of Refusal	Y N NA	

HEALTH CARE: Access to Routine, Acute, Chronic, and Emergency Health Services

B.3 The Facility Director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted.

(K.5)

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning access to routine, acute, chronic, and emergency services.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

Observe health care unit operations for:

- Safe, secure, humane environment
- Availability of emergency medical supplies
- Systems to distribute/administer medication
- “Watch/swallow” basis for narcotics/psychotropics
- Supervision and training of non-licensed direct care providers
- Prohibition of detainees as direct care providers
- Adequacy of facilities, supplies, equipment, “specialty beds ”
- Confidentiality of clinical encounters

Review a sampling of detainee medical records for those detainees with chronic medical conditions (i.e. Insulin Dependent Diabetes Mellitus (IDDM), Hypertension (HTN), Chronic Obtrusive Pulmonary Diseases (COPD), Acquired Immune Deficiency Syndrome (AIDS)) to determine:

- Regularity of scheduling of detainees with chronic conditions
- Treatment plans are individualized
- Physician-directed care and verbal/written orders

Review all documentation concerning hospital transfers

Review documentation of patients or detainees who frequently receive medical and/or mental health treatment.

	Review Checklist		Comments
	Access to Health Care		
B.3.1	Ensure written policies and procedures exist for access to health care. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.3.1a	Transfer detainees to outside medical facilities or health care providers	Y N NA	
B.3.2	Policies and procedures are communicated to:		
B.3.2a	Appropriate staff members	Y N NA	
B.3.2b	Detainees, where appropriate	Y N NA	
B.3.3	Policies and procedures are reviewed and updated.	Y N NA	
B.3.4	Requests for Health Care:		
B.3.4a	Detainees in general population have daily opportunities to request health care without the request being transmitted by another detainee	Y N NA	
B.3.4b	Detainees in segregation:		
	-Have daily opportunities to request health care without the request being transmitted by another detainee	Y N NA	
	-Are visually assessed by medical staff daily to determine the detainees health status	Y N NA	
B.3.4c	Detainee requests or needs are documented	Y N NA	
B.3.5	Detainees are not denied access to health care due to inability to pay co-payment.	Y N NA	
B.3.5a	Indigent and chronic detainees are not charged co-pays	Y N NA	

B.3.6	Detainee routine requests are triaged by a healthcare professional within 24 hours on weekdays.	Y N NA	
B.3.7	Triage requests are acted upon by the recommended level of health care professional in a timely manner.	Y N NA	
B.3.8	Detainees with chronic medical problems are scheduled to be seen regularly as their illnesses dictate.	Y N NA	
B.3.9	<p>Involuntary Treatment</p> <p>(Note: A request for authorization is required from the appropriate agency (ICE, USMS, etc.) prior to providing involuntary treatment).</p> <p>Ensure written policies and procedures exist for involuntary treatment. These policies include at least the implementation subjects addressed in this section.</p>	Y N NA	
B.3.10	Policies and procedures are communicated to:		
B.3.10a	Appropriate staff members	Y N NA	
B.3.10b	Detainees, where appropriate	Y N NA	
B.3.11	Policies and procedures are reviewed and updated.	Y N NA	
B.3.12	Detainees may not be treated against their will, except under the circumstances where federal, state or local law permits, or in accordance with a court order.	Y N NA	
B.3.13	<p>The use of involuntary psychotropic medication is consistent with case law and/or statute in the pertinent district.</p> <p>(Note: A request for authorization is required from the appropriate agency (ICE, USMS, etc.) prior to administration of psychotropic medication.)</p>	Y N NA	

Medical Care			
B.3.14	Ensure written policies and procedures exist for medical health care. These policies include at least the implementation subjects addressed in this section.	Y	N NA
B.3.15	Policies and procedures are communicated to:		
B.3.15a	Appropriate staff members	Y	N NA
B.3.15b	Detainees, where appropriate	Y	N NA
B.3.16	Policies and procedures are reviewed and updated.	Y	N NA
B.3.17	Treatment plans are developed and updated in a timely fashion by a physician or other health care professional.	Y	N NA
B.3.18	The facility follows the treatment plan.	Y	N NA
B.3.19	Treatment plans include instruction about:		
B.3.19a	Diet	Y	N NA
B.3.19b	Exercise	Y	N NA
B.3.19c	Adaptation to the correctional environment	Y	N NA
B.3.19d	Medication	Y	N NA
B.3.19e	Type and frequency of diagnostic testing	Y	N NA
B.3.19f	Frequency of follow-up for medical evaluation and adjustment of treatment modality	Y	N NA
B.3.20	Medical care is provided to detainees.	Y	N NA
B.3.20a	This care is provided under the direction and supervision of a doctor.	Y	N NA

	Special Needs		
B.3.21	Ensure written policies and procedures exist for special needs patients, incorporating the concepts of this section and also:	Y N NA	
B.3.21a	Policy dictates guidance for care and decision making for detainees with special needs requiring close medical supervision or multi-disciplinary care.	Y N NA	
B.3.22	Policies and procedures are communicated to:		
B.3.22a	Appropriate staff members	Y N NA	
B.3.22b	Detainees, where appropriate	Y N NA	
B.3.23	Policies and procedures are reviewed and updated.	Y N NA	
B.3.24	Before decisions are made regarding housing assignments, work limitations, program assignments, discipline, and admissions to and transfers from the institution, there is written communication between the jail administrator and the responsible physician or designee regarding patients with special needs.	Y N NA	
B.3.25	Special needs patients include:		
B.3.25a	Chronically ill	Y N NA	
B.3.25b	Detainees with communicable diseases	Y N NA	
B.3.25c	Physically disabled	Y N NA	
B.3.25d	Pregnant	Y N NA	
B.3.25e	Frail elderly	Y N NA	
B.3.25f	Terminally ill	Y N NA	
B.3.25g	Developmentally disabled	Y N NA	

B.3.26	Female detainees receive gynecological and obstetrical treatment and examinations, including pap smears and mammograms, in accordance with community medical standards for those detainees in uninterrupted custody for 12 months or more.	Y	N	NA	
B.3.27	Pregnant detainees are referred to and evaluated by an Obstetrician/ Gynecologist or qualified practitioner for routine prenatal care.	Y	N	NA	
B.3.28	Detainee emergent needs are handled promptly.	Y	N	NA	
B.3.29	Special needs detainees receive necessary care.	Y	N	NA	
B.3.29a	Detainees are enrolled in chronic care clinics in an appropriate timeframe	Y	N	NA	
B.3.29b	Appropriate diagnostic testing is done	Y	N	NA	
B.3.29c	Detainees receive appropriately targeted physical examinations	Y	N	NA	
B.3.29d	Detainees receive appropriate and timely subspecialty consults	Y	N	NA	
B.3.29e	Detainees receive preventative healthcare, as appropriate (e.g. influenza vaccines)	Y	N	NA	
B.3.30	Dental Health Care Ensure written policies and procedures exist for dental health care. These policies include at least the implementation subjects addressed in this section.	Y	N	NA	
B.3.31	Policies and procedures are communicated to:				
B.3.31a	Appropriate staff members	Y	N	NA	
B.3.31b	Detainees, where appropriate	Y	N	NA	
B.3.32	Policies and procedures are reviewed and updated.	Y	N	NA	

B.3.33	Dental care is provided to detainees under the direction of and supervision of a dentist.	Y N NA	
B.3.34	Routine requests for dental care are triaged within 24 hours on weekdays.	Y N NA	
B.3.35	Triaged requests for dental care are acted upon by the appropriate level of health care provider.	Y N NA	
B.3.36	Detainees with a length of stay greater than one year have access to routine dental care including cleanings.	Y N NA	
B.3.37	Detainee emergent needs are handled promptly.	Y N NA	
B.3.38	Detainees receive necessary care.	Y N NA	

	Review Checklist		Comments
	<p>Mental Health</p> <p>(Note: A request for authorization is required from the appropriate agency (ICE, USMS, etc.) prior to providing mental health care <u>off-site</u> services).</p>		
B.3.39	Ensure written policies and procedures exist for the provision of mental health services. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.3.39a	Brief mental health assessments	Y N NA	
B.3.39b	Comprehensive mental health evaluations	Y N NA	
B.3.39c	Referrals	Y N NA	
B.3.39d	Treatment plans	Y N NA	
B.3.39e	Administration of psychotropic medication	Y N NA	
B.3.39f	Discharge planning	Y N NA	
B.3.40	Policies and procedures are communicated to:		
B.3.40a	Appropriate staff members	Y N NA	
B.3.40b	Detainees, where appropriate	Y N NA	
B.3.41	Policies and procedures are reviewed and updated.	Y N NA	
B.3.42	A system is in place for detainees to be referred or to self refer when mental health needs arise after classification.	Y N NA	
B.3.43	The facility provides a safe, secure, and humane environment for detainees undergoing mental health treatment.	Y N NA	

B.3.44	Brief mental health assessments are performed within 72 hours of any positive screen and referral or post-classification referral for mental health concerns.	Y	N NA
B.3.45	The facility provides a comprehensive mental health evaluation where indicated for treating mental disorders.	Y	N NA
B.3.46	Immediate evaluations are made available in emergent situations, and the detainee is watched until the crisis responder arrives.	Y	N NA
B.3.47	Following a brief mental or comprehensive mental evaluation, treatment plans are created where indicated	Y	N NA
B.3.48	Treatment plans are followed	Y	N NA
B.3.49	The facility provides access to the following types of mental health care, as necessary:		
B.3.49a	Crisis Care	Y	N NA
B.3.49b	Infirmery Care	Y	N NA
B.3.49c	Hospital Care	Y	N NA
B.3.49d	Outpatient Care	Y	N NA
B.3.50	A facility has a system for providing psychotropic medications as needed, including in emergency circumstances	Y	N NA

B.3.51	<p>Sexual Assault</p> <p>(Note: A notification is required to the appropriate agency (ICE, USMS, etc.) in cases of sexual assault.)</p> <p>Ensure written policies and procedures exist for medical/ mental health department response to sexual assault. These policies include at least the implementation subjects addressed in this section.</p>	Y N NA	
B.3.52	Policies and procedures are communicated to:		
B.3.52a	Appropriate staff members	Y N NA	
B.3.52b	Detainees, where appropriate	Y N NA	
B.3.53	Policies and procedures are reviewed and updated.	Y N NA	
B.3.54	The facility provides a safe, secure, and humane environment for sexually assaulted detainees undergoing mental health treatment.	Y N NA	

B.3.55	For detainees who have been sexually assaulted and have not been referred to a community facility for treatment and gathering of evidence (as required):			
B.3.55a	History is taken	Y	N	NA
B.3.55b	Evaluations are performed	Y	N	NA
B.3.55c	Injuries are documented	Y	N	NA
B.3.55d	Referrals are made	Y	N	NA
B.3.55e	With detainee's consent, evidence is taken	Y	N	NA
B.3.55f	Prophylactic treatment is provided, as necessary.	Y	N	NA
B.3.55g	Testing and counseling is provided, as necessary.	Y	N	NA
B.3.55h	Evaluation and referral by mental health professional is performed	Y	N	NA
B.3.55i	Facility takes measures to protect victims from further assault by their assailants.	Y	N	NA

	Review Checklist		Comments
	Emergency Health		
B.3.56	Ensure written policies and procedures exist for emergency health care, including emergency evacuation and transportation. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.57	Policies and procedures are communicated to:		
B.3.57a	Appropriate staff members	Y N NA	
B.3.57b	Detainees, where appropriate	Y N NA	
B.3.58	Policies and procedures are reviewed and updated.	Y N NA	
B.3.59	Necessary written agreements with other agencies exist.	Y N NA	
B.3.60	Staff practice medical emergency plans, and bi-annual trial runs are documented.	Y N NA	
B.3.61	Supplies necessary for medical emergencies are readily available.	Y N NA	
B.3.62	Detainee emergent needs are handled promptly.	Y N NA	
	Medication Distribution and Administration		
B.3.63	Ensure written policies and procedures exist for the administration and distribution of medications. These policies include at least the implementation subjects addressed in this section.	Y N NA	

B.3.64	Policies and procedures are communicated to:		
B.3.64a	Appropriate staff members	Y	N NA
B.3.64b	Detainees, where appropriate	Y	N NA
B.3.65	Policies and procedures are reviewed and updated.	Y	N NA
B.3.66	Records of administration and distribution of medication are properly maintained and documented.	Y	N NA
B.3.67	The facility complies with pertinent state and federal rules and regulations. Effects of medications are properly monitored.	Y	N NA
B.3.68	Medications are administered by properly trained staff consistent with state law.	Y	N NA
B.3.69	Systems are in place to address the timely distribution and administration of medications according to the prescription of a qualified health care provider. Health care providers re-evaluate prescriptions prior to renewal.	Y	N NA
B.3.70	Detainees are given a supply of appropriate facility (7-days for females/3 days for males and/or as required by the appropriate government agency) medication upon their discharge or transfer from the facility.	Y	N NA
B.3.71	Narcotics and psychotropic medications are delivered to detainees on a “watch/swallow” basis.	Y	N NA
	Decision Making and Administration of Care		
B.3.72	Ensure written policies and procedures exist for decision making and administration of care. These policies include at least the implementation subjects addressed in this section.	Y	N NA

B.3.73	Policies and procedures are communicated to:		
B.3.73a	Appropriate staff members	Y	N NA
B.3.73b	Detainees, where appropriate	Y	N NA
B.3.74	Policies and procedures are reviewed and updated.	Y	N NA
B.3.75	Responsible health authority oversees the provision of medical, mental and dental health services.	Y	N NA
B.3.76	Medical decisions are made by and oversight is provided by a designated, licensed, responsible physician.	Y	N NA
B.3.77	Clinical treatment is performed by healthcare professionals pursuant to written and verbal orders by personnel authorized by law to give such orders.	Y	N NA
B.3.78	Trained, non-licensed direct care personnel are supervised by the responsible health authority.	Y	N NA
B.3.79	Detainees are prohibited from all direct patient healthcare.	Y	N NA
B.3.80	There are active and ongoing efforts to evaluate the quality of patient care.	Y	N NA
B.3.81	Responsible physician ensures that improvements to patient care are made and identified problems are resolved to maintain a safe and humane facility.	Y	N NA

Facilities			
B.3.82	The facility has sufficient equipment, supplies, and space for clinicians to perform their responsibilities.	Y N NA	
B.3.83	There is a designated area to treat detainees injured in crisis situations.	Y N NA	
B.3.84	Crisis beds are situated so that detainees can be watched, as necessary.	Y N NA	

	<i>Medical Records and Information</i>		
B.3.85	Ensure written policies and procedures exist for medical records, including the following implementation items:	Y	N NA
B.3.85a	Sharing medical information with health care providers in the community, when indicated	Y	N NA
B.3.85b	Confidentiality of health records is maintained.	Y	N NA
B.3.85c	Privacy of clinical encounters and appropriateness of settings	Y	N NA
B.3.85d	Sharing medical information with corrections personnel, and correctional information with medical personnel, where appropriate.	Y	N NA
B.3.86	Medical records are available as follows:		
B.3.86a	Medical records are organized.	Y	N NA
B.3.86b	Medical records are maintained separately in a confidential, secure manner, consistent with applicable law	Y	N NA
B.3.86c	Medical records are available to clinicians when they see patients.	Y	N NA
B.3.86d	Inactive medical files are maintained in accordance with state and/or Federal law.	Y	N NA
B.3.87	Detainee medical, dental and mental health information is kept confidential.	Y	N NA
B.3.88	Clinical encounters are private and chaperoned, where available.	Y	N NA

Medical Restraints and Therapeutic Seclusion			
B.3.89	Ensure written medical policies and procedures exist for medical restraints and therapeutic seclusion. These policies include at least the implementation subjects addressed in this section and also:	Y	N NA
B.3.89a	Criteria for application for restraints	Y	N NA
B.3.89b	Therapeutic setting with staff and medication available	Y	N NA
B.3.89c	Authority to order and renew orders	Y	N NA
B.3.89d	Discontinuation of restraints	Y	N NA
B.3.89e	Documentation requirements	Y	N NA
B.3.89f	Monitoring frequency by ordering authority and support staff	Y	N NA
B.3.89g	Types of restraints allowed, when, where and how long they may be used.	Y	N NA
B.3.90	Medical policies and procedures are communicated to:		
B.3.90a	Appropriate staff members	Y	N NA
B.3.90b	Detainees, where appropriate	Y	N NA
B.3.91	Medical policies and procedures are reviewed and updated.	Y	N NA
B.3.92	Restraints are removed as soon as possible.	Y	N NA
B.3.93	Use of restraints is authorized by a physician , or where permitted by state law, a clinical psychologist, upon reaching the conclusion that no less restrictive treatment is required.	Y	N NA
B.3.94	Restrained or secluded detainees are seen, at a minimum, every 4 hours by a healthcare professional.	Y	N NA

B.3.95	Restrained or secluded detainees are checked every 15 minutes by correctional personnel or qualified health care professional.	Y N NA	
	Discharge Planning		
B.3.96	Ensure written policies and procedures exist for discharge planning. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.97	Policies and procedures are communicated to:		
B.3.97a	Appropriate staff members	Y N NA	
B.3.97b	Detainees, where appropriate.	Y N NA	
B.3.98	Policies and procedures are reviewed and updated.	Y N NA	
B.3.99	Detainees identified as having long term or potentially serious conditions are referred to follow-up clinics or community resources as medically indicated.	Y N NA	
B.3.100	For detainees receiving medical, dental or mental health treatment, the responsible health care provider and/or dentist determines if a discharge plan should be initiated to facilitate the detainee's treatment and follow-up.	Y N NA	
B.3.101	Discharge plans are initiated and include provisions for: (A 7-day supply for females/3-day supply for males of non-prescription medical supplies ((i.e. bandages/wrappings, syringes, etc..))		
B.3.101a	Referral	Y N NA	
B.3.101b	Diet	Y N NA	
B.3.101c	Medications.	Y N NA	

HEALTH CARE: Experimental Research

B.4 The Facility Director ensures that detainees do not volunteer or are recruited for biomedical, behavioral, pharmaceutical, or cosmetic research.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items

Review relevant policies, procedures, and documentation concerning experimental research.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

	Review Checklist		Comments
B.4.1	Ensure written policies and procedures exist for experimental research These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.4.2	Policies and procedures are communicated to:		
B.4.2a	Appropriate staff members	Y N NA	
B.4.2b	Detainees, where appropriate	Y N NA	
B.4.3	Policies and procedures are reviewed and updated.	Y N NA	
B.4.4	No detainee is a subject of biomedical or behavioral research; any exceptions to the above standard require written approval of the agency of custody.	Y N NA	
B.4.4a	Detainees may not be subjects of research limited or barred by applicable state or local law.	Y N NA	
B.4.5	The detainee receives treatment, including medicine, under a Department of Health and Human Services (DHHS) approved clinical trial.	Y N NA	
B.4.5a	Enrollment in DHHS-approved clinical trials requires the written approval of the responsible physician and the agency of custody.	Y N NA	

HEALTH CARE: Response to Medical, Mental, and Dental Health Needs

B.5 The Facility Director ensures that all staff members are trained and the necessary licensed health care professionals, supplies, equipment, and facilities are available to respond to the medical, dental, and mental health needs of detainees.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning response to medical, mental, and dental health needs.

Interview facility management staff, health care administrators, health care staff, trained healthcare personnel, and a sample of detainees.

Observe medical, mental, and dental health response procedures and operations.

	Review Checklist		Comments
B.5.1	Ensure written policies and procedures exist for response to medical, mental, and dental health needs. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.5.2	Policies and procedures are communicated to:		
B.5.2a	Appropriate staff members	Y N NA	
B.5.2b	Detainees, where appropriate	Y N NA	
B.5.3	Policies and procedures are reviewed and updated.	Y N NA	
B.5.4	There is a sufficient health training program for corrections and health care staff.	Y N NA	
B.5.5	Corrections staff facilitate detainee access to medical care.	Y N NA	
B.5.6	Staff assigned to intake screening receive sufficient training and ongoing supervision by a qualified healthcare professional.	Y N NA	
B.5.7	Health care staff work with corrections staff to ensure that detainee health needs are met.	Y N NA	
B.5.8	A program/process exists for the facilitation of communication with and by detainees whose language limitations require the assistance of a translator or other intermediary.	Y N NA	

HEALTH CARE: Suicide Prevention

B.6 The Facility Director ensures that a suicide prevention program is in place and that staff are regularly trained to recognize the signs and situations that indicate a potential suicide risk. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee suicide or attempted suicide. The Facility Director ensures that a suicide prevention program is in place.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning suicide prevention, including the frequency of training to recognize and prevent potential suicides.

Interview facility management staff, health care administrators, health care staff, detainees on suicide watch and review the logs for status.

Observe staff monitoring and housing of detainees on suicide watch.

	Review Checklist		Comments
B.6.1	Ensure written policies and procedures exist for suicide prevention and response to suicide. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.6.2	Policies and procedures are communicated to:		
B.6.2a	Appropriate staff members	Y N NA	
B.6.2b	Detainees, where appropriate	Y N NA	
B.6.3	Policies and procedures are reviewed and updated.	Y N NA	
B.6.4	All staff are trained to recognize and respond to the warning signs of suicide-prone detainees.	Y N NA	
B.6.5	All staff are trained to recognize and respond to suicide attempts in progress.	Y N NA	
B.6.6	Staff and detainees bring suicidal detainees to the attention of mental health professionals.	Y N NA	
B.6.7	A Sufficient number of qualified mental health professionals are available to perform timely assessments of a detainee's risk of suicide when referred:	Y N NA	
B.6.7a	Detainees are seen by a mental health professional within the timeframe recommended by a mental or medical health professional who conducts initial screens.	Y N NA	
B.6.7b	Detainees that are at risk for suicide are seen by a qualified medical or mental health professional within one business day and remain under observation in interim.	Y N NA	

	Review Checklist		Comments
B.6.8	Potentially suicidal detainees are monitored through direct supervision at the assessed level of need.	Y N NA	
B.6.9	There is housing for detainees that allows for direct visual surveillance and is as suicide-resistant as possible.	Y N NA	
B.6.10	The following are documented with detail:		
B.6.10a	Identification and monitoring of potential and attempted suicides	Y N NA	
B.6.10b	Completed suicides	Y N NA	
B.6.11	At a minimum, the following parties are notified of an attempted or completed suicide:		
B.6.11a	Family members	Y N NA	
B.6.11b	Facility administrator	Y N NA	
B.6.11c	Component agency	Y N NA	
B.6.12	Detainees who exhibit suicidal symptoms receive medical and mental health care, housing and supervision.	Y N NA	
B.6.13	Critical incident debriefings for suicides and suicide attempts are held with affected staff and detainees.	Y N NA	
B.6.14	Suicidal detainees are treated respectfully.	Y N NA	

HEALTH CARE: Detainee Hunger Strikes

B.7 The Facility Director ensures that all staff are trained to recognize and respond to a detainee hunger strike, and that follow-up medical and mental health treatment is provided, as necessary. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee hunger strike.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning hunger strikes.

Interview facility management staff, health care administrators, health care staff, and detainees.

Review contingency plans for staff monitoring and housing of detainees on hunger strike.

Review medical records/documentation concerning treatment of detainees on hunger strike.

	Review Checklist		Comments
B.7.1	<p>Ensure written policies and procedures exist for response to detainee hunger strikes which include at least the implementation subjects addressed in this section.</p> <p>Note: For the purposes of this section, a detainee is on a hunger strike:</p> <p>When he or she communicates that fact to staff and is observed by staff to be refraining from eating for a period of time, ordinarily in excess of 72 hours; or</p> <p>When staff observe the detainee to be refraining from eating for a period in excess of 72 hours.</p> <p>These procedures apply even when a detainee's failure or refusal to eat is due to mental or any other reason</p>	Y N NA	
B.7.2	Policies and procedures are communicated to:		
B.7.2a	Appropriate staff members	Y N NA	
B.7.2b	Detainees, where appropriate	Y N NA	
B.7.3	Policies and procedures are reviewed and updated.	Y N NA	
B.7.4	Detainees on hunger strike receive medical care.	Y N NA	
B.7.5	The detainee on hunger strike is in isolated housing and for close monitoring to include levels of food consumption.	Y N NA	

	Review Checklist		Comments
B.7.6	Baseline height, weight, vital signs, and psychological evaluation performed upon initial referral of a detainee on hunger strike.	Y N NA	
B.7.7	There is documentation in the medical record for the ongoing medical and mental health monitoring and care.	Y N NA	
B.7.8	Three meals per day are offered to a detainee on hunger strike and it is documented.	Y N NA	
B.7.9	Ensure a supply of drinking water is offered to a detainee on hunger strike and it is documented.	Y N NA	

HEALTH CARE: Detainee Death

B.8 The Facility Director ensures that staff are trained to respond to the serious illness or death of a detainee. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee death or serious illness or injury.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee death.

Interview facility management staff, health care administrators, health care staff, and detainees.

Examine mortality reviews, notifications and autopsy requests/records.

	Review Checklist		Comments
B.8.1	Ensure written policies and procedures exist for response to detainee death, including the following topics:	Y N NA	
B.8.1a	Policies require immediate notification of the DOJ/DHS agency with custody.	Y N NA	
B.8.1b	Policies require the notification of next-of-kin.	Y N NA	
B.8.1c	Policies reflect directives from the DOJ/DHS agency with custody.	Y N NA	
B.8.2	Policies and procedures are communicated to:		
B.8.2a	Appropriate staff members	Y N NA	
B.8.2b	Detainees, where appropriate	Y N NA	
B.8.3	Policies and procedures are reviewed and updated.	Y N NA	
B.8.4	The local coroner or state medical examiner is notified, in concert with state law and procedure.	Y N NA	
B.8.5	Local law enforcement is notified in cases where death occurred under suspicious circumstances.	Y N NA	
B.8.6	Consistent with religious requirements and medical circumstances, postmortem examinations are performed as quickly as possible.	Y N NA	
B.8.7	A mortality review with written findings and recommendations is conducted by the facility within 30 days.	Y N NA	
B.8.8	Results of the mortality review are acted upon in a timely manner and it is documented.	Y N NA	

	Review Checklist		Comments
B.8.9	The body is not be released until the presiding DOJ/DHS component gives the facility permission to do so.	Y N NA	

HEALTH CARE: Informed Consent/ Involuntary Treatment

B.9 The Facility Director ensures that informed consent guidelines are followed prior to the delivery of care. The appropriate agency (USMS, ICE, etc. will be notified in advance of providing such care.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning informed consent and involuntary treatment.

Interview facility management staff, health care administrators, health care staff, and detainees.

Review records, if available, concerning the following treatments or conditions:

Obtaining consent

Right to refuse health care

Informed consent for detainees under age 18

	Review Checklist		Comments
B.9.1	Ensure written policies and procedures exist for informed consent regarding examination treatment and medical procedures. The policies and procedures include at least the implementation subjects addressed in this section, and also:	Y N NA	
B.9.1a	Right of detainees to refuse health care	Y N NA	
B.9.2	Policies and procedures are communicated to:		
B.9.2a	Appropriate staff members	Y N NA	
B.9.2b	Detainees, where appropriate	Y N NA	
B.9.3	Policies and procedures are reviewed and updated.	Y N NA	
B.9.4	Informed consent is obtained in writing before a detainee receives examination, treatment and medical procedures, consistent with applicable laws.	Y N NA	
B.9.5	For invasive procedures, psychotropic medications, or any approved research protocols, informed consent is coordinated with the appropriate agency (USMS, ICE, etc.), and it is documented, consistent with applicable laws.	Y N NA	
B.9.6	Detainees are permitted to exercise their rights to refuse health care. Such refusals must be documented and reported to the appropriate agency (USMS, ICE, etc.) in potentially life threatening cases.	Y N NA	
B.9.7	Consent for examination, treatment and medical procedures for detainees under legal age is obtained in accordance with applicable law.	Y N NA	

HEALTH CARE: Infectious Diseases

B.10 The Facility Director ensures that there is an infectious disease control program which promotes a safe and healthy environment for staff, detainees, and visitors.

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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Reviewer's Initials:	Date:
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On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning infectious disease in accordance with current Center for Disease Control and OSHA guidelines.

Interview facility management staff, corrections staff, security staff, and detainees.

Interview medical staff to determine the infectious disease program has been implemented.

	Review Checklist		Comments
B.10.1	Ensure written policies and procedures exist to control infectious diseases, including a policy for a compliant infection control program. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.10.2	Policies and procedures are communicated to:		
B.10.2a	Appropriate staff members	Y N NA	
B.10.2b	Detainees, where appropriate	Y N NA	
B.10.3	Policies and procedures are reviewed and updated.	Y N NA	

B.10.4	The infection control program includes:	Y	N	NA	
B.10.4a	Immunizations will be provided as medically appropriate;	Y	N	NA	
B.10.4b	Tuberculin skin testing for high risk detainees and staff;	Y	N	NA	
B.10.4c	Infection control training; and	Y	N	NA	
B.10.4d	Isolation planning	Y	N	NA	
B.10.4e	Diagnostic testing for sexually transmitted diseases where the incidence of these diseases is deemed high by public health officials.	Y	N	NA	
B.10.4f	Management of exposure to blood and body fluids.	Y	N	NA	
B.10.5	Current documentation on testing and clearance of infectious diseases is maintained.	Y	N	NA	
B.10.5a	Detainee testing	Y	N	NA	
B.10.5b	Staff testing	Y	N	NA	
B.10.6	Methods exist for the compilation and filing of all reportable infections and communicable diseases, found among detainees, that is consistent with local, state and federal laws and regulations.	Y	N	NA	
B.10.7	Infection control monitoring includes:				
B.10.7a	Incident follow-up to include blood born exposure and;	Y	N	NA	
B.10.7b	air borne exposure (including monitoring for TB)	Y	N	NA	

B.10.8	This program addresses issues of universal precautions which include:			
B.10.8a	Surveillance procedures	Y	N	NA
B.10.8b	Data Collection on TB occurrence and testing	Y	N	NA
B.10.8c	Decontamination	Y	N	NA
B.10.8d	Use of disposable equipment (gloves, masks, etc.)	Y	N	NA
B.10.8e	Access to immunization	Y	N	NA
B.10.8f	Plan for addressing active infectious diseases.	Y	N	NA